

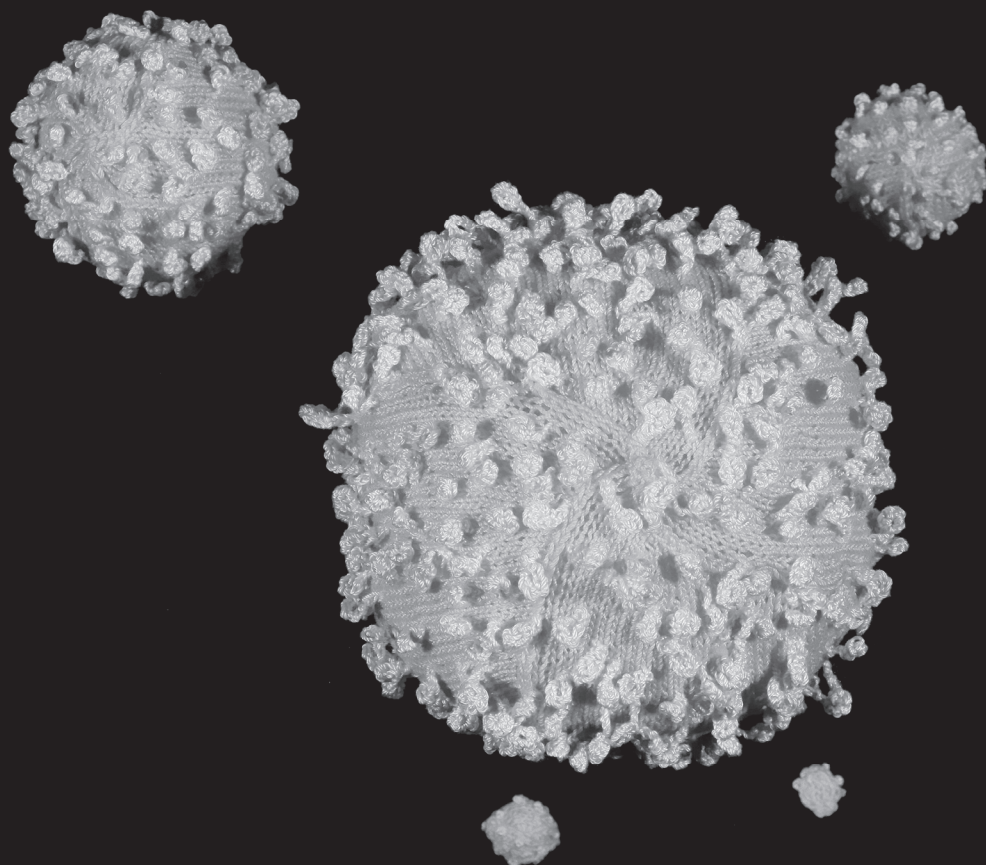
Zeitschrift für Medizinethnologie
Journal of Medical Anthropology

Curare

Curare 44 (2021) 1-4

Corona Tagebücher II Corona Diaries II

WV



Impressum | Imprint

CURARE. ZEITSCHRIFT FÜR MEDIZINETHNOLOGIE 44 (2021) 1-4

Herausgegeben von der Arbeitsgemeinschaft Ethnologie und Medizin (AGEM)

ISSN 0344-8622 ISBN 978-3-86135-853-0

CURARE. JOURNAL OF MEDICAL ANTHROPOLOGY 44 (2021) 1-4

Edited by the Association for Anthropology and Medicine (AGEM)

ISSN 0344-8622 ISBN 978-3-86135-853-0

Herausgeber im Auftrag der AGEM e. V.

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Verlag und Vertrieb | Publishing House

VWB – Verlag für Wissenschaft und Bildung, Amand Aglaster,

Postfach 11 03 68, D-10833 Berlin, Germany

Tel. +49-[0]30-251 04 15, Fax: +49-[0]30-251 11 36,

www.vwb-verlag.com, info@vwb-verlag.com

Bezug | Subscription

Der Bezug der *Curare* ist im Mitgliedsbeitrag der Arbeitsgemeinschaft Ethnologie und Medizin (AGEM) enthalten. Einzelne Ausgaben können über den Buchhandel oder direkt über den Verlag bezogen werden.

Subscription to *Curare* is included in the membership fee of the Association for Anthropology and Medicine (AGEM). Single copies can be purchased from booksellers or directly from the publisher.

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Layout und Typografie | Layout and Typography

Nicolai Schmitt, nicolai.schmitt@mailbox.org

Umschlaggestaltung | Cover Design

Troppo Design, www.troppodesign.de

Schriften | Fonts

Source Serif & Source Sans (Paul D. Hunt).

Begutachtungsverfahren | Peer Review Policy

Alle eingesandten Forschungsartikel werden nach einer positiven Evaluation durch die Redaktion einer Begutachtung im Doppelblindverfahren unterzogen. Jeder begutachtete Artikel enthält am Ende eine Information über das Datum des Eingangs und der Annahme des Manuskripts.

After a positive evaluation by the editorial board, all submitted research manuscripts will be reviewed in a double-blind procedure. Each peer-reviewed article contains information at the end about the date of receipt and acceptance of the manuscript.

Umschlagbild | Cover Picture

„Herankommende Viren“ von Katharina Sabernig. „Für viele hatte es zu Beginn den Anschein, als sei aus dem Nichts ein Asteroid in Form des hochinfektiösen SARS-COV-2 eingeschlagen. Mittlerweile wissen wir, das Virus ist gekommen, um zu bleiben.“ So beschreibt Katharina Sabernig ihr Foto, das sie uns für diese Ausgabe zur Verfügung gestellt hat. Als Medizinerin und Medizinanthropologin kreiert sie anatomische Modelle, um medizinische Inhalte den Sinnen zugänglich zu machen (Gestrickte Körper Materialität, FWF Projekt AR 705; <https://www.knitted-anatomy.at/>).

"Approaching Viruses" by Katharina Sabernig. "For many, it seemed at first as if an asteroid in the form of the highly infectious SARS-COV-2 had hit out of nowhere. In the meantime, we know that the virus has come to stay." This is how Katharina Sabernig describes the photo she allowed us to use for this issue. As a physician and medical anthropologist, she creates anatomical models to make medical content accessible to the senses (Knitted Body Materiality, FWF Project AR 705; <https://www.knitted-anatomy.at/>).



ZEITSCHRIFT FÜR MEDIZINETHNOLOGIE JOURNAL OF MEDICAL ANTHROPOLOGY

hg. von der Arbeitsgemeinschaft Ethnologie und Medizin (AGEM)
ed. by the Association for Anthropology and Medicine (AGEM)

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Editorial

In this issue, we continue our reflection on the Corona Diaries written at the beginning of the SARS-CoV-2 pandemic. In March 2020, we, the *Curare* editorial team, called for writing diaries in the “strict sense of the term” (Bronislaw Malinowski), in order to document the course of the evolving events in different locations on a daily basis. The aim was to create a basis for the anticipated controversial retrospective interpretation of what happened. The large number of submissions soon threw over the original plan to print the diaries in a special issue of *Curare*. Instead, we published all the diaries in full length on boasblogs.org (for a detailed description of the project, see issue 43(2020)1–4 and the introduction to this special issue below). However, we invited some authors to select excerpts from their diaries for printing in *Curare* and to look back on their experiences with hindsight, to identify a main theme and to reflect on it retrospectively, also by framing the content conceptually. For the last *Curare* issue, a group of graduate students from the New School in New York City followed this invitation and reported on their shared pandemic and writing experience. In this issue, eight authors from across the world share their interpretations of pandemic events and experiences, each from a different angle (you will find more details in the introduction to this special section below).

In the Forum section, we first present a compilation of fragments by Erhard Schüttpelz from March and May 2020, the beginnings of the pandemic, and a retrospective reflection from July 2021 on how to interpret the time before and after Corona. Second, Pip Hare chronicles the ups and downs of her inner life toward the end of 2020, when she struggled with the uncertainties of her identity changes in relation to death, illness, recovery, and citizenship. She also provides some great insights into the inadequacies of testing procedures and bureaucracy in the response to the pandemic. Following this, Ehler Voss com-

plements his ethnographic documentation of the protests against the German Corona policy from 2020, which he started in the last issue. While in his last piece he focused on a perspective from eastern Germany, in this issue he spotlights the big street protests in Berlin and smaller ones in southwestern Germany. We also publish a lecture by Erhard Schüttpelz, in which he formulates a theory of magic that finds its origin in ambiguity, with reference to Harold Garfinkel’s counseling experiment. He exemplifies his theory of the ordinariness of magic and the magic of the ordinary using the Oblique Strategies created by Brian Eno and Peter Schmidt. We are curious about the application of this perspective to the current pandemic situation, which is hinted at in the postscript and is pending. Our “Teaching Forum” Series that we started in 2019 continues also in this issue with a contribution by Silke Betscher and Christiane Falge, who co-authored a piece on collaborative online research with students and community researchers in times of Corona, and a contribution by Angelika Wolf who describes how she uses the medical anthropological classic “When the Spirit Catches You and You Fall Down” in her undergraduate classes.

We are saddened by the passing away of Wolfgang G. Jilek earlier this year. He had accompanied AGEM since its beginnings. Over the last 40 years, he contributed a number of articles to *Curare* from his rich body of research in the field of transcultural psychiatry in many countries. Most recently, he served on *Curare*’s Honorary Advisory Board. Ruth Kutalek dedicates an extensive obituary to him in this issue.

Last but not least, Marcos Freire de Andrade Neves and Giorgio Brocco close this issue with a detailed report on this year’s AGEM conference “Radical Health. Doing Medicine, Health Care, and Anthropology of the Good”, which was held online in June in cooperation with the Medical Anthropology Working Group (AGMA) of the German

Anthropological Association (DGSKA) and the Institute of Social and Cultural Anthropology at the Freie Universität Berlin. We hope to be able to hold the upcoming 34th AGEM conference in presence from June 2-4, 2022 in Vienna. It is titled “Visual Expressions of Health, Illness and Healing” and will be a cooperation among the AGEM, the

Austrian Ethnomedical Society, and the Weltmuseum Wien. A call for papers can be found at the end of this issue as well as on our website. We look forward to receiving your submissions.

KATRIN AMELANG, JANINA KEHR, and EHLER VOSS for the editorial team

boasblog



**CURARE
CORONA
DIARIES**



A Collection of Diaries
in the Strict Sense of
the Term



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agem.de/curare

SCHWERPUNKT
THEMATIC FOCUS

Curare Corona Diaries II

Chronicles of a Pandemic

Introduction to Part 2 of the Curare Corona Diaries

This is the second and last part of the Curare Corona Diaries that we, the *Curare* editorial team, started to collect shortly after the WHO declared a novel coronavirus disease to be a global pandemic. We launched a call for (auto-)ethnographic Corona diaries and asked contributors to record what was happening in their environment during the beginnings of the pandemic. We hoped for a unique opportunity to generate ethnographic material that would make it possible to reconstruct collectively, in retrospect, what happened in the early days of the pandemic and what, back then, in the midst of a moment of crisis, we could not comprehend. The situation in different countries was and is developing differently. Countries closed their national borders; lockdowns were implemented with greater or lesser severity; in many places, the military or police forces acted as guardians of hygienic order; and novel calls for solidarity emerged, too. We wanted to generate comparative perspectives on this large spectrum of responses to the pandemic in order to understand what was happening in similar yet very diverse ways in countries across the globe.

The retrospective interpretation of what has happened has already become quite controversial in the public sphere: how was the situation handled in different countries, by whom, and who had a say? What were the different consequences of the Corona policies, of acute crisis management in highly uncertain times, and for whom? Which lessons can be drawn for the future? To answer these questions, daily ethnographic accounts like those we have collected, recorded during the first weeks of the pandemic, are of vital importance.

In the Curare Corona Diaries Project, participating “correspondents” from different countries observed their own everyday life and that of others and reported to the editorial team, sometimes daily, sometimes weekly, sometimes on an irregular basis. Correspondents followed media coverage, saved media documents, and recorded sub-

jectively what was happening around them. Most importantly: they recorded their reactions and those of their relatives, friends, colleagues, and neighbors on a regular basis as things were evolving, and not retrospectively. To us, such first-hand accounts seem vital for the future, so that parts of the “indexicality” of the process can be reconstructed later.

This is why we framed the Curare Corona Diaries project in Malinowskian terms as diaries “in the strict sense of the term”. We were looking for daily protocols that were based on the state of knowledge, practices, and experience of the very moment in which they were written, short or long. We were open to situative descriptions of all kinds, descriptions of one’s own behavior and the behavior of others, notes of conversations, critical reflections, and fragments of thoughts. The form of the diaries was also very much open: they could have the character of a collage, they could contain only texts, but also other media such as pictures, videos, screenshots, drawings, etc. In sum, we hoped for diaries that would resemble anthropological field diaries, even if the authors were not trained anthropologists. This allowed for ambivalences, paradoxes, uncertainties, confusion, and messiness. What ideas were circulating about the cause and effects of the novel coronavirus? How did different people and groups assess the risk of infection or disease? Which worries were associated with the pandemic? Which moods and affects developed in the diarists and the environment they recorded? What were and are ideas about how to counter the virus? Which preventive measures, be it in the form of behavior or drugs, were and are recommended? Which therapeutic measures emerged, based on what kinds of knowledge and evidence? What were the different theories of healing on a daily basis? How did everyday practices in different countries and settings change, i.e., regarding hygiene practices, greeting behavior, change of daily working routines, etc.

As medical anthropologists, we were highly intrigued not only about the degree to which public health and (bio)security measures affected everyday life in specific countries, regions, and homes, but also about which possibilities of social, political, and collective action were generated or impeded. What new forms of solidarity have emerged? What political actions have been made impossible? Were forms of civil disobedience to security and confinement measures emerging, and for what reasons? What was the economic impact of biosecurity measures, not only on national economies, but also on household and grassroots economies? Based on what evidence or data, or lack thereof, have public health measures been taken in different countries or regions?

And of course, we were also interested in what one could call the “sinister” side of events, erupting almost daily: rumors, scapegoating, the uncanniness of social relations, the blaming and shaming that comes with contagion. What were the affects and effects that might have been more difficult for diarists to grasp, due to feelings of embarrassment for themselves or their communities? Just to give one prominent example: early on in the pandemic, Chinese or people identified as Asian were suspected of spreading the virus, and we didn’t expect this to be the end of such false claims. “Follow the crisis” was the mode we proposed. After all, we all were and still are participating in a historical process that challenges our understanding of participant observation and of anthropological knowledge production more generally. Writing a diary in the strict sense of the term, so we hoped, would allow us to record what happened in the midst of a global crisis that was nevertheless developing and evolving very differently across the globe. We were looking for diarists documenting the “ongoing accomplishment” of the crisis or rather the many crises. During the Curare Corona Diaries Project, which ran for several months, from March to August 2020, more than 100 authors from over 25 different countries participated as diarists – far too many to be hosted in a Curare special issue. That is why we decided to publish the unabridged diaries we received, for which the authors granted permission to publish online. For pragmatic reasons, we choose the infrastructure of *boasblogs.org*, but we view the published Curare Corona Diaries 2020 as an archive

created ad hoc and thus as an invitation for further exploration. Now, two years after our call, this archive offers a time machine, a way to immerse oneself in the by now already forgotten, invalid, or normalized events and practices of the incipient pandemic. The ethnographic potential of the diaries unfolds in their comparative and multi-perspective synopsis.

Many of the diaries we received were ad hoc affective and very personal descriptions; their *raisons d’être* were important in their own right. The vast diversity of the diaries on *boasblogs.org* is a tribute to the importance of daily chronicling in uncertain situations around the world. Some of the diaries, however, went beyond “simple” everyday descriptions and already held fragments of an anthropological analysis that became intriguing to us as an editorial team. We thus started to look for interesting “patterns” in diaries we had published on *boasblogs.org*. We searched for those passages in the texts that already resembled anthropological interpretations of the highly diverse pandemic situations in different parts of the world from which “our” authors reported. In early 2021 then, nine months after the first wave, we asked some contributors to turn back to their original diaries with hindsight. Their own diary, so we hoped, could become a source that would allow them to systematically reflect – with temporal and analytical distance – on important aspects of the pandemic, the control strategies, and their consequences that had already been treated in the diary records. They were for example: racism and foreign bodies, disability, novel modes of solidarity, forms of self-isolation or isolation, care of the elderly, media and the state, and ethnographic research during pandemic times and restrictions of movement.

The following issue is the result of a process of distancing. Authors agreed to work with their own diaries, retrospectively, trying to find ways out of the immediacy of the pandemic situation and into highly different Corona worlds.

CAROLE AMMANN addresses the challenges associated with her move from Switzerland to the Netherlands with her family during the pandemic and the impact that the domestic merging of personal and professional spheres has had on her planned anthropological fieldwork and the originally planned data collection. In doing so, she

reflects on how moments of uncertainty, disorientation, and vulnerability were integral to life and how the pandemic reinforced pre-existing inequalities on a local and global scale.

ANDREA BRAVO DIAZ's review of her diary entries focuses on the contrast between early responses and public health interventions in urban Ecuador and the Ecuadorian Amazon, particularly in Waorani territory. Against the backdrop of colonial history, she reflects on the relationship between the state and indigenous communities and shows how the government's silence about most illnesses and deaths among indigenous communities reinforces inequalities in health.

YOU-KYUNG BYUN, as a member of the South Korean minority in Germany, addresses the changing attitudes toward and practices around face masks during the COVID-19 pandemic against the backdrop of anti-Asian racism in Germany. In doing so, she compares the experiences of people in different Asian communities in Germany and traces the development from initial ridicule of and discrimination against Asian people, who were often more familiar with wearing masks for health purposes than people in Germany, to an increasing acceptance of mask wearing in Germany, as well. Her contribution provides a detailed insight into everyday racism against people of Asian descent, which existed before the pandemic as well, but increased a lot during it.

FRANCESCO DIODATI looks at the experience of home care for the elderly during the first phase of the pandemic in Emilia-Romagna, a region that actually has a well-equipped health care system, especially in terms of support for the chronically ill. His accounts of daily life show how pre-existing relationships were relied upon during the pandemic and provide a detailed insight into the family care system, highlighting the role of reciprocity in filling the gap left by institutions and public care services. DIODATI also shows how the pandemic situation has further exacerbated already existing social inequalities in care.

EKABALI GHOSH retrospectively seeks to understand how and why the pandemic upended various aspects of her young, urban life in Kolkata. An important part of her reflections relate to the political situation in her home state of West Bengal and the rise of the global right.

ZUZANA HRDLIČKOV's diary is set first in Sierra Leone, where she lived with her family at the beginning of the pandemic and from where in the following months she moved back to her homeland, the Czech Republic, after 15 years abroad. Looking back, she reflects on her fears while waiting for COVID-19 to arrive in Sierra Leone and her experience of evacuation and on the notion of refuge that she associated with her home country and that led her to an intense process of coming to terms with her own identity and the conditions of global mobility.

JOP KOOPMAN focuses on the issues of solidarity and polarization that arose in Dutch society during the pandemic. He shows different examples of emerging solidarity in Amsterdam and, based on observations of media and demonstrations, analyzes which groups are involved in the polarization process and reflects on how this process can be counteracted.

JULIA LEMONDE reports on the situation in Australia, offering a critical analysis of government policies and the justifications used to force the public to follow measures to contain the spread of SARS-CoV-2. She analyzes her diary entries from the perspective of Michel Foucault's concept of governmentality and the theory of social construction. She shows how the population was successively managed and directed, and in doing so, questions the government's stated reasons for implementing the protective measures.

The Curare Corona Diaries project has been possible only due to the engaged participation and work of diarists and collaborators alike. Once again, we would therefore like to thank all authors for their participation in this project, Erhard Schüttpelz for inspiration, Katharina Sabernig for another cover picture, Daria Ledergerber and Leonie Schäfer for their precious editorial assistance, and Peter Gillessen, Fabian Lüke, and Annette Steffny for their technical support and careful work on the website.

KATRIN AMELANG, CLEMENS EISENMANN, JANINA KEHR, HELMAR KURZ, MIRKO UHLIG, and EHLER VOSS

Patchwork Life

Balancing Migration, Family, Fieldwork, and an Academic Career during a Global Pandemic

CAROLE AMMANN

Abstract This article is based upon field notes I wrote during the so called first wave of the Covid-19 pandemic, whilst I was a postdoctoral mobility fellow at the University of Amsterdam. First, I elaborate on the challenges of moving with one's family to a new place and conducting anthropological fieldwork in a novel site during a global pandemic. I also shed light on the differences between how I had initially planned data collection and how it actually turned out in practice. Second, I reflect on how Covid-19 increased existing inequalities on a local and global level. Third, I disclose how moments of uncertainty, disorientation, and vulnerability were integral parts of our lives as home schooling and working from home made my private and professional lives coincide and blur. Finally, I argue that our lives during this global pandemic were patchworked, through a continuous bricolage of trying and retrying.

Keywords Covid-19 pandemic – academic mobility – anthropological fieldwork – care obligations – home office

Introduction

We live in extraordinary times. Last Thursday, the Dutch government closed the universities, museums, and theatres. Yesterday, the government further decided to close all restaurants, sports locations, and schools. The biggest consequence for us has obviously been the closure of the schools. That is tough. At the beginning of last week, I thought that we were slowly starting to settle in: the children liked to go to school (the acclimatization period for Alma had ended), their Dutch language skills improved, and they had started to make friends. Now, all of a sudden, their 'integration process' comes to a halt. We will be left just with the four of us. I feel so incredibly sad and sorry for Alma and Mali. (Monday, 16.03.2020)

In January 2020, my family and I moved from Bern, Switzerland, to Amsterdam, the Netherlands, for my two-year postdoctoral mobility fellowship. My partner, whom I call Simon for the purpose of this article, had quit his job. In early March, we had a long discussion evaluating our first two months in Amsterdam. We both agreed that we had been doing well so far. The majority of the administrative issues were settled, we could

orientate ourselves in our neighbourhood and were discovering the city, and our two daughters, here called Alma (4.5 years old) and Mali (6.5 years old), both attended a local Dutch school. Feeling a little settled, we had decided that Simon would start looking for a job. I had already begun my new research project entitled "Doing Fatherhood in the 21st Century: Connecting the Global North and the Global South". In this project, my aim was to find out how fatherhood is understood, negotiated, and enacted in everyday life by researching two urban settings, namely Amsterdam in the Netherlands and Kankan in Guinea.

After nine weeks of learning a new language, trying to integrate into a new class at school, and making some first contacts with colleagues from the *Department of Anthropology at the University of Amsterdam*, the schools and universities closed. In the following weeks and months, we were pretty much on our own and we all dearly missed social contact. What was supposed to be our tiny guest room became my home office. The children, still in kindergarten, received some input from school

for home learning, but did not have to follow a regular timetable nor online lessons.

Last night, I dreamt that I was dancing at a party (wow, what a dream!). During the dream, I became aware that the people did not follow the distance rule of 1.5 meters... Covid-19 is already hunting me into my dreams! Isn't that crazy? I am not only dreaming of the pandemic, but even adopting the prevailing measures to fight against the virus. (Tuesday, 04.05.2020)

This article is based on field notes, always written in italics, that I took during the so-called first wave of Covid-19, followed by a contextualisation of, and reflections on, those notes (the complete diary has been published on *boasblogs.org*, see AMMANN 2021). As is usually the case with field notes, they do not follow a strict path, as thoughts jump from one topic to the next. Thus, they touch upon different issues that are loosely connected. Overall, in this article I aim to provide an insight into the “stor[y] behind the findings”, as Susan THOMSON, An ANSOMS, and Jude MURISON (2013) put it – stories that all too often remain hidden, as we usually do not learn much about the story behind the research in anthropological articles that are not specifically about methods, ethics, or the researchers' positionalities.

First, I elaborate on the challenges of beginning a new research project in a novel site during a global pandemic. I also shed light on the differences between how I had initially planned data collection and how it actually turned out in practice. Second, I reflect on how Covid-19 increased existing inequalities on a local and global level. I do this by drawing on exchanges with my former research collaborators in Guinea and by thinking about poverty in Switzerland and the Netherlands. Third, I disclose how moments of uncertainty, disorientation, and vulnerability were integral parts of our lives, as home schooling and working from home made my private and professional lives coincide and blur. Finally, I argue that our lives during this global pandemic were patchworked, through a continuous bricolage of trying and re-trying.

Beginning a new research project in times of a pandemic

This feels like a big joke: As junior scholars, we are supposed to be mobile. Once abroad, we are to connect and network with colleagues, get new ideas and inputs to do ‘excellent’ research, and advance our academic career. Nothing of all that is possible now. I sit alone in a small, dark, and cold room somewhere in Amsterdam. How can I get to know people and possible research participants in times of what is called ‘social distancing’? I don't like addressing people out of the blue, for example at playgrounds. My anthropological self is highly annoyed with that, wondering whether I have chosen the wrong ‘profession’. (Monday, 16.03.2020)

Anthropologists have written much about the challenges of entering and becoming familiar with a new field site (e.g. POLLARD 2009). I was aware that I could not use the same methodological approach in a European metropole as I did when conducting fieldwork in Guinea – hanging out would definitely not be as successful in the Netherlands as it was in Guinea. In Guinea, as a white person, I enjoyed the privilege (and had to deal with the challenges) of attracting attention. People – especially men (AMMANN 2018) – took an interest in me and often started a conversation. In the Netherlands, I did not stand out and people generally did not address me out of the blue. It was nevertheless frustrating to recognise how challenging it was to conduct fieldwork in the Netherlands compared to Guinea. Colleagues assured me that I was not the only one struggling with ‘getting access to the Dutch field’. However, the Covid-19 pandemic definitely added an extra challenge on the top of it.

One of my plans was to recruit research participants through institutions such as schools, sports clubs, and governmental institutions; however, they all closed in March 2020. Luckily, I had already applied a further strategy to come into contact with possible research participants: I hung up bilingual flyers in Dutch and English (*vaders gezocht/fathers wanted*) in parks, playgrounds, school yards, and at crossroads in different neighbourhoods. Furthermore, I posted the flyer in certain online fora, mostly Facebook groups. This method showed some success: in mid-March, I had already conducted a first interview and had

scheduled four for the following days. Unfortunately, I had to cancel three of them due to the Covid-19 restrictions.

Today, I conducted my second interview. Instead of sitting in a coffee bar, we walked around the neighbourhood (more or less at a distance). That was very pleasant. I always thought running helps me thinking and walking facilitates talking. The thoughts simply flow better while walking. For interviews, those walking talks are perfect: I do not have my usual difficulties with sitting quietly and not knowing where to put my hands. Furthermore, we do not have to look at each other all the time. I think that this is especially helpful for the research participants when talking about personal issues. (Tuesday, 17.03.2020)

After what was locally referred to as an ‘intelligent’ lockdown had begun, I let the research participants choose whether they wanted to meet in person for a walking interview or whether they preferred to talk online. Personally, I preferred face-to-face meetings. First, because I could go outside and move my body. One of the pandemic’s negative effects was that I – like so many others – stared into screens for even longer hours. Second, meeting a research participant personally provided me with a better sense of the person. It was easier to communicate non-verbally and to read the other’s reactions and emotions. Overall, the first impression was much more comprehensive when it involved all senses. So far, a minority of the research participants invited me to conduct the interview at their homes. This provided me with important insights into how they lived. Third, the physical interviews lasted longer than did those online. The geographers James EVANS and Phil JONES (2011: 856), who compared walking and sedentary interviews, came to a similar conclusion. I assume it is easier for the research participants to provide long and detailed answers when seeing each other in person, and especially when walking, compared to talking to a screen. Fourth, I found it much more challenging to conduct interviews in a foreign language – in English, but especially in Dutch – when talking online. Fifth, I was afraid that I would not be able to remember and keep the different research participants apart. When I read the interview transcripts and fieldnotes from my fieldwork in Guinea, I immedi-

ately had a sensory memory of how and where the interaction had taken place and what we had talked about. Now, I feared that the online interviews would blur into one big fuzziness. What I enjoyed most about fieldwork, namely being present and interacting with all my senses, was drastically reduced when solely conducting online interviews.

Walking has always been fundamental to anthropological fieldwork (LEE & INGOLD 2006, INGOLD & VERGUNST 2008). When walking, we experience multi-sensory stimulation and can comment on things we see. Not unsurprisingly, walking methods – given different names, such as ‘go-along’ (KUSENBACH 2003), ‘walk-along’ (CARIANO 2009), ‘walking interview’ (EVANS & JONES 2011) or ‘narrative walk-in-real-time approach’ (MIAUX *et al.* 2010) – are typically used for researching spatial aspects (see *e.g.* the edited volume by BATES & RHYS-TAYLOR 2017).

The research participants who chose a walking interview highly appreciated them. On the one hand, in times of social isolation, meeting someone was simply nice. Walking together (at a distance) was one of the few things we were still allowed to do in the Netherlands in the spring of 2020. On the other hand, walking allowed for “thinking time” (LEE & INGOLD 2006: 71). Furthermore, walking side by side helped to reflect upon and talk about personal, and at times difficult, issues that my research on doing fatherhood entailed. Or as Anna CHRISTEN (2020: 144) put it, “walking together allows to hide the talk behind the walk”. Recent neuroscientific research confirms that walking is good for the soul and the brain (O’MARA 2019).

Considering walking as an ideal way of conducting biographical research, Maggie O’NEILL & Brian ROBERTS (2019) have developed the Walking Interviews as a Biographical Method (WIBM). They argue that WIBM “is a powerful means for understanding the lives and experiences of others” (O’NEILL & ROBERTS 2019: 4).

This year, I will probably not be able to conduct fieldwork in Guinea. Luckily, I have two field sites, otherwise I would now be busy completely rethinking and modifying my project. But what remains of my attempt to have a global perspective, to connect two case studies, one in the ‘Global North’ and one in the ‘Global South’?

I never wanted to just do interviews. My aim was to observe, and whenever possible, also participate. But I do not have a choice now. For sure, this will have a huge influence on my project. Not only am I not able to go to Guinea and conduct research there, I will probably also have a huge bias in terms of research participants here in the Netherlands. I am convinced that most of the fathers who will respond to my flyers will be heterosexual, highly educated, middle class, and read as 'white'. (Tuesday, 24.03.2020)

Indeed, in the first phase of fieldwork between March and June 2020, the fathers I talked to mostly belonged to the above-mentioned categories. However, they differed in terms of their age, their children's age, their family situation, and partly also their national origin. In the second phase of fieldwork, I included fathers with more diverse backgrounds, by mainly focussing on queer fathers, fathers with a migration history, and fathers of colour. Overall, I struggled with a general feeling that the gathered interview data was superficial, lacking the necessary depth. Intellectually, I knew I would never again have the possibility to conduct long-term ethnographic fieldwork during which I would be able to participate as densely, in the sense of Gert SPITTLER (2001, 2014), as I had done for my Ph.D. thesis in Guinea. As more advanced scholars, we typically have to juggle multiple balls – even more so when having care obligations. Despite this knowledge, I still have different expectations towards my academic self, and thus struggle with what I perceive as partial, fragmented, and superficial data.

The manifesto for patchwork ethnography by Gökçe GÜNEL, Saiba VARMA, and Chika WATANABE has helped me to reflect on these various expectations. The authors understand patchwork ethnography "as ethnographic processes and protocols designed around short-term field visits, using fragmentary yet rigorous data, and other innovations that resist the fixity, holism, and certainty demanded in the publication process. [...] The methodological innovation of patchwork ethnography reconceptualizes research as working with rather than against the gaps, constraints, partial knowledge, and diverse commitments that characterize all knowledge production" (GÜNEL, VARMA & WATANABE 2020). In the end, all ethnographies are a patchwork, highly impacted by the

researchers' positionalities and factors beyond the researchers' sphere of influence.

Will I gain different insights into fatherhood due to the Covid-19 pandemic? I am sure that some of the fathers will spend more time with their children than ever before: They are working from home (or no longer working) and their children are home-schooled. In which ways does this transform the father-child/children-relationship and the relationship between partners? (Friday, 27.03.2020)

It would be perfect if fathers would write a corona-diary for me. But I can hardly ask that from research participants after a first interview. I feel that it would need a much longer relationship and a higher level of trust to reveal even more intimate things regarding parenthood in a diary. (Wednesday, 08.04.2020)

Last week, Mali came with me to meet a research participant and his daughter. Tomorrow, both children will come along when I have an interview with a participant on a park's playground. The interviewee asked me to meet there so that he can take his sons with him. I am very curious how this will work. Will we be able to talk, or will we have to run after our children all the time? What kind of different insights will this provide me with? (Monday, 20.04.2020)

Both of the above-mentioned research situations proved to be insightful. In the first situation, the encounter with and between our daughters definitely increased the mutual level of trust. Afterwards, the two of us regularly met for lunch in a nearby park, during which the research participant told me about his struggles with his daughter's mother from whom he has divorced. The meeting at the playground with all our children was interesting insofar as I could observe how the father talked to his children – an issue that came up during the interview. However, when I asked for a follow-up meeting, the research participant did not respond.

From the very start, it was my idea to somehow integrate Mali and Alma into my research on fatherhood. I imagined talking informally and repeatedly to their friends' fathers while the children were playing. I hoped that spending much time together and showing myself as a mother

would increase the mutual level of trust. I also hoped that such situations would provide me the possibility to observe interactions between the fathers and their children. I wanted to use specific situations as a basis to inquire issues about parenting further.

Beforehand, I had many concrete ideas on how to go about this in practice. For example, I had thought about setting up a 'fathers' lunch'. My idea was to cook lunch for a couple of fathers and their children. This way, the fathers would also get something out of their participation in my research. During and after the meals, we would have group discussions around the topic of fatherhood or other issues that turned out to be of interest. I also considered soccer clubs to be a perfect space to observe and interact with fathers from various backgrounds. In the Netherlands, field hockey is one of the most popular sports among middle-class and upper-class children. Soccer is also very popular among children from working-class backgrounds and families with a migration history (ELLING, DE KNOP & KNOPPERS 2001, ELLING & CLARINGBOULD 2005). Unfortunately, I could not turn any of those plans into practice. The sport schools had to close, and we were not allowed to gather with more than three adults at a time. Obviously, I did not want to take any risk of infecting research participants with Covid-19. Thus, getting access to possible research participants remained challenging and I had to rely solely on interviews.

Is everyone now writing a Covid-19 blog? When was the last time that hundreds of social scientists (and among them many anthropologists) could document a global event in real time? On the one hand, I see wonderful interdisciplinary initiatives emerging from all over the world. And I am obviously happy that social scientists (and especially anthropologists) speak up so early, making important contributions e.g. about the long-term consequences of this pandemic, especially for people who were already struggling before the outbreak of Covid-19. On the other hand, I can't help but think that this has an opportunistic side: Which researcher is not trying to profit from Covid-19 in one way or the other? For whom is the pandemic a career opportunity? After merely two weeks, I am already fed up with having just ONE theme to talk about – and this will probably continue for months. It feels like everyone has something to

say, like everyone has somehow turned into an expert. (Thursday, 25.03.2020)

I always feel uncomfortable when social scientists (and especially anthropologists) research extraordinary, spectacular, and current events, or large-scale, short-term transformations. What about the seemingly boring repetitions of everyday life, I thought. The unspectacular, the vague, the triviality, the ordinary, the diffuse, and the unfocused are much harder to grasp and to 'sell' to journals and funding agencies. When it comes to Covid-19, I fully see the importance for anthropologists "to describe the pandemic from within" (MARTÍNEZ, BERGLUND & ESTALELLA 2020: 42). However, I fear that, in the following years, too much will be published about online methods and research in times of crisis. And am I not doing exactly the same by first, making my fieldnotes from spring 2020 publicly available (AMMANN 2021) and second, by turning parts of them into this article? Who in academia is profiting from this pandemic and who faces major disadvantages due to it?

The pandemic does not only have severe consequences for academics who started a new research project or wanted to conduct fieldwork. Different voices have already pointed at the gendered and aged impact Covid-19 has on academic careers. The pandemic unfortunately exacerbated already existing inequalities in the neoliberal academic landscape with particularly negative impacts for junior, non-tenured researchers and female academics (KIM & PATTERSON 2020, WICHMANN & CAMENISCH 2021).

Lived privileges during a pandemic

Today, I received the message that one of the sisters of my Guinean research collaborator had died. I do not know why she died, but I know what will happen now: all the family members, friends, colleagues, and neighbours will pass by to condole. They will hug each other and cry together. [...] Unfortunately, this pandemic will widen the gap between the rich and the poor. [...] The long-term (indirect) deaths of this pandemic can hardly be estimated; their number is probably much higher than the one of the direct victims. (Tuesday 14.03.2020)

I am completely aware that my complaints are complaints from a very privileged position. I try not to think about what is about to happen in Guinea and similar countries. There, physical distancing is hardly possible, and the large majority of people do not have access to (governmental) safety nets; they try to make ends meet on a daily basis. And contrary to Ebola, Covid-19 gets transmitted through the air and people thus get infected much easier. At least, Covid-19 is a less deadly disease, especially considering the country's young population (Tuesday 17.03.2020)

Two days ago, I could finally talk to my other research collaborator in Guinea. He had started to work as a motorbike taxi driver. With that generated income he can sustain his family, for which I am very happy. At the same time, I think: NOOOOOO! By working as a motorbike taxi driver he is in close contact with so many clients and I fear that he will get infected with Covid-19. But who am I to say something? I sit in a European city, complaining about working from home and social isolation. Physical distancing is such a privilege! (Tuesday 31.03.2020)

At the beginning of the pandemic, the thought of my Guinean friends troubled me very much. It took some time until I realised that in Guinea, Covid-19 was just one crisis among many; precarity had been normalised (SCHWALLER 2019). While my research collaborators reported that Covid-19 was the number one issue people talked about at the beginning of the pandemic, other topics such as the continuous political crisis, or the rise in food prices (caused by the pandemic), impacted their everyday at least as much as the governmental restrictions due to Covid-19. The long-term consequences will probably be felt much more as less remittances flow into the country and promised investments will fail to materialise.

In Guinea, people had demonstrated since October 2019 against the implementation of a new constitution, that would reset President Alpha Condé's term counter to zero, thus allowing him to run for a third mandate. Regardless of the pandemic, the constitutional referendum together with legislative elections took place in late March 2020. Those elections and the presidential elections in October 2020 had been marked by heavy pre- and post-election violence. Overall, the Guinean government used the pandemic as an excuse

to silence protests, arrest journalists and opposition leaders, and to obfuscate political violence, making "authoritarianism [...] Guinea's first Coronavirus survivor" (ACLEDD 05.05.2020).

Every time I listen to or watch the Swiss or Dutch news, I am wondering about this pandemic's long-term consequences. They are not easy to calculate, and politicians tend to forget them when taking decisions on how best to fight against the virus. We must not go as far as Lagos or Delhi to see how many families are suffering from hunger. In Swiss and Dutch cities, the queues in front of locations where free food is distributed are getting longer and longer. This pandemic has negative consequences for everyone, but they are much less severe for the privileged than for the huge majority of less privileged. And who made the measures to fight against the pandemic? Mostly 'white', elderly, privileged politicians. (Monday, 06.04.2020)

In spring 2020, everyone was talking about solidarity; solidarity between different age groups, solidarity between classes, solidarity between countries. This "equal opportunity' virus" (FARIA 2020: 417) does not make a distinction of whether the person it attacks is rich or poor, so the argument. The longer the pandemic lasted, the clearer it became that solidarity and equality were – once again – an illusion. To take the vaccine as an example, in the US, a rich, 'white' person was much more likely to be vaccinated than a poor person of colour. And every country was first and foremost looking out for itself, making nationalism the imperative of the day. This pandemic, yet again, brought the gendered, sexed, classed, racialised, aged, and (dis)abled powers in our societies to the fore (FARIA 2020).

In the news, plenty of contributions discussed the negative consequences of Covid-19, especially for vulnerable children and youth. For many children, school is their safe haven, even in 'normal' times. How can they cope without having their safe haven for months? How do parents deal with financial insecurities and fears for the future, while at the same time struggling with home schooling and being trapped with too many people in too little square meters? As a result, violence within families and partnerships, as well as severe mental health problems, were increasing. The SWISS CORONA STRESS STUDY (2020) showed

that mental stress has been on the rise, especially during the so-called second wave. The study also confirmed that young people were the principal victims of depression.

What will the governments in Switzerland and the Netherlands learn from this pandemic? Will it have at least some positive impacts for sectors such as care, sales, or logistics, which are now considered as systemically relevant, but whose workers get very badly paid? And these are mostly professions where many women work. Will we, as a society, do more than clapping on our balconies? Suddenly, even the Swiss right-wing party is happy that the nurses living across the border in Germany, Italy, or France, enter the country every day to work in Swiss hospitals and nursing facilities. Without the nurses and physicians trained abroad the Swiss health care system would not survive. (Tuesday, 18.03.2020)

Emotional rollercoaster

I feel a double isolation here because, on the one hand, we barely know people whom we could meet physically at a distance, and on the other hand, we are also not part of local online groups in which news would circulate and through which we could care for each other. (Wednesday 18.03.2020)

Today, I went jogging and Mali came along on her bike. That was good. I could talk to her about loneliness. On Saturday evening, after a video call with one of her friends in Switzerland, she had cried for a long time. Mali blamed Alma for her own sadness, but it was clear to me that she was missing her friends and children to play with more generally. I told her how much I understood her feelings (and that I was feeling the same). And I also tried to explain to her that the situation would not be that different if we were at home in Switzerland. She would not be able to meet her grandparents and she would not be able to play with her friends. (I admit that I did not tell her the whole truth. Many of our friends put themselves together with another family to create a 'safe bubble', so that the children have at least some contact with other children.) I think that helped and Mali understood what I wanted to say. I feel so terribly sorry for our daughters. And I also feel guilty, somehow. In the end, they are here because of my

research, because of 'my academic career'. (Monday, 23.03.2020)

When we discussed possible places for my postdoctoral mobility fellowship, Simon and I agreed that we wanted to stay in Europe. It was important for us that our families and possibly our friends could come and visit us without taking the plane. Amsterdam is an attractive destination for a long weekend, we thought. In March and April, our family and friends had to cancel their visits. Luckily, Simon's parents, my parents, and my sister had separately been with us for a couple of days in the first two months of 2020. I am happy that they now had an idea of how we lived. They saw our apartment, followed Mali and Alma on their way to school, and became familiar with the children's favourite playgrounds. From mid-March onwards, we – especially Mali and I – often felt lonely and isolated. We were not used to spending so much time together with just the four of us and we desperately longed for some social exchanges.

Yesterday, the government announced the new Covid-19-measures. Afterwards, I felt very down. How are we to survive two further months of home-schooling, two further months of having almost no contact with other children. We can't stand this; we have to go home! But: Our apartment is rented out; we can't just go home. And staying with my parents or in-laws is not an option. I try to take day by day and to not forget that unfortunately, the pandemic has much more severe consequences for all too many people. I am so incredibly privileged – once again. (Tuesday, 24.03.2020)

On a daily basis, we tried to do the best with the situation. Simon was fantastic with home schooling, trying to provide a structure where necessary and leaving the children much space to play and follow their own interests. However, our daughters dearly missed other children. We also worried about their Dutch language skills. We had downgraded Mali one year with the idea that she should first concentrate on learning the basis of Dutch between January and July 2020, before she would begin to learn reading and writing from August onwards. It was a huge challenge to teach them a language we barely knew ourselves. During the

months of home schooling, I worked much less than usual and spent more time with Mali and Alma, thus also providing Simon some space to breathe and relax. For example, I organised a treasure hunt every week. This became a fixed point and a highlight during days that seemed to blur into each other, making it difficult to orientate in time.

As long as I could conduct online and walking interviews, I felt like having a reason to be in the Netherlands. That definitively helped in dealing with the fragility of my mental being. Luckily, the sun shone almost every day and the trees in the nearby park turned green. Spring was on its way, lifting up our moods. We lived in a new temporal home, trying very hard to make it feel like home. Echoing the words of Francisco MARTÍNEZ, Eeva BERGLUND & Adolfo ESTALELLA (2020: 40), “The trope of home [...] might refer to a feeling or condition of safety, familiarity and comfort, ‘being at home.’” Our home making in Amsterdam – under very special circumstances – became “a gesture of putting the world in order (even if temporarily or illusorily)”.

The fact that I am working at home is especially difficult for Alma. She regularly comes into my room crying. How often have I already carried her down the stairs? That is becoming my daily sport. (Thursday, 19.03.2020)

Every morning when I want to start working Alma and Mali are crying. Come on, I am JUST GOING UPSTAIRS! I am convinced that it is not good for our children to be with us all the time. This might be fun for one or two weeks during holidays, but not here, not now, not for such a long time. Today, it was really bad. Mali and Alma both cried when I went upstairs. A little bit later, I heard that they had a quarrel with Simon and both started crying again. (The walls are so thin here, I can hear every single word of what they say downstairs. How should I be able to concentrate on my work like this...?!?) Mali came to my room and I tried to comfort her. We went to the terrace to see the beautiful morning atmosphere. I then brushed her teeth and combed her hair. When Mali felt better, I brought her downstairs. Home school was about to start. Five minutes later, Mali stood next to me again, crying. (Wednesday, 25.03.2020)

When the children are screaming and crying downstairs, I find it hardly bearable to work from home. (Isn't it incredible how many crises getting dressed, brushing teeth, and washing hands can provoke! And currently, the children must wash their hands all the time...) Unfortunately, my abilities to dissociate myself are very low; I quickly become nervous or annoyed myself, even if I am upstairs and not directly involved in the situation. (Thursday, 16.04.2020)

Spring 2020 felt like an emotional rollercoaster. On certain days, I had the feeling that I was exploding. I was getting angry all too easily, also about things that are normal when being together with children – many children are loud, sensitive, and at times stubborn. My reactions annoyed me very much: I told myself that I was not allowed to get agitated so easily just because children are children. It was a vicious cycle.

The situation was also challenging in terms of my academic being. Elsewhere, a colleague and I argued that the pandemic acted as a catalyst for junior (mobile) academics whose situation is generally marked by precarity (AMMANN & RICHTER 16.03.2021). In theory, the aim of my postdoctoral mobility fellowship was to advance my academic career. However, professionally I was in a vulnerable position (LOHER & STRASSER 2019). On the one hand, I felt under much pressure to successfully collect data in Guinea and the Netherlands and to present new findings soon. On the other hand, I was convinced that good scholarship is slow scholarship because it “requires time to think, write, read, research, analyze, [and] edit” (MOUNTZ *et al.* 2015: 2). Against all reasons, I hoped that a “care-giving academic [will one day become] the new norm” (SCHURR, MAYER & WINIGER 2020).

Being in a new country and living through a pandemic made it impossible to put the same amount of concentration and efforts into my academic work as before. The well-being of my children, my partner, and myself, was my first priority, not what would perhaps (but most probably not) turn out to be ‘my academic career’. The four of us all had to demonstrate a high degree of flexibility by adapting to a new place and simultaneously, dealing with the impacts of Covid-19.

For academics, like so many other people, juggling work and private life has been a huge challenge during this pandemic. I found the pieces of

two authors highly helpful in this regard: On the one hand, and just a few weeks into the pandemic, Aisha S. AHMAD (2020) stressed beautifully that we should make room “to feel bad and lost” and focus “intensely on [our] physical and psychological security”, not on academic productivity. On the other hand, Caroline FARIA (2020) wrote a wonderfully funny and at the same time sad paper about academic work and care in times of a pandemic, bringing the toxicities of the neoliberal university to the foreground.

I am always happy when I can discover new things. A new neighbourhood, a new canal, a new playground, a new green space. (Honestly, I would also love to discover a new museum, a new theatre, a new restaurant, a new bar). There is something satisfying about it. I definitely missed that back home. (Friday, 27.03.2020)

The children profit incredibly from being here. Out of necessity, they became very open towards other people. When we arrive at a playground, Mali immediately searches for a child she would like to play with. She walks up to this child and asks whether they can do something together. What a pleasure being able to observe that! (Monday, 06.04.2020)

Yes, it is often exhausting being in a new place and even more so because of this pandemic. But I am convinced that we will have unique memories of our stay in Amsterdam. We can spend more time with our children, watching them, jointly discovering new things, and being outside all the time. (Wednesday, 22.04.2020)

On other days, I appreciated the beauty of being able to spend so much time with my family and to discover new places. At the end of April 2020, we were slightly optimistic. The Dutch government had just announced that the schools would reopen after the May holidays. From May 11 onwards, Mali would go to school on Mondays and Tuesdays and Alma on Thursdays and Fridays. The atmosphere in our house immediately improved. This meant that I could concentrate much better on my work as both children were only at home together for one day, and thus the quarrelling, shouting, and crying reduced massively. Four weeks later, they were allowed to go back to school on five days a week.

At that time, we did not yet know that a second lockdown would include further weeks of home schooling – this time during short, grey, and cold winter days. Unfortunately, I had not taken AHMAD’s (2020) words seriously enough. She had warned us already in March 2020 that this crisis would last for much longer than we all hoped for, making it a necessity to prepare for a marathon, not for a sprint. And indeed, our entire stay in Amsterdam was heavily marked by the pandemic, not only the first few months.

Conclusion

Isn’t it fascinating how quickly our behavioural patterns change? For example, when it comes to keeping physical distance and getting out of each other’s way. Recently, we watched a documentary that was produced prior to the pandemic. In one scene, a lot of people were standing close together and my first, intuitive reaction was: No, they are not allowed to do that! Within a very short time, this new behaviour has been embodied...! And I hear from others that they react exactly in the same way. (Wednesday, 07.04.2020)

I found it very challenging to cope with the Covid-19 restrictions in the Netherlands – not least, because I always had the direct comparison with Switzerland, where, since autumn 2020, much more was allowed than in the Netherlands. Considering that I had initially intended to go to Bordeaux, France, with my first application for a post-doctoral mobility fellowship, in retrospect, I am very happy that the application was not successful. In France, we would have been obliged to stay inside for months – or to buy a dog. Like in other European countries, in France, you were only allowed to go for a walk with a dog, as if children do not need to go outside at least once a day. I will put this failed application in bold in my personal ‘CV of failures’ (STEFAN 2010, HAUSHOFER 2016) and draw some shining stars and happy smiley faces around it.

In 2020, we have been told again and again that we should consider this crisis also to be an opportunity and that we should creatively adapt to the current circumstances. While I do not deny that Covid-19 might have some positive impacts, I prefer not to see it as an opportunity, but as an in-

tegral part of my experiences. The pandemic has shown, once again, what feminist researchers have demonstrated long ago: we are not objective academics. Conducting research is highly influenced by our different and shifting positionalities and the circumstances in which we are conducting research.

In spring 2020, my professional and personal life coincided and intermingled heavily. Overall, Covid-19 has significantly shaped my “patchwork ethnography” (GÜNEL, VARMA & WATANABE 2020) on fatherhood. However, I argue that this not only holds true for my research; my whole stay in Amsterdam has been a patchwork due to the pandemic. What seemed to be working in one moment was falling apart in the next instant. In this patchwork life, the private and the public blurred as I tried to balance migration, family, fieldwork, and an academic career. It was a time of continuous bricolage and I was forced to constantly tinker, putty, glue, and improvise.

The situation we are currently going through will have immense consequences; consequences we can't imagine yet. This virus is bringing so many living, working, and researching plans upside down. (Tuesday, 24.03.2020)

Acknowledgments

My biggest gratitude is to my partner and our two daughters for coming with me to Amsterdam. I also want to thank Marina Richter, Maaret Jokela-Pansini, and Peter Miller for their critical engagement with, and helpful feedbacks to, earlier versions of this article. I received the funding for this research from the Swiss National Science Foundation.

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Two Faces of the Covid-19 Pandemic in Ecuador

Woorani Egalitarian Health Responses in the Light of National Public Health Inequalities

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Abstract This paper reviews notes taken during the first months of the COVID-19 pandemic. It offers a contrast between early reactions and public health measures in urban areas of Ecuador, as opposed to the Ecuadorian Amazon, in particular the Woorani territory where most notes were written. The Woorani people remained in relative isolation until few decades ago, and still have families that refuse any peaceful contact with outsiders; the process of contact for the Woorani, as for other Amazonian people also meant dealing with several epidemics and territorial pressures. It is in this historical context that COVID-19 reached the forest; colonial history, and modern-day quasi-colonial relations between the state and indigenous people meaning that most diseases and deaths among indigenous people have not been acknowledged by the government. This silence contributes to inequality in health outcomes.

Keywords: Ecuador – pandemic – Amazonia – Woorani

Introduction

Returning to a year-old pandemic diary while still facing a COVID-19 outbreak is not easy. Still, the Curare Journal's proposal to think over these notes, might be a good chance to share worries, initial understandings, and hopes. Here, I review some notes taken during the first months of the COVID-19 pandemic. These notes were mostly written while quarantining in the Yasuní National Park¹, a territory that overlaps with the Woorani's ancestral land, up north in the Ecuadorian Amazonia. The last part of the diary was written in Cuenca, an Andean city located in the south of Ecuador, which is my home.

When Ecuador declared the first COVID-19-related quarantine, I was conducting research among the Woorani people focused on their notion of health, as part of an ongoing project developed alongside Woorani leaders and an interdisciplinary team of public health professionals², aiming to understand and –hopefully– address some of the contemporary social and environmental determinants of health affecting Woorani people living near oil camps. The results of this work have not been published yet, and the field-notes that I review here are part of a preliminary attempt to understand the pandemic, although the

reflections are informed by previous long-term ethnographic work (see BRAVO DÍAZ 2020a).

The first section includes a brief introduction to Woorani people, while considering their first responses to the pandemic. A second section discusses access to information and responses to pandemic-related news in the forest. A third section offers an analysis of the notion of isolation and the practice of it, noting different meanings applied to COVID-19 by people living in the forest. This is followed by a consideration of how public health measures were navigated in the forest and in urban areas. This paper finishes with a reflection on the lack of access to accurate and differentiated data about indigenous disease and deaths, and the position of the anthropologist while writing/thinking/feeling from the periphery throughout a pandemic.

A new disease in the forest, again?

The Woorani people with whom I have worked live in settlements located near oil camps and along roads that connect those camps. Living in permanent settlements in the oil milieu means changes in the Woorani livelihoods; they note that the for-

est near the roads is being depleted and the rivers contaminated. Hence, many families include processed food in their diet and rely on temporary jobs for accessing products from the market. Yet, permanent settlements are relatively new among the Waorani – the first village was established by missionaries after promoting a process of contact that started in the late 1950s – most settlements respond to the need to ensure political recognition by the Ecuadorian state and access to external resources, such as those delivered by oil companies. The Waorani seem to have remained in relative isolation for centuries and their language is different from other known phylum (RIVAL 2016: 49–50). They used to live on forest hilltops changing settlements every few months, organized in groups of related but geographically distant long-houses, each one formed by up to 35 close relatives and a few permanent followers and visitors (Rival 2002: 94–99). Contemporary villages in which I have conducted fieldwork reach up to 280 people, but tensions are frequent and when they arise people tend to abandon these large villages and form new settlements resembling the long-house organization.

An analysis of the Waorani relation with the oil economy (LU, VALDIVIA & SILVA 2017) is beyond the scope of this paper, but it is important to note that the expansion of the oil frontier into Waorani territory started alongside attempts to contacting them. The Waorani lived in relative isolation in a vast territory until they were pushed to move to the missionary village in the South of their territory in the 1960s and 1970s (see CABODEVILLA 1994: 383–393); when some families moved back to their ancestral land up North, there was ongoing oil extraction. In other words, they were forced to deal with the expansion of the oil frontier, a process that brought with it multiple waves of colonization. Young generations are currently dealing with the depletion of their forest resources, while struggling to find ways to access money, goods, and services without depending on the oil companies. In the areas where I have worked, the latter is expressed more as an aspiration rather than a current possibility. The oil-related economy is particularly difficult to navigate because there is an entanglement between the oil companies and the Ecuadorian state, resulting in social services be-

ing offered as compensations for people's agreement with new oil extraction (BRAVO DÍAZ 2021).

While the Waorani have organized at a national level to protest against the extractive developmental model, and the national indigenous movement is the strongest social movement in Ecuador, their claims have not been listened to. The pandemic irrupted just a few months after the October 2019 indigenous national protest (see ALTMANN 2020). To calm the protest the government agreed to stop some of the austerity measures; however, in spite of this, similar economic measures have been implemented during the pandemic. After the 2021 national elections, the indigenous movement has a good representation in the National Assembly, but the conditions for indigenous people have not improved. It is in this context in which the pandemic reached the forest; and as noted in the following diary excerpt, COVID-19 is not the first foreign disease with which the Waorani had to deal in their process of contact:

[In the company of some grandchildren in their teens an] elderly indigenous woman stopped a car from the Ecuadorian government. She took a vine and started whipping the car, saying in *Wao terero* (indigenous language): 'you should not go out, you should not carry diseases.' I was able to talk with this woman afterwards, and she expressed her concern about the disease that she knew was coming from outside. She called it *kuyo* (flu), and she, as many other elderly people during these days, reflected on coronavirus while recalling the polio epidemic that they experienced when they accepted peaceful contact few decades ago. (Diary excerpt, 25-03-2020 Yasuní-Ecuador)

The elderly woman did not manage to avoid the spread of the virus, and she and her community became ill early in May 2020. Over this pandemic diary review, I focus on the initial perceptions and responses that the Waorani developed for making sense and protecting themselves from the COVID-19 pandemic; although those perceptions and strategies changed over the course of the pandemic, in particular after recovering from the first mass-contagion of the disease.

For the Waorani, as for most of Amazonian people, contact was intertwined with imported diseases (Diary excerpt, 11-03-2020, Puyo-Ecuador).

This was one of the first thoughts I recorded in my pandemic diary. It was a reaction to the ways in which Waorani people expressed their concerns regarding the COVID-19 pandemic; from the very beginning they related their understanding of the pandemic to memories of past epidemics. For elderly Waorani those first epidemics happened in their lifetime, and they particularly recall the polio epidemic as a devastating event. Even when official records refer to 16 deaths, Waorani narratives recall it as if it were hundreds. The polio epidemic happened in the late 1960s (LARRICK *et al.* 1979: 168); since then they have dealt with flu, hepatitis B, tuberculosis, and more recently the COVID-19. As Antonio, a young Waorani leader said in one of our first pandemic conversations: ‘we used to worry about HIV, now we only care about coronavirus’ (conversation from diary excerpt, 12-03-2020 Yasuní National Park-Ecuador). In the process of making sense of the virus and its possible threats, Waorani people either repeated stories of past epidemics, or compared COVID-19 to other “foreign” lethal diseases. The following excerpt is an attempt to make sense of the first adjustments and worries regarding this new disease.

Ongai, a Waorani friend, visited me to check how I was doing. We are both adjusting to the new rules of social distancing. She attempted to shake my hand, I replied “coronavirus”, she smiled, and few minutes later we were both wearing masks and talking about the virus. In this conversation Ongai mentioned “when we lose our elderly, we will have no strength.” I have spent the past four years researching and writing a doctoral thesis, trying to understand what it means to “live well” for the Waorani people, a notion that includes peace, happiness and strength. The latter seems to be particularly important for informing Waorani’s strategies to deal with the pandemic. Strength or vitality, which is called *piñe* or *piñte*, is contained in the bodies of strong people (*teemo piyengue*). The Waorani perform a variety of daily caring practices as well as rites that allow for the intergenerational sharing of vitality, which is also maintained through certain ecological practices. When Ongai reflected about what it would mean for the Waorani to lose their elders, she gave several examples of how their society might grow weaker without their elders. She suggested that the Waorani, as a society, are still making sense of contact with outsiders and as such

rely on their elders, who “speak loud”, to identify the best response in the face of potential dangers. This means that elderly people are not only at the core of social reproduction – ensuring a replenishment of vitality and knowledge – but that they are also more knowledgeable in identifying the dangers of outsiders, even when peaceful mediation with outsiders is developed mainly by younger bilingual Waorani. It requires the sensibility and experience of skilful adults and elders to protect the hunter-gatherer society as a whole from these dangers. This is how the Waorani survived colonial threats and incursions while protecting themselves in inter-riverine territories.³ (Diary excerpt, 6-05-2020 Yasuní-Ecuador)

To understand Ongai’s reflections we should consider Waorani intergenerational knowledge transmission and its relation to wellbeing. Historic narratives and myths contain what can be seen as a manual for dealing with risks, most of them coming from outsiders being *kowori* (non-Waorani) humans or non-humans. CONKLIN (2015: 62) notes among the Wari’, that they have overcome epidemics, interethnic violence and multiple colonial threats through an “egalitarian health-notwealth orientation”, which is precisely the approach that most Waorani people have developed during the pandemic. Their emphasis on collective wellbeing encompasses an egalitarian social organization, ensuring equal access to forest resources, but also freedom to decide their health-seeking trajectories in an autonomous way. Despite the Waorani’s relative isolation until a few decades ago, their historic accounts recall several external territorial pressures – their recent history includes pressures related to rubber extraction, the oil boom and colonization. In other words, for the Waorani people, external threats are not new, and the knowledge of how to deal with risk and the related threats of *koworis* relies on the memories of elderly people. Since for the Waorani knowledge is embodied (HIGH 2015) it is also a form of strength or vitality, which is sometimes shared through their sweat. Thus, when Ongai said ‘when we lose our elderly, we will have no strength’ she was summing up in one phrase a deep historical and cosmological understanding of how a society reproduces itself, and how that involves dealing with threats, for which elderly people’s knowledge is essential. In contrast to other societies that have

isolated their elderly people, at the beginning of the pandemic the Waorani families gathered to listen to stories of past epidemics that their elderly people repeated, until some of them retreated to the forest for a few weeks. This strategy of isolation will be further discussed, I shall now review some excerpts regarding the access to news during the pandemic.

COVID-19 news

Making sense of the virus also required access to information. In the forest, most people have access to news from the city over the internet, when they manage to reach a Wi-Fi spot. Satellite TV is not affordable, but a few families pay for it when they can. The apps that people use most frequently are Facebook (primarily), WhatsApp and YouTube, though the latter rarely works with weak signal. The quality of news shared over social media is a recurrent concern in the pandemic diary; the following excerpt reflects on the news shared in relation to the first epicentre of the pandemic in Ecuador:

People here are worried not so much about the rise in reported cases of COVID-19, but mostly about social media news, particularly those related to “hundreds” of deaths in the city of Guayaquil – the epicentre of the outbreak in Ecuador – which are said to be happening in excess of the official reports. (Diary excerpt, 21-03-2020 Yasuní-Ecuador)

Later in March, the official Ecuadorian media would acknowledge that the situation in Guayaquil was indeed grim. The initial hesitation from official sources to acknowledge the number of deaths, generated distrust and might have influenced people’s attitudes towards other news that circulated over social media. Social media conspiracies and fake news are still around, even when the topics might have changed – from the origin of the virus to vaccine speculations.

During the first months of the pandemic, the amount of pandemic-related information over social media was overwhelming. Pandemic-related content varied on different platforms; in addition to the news, there were collective efforts to reflect on the virus, and humour was an important part of how Ecuadorians dealt with it:

People circulate all sorts of material over social media, from jokes that help people dealing with the outbreak – Ecuadorians are good at making “memes” or jokes – to recordings of patients who explain their symptoms, and even some empirical recipes “against” the COVID-19. (Diary excerpt, 21-03-2020 Yasuní National Park-Ecuador)

Waorani people were particularly effective in using social media to strengthen their care networks. They would share news of people being ill, news of death, news of recovering with a detailed account of the recipes and bodily practices involved in such recovery, and after that they shared invitations to football tournaments and feasts to celebrate the – temporary – “end” of the pandemic. Efforts to distance themselves from the time of misfortune were striking; while there might be ontological reasons for taking physical distance from the corpses, the Amazonian approach towards distancing oneself from death as something from the past – or even something that should be forgotten (see TAYLOR 1993) – might be related to the understanding of life as a process of replenishment, which only happens after death and misfortune allows life to thrive again. Yet, with new variants of concern circulating in Ecuador, and considerable uncertainty regarding vaccination⁴, the pandemic is still a concern.

Isolation

This section explores the notion of isolation as one of the main pandemic-related adjustments. I discuss here how isolation for people living in the forest has different meanings, and how it is reflected from an historical point of view. Proximity to the cities and roads influence the ways in which people pursue isolation, for instance:

My grandfather told me that they were only able to survive the epidemic by fleeing to the forest, now we will do the same’, said a Waorani friend. Indeed, we are seeing several trends of mobility among indigenous people due to coronavirus. First, indigenous people who live in the cities are coming back to the villages; second, elderly people are moving their residence to isolated places in the forest or planning to do it any time soon; third, young families remain along oil roads, but are preparing themselves to leave the roads and isolate themselves in the forest depth when they

hear about a positive case of coronavirus around. (Diary excerpt, 25-03-2020 Yasuní National Park-Ecuador)

For the Waorani living near oil camps, the expression ‘fleeing to the forest’ draws a differentiation between ‘the forest’ which is a socio-biological being, and the places where people gather in communities often located along the oil roads – roads that were opened for the oil business. While for a Waorani person, living in the middle of the Yasuni Park, isolation meant getting far away from the roads and the oil company infrastructure, for Waorani people living in Amazonian cities, isolation meant moving to forest villages. These isolation strategies did not last long, some elderly people spent more time in forest camps, but most families opted to spend daily time in forest activities while maintaining residence in their villages.

After two months of not going to stores in the nearest town, people living in the forest run out of sugar, salt, and other essentials. These include simple things like using matches and lighters to start a fire that have become part of Waorani life after contact, and which make perfect sense considering the hardships of otherwise searching for the right wood, rubbing it in the right way, with enough strength so as to start a fire (and it is better if is not a rainy day in the dense moist tropical forest). Thus, total isolation for people living in villages could not last long.

While in the city, isolation as a public health measure meant staying at home, in the forest, people opted for restricting access to their communities. Domestic isolation of single households within a village did not make sense for the Waorani – unless they knew someone was sick – because most people who live in a same village are relatives. If isolating themselves from the *kowori* (non-Waorani) proved to be difficult, isolating themselves from other Waorani threatened the societal reproduction that relies on daily sharing among those who live together, and frequent gathering for extended sharing with relatives that live nearby. This is one of the reasons why after they recovered from the first wave of the pandemic, they organized football tournaments and feasts.

Pandemic-related isolation and mobility in the Yasuní Park was also marked by the presence of the oil company:

Mobility within this part of the forest is controlled by an oil company, they have a post from where they check park visitors, allowing -or not- their entrance. The oil company has banned mobility from today, a sort of curfew, which follows the one established by the Ecuadorian government at a national level. (Diary excerpt, 25-03-2020 Yasuní National Park-Ecuador)

Accessing the Waorani villages located within the Yasuní National Park is not an easy task. The nearest Amazonian city is at least a three hour driving to the Waorani village closer to the beginning of the oil road; in between those three hours the car would have to cross the river Napo in a flat-boat, and pass through a sort of border control in the oil company riverine post. Thus, for most Ecuadorians, the Waorani living in the Yasuní National Park are already quite isolated. Yet, the Waorani living in villages do not consider themselves to be isolated, nor do they want to be. They instead consider that the ones who live in isolation are their relatives who never accepted peaceful contact with outsiders; the following excerpt reflects about the situation of those Waorani families in contrast to our pandemic-related isolation:

Today I have read some articles about isolated indigenous people, those who live in this national park and have trekking paths a few hours from here. Quite strange to read about isolated people while experiencing isolation in our own bodies, and globally! These people, who have been called “lost people”, people in voluntary isolation, uncontacted people, have been silently dealing with our encroachment. We might now have a more emphatic understanding of what it means to be isolated, or even to fear contact with outsiders. (Diary excerpt, 10-04-2020 Yasuní National Park-Ecuador)

The articles I was referring in this diary entry are part of a special issue dedicated to people living in voluntary isolation in Amazonia (OPAS *et al.* 2018). Those articles show that the territorial pressures surrounding “isolated” people are such that the notion of isolation is contested, they refuse to establish peaceful relationships with outsiders while having to deal with increasing encroachment from colonizers, oil camps, loggers, state workers, missionaries, scientists, tourists, and other indigenous people. The Waorani families

living in isolation share some pathways for collecting seasonal fruit that overlap with the territory of Waorani people living in villages – those who maintain contact with outsiders. The former also collect goods that the others – including illegal loggers, oil workers and other Waorani – might leave on the way, from plastic to tins. This puts in perspective their isolation, but it also raises concerns regarding the public health measures that might apply to avoid spreading disease to their lands. The reflection about isolated people living in the Yasuni National Park gives us a lot to think about concerning our experience of isolation during the pandemic. If most of us have experienced some feeling of encroachment and contact-related anxiety, then, once we recover from this anxiety and feel less encroached, it is perhaps time to think about those people that have been born within the colonial encroachment, and during their lifetime that condition has only increased.

A final aspect of the pandemic-related isolation that was present in my diary was the issue of changes in the perception of time; this excerpt offers a reflection on that:

Temporality – The quarantine was extended at least one week longer in Ecuador; so far, for those who are safe at home, quarantining has already affected their relationship with time. My mother told me today ‘hope you have a good Sunday’, but today is Saturday. After laughing about it, in a family chat my father said: ‘we do not know anymore what day we are living on, we only know when day light is and when night comes’. This struck me as being similar to the temporality in the forest, where I am spending this quarantine. For people living in the forest time goes on a day to day logic, it is organized not around “work” but in consideration of needs and ecological factors. Time is seasonal, we know for example that at this time of the year monkeys are eating fruits, it is a time of abundance in the forest, the season will end around June. (Diary excerpt, 11-04-2020 Yasuni-Ecuador)

Quarantine-related isolation changes our daily schedules and, in some cases, even our dreams, those working at home and parenting might agree with the suggestion that domestic time rarely works the same as office time; time at home is organized attending to the needs and unexpected changes in the domestic micro-cosmos. I suggest

here that pandemic temporality is expressed overall in the form of uncertainty:

Our temporality has changed in a way that we are not able to reach a post-pandemic time (it is over, we survived!) and we are not quite clear what sort of time is now. When the pre-pandemic schedule has faded, the post-pandemic is uncertain. But indigenous people here in the forest have for a long time experienced this kind of uncertainty in relation to the dangers of outsiders; since accepting peaceful contact their livelihoods have been increasingly uncertain.’ (Diary excerpt, 11-04-2020 Yasuni National Park-Ecuador)

Risk and uncertainty, these are two conditions that people in the forest deal with frequently. The Waorani tend to make jokes to reduce uncertainty-related tension. From our isolated cubicles we have been trying to take control of the pandemic, but at least in Ecuador, uncertainty and tension is on the rise. I shall conclude that the pandemic-related isolation in the city is not the same as the pandemic-related isolation in the forest, which might sound obvious, but what I mean by this is that when a Waorani person walks in the forest they engage in a number of ecological experiences and relations, since the forest is considered to be a socio-ecological locus full of non-human beings –e.g., trees are considered to be intelligent sentient beings– thus, pandemic-related isolation in the forest is not isolation from life, as it can be in cities full of concrete.

Public health, differences between the forest and the city

This section offers a contrast between the forest and the city in relation to the forms in which pandemic-related measures were experienced:

Governmental decisions for containing the outbreak have developed quite rapidly over the weekend, my family and friends in the city have not quite yet taken in that they should not leave their homes from tomorrow on. Videos about panic buying in the city circulate over social media, it is quite hard to imagine the situation from here. There are already 37 cases of COVID-19 in Ecuador. (Diary excerpt, 15-03-2020 Yasuni National Park-Ecuador)

Early in March, people in Amazonia expressed great concerns about the global pandemic, recalling oral narratives of recent epidemics, while in non-Amazonian cities most people with whom I talked –family, friends and colleagues– did not seem quite concerned, and some even expressed ‘discomfort for the excess of information on coronavirus’ (Diary excerpt, 10-03-2020 Quito-Ecuador). In contrast, once the quarantine was declared, people in the city started panic buying, while in the Yasuní, at least the first days, and apart from some mobility from Amazonian cities to the forest, village life seemed to continue as usual. From the forest we wondered about the changes in the city life:

Every lunch and dinner someone has brought up a conversation about COVID-19, we know people in the cities are on their third day under lockdown.... We are wondering how people without homes are dealing with this, particularly many Venezuelan refugees who live each day from what they manage to get on the street, is Ecuador prepared for supporting those in need? (Diary excerpt, 19-03-2020 Yasuní National Park-Ecuador)

While the Waorani do not have a word that can be translated as poverty, in an attempt to define it, a Waorani leader pointed out to the children hungry on the street – in the cities – noting that the Waorani villages do not have that sort of poverty, because they would not refuse to feed a relative. The “hungry children” kind of poverty was in the streets of Ecuador before the pandemic, and now we know that during the pandemic that only has increased⁵. The first outbreak of the pandemic in Ecuador happened precisely in one of those unequal cities:

I grow up with an awareness about Guayaquil, a city on the Ecuadorian coast, being a very unequal place, as it was a city with growing slums. But only now, when Guayaquil has become one of the worst affected epicentres of coronavirus in Latin America, it strikes me that we silently accepted inequalities to endure. I have learnt from friends around the world about Ecuador being all over the news, the dramatic situation in Guayaquil is a grim sight of what can happen in other parts I have seen videos -over social media – showing corpses abandoned on the streets. (Diary excerpt, 10-04-2020 Yasuní National Park-Ecuador)

For a country with great inequalities, facing a pandemic is an unimaginable task. Even when the Ecuadorian state had a good network of public health services, in big cities like Guayaquil, the pandemic was way beyond the public health capacity to respond. The news of what was happening in Guayaquil reached everywhere, only increasing the fears of the virus; it was then that some Waorani started planning to isolate themselves in the forest, while my family and friends in the city expressed great fears of going out, even to the store.

Everyone in Amazonia knew that if public health services were overwhelmed in the cities, people in rural areas have almost no hope of accessing a place in a hospital. Thus, people started to organize themselves, leaders generated alliances with anybody that might support their people; families in the forest started searching for medicinal plants, those that were known for treating respiratory diseases and increase strength. The provision of public health in Amazonia, in particular test and COVID-19 relief aids, depended on alliances with non-governmental institutions, some of them with problematic entanglements. Reactions to the first known case of COVID-19 in the Yasuní are recorded below:

This National Park is a complicated frontier, the presence of the central state equals a small health post and a park guard – some police are also around in recent days – whereas the presence of the oil company is ubiquitous. So far what we know is that the first positive case is related to an oil company worker, he is an indigenous Kichwa and there are not testing campaigns or other major actions being taken to prevent the virus from reaching recently contacted indigenous people.

Meanwhile, the news of this case has circulated on social media, indigenous leaders have expressed their concerns about the wellbeing of their people. The concern is shared with a few NGOs and activists, but the state seems unable to properly address this pandemic. (Diary excerpt, 20-04-2020 Yasuní National Park-Ecuador)

The few health workers in Amazonian health posts have been heroes working with little resources, and they have little influence regarding how resources are distributed, since such distribution is centralized from the cities. Thus, indigenous leaders, academics and NGO formed alliances

es to support the public health services, providing them with COVID-19 tests, and other resources. We also know that from the beginning of the pandemic a wave of loggers entered Amazonia offering economic relief in exchange for balsa logging, some of the virus spread is arguably linked to that informal economy, which grew alongside the pandemic in the Yasuní Park and elsewhere in Ecuadorian Amazonia.

Woorani strategies for preventing the spread of the pandemic into their territory worked until May, when most villages recorded COVID-19 cases; the following excerpt reflects on how people cared for each other in the forest after they faced the disease, often without access to public health-care:

One Woorani friend just recovered from the virus, once he felt better, he started sharing recipes and detailed treatments over social media. He, himself, received recommendations from other indigenous people, mainly Kichwa people from *el Puyo*. Since he has recovered, he is now keen in ensuring all his people and friends have the same chances for surviving. (I prefer not to make public the detail of the recipe and treatment). (Diary excerpt, 01-06-2020 Cuenca-Ecuador)

When I first started working with Woorani people in 2014, the power of the whites was epitomized by the power of biomedicine, and only few young people used to drink medicinal forest plants as a preventive practice for the maintenance of health. It is understandable since during these decades of contact they have faced some ailments that are only preventable with vaccination – such as hepatitis B – or effectively treated with biomedicine. Yet, the coronavirus surprised us with the reactivation of intergenerational sharing of medicinal knowledge. Young Woorani seemed to have the knowledge of how to collect and prepare medicinal plants, and if not, they needed no more than a few instructions from elders. Soon almost every family was drinking medicinal plants on a daily basis, and young adults were sharing their recipes over social media. As in the above quoted dairy excerpt, my Woorani friends would send messages trying to help with detailed accounts of their health treatments, because us, the *kowori* (non-Woorani) were helpless. Every time I went back to my hometown, my Woorani friends

would reach me on my way off with medicinal plants and recently prepared syrups for my family, they wanted the *kowori* to survive. At the end of this pandemic diary the situation in the cities, as expressed in the excerpt below, has not improved:

Several hospitals in Ecuador have reached their full capacity, even in Andean cities like Cuenca. The government advice is to go back to economic activities, there is more concern about the economy than about people's health. (Diary excerpt, 27-06-2020 Cuenca-Ecuador)

If health services are overwhelmed, good and reliable infrastructure for collecting and sharing differentiated epidemiological data among the Ecuadorian population is almost non-existent. Thus, we do not have a detailed understanding of how the Woorani managed to survive the first wave of the pandemic in their communities –after testing positive to COVID-19 tests– with little access to ventilators, and with no more than two recorded COVID-19 related deaths, in a population of around 3000 people.

While we already had our first vaccination corruption scandal, mass vaccination has been slow; by May 2021 around a 10 percent of the Ecuadorian population was vaccinated, and new variants with potential for reinfection have already been detected in Ecuador. Most families including my own have lost relatives due to COVID-19 and I start to understand why in the middle of this uncertainty they “put themselves in hands of” their preferred deity:

I ask my mother why our extended family does not follow the preventive measures (they do wear a mask when going outside, but only because it is mandatory). My mother explains “they put themselves in the hands of God”. (Diary excerpt, 15-06-2020 Cuenca-Ecuador)

An aunt called for a catholic priest, he arrived with a mask, and asked whether the police used to pass by often, he asked that while noting that we were “an illegal gathering”. My aunt responded assuring that “we are fine”, and the priest took out his protective mask. He then conducted the mass, getting quite close to the people with no protection at all. (Diary excerpt, 30-06-2020 Cuenca-Ecuador)

The role of religion during this pandemic is a topic on its own, whether having a good health-care system, pandemic relief packages, and clear guidance from the beginning of the pandemic, Ecuadorians –including the priests– would have followed social distancing rules, we do not know. What we know is that guidance was ambiguous from the beginning, and the government offered no help for those who have lost their jobs. Almost 50 % of people who have a job are working in the informal economy⁶, after a few weeks of quarantine there was no other option than to go out and “trust” God. Added to the already complex Ecuadorian context, in Amazonia we witnessed environmental tragedies related to extractive activities:

There is much more to say about Ecuador at this time but I will conclude with just one more “news”. There has been an oil spill in Amazonia, which has polluted the rivers nearby this area, hundreds of Amazonian riverine people would be unable to access water and fish from these polluted waters. While Ecuadorian institutions are already collapsed with COVID-19, how can we expect some help/justice for these people? Is this not enough to think about different post-pandemic models? (Diary excerpt, 10-04-2020 Yasuní, Ecuador)

Different activist and human rights organizations joined a campaign for compensation after the above-mentioned oil spill. This campaign, which showed detailed evidence of the damage, lasted months and it is still unknown whether people received adequate compensation and aid. In other words, while the pandemic has impacted people across the world, it worsened its effects in places where people were already facing previous inequalities, colonial oppression, and extractive-related dispossession.

Final Remarks

This pandemic review has noted that the Ecuadorian healthcare has been overwhelmed since the beginning of the pandemic. Then, Amazonian leaders generated a number of alliances and networks among different indigenous nationalities to develop what can be regarded as their own epidemiological strategy to tackle the pandemic; non-indigenous allies joined those networks

and we have seen a blooming of collaborative initiatives, giving local responses even for services such as formal education. Still, it is not fair that the oil companies and the government keep avoiding their moral and social responsibility, as it is not fair that the wealthy of the world are accumulating the resources that might put an end to this pandemic.

While the Ecuadorian government was not able to provide reliable data about the number of COVID-19 cases and deaths at a national level, indigenous organizations in Ecuador managed to provide updates of the cases among different indigenous nationalities up to December 2020. The normalization of governmental silence regarding indigenous deaths is no doubt a continuation of our colonial history; even if we overcome the pandemic, we have not overcome the structural inequalities that are affecting people in Ecuador, and ‘the bodies abandoned on the streets of Guayaquil are still in our hearts’ (11-05-2020 Cuenca-Ecuador).

It is not news that writing from the periphery is a difficult task, but *senti-pensar* (feeling/thinking) from the border is a decolonial project (MIGNOLO & TLOSTANOVA 2006). I am grateful to Waorani people for allowing me to navigate these difficult times with them, to learn from them, to collaborate in their projects, and for allowing me to record these memories. At this point we have cried together; we have walked together, and we have *anka totamonapa* (laughed a lot) despite the pandemic. It is through the privilege of digesting emotions in the forest, and the Waorani approach towards generosity and collective happiness as a form of care, that I have been able to gather strength to write from the periphery in a pandemic.

Notes

1 I was staying in a scientific station that is located in the Yasuní Park, only visiting nearby villages while I was allowed, and while COVID-19 had not yet arrived at this part of Amazonia. The Station is part of the Pontifical Catholic University of Ecuador (PUCE).

2 All working at the Institute of Public Health of PUCE.

3 An analysis of this diary excerpt was already included in a Spanish version of the pandemic notes published by the journal *Periferia*, and the magazine *Anthropolitan*.

4 Ecuador developed a mass vaccination programme after finishing the writing of this paper.

5 See for instance: <https://www.telesurenglish.net/news/Over-52-of-Ecuadoreans-Fell-Into-Poverty-in-2020-20210101-0009.html> [15.10.2021].

6 See for instance: <https://www.primicias.ec/noticias/economia/persons-empleo-informalidad-ecuador/> [15.10.2021].

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Face Masks in the COVID-19 Pandemic and Anti-Asian Racism in Germany

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Abstract This paper discusses anti-Asian racism in Germany before and during the COVID-19 pandemic. While wearing masks for public health purposes is a widely-accepted practice among residents of many East Asian countries, those of most Western countries, including Germany, have been more hesitant to adopt it, with people of Asian descent wearing masks becoming subjects of ridicule and discrimination at the beginning of COVID-19. With the increasing number of cases and the demonstrated effectiveness of wearing masks in preventing the spread of the disease, an increasing number of people have begun to adhere to the practice in Germany. As a member of the South Korean minority in Germany, the author experienced this transition with fear and uncertainty. This paper is a reflection on and comparison of the experiences of people in various Asian communities in Germany, elucidating the everyday racism against the Asian population that is often ignored in society. While anti-Asian discrimination long preceded the pandemic, it has become even more prominent with the spread of the novel coronavirus. This paper argues that more media coverage is necessary to increase the awareness of such racism and decrease the number of fatal crimes resulting from it.

Keywords mask – COVID-19 – anti-Asian racism – Germany – South Korea

Introduction

The COVID-19 pandemic effected changes in various spheres. It created not only economic and political distress but also restrictions of everyday social interactions between even close friends, colleagues, and family members. Social distancing and handwashing were the first preventative measures announced to the public. These were and have generally been uncontroversial around the globe. However, the recommendation and in some cases the mandate to wear masks has provoked distinctive reactions. This paper will highlight the dissimilar and often contradictory responses toward mask wearing during the pandemic in 2020. Due to my background, I will mainly elaborate on and compare its development in South Korea and Germany. While mask wearing was one of the first reactions to the pandemic in many East Asian countries, the practice was met with reluctant acceptance in many Western societies. As a member of the Asian minority in Germany, I experienced this development with anxiety due to anti-Asian racism. Anti-Asian racism is a social problem that has often been ignored in many

Western countries, one which appeared extensively and incontrovertibly due to the pandemic.

Based on the experiences of the coronavirus as recorded in my diary between March 19 and April 27, 2020, which have been published online (BYUN 2020), I will explore my understanding of mask wearing and anti-Asian racism, with special consideration for the situations in South Korea and Germany. South Korea is the country where I was born and grew up and where most of my family members still reside. I regularly access South Korean media and follow the development of the discourse regarding the pandemic on social media. In addition, my friends and relatives in Korea inform my understanding of local sentiment and experiences. I have been living as an immigrant in Germany for over 15 years. As a resident of Berlin, I have been an active participant in various social spheres, in which I interacted with individuals of various backgrounds; these spheres included university, work, activism, and also simply my residential neighborhood. I have shared interests and concerns with other members of the Korean

diaspora in particular, which is also reflected in my diary. This paper does not follow the chronological order of the diary; I have cited fragments of my writing according to the context of the discussion.

In the following, I will first introduce mask wearing as practiced in South Korea and contextualize it with respect to the current pandemic. This section will focus on how high filtration masks became the standard recommendation from the beginning of the pandemic. Next, I will describe the new regulations in South Korea for dealing with the mask shortage and the attitude of Koreans toward mask wearing both in South Korea and abroad. I will then describe the German government's recommendations with regard to mask wearing and elaborate on these as compared with the case of South Korea. I will recount my experiences as a member of the Asian minority in Germany while wearing masks and discuss the anti-Asian discrimination and racism in Germany that became apparent during the COVID-19 pandemic.

How high filtration masks became the standard in South Korea before the COVID-19 pandemic

Face mask wearing was already a common practice in South Korea even before the 2020 pandemic. I remember from early in my childhood that mask wearing was commonplace, particularly in the winter, to protect the nose and mouth from cold air and guard against respiratory diseases. One would wear a mask out of courtesy when one was sick to protect others from getting infected. Thus, it was not uncommon to find some people wearing masks in public before COVID-19.¹ However, these were usually cloth or thin-layered surgical masks, not the masks with high filtering efficiency, such as FFP2, N95, KN95, and KF94.²

In the last few years before the 2020 pandemic, mask wearing became even more common due to increasing air pollution and the fear of fine dust in the larger cities of Korea. The masks with mechanical filters, mainly used in industry, appeared on the market in the early 2010s. The concentration of industry in Seoul and near the metropolitan area has made it the center of air pollution in South Korea. In addition, the country's location also subjects it to seasonal sand dust as well as pol-

luted air blowing in from the neighboring countries of China and Mongolia.³ Related respiratory diseases and the fear of becoming a victim of air pollution raised the necessity of filter masks in recent years. Thus, the awareness of airborne particles and the effective prevention of such pollution led to the emergence of KF94 masks in Korea.⁴ The KF (Korea Filter) standard was introduced in 2009 following the air pollution problem. Accordingly, mass production of high filtration masks was expanded to meet increasing market demand since 2016 (KIM & CHOI 2020).

The daily news in Korea announces the air quality every morning and advises how safe it would be to engage in outdoor activities and whether it is necessary to wear a filter mask. Air purifiers have become an everyday home appliance for cleansing the air indoors. Many Koreans, my parents included, have been in the habit of stockpiling filter masks at home as an everyday item, like bottles of water and sacks of rice. As some reporters have noted, mask wearing in East Asia is also the legacy of SARS (Severe Acute Respiratory Syndrome) outbreak of 2003 (JENNINGS 2020; WONG 2020). For South Koreans, the MERS (Middle Eastern Respiratory Syndrome) outbreak in 2015 also led to the fear of airborne particles and an awareness of the need for masks. This outbreak caused 185 infection cases and 38 death in South Korea (WHO), much greater than the impact of SARS in 2003. I was in South Korea at the time and observed locals' anger and criticism toward the government's misleading measures of the epidemic.⁵ Hospitals were shut down and the subways were empty. Therefore, South Koreans had relatively recent memories of the effects of a major health crisis when the COVID-19 pandemic first began. Even though the regulations for MERS in 2015 were not comparable with those enacted for the COVID-19 pandemic, Koreans were better prepared to face the new outbreak as a result of their experience with MERS. Consequently, when people heard of the news about COVID-19 and its potential for being transmitted through the air, Koreans ran into the pharmacies and supermarkets to stock up on masks.

Government intervention in the face mask supply chain

At the end of February 2020, because of increased demand for masks in South Korea, the price of masks also increased. Korean mask producers had sold masks to Chinese retailers when the situation in South Korea was not severe. However, the sudden rise in cases from mid-February coincided with a relative lack of filter masks in the local market (KIM W. 2020). As the demand for filter masks skyrocketed, the South Korean government banned the export of masks.⁶ Furthermore, it also decided to intervene in the mask supply chain, announcing that the local pharmacies, post offices, and co-ops would start selling filter masks for 1,500 KRW (a bit more than 1 USD) starting March 9, 2020 (MINISTRY OF FOOD AND DRUG SAFETY 2020b). An individual could purchase a maximum of two masks per week. To avoid long lines and disorder, the qualification for picking up masks each weekday was assigned based on the final number of a person's birth year.⁷ People would already be in line outside pharmacies long before they were set to open. As information was recorded in a centralized system, one could not buy more than two masks in the same week. Some tried—unsuccessfully—to purchase more than two in different pharmacies. Mapping apps were developed and made available through various app stores so that people could check for real-time information as to where they could still get masks in their neighborhood. Pharmacists often encountered trouble with customers who tried to get masks on the wrong day and those who failed to get theirs due to the shortage (KIM E. 2020). The pharmacists did not earn additional wages despite working seven days a week. However, they were expected by the government to provide services to overcome the pandemic. In this way, the government managed to keep the price low and distribute masks somewhat equally.⁸ As the demand for them increased, demonstrations of the correct use of filter masks were also broadcasted, instructing citizens not to touch the filters when taking the masks off and to fold and wind them up using the strings when disposing of them. Following the World Health Organization's (WHO) advice, the South Korean government did not encourage healthy people to wear masks (HOWARD 2020). However, not wear-

ing mask was widely considered dangerous and disrespectful among the people. Wearing masks was acknowledged as an essential strategy for surviving the COVID-19 pandemic, and Koreans were preoccupied with it from the beginning. It is thus not surprising that my family and relatives were severely worried about me not wearing a mask in Germany at the beginning of the pandemic in March 2020, as Germany also experienced mask shortages and struggled to control the supply of masks in the country.

Shortage of face masks and ridicule of mask wearers in Germany

In January 2020, Dilek KALAYCI, the Health Senator of Berlin, announced that the city was well prepared for the novel coronavirus (SENATSVVERWALTUNG FÜR GESUNDHEIT, PFLEGE UND GLEICHSTELLUNG 2020). At the time, most people did not expect the outbreak to transform into a pandemic that would cause almost three million deaths worldwide (as of March 2021). Hardly anyone anticipated it would change the lifestyle of entire populations in the coming months. The first mass infection of the novel coronavirus in Germany was detected in Heinsberg, a municipality of North Rhine-Westphalia, at the end of February 2020. As a result, Heinsberg became the first city in Germany to enter a lockdown. A few weeks later, the number of cases dramatically increased nationwide, with most of these concentrated in southern Germany. On March 4, Germany banned the export of personal protective equipment (PPE)—such as masks, gloves, and gowns—with “extraordinary urgency” (RND 2020). I remember my visit to Berlin Tegel Airport on March 5, 2020, before the severe and rapid increase of infections in Germany. On that day, I saw some people wearing filter masks; however, mask wearing was still considered an overreaction at that point. The majority of people were not wearing masks. This was also before the official announcement of COVID-19 as a pandemic by the WHO.⁹ Only a few days later, Germany would start a partial shutdown lasting several months. On March 13, schools were closed and events involving large gatherings were canceled. On March 16, Chancellor Angela Merkel officially announced and emphasized the importance of social distancing for reducing the spread

of the virus (RZEPKA 2020). However, the government was reluctant to declare a total shutdown; supermarkets, gas stations, drug stores, banks, and pharmacies continued to provide their services. Following the closure of Germany's borders with neighboring countries the next day (PLADSON 2020), people began to realize the gravity of the situation. Social distancing, sneezing into the elbow, and washing hands with soap for a minimum of 20 seconds were the measures that people quickly implemented in their everyday life. Nevertheless, mask wearing was still far from common.

Germany's demand for toilet paper rolls rose by 700% from February to March of 2020 (B.Z. 2020). Unlike people in Korea, people in Germany were buying toilet paper rolls instead of filter masks. This was in part influenced by an announcement by the European Union (EU), in which the WHO's position that healthy people did not need to wear masks was recapitulated. The reasons given were that the masks should be reserved for health care workers and that wearing masks would not protect people from the infection anyway (RIEGERT 2020). As German hospitals and medical caregivers were suffering from a PPE shortage in early 2020 (BETSCHKA & HEINE 2020), it is possible that the government made a strategic decision not to encourage people to wear masks so that more of it would be available to healthcare workers. At the same time, footage of Chinese people making masks out of orange peels and bras in response to the mask shortage went viral on social media. Many observers in Western countries viewed these images negatively; some interpreted these actions as disorderly and uncivilized and thus became even more reluctant to wear masks. With the ever-increasing number of those infected and growing interest in the cause of the outbreak, German broadcasters swiftly began covering the wildlife markets in China and their insufficient hygienic standard (DW NEWS 2020; HANIKA 2020). It indicated that the virus is from wild animals, and it would be possible that the virus was transmitted to the human on such markets in China. With this narrative, Germans who subscribe to this narrative of the virus's origin have used it to justify the notion that Chinese culture is inferior to and less civilized than German culture (LEE 2020, 45). This sentiment was also well reflected in one of the covers of the weekly German magazine *Der Spiegel*,

which depicts an Asian person wearing full protective gear with the title "Made in China",¹⁰ offending not only Chinese people but people of many other Asian ethnicities as well. In the West, people of East Asian descent are often mistakenly referred to as "Chinese", regardless of their ethnicity, country of birth, or nationality. This sort of mislabeling has associated all East Asians with a particular country and cultural background, neglecting the cultural and ethnic diversity of the area.

In February and March 2020, the number of new cases in South Korea had risen to 850 per day, at which point they leveled off. I observed that the situation there was becoming more manageable thanks to strict governmental intervention and the widespread practice of wearing masks. I expected that the same would occur in Germany in the coming weeks, but the situation did not improve as it had in South Korea. Up to 7000 new cases per day were reported in March and April 2020. It had already been months since people of Asian origin had become uncomfortable with going outside in Germany due to their stigmatization as "virus carriers".

Everyday anti-Asian racism in Germany

2020/03/22 Sunday

Why do people in Europe rarely wear masks to protect themselves from the virus? I thought it was partially the central government's decision to prevent a potential shortage of supply. The masks should be prioritized for the healthcare workers at the moment. The central media suggested people just to keep their distance, to stay home, and to wash their hands, instead of wearing a mask. In particular, ARD (German public broadcasters) published a precise video on Twitter about why it is not necessary to wear a mask (As of July 2020, I couldn't find this video anymore on Twitter.). But wearing masks in public helps to prevent potential infection from the people in the incubation stage. Asymptomatic carriers can spread the coronavirus. Therefore, the whole population was requested to stay at home to curb the further spread of the epidemic. Then why should people not wear a mask for the same reason? My friends and families in Korea are concerned that I am not wearing a mask in Germany. Even though I have a mask, wearing it in public would make other people con-

sider me as a virus carrier. A Chinese friend of mine told me a story yesterday. A Chinese person was wearing a mask in a German shop. A German then asked him: “Why are you wearing a mask? Because you are infected by corona?” Then the Chinese answered: “Do you wear a condom because you are HIV infected? I wear a mask to protect myself from getting infected by corona.”

Until late March of 2020, it was the widespread perception in Germany, as in many other Western countries, that wearing masks did not help protect oneself from the coronavirus. The dominant public narrative was that healthy people did not need to wear masks and that masks should be preserved for healthcare workers and sick people (LEUNG 2020). Despite my desire to wear a mask, I had difficulty doing so in public. Wearing a face mask in public silently indicated that I may be a carrier of the virus due to the public perception that healthy people do not need to wear a mask. Moreover, the stigma that the virus originated in China and my Asian appearance would provide even greater grounds for speculation about my exposure to the virus. I was not the only one who encountered such difficulties. With the rise of the pandemic, people in Asian communities worldwide reported being victims of racism. Scholars reported on the discrimination of Asian-looking people increased severely in the 2020 pandemic (HE *et al.* 2020; RUIZ *et al.* 2020; YANG *et al.* 2020). HE *et al.* found that discrimination was more likely to happen in countries with high income and more often to women and children than men. I believe that this is rooted in the prevailing perception in Western countries that the West is more advanced in various cultural, economic, and political aspects than the other countries, including those in Asia. The outbreak of coronavirus allowed this perception to manifest publicly, to the great detriment of people of Asian heritage.

The perceived superiority of the West is also well reflected in media reports. When German media reported on the success of Asian countries in preventing the 2020 pandemic, they made sure to indicate that this was only possible through “less democratic measures, such as data collection and online surveillance” (REICHART 2020). Such reports implied that German pandemic measures were more democratic and protective of the freedom of people. While most Asian countries are

portrayed negatively in the German media, Japan has been illustrated positively in its fight against the coronavirus. Even though the Japanese government has faced severe internal criticism for not reacting to the crisis in a timely manner and failing to manage the spread of the virus (KINGSTON 2020; MARK 2020), German media reported that the Japanese have COVID-19 under control (FRITZ 2020). Some articles on ZDF¹¹ even claimed that Germans should learn from the example of Japan to combat the spread of COVID-19 (BECKER 2020; NICOLAYSEN 2020). This reflects a somewhat polarized perception of Asians in German discourse. When people were finally encouraged to wear masks in Germany, the German media often cited the example of mask wearing practices specifically in Japan. Even though other Asian countries, such as Singapore and Taiwan, had managed the pandemic more effectively than Japan through mask wearing as well as other measures, the German media seldom reported on these successes. Regardless of the polarized perception of Asians in the West, anyone who looks Asian can still be the subject of anti-Asian racism.

2020/03/24 Tuesday

Being Asian in the time of COVID-19 in a western country is tough. Recently, I was waiting for the train at the station alone. A group of people called me repeatedly “corona”. I generally react to such outbursts of bigotry in public, but at that time, I did not say anything. The young men and women seemed to be aggressive, perhaps being drunk. I felt that had I reacted, the situation could have escalated and could have turned violent. When my friends complained about their experience being called corona by strangers these days, I thought those people were not worth caring about. I believed that I could simply ignore them because the majority of people in society were still tolerant. But as I experienced anti-Asian racism myself, I started feeling unsafe to go outside. I might be considered as a potential virus bomb and mocked for my Asian appearance.

Since February 2020, local Berlin newspapers have covered several incidents of anti-Asian racism in Germany (KU 2020; LE 2020; LEBER 2020; MOULIN 2020). Unfortunately, anti-Asian sentiment has proven to be a global problem. Asian Americans have been insulted and assaulted in public for wearing masks and Asian students in

the UK have been accused of carrying the virus in the London tube, while the Asian community in France has started the #JeNeSuisPasUnVirus (“I am not a virus”) movement in reaction to anti-Asian racism there (BBC 2020; COSTE & AMIEL 2020; KAMBHAMPATY 2020). This hashtag was also translated as #IchBinKeinVirus in German and went viral as well.¹² This movement attracted many people in the Asian community rather than just those from Chinese backgrounds, as all East Asian-looking people have equally been subjects of this kind of discrimination. For example, a star chef in Düsseldorf posted a message stating “No Chinese wanted” on his Facebook page (VANOPDROP 2020). Even though he claimed the message had been formulated thoughtlessly, he insisted that his post was in protest of the dictatorial measures against the COVID-19 pandemic in China. However, his explanation did not hold up to criticism. A colleague of mine in Berlin visited a house doctor in February 2020, as she had some mild cold symptoms. The doctor asked her whether she had met Chinese people recently, explaining that doctors in Berlin had been asked to report Asian patients in their central registry, if they showed symptoms related to the novel coronavirus. She felt offended to be judged just based on her appearance. German patients could also have visited China recently or have had friends, who had direct contact with the people, who have been to the region lately. However, by addressing merely the Asian population in their registry, they identified the disease as being particularly race related. In this way, many regarded the virus to be inextricably linked to Asians at the beginning of the pandemic, neglecting the fact, that locals represented the greatest potential for its spread.

Unfortunately, Asian looking people were targeted based on the accusation, that they were carriers of the virus on many other everyday occasions; some were even threatened to leave the residential area. A friend told me one such story: A neighbor had threatened her not to come out from her flat because she was Asian. The neighbor also told her not to use her balcony, as his balcony was facing hers. Even though the neighbor knew that she was not infected with the virus, he even told her, that he would call the municipality, if she did not stay indoors. She seriously thought about moving out because of this, but she realized

that searching for a new flat and moving out in the middle of the pandemic would bring her even more complications. In 2020 in Berlin, I also increasingly felt uncomfortable using public transportation. I noticed multiple times that locals avoided the door where I was standing, or they switched seats, if I sat down anywhere near them.

Next, I will share my diary entries about how discrimination is experienced in public life in Germany as an Asian minority during the pandemic.

2020/03/19 Thursday

This morning, I went to the pharmacy to get a thermometer. I have never needed one so far. But as the situation worsened, my partner suggested me to buy one. In the pharmacy, the pharmacist asked me to keep my distance in front of the counter; I was subconsciously walking toward the counter. Then the pharmacist freaked out and shouted: “Please stay there, don’t come close. Stay there, there!” I asked her whether she did it to everyone these days. She said yes. Because I look Asian, I thought she might have overreacted. In my eyes, she behaved like she was dealing with a dirty person with her disgusted facial expression and distanced behavior. Moreover, there were no special announcements or indications in the pharmacy (yet) to keep a distance in front of the counter. But I cheered myself up that the pharmacists are particularly careful as they face many patients and are at risk. There were ample thermometers at the counter. Apparently, many people are buying thermometers. The pharmacist told me that I could pay only with a card to avoid any contact with her. But the thermometer was only 2.95 euros. I told her I could give her a five euro note. She luckily accepted it and picked the bill with the tip of her fingers. She threw the change on the table, and I collected them carefully to avoid potential contact. I noticed that I recently try not to be close to any person in public because I do not want to agitate the local people. I am aware that people are especially careful towards Asians these days, even though the virus in Germany spread among Germans and was transmitted from other European countries at most.

2020/04/12 Sunday

Going outside in general made me anxious due to the potential of facing racist behavior. Today, I was walking in my neighborhood and was enjoying the sun talking to my mom on the phone until a boy (around 13–15 years old) called me coro-

na. I reacted immediately and asked him why he called me corona. He looked surprised but soon said he did not say such a word to me: "Why would I have said such a word?" But there was no one else around except him. Moreover, my mom on the phone also heard that word. I looked around and noticed that this boy was playing table tennis with a male adult (his father?) in the garden. I asked the boy again that I heard someone called me corona. The boy insisted again that he did not say that. I told him then it is fine. But I immediately regretted that I did not say that calling an Asian person corona is racist behavior, and you were aware of it. I hope he learned at least a lesson that it was not appropriate and could hurt someone, in particular, people of Asian origin. To be honest, I was more hurt by the adult who was next to the boy. Even though the boy's reaction was not ethically correct, he simply stood idle. This kind of incident intensified my disappointment in this society.

The diary entries above describe merely a part of my experiences as a member of the Asian minority in Germany during the pandemic in 2020. The subtle discrimination does not seem harmful at first. However, it has an innate potential to develop into serious violence, as already reported multiple times in the media, which I will elaborate more on in the section "Continuing anti-Asian racism in Germany". Posts on social media have exacerbated the controversy of anti-Asian racism in Germany. While some people recognize intentionally avoiding Asians in public as racism, others insist, that it is not discrimination, but rather a natural reaction for avoiding danger. However, this argument does not explain people's refusal to apply the same approach to people with high infection risks from non-Asian countries, such as some European countries with higher infection rates than Germany. It misses out on the essential fact, that it is racism to judge someone based on their appearance. The German government's declaration that only sick people needed to wear masks made the issue even worse, causing discrimination and ridicule of Asians, who were already used to wearing masks for public health purposes whether they were sick or not.

Start of mask wearing in Germany

2020/03/30 Monday

More and more people are wearing a mask in Germany. It is interesting to observe how people around me changed their opinion about wearing masks. For instance, my neighbor, a German grandma, was against wearing masks. A few days ago, however, she told me that her son gave her a few highly protective masks, and she was then willing to wear them. That day, she told me that she saw more and more people wearing a mask in the city. She also showed me a newspaper article describing how to make a mask with simple kitchen towels and rubber bands. Is a mask crisis underway in Germany? Another friend of mine sent me a link describing how to make a fabric mask from old clothes (<https://maskeauf.de>). The medical masks are reserved for healthcare workers, whereas others are expected to make with whatever is available. Mask wearing seems to be one of the critical topics in the COVID-19 pandemic.

In early April 2020, the German government started recommending that everyone wear masks to prevent the spread of COVID-19. In April, Jena became the first German city to mandate mask wearing in public, such as in supermarkets and on public transportation (DOMRADIO 2020). In the following days, the RKI¹³ also began to recommend wearing masks in public whether one was sick or not (TAGESSCHAU 2020). As medical masks were in low supply, covering the mouth and nose with a scarf would be acceptable. Soon, supermarkets in Berlin started requiring customers to cover their nose and mouth with a cloth mask or scarf when entering stores. Moreover, each person was requested to use a shopping cart to keep distance from each other in the store. Because of the official announcement to wear masks, the public perception slowly changed. I noticed how people around me changed their attitude toward mask wearing. In March, I had asked some of my neighbors, whether they would like to have some of the masks that my family had sent me from Korea. At that point, they had refused, saying they did not need to wear masks. However, only a few days later, they told me that they would also like to wear masks and expressed appreciation toward me for sharing the masks with them.¹⁴

Within a few weeks, the public perception of mask wearing dramatically changed. Starting in early April, I no longer felt awkward wearing a face mask in public places. Moreover, increasing numbers of studies and cases proved the efficiency of wearing masks for preventing the spread of the virus (BETSCH *et al.* 2020; CHENG *et al.* 2020). In June 2020, fines of 50 Euros were issued to people who did not wear masks on Berlin's public transportation (WEHNER 2020). Since then, it has been common to see people being approached by police officers for not wearing masks. The normalization of wearing masks in Germany was one of the most significant changes, that I experienced during the pandemic in 2020 and 2021. However, this did not necessarily lead to a lower rate of anti-Asian racism, showing that the reason for anti-Asian discrimination was not based in the practice of mask wearing. Rather, it seems that there are more fundamental motives for such discrimination.

Continuing anti-Asian racism in Germany

2020/04/20 Monday

I was in the supermarket today and felt that people were noticeably more relaxed. There were fewer people in the market, and the shelves were not empty. However, the toilet paper rolls were still not available. I still feared to come across some rude people on the street who would call me corona. I needed to be prepared to react to them if an incident happened again. But today I did not meet any person like that. Daily racism existed already before the corona outbreak in Germany. On the street, I sometimes met school kids or young students who called me "chiang chang chong", "ni hao", and showing slit eyes to me. I tended to ignore such incidents and thought they were only children. But after the incident last Sunday (diary above on the 12. of April), I realized that I had overlooked a critical possibility. Racist sentiments might have been transferred to children; from adults. I think that not many Germans are aware of and sensitive enough to recognize daily racism towards ethnic minorities. Adults do not correct their children for making racist jokes. This was confirmed by parents of Asian origin who have children in kindergarten and schools. A colleague of mine has two children in kindergarten. One day her son sang a song called "Drei Chinesen mit

Kontrabass (three Chinese people with contrabass)," which he learned in kindergarten. My colleague was shocked when her son made slit eyes with the lyric "Chinesen (Chinese)". She soon contacted the teacher to ask about it, but the teacher did not understand why this song and making slit eyes were racist. This indicated that the general population was not much aware of daily racism towards ethnic minorities. Moreover, anti-Asian racist incidents were hardly ever reported in the media, which disappointed many Asian communities in Germany.

2020/04/27 Monday

I heard about a racist incident in Berlin on the Korean broadcast. I quickly contacted my acquaintances in Berlin, who work in an anti-discrimination organization, and they told me that they were working on it already. This incident happened last Saturday night, or early in the morning on Sunday, in Berlin's subway. Five German people (three men and two women) cursed two Koreans, a married couple, with sexually abusive words. They also called the couple corona, corona party, happy corona day, etc. When the couple told them not to speak such racist terms, the German people answered: "No, this is not racist." The situation was recorded by the Korean couple with their smartphone and already spread on social media. After the insults, the situation escalated into physical violence. The German men spat on the Korean man and hurt him physically when they noticed that the Koreans were recording the situation with their smartphone. The couple quickly called the police officers, but the officers' reaction was not understandable: they said this was not a racist crime. They said: "Do not call it racist." Moreover, they tried to educate the Korean couple that calling Asians corona was not a racist incident. Then what is a racist crime? The Korean community was shocked by this incident. In particular, this happened in Berlin, Germany. Germany has had a positive image among many Koreans, and the racist attack was not expected. However, hardly any German media reported about this incident. I think German society is not sensitive enough about this type of discrimination and often ignores it in public discourse. I hope that this sentiment improves.

Starting in April of 2020, mask wearing became common practice in Germany. In January 2021, Bavaria became the first federal state to in-

introduce the obligation to wear a filter mask with FFP2 qualification in public spaces (ERDTRACHT & JARDE 2021). In this way, face masks transitioned from being an identifier of the Asian population as virus carriers to an everyday item for protecting oneself from the disease and preventing the virus spread. Wearing a mask has also been promoted as a symbol of solidarity in the fight against the disease in Germany, as reflected in the AHA formula.¹⁵ Despite the normalization of wearing masks in Germany, discrimination against the Asian population only became worse. After the incident involving the Korean couple mentioned above (diary entry 2020/04/27), a Korean woman was attacked in a Berlin supermarket for allegedly carrying the virus in July 2020 (GUTENTAG KOREA 2020). Similar acts of discrimination were perpetrated against members of the Vietnamese, Indonesian, and Chinese communities in Germany (GOPALAKRISHNAN & IMRAN 2021). Incidents of anti-Asian racism have also been reported in other western countries, such as Australia, New Zealand, Canada, the United Kingdom, and the United States (ZHAO 2020; HAYNES 2021).

Asian communities are upset by the recent increase rate of racist incidents because of COVID-19, but they had experienced similar discrimination even before the pandemic. Another obstacle to the prevention of such discrimination in Germany is the lack of media coverage of such incidents and the resulting insufficient public awareness of its gravity. For many German citizens, the associated racist phrases and wordings are considered nothing more than a harmless joke. The German radio station Bayern 3, for instance, compared the K-pop band BTS to the coronavirus, provoking a considerable outcry on social media in early 2021 (CONNOR 2021). The host of the show apologized to BTS and their fans, with an additional explanation, that he was merely upset, that the band had covered his favorite song and he did not like it, reflecting a serious lack of understanding about how daily racism is integrated into popular perception.

Anti-Asian racism has attracted mainstream media attention in America with a shooting in Atlanta in March 2021. The Atlanta shooting, which took the lives of eight people, led to movements such as the Stop Asian Hate movement among the Asian population in the US (HAYNES 2021). Mean-

while, more and more people raised their voices about how they were discriminated against even before the pandemic in an effort to bring about change with the increased awareness. Asian hate crimes are not adequately identified as racist incidents in Germany due to this lack of awareness. Compared to the Black Lives Matter movement in June 2020, the Stop Asian Hate campaign has received very little coverage in Germany. In June 2020, many members of the German public went to the streets to demonstrate for the Black population and discussed changing some of Berlin's districts' street names as they carried connotations of anti-Black racism. However, there have been no such demonstrations against anti-Asian racism so far. Still, many Asian communities are fighting against anti-Asian racism in Germany and raising public awareness.¹⁶ The Asian population in Germany has experienced broad and undeniable discrimination, hindering the integrity and solidarity of German society in general. Sadly, anti-Asian racism is often ignored, with little recognition in German society. If we ignore it further, serious consequences like the Atlanta shooting can and will follow.

Acknowledgements

This work was supported by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea (2019S1A5C2A0408 2405).

Notes

1 I later learned that this is also common in other East Asian countries such as Japan and China. Some claim that wearing masks has been commonplace in Japan and China for decades (JENNINGS 2020; WONG 2020).

2 The listed masks share the equivalent filtration standard of at least 94% of airborne particles.

3 The source of the industrial fine dust is a point of political contention between China and South Korea (BICKER 2019).

4 Aside from their utility in offering protection from dangerous airborne particles, masks have also become something of a fashion item (YANG 2014). Masks have even come to have a political meaning after being worn by those participating in the Hong Kong protests that have been ongoing since 2019 (MAHTANI & MCLAUGHLIN 2019).

5 People's confidence in the government declined due to its insufficient measures (CHO 2019). As the only coun-

try in East Asia with a high rate of infection, many South Koreans have viewed the spread of MERS as a source of national shame (CHOI & LEE 2015).

6 This regulation was announced on February 25, 2020, and was in effect from February 26 to October 23, 2020 (DONGA 2020; MINISTRY OF FOOD AND DRUG SAFETY 2020a).

7 For instance, those whose final number was 1 or 6 could purchase two masks on Mondays, those for whom it was 2 or 7 could do so on Tuesdays, 3 or 8 on Wednesdays, 4 or 9 on Thursdays, and 5 or 0 on Fridays. People who had not been able to purchase masks during their assigned weekday were able to do so over the weekend. This five-day rotation system ended on July 11, 2020 (KIM M. 2020).

8 Mask wearing became mandatory in South Korea only after November of 2020. The shortage of filter masks was not a result of the government's actions.

9 The WHO declared COVID-19 a pandemic only on March 11, 2020 (WHO 2020).

10 DER SPIEGEL 06/2020. This title page was criticized for evoking racist sentiment (RENNER 2020).

11 ZWEITES DEUTSCHES FERNSEHEN (ZDF) is a German public broadcaster.

12 Further information is available on the following website: <https://www.ichbinkeinvirus.org>.

13 THE ROBERT KOCH INSTITUTE (RKI), subordinate to the MINISTRY OF HEALTH, is a German research institute and governmental agency for disease control.

14 On the same day, my neighbor showed me a newspaper article that explains how to make a mask from simple kitchen towels and rubber bands (STAMM 2020).

15 The AHA formula is the abbreviation of the following measures published by the German MINISTRY OF HEALTH: *Abstand* (distance), *Hygiene* (hygiene), *Alltagsmasken* (everyday masks).

16 To name only a few such initiatives: *IchBinKeinVirus*, *korientation*, and *Korea Verband*.

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Corona Diaries of Aging and Family Care in Italy

FRANCESCO DIODATI

Abstract This paper focuses on the experiences of home care for elderly people collected during the first phase of the pandemic in Emilia-Romagna, Italy. The Italian response to the virus has been fragmented so far, due to differences in the way the healthcare system is managed, according to regions and the regulations of individual local healthcare units. Emilia-Romagna is one of the wealthiest areas in terms of its welfare system and is associated with a long-standing tradition of a community-care approach targeted to the prevention of chronic health diseases. The pandemic also posed threats to regions such as Emilia-Romagna causing the interruption of semi-residential care services, community-based health programmes and support services to home care. The text uses daily-life fragments to show how a small, interconnected group dealt with family care for elderly people. By showing how the pandemic met with pre-existent fieldwork relationships, the article discusses the relationship between chronic diseases, forced isolation, and care activities. This text offers a broad understanding of the family care system, which includes also the care provided by home-care workers. The text shows how community acts of care and reciprocity played an important role in filling the gap left by institutions and public care services. The pandemic just worsened the already existing social inequalities in care, which cannot be masked by the rhetoric on active aging and family care. These ideas need a serious engagement with structural reforms and cannot be completely left to individual capacities or informal acts of communitarian values and reciprocity.

Keywords pandemic – social isolation – family care – active aging – community care – Italy

Introduction

In April 2020 I received a call from Maria¹, a home-care worker from Emilia-Romagna (Northern Italy). She told me that her uncle, an 88-year-old man who had had a stroke almost a year ago, was getting worse by the day due to the limitations on social life and the interruption of rehabilitation therapy:

Maria: Maybe you should write this in your notes because the isolation is worse for these people who can't understand the laws and have to adapt to all these sudden changes. His partner says that it is not clear if they are allowed to go out for a walk. She used to walk near their house for 30 minutes, taking the hospital discharge certificate with her, because she can't go to her doctor, who is far from where they live, to obtain a certificate for going for a walk. She hopes she is doing the right thing and says that she doesn't care if she gets fined.

This paper will focus on the experiences of home care for elderly people collected during the

first phase of the pandemic in Emilia-Romagna, Italy. The Italian response to the virus has been fragmented so far, due to differences in the way the healthcare system is managed, according to regions and the regulations of individual local healthcare units (CEPIKU *et al.* 2021; PECORARO, LUZI & CLEMENTE 2021). Emilia-Romagna is widely considered in both academic literature and popular discourse to be one of the wealthiest areas in terms of its socio-economic development and welfare system. It is associated with a long-standing tradition of a community-care approach targeted to the prevention of chronic health diseases, where public healthcare services and not-for-profit associations are well integrated (PAVOLINI 2015). Along with the northern regions of Italy, it has had one of the highest infection rates, yet some public health studies state that the community care approach turned out to be one of the most effective compared to other regions. A study that compared the number of infections, hospitalisations and deaths between Lombardy, Veneto

and Emilia-Romagna in the first pandemic phase, between February 24th and April 29th 2020, affirms that a community care approach – which belongs to Emilia-Romagna and Veneto – was able to cope better with the phenomenon than a hospital-centred care approach – which belongs to Lombardy (PECORARO, LUZI & CLEMENTE 2021).

However, this article will not deal with the problem of evaluating Emilia-Romagna's response to the pandemic; it will, rather, use daily-life fragments to show how a small, interconnected group dealt with family care for elderly people in Italy during the first phase of the pandemic. Managing chronic conditions at home during the spread of an infectious disease presented many threats to different actors. "Home" and "family" care meant having to "tinker" (MOL, MOSER & POLS 2010) with risk rather than just avoiding it, for not taking any risks was not possible. This text offers a broad understanding of the "family care" system, which includes also the care provided by home-care workers. By showing how the pandemic met with pre-existent fieldwork relationships, I will discuss the relationship between chronic diseases, forced isolation, and care activities. The text takes into account how community acts of care and reciprocity played an important role in filling the gap left by institutions and public care services. I will observe how the pandemic not only altered a previously established balance in moral and social life but also worsened pre-existing structural inequalities in the local elderly care systems. In this sense, the view of the pandemic as a "radically new" crisis is both accepted and critically questioned in this essay.

Elderly care has often been described in scientific journals and in the media as one of the sectors hit hardest by the pandemic for the many elderly people infected and dead in nursing homes, or forced to live in isolation at home even for months (HEID *et al.* 2021; MANDERSON & LEVINE 2020). However, this perception of the pandemic as primarily of concern for "elderly" and "vulnerable subjects" has been the source of a revival in ageist feelings around the world, exacerbating both discriminatory and paternalistic attitudes to the "fourth" age group (ALLEN & AYALON 2021; VERBRUGGEN, HOWELL & SIMMONS 2020; SCHROYER 2021; REYNOLDS 2020; PREVITALI *et al.* 2021).

Research reports that when news of high infection rates in residential homes broke in the media with sensationalist headlines, many children and grandchildren felt guilty and/or were blamed for having put their elderly relatives into nursing homes, even when this was the only option to take, while fear and anxiety may have increased among the residents themselves (ALLEN & AYALON 2021). Yet what has traditionally been promoted by institutions and private care agencies as "family care" or "home care" was far from being the heaven it was supposed to be even before the pandemic, due the unintended consequences of the global four-decades-long politics of moving care from hospital to home (KENT, ORNSTEIN & DIONNE-ODOM 2020). My fieldwork highlighted that Covid-19 and social isolation have worsened the condition of people with chronic diseases and their caregivers, who had to manage their everyday needs despite the risk of infection and further limiting of already scarce public services of homecare and semi-residential care. The institutional politics of preventive social isolation, targeted mainly at the elderly, just heighten the limited mobility and social isolation that, without any written rule or explicit statement was already imposed on elderly people with the most severe chronic health conditions and their live-in caregivers (MANDERSON & LEVINE 2020). Numerous research articles on the "caregiving burden" state that unpaid family caregivers' stress has been exacerbated, along with the health conditions of the people cared for (COHEN *et al.* 2021; GULIA *et al.* 2020). However, in this paper I also consider how infection risk and restricted mobility affected the experiences of the home-care workers who, without full public and institutional recognition, provide a fundamental support to the home-care systems in many nations, including This article is part of the ongoing project, "Corona Diaries", launched at the end of March 2020. The project's aim was to collect ethnographic diaries about the pandemic that include "descriptions of situations, descriptions of one's own behavior and the behavior of others, notes of conversations, reflections, fragments of thoughts" from researchers' own environments.² With this aim, I started collecting phone interviews, WhatsApp messages, email exchanges, newspapers and journal articles every three to four days, or weekly, in a city 40 km away from my research location in

Emilia-Romagna. In Emilia-Romagna, I had previously been undertaking ethnographic research for my Ph.D. project on community-care services for home-based care for elderly people. In this paper, I present a detailed description of different ethnographic vignettes around multiple fieldwork topics. I found in my fieldwork that my respondents acknowledged how the lockdown was provoking potentially serious short- and long-term consequences for people: those affected by neurological diseases, who were experiencing great difficulty in getting physical exercise either inside or outside the house due to the interruption of rehabilitation therapies; family members who needed to rearrange care activities due to the closure of adult day-care centres and the interruption of private home-care work; and also home-care workers who lived in conditions of forced isolation or did not know if they would have work and receive wages in the following weeks or even months.

An almost apt prediction

At the end of March 2020, I received an email from Graziano, a middle-aged man who is one of the few male home-care workers in Italy. In the previous days I had been sending messages and emails to all my home-care worker acquaintances informing them that I was collecting lived experiences about the pandemic for a collective research project. I had previously interviewed Graziano for my doctoral research project on elderly care in Emilia-Romagna, and we spent almost an hour talking about care work sitting on a park bench. I met him in 2019 on one of the refresher courses on home care organised by the local social services with the support of many healthcare professionals. The person responsible for the home-care training project, Carla, presented him to me as one of the workers I “must interview. And that is because he is one of the most experienced and finest of them.” He had already successfully completed the course and received the certificate of trained home-care worker in 2012. He had been previously working as an accountant for a small company until it went bankrupt in 2010 due to the financial crisis. He discovered this municipal home-care course thanks to his sister while he was attending many other courses through the employment office. During the interview, he told me that he was living in the

house his mother gave him when she moved into a smaller flat. He has no children, no home loan to pay. He has one sister, but he has always had a special relationship with his mother, who has often confided in him and asked him for help to buy medicine or to take her to medical examinations. His mother, whom he proudly described as a perfectly lucid woman despite her age, has had a knee replacement and some back problems so she needs to help with housework as well as being accompanied when leaving the house. Thus, 5 years ago, his mother offered to officially employ him as her care worker rather than looking for another one, and he accepted. This is not a common thing, but some research reports that some children, in conjunction with their parents, decide to be employed by the latter as their care workers in order to benefit from regional and municipal cash-for-care vouchers (MINELLI & REDINI 2015)³. He had also been taking care of a family friend, Giacomo. Graziano and Giacomo’s son were best friends, so Giacomo had known him since he was a child, but his son died some years ago. During the funeral, Graziano promised Giacomo that he would be there for him for whatever he needed. Since then, the two became friends and Graziano has generally helped him by talking with his family doctor, writing mails, and making him to appointments for hospital visits. Unpaid. In the email, he wrote that he had suspended all his jobs apart for caring for his mother and Giacomo. He also made an almost catastrophic prediction about the pandemic:⁴

Graziano: Hi Francesco. I’m glad you wrote to me. I pray I’m wrong, but I feel that this virus will kill millions of people, particularly the elderly and immunosuppressed, prowling around the five continents until a vaccine is found and distributed, that is, in about a year and a half or maybe more. Let’s hope that my predictions are excessively catastrophic and that all this passes quickly. For the category of home-care workers, dark times are in the offing. Many will lose their jobs, and some will lose their residency permits [...] The death of many elderly people will inevitably lead to this outcome, as well as greater availability of time for family members. But I believe that for each of us the most distressing idea concerns the possibility of losing someone who is dear to us [...] our elderly family members are the first we are interested in. We all cherish the hope that

the future, once the storm has passed, will be able to smile at us more than the past did [...] See you soon.

It would be difficult to say whether Graziano's "catastrophic" predictions would prove right or wrong. This was also true of his "utopian" hope about feelings of compassion and solidarity among people. Nevertheless, it is necessary to acknowledge that while everybody in the media and in the popular discourses was stating that the pandemic would be gone in six months or less, he was right to believe that this would not be the case and that many elderly people and home-care workers would experience numerous strains in the following months. The recent data show that in April 2021, one year after Graziano's mail, Italy was still far from meeting the European Union vaccination target, especially for the population aged 80 years or older, although Emilia-Romagna is one of the regions with the best performance nationally (PANORAMA DELLA SANITÀ 2021). While I will discuss the lived experiences of home-care workers later in this article, in the next paragraph I will focus directly on how forced isolation and the interruption of public and private home-care services posed several threats to family caregivers.

The Café community and the "old old"

Mariagrazia: Do you know that the adult daily living centre is closed now? Alessandro told me that he can't rely on them anymore, and he is stuck with his wife at home, and it is the same for all the others. And the problem is that he can't cook, and all the restaurants are closed now, so it is a good opportunity to learn! (laughing) I miss him and Raimondo so much, our jokes and banter at the Café.

I received this call from Mariagrazia on the 20th March. I met Mariagrazia and her mother at the Alzheimer's Café I had attended for a year until it closed at the end of February, two weeks before the first national lockdown on the 9th March. It often happened that members exchanged news about each other, for example when one of them missed one or two meetings, perhaps because his or her health problems had worsened. Phone calls were made, messages were sent and then the other participants were updated in the next meeting.

There was a stable group of 8–9 family caregivers who used to attend every meeting, bringing their spouses (or, less frequently, parents) affected by Alzheimer's disease or dementia. All of them lived near the health facility where the Alzheimer's Café took place. Lisa, the psychologist of the Café, used to call the family caregivers "accompanists", meaning that they accompanied their loved one affected by dementia to do some memory exercises while they, in another room, would take the opportunity to share the daily-life problems they used to encounter. The service was free, and the "accompanists" valued it highly, saying that it helped them to find the energy and positivity to carry on despite the illness. Many of them also used to meet outside the Café, for example going out for dinner. Many families with an elderly member affected by neurological disease reminded me that they had lived almost in isolation even before the emergence of covid-19. Once one of the Café participants told me that it was easier when they went out for dinner with each other, because often other people did not like the company of their wives or husbands with Alzheimer's, even if they did not say so explicitly:

Maybe they ask you, 'Is she coming too?' Of course, she is, she is my wife. How do they think I would feel if I went out for dinner and left her at home alone? Anyway, I understand them, and I can't force anyone. You find yourself with fewer friends in the end. So it's easier if we go out among ourselves [the members of the Café]; we understand each other better and everything seems normal: no one feels uncomfortable.

The regular group included Mariagrazia and the two people she was talking about during the phone call, Raimondo and Alessandro. Mariagrazia brought her 80-year-old mother, Donata, to the local Alzheimer's Café in 2019, after her geriatrician had told her that her mother "was cognitively ok" but needed to be in the company of and socialise with other people of her own age to alleviate the depression and loneliness that comes in old age.

Thanks to Mariagrazia's several phone calls, I came to know that Alessandro's wife had a serious early-onset dementia condition that left her almost unable to speak. In the end, also thanks to Café meetings, he decided to send a request to the

adult day-care centre which took care of his wife during the daytime. But after the virus spread, the adult day-care centre closed and the care worker he employed left. He found himself with no help. After the first call, Mariagrazia told me that during the lockdown she used to “send” his husband with some delicacies, such as a home-made lasagna emiliana, to Alessandro’s house, with a believable excuse for police officers, “and he appreciated it” (laughing).

Maria later explained more about Alessandro’s situation. Maria was a home-care worker who attended the Café because she brought there one of the old ladies she was assisting. For her it was work, yet the psychologist was a strenuous promoter of letting home-care workers attend the meetings, and when they offered breaks dedicated to the caregivers – such as relaxation exercises to relieve stress and tension – she was concerned that they too should receive them. Maria too was concerned about Alessandro:

Maria: I spoke to Mariagrazia, who is a very good person, and we are worried about him. Because I know that he isn’t doing well, because Maria (his wife) is seriously ill, and I know he can’t do housework. He had a girl who came in the morning, woke and dressed his wife, did the cleaning and then cooked something for lunch. I know they often went out to dinner because they are wealthy, but now everything is closed. Mariagrazia told me that she brought him food a week ago, so I thought that since he lives near me I could bring him some stuff sometimes and give him some advice. I hope he will be pleased because I am not very confident with him, and I don’t want this to turn into a full obligation because I must also take care of my uncle.

Like Maria, I have always respected Alessandro’s silence about his situation and story: before the lockdown I had suggested an interview several times, but he always avoided the question. I decided to include his story in both my diaries and the article because in the end he himself told it to me. This happened when I decided to share a blogpost on the Alzheimer Café’s *WhatsApp* group, which was a substitute for physical meetings. The post was published in Italian on my university’s ethnographic blog on the pandemic and isolation, “The Right Distance” (*Osservatorio la Giusta Distanza*), on 20th March. I wrote about the effects of the pan-

demic on elderly care that I had noticed from my field research. When I was writing it, I realised it would be a collection of disasters and apocalyptic previsions. Thanks to my past experiences at the meetings, I thought that many of the caregivers in that group could also share an approach more oriented towards finding positive aspects and optimistic beliefs. So, I included this concluding statement:

To conclude, it seems that the impacts of the period of isolation and the spread of the Covid-19 virus on care work are extremely significant [...] In this text, however, there are no references to ritual behaviours to ward off fear – among which, as always happens in these cases, irony plays an important role – and above all references to adaptation strategies implemented that are certainly present (DIODATI 2020).

When I shared this post on the *WhatsApp* group, I received many kind responses (as usual) but one several critics from Alessandro himself. He texted on the group that he couldn’t rely on the local adult day-care centre and the woman who had been hired to help him assisting his wife with a serious dementia condition any more: “And I can guarantee you that it is a much bigger problem for anyone who is in the worst state of health, and there is no adaptation strategy as you wrote!”

Two weeks later, Maria phoned me to explain the situation she was living through with her uncle:

Maria: Apart from the coronavirus, assistance must be guaranteed for some pathologies. My uncle is accustomed to staying with me as well as his partner, and he has a cognitive decline, so he doesn’t understand the situation. Now it seems that with the new self-certification you can also move between the municipalities to assist an elderly relative, so last week I saw him more often. I see he is getting worse. This morning I managed to get a walker from a lady because I have many contacts with people I have worked with and helped, so now I can ask for help. A walker seems nonsense, but it helps those who have mobility difficulties to walk more. And it’s good for him to walk and see other people.

When she started caring for her uncle during the pandemic, she used the group chat to let off steam. She said that her uncle was always used to

being with her, and they had lunch together every now and then. Her uncle had grown accustomed to her presence and was struggling to accept their separation during the lockdown. A few months later, in June, she explicitly complained about his girlfriend returning to her family, saying that she had turned out to be an “unreliable person who had run away”.

The isolation brought several problems for elderly people and their caregivers as well as exacerbating some ageist feelings toward the former. A quantitative survey carried out in the USA reports that elderly people suffer greatly from the loss of social activities imposed by lockdown, such as visiting friends and family, going to the gym, volunteering, or going out for a walk (HEID *et al.* 2021). It is useful to recall that these activities have long been what healthcare practitioners and institutional discourse have themselves prescribed for elderly people, in order to preserve their independence and autonomy as long as possible. Remaining active and socially connected is widely considered the way to age well almost everywhere in the contemporary world. For example, here it is the testimony of Sandro, whose wife has a serious Parkinson's condition:

Sandro: We often go walking because Gianfranca is always ‘stuck’5 when she gets up in the morning and then she gets unstuck little by little. We had to stop doing it because there were too many people and it became too dangerous, and now we go only around our house. We need to avoid contagion because if Gianfranca is hospitalised she will have problems following her therapy – she takes about twenty or thirty pills a day – and I will not be able to visit her. I’ve seen incredible things: five people taking the dog out, teenagers sitting with their smartphones and chatting. We have got a good reason to go out but there is too much irresponsibility around. I think that the most irresponsible persons are teenagers and the ‘old-old’ (I’m old, but I’m only seventy-four years old). For example, a friend of mine is ninety-two years old and habitually buys groceries twice a day: he said he has always done it this way. What does it mean, ‘I’ve always done it this way’? He is crazy!

During the first months of lockdown, I wrote in my diaries how some neurologists and activists were claiming in media that forced isolation was affecting people who need to do physical activity

because of serious ailments, such as the aged population. Some of these claims certainly showed a paternalistic attitude to the “fourth” age group. For example, a local online newspaper published an interview with a psychologist who said:

Many people [caregivers] tell me that elderly people have a low perception of risk, so they struggle to communicate to them the correct behaviour to be followed. Why? They have often less access to data or less understanding due to low schooling [...] It is important to try to explain this situation to the elderly, trying to maintain an empathic attitude and using simple language and repeating if it has not been understood (BERTOSSO 2020).

Ethnographic research in Denmark and the USA shows how many people in their sixties, seventies, or even eighties simply refuse to be permanently categorised as “at risk” or “vulnerable”, as though becoming old or even just entering the “third age” automatically means developing severe diseases or losing cognitive function (CLOTWORTHY & WESTERDROPP 2020; LAMB 2020). Apart from this, others have written about the serious long-term consequences of forced isolation on the management of chronic diseases. Among those, a famous Italian neurologist and leading expert on Parkinson's disease advocated for a special national unit for the management of chronic diseases which would be able to take uniform decisions for the whole country (IL MESSAGGERO 2020). The doctor was well known among my interlocutors who suffered from Parkinson's disease, and in the article, he reported what he had repeated to them many times, which was that physical activity is essential to fight the illness. He believed that people should not forget that there are many exercises that can be done at home. Indeed, my interlocutors, such as Sandro's wife, did plenty of therapeutic and rehabilitation exercises at local community-based health programs before the lockdown. They also joined in with enthusiasm with many of the free activities, such as tango therapy and walking groups, organised by the local primary care unit to carry on prevention activities for disorders related to age. Indeed, these activities have been promoted as the way to age successfully, achieving physical and mental benefit while stimulating sociality in old age (KOH & NOH 2020; PINES & GILES 2020). One of the most enthusiastic par-

ticipants was Gregorio, the founder of a local Parkinson's association. When I phoned him during the lockdown, he stated that he fights against depression and anxiety by keeping his mind trained (he follows online courses on the Japanese language, reads a lot of books, and more), but he also recognised that he could be "lucid and objective" because he was a pensioner and did not have to worry about economic problems in this crisis. We discussed whether someone could really do special physical exercises for Parkinson's at home without a professional expert:

Gregorio: You can do something but it also depends on the severity of the disease and on your ability to use technology for following online demonstrations. Doing the wrong exercises can cause harm, as well as not considering bodily limits, or acting as if you were a superhero.

Associations have tried to support their patients by answering their requests and questions by phone or online, "but solidarity and support have been done on a non-institutional level, as always on an..." [voice trailed away]. "An informal level: if you have a friend, or relative, or if you know someone you can ask him for a favour", I said. "Yes".

The normative cultural model of active aging usually excludes those with many health problems who are unable to age "successfully", exacerbating social blaming toward them (LAMB 2017). The possibility to age successfully depends on the care resources that are available in a specific context. MUEHLEBACH (2012) highlights how the rhetoric on active aging and anti-ageism have, since the 1990s, supported very controversial reforms in the peninsula, based on privatisation and cutting public funding for care services. The neoliberal ethic of active citizenship and voluntary work, built on the Christian virtues of solidarity and "free" care work (*gratuità*), has progressively replaced a vision of the welfare state in which the State should be the guarantor of the right to assistance, rather than communities and individuals themselves. In the absence of public health care services, informal care network filled the gap left by state-based care during as well as before the pandemic. This is especially true of the Italian case, which has traditionally relied upon family networks to provide

care for elderly people, sustained through migrant home-care work (DEGIULI 2010).

Home-care workers and social isolation

Maria: I do not work but I'm thinking about those two ladies: their daughter is stuck in Paraguay. I have to get supplies for them because the home-care worker cannot leave them alone even for an hour. And when she really needs to go out, she must lock them in because there is a risk that they will go out alone. So once a week I go shopping at the big supermarket that costs less, and the home care worker just goes to buy a few things at the shops near the house [...] Do you know that I have been enrolled in the Employment Centre since 2013 and they have never called me? Two days ago, they asked me to go to work in an RSA [the Italian residential structure for people who are completely not self-sufficient]. Domestic care workers can't work in an RSA. I replied: 'Are you crazy? You never called me and now you ask me to go to an RSA without training. I have always worked in home and it's different, I'm not cannon fodder!' (Phone Interview).

While the research field on the caregiving burden has acknowledged how during the pandemic the family caregivers' stress was exacerbated in many countries (COHEN *et al.* 2021), it is important to mention that paid home-care workers have also been affected by pandemic. In Italy, home-care workers have sustained traditional cultural view of caring for elderly people at home (DEGIULI 2010). In this section, I consider how home-care workers have experienced the pandemic.

I first met Maria at one of the home-care training sessions organised by the local social services such as Graziano, and then after some months we reconnected at the Alzheimer's Café. She is an experienced home-care worker, who joined the training courses because she was in search of some specific training for a job that she had been doing for several years in an informal way. This project is one of the institutional attempts to shrink the widespread unregulated care market and at the same time support Italian families in employing home-care workers (PASQUINELLI & POZZOLI 2021). It provides training courses for home-care workers (including lessons from nurses, psychologists, psychiatrists, and employment

agencies on age-related diseases, hygiene practices, use of daily living aids, and employers' rights and duties); the trained workers are not directly employed by municipalities but they are recommended to the families as qualified and expert professionals by the social services, which manage and mediate the employment relationship between workers and families, also organising counselling services and self-help groups for both home-care workers and family caregivers. Maria always stated with pride that she did not need to be promoted to families by local social services because she had several contacts and requests.

Coming back to Graziano's prediction in the middle of March, in the following months many other home-care workers involved in the local home-care project bore witness to me about the fear and uncertainty they experienced, as in the following two diary fragments:

28/03/2020

Anna told me that social services (who employ her as a private professional) send all the home-care workers a form to apply for a sort of reimbursement. In the next few days, I will call one of the social workers responsible for the project. Anna's employer, who is a post office employee, has benefited from sick leave to assist her disabled son, but has decided to pay Anna the whole salary for March and even April anyway. Anna assured me that she trusted her employer because she is a respectable person, but I would like to hear of a national law that will not leave home-care work again on the shoulders of 'kind-hearted' people. There is still no financial aid for them, and many associations and media are condemning that.

09/04/2020

I spoke with Lucrezia, who is another care worker employed in the social services' programme for home-care services to elderly people. Her work was suspended in March. She was paid for the first week, in the second week she benefited from paid leave, in the third she lost income. She said she is not going to search for another job because she is afraid for her mother, who needs to be cared for. After the call, I decided to check how private home-care work has been discussed in the media. National newspapers have dealt little with this subject. *Il Messaggero* reported an interview with the leaders of some domestic workers' associations: the president of FIDALDO (*Federazione*

Italiana delle Associazioni di Datori di Lavoro Domestico – Italian Federation of Domestic Care Work Employees) claimed with satisfaction that many families are regularising their once irregular employment, while the president of ACLI-colf, which represents the workers, complained that around 60 percent of domestic care workers lost their jobs. The undersecretary of the Economic Minister promised that a new decree in April will resolve the situation of many workers left without any help from the government. At the beginning of the crisis, the most important Italian economic newspaper, *Il Sole 24 Ore*, reported that the leader of ACLI-colf stated that the national lockdown did not stop domestic care work, and hoped to guarantee assistance only for non-self-sufficient elderly people (https://www.ilsole24ore.com/art/non-si-ferma-lavoro-domestico-ADpFvGF?refresh_ce=1 [10/04/2020]). More recently, the newspaper criticised the government measures taken to face the crisis, judging them insufficient to solve the situation of rents, mortgage rates, and also of domestic care work: only a small percentage of families (13%) decided to pay the entire salary for the suspension period; more frequently they chose to give them paid leave (35%) or unpaid leave (9%). (<https://www.ilsole24ore.com/art/dal-cura-italia-primi-aiuti-famiglie-misure-ancora-deboli-giovani-e-anziani-ADpsHvH?fromSearch> [10/04/2020])

The most pessimistic prevision was confirmed by later data. Very recent research published in April 2021 (PASQUINELLI & POZZOLI 2021: 6) reports that:

The lockdown brought the regularisation of a proportion (however modest) of employment relationships, probably to obviate the constraints on movement in the absence of justified "work reasons". At the same time, especially in the second half of last year, there were several cases of termination of relations. At the European level, there has been a decline in new hires [...] From an analysis carried out in the spring, the ending of contracts, especially in non-serious situations, was a choice that can be found in one case out of four. Many families, being able to stay at home and trying to minimise the risk of contagion, have reduced the work entrusted to domestic workers.

While live-out workers – such as Maria, Lucrezia and Anna – frequently interrupted their jobs or were forced to interrupt them by Italian fam-

ilies, live-in workers often continued their jobs, especially with elderly people who did not have a family network to rely on, and were in critical conditions of social isolation. Live-in migrant care workers have consistently been the largest part of the home-care market in Italy since the 1990s. Several ethnographic and qualitative studies have documented their precarious living conditions within the households, such as the emotional strain and social isolation caused by an almost 24-hour job in which workers are often not allowed to eat food, have a private room or conduct a social life (VIANELLO 2019; DEGIULI 2010). The home-care project mentioned here was designed precisely to highlight this phenomenon, which recently attracted widespread public attention both in Italy and Eastern Europe under the controversial label of *Italian syndrome*. This definition was coined by media and psychiatrists to describe the psychiatric illnesses that affected many care workers who migrated to Italy and found themselves in disastrous working and living conditions, doing a job that they often knew nothing about while struggling to maintain their family and caring networks (COZZI 2019).

The Italian sociologist of care work, MAURIZIO AMBROSINI (2020: 12), wrote on the effects of the pandemic and social isolation as follows:

When home-care workers took care of frail elderly people, in a live-in regime, they found themselves threatened by the same problem: family members who remained at home, uncertain about present and future income, could decide to save on expenses by taking on the provision of assistance directly to relatives. If, on the other hand, they managed to keep their jobs, they first found themselves exposed to a virus that is very threatening for the elderly. Their training to deal with contagion and the provision of protective equipment are in the hands of the employing families, which in turn do not have the technical training to ensure health protection. One wonders if anyone has raised the issue [...] We don't even know how many care workers contracted the virus [...]. Even when they do not run immediate risks, the blocking of social outings and interactions has deprived them of that minimum of breathing space and of contact with the outside world that offers an outlet to those who live with very old and declining people.

During the lockdown, I also decided to ask the manager of the home-care project, Carla, how they were experiencing the situation. During March and April, she had been overwhelmed by users' demands and also decided to conduct a survey in order to let home-care workers receive state reimbursement for the interruption of their job (which eventually arrived to some extent in the following months with the new law regularising migrant workers). The situation was critical because many live-out care workers were losing their jobs, while the live-in ones were isolated because they could not go outside:

Carla: In many cases families have suspended their jobs or care workers don't go any more because they are afraid of contagion. I've done a survey to get an overview of the phenomenon and to obtain reimbursement for them, I hope. Of the 120 people who work with me, 48 responded. I've been asking everyone if they use masks and gloves, but in many cases the elderly families don't provide them or they couldn't find them. Many workers are afraid of travelling because of police controls [...] ... There is this case: a worker stopped by the police. She is very precise, so she took her self-certification with her and also the employment contract, but the police officers complained because they said she also needed a special authorisation from the municipality for travelling from one city to another one. I discussed it with the travel unions and it is not true, so we have got these abuses as well [smiling wryly].

While the paid home-care workers sustain ideas of home care and active aging, which prescribes that elderly people should keep themselves socially involved and avoid as long as possible nursing homes, the lack of formal recognition of their job affected the possibility of providing them a support in the pandemic. The pandemic just worsened pre-existing social and structural inequalities in family care for elderly people. This process resulted in exacerbating the social isolation and material constraints of both care-givers and the cared-for, impacting severely on the quality of care. Regional and municipal home-care programmes, such as the one discussed in this section, which were intended to ameliorate the living conditions of home-care workers, families and elderly people, were affected by the lack of structural reforms of welfare and elderly care. This lack

has been denounced severely times in the last thirty years by Italian experts in welfare and care, who have advocate for the national welfare state to take a better lead in sustaining home-based elderly care through semi-residential care services, public home-care services and structural reforms of the profession of home-care worker (GORI 2012; PASQUINELLI & POZZOLI 2021). The pandemic also posed threats to regions such as Emilia-Romagna, where there has been a traditional system of community-based care services targeted at the prevention of chronic diseases, causing the interruption of semi-residential care services, community-based health programmes and support services to home care.

Conclusion

It seems that the pandemic and lockdown embody what KAUFMAN (1994) described as an inherent contradiction in the modern perception of aging: a battle between conflicting forces of independence and dependence played at the individual as well as the community level. All the people interviewed had to “tinker” with risks (MOL, MOSER & POLS 2010): they needed to balance the “risk” of contagion with the various threats posed to their life by forced isolation and the interruption of care activities both within and outside households and families. Public opinion too easily accepted that the interruption of care activities should be accepted to save individual, vulnerable lives, and for the common good. Elderly care has often been depicted, so far, as one of those necessary sacrifices. The normative model of old age that shaped the pandemic response has just reproduced the long-standing inherent contradictions of active aging, such as the battle between claims to individual independence and calls for the community protection of vulnerable people, and the exclusion that is endured by the group with the most serious health conditions (LAMB 2017). This also includes home-care workers, who have always sustained the home-care system in Italy, as well as values of the “warm family care” environment that shaped that system, including all its inherent contradictions (CAPPELLATO & MERCURI 2021).

It is difficult to make an optimistic prevision of the future of elderly care in Italy, or anywhere else. No demographic projections have confirmed

that the pandemic will interrupt population aging, while some research has stated that the former will have little impact on the latter (WILSON, TEMPLES & CHARLES-EDWARDS 2021). Elderly care remains an urgent issue that populations and states have to face in the present and in the future. We run the risk that the pandemic will increase care needs in the near future, due to how it has impacted the health conditions of people with chronic diseases. As I stated several times in this paper, it seems that pandemic just worsened the already existing social inequalities in care, which cannot be masked by the rhetoric on active aging and family care. These ideas need a serious engagement with structural reforms and cannot be completely left to individual capacities or informal acts of communitarian values and reciprocity. However, the pandemic also makes these issues more visible in the public debate, and many people are asking for changes in the welfare and care system. The final hope is that the debate will finally be able to realise the transformations that we desperately need for the next generations, and that, as an ethnographer of care and welfare, I look forward to observing and reporting.

Endnotes

- 1 I use fictional names.
- 2 <https://boasblogs.org/curarecoronadiaries/> [13/04/2021].
- 3 Cash-for-care benefits are widely used in the Italian care system to promote care in the family and home environment instead of nursing homes (GORI 2012; DA ROIT & LE BIHAN 2019). These benefits are direct payments that can be used to cover some of the expenses of employing a home-care worker. In some Italian regions, such as Emilia-Romagna, these measures have been taken by institutions to shrink the unregulated care market which is very widespread in the nation (GORI 2012; PAVOLINI 2015).
- 4 All the emails, phone conversations and direct quotations from texts have been translated into English from Italian by the author.
- 5 He is talking about “freezing”: “Freezing episodes are sudden, short, transient blocks of movement that occur primarily with initiating walking, turning, navigating through narrow spaces or approaching obstacles” (<https://www.apdaparkinson.org/what-is-parkinsons/symptoms/freezing/> [15/04/2021]).

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Beyond the First Wave

Reflections on the COVID-19 Pandemic from Kolkata, India

EKABALI GHOSH

Abstract The paper is based on a diary written by the author during the early months of the pandemic in March 2020. It explores the various ways in which the pandemic turned various areas of her life upside down including education, political work etc. The paper, written later, is a reflection and an attempt to understand these months in retrospect. Excerpts from the diary provide examples while the reflections attempt to make social and political sense of her experiences. Among other things, the author tries to delve into the political situation of her home state, West Bengal, around these months and locate it in the context of the rise of the global right. It is also a document that gives an opening to understand the inner lives of young, urban people in India during the COVID-19 pandemic.

Keywords COVID 19 in India – pandemic – second wave – vaccines in India – Bengal elections 2021

The Beginning

21th March 2020

The situation so far: Coronavirus first entered my conscious mind when a friend who has family in China showed me a video of a car spraying disinfectants into the air. The move was orchestrated by the local authorities somewhere in China, presumably where his parents were living. The point he made was that spraying disinfectant in the air would not stop the spread of the virus, but it would be spectacular enough for the layperson to be calmed by it. The scene looked positively dystopian.

After that, I followed the situation every now and then and was annoyed by how the response to the virus was mostly panicked white people. We made jokes about it in university. We called Europeans funny, sensitive and stupid: jokes that are only fun when you make them at the expense of white people (which Europe is dominated by). I do not exactly remember when the first case of COVID-19 was documented in India. But by the second week of March, I was washing my hands thoroughly for twenty seconds. However, I was still not openly talking about COVID-19 to my family or warning them about handwashing techniques. My family consists of me and my mom but in the next apartment live my aunt who is asthmatic and an uncle who is a senior citizen. (...).

25th March, 2020

From tonight onwards for the next 21 days, this country goes into lockdown. I read it as a necessary measure. It might actually prevent the spread of the pandemic in India. But god, the repercussions on my mental health are terrible. And I am not the only one. All over social media I see people write about how horrible they are feeling. More than one person is talking about how they are suicidal. To add to this, someone died in China of a hantavirus infection. I saw one person at least writing about being confused and freaking out for a moment over this other virus (hantavirus). My mother reacted quite virulently when she heard about the hantavirus case and declared that China must be conducting some experiment which is resulting in the creation of these viruses. I did not correct her at that point but I will have to tell her later that the hantavirus has been around for a few decades now. I think #hantavirus trended on Twitter too for a while.

Looking back at the beginning of the pandemic brings unpleasant memories: the closure of my university in Kolkata, where I was a student of the Department of English Language and Literature (primarily studying literature), the excessive dependence on family, the feeling of suffocation as we were all holed up in homes none of us really liked.

In the early months of the pandemic and the lockdown, I had interviewed a few peers, most of them struggling with mental health issues and some identifying as part of the LGBTQ+ spectrum. All of them reported feeling worse at home and increased suicidal urges. One person told me specifically that they felt pushed into the closet again. Not visibly queer and still closeted, I had the benefit of not having to deal with family pressure. Nonetheless, I felt that the lockdown was pushing me further away from those I cared about. For more than a month, my passport, which I had updated, was in transit. I have grown up with the corruption, oppression and squalor of the Global South but I had never felt more locked into one corner of the world than what I felt in those days. I needed the passport to apply to PhD programmes abroad. A government document stuck between Kolkata and Delhi held the key to my future.

The Migrant Crisis Unfolds

28th March 2020

There is no good news. The pandemic is spreading to the suburbs, towns and villages now. Cases in which people have taken the illness to these places are only now emerging. There is no statistics yet of how many infections have been passed on by these people already. Meanwhile, at Delhi's Anand Vihar today (which is the bus terminus for long distance travel in Delhi), more than a thousand migrant workers have appeared trying to catch buses to their native places. There is no space left for social distancing. These people cannot afford it. And neither can most of this country. I shudder to think of what might happen when these people actually go back to their villages. Some are walking hundreds of kilometres to go back to the villages as without their temporary jobs in Delhi they cannot live in that city. They have no money.

I only remember the migrant crisis in images. People crowding at stations and bus stops in hundreds to get out of their urban workplaces, desperate to go home. Horror awaited them at home as local governments subjected them to inhuman treatment, sanitizing them with road disinfectants in at least one place, when they returned (INDIA TODAY 2020). The body of the migrant became the site for the pandemic, to be used, washed, ex-

tracted labour from, and thrown out as one liked. Millions walked back home and hundreds died walking, as public transport was blocked. Heavily pregnant women were not exceptions. The summer heat of the Indian climate made things worse. Some died on the rail tracks where they had been resting (SCROLL 2021). All these people had attempted to defy the lock and key of government dictum. They too, much like me and my peers, had felt locked in. They were afraid and claustrophobic like us. But unlike us, being locked in had far more direct an impact on their incomes.

Students, Fellows and Scholarships

It would be wrong to suggest that all my peers were well off, however. Research project fellows in our university have not been paid their salaries in ages. As a result, almost all the research projects have been stalled. A dear friend used to work in one such project, it was her only source of income and she has an education loan to pay off. Her family is not well to do. She ultimately dropped the project work and took on work in an NGO. However, people found ways in the university to support such people. In my friend's case, her first unpaid salary was paid directly out of the pocket of a professor who was handling the project. It kept her afloat for a month and allowed her to look for work. Yet, a whole generation of underprivileged students were pushed into working as their scholarships slowly started dwindling. As late as November 2020, students were not being paid their scholarships. This is attested by the suicide of a student in Lady Shree Ram College for Women on 3rd November 2020 (JHA 2020). Such stories abound. My own scholarship payment, which consists of a comfortable sum from the University Grants Commission and is one of the more secure scholarships available, was extremely irregular. Scholarship payments by the state government to non-NET scholars in MPhil and PhD courses, were erratic as well. These processes have likely pushed a large number of underprivileged students out of academia and university itself. We do not have the exact numbers.

Interpersonal Relationships, Activism and Social Media

In the realm of relationships, the lockdown made things worse for plenty. Women reported being stuck with physically abusive husbands. In my vicinity, one marriage fell apart too, as what used to be a closed doors extra-marital affair of one partner became known to the other partner due to the lockdown. In some cases, people went back to the painful relationships they had abandoned in order to avoid loneliness. Even the standard cishet students who had abandoned family life in favour of hostels or living in with partners found that with the hostels closed and work drying up, they had to return to their homes. The mental health of students was disturbed and that reflected in their results. To add to this, with nothing else to do, politically minded youngsters took to fighting on social media. Soon, it stopped being a struggle against oppressive state mechanisms and became more of a toxic war of mud-slinging between various left factions. The worst hits were of course, taken by the women and the smaller groups. Every day during the lockdown, there was a new “tea”, a new person getting cancelled or bullied. Stuck at home, without work or classes, sections of students dedicated long hours to trolling one another. However, there were some legitimate attempts at humour by a broad opposition. For example, a group called “Local Train Kinte Chai” (“Want to Buy a Local Train”) spontaneously emerged on Facebook around July 2020 and gathered thousands of members. The group intended to mock the Modi government for privatizing the railways, a cheap service which was the backbone of the public transport system in India.

The arguments between left groups which were involved in serious offline work also spilled over to social media (this is not new, young left activists have always brought their grievances about other groups on social media for the last half a decade at least). However, generally, there was shift away from protesting and towards community building work. The university based leftist science researchers took to using their knowledge to manufacture sanitizer and distribute it for free. A JU Commune was set up. The commune managed to provide food to economically deprived people once a day during the pandemic and managed to

do great work in a lot of slum areas. The commune is still running and JU Commune still participates in political programmes as “JU Commune”. Most people cooking for the commune were male students. This is not to say that patriarchy in university left circles has been dismantled. We have seen that men do take up public cooking roles (chef etc.) but private home based and unpaid cooking is always relegated to women. However, in this case, the men were unpaid and volunteers.

There was private grievances from at least one other leftist activist who communicated to me over the phone about how certain young men, in their zeal for serving people were not following adequate isolation measures once they recovered from COVID-19. As a young left feminist who has dealt with such men in the past, I find this believable. There is a sense of the real enemy being somewhere else and a machismo involved in trivializing health. There is also a tongue in cheek joy in defying government protocol, which is almost schoolboyish in nature. When you consider that most of these men are in their early twenties, or late twenties without regular paid work and often living with parents, that last bit about childishly defying authority without considering long term harm starts to make more sense.

Online, the far more interesting developments happened in the MeToo movement. Students may have been stuck at home, but they still did expose abusive people on social media. I would have said that rounds of MeToos were a phenomenon in university activist or students’ circles online after the lockdown which started on 24th March, 2020 but unfortunately, they are not. Generally, in the politically conscious circles of Kolkata students, MeToo allegations come in spates. The pattern was not broken during the lockdown with dozens of allegations appearing on Facebook.

Perhaps the most stunning of these revelations was the “Boys Locker Room” incident in Delhi. A group of young boys, mostly from Delhi ran an Instagram chat which was a repository of compromising pictures of their female peers. Following the revelations of this case, a similar Google Drive controversy unfolded in Kolkata where a group of university going men were accused of keeping a similar repository of their girlfriends and exes in a Drive to be shared amongst themselves. The allegations could not be taken up legally as none of

the women who had been involved with any of the men wanted to lodge a formal police complaint. But it led to considerable controversy, resulted in a fair number of online panels and media attention. Many of the people associated with the Google Drive incident in Kolkata ended up being from my university and unsurprisingly enough most of them were from significantly affluent families (one was from a political family). Under normal circumstances, this would lead to a demonstration and General Body meetings of students in the university. None of that was possible in the early days of the pandemic. Instead, people posted on social media.

Social media did not so much as replace offline protest spaces. The social media space was already developed and hence people kept turning to that space. Stringent rules were placed on demonstrations in the early part of the lockdown which virtually killed off the anti-NRC and anti-CAA protests. It was only after a degree of unlocking did people start assembling again for demonstrations, but only in small groups.

31th March 2020

There is a video doing the rounds in which a doctor in North Bengal Medical College is talking about how they do not have enough masks to deal with coronavirus disease.

In a televised meeting yesterday, the Chief Minister of West Bengal decided to requisition private hospitals with their staff to deal with the novel coronavirus. It might not be a bad idea as government infrastructure is poor to say the least. So much of this pandemic has been created by governments not spending enough on their healthcare programmes and generally not taking healthcare seriously and relegating it as secondary to other concerns.

Migrant workers are the worst hit in this crisis. Yesterday there were reports of migrant workers being sprayed with bleach at Bareilly in order to prevent infections (PANDEY 2020). Today, I just saw a report online that an eight month pregnant woman and her husband have been forced to walk a hundred kilometres in the middle of the lockdown, because the husband's employer turned both of them out without any money (HINDUSTAN TIMES 2020). This too, has happened in Uttar Pradesh and some locals who saw them walk offered the couple an ambulance to go back home in Meerut.

The first national lockdown which followed the state-wide shutdown in place in West Bengal managed to curb democratic spaces, resulted in a massive migrant crisis and deteriorated mental health. But the larger question we need to ask is, was the national lockdown really necessary so early on in the pandemic? What was the Indian government hoping to do by imposing it so early and throwing so many lives in jeopardy?

Lockdowns bring authoritarian governments certain advantages as will be made evident from this piece. To add, unlike the Americans and the British, Indians are quite aware that their healthcare system is in shambles. Perhaps the Indian government was hoping to contain the spread of the virus in this country by imposing an early lockdown, knowing full well that healthcare here would never be able to cope up with a pandemic. Perhaps the early lockdown itself is a proof of the failure of privatized healthcare and neoliberalism in this country. Perhaps the deaths of so many individuals directly related to the lockdown is a result of decades of underfunded healthcare in this country and an authoritarian government which will stop at nothing to curb dissent. The anti-NRC-CAA protests died out soon and various state apparatuses used the pogrom in Delhi to justify the arrests of several political activists many of who have to this day not been released and remain incarcerated under the draconian UAPA Act.

Early in the pandemic, I wrote an article on the lockdown and the lives of persons with disabilities. That article never saw the light of day but some of the worst hit and little spoken about victims of the pandemic were persons with disabilities. Government services were provided in a completely uncoordinated way. And the social lives of persons with disabilities changed completely. A blind student told me that she understands the world through touch and since touch puts her and everyone else now at risk, she is in trouble. In a sense, her description reminds me of being blinded doubly. Once medically/biologically through the social process of producing disabilities and once by the way her tactile act of "reading" her surroundings has been curbed by circumstances. But even as the lockdown and the pandemic went ahead, students with disabilities showed that they were aware of the importance of writing their own stories. One university based group of per-

sons with disabilities did a series of talks by persons with disabilities on how they were spending life under lockdown under the hashtag “#DisabilityDialoguesCoronaTimes” (FSD JADAVPUR UNIVERSITY YOUTUBE CHANNEL). Several persons with disabilities responded that they did not have the privilege of easily accessing the terrace or (in cases of locomotor disabilities) walking inside the house. Eventually, as the lockdown would be gradually eased, many of them would leave home sometimes to join work. However, the deprivation faced by most persons with disabilities continue to be very real.

2nd April 2020

People are not taking the lockdown seriously. I went out to do groceries yesterday and saw several dozen people loitering in the main road close to my home. To be honest, I volunteered to get the groceries with my mother (usually it is mom and aunt doing groceries together) because I am sick of being at home. It felt good to walk about on the streets but there were a lot of people who were roaming about purposelessly. This is particularly true for young people with bikes and cycles who can go out and are roaming about on unpaved streets (smaller main roads, areas that are not “key” in the city). Procuring milk is becoming difficult as you have to wait for the new lot of milk to arrive in the evening and then sort of pounce on the shopkeeper. We got four packets. Usually a packet lasts us two days. I was sort of hoping that we would not find it in the nearest shop, so we could take a second walk to the market but that did not happen. It is contradictory on my part to judge people roaming about when I will pick up any excuse to go out but crises bring out contradictions in people.

Meanwhile, I am joining an activist venture to distribute essentials like sanitary napkins, milk powder and soap to women in need, especially to low income women who have children. I wish I could claim that the innate nobility of my nature has urged me on to this path but it is really a terrifying need to be out in public, instead of being at home. If it does come down to having to go out and work for relief, I guess I will find more material for this diary. More than one activist today opined that we may run out of essentials like soaps and milk powder at some point. One of them was afraid that we will end up with the hungry masses looting shops eventually. I do hope it does not

come to that. But if it does, I sincerely hope the hungry masses dethrone the right wing first.

For LGBTQ+ persons the horrors of living with family are not surprising to imagine. If the lockdown pushed many into the closet, the unlock phase has not been particularly kind either. This is especially true of LGBTQ+ students who are now stuck at home and do not have the respite of attending university. One such person is constantly in touch with me. He comes from an underprivileged family which although economically deprived does not waste a single minute in abusing their female bodied son. His existence is a shame, his relationship is shameful, he is beaten up every few days. He brings shame to the family. However, both circumstances and will prevent him from escaping his family home. If in this case, the home is the centre of violence, in another person's case, public life was no kinder. Even as the lockdown was being slowly eased, there was a transphobic attack on another transman in his hometown by right wingers. This person was marked because of his left politics and was attacked in the most transphobic of rhetoric which moved into physical violence. If this was a time for regular university classes, he would still face transphobia but at least he would have a support system in the relatively more queerfriendly atmosphere of the university. One of the biggest issues of LGBTQ+ persons in India is access to safe and non-exploitative work especially for those without the benefit of an English education. The pandemic has only dried up incoming work for blue collar LGBTQ+ workers and skilled students without access to the English language find that the online ecosystem of outsourced jobs is of no use to them. While it is largely an LGBTQ+ issue, job availability is broadly related to capitalist economies and the need of companies to seek increasingly cheap and exploitative labour. No surprise then that the English educated young queers find it relatively easier (but only just, compared to their non-LGBTQ+ peers) to access the job market, and the Bengali educated ones are gradually pushed out of it. In that sense, the pandemic has laid bare the chinks in the armour of neoliberalism. In India where an aspirational class barely want to be reminded of the teeming millions who live without nutrition and healthcare, the pandemic has punctured the myth

of glitzy, sexy neoliberalism. Poverty, squalor and the dying gasps for oxygen rule this country.

We Were Naïve in 2020

What strikes me most when I look back on 2020 is how naïve we all were. To think that the pandemic would be sorted in two months, to assume that India would see its peak by mid-May 2020, to think that life would be back to normal by June, July or even September. To make a huge deal about newly infected hospitals feels so childish at this point. To even think that a vaccine would solve all of our problems. Even the most informed political minds around me assumed that the peak in India would mean about 70,000 cases in total. There were people who assumed that COVID was a problem of the temperate climes, because the “summer heat” would protect us in India. Unsurprisingly, most people who believed this were boomers. But I miss the humour with which people fought the virus in its early days before it killed so many people. A sweetshop in southern Kolkata had introduced a rather gross looking “corona mishti” (corona sweetmeat) and a friend had remarked that this is a preparation for a later corona themed pujo pandal. To think that normal pujos will be back in September or October. We have collectively been so naïve! How silly of us!

But was our naivete also not a coping mechanism? How would I have taken it if I was told in March that my university life as I knew it had come to an end. Our ridiculous optimism about the end of the pandemic perhaps gave us, as a culture, enough time to adjust to life.

12th April 2020

Somewhere in a Muslim locality in Kolkata, several people beat up police who went to impose the lockdown. (Times Now video reproduced in THE ECONOMIC TIMES 2020) So of course, savarna Hindu Bengalis are doing what they do best: spreading Islamophobic rhetoric. The Chief Minister, herself an authoritarian who depends on Muslim votes for her election is being accused of appeasing the Muslims. The RSS and BJP IT Cells are of course fanning this flame. But BJP propaganda is not all. The problem lies with the ingrained Islamophobic hatred that Hindu Bengalis carry in themselves. I hear horrible things said by my family about Muslims every day. I check

them and they take offense at that. After a point, it seems futile to engage.

Apart from the attack on the policeman, some videos of people being out on the streets in Muslim dominated areas became popular on news and other media. Not a lot of underprivileged people are following lockdown measures, simply because it is not possible for them. I had a conversation with one of my friends who lives in such a locality and is a Muslim herself. She was talking about how most poor families in her locality cram into a 100 square feet space. These are families of 5-6 people. Even if a woman has to change clothes, the men have to leave the room. People do not have space to sleep inside their living spaces. Many of these men try and find abandoned auto rickshaws in which they sleep at night. Often, they will share the same space with dogs. How is soap supposed to work for these people? They do not have 24 hours of water supply. They fetch water in buckets from local taps that are at least 500 meters away. That water is then rationed throughout the day. How do you expect such people to follow government guidelines? Not much development takes place in these localities either. It is almost as if the state conspires to keep these people poor. But hey! Muslims are responsible for every problem this country has. Can't find your ladle in your kitchen? Blame a Muslim. Heater not working properly? Blame a Muslim! Half-educated General category brat not getting a job? MUSLIMS!

Looking back at the diary, I am also reminded of large scale Islamophobia that we all saw during the pandemic and how obviously state sponsored some of it was. Tablighi Jamaat was suddenly to blame for the spread of COVID in India and several Muslim foreign persons were incarcerated in Indian prisons as late as July. It was only in December 2020 that the Delhi High Court acquit all persons associated with the Tablighi Jamaat case. (THE WIRE 2020) There was large scale Islamophobia in Kolkata as well as a reputed Bengali news media company's name was visible on a poster which showed a sloganeering Muslim man with a list of COVID hotspots in the city. Casual jabs about Muslims refusing to wear masks became a regular thing in most middle class Bengali Hindu households. And to be honest, as I travelled later to ghettoized Muslim majority localities, I did notice that the number of people wearing masks was actually lower compared to other places. But that

should not be chalked down to their being Muslims, rather it should be analysed sociologically through the lens of poverty and class. Similarly low rates of mask wearing can be noted among working class people. There is a question of convenience and there is a question of the lack of access to education. To add to it, there is a significant and not unfounded suspicion of the Indian state among Muslims. A practising Muslim friend told me that Muslim youth in her locality were going about wearing sneakers to escape police raids during the lockdown so that they could quickly run away and vanish from the roads. There is a tongue in cheek resistance to what is considered state intervention, there is a bit of laughter and humour involved in the same resistance.

Such resistance towards oppressive states during pandemics has a history in India as the Spanish flu pandemic, which was then called the Bombay fever had significantly created anger against the colonial British government in the native press (SINGH 2020). There is a growing body of literature on the cholera epidemic and colonial rule in India. Some literature exists on cholera and other contagious diseases too. Regarding the former, David Arnold writes that the British put into prison women who acted as demons or goddesses of the disease; a move that exposes the threat posed by such folk practices towards colonial rule (ARNOLD 1993). Arnold also writes about the insensitivity of the British government to the religious sentiments of Indians in their attempt to tackle plague. Contagionism ruled the response to plague in India and in 1896 a riot started in Bombay along with an attack on the city's hospitals. Plague was considered to be an "invasive" foreign disease coming from the port of Hong Kong and it was believed that it would take over the commercial life of India. Therefore, stringent controls were imposed by the British. This high handedness led to anti-British sentiment and protest meetings continued towards the end of the 19th century in different parts of India (ARNOLD 1986). Current high-handed responses to working class and migrant labourers during the pandemic by the Indian state echo the British colonial state's responses. It is also not surprising that the control of bodies by an Indian state in slums, ghettos etc. is not taken well amongst dwellers in these regions, particularly since the state has actively failed in protecting

them and has even incarcerated them. To add to this, there is the issue of Bangladeshi migrants in ghettoized areas who live in desperately poor conditions. How can social distancing be successfully practiced in such areas? And more importantly, what would these communities be when they are distanced, when all one has to navigate a hostile state is a community.

There was significant talk among the left about how we should rather stick to the terminology of "physical distancing" rather than "social". India, much like other hierarchical and classed societies already has significant distance between people from various classes. To add to this, South Asia and India particularly is a caste society where not touching someone from a lower caste is normalized in many regions of the country. Under such circumstances, "social" distancing will only reproduce inequality.

The Indian government managed to communalize a pandemic which killed millions around the world. People from North East India were attacked in Delhi under a renewed axis of medicalized racism. Yet, when one looks at the way in which the pandemic turned out eventually, i.e., the course of the pandemic after I closed this diary, we are surprised by how our experiences of the pandemic are deeply embedded with the oppressive nature of the Indian state, its follies and the flaws of even the West Bengal government, which when this article was being written in November 2021 was yet to reopen schools and universities even after a second wave brought on by massive electoral gatherings.

September and October of 2020 saw large gatherings on the streets of Kolkata due to the upcoming Durga Pujo, the biggest festival of the Bengali Hindus who dominate the city. While initially it was the shoppers who flooded the roads, later on during the actual days of the pujo, pandal hoppers and merrymakers took over the streets. Had there not been a High Court order prohibiting pandal hoppers from entering the inside of pandals, people would have actually stood in queue, pushed and shoved etc. as they do to get into famous pandals during other years. The state government of West Bengal was reluctant to restrict any such movement knowing full well the fatal consequences of a COVID-19 wave. More importantly, the ruling party in West Bengal seemed to

be afraid of the strongest opposition at the point which was Hindutva based and keen on polarizing every issue. A lawyer closely associated with the Communist Party of India (Marxist) filed a petition in Kolkata High Court. It is also important to mention here that several political leaders of the TMC (and previously even leaders of the CPIM) are associated with organizing committees of several Durga Pujos. Without that High Court intervention however, the post Pujo first wave would have been far worse. In contrast, prayer gatherings on Eid on Red Road were cancelled in Kolkata to prevent crowds, in both 2020 and 2021 (JAVED 2021). The Muslims I personally know spent their Eid holidays at home taking part in muted celebrations with their families. There are reports of Muslims forgoing shopping in favour of donating to charity (WAJIHUDDIN 2021). Yet, the majoritarianism of Indian political society is such that Muslims would still be held responsible for the spread of the pandemic.

Looking back at my diary, I think it is necessary to explain my own positionality and the tense political situation of West Bengal in 2020. I spent much of my university days in India as a left wing feminist activist who campaigned against misogyny within the left and fought against fascism and right wing majoritarianism. My location as a political activist determined many of the ways in which I experienced the pandemic and observed society and politics during the same. This came in handy in observing the dreaded second wave in India which came in the heels of several state elections in India.

In order to understand the callousness over the state elections in India, we must understand the political situation in West Bengal and India in late 2020, early 2021. West Bengal, my home state, had been ruled by the left front, a coalition of various left parties, from 1977 until they lost popularity quickly from 2006 onwards (there were several issues but their obstinacy in support of land acquisition proved to be a key one in their ousting). Subsequently, the Trinamool Congress (TMC), formally the All India Trinamool Congress (AITC) formed a government after the state election in 2011. However, the slow death of the left front was visible from the Lok Sabha elections (national parliamentary elections) in 2009, when the front lost to an alliance of the TMC-INC and SUCI in key seats. Out

of the 42 Lok Sabha seats allotted to West Bengal, CPIM won 15. TMC (AITC) alone won 19.

Flash forward to the 2019 Lok Sabha elections in West Bengal: The BJP in West Bengal made significant gains against the TMC displacing the CPI(M) as the second largest party in West Bengal. They hope to repeat TMC's performance in 2009 and 2011, first sweeping over the central parliamentary (Lok Sabha) elections and then the state elections (Vidhan Sabha). It is this desire for the BJP (the ruling party at the central government) to form a state government in West Bengal that made the elections here so crucial. Consequently, no political party were willing to cut down on gatherings, rallies etc. during this time. The BJP is Hindu nationalist and deeply allied to big capital in the country but they had managed in West Bengal to capture some important vote banks, including those of key Dalit communities. Increased presence of the BJP led to West Bengal being a deeply polarized state.

Although politics in West Bengal had been long dominated by middle to upper class and caste bhadraloks complete with their hypocrisies, it had never seen such open and toxic Islamophobic rhetoric spewed in mainstream platforms in the past four decades. West Bengal is a state which still lives with the scars of the Partition of India. In Kolkata itself, large tracts of land are colonies where the older generation still remember eastern Bengal (later East Pakistan and Bangladesh) and the struggles of the early refugee days (HISTORY EXTRA 2017).

With such a sensitive background, it is quite easy to set communal tensions aflame. The BJP gave every government fault a communal turn and projected the majority, i.e., the Hindus, as the victims and the TMC government as working against their interests. The left which did not wish to ally itself with the CPI(M) found themselves cornered into supporting a degree of lesser evilism because the alternative, the BJP, was likely to start a massive disenfranchisement campaign against Muslim voters. After the gains of the BJP in 2019, the party started investing large amounts of money into West Bengal. Overnight key TMC leaders shifted to the BJP. A name developed for these people – “dolbodlus” or people who change their party. The insult is similar to calling someone a turncoat. National level BJP leaders came down to small

towns in West Bengal to hold demonstrations. Film stars, sports personalities etc. were wooed into joining politics by both sides. Arguably, BJP caught the bigger names. The Prime Minister conducted some 20 public meetings for the BJP's election campaign in West Bengal. The BJP organized a massive "brigade" in Kolkata's Brigade Parade Ground on the 7th of March, 2020. The press predicted that some 10 lakh (1 million) people would gather in brigade on that day (NEWS 18 2021). Other media houses put the expected figure at 7 lakhs (700,000) (TIMES NOW 2021). It is difficult to get an exact figure of how many lakhs really attended the brigade, as several left activists claimed that the crowd management was tweaking standing arrangements to make the crowd look larger. Nonetheless, we can safely say that a few lakhs must have attended the brigade on 7th March. The Prime Minister himself descended upon the parade ground from a helicopter. The whole thing was a spectacle and the pandemic was mostly forgotten. Even before the brigade of the 7th, the left front, in alliance with the Indian National Congress and Indian Secular Front, held its own brigade on 28th February. That rally too, was no less crowded. Last but not the least, the TMC supremo, the Chief Minister of West Bengal, herself led a large number of rallies. Reports from the time suggest that supporters of multiple electoral political parties said that they were not scared of COVID-19. It is of no surprise that when the delta variant struck, nobody was really well prepared. Cases were climbing higher and higher even before the last phases of the polls concluded. Counting of votes on 2nd May showed that the incumbent TMC won power again, a landslide victory against the BJP while the BJP displaced the left front and became the main opposition in the state. The rightward shift of power in this state was therefore legitimized during the pandemic through meetings, rallies, demonstrations and large gatherings of people. Even as elections took place in full swing, schools and colleges remained closed.

There was another factor to the rise of the deadly second wave, and this too connects to Hindutva. In Uttarakhand's Haridwar, millions of pilgrims had gathered for the Kumbh Mela. The largest gathering consisted of estimated 3.5 million devotees. Devotees did not pay heed to warnings, and to be honest, one cannot completely blame

them when the state deliberately permits overcrowding during a pandemic. Distancing protocols were thrown out of the window. Those devotees who were infected with COVID-19 in the mela brought back the disease to their home states. In other words, what we saw during the second wave was inevitable given the way both central and state governments acted.

These gatherings were not completely out of the blue however. Political demonstrations had begun on a small scale once the March-April 2020 lockdown was eased. This was to a degree required as authoritarian governments prefer to pause political protest under any excuse possible. However, these protests were small. The first large leftist demonstrations were organized after the gang rape and murder of a Dalit woman in Hathras. Most of these protests happened in late September 2020. By then, dissenters and the opposition had caught on to the centre's policy of using the pandemic to curb dissent. By December, farmers had marched into the borders of Delhi demanding the revocation of three Farm Laws which would corporatize agriculture. Although people had given up quickly on the anti-CAA protests in March, they were not willing to fall for the same in December. The farmers sat there throughout the cold Delhi winter. It was only in November 2021 that the Prime Minister announced the revocation of the Farm Laws. Between these months, through most of the year, thousands of farmers sat in key locations and protested even as the media forgot about them. (DWIVEDI 2021).

Meanwhile, schools and universities remained closed until November 2021 in West Bengal. The move was considerably controversial. An important distinction between pandemic-related leftist struggles in the Global North and in India is that while in the former leftists wanted educational institutions to remain closed due to safety issues, in India students and activists fought to reopen universities. The closure of universities led many vulnerable students to drop out of education completely. Economically underprivileged children in government run schools were the worst hit as these schools rarely had the technology required to engage in online classes. Corporation run schools in Kolkata simply reallocated its teaching staff to administrative work related to handling the pandemic. In my time in West Ben-

gal, I noted a steady decline in the average age of precarious labourers in the service sectors (food delivery, e-commerce delivery etc.)

Many activists who campaigned for the closure of schools and cancellation of examinations in 2020 gradually abandoned those stances as they realized that this was harming vulnerable students the most. Never before had I heard the phrase “digital divide” used so often and so correctly. Digital education is very much an impossibility in India at the moment. Two cyclones have passed through West Bengal during the pandemic and both have left telecommunications in shambles. Students from the Sunderbans areas are particularly vulnerable as cyclones leave the delta without electricity for months sometimes.

25th May 2020

I missed a couple of days due to personal reasons and then Amphan happened. Amphan is the worst ever cyclone I have seen first-hand. I cannot begin to describe how terrifying the whole affair was. The cyclone started showing severe effects on Kolkata from 5 pm onwards on the 20th of May. By 6 pm, it was ravaging the city. We shut off all our doors, windows, everything possible. The power was cut off and the wind was howling outside. And we would have been used to it had it just been howling. It was far worse. The wind made noise as it hit things everywhere: there were thuds, bangs, a series of sounds I cannot describe in a language that is not my own. There was a constant khat khat sound, the wind roared, things fell and crashed. With the wind came lightning and rain. But the rain was not so much the problem. When we walked up to the terrace the next morning, we found pieces of a used ceramic bathroom basin lying about. Many areas in the city are flooded. More importantly, power supply throughout southern Bengal has completely collapsed, as have river embankments. Internet services (broadband and mobile) were severely disrupted. There was no water, from the evening of the 21st. I wish I could show you what our area looked like on 21st evening. For miles upon miles there was no electricity. All I could see was miles upon miles of pitch black darkness. On the 21st and 22nd, we carried water up from the tank at the base of the building to the 3rd floor. Various other families too did the same. We paid 2000 rupees to get a rented generator later to propel the water to the overhead tank. Showers were limited and restricted. We barely bathed with two mugs of water (we

still use buckets and mugs to bathe here). 22nd and 23rd were by far the worst with the summer heat started getting back on track as the cyclone had passed. Anyway, a few minutes ago, on the 23rd, power supply was finally restored in our ward after locals gheraoed the municipal councillor.

Disaster profiteering should be illegal. With power ravaged all across the city, one candle costs 40 rupees. People supplying drinking water are charging a few hundred rupees as deposit money which they do not want to return later. Some five thousand trees have collapsed alone in Kolkata and removing those trees will take ages. The corporations and municipalities, already burdened with COVID-19 and working with less people than required, cannot handle the removal of so many trees. Private individuals are removing these trees for a very high amount now. For one tree that needs to be removed on the main road, one of these traders were asking for 40,000 rupees plus the wood from the tree. In our ward, the councillor was gheraoed yesterday by members of a working class neighbourhood who still do not have power.

You can understand that social distancing has gone for a toss. Today itself as people were gathered to see the tree that was causing the power outrage in our neighbourhood being felled, they stood all huddled together. You will expect them to be more careful but a lot of them have been lulled into a false sense of security as we do not have any reported cases of COVID-19 in our ward. Women from Naskarpara (the working class area which gheraoed the councillor), had barged into the party office and started yelling expletives. I cannot imagine that they maintained social distancing as they did that. Even as relief work starts, I am 100% sure, COVID-19 cases will also rise.

Perhaps the biggest lesson I learnt after Cyclone Amphan was that digital education would never work in the current state of connectivity in India. Later we realized that unless we could start regular in person classes we would only be harming students from the most vulnerable communities. The Kolkata Municipal Corporation runs several schools for the most underprivileged of people in Kolkata. The poorest of the poor come to study in these schools. Teachers in corporation schools have been assigned public health duties during the pandemic. Being away from school for such a long time will likely result in the youngest of them forgetting entire alphabets and numbers.

There is considerable anxiety around how many children will drop out of the education system. As already elaborated, the college system too is falling apart. And for this we have to hold the state government of the AITC, which is part of the opposition at the centre, as accountable as the BJP. Education is part of the concurrent list, which means both the central and the state governments can contribute to it. Political parties in charge of both governments could hold large meetings and demonstrations during election season but they cannot vaccinate all students and reopen universities, libraries etc. at partial capacity. The same logic applies for public transport. The curbs on public transport have been far too great which has resulted in people crowding the few buses still plying on the streets. Meanwhile, the autonomy of state universities (here I am excluding central universities where autonomy is already endangered) is being threatened by the state government as it stops all entrance examinations for bachelors' and masters' programmes into some universities. This would otherwise not be a concern had the state government not tried the exact same tactic once before in 2018, during an admission season rattled by the ruling party's corruption. The SFI, which is the students' organization of the CPI(M) in my university is already campaigning by organizing open air classes on the main road in front of the university (DAS 2021). Such organization might become increasingly more common as the dream of a "Digital India" falls flat on its face. The gaping holes in digitization, and the myth of privatization has been ripped open during the pandemic.

Vaccines during the Second Wave

Privatization has spelt doom for healthcare in India and this became increasingly clear during May and June, when the second wave was at its peak and demand for vaccines was ever rising. Not only did the central government absolutely fail to provide vaccines to everyone but their policies also created roadblocks to smooth vaccinations for the state governments. Vaccinations had started in India in January 2021 but were opened to the public in March 2021. Initially only essential workers could take the vaccine but eventually it was opened up to senior citizens (60+ of age) and to those with very specific comorbidities. From 1st

April onwards, vaccination was opened for people above the age of 45 from and from 1st May onwards for people above the above the age of 18. However, there has been significant vaccine hesitancy in many people and the government's actions have not helped allay people's fears. Firstly, Bharat Biotech's Covaxin was granted Emergency Use Approval by the DGCI on 3rd January, 2021 even though Covaxin had not finished its third stage trials at that point and hence was incapable of submitting efficacy data (THE HINDU 2021). While the better known vaccine, Covishield (the Indian version of the Astra Zeneca vaccine) had international trials to fall back upon, Covaxin did not have internationally recognized data. To add to this, there was the question of whether the government would vaccinate everyone for free. In January 2021, NITI Aayog official Vinod Paul declared that the government could at most vaccinate 300 million people for free (PILLA 2020). As part of my left activism, I had written a piece in International Viewpoint on the problem of COVID vaccinations in India (GHOSH 2021).

It is important to remember that this the same government whose ruling party aimed to gather about 1 million people in Kolkata alone on 7th March 2021. After all, leaving a large part of the population unvaccinated would result in the creation of a market for private players. Moreover, the BJP made a campaign promise out of a basic right. They claimed that if they were voted to power in West Bengal, they would bring free vaccinations to all residents of the state (SCROLL STAFF 2021). Note that from the beginning of the pandemic it was the central government comprised mainly of the BJP which was handling the vaccine situation. People were not deprived of vaccinations in West Bengal because of the state's mismanagement; it was because the centre had done all in its power to limit access to it through privatization of healthcare. Even as registrations for the vaccination of the "18 and above" group started on 1st May, 2021, the government portal for registration crashed. Slots for vaccination were few and only available online initially and demand was high due to the raging second wave. First, the digitization of vaccinations pushed less tech savvy populations out of the system. Next, coders found ways to beat the government website and automated the process of booking slots. Further, they

put out their codes online which resulted in more coders, engineers and the like getting access to it (PYTHON REPO 2021). Ultimately, being tech savvy was not just enough. One had to have tertiary level knowledge of programming in order to book a vaccination slot, for a vaccine they were paying extremely high amounts of money for.

Those that wanted the vaccine at government centres waited overnight in long lines at the risk of infection. A separate profession of “line keepers” developed in the semi-urban areas, people who would wait in queue in front of government centres (private centres are not widespread in small towns) for those patients who could afford to pay. Some centres had to announce that they were out of vaccines even as a few dozen people were still waiting outside. In my close proximity, an uncle caught COVID-19 five days after visiting a vaccination centre. There were other reports of infections spreading at these centres as well. In the middle of the second wave, while demand for the vaccine was raging, the government decentralized the process and allowed the manufacturing companies to make super profits. The central government bought only 50% of the vaccines at a lower rate. The states had to compete with the private sector to access a part of the other 50%. The states paid higher prices now for the same vaccine, compared to the centre, essentially making the states compete with one another for limited supplies. This decentralized and liberalized policy continued from 21st April 2021 to 6th June 2021, when the centre partially reversed its policy and declared that it would buy 75% of the vaccines to distribute to states and fixed upper caps for vaccine prices in the private sector. However, at the height of the pandemic, the centre let vaccination be a privilege to most of the country's citizens. Even now, a dose of the Oxford-Astra Zeneca jab costs about 780 INR in the private hospitals and a dose of Covaxin costs 1200 INR. While the announcements on 6th June were a relief to most Indians, we must remember that the first private sector vaccines were administered for 250 INR each. Moreover, public health is a right and vaccinations should be completely free. But the Indian public are so used to corruption in the health sphere that a large-scale democratic movement around such demands is almost impossible at the moment. Given the state of COVID vaccination in India, one can hardly imagine

that this is also the country that carries out the world's largest immunization campaign against polio.

Vaccinations are not spectacular business and do not make for entertaining media. However, much of the second wave was well covered by most media houses particularly because of how unavoidable it was in the public life of an Indian. One could simply not ignore the second wave and the oxygen crisis. Thousands died without oxygen and yet, the central government still claims that no death due to lack of oxygen happened during the second wave in twelve states (KUMAR 2021). Hospitals were afraid that they would run out of cylinders. In Sagar Dutta Government Hospital, multiple people were sharing one cylinder. Private hospitals billed patients exorbitant amounts and hospital beds were almost always unavailable. Citizens groups developed in order to share leads on available hospital beds and oxygen cylinders. The CPI(M), which had lost in the state elections badly nevertheless did good work during this time. It's organization, Red Volunteers, managed to arrange for oxygen cylinders for people all over the state. Another important activity for these youngsters was to find out leads on available beds as government updates became obsolete after a few hours of being made public. Moreover, the second wave was particularly harmful for crematorium workers who are almost completely dalits and who work in the most unsanitary of conditions and without the most basic of protections.

On May 15, the West Bengal government announced severe restrictions to control the spread of COVID-19 (WB GOV 2021), some of which were in effect for months afterwards. The government insisted that these measures should not be called a “lockdown” but nonetheless the loss of jobs and small businesses was very real. While during the lockdown of 2020, I had felt desperation and suffocation, the lockdown of 2021 gave me a degree of relief and a bit of hope that cases might start going down in another couple of weeks. This, despite my knowledge that restrictions would result in the loss of livelihoods. Towards the end of May, Cyclone Yaas struck southern Bengal and left property damage in its wake. The effects of climate change became ever clearer. Tornado-like formations razed down small shops in front of Bandel Church in Hooghly district (10DIK24 NEWS 2021).

I have never seen or heard of anything like this in all my life and yet they happen now, once a few months during bad weather days.

After the oxygen crisis came the black fungus crisis. Grotesque images of people who had recovered from COVID-19 but had developed mucormycosis infections flooded the media. India, the diabetes capital of the world and where oxygen had been administered in unsanitary conditions during a crisis, unsurprisingly saw a surge in mucormycosis. Amphotericin B could not be found during the first months (JAYANTH 2021). To add to that, the irony of surviving COVID-19 but falling prey to the far less common mucormycosis never failed to disturb me. It almost became a reminder of how uncertain our lives are.

There is nothing that I can say to all those people who lost their loved ones. And there are plenty such people around us. These were not brave soldiers who died in battle. Most of these deaths were completely avoidable if not for the faults of states, companies and global capitalism. In a different world without climate change, without increasingly frequent pandemics, they could have led full lives. Their family members and loved ones are still grieving even as another wave threatens our collective conscience as we populate our streets without masks, ignoring sanitizers and as restaurants and hotels are opened up. While the uncertainty used to bother me, I have grown used to it now. Now, I am gradually preparing myself for the possibility that the pandemic may never completely go away.

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Searching for Sanctuary during a Global Pandemic

Reflections on International Mobility, Multi-sited Presence and Identity-making

ZUZANA HRDLIČKOVÁ

Abstract I started writing my COVID 19 diary in March 2020 when my family and I were living in Sierra Leone, West Africa. Through the following months, we gradually made our way to my native country – the Czech Republic, where my diary ended (1st July 2020). After living abroad for over 15 years – most of my adult life – spending several months in “my” corner of Europe felt special. In this paper, I reflect on the experience at the time and from hindsight. I first describe our waiting for COVID 19 to arrive in Sierra Leone, touching on anxieties related to expectations of the pandemic development in Africa, and revealing notions of best access to health care amongst the expatriate community in Freetown. I depict our experiences of evacuation, including diplomatic mechanisms interplaying with pandemic control measures across several countries. I discuss the notion of sanctuary as a place of safety. Associating sanctuary with my native country, I experienced an intensive process of interrogating my own identity, a sense of belonging, and realizing conditions necessary for our global mobility to continue. I then reflect on the experience one year later – in hindsight. The situation has changed in surprising ways, making me question my previously held notions of safety and health, whilst comparing epidemiological control measures deployed in an international context. I contemplate my own identity-making process by looking at the individual categories of a stranger, an ethnologist, a migrant, and an expat. I expand on the transnational notion of “imagined community” (hybrid local-distant community), and I suggest that globally mobile people who live permanently transient lifestyles exercise multi-sited presence, by being usually at once present in several diverse countries and bureaucratic systems.

Keywords pandemic – global mobility – identity – multi-sited presence – migration

In Sierra Leone: Waiting for COVID 19 to arrive

In March 2020, my husband, our two children and I were living in West Africa, Sierra Leone – a beautiful country on the coast of the Atlantic Ocean. It is also one of the least developed countries in the world with high levels of poverty, and low education. Its health system is weak with one of the lowest life expectancies (53 years), and one of the highest child mortality rates in the world. At the time in March 2020, coronavirus had already taken hold in Asia and Europe and was spreading around the globe rapidly, with ever more countries in all continents reporting their first cases and deaths.

We were “expats” belonging to the privileged international community, the likes of which are present in most capital cities of the global South, consisting of business people, diplomats, humanitarian and development workers (MOSSE 2011). Our “expat-scape” (NAVRÁTILOVÁ 2014) in Sierra

Leone reflected the realities of the country, with particularly high number of people working in health-related fields, and people involved in trade with natural resources.

Unlike many other countries, the Sierra Leone authorities took the threat of coronavirus seriously and started taking measures months before any COVID 19 cases were recorded there. In comparison, my adoptive country, the UK, implemented restrictive measures only in late March, two months after the first cases were confirmed.¹ And my native country, the Czech Republic, acted within days of the first COVID 19 cases being confirmed in its territory.² In my diary, I found the lack of action of the UK quite shocking. I also commented on the general feeling of “global disasters do not concern us” in the Czech Republic. But when the virus arrived, the Czech government showed a resolve to “nip it in the bud” announc-

ing a lockdown from 12th March that would last 66 days. By the end of March 2020, I was thus moving freely around Freetown, whilst my family and friends in Czechia and the UK were in a lockdown.

Unlike the developed countries, Sierra Leone was aware of its lacking health care capacity and chose the strategy to prevent the virus from entering the country for as long as possible. Since January 2020 the Sierra Leone authorities were already isolating passengers incoming from high-risk countries – the list grew week by week. Hand-washing stations were set up at entrances of institutions and facemasks were increasingly visible in public space. Also, citizens seemed to take the situation seriously, remembering the country's recent experience with the Ebola epidemic (2014–2016). The government closed land borders and announced that the airport would cease to operate commercial flights on 22nd March 2020. The schools were going to close at the beginning of April 2020. A night curfew was imposed. Church and mosque services were stopped.

At this point, COVID 19 was seen as a foreigners' disease. I am white and I suspected that some people got out of my way in a supermarket aisle rather quickly. Initially only Asian expatriates experienced unpleasant name calling, and gradually with more incoming news of European countries faring badly in the epidemic, there were a few instances when also Caucasian friends were denied entry into certain restaurants. Therefore, part of me was relieved, when Sierra Leone's first COVID 19 case was confirmed in a Sierra Leonean national coming back from Paris on 31st March 2020. I felt that expats would not be blamed for the country's fate, whatever it may be.

Throughout March, bars and restaurants grew quieter. There was an atmosphere of uncertainty about how things would develop. "When the virus comes to Africa, it will be terrible," people said without going into specifics. We all knew, there were several realistic scenarios that could play out. There was a possibility of high transmission rate due to challenging housing and sanitation conditions in the informal settlements that house around one third of Freetown's population. There was the possibility of a high death toll due to the weak health system. Public health measures, such as lockdowns, would have devastating effects on people's ability to earn a living, pushing them into

starvation. Usual treatment for other health issues was likely to be affected by the measures. Food prices were likely to go up, making public unrest and looting a possibility. Amid such range of possible scenarios, we were certain of one thing – that anyone seriously ill was unlikely to receive a very high standard of life-saving care in the country. Even in normal times, all privileged citizens and foreigners were med-evaced (evacuated for medical reasons) to better facilities abroad. But with the borders and airport closing, suddenly this option of getting out to safety would be taken away from us. The "unbearable lightness" of our mobility (REDFIELD 2012), facilitated by having the right passports, would no longer work.

When the government announced the closing down of the airport, many expat families faced an uneasy decision – whether to stay or to go. Stay, and experience inadequate health care, or potential civil unrest. Go, and face a long-term family separation. Suddenly, many of those with whom we had routinely socialized were gone. It felt like an exodus, with secretive undertones. People would say they were staying and, in a few days, they would be gone.

We decided to stay in Sierra Leone, but we soon regretted our decision, as anxieties set in. I had been socializing with the International Women's Committee (IWC) – a group of international women doing joint walks, dinner parties, and charity support. IWC was an "enclave" (NASH 1963) for female strangers who could build a sense of belonging (WALLACE 2018). Whilst most of the members were transient – planning to stay for two or three years in the country, some had spent decades in Sierra Leone and had vivid memories of civil war.³ So when there were rumours about possible lootings, I grew anxious about effects of the lockdown and had several sleepless nights. I prepared for possible looting, hiding money and tinned food in various places around the house. Whilst being concerned for our safety, the blow eventually came from the health side of things. On 12th April, both our children got high fever and started vomiting. The clinic we usually used was closed because one of their doctors had contracted COVID 19 and the authorities just shut it down, as they did with all other medical facilities with COVID cases, often locking tens of patients and staff in without proper food supplies! Eventually, we found good

medical care and the kids recovered. However, the experience of not having been able to access care left us shaken. The shroud of our expat privilege now gradually fell away as blanket restrictions applied to all. Our minds were made up. It was time for me and the children to go to safety. My husband would stay behind and continue his work. The question was where to go? Having two home countries – the UK and/or the Czech Republic – and no real house or flat immediately available to us, where were we to go? Eventually, we chose the Czech Republic, which at that point was managing the first coronavirus wave very successfully with lots of empty hospital beds, while the UK was experiencing quite the opposite. Despite having more cases than Sierra Leone, my home country was going to be our sanctuary.

Evacuation: What is safety?

It took us a while to turn our decision to leave into reality navigating the various protocols of international mobility and the mechanisms associated with nationalities, passports, diplomatic agreements, and emergency regulations. Our passports and marital status were of utmost importance in the process. We liaised with the Czech Consular Services, the EU Delegation, and the British High Commission. We unsuccessfully attempted to get on a German repatriation flight. Although other expats holding different passports had been waiting at the embassy for the whole day, German citizens who came only in the evening, were given priority seats on the plane. We witnessed firsthand the process of state executing its duty of care for its own citizens. With some seats remaining, other nationalities were to be allowed on the plane, too. The process of their selection was guided by a mixture of priorities – considering nationalities, individual circumstances, diplomatic relationships, and allegiances (LEIRA 2018).

After some two weeks in Freetown, which felt like an eternity spent in constant deepfelt suffocating fear about our children's health, we managed to get on a British repatriation flight. Our children's dual nationality and age helped, allowing me to get on as their carer. When I told our housekeeper, we were going away, I felt guilty. She smiled at me and said, "Medical is better there. Go." She had experienced the civil war and was

familiar with the situation that when things get rough, people who have money leave. As it happened with well-to-do Sierra Leoneans in the 1990s. She has worked for enough expats to be used to their comings and goings. As noted by PETER REDFIELD (2012), expats often move easily across borders. "At the most literal level, those equipped with funds and the right documents pass lightly over borders, whereas the poor and undocumented incite security concerns" (REDFIELD 2012: 58). I am acutely aware that our repatriation happened due to our nationality and due to the health system.

It was in late April, when we bid my husband goodbye, not knowing for how long we would not see him. The flight was full of people whom we had known. It was an "evacuation of the vulnerable" with lots of women and children on board. In normal times, we would certainly complain about the airplane not having reclining seats and the food. But no one said a word. We all were glad to "get out" of sweet Salone.

When we arrived at Stansted airport in London, it felt apocalyptically empty. The number of flights decreased drastically and there were no flights to Prague – our final destination. We had arranged for a minibus to drive us all the way across Europe to the Czech Republic. The Czech driver had to set off a day before our flight, to be able to meet us at the airport. Equipped with a pile of official papers that allowed him to leave the Czech Republic (by then closed to international travel), he had to cross multiple borders to pick us up. It felt again like an emergency – travelling by an empty ferry across the English Channel, and through the empty highways of sunny springtime Europe clutching repatriation papers just in case we got stopped. The always busy continent was suddenly at a standstill. However, for the children, who had never travelled through Europe like this, and thus had no point of reference, this was an amazing adventure.

18 hours after leaving Stansted airport, we arrived at my friend's rental apartment in Prague. We were let into the country after thorough interview and paper inspection at the German-Czech border. We entered my country – a sanctuary, a place where we could be safe and protected (ALONSO 2021). My phone beeped with a message from the Public Health Authority that our compulsory quarantine started. The state authorities

would have the right to check on us at any time whether we were adhering with the right to issue high fines. On day eight of our quarantine, my children both developed large, inflamed lumps on their legs and they had to be treated in a hospital. I thus caught first glimpses of my native city through the windows of an ambulance car driven at night by a man in full PPE kit, going through red lights. My children were treated for golden staphylococcus infection. The medical staff again had their full PPE kits as we were still in quarantine.

The second week of our quarantine was marked by ups and downs in relationships, bringing about amazing acts of kindness, hospitality and generosity, and at the same time exposing variety of fears of people around us. Some worried about COVID 19, others about our staphylococcus, and some about unknown African diseases we might have brought with us. Whilst trying to understand and respect these feelings as legitimate, I felt hurt. This is what stigma must feel like (RELUGA, SMITH & HUGHES 2019).

Pandemic sanctuary in the Czech Republic

After 16 days, we were finally released from our quarantine. The freedom of being able to walk on the streets we had been looking at from the windows felt amazing. We were finally able to enjoy the sanctuary of the Czech Republic. We were able to go out with our facemasks on. We often went to the various playgrounds around our rented apartment. The children were aware this was a luxury, as playgrounds are in low supply back in Freetown. Then gradually, week by week, the pandemic restrictions in the Czech Republic have been easing until businesses and cultural venues resumed full operation. We went out most days – hanging out with family and friends, visiting museums, castles and swimming pools.

I put up the map of the world. I stick it on the door. Somehow, it allows me to think of all the people I have in the world. My husband in Sierra Leone, my mother-in-law, and my friends in the UK, and us in the Czech Republic. It allows me to show the kids where their friends are. Some are in the UK, and some from their Freetown school are now in the USA, Europe, or Africa. The kids are telling me we should also try and live in Australia, and

China, and Italy. Hmm. Little globetrotters. (My diary, Saturday 16th May 2020, Prague)

Whilst enjoying freedom, culture, and social life, we were witnessing struggles of our friends and family in other countries in real time. In the spirit of transnationalism (HOREVITZ 2009), we also maintained virtual contact via WhatsApp and Messenger with our friends and loved ones in Sierra Leone, and in the UK. It was rainy season in West Africa and my husband spent most of his time indoors in our house in Freetown. At the same time, my friends and in-laws in the UK were still facing severe restrictions on movement as the UK was not doing very well with COVID deaths climbing and people still in lockdown. In the UK there was a fierce debate about whether to wear facemasks or not. There was no such debate in the Czech Republic. As a permanently transient person, I follow in-depth the news in three countries as well as experiences of people within those contexts. There is also bureaucracy associated with such maintaining of presence in three countries – communicating with schools in Sierra Leone and Czech Republic, with health systems in the UK and the Czech Republic, with diplomatic missions, clients, and employers. This demands a lot of energy and one easily goes into overdrive.

Being back home in Czechia, I enjoyed the spoils of being amongst my family and friends in a culture which I felt I understood, as an insider, for a change. I also caught a glimpse of the hardships experienced by single parents here, often feeling utterly exhausted and longing for my husband to be with us, as well as domestic helpers. I was home schooling my children following the curriculum of the international school in Freetown, whilst also preparing my son for his exam at his Czech school. It was tough and exhausting. My children have, for the first time in their lives, spent more than a month in their mother's country. They began to see it as one of their homes and their Czech has improved significantly. Growing up in the UK, Sierra Leone and now here, they are spending their formative years in various countries and cultures. They are no doubt "third culture kids" – "who are from neither here nor there, whose identity will be shaped by the experience of growing up in a context of permanent contingency." (WALLACE 2018: 134). My hope is that the

advantages of such upbringing will outweigh the spatial uprootedness, and there is some evidence to show that such people are on average more resilient and adaptable as adults (ABE 2018; TAN, WANG & COTTRELL 2021).

Being a returnee after years of living abroad, I was observing my own country through a different angle. Things were familiar and strange at the same time. I was an insider with a stranger's lens. I started taking note of things within the Czech context, I had previously taken for granted or not noticed at all: The beautiful, easily accessible countryside. The functioning health system, I was able to navigate and which sorted out my daughter's asthma and allergies. The working infrastructure with smooth roads. Working electricity 24/7. Living near the best cake shop in the city, enjoying Czech cuisine, good beer, bread and salami, I have of course gained weight. My time in Prague was lovely and confusing. I often oscillated between being ecstatic and depressed. Loving it all and having moments when I felt I no longer understood and no longer belonged. I was a "return migrant experiencing anomie" at times. I noticed changes in Prague that had occurred during the 15 years I had been abroad. I was discovering the transforming city with more child-friendly spaces, increasingly international population, and hipster quarters with vegan cafes and restaurants. The public transport – trams, buses and the underground metro with many new stops, and buildings and neighbourhoods that had been built during my absence.

The beautiful city centre was a sad sight. I had not seen it this empty since the 1980s when we were still living behind the "Iron Curtain". Before the pandemic, it had always been heaving with tourists. But now, the impact cheap travel has had on our city was revealed – there were no local inhabitants left in the city centre. So, during the first pandemic summer, restaurants and bars on city peripheries were doing well, whilst the city centre was empty. One friend told me: "*The Czechs have given up on this part of town*". It is true and it happened many years ago. For many of us, for years it was unimaginable to have a drink or meal in one of the restaurants in the city centre's main squares. The prices used to be just too high. Thanks to the limited travel, however, I had my first ever drink at Old Town's Square during this pandemic sum-

mer. On the bright side – with smaller crowds, I could show my children some parts of the town, they had never seen before. My diary ends with a note of a celebration party, which was held on 30th June 2020 at the Charles Bridge in central Prague to mark the end of epidemiological measures. Many were jubilant, thinking that perhaps the virus was defeated. They could not have been further from the truth...

Decision to return to Sierra Leone

My husband joined us in Prague for a few weeks during the summer. We were finally a complete family unit. Our identity-making exercise seemed complete. We were a unit of four and needed to make sure we are a unit of four again.

I had moments though when I felt like I could still settle down in Prague again. We all could, if we made the effort. We would have to change our careers significantly. The opportunities in our niche fields are severely limited here. But my friends would probably be able to help me find my feet... Such thoughts, longing for the chance to return in the back of my mind as I was watching my increasingly frail parents. But the time was not right for us, with our immediate opportunities more readily available outside the country.

With colder weather coming to Europe in September and the Czech government not really imposing any epidemiological measures, it was clear the second wave of infections would start quickly. Weighing up the situation in both countries, we decided to reunite our family in Sierra Leone at the end of September 2020.

Sierra Leone was just coming out of a rainy season. The virus claimed some 79 lives in the country by the end of the rainy season and the number of cases did not seem to go up. The airport reopened and our exit route to safety was to remain in place, should things get worse. The international school in Freetown seemed to have rigorous procedures in place with compulsory facemasks for all pupils, teachers and staff, physical distancing and handwashing.

One year later – April 2021

The examples of Sierra Leone, the Czech Republic and the UK show how differently the country leaders have approached the problem of COVID 19. One country acting in advance of the virus arriving, another acting within two weeks of the virus arriving, and the third one introducing measures only some six weeks after the arrival of the virus. However, a year later, we can see that reacting fast is not all-saving. The UK⁴ was initially faring badly but eventually was among the most successful nations achieving quickly high levels of vaccination among its population. While the Czech Republic's success during first wave was completely overshadowed by its terrible handling of the virus during the second and the third waves.⁵

Meanwhile in Sierra Leone, our children have been going to school since October 2020 until now (April 2021) without interruption. Public life continues. Against expectation, the pandemic did not seem to take hold in Sierra Leone during late 2020 in official numbers. In February 2021, the official death toll from COVID 19 in Sierra Leone was still “only” 79 people with total confirmed cases being 3759 people. My Sierra Leonean friends and colleagues seem to now think that COVID 19 is not in the country. And while the government still imposes wearing of facemasks, and social distancing, and handwashing, people simply do not adhere anymore. We do not have a complete picture of the real situation in Sierra Leone. It is common that people die without known causes. With low numbers of people being tested (some 400 a day), there is likelihood of high numbers of undetected cases. However, the uptake of vaccinations available to the public is low with the possibility of some vaccination doses expiring. I fear what may happen during the rainy season.

I was able to get vaccinated here in Sierra Leone. And the moment when I got the jab was emotional. I realized how much the pandemic has been affecting my daily decisions and my interactions. It has prevented my usual anthropologist's background to attempt and take part in as many local activities in Sierra Leone as possible. My colleagues in Freetown tease me for wearing a face mask in meetings and for avoiding eating food from the same plate as everybody else. They may not believe the virus exists, but I do. Through the

screen of my phone, I keep witnessing the lockdowns and the terrible impact of loss experienced by my friends in the UK and in the Czech Republic and somehow, I worry, the pandemic is not over yet. Completely against my character, here in Sierra Leone, I have been avoiding public events, such as weddings, language, and exercise classes. It is because mentally, I am at three places at the same time. Like a proper migrant, I maintain links with my present country, my home- and my adoptive home-countries (WALLACE 2018, HOREVITZ 2009).

Identity-making: stranger, ethnologist, migrant, expat

The pandemic made me reflect on my own transnational life. Moving between Sierra Leone and the Czech Republic also brought back reflections about my 10 years in the UK and previous years in India and Sri Lanka and even my other travels. I am a perpetual stranger. According to GEORG SIMMEL (1908), a “stranger” is someone physically close and at the same time socially distant. Depending on the country, I have experienced the label of a tourist, sojourner, anthropologist, researcher, expat, immigrant, migrant, and returnee. All these categories include a level of distance, a level of not belonging.

Being a foreigner has lots of advantages. You experience diverse climates, landscapes, food, people, and languages. And in the process, you learn about different systems, ways of living and doing things. You learn different solutions to the same problems. It is endlessly interesting and hard. When you are a professional stranger, your biggest asset is your international experience and position outside the embedded networks. Your insights are often valued precisely because they do not belong to the local context and you are able to see things differently, albeit crudely. This allows you to arrive at solutions and ideas that would not be conceivable locally at the same timeframe. At the same time, consultants' and expats' ideas are often being mocked and considered out of place as they sometimes state the obvious (REDFIELD 2012, WALSH & JOHNSON 2018). When you are a foreigner, you overstep invisible lines, and break local taboos, daily. You get used to the raised eyebrows, looks of incredulity, and think: “What have I said now?” However, the same is being done to

you. Your host community also oversteps invisible lines you were brought up with and they break your taboos, daily.

Being a stranger involves the omnipresence of surprise in most daily interactions. Things we were taught as children we consider elementary. They are the basis of our assumptions, of our “logical” reasoning that should help us predict how things may or may not develop. However, when you are a stranger, things rarely develop the way you expect them to. Daily interactions with local people, and institutions, are frequently surprising and seem “illogical” because they are based on completely different sets of assumptions compared to those one has grown up with. In the end, the only things that help you survive are your humanity, instinct, and adaptability.

I have been trained as an ethnologist (social anthropologist). In 1963, DENNISON NASH offered an interesting perspective on ethnologists as professional strangers. According to NASH, every stranger begins as a traveller. The traveller then needs to re-orient himself and adapt to the changing external world. As a stranger he must create and maintain some frame of reference which will be both externally and internally adaptive. The host puts him in a known category (tourist, enemy, missionary). Despite moving towards host norms, the stranger does not feel increasing affinity with them. On the contrary, he is more and more aware of the gulf between them. The social condition of a stranger is thus normlessness and alienation. “The stranger is an outsider in a world (for him) of ambiguity, inconsistency, and flux” (NASH 1963: 152). Thus, DURKHEIM’S concept of anomie is applicable. In such an event, when anomie is felt, the stranger must adapt by changing his frame of reference and his internal requirements. The host culture is a difficult problem to master – something taken for granted by the hosts, the stranger must build it up piece by piece. Individual adaptation then depends on compatibility of host and home cultures, how hosts treat strangers, stranger’s relative power, whether there is or is not an enclave of his own people who can understand him (often compatriots). Most strangers are not ordinary citizens in their home societies. They must somehow be capable of accepting normlessness either by a) quickly adapting, leaving their stranger status and

thus the limbo or marginality (a transitional person) or by b) having a flexible personality, practicing detached-involvement, being tolerant of ambiguity and remaining in the limbo of marginality (autonomous person). In order to do ethnology, one has to remain a stranger to be able to reflect on their work (NASH 1963).

NASH is referring to anthropologists who spend a year or so in the field. But what about those of us who are anthropologists by training, and end up living a transient life as perpetual strangers for good? Having been trained in social anthropology, I feel a slight advantage compared to other perpetual strangers. I know not to judge my husband’s or the host country’s culture by my own cultural values. That is easily done during field research, less easily done on a permanent basis. When one marries a foreigner and lives with him in his country (in my case the UK), it is not so easy in day-to-day living with no end and respite in sight. Your framework – the way you think and value things – is constantly under attack as being “weird”, out of place. By the values of your host community, your partner is more often right than you are. And that feels terrible. One must develop strategies to survive – having an enclave (Czech community in the UK) and travelling back home as much as possible and making use of virtual communication via WhatsApp, Messenger, and other means.

My children were born in the UK. WALLACE (2018) described pregnancy and birth as a critical rite of passage through which women form new subjectivities and identities. The experience of giving birth and raising kids in the UK, attending British play groups and doing school runs, has made me accept some of the parenting norms of the UK. The UK has thus become inherent part of my identity, my adoptive country. In that sense, I am no longer a researcher but also an immigrant-migrant.⁶ According to the proponents of transnationalism theory, globalization makes borders obsolete. It has been noted that immigrants-migrants struggle with their identity, and in the process maintain strong links to their home communities, producing imagined communities (HOREVITZ 2009).

When we left the UK to go to Sierra Leone, I loved the prospect of not being an immigrant and doing classic anthropology again – delving into new culture, language and observe the society. An-

thropologists are supposed to be able to see the world through the eyes of the natives – to live with local communities, learn their language and participate in daily life. When we arrived in Salone, I started taking Krio lessons, and establishing local contacts, as well as expat contacts with the International Women's Committee (IWC). My interest in IWC was both academic and as a source of personal enclave. It was an added bonus to find another Czech person living in Sierra Leone. However, bringing children to a country with a weak health system and increased health risks, already limits one's ability to fully live up to the ideal of anthropological research of going native in a remote village far from any health facilities. I chose to pursue themes realistic for my situation – African hairdressers, gym culture, and expat enclaves, whilst also working on an assignment concerning public health. But when the coronavirus control measures started, suddenly all socializing was stopped. I could not continue participating in local practices, and my expat identity took precedence.

According to HANA NAVRÁTILOVÁ (2014) the term expat is fluid and often indicates Western educated, prosperous foreigners. In many contexts, this term is further racialized. Expats often come from a preferred country of origin and are a “more desired kind of foreigners.” NAVRÁTILOVÁ argues that the category of expatriate has been developed by Westerners to distinguish themselves from the negatively perceived immigrants and tourists. International cities have their own “expat-scapes” often found in a certain part of the city, with higher incomes, prices, education, social and economic stability. The difference seems to be that immigrants travel because they are desperate and poor, and expatriates travel because they are “curious self-actualizing cosmopolites” (NAVRÁTILOVÁ 2014).

Different contexts lead to the creation of different expat-scapes. Sierra Leone being among the least developed countries, with a weak health system and rich natural resources, for example has an expat-scape populated by numerous health and aid workers, as well as business people and extractive industry professionals. The small expat community in Freetown is serviced by international schools, high-end restaurants, hotels, supermarkets, and medical clinics. International spouses

in Freetown use the International Women's Committee as an enclave to support each other. LINDSEY WALLACE (2018) using the example of Geneva, described how expat women create communities based on transience and being away from home, using both digital and physical meeting spaces to build networks based on shared life stage and displacement. WALLACE also notes, that expat women do deliberate work to maintain frictionless mobility of their families, through managing bureaucracy or choosing their children's nationalities strategically. Belonging is always transient and family life for the privileged expats is precarious.

I do not know what is coming next for our family. Our choices have been guided by job opportunities and that will probably continue to be the case, whilst also considering our children's well-being. According to WALLACE, expat families face dilemmas of how to negotiate community and belonging when their children become more autonomous and develop desires for social life, with some choosing to stop their transient lifestyles, or integrate more with host communities, whilst some continue with their children attending international schools throughout their lives. The question in my view, is how much do we associate community with a place? Our children have certainly had interesting global exposure and schooling experiences. They have friends in different parts of the world, who themselves are often mobile. When I was growing up in Central Europe, there has been a strong cultural trope, that belonging means having a *connection to a place or a particular building*. Houses and places have great sentimental value in the Czech context and for that reason any permanent mobility tends to be considered in negative terms – as bad and detrimental. However, through my adult experience of global mobility, I have grown to see sentimental value in relationships rather than in the physical environment and properties. I feel, it would be useful to move away from feelings of alarm, when observing children growing up in context of international mobility. After all, we have been managing to maintain their imagined community – a social group of friends who are both spatially close and far away – by arranging local playdates and WhatsApp calls with children in the UK and the Czech Republic and through other social media. The question is how much actual physical proximity matters for

maintaining relationships. The answer will probably be different for different individuals.

While I often long for my native country, worry about the identity of my children, and worry about my parents' old age situation, we are still making the choice of doing the jobs we love and a life of permanent transience, while hoping that virtual proximity via WhatsApp and Messenger is still enough to keep our family and friendship ties alive. We both hold a hope that we will one day be back in our respective countries, together, and that we will be able to share with our compatriots what we have learnt out in the world. According to SOLIMANO (2006), there are pushing and pulling factors determining the mobility of highly skilled people, including scientists and academics. The pulling factors are better opportunities and higher salaries. The pushing factors are lack of career progression prospects and low salaries. I certainly feel locked out of my native country because I do not see enough opportunities for both myself and for my husband in our fields of expertise. If we were to live in the Czech Republic, we would both need to change the sectors we work in.

Revelations of the pandemic

The evacuation revealed to us what we conceived of as "safety". We were happy to be evacuated from a country with very small number of coronavirus cases to a country with increasing numbers of cases, via a country with very high number of cases. For us, safety was not defined by the number of COVID 19 cases, but rather by the capacity of the system to assist us in case anything went wrong.

The pandemic has disrupted our state of permanent transience. Initially, it revealed my native country as a "sanctuary" – a place where we felt safe and protected. However, subsequent events showed that sanctuaries are fluid. When we decided that uniting our family was a priority and decided to all go back to Sierra Leone in September 2021, we felt it was risky. We had no idea that this poor underdeveloped country with a weak health system was going to provide us with a fairly normal lifestyle at a time when most people in the developed world were in a lockdown. Paradoxically, the country we were evacuated from in April 2020 became our sanctuary in late 2020 and through the early months of 2021, whilst our

former sanctuary Czechia became badly affected by the pandemic. As Sierra Leone moves gradually into the rainy season and Europe moves into warmer weather, I wonder whether the status of where our sanctuary may be may change again.

Finally, in April 2021, we also got our first vaccination in Sierra Leone through a UN programme for partner organizations. Sierra Leone was donated vaccines through the COVAX programme, and vaccination is now available to all Sierra Leoneans above the age of 40. However, the uptake is low and there is a possibility that the vaccines may expire. While I struggle to comprehend the low uptake, I personally was highly emotional when I got the jab. It felt like an era has ended. It felt like shackles that have kept me from being engaged with local culture in the way I would normally be, have been half unlocked.

Conclusion

In this paper, I used my COVID 19 diary depicting my stay in Sierra Leone and my eventual homecoming to the Czech Republic in Central Europe, commenting on it from hindsight, one year later. I described the anxious expectations of how the COVID 19 pandemic may develop in Africa and what precautions the Sierra Leonean state took before the virus even arrived on its territory. Sierra Leone closed its borders and the airport for commercial flights to stop the spread of the virus. This was a major blow to the privileged and the expatriate communities in Sierra Leone as air-travel was their only guarantee of access to good standard of healthcare abroad. As a result, many internationals and privileged Sierra Leoneans left on various repatriation flights to countries, which although worse affected by COVID 19 at the time, had generally more robust health systems than Sierra Leone. In the absence of available exit, many families were prepared to separate to be able to access better healthcare. The overall worry was not vertical – about COVID 19 only, but rather horizontal – that is about general access to health.

Organization of repatriation flights was governed by diplomatic mechanisms of prioritization, making some categories of nationals more worthy of repatriation than others. Many families split in the process. Our evacuation took 36 hours and took us over seven countries and interplayed

with pandemic control measures that varied from state to state. In my native country, I experienced an emotionally intensive process, perhaps common among returnees, interrogating my own identity – questioning how much I still belonged. To what extent was I still an insider, and to what extent was I a stranger, an ethnologist, a migrant and an expat?

I discussed the notion of “sanctuary” as a place of safety. My native country was our sanctuary during the spring and summer of 2020. However, from October 2020 until the time of writing this paper, our sanctuary was in Sierra Leone – the country with a weak health system we first evacuated from. Sierra Leone became our sanctuary at a time when significant segments of our imagined communities in Europe were in a lockdown, while our lives in West Africa continued to flow normally. Sierra Leone could become our sanctuary, only because the air travel resumed and was likely to continue uninterrupted. This was the very condition, that made reunification of our family possible.

I reflected on the experience one year later – in hindsight. The situation has changed in surprising ways, making me question my previously held notions of safety and health, and compare epidemiological control measures deployed in the international context. I expanded on the transnational notion of “imagined community” and I suggested that globally mobile people who live a similar lifestyle of permanent transience exercise continuously multi-sited mental presence across diverse countries and systems. Constantly following multiple sets of news, maintaining in-depth awareness of circumstances of our social circles in three countries. I also interrogated the value and meaning of physical proximity in identity-making in the context of permanently transient communities.

Notes

1 The British government’s reaction was somewhat slower. The virus was first recorded in the UK in late January 2020 in York, and subsequently spread in February, with cases appearing throughout the country, including Brighton and Edinburgh. The number of confirmed cases jumped between March 1st and 12th from 36 to 590, that is more than 16 times. However, it is believed that there were high numbers of undetected cases due to low number of tests. On March 5th (2020) first coronavirus deaths were recorded in the UK. The British government

started issuing advice to their citizens to isolate in case they have continuous cough. More serious restrictions were introduced only in late March, with schools closing on March 20th (2020) and people being ordered to stay at home on March 23rd. On March 27th, Boris Johnson, the British Prime Minister, tested positive for the virus and subsequently needed hospitalization and treatment at the ICU in early April. The UK ended up having the highest number of deaths in Europe in early May 2020. The restrictions started easing off in June.

2 In the Czech Republic, initially, there seemed to be complete disbelief that people may catch the virus and people kept on going about their lives as usual, travelling abroad to the coronavirus hotspots of the time, such as skiing resorts in Italy. I wrote in my diary: “For years, the Central Europeans have been used to observing dramatic global events from a distance. Most have never been directly affected by them. SARS, tsunami, earthquakes, Ebola, famine in Yemen – all these were distant, abstract.” There was a palpable sentiment that epidemics do not happen to Czechs. However, on March 1st (2020), it was announced that three people in the Czech Republic tested positive for the virus. All three arrived from Italy – an American tourist, and two Czechs. One having been at a conference and one on skiing holidays. “It is only now, when they are also getting sick, they realise, it can happen to them”, I wrote in my diary. The state authorities moved quickly into action after that. On March 11th all educational institutions were closed. On March 12th 2020, the Czech government announced state of emergency. It lasted 66 days and included a variety of gradually changing measures, including ban of public events, closure of restaurants and non-essential shops, closure of state borders, and quarantine of particular villages. Since March 19th it was compulsory to wear facemasks in public. People adhered very well to the restrictions. There was a sense of “Let’s get over with this quickly”. The restrictions started easing off at the end of April and the state of emergency ended on May 17th. In other words, when the virus arrived, the Czech state and people took it very seriously. They felt they nipped it in the bud. And they held a big celebration on the iconic Charles Bridge at the end of June 2020 to mark “the end of coronavirus measures”.

3 I remember one of the long term IWC members tell me her story when the rebels came to Freetown in 1997. She had three young children, there was no electricity for three days and gun fire could be heard across the city. Eventually, the rebels wearing wigs and armed with AK47s entered their compound only to be bribed with alcohol and dollars to go away.

4 The UK issued advice to wear facemasks only in July 2020. It experienced a second wave and subsequent lockdown. On January 26th 2021, the number of COVID 19 deaths in the UK surpassed 100000 people. It started quickly rolling out COVID vaccines with some 10 million people already having received the first of their two doses. With another lockdown in February 2021, the number of hospitalizations has been steadily going down. The UK have gone from being one of the worst countries to one of the most successful.

5 The Czech situation especially has got out of hand.

Lulled by its own success during the first wave, the Czech government failed to listen to expert advice and prepare for the second and third waves. The death toll climbed from below 1000 in September to over 27000 dead in early April 2021. By mid-February 2021, the Czech Republic had the worst transmission and death rates per 100000 people in the world. The third wave has overwhelmed Czech hospitals. My best friend's father died of COVID 19. This is a result of series of missteps when the government did not follow its own guidelines and also some cultural traits, such as lack of respect for authorities (KOTTASOVÁ 2021, KUBÍK 2021a, KUBÍK 2021b). Some point at the lack of religious belief and willingness to work for the common good (HONZEJK 2021). Vaccinations are rolling out slowly. The Czech success trajectory has gone from one of the best to one of the worst in the world.

6 According to ELIZABETH HOREVITZ, the term migration is associated with impermanence – as migrants can possibly move among several places, and immigration is associated with permanence. People come and stay in a host community. Often the lines between these two categories are blurry.

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Stories of Solidarity and Polarization during the COVID-19 Pandemic

A Diary in Excerpt

JOP KOOPMAN

Abstract In this article I look back at the things written in my Curare Coronavirus Diary. I write in hindsight about the observations made by me about solidarity and polarization in Dutch society in times of COVID-19. The paper touches upon various examples of solidarity that emerged in Amsterdam at the start of the pandemic, how polarization rooted, and what groups are involved in the process of polarization. The paper was inspired and written using observations made of the media, protests and demonstrations, and the current Zeitgeist in Dutch society. Although others think that the current polarization will have a lasting effect on Dutch society, I argue that when the crisis is over there is room for reconciliation. The paper's argument states that it might not be easy to overcome certain, often deeply engrained, differences that have developed in the past year. But with a unifying factor such as the sense of citizenship and Dutch identity it is possible to overcome said differences.

Keywords solidarity – polarization – Netherlands – COVID-19 – diary

During the start of the COVID-19 pandemic and its arrival in The Netherlands I contributed to the Curare Corona Diaries on boasblogs.org. In that diary I wrote about my struggles with the virus itself, the restrictions imposed by the government, and how citizens of Amsterdam reacted to these restrictions. I am not incorporating theory as this article is based upon observations and is in general a diary in excerpt. The most striking development that I observed was that when it became clear that the novel virus was here to stay a lot of people voiced solidarity to others. That solidarity varied from the well-known applauding and cheering for our health-care system to the utilization of social media to create coronavirus support groups.

Therefore, I started a group on Facebook named the “coronavirus support network Hoofddorppleinbuurt” (Hoofddorppleinbuurt is the neighbourhood I live in). The group is as of today as large as 100 people, and we work together with health organisations throughout our neighbourhood to support the elderly and vulnerable, the sick and the isolated, and the poor and the homeless. In Amsterdam more groups such as mine have emerged. There is approximately one group per neighbourhood, all initiated by concerned citizens and volunteers. This rise of solidarity is not something new for anthropologists and scientists who study disasters and crises, however, it is new

for me to experience it on such a large scale. (16^b of March, 2020)

The quote above is from the aforementioned Curare Corona Diaries series, when calls for solidarity and following the restrictions imposed by the government were still *mainstream* and contested by the few. After one year into the pandemic, society has developed into one that is tired of the government-imposed restrictions and by which solidarity has waned among the Dutch citizens as polarization is on the rise. I have to be honest, I start to notice a hint of fatigue by myself with the entire situation we are in, too. As I am writing this in April 2021, calls are being made from various economic sectors in Dutch society to lift certain restrictions because they are going bankrupt (e.g. restaurants, bars, museums, nightlife, the event sector, to name a few). The education system has been moved to an endless Zoom call, wherein my colleagues do their best to provide the quality students deserve, but which fails at the point that teaching through online software does not provide the much-needed social interaction among students and staff.

In this diary in excerpt, I do not write about the abovementioned pressing concerns or the negative influences of the crisis we are in. Instead, I discuss the hints of solidarity and the rise in po-

larization in Dutch society during COVID-19 with a case-study in Amsterdam. This diary in excerpt starts with an exploration of solidarity during the start of COVID-19. Thereafter, I elaborate more on polarization instigated by conspiracy theorists and anti-science sentiments, against a larger group that follows the government-imposed restrictions.

Times of solidarity

This wave of solidarity gave me hope for humanity and for our capability of overcoming this crisis. People often think that when society is in disarray we tend to go back a step on the societal ladder and become savages again. However, the emergence of said groups proved to me that this was not the case. Instead of becoming 'savages', people tend to become more loving and supporting to one and another. (16th of March, 2020)

The beginning of the spread of COVID-19 in the Netherlands was met with fear but also with a hint of optimism. The general thought that "with a couple of months in lockdown and restrictions the worst would be over" was omnipresent in media outlets, conversations with friends and family, and my own private thoughts. Hence the reason that when the first set of restrictions were announced, the majority of citizens would adhere to the rules and stay inside. This was clearly noticeable, because traffic was absent, shopping centres were deserted, and non-vital jobs worked from home. Furthermore, when people went outside to do grocery shopping, social distancing was still something everyone did. Lines formed in front of crucial stores for medicine, grocery, and other much needed products. These sacrifices, which the majority of people felt they were making, were made under the impression, that the entire crisis would take a few months, and that by summer we would go back to 'normal'. In the beginning, solidarity among Dutch citizens was shown threefold.

Firstly, influenced by the spirit of optimism, a group of people that worked in the industries most affected by government-imposed restrictions started to initiate solidarity groups through social media. These volunteer groups were forums, where people in need could post a question for help, whereby a volunteer could respond and

help. This aid varied from grocery shopping for quarantined and/or vulnerable people to making connections in the neighbourhood between small businesses, social activists, and NGOs.

In a few weeks' time a multitude of groups across the city were initiated. The municipality and the government started to spread flyers to inform every citizen of the risks of COVID-19 and what to do, when you are infected. The national and local government initiated this flyer action, because not everyone in the Netherlands has access to the internet, where the information easily could be found. Through local health organizations the support groups in the neighbourhoods received these pamphlets to help them get spread. In my own case, my organization managed to spread approximately 10.000 flyers in just two days.

Secondly, creative ideas instigated by citizens sprouted across the city. People made music in front of elderly homes, book-trading hubs started, whenever someone had to celebrate their birthday something was happening in front of their doors (e.g. a car parade, loud music), and there tended to be texts on the ground, walls, and objects in the public space that were drawn with chalk calling for patience and the strength to overcome this crisis. These ideas and actions created a sense of togetherness and solidarity, as if it shouted: "We are in this together!"

Thirdly, in the first months of the start of the spread of COVID-19 in the Netherlands everyone kept their distance and followed the rules imposed by the government to halt the spread of the virus. This showed that people were not only afraid of the virus but also tried to protect their loved ones or vulnerable members in their community. Simultaneously, there was a rise in sales for software and games whereby people could meet each other online in order to keep the spirit alive. Social media actions such as *The Sound of Silence* instigated by the nightlife industry, #coronahelp and the *I support the healthcare industry* campaign called for solidarity but also attention towards other people's needs. A lot of people around me happily donated and supported these campaigns and actions.

Small signs of solidarity are everywhere. People have drawn texts of solidarity on the streets with chalk, there are signs all around the city with writ-

ten texts such as: ‘Keep on fighting children! We miss you here at our school’, ‘Stay Strong Amsterdam!’ or ‘people with a vital job can get free meals and flowers here!’. These small signs of solidarity are the signs that get me (and presumably others) through the day. (9th of April, 2020)

As time progressed after the summer of 2020, the pro-social behaviour of people in terms of complying to the rules waned. One of the reasons for this is the social and financial fatigue that a minority of the people was dealing with at that time. The idea that within a few months or even weeks we would be meeting each other again in a bar or restaurant, or even meet with larger groups outside was an illusion, we kept for ourselves to make drastic changes in our social lives.

Polarization in society

“Polarization affects families and groups of friends. It is a paralyzing situation. A civil war of opinion.” (Mick Jagger, 2001)

I came across an interview from the Spanish newspaper *El País* with Mick Jagger (VILLORO 2001). This interview was held in 2001 about polarization in society after the 9/11 attacks, after which a lot of American citizens felt a surge of patriotism and nationalism. Despite the attacks being of a totally different character than the pandemic and a quote of a pop idol is a strange fit for academic writing, the quote of Mr. Jagger is striking for what is happening in Dutch society nowadays. In this section I will touch upon the groups that support the COVID-19 restrictions and government, and the groups that protest the government-imposed restrictions.

Demonstrations and protests

The process of polarization concerning the lockdown and the virus in general started with a group of people, who proclaimed themselves to be critical. Some of the arguments made, I could understand, such as the question: why would the government choose to reopen restaurants and bars and not universities and schools? However, a lot of the arguments and statements they chanted during their protests were fueled by alternative facts

and conspiracy theories. The group started out small but grew larger to the extent that politicians and influential people started to join in the rallies, or as they would call them: drinking coffee at the square, since protesting in large groups is prohibited. I wrote the following excerpt from my diary on the 11th of April 2020:

Due to the conspiracy theories on the internet the media nowadays also covers people who set 5G transmission towers at fire. I agree with the notion that the radiation has not been tested enough to know its long-term effects, but the idea that 5G has caused Covid-19 is nonsensical. Other theories that are widely accepted in the Netherlands is the idea that Covid-19 is just a flu but a little bit tougher. These people are the ones that are calling upon the government to stop the measures and to continue with business as usual. (11th of April, 2020)

As soon as the first restrictions were imposed, there were critics, as seen in the quote above. At first, these calls were voiced by a very small minority of people who tended to believe that the simultaneous implementation of 5G, the involvement of Bill Gates, and the start of the coronavirus was not accidental. However, as the lockdowns and the restrictions lasted and got continued or stricter, the array of critical voices grew into a chorus of people that felt unheard and thus the opposition grew.

These protests were met with force from the mayor and the police. The police used a riot team on horses, water cannons, and formations to intimidate the protesters and to get them to move away from Museumplein that they were protesting upon (JOOP 2021). Ever since the first large protest (in September 2020) the anti-government protests return every Sunday. Chanting: “Give us back our freedom!” “We are The Netherlands, we are The Netherlands”. In their case, they believed that the government was taking away a lot of hard-fought liberties, as if it is a dictatorial regime that tries to control its citizens. This is one of the many things that the Dutch government gets accused of by this group.

The influence that these protests have on Dutch society – and especially in Amsterdam, since my observations are predominantly based there –, is high. Friends, family, and acquaintances, of whom I first thought that they would not get lost

in the maze of conspiracies and alternative news, are now among the ones protesting. Thus, the polarization is not only happening in the public sphere, but also in the private sphere. Of course, a few nuances have to be made. Not every person protesting is supporting these alternative stances and ideologies, and not every person, who believes in conspiracies and alternative facts, are ill-willed against others. However, the trend that these ideologies are gaining momentum, is worrying. It starts with alternative facts about COVID-19 and progresses further into supporting the anti-vax movement, believing in *#climategate*, and the so-called New World Order instigated by the World Economic Forum.

When the government started to tighten restrictions to halt the spread of the virus reactions from society were all but positive. Some called for even tighter restrictions, whilst others voiced calls for more freedom. The process of standing together in solidarity was replaced for a process of remorse. People tended to point fingers to each other, to make sense of why restrictions needed to be tightened. Moreover, citizens needed to hold someone responsible for the fact that they were restricted in doing activities such as visiting public places, services, and the catering industry. It is an easy choice to hold the government responsible for the decline in income and freedom. I suspect that it will not take long, before a clear dividing line will be drawn in the middle class. Because, why does the cultural, catering, and physical health sector, (people, who need to go into society *en physique*) need to pay the most? From a public health point-of-view, this is legitimized, but from a social and economic standpoint, it will be a great challenge to keep your head above water financially and mentally.

ALEXIS DE TOCQUEVILLE wrote about the middle class as early as 1856 (ELSTER 2011). He wrote that if the middle class was ensured financial and social stability there would be social order and peace. A part of the middle class is under threat nowadays, since they cannot work due to their jobs in the abovementioned sectors. Therefore, a rift between the two parts of the middle class is developing. On the one hand, there is the part that can work from home, and on the other hand, there is the part that has to work in society. Their means of existence are under threat, in a sense,

that they might end up with debts or even have to move away, when the government support stops. I observed that the groups protesting from the beginning, are growing, because the latter finds connection and understanding with these people, and thus are calling for less restrictions.

Another characteristic that I observed was that the protestors against the COVID-19 restrictions often try to convey their message as a message stemming from love and peace. I wrote about the emerging spirituality with my friends and people that I am connected to on social media were experiencing. As if the restrictions caused people to go inward instead of outward. An excerpt from my diary:

It seems like people in my friend lists are becoming more spiritual during this lockdown. I see a lot of invites for livestreams of yoga sessions, mantra chanting, and live tarot readings. This is a development I had not seen before the crisis, of course I knew that a lot of people were exploring spirituality, but I had no idea it was on this scale. (2nd of April, 2020)

Although getting more spiritual does not seem to be a bad thing in times of a global pandemic and self-reflection should always be encouraged. It can take a turn towards polarization. In my opinion, neo-spirituality is about connection and understanding of others' needs, opinions, and values. However, I observed that during protests more and more people were trying to convey messages of love and freedom, whilst protesting together with alt-right figures during anti-government demonstrations. This phenomenon has been observed in other countries and cities as well. The move towards spirituality during these protests are going hand-in-hand with calls to not vaccinate with the COVID-19 vaccine or vaccinate at all. This group of people is perfectly vulnerable to anti-vax propaganda, which embraces the idea of the new-age spirituality. In this new-age trend, people want to live as close to nature as they can be, and thus often reject taking vaccines.

Another tendency that is currently being observed at the protests is that the protests are often hijacked by hooligans and alt-right groups. They bring nationalist flags, often have the tendency to riot, and show symbols and gestures of Nazism, often putting their right hand in the air.

Various media outlets reported on this with photos and stories to back my observations up (AT5 2021; JOOP 2021). The arrival of these groups in these demonstrations gives rise to concern that the other groups are radicalizing along with them. As if their sympathies are accepted for the shared common goal.

Mass protests make people with diverse ideologies and causes unite for a common cause. I would not say that the protests in the Netherlands are massive compared to the farmers protests in India, but this process is already observable on a smaller scale. We have had unrest before the pandemic in terms of farmer protests against the regulations concerning nitrogen. I have observed that during the current protests a combination of farmers that were already unhappy with the government, new-age types of people, alt-right groups, and the regular concerned middle-class person unite.

On the other side of the spectrum there is a group of people, luckily a larger one than the aforementioned, that follows the rules and restrictions of the government. Albeit that there is a rising fatigue developing in this groups' sentiments, but they still comply to the rules. Due to this fatigue, I observed that people in general do not necessarily do social distancing or stay at home most of the time. There is a heightening of feeling remorse and resentment among this group to the people, who do not comply and protest. A general thought from this group, which is displayed in the comment section under news articles and social media, is that the people, who do not comply, cause a longer duration of the pandemic. They are convinced that it is due to not following the restrictions and rules that more infected cases as noted every day.

Although the people in the opposition are highly influenced by the mantra: do your own research. That research entails watching YouTube videos made by scientists that had no understanding of the matter nor the position and field, to say something meaningful about the situation. There are countless cases wherein people pretend to be a scientist, but with a few Google searches you will find that these people have no publications or even do not exist. The question is, however, why do these people, who view themselves as critical, watch these videos? My guess is that due to the

Dutch government's ambivalence in their media-outlet and provision of news people resorted to other sources of information. Besides that, they resorted to these types of information, the videos and alternative news outlets often give news and information that a person wants to hear and thus affirms the idea that the government is 'tricking us all in their search for power'.

Restriction supportive groups

To cause a polarizing rift in society, a multitude of groups or agents need to be actively contributing to that rift. Whilst the group opposing the government-imposed restrictions to halt the spread of COVID-19 is more voiced and present in the media, albeit in a negative way, the group that is opposing that movement is also present in society. Terms such as *coronawappie*, *Viruswaanzin*, and *complotgekkie* (roughly translated to coronaweir-do, Virusmadness, and conspiracymadmen) to describe the members of the group described above are not uncommon on social media outlets and at counter-demonstrations.

The aforementioned name-calling by the restriction supportive groups, which is until today the largest in the Netherlands, makes the other group feel unheard and misunderstood. Which causes alienation and hardship between the two. The restrictions, as this group of people thinks, are tools to protect the healthcare system of exploding, which might cause a longer duration of the pandemic, more non-covid related deaths due to rescheduling and postponing of non-necessary care and surgery appointments. Although these are all perfectly good reasons to support the restrictions, the question rises, if it is still relative with the costs and benefits in terms of financial loss, rising mental health problems, and growing discontent in society.

The anti-anti-covid and lax-with-restrictions sentiment has been on an all-time high lately due to the good weather. The parks and public spaces in Amsterdam and other large cities have been full to the extent that they needed to be closed. Thousands of people tried to get a spot to enjoy the good weather – causing the public space to be overloaded. As a reaction to this, the police closed the parks and the people that support the restrictions, were overly present on social media, call-

ing the ones that attended the public space, to be antisocial.

It has been a blessing in disguise that I have been sick lately, which had been the reason, why I got the opportunity, to submit this paper one week later. In the previous week, a lot has happened regarding this topic in the Netherlands. Our annual holiday, where we celebrate the King's birthday, is coming up next week. A famous and well-known radio channel was planning to host a festival in the context of Fieldlab (Fieldlab is an organization, which tests, if events, among others, are possible during the current pandemic). This festival was supposed to host a place for 10.000 people. The announcement of the festival and the rapid selling of the tickets created a wave of outrage in the Netherlands. A petition was started by a group of doctors and healthcare officials, which was signed, in a few days, by hundreds of thousands of people – showing that a majority of people were against such a large gathering of people amidst a pandemic, even if it was a test and research opportunity to see, what such events might mean for the spread of the virus.

Another development that has taken place during the previous week is that the Dutch government is loosening restrictions in terms of lifting the curfew, opening non-essential shops, and allowing bars and restaurants to open their terraces. Whilst I personally am happy with this development, since it gives space to breathe and recharge, there is a group that is calling for tighter restrictions, since the numbers of daily infections and hospital admissions are rising – whilst the group that I previously discussed is arguing that the restrictions should loosened up more. In conclusion, the two are radically opposed to each other.

Dutch Nostalgia and Identity

During one week in March 2021, it seemed that the divide in society concerning the government, the COVID-19 regulations, and the pandemic in general was resolved, for a brief moment. In March, it started to snow and the canals were frozen. The Dutch are famed for their ice-skating and when the temperature drops below zero, the question, if we can start skating, begins to itch. During that snow-stricken week in March, I observed street parties (with social distancing) of people dancing

in the snow, people that got together and ice-skated tours, and groups that organized walks through nature that was transformed by the snowy scenery. That week was much needed to recharge a bit, after a long dreadful winter in lockdown and rising polarization.

The arrival of wintery weather causes a trip through memory lane in most Dutch minds. As I recall myself, every time it snows a little bit, it starts with a hopeful shout from someone, who was distracted by what happened outside: It is snowing! Which would cause everyone in that same room to look outside with wonder and amazement, thinking about the fun times, they experienced during the winter season in days past.

The snow and ice seemed to have caused a temporary unification of the groups described above. During this time, it appeared as if COVID-19 disappeared from our news and media outlets, and the myth of a possible *Elfstedentocht* (a very famous once-in-a-few-decades ice-skating tour that is attended by thousands) suddenly became a distant reality. If something has the power to unify the Dutch besides their love for the national football team, it would be ice and the rush of nostalgia, it brings with it. Although the *Elfstedentocht* did not happen due to the lack of frost, it did unify society for a brief moment. To be fair, I think that if this week had not happened, the existing polarization in Dutch society would have been worse by now.

In that sense, the nostalgia felt by the majority of people in the Netherlands helped individuals to overcome their, in the meantime deeply developed, differences regarding the Dutch COVID-19 policy and restrictions. I like to think about this event as a basis of hope for the future. I have heard a lot of individuals in my social circles and beyond saying that these feelings of distrust in the government, the polarization in society, and anger and resentment to each other will have a lasting effect on society. However, if something as simple as a little snow and ice can temporarily resolve such feelings, the future looks to be a much brighter one. Of course, there is a lot of work to do and resolving our differences might be a harder task than I ascribe it to be, but I think and firmly believe that with enough effort we can move towards a unification of our polarized society. Although, I might not be the best messenger of this message of hope. I regard myself as an inbetweenner in the

debate surrounding COVID-19, I am not wholly supportive of the government-imposed policies and restrictions, but the radicalized opposition is something, I do not agree with as well. This position might suit me to observe both sides, but it also restricts me in feeling and experiencing the sentiments, the two feel and believe in. Therefore, when speaking about reconciliation, my guesses are based upon my observations and not about, the probably, deep emotions both sides are influenced by.

Conclusion

In February 2020, the first infections were documented in the Netherlands. Starting from there, the Dutch society transformed rapidly from a carefree nation in February to a restricted society in March. When the first lockdown was imposed, a large number of support networks was instigated by concerned locals in Amsterdam. These support networks tried to create a basis of volunteers, who could help out the vulnerable, elderly, and the quarantined. Besides these coronavirus support networks, citizens initiated projects, where healthcare personnel could get a free dinner, students watched children, and other means of solidarity and support were installed.

During the summer of 2020, the solidarity networks and initiatives waned. There was less and less understanding from society for the government-imposed restrictions and a rise in demonstrations and protests was observed. Whilst during previous demonstrations and protests mostly marginalized groups were attending, a growing group of members from the middle class started attending. The group of members from the middle

class consists of freelancers, business owners, and people, who have a physical job (e.g. hairdressers, masseuses).

As polarization works in a two-way manner, the other group that is contributing to the heightening polarization in Dutch society, is the group that is too supportive of government restrictions. This group, although support for restrictions is not bad and saves lives, voices their opinions harsh and vocal. Which in turn insults and alienates the aforementioned group of self-proclaimed critics and thus worsens the polarization issue that is currently present in society.

During one week in March 2021 the weather changed to a situation that is perfect for natural ice to grow. A real ice-skating fever started among the Dutch and people were dancing in the snow. This week proved to me that reconciliation is possible, although it might take some time to wholly understand each other again. This process of reconciliation will take effort from multiple sources, but I firmly believe that there is a way out.

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Exploring Regimes of “Truth” during COVID-19

JULIA LEMONDE

Abstract In March 2020 the Australian government announced that two cases of community transmission of a novel coronavirus had been detected in the country. In response, the government implemented movement and containment measures which were publicly justified by the warning that the infectious disease COVID-19 was a serious health threat. In the month of March 2020 the Australian way of life was drastically and swiftly transformed as a result of the government’s actions. The lived experience of events can be unpacked through diarised entries and media analysis using the perspective of Foucauldian governmentality concepts and social constructionist theory. This illustrates the ways in which the population was incrementally managed and directed with the goal of keeping cases of COVID-19 to a minimum until a vaccine was deployed to keep the population safe from the virus threat. The justifications used by the government to implement controls are questionable because at the time COVID-19 presented as a mild illness in approximately 80% of cases and was found to predominantly adversely affect the elderly, the majority of whom were in aged care facilities. This article offers a critical analysis of the government directives, and justifications used to coerce the population to comply with measures taken to control them.

Keywords COVID-19 – critical discourse analysis (CDA) – governmentality – social constructionism

Introduction

On 2nd March 2020, the Australian Government announced that two cases of community transmission of a novel coronavirus which caused the disease known as COVID-19, had been detected on its shores. The public was informed that this virus was highly infectious and would require extreme measures to contain its spread. By 11th March, the World Health Organisation had assessed that COVID-19 could be called a pandemic (WORLD HEALTH ORGANIZATION n.d.). During this month I diarised my experiences in relation to the frequent and novel government directives, which were to follow this announcement. Although the COVID-19 cases occurred in Sydney in the state of New South Wales (NSW), some 1000km from Queensland where I resided with my family, its impact was to resonate throughout the entire nation. I had to grapple with my own human experience of the encroaching government directives that were to systematically remove many of our previously taken-for-granted freedoms. Diarising the experience enabled me to distance myself somewhat from the emotional repercussions and

examine the events through an anthropologically based lens. These experiences were then published as a contribution to the Curare Corona Diaries initiative in 2020 on *boasblogs.org*, which has been running since 2016.

Drawing on orientations from social constructionism, including Foucauldian concepts on governmentality, and perspectives guiding critical discourse analysis (CDA), I tentatively incorporated new insights into my diary. Social constructionism is a multi-disciplinary epistemology that critically challenges conventional knowledge and our taken-for-granted ways of understanding the world (BURR 2015). FOUCAULT’s (1980: 131) governmentality concepts posit that there is no universal objective truth, but rather culture and society, including power dynamics construct what we know as reality, and various strategies produce knowledges and truths – the “regime of truth” in each society. FOUCAULT (1991: 95ff.) highlighted the “multiform tactics” that form part of the “art of government”, which influence citizens to behave in certain ways. To tie these theoretical per-

spectives together, I utilised the CDA approach to explore the language used in written and verbal discourse in relation to publicly available information about COVID-19. CDA is concerned with critically examining the role of language in the social constructions of reality and the ways in which “social-power abuse and inequality are enacted, reproduced, legitimated, and resisted by text and talk in the social and political context” (VAN DIJK 2015: 466). These perspectives influenced my interpretations of the newly introduced pandemic as events unfolded in my neighbourhood and across the country. The following “diary excerpt plus” contribution expands on my original March 2020 diary to provide a deeper analysis of the concepts that were guiding my earlier interpretations. I have included a brief synopsis of what was emerging in my original diary entries which prefaces this discussion.

A Brief Synopsis of my Curare Corona Diary 2020

During the first week of March 2020, I noted my surprise at the fear of contagion that had permeated my social environment following the Australian government’s COVID-19 announcement. As I observed the nervous responses of individuals at a local public speaking group called *Toastmasters*, which I attended regularly, I became curious as to the power effects of statements emanating from mainstream media. As signage detailing COVID-19 hygiene directives appeared in all prominent public spaces and public hand sanitising rituals spread throughout the community, I experienced firsthand the sense of fear that was gripping those around me as people responded to these messages.

News updates predominantly consisted of health warnings about the risk of spreading COVID-19, interspersed with reports of panic buying in grocery stores, followed by reports of mass food shortages. By the second week, the government had floated the idea that shutting down schools might help “stop the spread” as concerts, festivals and sporting events were all soon cancelled. Throughout the panic I remained deeply aware of the absence of disease within my community as government measures intensified to “protect” citizens from the “deadly virus” and millions of cash

payments were made to Australians in “a desperate bid to save the economy” (LEMONDE 2020). My diary entry reads “What is obvious is that fear is spreading throughout my community like a contagious virus” (*ibid.*).

By the third week, the government had announced that quarantine measures needed to be enforced to “contain the spread” and indoor gatherings were limited to 100 people. Overseas travel plans across the country were disrupted and all Australians were urged to come home immediately as the government prepared to quarantine the country. Further restrictions on human movement were then introduced with only one person allowed in a public space per four square metres. By this time conspiracy theories began to surface as I chatted to concerned locals about the government directives. By 23rd March all pubs, clubs, cafes, gyms, indoor sports centres, casinos, cinemas and places of worship were closed, and a sense of hysteria pervaded the places I visited to get supplies. My diary records the sense of unease as all public places were drawn up with markers indicating where customers could sit, stand, or eat. I became aware of the pathologisation of healthy people and began to isolate myself from the public frenzy concerning the virus. I took a picture of my daughter in a shop queue showing the lines demarcating the spaces and called it “social distancing programming” (*ibid.*).

Toward the end of March, I was experiencing regular conflicting thoughts of anger toward and fear of what the government might have in mind next. My children were forced to home-school and only two people could now be seen together in public places. I began to research alternative news stories on social media to explore unconventional viewpoints about the COVID-19 crisis both in my country and abroad. At the end of this long month, my diary entry concludes, “I do believe that this ‘global pandemic’ has less to do with health and risk and more to do with politics, control, economics and power” (*ibid.*). These sentiments remain with me today.

COVID-19 March 2021

It has been one year since my diary of lived experience in March 2020, as I contemplate what insights I might generate in another year of liv-

ing with the omnipresent COVID-19 government restrictions. At the time of this current “diary excerpt plus” formulation the Queensland government, where I still reside, has declared that the state of emergency in relation to COVID-19, gazetted on 4 January 2021, will be extended until 29 June 2021 (QUEENSLAND GOVERNMENT 2021). Current government directives in place until 15 April 2021 have included: mandated mask wearing indoors for all people over twelve years old (unless they have a lawful reason not to); gatherings limited to 30 people in homes; restrictions in force on visits to aged care facilities, disability accommodation services, hospitals and correctional facilities across the state; prohibitions in place restricting standing inside food venues, and standing and dancing allowed in outside venues only (EDWARDS 2021). I suspect that the space of one year may be insufficient to fully comprehend what has occurred, but I aim to offer an incremental contribution toward the important tradition of critical social science. On reflection, it has been easier to examine the distant past in terms of conceptual theories than to find myself ensconced in “history making” as it occurs, and apply a conceptual lens to the lived experience.

This paper expands on my original diary insights following my experiences and highlights three phases, and offers an in-depth discussion of these perspectives. Phase 1 explores the power of discourse and examines the utility of statistics and epidemics as a tool of governance. Phase 2 explores the concept of the making of “docile bodies” (FOUCAULT 1977) to examine how coercions then acted on the social body at the time. The final phase briefly discusses the government’s introduction of a preventative biomedical solution and I conclude with a general summary of my perspectives. This new contribution aligns closely with social constructionist perspectives which question the way “truth” is constructed and how this is used as a basis for action. As DEBORAH LUPTON (2012: 20) states “What is asserted to be ‘truth’ should be considered the product of power relations, and as such is never neutral but always acting in the interests of someone.” Moreover, my analysis acknowledges that this approach “does not necessarily call into question the reality of disease or illness states or bodily experiences” (*ibid.*). What is happening appears to resonate with what IVAN IL-

LICH (1976: 43) warned about: where “social control by the medical system turns into a principal economic activity” and awareness of this, were it communicated politically “would shake the foundations of medical power much more profoundly than any catalogue of medicine’s technical faults.”

Phase 1: The Discursive Regime Mobilises: COVID-19 as “Threat”

Diary Entries:

Monday 2 March 2020: ‘Truth’ is to be understood as a system of ordered procedures for the production, regulation, distribution, circulation and operation of statements. (FOUCAULT in GORDON 1980: 133. *Power/knowledge*. New York: Pantheon)

Thursday 05 March 2020: This book argues that panic is out of place. Thoughtful public discussion of the iatrogenic pandemic beginning with an insistence upon demystification of all medical matters, will not be dangerous to the commonweal. Indeed, what is dangerous is a passive public that has come to rely on superficial medical housecleanings. (ILLICH 1976: xii. *Medical Nemesis*. New York: Pantheon)

The above quotes framed my emerging conceptualisations around the construction of *truth* around COVID-19 as conveyed and produced in statements. As the nation remained glued to radio and television sets that first week, I recorded my surprise at the fear of contagion that had so quickly permeated my social groups following the government’s COVID-19 announcement. I stood witness to the power effects of mainstream media and the production of “truth” as highlighted by FOUCAULT (1980) in his analysis of power. I was also keenly aware of the absence of “thoughtful public discussion” (ILLICH 1976: xii) about the risks of serious illness to COVID-19. For example, there was an absence of public dialogue about the risk factors that might make someone more susceptible to the disease. Also, the opinions of health experts trained in epidemiology were nonexistent in the public statements being issued by health and state ministers. If the ministerial statements being circulated were broadcasting that there was a high risk of spreading a dangerous and deadly virus throughout the community this

then was the new *truth* in a previously *coronavirus free* environment. As LUPTON (2013: 113f) states

[An] important insight offered by Foucauldian perspectives on risk is the ways in which the discourses, strategies, practices and institutions around a phenomenon such as risk serve to bring it into being, to construct it as a phenomenon.”

Presenting the virus as high risk allowed the government to usher in precautionary measures such as social distancing and other containment strategies to control the spread and keep people safe. By the end of the week, I was beginning to wonder who was actually dying from the virus although by then I had begun to understand and experience the full power of discourse.

An analysis of the discursive strategies used by the government and the mainstream media from the initial announcement highlights the manner in which the play of statements set the agenda around COVID-19. The virus was depicted as an invader and a serious threat to the community. I began to be curious about the dominant narrative and the way in which language was used to influence the collective consciousness. CDA is a useful analytical and critical approach because of its capacity to highlight “opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language” (WODAK 2001: 2). What follows is a deeper analysis of the language techniques, which contributed to the construction of *truth* around COVID-19, to reveal the way in which *risk* and *threat* were conveyed to the public as matters of serious concern.

Conflicting Discourse

The announcement of two cases of community transmission of COVID-19 on Australian shores was framed in an apocalyptic narrative warning of rising *infection rates*, and from the outset, ministers were hinting at *radical laws* that may need to be enforced to contain the rapid spread of the virus (LEMONDE 2020). Immediately the South Australian health Minister announced proposed amendments “to verbally order the detention of a person if they are considered to be at risk of spreading a disease such as coronavirus” (TAYLOR 2020). Government officials and mainstream

media broadcast persistent and regular forewarnings that an *outbreak* was imminent alongside dire predictions from officials that “as cases multiply, the worst is yet to come” (LEMONDE 2020). A closer inspection of health experts’ responses at the same time as ministerial media statements were being broadcast, exposes a striking discord between their opinions and the catastrophic political narrative.

Some of the health experts’ opinions revealed a tentative approach toward the new virus. An infectious diseases expert had predicted that there would be a rise in the rate of infections but that he was “not surprised or alarmed” and another stated, “this is less infectious than I would have expected” (TAYLOR 2020). Contrary to the notion of extreme contagion and the need for containment measures, an infectious diseases physician and microbiologist from Canberra Hospital stated that although person-to-person transmission would be assumed given the nature of the virus or any illness, in the case of coronavirus, transmission was low and appeared to be less virulent than expected (COCKBURN 2020). He suggested that “about 2 per cent of people that have had close contact [with an infected individual] may acquire this virus” (*ibid.*). His opinion was that there would likely be more cases, but he stated: “It’s probably less than the transmission rate from an infection like influenza” (TAYLOR 2020). In March 2020, these experts’ narratives were overshadowed by the recurrent and persistent risk narratives emanating from prominent ministers across the country. This highlights FOUCAULT’S (1980: 131f) assertion that governments are invested in “a political economy of truth” in which truth is “subject to constant economic and political incitement” and is “produced and transmitted under the control, dominant if not exclusive, of a few great political and economic apparatuses.”

The mainstream media, acting as a conduit for the government’s statements aligned with the government narratives of fear and risk, frequently repeating the government’s use of the word *crisis* (DALZELL 2020; MOODIE 2020). In my analysis I highlighted the headlines from a national television show in my original diary entries. The media had focused attention on violence in shopping centres and of “panic buying” as more people responded by rushing to shopping centres and

stocking up on supplies (LEMONDE 2020). Eventually state ministers called for the population to calm down, as the country was thrown into food shortages and rationing, reminiscent of a long forgotten post-war era. Reports announcing lack and shortage which were attributed to structural conditions beyond the scope of everyday Australians also featured in the media discourse. For example, doctors were reported to be “running low on masks” (*ibid.*) and later Australia was reported as being in short supply of COVID-19 testing kits (*ibid.*). On reflection it would seem that the government, with the full support of all mainstream media outlets was convincing its citizens to be prepared for a disaster of epic proportions, something which would justify strict precautionary measures.

The Utility of Military Metaphors

An examination of language reveals a proliferation of military metaphors in the mainstream narrative around COVID-19. Doctors and nurses were rebranded as *frontline workers*, evoking warlike connotations as the population was warned that imminent enforcement measures would be needed to hold back a virus *attack*. On 2nd March 2020 emergency staff in Queensland were “bracing to treat three times the usual amount of patients” and stockpiling millions of dollars of “protective gear” (LYNCH & DENNIEN 2020). Queensland’s Chief Health Officer warned that “the spread of coronavirus in Queensland was not a matter of if but when” stating that Queensland health staff would “take part in drills” and affirmed “the best weapon the community could deploy against the virus was hand-washing” (*ibid.*). In the state of Western Australia, a newspaper article reported on a resident’s *call to arms* for the public to volunteer assistance in the crisis with the headline: “Coronavirus crisis sees a volunteer army of thousands offer help to healthcare workers and the elderly” (MOODY 2020). ISAACS and PRIESZ (2020: 6f) suggest that military metaphors are commonly used in the discourse on infectious diseases because of their utility in influencing the population and the fact that they “capture attention and motivate action” and encourage an “‘all-in-this-together’ mentality, unifying the public behind their health heroes.”

Western medicine is thought to have relied on military metaphors from at least the 17th century, although the dominant metaphors in English medicine at that time focused on the notion of “balance” and humours (NIE *et al.* 2016). However as the attention shifted from the individual to the disease as objects of interest, “diseases gradually became targetable ‘entities’ and medical attention shifted away from patients as the objects of interest” (*ibid.* 4). The notion of disease as *threat* entered the public consciousness in the 1880s when bacteria were identified as agents of disease and military metaphors reflected notions of bacteria that were said to *invade* or *infiltrate* (SONTAG 1978: 66). Since the 20th century a series of *wars* have been declared on various diseases (NIE *et al.* 2016). As BASHFORD (2014: 4) suggests, because of the philosophy that conceptualises the population as one body, *the social body*, this has resulted in “a cross-over of biomedical and politico-military languages of defence, immunity, resistance and invasion, of the body, the community and the nation.” In March 2020 as the public responded with mass sanitation rituals which involved queuing at sanitising stations at the entrances to all public buildings, unbeknown to most, the government directives were about to escalate in the *war* against the encroaching virus.

The Utility of Statistics

LUPTON (2013) has highlighted how the concept of risk is an important governmental strategy by which *truths* on risk are produced which then become the basis for action. FOUCAULT (1991) underscored the way in which *biopower* operates on the body through disciplinary techniques involved in managing bodies as objects of governance through the concept of population. In all mainstream channels, such as newspaper, television and radio, the *threat* of COVID-19 was often supported by regular broadcasts of statistical announcements of deaths, infections, or cases of COVID-19. A closer examination of the *data* however reveals the socially constructed nature of the reports. For example, on 15 March 2020 a headline read: “Sunshine Coast woman, 77, becomes Australia’s fourth coronavirus death” (MOORE 2020). The article reveals however that the woman “had high blood pressure and a linked medical

condition” and was actually reported as the fourth Australian to die of a “coronavirus-related death”, not a coronavirus death as mentioned in the attention-grabbing headline (*ibid.*). Similarly, a 90-year-old woman who died in NSW was reported as the fifth “COVID-19-linked” death (*ibid.*). These headlines carried significant impact because of their connection with COVID-19.

FOUCAULT (1980: 81) highlighted how in the history of knowledge creation, certain knowledges become “buried and disguised in a functional coherence or formal systemisation”, something he termed “subjugated knowledges”. Although the death of anyone is a serious affair affecting multiple familial and social relationships, the framing of COVID-19 as *risk* and *threat* meant that other knowledges concerning the deaths became obscured. In the case of COVID-19, being unwell, having pre-existing health issues or being elderly were *subjugated* factors because they had no utility in the COVID-19 reporting. The deaths were interpreted in the context of COVID-19 although they were only “COVID-19 related” and “COVID-19-linked” (*ibid.*). In response to the death of the Queensland woman, a statement issued by the minister for Health and Ambulance Services confirms the framing of the death: “It’s a stark reminder of how serious coronavirus is” (*ibid.*). The utility of interpreting this death in terms of a highly contagious disease corresponded with the government’s mainstream narrative of COVID-19 as *threat*.

The social amplification of risk is a theory developed by KASPERSON and KASPERSON (1996: 98) which highlights how risk information can be amplified such that “[T]he consequences of risk and risk events, then, often go well beyond the direct physical harm to human beings.” They note that the channels of communication are significant in risk amplification, highlighting that “the mass media cover risks selectively, according to those that are rare and dramatic—that is, that have ‘story value’—disproportionate coverage while downplaying or attenuating, more commonplace but often more serious risks, such as smoking or aspects of lifestyle” (*ibid.*). Risk analysis recognises that risk is not only biophysical (concerning threat of harm) but also involves social worlds. The notion of risk can be amplified or de-amplified - it “can be ‘tweaked’ by decreasing or increasing the

strength of the ‘signal’, as well as by filtering the signal, emphasizing certain aspects (i.e., framing it)” (ARNOLDI 2009: 117).

Conversely, an examination of written documents, which were not front-page headlines, reveals the disparity between the hyped-up media reporting and public statements made by officials, and official government documents. The account of the threat of COVID-19 is absent in statements filed by government bureaucratic institutions where the statistics indicate a more subdued account of the disease. For example, on 22 March 2020 a statement issued by the Australian Health Protections Principal Committee on COVID-19 reported “We have had only 7 deaths, all in people aged 75 or over and so far, less than 20 people have needed ICU treatment” (AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH 2020). Currently the communicable Diseases Network of Australia in its *National Guidelines for Public Health Units* advises that “COVID-19 presents as a mild illness for approximately 80% of cases, with fever and cough being the most commonly reported symptoms” (COMMUNICABLE DISEASES NETWORK AUSTRALIA 2021: 8). These written texts buried in government websites were overshadowed by the amplification of COVID-19 as *threat* in daily media and ministerial statements.

Placing COVID-19 in the context of similar diseases such as influenza reveals the role of risk amplification in the media and political narratives. In 2017, for example, there were 1,255 deaths to influenza, with the government advising that “[P]ersons with existing health problems, weakened immune systems and older adults are at higher risk of influenza” (AUSTRALIAN BUREAU OF STATISTICS 2017). In 2018, influenza and pneumonia were the twelfth leading causes of death with 3102 deaths, and in 2019 the ninth leading cause of death at 4,124, with deaths most predominantly occurring in those over eighty and those with comorbid conditions (AUSTRALIAN BUREAU OF STATISTICS 2017, 2018; COMMUNICABLE DISEASE NETWORK AUSTRALIA 2021). As previously mentioned, the number of deaths *attributed* to COVID-19 in Australia was 7 on 22 March 2020. All COVID-19 attributed deaths between March 2020 and March 2021 were 909 deaths (AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH 2021). A closer inspection of the statistics reveals that of

all the COVID-19 deaths, 685 of these (over 75%) occurred in aged care facilities which the government have defined as high-risk settings, and eight occurred in home aged care. Based on these statistics it would appear that the most likely predictor of death to this virus would be the propensity to be elderly and living in an aged care facility, or have underlying health issues; risk factors which are in line with other respiratory diseases that affect elderly people every day. Why then is there such a disparity between the printed government documents and the mainstream narrative? KASPERSON and KASPERSON highlight those public perceptions of risk are influenced by “the extent of media coverage; the volume of information provided; the ways in which the risk is framed; interpretations of messages concerning the risk; and the symbols, metaphors and discourse enlisted in depicting and characterising the risk.” The social construction of *risk* can be explored further in an examination of the connotative function and political utility of words.

The Utility of Epidemic

FOUCAULT (1975) highlighted that in the eighteenth century, in the quest to govern individuals at a population level, complex methods of surveillance and institutionalised structures were created to manage epidemics. He also stated that

[T]he biological traits of a population become relevant factors for economic management, and it becomes necessary to organise around them an apparatus which will ensure not only their subjection but the constant increase of their utility (*ibid.* 1980: 172).

FOUCAULT (1991: 100) identified the emergence of a new form of government where the population becomes the object of government either through the initiation of large-scale campaigns, or strategies that might influence behaviour “without the full awareness of the people.” I utilised this framework to understand and explore the ways in which the Australian government were managing the population in relation to COVID-19 and became interested in the historical significance of epidemics.

An analysis of the history of epidemics in Australia reveals a strikingly similar motif in terms

of the government’s response to specific diseases such as smallpox in pre-1800 colonial Australia and the current COVID-19 strategy. For example, historians have noted that other equally dangerous life-threatening diseases were prevalent at the time such as typhus, scurvy, and dysentery but they were perceived as “natural” and therefore inevitable (CUMPSTON 1989). Because of the *psycho-social* impact of a disease appearing from outside of the accepted disease mortality reasons and couched in the perception of *epidemic* the response to a new disease has been identified by historians as out of proportion to epidemiological facts which showed that typhus, scurvy, and dysentery were major causes of death at the time (CURSON 1985: 2). More recently, statistical analysis of influenza cases reveals the disparity between the high numbers of influenza cases in relation to the smaller number of COVID-19 cases. A new virus of relatively unknown virulence coming from another country plays a significant role in driving the perceptions of the general public and raising fears of new pathogenic agents and threats of disease, typical of the *psycho-social* impact an unfamiliar disease can bring with it. Further, investigating smallpox epidemics in nineteenth century Australia, BASHFORD (2014: 43) suggests: “[E]pidemic is always in some senses a bureaucratic and political effect” in the sense that it is possible for a government “*not* to declare ‘epidemic.’” In this context what constitutes an epidemic is created and decided by government and epidemiological statistics are used as a technology of power. I would argue here that this might be precisely why biopolitics relies so heavily on the military metaphor to inculcate the public consciousness. As LAKOFF and JOHNSON (1980) argue, metaphors are all pervasive in our conceptual systems however it is not something we are overtly aware of.

Phase II: Governmentality Discipline Mobilised: The Making of *Docile Bodies*

Diary Entries:

“The very way we interact with each other must change, and it must change today.” Queensland Premier Anastacia Palaszczuk, 18 March 2020

Thursday 19 March 2020: “We need to see how these mechanisms of power, at a given moment, in a precise conjecture and by means of a certain number of transformations, have begun to become economically advantageous and politically useful.” (FOUCAULT in GORDON 1980: 101. *Power/knowledge*. New York: Pantheon)

Friday 20 March 2020: “Let us not, therefore, ask why certain people want to dominate, what they seek, what is their overall strategy. Let us ask, instead, how things work at the level of on-going subjugation, at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviours etc.” (FOUCAULT in GORDON 1980: 97. *Power/knowledge*. New York: Pantheon)

Disciplinary Techniques

Foucault identified the relationship between power and knowledge and the ways in which this could be directed to control the population “without the full awareness of the people” to carry out specific behaviours and activities (FOUCAULT 1991: 100). Throughout the month of March, the human body began to be disciplined through discourse, and directives, via a continuous pronouncement of new *social distancing* measures in response to newly identified *cases* and *outbreaks*. From the onset, the NSW Health Minister described the first community transmission, as “particularly concerning”, and recommendations were issued instructing all Australians to immediately cease handshaking and other directives such as: “I’m not going to say don’t kiss, but you could be exercising a degree of care and caution with who you kiss” (COCKBURN 2020). Queensland’s Chief Health Officer advised:

You can protect yourself by washing your hands often and properly and staying home when you’re sick. We also ask that people avoid touching others if it’s not necessary, including shaking hands, hugging or kissing (WELBURN 2020).

On 2nd March, the political arm of the health department in the state of South Australia began proposing new legislations to detain and quarantine persons considered *at risk* of spreading the coronavirus, enabling it to be easier to call in police and security firms or court orders to enforce quarantine and detainment (TAYLOR 2020). I high-

lighted Foucault’s quotes because they helped me to begin to explore how things might be working “at the level of on-going subjugation” (FOUCAULT 1980: 97). Although at the time, I found it difficult to let go of asking myself what the government’s motives were, I was curious about the conspiracy theories circulating and found time to discuss the government’s strategies with a stranger as I queued for toilet paper. This man suggested that the virus might be a plot to rid the country of the elderly. A deeper analysis has enabled me to understand Foucault’s suggestion, to focus less on the reasons behind the government’s actions and instead understand the power *effects*.

As the days wore on, I became acutely aware that with each new government directive our previously acceptable norms of behaviour were being transformed as the masses volunteered to comply with directives and give up many of their freedoms. Understanding the *pandemic* through a social constructionist perspective recognises that illness is a physical biological reality, however these experiences are understood through cultural and social processes that shape reality (LUP-TON 2012). As MARY DOUGLAS (1994: 5) asserts, “in all places at all times the universe is moralized and politicized.” In the case of an outside threat such a pandemic, the community is asked to mobilise in response and do their duty. DOUGLAS (*ibid.*: 6) has observed that when

[D]anger is defined to protect the public good, the threat of a community-wide pollution is a weapon for mutual coercion.” In this sense medical power does not only come from institutions and government bureaucrats, but “is deployed by every individual by way of socialization to accept certain values and norms of behaviour (LUPTON 2012: 21).

The Making of Docile Bodies

Looking at power in the seventeenth and eighteenth centuries, FOUCAULT (1977: 137f) determined that “a policy of coercions that act upon the body” was being formed, a manifestation he called the “art of the human body”. He identified these practices as disciplinary techniques that included multiple tactics that act upon the body, “a calculated manipulation of its elements, its gestures, its behaviour” and this discipline produced “sub-

jected and practised bodies, ‘docile’ bodies” (*ibid.*: 138). This perspective helped me to conceptualise my experiences as events unfolded in March 2020. In the early stages of the pandemic, police were assigned to patrol walkways and beaches to ensure people were complying with the new distancing directives and discipline those who were not. However, as shops and businesses responded with the erection of barriers restricting close contact, and lines and crosses were placed on the ground to mark where to stand, the need for police surveillance dissipated. As hand sanitising directives and distancing measures were broadcast by ministers on mainstream media, the public dutifully responded through a range of measures: shopkeepers began regularly sanitising all workspaces, and their hands, after every interaction with a customer,—acrylic glass panels separating the customers from staff were installed, and some businesses even banned the use of cash as people joined the fight against this unseen and heretofore unknown virus. Hand sanitising stations appeared in the doorways of every retail and food outlet, and staff members were appointed to *guard* entrances and offer sanitiser to customers entering their premises. These observations reveal to me “the myriad of bodies which are constituted as peripheral *subjects* as a result of power” and I now reflect how these individuals were not merely targets of power, they became shaped by power and its effects and came “to be identified and constituted as individuals” (FOUCAULT 1980: 98). Sanitising stations remained as visual reminders of the need to practice vigilance against the deadly virus, and markings on the floors prompted people where to stand whilst waiting in queues to purchase goods. Eventually individuals are transformed into “docile bodies” (FOUCAULT 1977) and individuals also turn themselves into subjects by automatically complying with these behaviours which over time become normalised through routine and unconscious compliance.

Phase 3: The Discursive Regime and Governmentality Accelerates: The Solution is Immigrant

Diary Entries:

Prophylaxis: Treatment intended to prevent disease; a particular treatment of this nature. Hence more widely: precautionary action (English Oxford Dictionary).

Tuesday 31 March 2020: “The world is made available to us through the media and the media set the agenda. The second form of media power is due not to the quantitative flow of information but rather to the encoding or framing of information. Meaning encoded by the mass media has a far-reaching impact on the surrounding culture.” (ARNOLDI 2009: 125. *Risk. Polity*)

“[...] in the governmentality tradition, risks are conceptualizations, ways of creating the social as a field for government intervention [...]” (ARNOLDI 2009: 58. *Risk. Polity*)

Looking back on the events of March 2020 as the military-style lockdowns were enforced I can understand the *power effects* of discourse, as fear permeated the community and our pre COVID-19 lifestyle disappeared. Human contact, and the usual ways we relaxed or worshipped were reconfigured and everything we did now seemed to be under government control. Welfare claims skyrocketed when people lost their jobs, or their businesses. As news of the arrival of testing technology, detection of *cases* assumed unprecedented importance in the mainstream discourse. Quarantine measures became the familiar containment measure as borders were locked and new arrivals were forced into quarantine.

As the Australian population struggled under varying containment measures being introduced in each state, by 22 March 2020, the first sign that the Queensland government was intending to provide the community with a medical panacea surfaced. The state Premier announced that funding from the federal government and other sources would now enable “a \$17 million package to fast-track a coronavirus vaccine developed in the state” stating, “[T]he typical timeline for vaccine development has been thrown out the window, with many referring to the possibility of a vaccine

in 18 months” (ABC NEWS 2020). The University of Queensland was tasked with the *funding injection* to develop a vaccine and its Vice Chancellor stated: “Importantly, the funding will also support advancing large-scale manufacture with industry partners both local and overseas” (UNIVERSITY OF QUEENSLAND 2020). How can one comprehend the sense of urgency that now drove the race to find a vaccine for a disease that for most of the population presented as “mild?” As PADDY RAWLINSON (2017: 95) states: “If state power is about controlling populations, and corporate power about profit maximisation, the vaccine industry feeds both.”

Understanding the public reference to the positive advancements with manufacture and industry partners, I am drawn to FOUCAULT’s (1980: 101) analysis of power and his insistence on understanding how mechanisms of exclusion can be studied to “reveal their political usefulness and to lend themselves to economic profit.” For example, public discourse excluded any mention of alternative practices that might be helpful in preventing COVID-19 such as building immunity with adequate exercise and healthy food, or treating COVID-19 symptoms through alternative medical treatments, especially for those most likely to be severely affected by the disease such as those over eighty. Furthermore, structural issues underpinning the management of aged care facilities where the highest number of deaths were recorded, also escaped scrutiny. In short there is political utility in *not* pursuing these potential avenues of investment and enquiry. As ILLICH (1976: 24) has suggested “medical practice sponsors sickness by reinforcing a morbid society that encourages people to become consumers of curative, preventive, industrial and environmental medicine.”

Conclusion

This contribution has endeavoured to apply a Foucauldian lens to explore the way in which “regimes of truth” operate on a population at a given point in time, the “discursive regime of the effects of power peculiar to the play of statements” (FOUCAULT 1980: 113). A deeper analysis has revealed how the discursive regime was evident in military metaphors, statistical discourse, and by examining the social constructionist perspectives on the

utility of *epidemic*. As I struggled to comprehend governmentality techniques my understanding gradually turned toward what FOUCAULT (1991) had highlighted as *power effects*. As new *truths* were established through these various strategies the government was able to rationalise a range of directives which supported the new *truth*. Gradually the populace was conditioned to being “docile bodies” (FOUCAULT 1977) and through these tactics the ultimate behaviour modifications have been achieved with the majority of the population. At this point in time (at the end of March 2020) Australian citizens were informed that the government was going to solve this *crisis* as the anxious awaited new directives which would usher in the medical solution in the not-too-distant future.

Having gained some distance from the lived experience I have determined that the month of March 2020 was an intense *boot camp* for social programming and preparation for medical solutions that lay ahead. The directives ensuring we were distancing from one another, including dictates for standing, sitting, and dancing, with numbers of people around us restricted, and visiting rights to see others removed, increasingly influenced my observations to resonate with notions of political economy and Foucauldian perspectives outlining “the policy of coercions that act upon the body,” the new “micro-physics of power” being exerted over the entire social body (FOUCAULT 1977: 138). I suspected we were being programmed to be automatons awaiting the next directive, the next solution – the ultimate in *docile bodies*. At the end of my month-long diary as I examined the statistics of two deaths in Queensland that had been *connected* to COVID-19, in a population of over 5.1 million, I remained confounded by the power of risk discourse and the power of the government in overriding sensible discussion on probability in favour of a political economy of health. I wonder today in 2021 if the most obedient in the body politic will be the ones to reap the rewards in this new version of the politics of life.

Acknowledgements

I would like to thank Tonya Agostini, Paula Arvela, Suzanne Gray, Kathryn Flynn, Brian Martin, Timothy Johnson-Newell and Jenny Munro for their support during the draft stages of this paper.

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FORUM
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Vor und nach Corona

ERHARD SCHÜTTPELZ

Vorbemerkung (28.07.2021)

Der folgende Text besteht aus zwei Fragmenten vom Anfang der Isolation, die aus dem ersten Ansturm der Corona-Pandemie resultierte. Die Perspektive bezieht sich auf eine Zeit, die damals absehbar schien und noch nicht eingetreten ist, die Zeit nach der Pandemie. Der Text wird sich noch einmal stark verändert lesen, wenn diese Zeit gekommen ist. „That'll be the day.“ Und leider muss ich hinzusetzen: Wenn sie je kommt.

I. Teil: Tupilak (26.03.2020)

Covid-19 läßt mich diesen Text mitten in einer erzwungenen Quarantäne schreiben, die jede Begegnung außerhalb der Wohnung auf zwei Meter Abstand hält. Nur die Familie und die Medien bleiben auf Tuchfühlung. Es liegt mir auf den Lippen, über den Abbruch der täglichen Interaktion zu schreiben, die Unterbrechung der globalen Zirkulation, und die ständig spürbare Interpellation des Nationalstaats im Namen eines Virus und seiner weltweiten Pandemie. Was institutionelle Berührungen hervorruft und was im menschlichen Leben Überschwang auslöst und auf Überschwang beruht, ist von Amts wegen untersagt, und ich möchte am liebsten dagegen ansingen, und seien es die Worte: „... und stirbt die Freude/Der Gesang.“ Gestern kam eine Anleitung heraus, wie man die Überlebenschancen in den Kliniken im Konfliktfall abzuwägen hat, und wie man erkennt, wessen Überleben man sich in diesem Moment zu widmen hat, und wessen nicht. Zwischen den Zeilen geht es darum, den Stecker der Beatmungsgeräte zu ziehen und die besseren Patient*innen zu versorgen. Der Leitfaden enthält ein entsprechendes Flußdiagramm und ein rudimentäres Formular zur Absicherung des eigenen Tuns. So sieht auf einmal die Rampe aus: Ein operatives

Bild, eine auf das Notdürftigste reduzierte Akte, und eine Anleitung zur Selektion. Ich sollte diesem Leitfaden eine längere Auslegung widmen, denn er wird viele und könnte auch mich betreffen. Gehöre ich mit meinem Behindertenausweis aufgrund eines dummen Zufalls, sagen wir bei einem Verkehrsunfall oder in Folge der besagten Infektion, automatisch zur Gruppe der Leute mit Vorerkrankung, die das entsprechende Kürzel erhalten und deren Patientenlaufbahn nicht mehr bis zu den Beatmungsgeräten vorstößt? Ist meine Prozentzahl zu hoch, lasse ich den Ausweis ab jetzt lieber zuhause?

Eigentlich sollte ich mich erkundigen. Die tödliche Bedrohung liegt in der Luft, und diese Luft könnte mich ersticken. Die Todesdrohung liegt in der Virtualität der Viren, die überall in dieser Stadt sein können, in ihrer mangelnden Diagnostik. In der Unmöglichkeit, sich testen zu lassen, ohne unter die Infizierten zu geraten, im Zweifel an meinem Ausweis und in dem gesundheitsbürokratischen Ablauf, in den ich geraten könnte und gegen den ich keine Rechtsmittel besitze. Sie liegt in der Zirkulation. Dass ich das noch einmal erleben durfte: die Horizontverschmelzung von Staat und Körper und Kosmos durch eine Todesdrohung bei hellstem Sonnenschein. Aber ich werde mich nicht erkundigen, und wie so oft löst das Gefühl der Krise, die mir auf die Pelle rückt, in meinem Leib keine Beklemmungen aus, sondern das Gefühl ungeahnter Kräfte bis zur Megalomanie. Wäre es nicht besser, die Welt aus den Angeln zu heben, jetzt, wo sie tatsächlich aus den Angeln gehoben wird? Und wenn man selbst die Welt weder aus den Angeln hebeln noch wieder einrenken kann, sollte man dann nicht wenigstens ein paar Bäume ausreißen? Und wenn man keine Bäume mehr ausreißen kann, zumindest

die Stapel von Papieren in der eigenen Wohnung aufräumen? Die erzwungene Abbildung von Staat auf Körper und Kosmos lässt mich früh am Morgen wechselweise von radikalen Staatsreformen träumen, vom Punkt des Archimedes, und von Wunderheilungen in Gestalt einer schamanistischen Begegnung zwischen Tupilak und Angakok. Der Tupilak war ein krankes Kind, und die Stimme des Angakok kam aus schneeweißen Rillen in Vinyl. Mit den beiden driftete ich in einer Art Kabine durch eine unter Wasser gesetzte Wiesenlandschaft, über die ich zuerst lief, dann stolperte und schließlich schwebte oder flottierte. Die Überschwemmung, das war die ins Bild gefaßte Pandemie, und auf ihrer Bühne lief eine Urszene ab, mit mir in allen drei Rollen des Publikums zwischen Patient und Heiler. Alles lag im Sonnenschein und war zum Greifen nahe.

II. Teil: Gegen den Anthropozän (10.05.2020)

Dieser Text hat eine Datierung, und die lautet schlicht und ergreifend „nach Corona“ oder „nach Covid-19“. Diese Datierung ist momentan nur eine Antizipation. Aber wenn man wetten wollte, dass die eine oder die andere Formel sich durchsetzt, hätte man gute Chancen auf ein müdes Gähnen der Nachwelt. Das macht meinen Text zu einem Abschiedsgruß an die Belle Époque, die hinter uns liegt und so schön gar nicht war, wie sie in Zukunft erscheinen wird. Mein Text wird obsolet sein, bevor er veröffentlicht ist. Er wird sich mit obsoleten Fragen befassen, die nur zur Dokumentation ihrer Datierung taugen und zur Datierung meines Dokuments. Deswegen schreibe ich ihn. Als Antwort für Euch, die Ihr fragen werdet: Wie ist diese Epoche zu Ende gegangen?

Wenn man die momentan noch sehr unsichere Ursachenkette zurückverfolgt, bleibt nur ein Faktor unbestritten: dass dieser Virus entstanden ist, weil wir die letzten Reserven der Wälder zerstören und dadurch die Lebewesen der Wildnis in unsere Arme scheuchen, bis ihre Mitbewohner*innen mutieren und unsere inneren Organe befallen. Vor wenigen Jahrzehnten noch lebten Fledermäuse fern von Menschen, jetzt haben sie sich notgedrungen an uns gewöhnt, und viele andere Tiere auch. Aber auch wir sind und bleiben merkwürdige Tiere. Während der Krise wurden die Grenzen dicht gemacht, und für fast jeden Bewohner

dieser Erde fielen die Sorge um die Durchlässigkeit der eigenen Körpergrenzen, die Fürsorge und Polizei-Aufsicht des zuständigen Staates, und die Ordnung und Unordnung des Kosmos zusammen. Die körperliche Befindlichkeit war im Vektorsystem dieser drei Achsen angesiedelt und zwang uns alle zu dieser ebenso archaischen wie modernen Abbildung von Körper, Staat und Kosmos, egal wie wir sie verstanden und befolgten oder rebellierten und in einen Zwiespalt verwandelten. Das Tier, das wir sind, befand sich im Käfig dieser drei Vektoren, und es wußte irgendwann: Es kommt vielleicht in diesem Leben nicht mehr aus diesem Käfig heraus. (Und jetzt stellt Euch diesen Satz in Ich-Form vor.) Der Rest des Lebens soll jetzt in bestimmten Branchen für immer aus Home-Office bestehen, und alle, die zwischendurch zum Home-Office verdammt waren, wissen, dass es auch sie betreffen kann. Dieser Bildschirm, diese Tastatur, diese Hände bilden den Rahmen für den Rest unseres Lebens und bringen Staat, Kosmos und Körper für immer auf eine Linie - das kann nicht sein und darf nicht sein. Wo finden wir unsere Freiheit, und wenn die Freiheit nicht möglich ist, wo finden wir einen Ausweg, und wenn der Ausweg versperrt ist, wo eine Diagnose unseres Tuns?

Fangen wir vor unserer Haustür an. Die Kulturwissenschaften haben nicht schlecht gearbeitet, denn in den letzten Jahren wurden die richtigen Stichwörter diskutiert. Covid-19 ist das Anthropozän. Covid-19 ist Gaias Rache. Covid-19 stellt uns ontologische Fragen, Fragen auf Leben und Tod. Weil diese drei Stichwörter recht behalten haben, werden sie noch einmal aufleuchten und dann vermutlich verglimmen. Nach Kriegen und grossen Krisen ist Amnesie unausweichlich, und wenn die Krise kein Ende findet, auch. Aber das soll meine Anerkennung nicht schmälern. Alle drei Stichwörter haben jetzt einen nostalgischen Akzent, der gut zum Fin de Siècle passt und in Zukunft entweder attraktiv erscheinen wird oder unangenehm heraussticht. Die Diskussion des Anthropozän drehte sich um einen Planeten, der durch menschliche Einwirkung immer anthropozentrischer geworden schien, und zeichnete damit eine Welt nach, die durch menschliche und technologische Willenskraft geprägt wurde und sollte. Das Wort war als Warnung gedacht, doch die Warnung vor menschlicher Zurichtung verpuffte angesichts der schieren Imposanz einer menschheitsge-

schichtlichen Zurichtung des Planeten (und seiner Erkenntnis). Es ist gut möglich, dass das Wort „Anthropozän“ seinen Biß verlieren wird. Co-

vid-19 könnte hier helfen, auf die ursprüngliche Anlage des „Anthropozän“ zurückzukommen, bis an die Zähne bewaffnet mit Slogans wie:

DID YOU REALLY THINK THE ANTHROPOCENE WAS ABOUT HUMANS? NO IT IS ABOUT THE HORROR OF HAVING TO LIVE WITH OTHER CREATURES IN DESPAIR.

THE ANTHROPOCENE DOES NOT MEAN THAT HUMANS RULE THE WORLD. IT'S THE END OF THAT RULE.

IT DOES NOT FEEL NICE TO BE RULED BY NECESSITY. BUT THAT'S WHAT THEY CALL THE ANTHROPOCENE.

THE CONSEQUENCES OF HUMAN ACTION ON THIS PLANET FEEL LIKE BEING NECESSARY RESTRICTIONS OF OUR FREEDOM OF LIVING IT UP. AND BY NECESSITY, THEY ARE.

THE REVOLUTION WILL NOT BE TELEVISED AND THE DISILLUSIONMENT OF THE ANTHROPOCENE WILL NOT BE DATAFIED.

THE BANG CONTINUES WITH AN ENDLESS WHIMPER. THE ANTHROPOCENE HAUNTS HUMANS WITH BEING IN COHABITATION WITH INVISIBLE LONELINESS.

THE PROTECTION OF AN INVISIBLE CAMOUFLAGE HAS ESCAPED FROM OUR FAIRY TALES. UNFORTUNATELY, IT HAS FOUND PROTAGONISTS INVISIBLE TO US. THE ANTHROPOCENE IS NOT ANTHROPOCENTRIC.

WISHFUL THINKING IS HERE TO STAY. CAUSING DEATH. THE ANTHROPOCENE IS NOT ANTHROPOCENTRIC.

Aber das Wort „Anthropozän“ klang doch so nett! Dann brauchen wir in Zukunft ein anderes. Vorschläge gibt es ohnehin, etwa den „Pyrozän“, aufgrund der Abfackelung fossiler Brennstoffe und Verbrennungsmotoren, aber auch aufgrund der unausweichlichen Gefahr von Waldbränden im Zeitalter der Klimaerwärmung, oder aber den „Pleonexyzän“, der die Beschädigung des Planeten durch uns betont. Vielleicht sollten wir aber lieber auf jeden weiteren „Zän“ verzichten und anerkennen, dass wir niemals Herr im eigenen Hause waren und sind. Entweder Covid-19, das ist der Anthropozän, oder Covid-19, das ist der Abschied vom Anthropozän. Beides geht nicht, aber man kann mit beiden Sätzen dasselbe meinen. Hilft uns Gaia bei der terminologischen Entscheidung oder bei einer neuen Deutung des Anthropozän? Gaia sollte die Biosphäre des Planeten zum Lebewesen und uns zu seinen Bewohnern stilisieren. Der Virus bewohnt uns und wir sind seine Gaia, die ihn überall mit transportiert hat. Doch damit

ist Gaia schon am Ende. Gaia sollte ein Lebewesen sein, und zwar die Biosphäre als Trägerin beobachtbarer Gegenreaktionen zu unverhältnismäßigen Eingriffen in ihre Substanz. Ein Virus ist allerdings weder lebendig noch tot und bewohnt uns alle nur als Replikationsmechanismus. Gaia regulierte sich selbst und war damit eine Nachfahrin von Walter B. Cannons Kybernetik des Fließgleichgewichts und Gregory Batesons Bali-Vision (die wiederum „Mille Plateaux“ inspirierte). Covid-19 ist ein Parasit, den andere Lebewesen gut verkraften und wir nur zum Teil. Die ökologische Warnung, die Wissenschaftler*innen in seinem Namen aussprechen, hat kein positives Pendant, es geht nur um Schadensbegrenzung. Auch wenn wir die Bedrohung loswerden, durch Antikörper oder ein Impfmittel, kehren wir nicht mehr zu Gaia zurück. Gaia war eine nostalgische Vision, ein Nostos der Erde, eine Botschaft für uns von der Machart der Botschaften, die wir ins Weltall schicken, wenn wir andere intelligente Wesen kon-

taktieren wollen. All das hat die Welt von Covid-19 nicht zu bieten, im Gegenteil, sie ist nie im Äquilibrium und sie hat keine Botschaft, nicht einmal Signale, nur Daten. Wir brauchen eine Alternative.

Helfen uns die neuen Ontologien dabei? Die neuen Ontologien waren vor allem die Suchbewegung nach einem festen Boden, und um sie zu gestalten, schien jedes philosophische Mittel recht. Die Kulturwissenschaften haben selten anerkannt, wie tief die französische Philosophie von Bergson geprägt bleibt, und dass Bergson eine zutiefst romantische Auffassung von Zeit und Raum, Subjektivität und Technik zugrundegelegt hatte. Die Verstärkung dieser romantischen Subjektivität durch einen deutschen Transzendentalduktus konnte nur in weitere Unklarheiten führen. Das Resultat bleibt ein ontologischer Mischmasch, vor allem hinsichtlich der verwendeten philosophischen Terminologie. Sollte man einen terminologischen Mischmasch auf einen realexistierenden Mischmasch anwenden? Das könnte uns beflügeln, aber am Ende stünden wir mit leeren Händen da. Covid-19 ist selbst die Chiffre für einen ungeheuren ontologischen Morast, in dem wir uns im Zwischenbereich von Leben und Tod befinden, und noch nicht einmal wissen, wie wir uns am eigenen Schopf aus dem Sumpf ziehen sollen. Eine ontologische Abhandlung über Viren kann momentan nur die Schwierigkeiten der Anwendung jeder Terminologie formulieren, der philosophischen, aber auch der medizinischen, und vor allem der uns als „Gesunkenes Kulturgut“ durch Alltag und Medien geläufigen. Die biologische Grundlage eines Virus zu beschreiben, ohne dabei Wörter wie „Immunsystem“ oder „Invasion“ zu verwenden, und ohne davon zu sprechen, dass Antikörper zwischen „körpereigenen“ und „fremden“ Kräften oder Substanzen unterscheiden, ist schwierig genug. Dass Viren all das nicht tun oder sind und nicht einmal in einem irgendwie alltäglichen Sinne „zirkulieren“, treibt die Virologen zu Katachresen, die mehr versprechen als sie halten können: der Virus als Computervirus oder als Programm-mit-eigener-Suchmaschine, das vom lebenden Gewebe als Teil seiner eigenen Mechanismen akzeptiert wird und es dadurch verschleißt. Dieser Medienvergleich sollte Medienwissenschaftler*innen mißtrauisch machen. Wenn Viren wie Computerviren beschrieben werden, drehen wir uns offensichtlich mit

unseren vagen Auffassungen im Kreise. Allem Anschein nach ist die Ontologie der Viren entweder zu technisch für eine Popularisierung, oder sie ist eine negative Ontologie, die allen populären Rationalisierungen widerspricht: keine Invasion, kein Immunsystem, und keine Unterscheidung zwischen „Eigenem und Fremdem“. Und damit sehen wir klarer: Wir haben es mit einem Phänomen zu tun, dessen biologischer Konstitution alles fehlt, womit wir uns als von diesem Phänomen Affizierte beschäftigen. Es gibt tatsächlich ein ontisch-ontologisches Problem, das „Virus“ heißt und uns in Gestalt von Covid-19 heimsucht. Im Falle von HIV ist die Sinngebung sinnlosen Leidens durch heroische Anstrengungen aller Betroffenen über viele Jahre gelungen, aber das war eine andere Zeit und eine andere Krankheit. Es ging um Liebe, die alles besiegte, die Hinfälligkeit, die Verachtung und das Vergessen. Covid-19 tötet die Wehrlosen, die Alten, die Kranken, die Armen, die Schutzlosen. Die öffentlichen Versuche der Sinngebung des Leidens der Opfer zerfallen zwischen den Kategorien „Zynismus“ und „Hass“, und der schlichten Würdigung des Opfermuts der Pfleger*innen und Mediziner*innen, der fortlaufend durch politisch herbeigeführte Sinnlosigkeit bedroht wird. Die Wissenschaft wurde in der Epoche von AIDS ermahnt, gepflegt, erzogen und gefeiert, und erleidet in der Coronakrise eine Demütigung nach der anderen. Die Sinnlosigkeit und schiere Absurdität der Krise bricht sich immer wieder Bahn und nimmt kein Ende. Nach der Krise – wenn es überhaupt ein Nachher gegeben haben wird – werden wir alle Hände voll damit zu tun haben, die Absurdität und Sinnlosigkeit des Geschehens nicht unter den Teppich zu kehren, damit die Nachgeborenen uns überhaupt Glauben schenken können, was alles geschehen ist. Aber das wird mitten in einer langanhaltenden Wirtschaftskrise sein, die uns noch ganz andere Fragen stellt, die schon seit der letzten Finanzkrise nicht beantwortet wurden. Die Belle Époque ist vorbei, und wir können froh sein, wenn die Nachgeborenen unser mit Nachsicht gedenken. Sie werden uns nämlich datieren wie diesen Text: „vor und nach Corona“. Gaia, das Immunsystem, das Anthropozän, die ontologischen Nostalgien sind Geschichte. Wir stehen fröstelnd im Morgengrauen. Corona ist nicht verschwunden, aber die Datierung „nach Corona“ hat begonnen.

III. Postskriptum (26.07.2021)

Der Traum spielt in meiner Heimat, die ich seitdem nicht mehr besucht habe. Die schneeweissen Rillen sind die des Konzeptalbums „Eskimo“ der Gruppe „The Residents“, mit dem ich aufgewachsen bin. Die Stimme des Angakok kommt aus diesen Rillen. Die Wiesenlandschaft ist die Weide vor unserem Haus, dem Haus meiner Kindheit und Kindschaft. Die Gegend besteht aus Endmoränen und den Schleifen alter Rheinmäander. Ich war als Kind viel krank und lag dann im Krankenhaus und stellte mir das Haus von gegenüber aus vor, von einem Weg, zwischen dem die Weiden lagen, die ich - zu Recht oder zu Unrecht - für einen solchen Rheinmäander hielt. Die Legende besagt, dass durch diese Gegend der Rhein fließen würde, wenn der alles entscheidende Deich in Bislich bricht. Dieser Legende galt ein Kehrreim aus der mütterlichen Familie, der sich mir zusammen mit dem Kehrreim vom fliegenden Maikäfer im abgebrannten Pommerland (mein Vater war Vertriebener aus Pommern und ließ diesen Spruch immer wieder einmal hören) eingebrannt hat wie eine Prophezeiung, die sich mit der jeweils nächsten Überschwemmung quer durch diese Wiese bewahrheiten könnte: „---und bricht der Rhein in Bislick, so schreien die Kinder in Harderwick.“ Der Tupilak - oder besser Tupilaq - kam aus dem Buch „Eskimoland“ von Niko Tinbergen, das kurz vor meinem Traum erschienen war und dem ich entnahm, dass die (europäischen) Reisenden bei ihrer Ankunft unter dem

Verdacht standen, ein Tupilak zu sein, bis sie den Mund aufmachten und redeten oder lachten. Der Traum besteht daher für mich aus gut erklärbaren „Tagesresten“, aber erreichte eine Verdichtung, die ich nicht mehr auflösen kann, weil er eine persönliche „Urszene“ mit dem strukturalistischen Modell des Zauberers und einer bestechend schönen Überschwemmung überblendet. Ich weiß aber, daß ich den zweiten Text nicht ohne den ersten und sein Gefühl der Panik geschrieben hätte. In beiden Texten geht es um den Wunsch, Corona loszuwerden und in dieser Absicht einen Exorzismus zu vollziehen, der die Größenordnung der Pandemie erreicht, also die meines Körpers in der Welt und der Welt in meinem Körper. Diesen Exorzismus schreibt der Traum, aber auch die polemische Theoretisierung des Anthropozän anderen zu. Der zweite Text ist, was die Konzeptualisierung der Viren angeht, stark von David Napier geprägt. Der Wunsch, die Pandemie loszuwerden, wird zum Wunsch, einen Begriff loszuwerden - wenn man so will, die typische Verschiebungsleistung des Intellektuellen. Der Traum handelte vom Kontrollverlust, aber seine Stimmung war verführerisch schön, und die Protokollnotiz hebt den Wunsch einer intellektuellen Bewältigung auf die Bühne eines Modells. Dieses Modell wurde im zweiten Text wirksam. Mehr kann ich nicht erkennen, aber niemand kann vorwegnehmen, was andere Leser*innen und spätere Leser*innen aus dem Text machen. Es sind aller Voraussicht nach Dokumente aus einer Zeit, für die wir schon bald wenig Geduld und Nachsicht aufbringen werden.

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Datafication incarnate

Negative, Positive, Antikörper, und Nationalitäten: wie es sich anfühlt, instabile Daten zu verkörpern

PIP HARE

Ende Oktober 2020 saß ich am Schreibtisch, zu Hause in Berlin, Wörter auf einem Bildschirm herumschiebend. Meine Mutter rief an – über das Mobilnetz statt wie sonst über WhatsApp. Ich wollte ihr erklären, dass das Geld kostet, ließ sie aber erst einmal sprechen. Sie sagte, mein Vater sei am Morgen gestorben. Die Wörter auf dem Bildschirm verloren ihre Relevanz. In den nächsten Tagen lief ein Satz in Dauerschleife durch meinen Kopf: Mein Vater ist heute morgen/gestern/vorgestern ... – gestorben. Ich fuhr zum Markt und hatte fast das Bedürfnis, allen Menschen denen ich begegnete, davon zu berichten. Irgendwie hatte ich ohnehin das Gefühl, die Information müsse sichtbar sein; die Verkäufer_innen auf dem Markt müssten mir ansehen, dass ich eine andere Person geworden war. Ich war nun eine der vielen Personen, die ein Elternteil verloren haben, statt eine der vielen, die den Tod eines ihnen nahestehenden Mensch noch nie erlebt haben.

Ich fuhr nach England. Nach fünf Wochen Ausnahmezustand kam ich zurück nach Berlin. Die Lockdowns in Deutschland und England waren in der Zwischenzeit strenger geworden, aber auf dem Land in England hatte ich kaum etwas davon mitbekommen, außer über Fernsehen und Telekommunikation. Auf dem Rückflug musste ich über Amsterdam fliegen, da es keine direkte Verbindung mehr von Bristol nach Berlin gab, und ich musste online ein Formular für die deutschen Behörden ausfüllen, um überhaupt einchecken zu dürfen. Der Flug nach Amsterdam war ausgebucht; alle Passagiere trugen Masken – bis Snacks verteilt wurden, da nahmen alle ihre Masken ab. Ich war mir der Ironie bewusst, aber ich machte trotzdem mit, da ich Hunger hatte und nicht ganz überzeugt war, dass kurzes Maskenabsetzen dramatische Konsequenzen haben würde. Dass die Person neben mir, oder die Luft, die wir alle atmeten, eventuell verseucht sein könnte, war ja nur

eine Eventualität; wir waren – soweit ich es wissen konnte – alle (noch) nicht aufgemachte Schrödingers Kisten, Schrödingers Luft einatmend.

Zurück in Berlin musste ich fünf Tage in Quarantäne, dann durfte ich meine Wohnung verlassen, um mich auf Corona testen zu lassen. Mir wurde gesagt, dass das Ergebnis eines PCR-Tests manchmal bis zu sechs Tage auf sich warten ließe, deshalb bezahlte ich extra dafür, gleichzeitig einen Schnelltest zu machen. Letzterer zeigte ein negatives Ergebnis. Also bezahlte ich auch noch für ein Attest meiner Hausärztin, das ich ans Gesundheitsamt mailen konnte, um frühzeitig aus der ansonsten 10-tägigen Quarantäne entlassen zu werden. Die Rückmeldung kam schnell. Ich ging einkaufen und genoss das sichere Gefühl, auf positive Weise negativ zu sein. Ich trug vorschriftsmäßig meine Maske, aber ich war weniger sorgfältig beim Desinfizieren der Hände, da ich glaubte, niemanden infizieren zu können. Nach vielen Monaten Leben mit dem Gedanken, dass die Anwesenheit meines Körpers andere Personen gefährden könnte, war ich auf einmal zuversichtlich, keine Schäden mit meiner bloßen Atmung anrichten zu können.

Ich verwandelte mich an dem Tag mehrfach. Es lag ein Umschlag in meinem Briefkasten: Inhalt war ein Staatsangehörigkeitsausweis der Bundesrepublik Deutschland. Vier Jahre zuvor hatte ich einen Antrag auf Anerkennung meines Deutscheins auf Grund der deutschen Staatsangehörigkeit meiner Mutter gestellt; jetzt wurde, was prinzipiell schon seit meiner Geburt galt, offiziell bestätigt – ca. zwei Wochen vor dem Brexit. Nicht nur war mein Körper auf positive Weise negativ, er war nun auch Deutsch, mit all den dazugehörigen Rechten und Pflichten, wie mich der beiliegende Brief informierte. Gegen alle Unsinnigkeiten der Brexiteers war ich somit immun. Auch wenn ich immer noch Britisch war, soweit ich wusste.

Ich besuchte eine Freundin und wir verbrachten einen sorglosen Abend, ohne uns um Abstand und Lüften zu kümmern. Like it was 2019.

Zwei Tage später musste ich zur Praxis meiner Ärztin, um meine Versicherungskarte einlesen zu lassen, was am Testtag nicht möglich gewesen war. Ich hörte die Rezeptionistin sprechen, bekam nicht mit, dass sie telefonierte, und trat in den Warteraum. Sie gestikulierte mir, dass ich draußen warten sollte. Der Warteraum war scheinbar nicht mehr fürs Warten vorgesehen. Eine weitere Person kam dazu und wartete mit auf dem Gehweg. Ich war schon etwas spät für meinen nächsten Termin. Die Rezeptionistin kam zur Tür und bat uns beide Wartenden, zurückzutreten. Sie fragte mich, ob ich mein Ergebnis bereits erhalten hätte. Ich sagte: Ja, gleich als der Test gemacht wurde. Sie sagte: Nein, sie meine das Ergebnis des PCR-Tests – der anders als der Schnelltest positiv sei. Ich solle SOFORT NACH HAUSE gehen. Sie wünschte mir gute Besserung. Aber ich fühlte mich nicht krank; nun allerdings etwas wackelig. Pünktlich zu sein für meinen nächsten Termin war kein Thema mehr – der würde nicht stattfinden. Keine weiteren Wartezimmer. Ich bekam einen Zettel auf dem stand, mein Befund spräche für eine akute COVID-19 Infektion. Aber noch musste ich nach Hause fahren. Ich trug eine Maske, was ich normalerweise nicht beim Radfahren tue. Ich fühlte mich wie eine Biowaffe auf Rädern, auf die Straßen losgelassen. Ich fühlte mich, als müsse ich eine Warnweste tragen mit Blinklichtern und „Achtung! Achtung!“ tönendem Lautsprecher. Ich bemühte mich, mindestens zwei Meter Abstand zu halten zu anderen Menschen, aber Berlin hat seine Baustellen und so war das nicht immer möglich. Fast war ich geneigt, Menschen verbal zu warnen, aber ich wollte auch keine Panik auslösen. Um meines Gewissens Willen hielt ich jedes Mal den Atem an, wenn ich nah an Menschen vorbeimusste.

Ich schaffte es nach Hause und schloss meine Wohnungstür hinter mir. Immerhin hatte ich Quarantäne schon geübt und wusste inzwischen, dass sie zu überleben war; was ich zuvor bezweifelt hatte. Ich musste telefonieren, um mein Terminversäumnis zu erklären. Und ich spürte ein Bedürfnis, die Geschichte weiterzuerzählen. Wie die Nachricht vom Tod meines Vaters ernteten aber meine Kurznachrichten mehr Anrufe als ich

in dem Moment entgegennehmen wollte. Ich versuchte, das Gesundheitsamt zu erreichen, aber die Warteschleife war nicht zu durchdringen. Ich rief die Freundin an, die ich am Wochenende getroffen hatte. Laut Online-Informationen des Bezirksamts war sie nun eine „Kontaktperson I“. Somit musste sie 14 Tage in Quarantäne. Ich hatte ein sehr schlechtes Gewissen ihr gegenüber, denn ich als positiv-Getestete musste nur 10 Tage ab Probeabnahmetag in Quarantäne – sofern ich keine Symptome bekäme. Ich habe meine Körpertemperatur gemessen, sie lag tiefer als bei einem lebenden Menschen, zumindest soweit ich mich an meinen Biologie-Unterrichtsstoff erinnern konnte. Mir fiel ein, dass ich immerhin der Corona-App mein Ergebnis melden könnte, wenn ich schon das Gesundheitsamt nicht erreichen konnte. Die App verlangte, dass ich den QR-Code auf dem PCR-Test-Beleg einscanne. Den Beleg hatte ich kaum angeguckt, nachdem ich das negative Schnelltest-Ergebnis erhalten hatte. Nach dem Scannen leuchtete die App sofort rot und informierte mich, dass ich ansteckend sei und mich von anderen Menschen fernhalten müsse. Hätte ich den Code am Probeabnahmetag gleich eingescannt, hätte ich möglicherweise das positive Ergebnis früher erhalten – aber ich hatte nicht gewusst, dass der Code zusammen mit der App funktionierte. Ich dachte an meine Einkäufe am Wochenende. Ich hatte vergessen, meine Hände zu waschen bevor ich im veganen Laden-Kollektiv meine Vorratsgläser gefüllt hatte. Sollte ich da anrufen und es ihnen sagen? Oder würde das nur Ängste schüren? Ich entschied mich dagegen; es war ohnehin zu spät.

Am nächsten Tag rief mich jemand vom Gesundheitsamt an um zu fragen, ob ich noch Symptome hätte und falls nicht, mich aus der 10-tägigen Einreise-Quarantäne zu entlassen. Scheinbar waren weder mein negatives noch mein positives Testergebnis zu meinem Fall notiert worden. Ganz abgesehen davon, dass ich noch nie Symptome gehabt hatte. Als ich das alles der Ansprechpartnerin erklärte, gab sie mir ein paar widersprüchliche Anweisungen, und dann, als ich diese hinterfragte, meinte sie, ich solle die Hotline anrufen. Ihre Aufgabe sei es, Personen aus der Quarantäne telefonisch zu entlassen und nicht mit unerwarteten Informationen umzugehen.

Zu welchem Zeitpunkt bin ich zu einer geworden, die zu den täglichen Statistiken der neuen Fälle gezählt wurde? Die ersten Fälle im März 2020 wurden einzeln aufgelistet und nach Bezirk, Alter und Gender der Betroffenen gekennzeichnet. Ich hatte mir damals vorgestellt, wie stigmatisiert die Personen sich gefühlt haben müssen. Inzwischen war aber COVID-positiv-Sein so verbreitet, dass mir mein Status nicht sonderbar vorkam. Er war einfach nur noch ein weiteres Merkmal, das mich von einer statistischen Kategorie in eine andere schob.

Symptome entwickelte ich nicht. An dem Abend nach dem ich von dem positiven Ergebnis erfahren hatte, fühlte ich mich etwas angeschlagen, aber als sich nichts daraus entwickelte, vermutete ich, dass das nur psychosomatisch gewesen war. Ich blieb in meiner Wohnung; meine Tage wurden durch Zoom-Sitzungen, Telekommunikation und Mahlzeiten strukturiert. Alle paar Tage – außerhalb der Treppenhaus-Stoßzeiten – setzte ich meine FFP-2 Maske auf und ging runter zu den Mülltonnen und meinem Briefkasten; so weit durfte ich mich bewegen. Offiziell stellte ich eine Gefahr für andere dar. Ich kam mir vor, wie ich mich beim Autofahrenlernen gefühlt hatte – am Steuer einer Maschine, die töten könnte, wenn ich die Kontrolle über sie verlieren würde.

Dann, vom zehnten zum elften Tag nach der Probenentnahme, änderte sich mein Status über Nacht. Ich durfte meine Wohnung verlassen und alles tun, was alle anderen tun durften. Ich war etwas skeptisch und dachte, dass es vielleicht besser wäre, mich noch einmal testen zu lassen, um sicher zu sein. Nachrichten über die Variante, die in England neu entdeckt worden war, ließen mich spekulieren, ob mein persönlicher Virus-Haushalt sich eventuell sonderbar verhalten könnte. Ich rief bei der Gesundheitsamt-Hotline an und fragte, ob ich mich nicht noch einmal testen lassen sollte/dürfte, aber mir wurde gesagt, testen sei sinnlos, denn das Ergebnis würde ohnehin positiv ausfallen, da das Virus noch in meinem Körper sei. Nichtsdestotrotz dürfte ich aber zuversichtlich sein: ich könne weder angesteckt werden, noch könne ich das Virus auf andere übertragen. Von einer biologischen Waffe war ich also in eine Art unverletzliches Superhuman verwandelt worden: das sicherste Date bei jeder Party. Ich bin einkaufen gegangen. Es kam mir etwas komisch vor, un-

terwegs zu sein, während eines Vorweihnachtssturms, der gar nicht so stürmisch war. Ich traf eine Bekannte im Supermarkt; sie fragte, wie es mir gehe, ich sagte, ich sei gerade aus der Quarantäne entlassen worden. Die anderen Schlangestehenden rückten von mir ab. Ich sagte laut, dass ich eigentlich meine Maske abnehmen und alle umarmen könne – ich war ja ein Superhuman. Die Bekannte meinte, das zu tun wäre nicht unbedingt angebracht.

Nachdem ich eigentlich davon ausgegangen war, Weihnachten alleine zu verbringen, wurde ich kurzfristig eingeladen, Heiligabend bei einer Freundin und ihrer Familie zu verbringen. Ich konnte sogar teilnehmende Beobachtung mit ihren Kindern für mein Forschungsprojekt machen. Trotz allem nahm ich mir vor, etwas Abstand zu halten. Dieses Vorhaben hatte sich nach weniger als zehn Minuten erledigt, als das ältere Kind mich mit einer Kitzelattacke überfiel, die Monate von Kontaktentzug kompensierte.

Nach all diesen Drehungen und Wendungen fing ich an darüber nachzudenken, einen Blogpost über meine Corona-Geschichte zu schreiben – auch wenn ich normalerweise nicht dazu neige, meine Erlebnisse mit der Öffentlichkeit zu teilen. „Von Schrödingers Kiste zum positiven Negativ-Sein zum negativen Positiv-Sein bis hin zum sichersten Superhuman der Straße: wie ich lernte, das Virus zu lieben.“ Mir schien es, als wäre mir effektiv eine Impfung geschenkt worden – wenn es auch unklar blieb, wie lange sie wirksam sein würde – zum günstigen Preis von ein paar Wochen Quarantäne. Verglichen mit anderen 2020-Geschichten war das wohl kein schlechtes Geschäft. Dann aber, drei Wochen nach meinen Rückflügen, bekam ich Erkältungssymptome und Fieber. Anfangs dachte ich, ich hätte mich nur erkältet, aber als ein anstrengender Husten einsetzte, wurde ich wieder unsicher. Vielleicht war mein Virus-Haushalt doch sonderbar, und verursachte erst jetzt Symptome nachdem ich endlich beschlossen hatte, dass ich einer der asymptomatischen Fälle gewesen sein müsste. Ich rief wieder bei der Hotline an und mir wurde erneut versichert, dass ich nicht ansteckend sein könne, selbst wenn die Symptome auf COVID zurückzuführen seien. Also ließ ich mich davon überzeugen, zumindest bis neue Erkenntnisse dem widersprechen würden. Und die Symptome ließen nach.

Noch bevor dieser Text zunächst als Blogpost veröffentlicht wurde, ergab sich eine weitere Wendung der Geschichte. Ich machte einen Antikörper-Test; das Ergebnis war negativ. Dem Bericht zufolge sei damit eine vergangene oder aktuelle Infektion jedoch nicht ganz auszuschließen. Ich rief bei dem Labor an, das beide Tests geprüft hatte – überraschenderweise erreichte ich eine menschliche Stimme. Die Ansprechperson schlug meine Ergebnisse nach und meinte, anhand des CT-Wertes würde sie erkennen, dass mein Test knapp an der Grenze zu einem negativen Ergebnis gewesen war, was auf den Anfang oder das Ende einer Infektion hindeuten würde. Ihre Vermutung war, mein Immunsystem habe das Virus schon abgewehrt ohne überhaupt Antikörper zu bilden. Vielleicht hätte ich besonders starke Abwehrkräfte. Oder vielleicht war ich im Flieger einfach nur einer sehr geringen Menge Virus ausgesetzt gewesen, spekulierte ich nach dem Telefonat.

So bin ich wieder dabei, mir im Nachhinein meine Bewegungen und Begegnungen umzudeu-

ten. Hätte ich mich nicht für ein Superhuman gehalten, hätte ich Weihnachten nicht mit Freund_innen verbracht und eine Kitzelattacke von ihrem Sohn genossen. Ich hatte geplant, die Familie bald wieder zu besuchen, überzeugt wie ich von meinem Superhuman-Status war. Inzwischen hatte mich ein eingescannter Laborbericht, den mir meine Ärztin über WhatsApp hatte zukommen lassen, zurück in die statistische Kategorie Schrödingers Menschen geworfen. Eine Kategorie, die ich (noch) nie verlassen hatte, nach aktuellem Wissensstand. Ich frage mich, ob mein Deutschsein sich als stabiler erweisen wird ...

Dieser Beitrag erschien zuerst am 25. Januar 2021 in englischer Fassung auf dem „Interface“-Blog des SFB „Medien der Kooperation“ der Universität Siegen. Er wurde für die deutsche Übersetzung leicht überarbeitet. Vgl. <https://interface.mediacoop.uni-siegen.de/2021/01/25/datafication-incarnate/>.

PIP HARE macht kamera-ethnographische Forschung als wissenschaftliche Mitarbeiterin im Projekt B05 „Frühe Kindheit und Smartphone. Familiäre Interaktionsordnung, Lernprozesse und Kooperation“ des SFBs „Medien der Kooperation“ an der Universität Siegen. Sie hat Sozial- und Kulturanthropologie an der Freien Universität Berlin studiert und ihre MA in Visuelle Anthropologie an der Granada Centre, University of Manchester, absolviert.

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Media is the Virus

Witnessing Voices from Berlin, Bavaria and Baden-Württemberg Opposing the German Corona Policy

EHLER VOSS

Est moderne celui qui croit que les autres croient.

BRUNO LATOUR

The street protests against the German Corona policy, which accompanied the declaration of a pandemic state in March 2020, are part of a controversy over the danger of and proper response to the spread of SARS-CoV-2, in which a fear of the virus confronts a fear of the government-imposed measures to contain the spread of the virus. While the majority of those in favor of the measures accuses the minority of those critical of the measures of downplaying or even denying the danger of the virus, the minority accuses the majority of downplaying or even denying the dangers of the measures. Both sides usually accuse each other of not being properly informed and therefore of taking an objectively wrong position, which turns the controversy into a knowledge controversy that both sides primarily understand as a problem of media practices, due to the ambivalence of the media as a source of transparency and enlightenment, on the one hand, and intransparency and conscious or unconscious deception, on the other. In this context, the media are subjected to a dichotomous categorization into so-called mainstream media and alternative media, with a tendency to synchronize this dichotomous categorization of the media with the dichotomous categorization of positions, equating the established mainstream media with the positions of the proponents of measures and the alternative media with the positions of their opponents. Both the majority and the minority view the media and the media practices of the other side as one-sided and impute a lack of media competence to the opposing recipients. This has led to a confrontational situation and fragmented publics with a discourse that seems to know only friend or foe and a mutual stereotypical misrepresentation, making mutual understanding a difficult endeavor.

Reporting in which none of those described can recognize themselves leads to a further splitting off of those who know that the commentary refers to them but does not accurately describe them, especially when they are in the minority facing a powerful majority. This tendency can be countered by anthropological research, and that means by the detailed and contextualized documentation of their practices and self-representations that reflects their certainties and uncertainties, the searching, the unfinished, the processual, the heterogeneity, the humor, and the discussions among them, as well as their view of the others – research that is aware that the real credulity is believing in the credulity of others. It sounds simple, but it is rarely done.

The following descriptions complement my attempt, published in the last issue of *Curare* 43(2020)1–4 with the title *Capitalism is the Virus*, to find an adequate form of representation for the protests against the Corona policy in Germany. While the first part focused on protests in Leipzig, the present text reports on large and small demonstrations in Berlin, Ravensburg, and Kempten in 2020 and in addition portrays anonymously and with her consent a protester and her point of view from Freiburg im Breisgau, whom I got to know at a demonstration in Leipzig. The two texts can be read as one.

“The end of the pandemic (if there ever was one).” Berlin I

For August 1, 2020 the initiatives *Querdenken 711* from Stuttgart [*Querdenken* means lateral thinking, or thinking out of the box, the number refers to the area code of the region where the respective *Querdenken* group is based] and *Nicht ohne uns!*



Fig. 1 “We are the second wave!” Berlin. August 1, 2020.

[Not without us!] from Berlin – both formed early in the wake of the protest against the measures imposed by the government at the end of March 2020 to contain the spread of SARS-CoV-2 – have called for a large demonstration in Berlin under the slogan “The end of the pandemic – the day of freedom”. *In the future, a new holiday should be added to the calendar on August 1; it will be celebrated as the Day of Liberty*; that’s how the Stuttgart IT entrepreneur, co-organizer, and founder of the *Querdenken* movement Michael Ballweg announced the demonstration in a video posted on YouTube. A bus company offered cheap rides from all over Germany. Accordingly euphoric were the expectations on many YouTube channels of the critics of the measures, who in the meantime have networked themselves into a Germany-wide protest scene. Around noon, there is to be a demonstration march through the city center ending with a rally on the Straße des 17. Juni. When I arrive at Brandenburg Gate at the announced time, I meet

only isolated small groups speaking Swabian dialect and wearing *Querdenken 711* T-shirts, who are also searching for the demonstration, and at first I think the whole event is turning out to be a flop. But after I briefly have something to eat and come back to the street Unter den Linden, a huge procession is moving along the street; others also tell me later about the moment when the crowd suddenly appeared out of nowhere.

At first glance, the participants are a very heterogeneous group, a colorful mix of clothing styles and ages, all mostly crowded together and largely without masks. A police bus at the side of the road repeats like a mantra and ineffectively that social distance must be kept and masks must be worn. The sun burns down from the cloudless sky, the mood of the people is exuberant, and numerous journalists stand on the sidelines, filming the procession or reporting live themselves. The march reminds me of Gerhard Seyfried’s humorous comic books about the left-wing alternative scene in



Fig. 2 Demonstrators and counter-demonstrators trying to talk to each other. Berlin. August 1, 2020.

West Berlin in the late 1970s and early 1980s. Many protesters carry homemade cardboard signs with sometimes very long messages in German:

“Interest-led virologists + power-hungry politicians + money-hungry pharmaceutical industry + synchronized media = Corona pandemic”,

“Stop the plandemic. Many more people die from the measures than from Corona! Our children suffer mentally! Our fellow human beings die due to postponed surgeries and in old people’s homes due to loneliness! More suicides in a month than in the whole year! Dear people, defend yourselves and protest, e.g. with posters and/or T-shirts. Stop the financial and pharmaceutical mafia, their ‘Groko puppets’ and the vaccination and muzzle madness!” [“Groko” is the abbreviation for the Grand Coalition],

“Black Lives Matter? Corona hysteria = hunger pandemic in Africa”,

“Basic rights are not a treat”,

“We are the mosquito in the bedroom of politics!”,

“Whoever participates is guilty!”,

“Grannies for Enlightenment 2.0” [this slogan ironically refers to the movement “grannies against the right”, which usually demonstrates against the Corona protests which many label right wing],

“Democracy needs freedom!”,

“Stop the lies, enslavement, and abuse of power”,

“Nobody intends to introduce compulsory vaccination!” [alluding to East Germany’s leader denying that the Berlin Wall was being planned, a few weeks before it was built],

“We are the second wave!”,

“No to the dictatorship of the new normal!”,

“For medical autonomy!”,

“Neutral studies!”

“Merkel out!”

On one sign is a collage of pictures of the German chancellor Angela Merkel, Germany's Federal President Frank Walter Steinmeier, Vladimir Putin, and Donald Trump. Merkel and Steinmeier are crossed out, as is "GEZ" [which stands for Germany's mandatory fee that funds public television and radio stations]. Next to it, the black-white-red flag of the German Kaiserreich and a Q cut out of a U.S. flag [referring to a movement that assumes that an unknown person or group under the pseudonym Q from the so-called Deep State of the USA reports about the secret machinations and plans of a pedophile elite with the aim to put a stop to them; Donald Trump is considered to be an ally of Q]. Elsewhere, someone carries a cardboard sign with a cover of the magazine *Compact*, on which the head of Bill Gates is depicted and subtitled "The Vaccine Dictator". Someone has written on his green parasol in felt pen: "Basic rights must be preserved". There are German flags and black-white-red flags of the German Kaiserreich and now and then German imperial war flags. In addition, there are also many rainbow flags and flags with peace doves.

Many protesters also state their demands on printed T-shirts:

"It's nobody's business... but I'm exempt from mandatory masking due to PANIC DISORDERS!",

"Reacting with mandatory masking 3 months after Corona outbreak is like using a condom during sex when the woman is already pregnant!"

Someone else is wearing a white T-shirt with a German flag; underneath it is written "R.I.P. Fundamental Rights".

In felt pen on another T-shirt: "Fake virus - The lie in which WE live. Freedom of speech!!!", combined with a crossed-out GEZ sign.

Several times a self-written Q can be seen.

The T-shirts are often used to express one's own media consumptions. For example, the slogan "Who, if not me?" refers to the latest book critical of Merkel by Henryk M. Broder, who runs the conservative website "Achse des Guten" [Axis of Good]; "Believe little, question everything, think for yourself?" refers to the book by former SPD politician Albrecht Müller, who is co-responsible for the website *nachdenkseiten* [serious thinking pages]; and "Es kommt immer anders, wenn



Fig. 3 Things that the protesters can agree upon. Berlin. August 1, 2020.



Fig. 4 Hysteria and hunger. Berlin. August 1, 2020.

man denkt" [Things always turn out differently when you think] refers to the Internet magazine *Rubikon*. All of these are media that in the meantime play an important role among critics of the measures.

I would probably have been able to identify the views of the group of ten men, by their appearance, even without their T-shirts with the imprints "Blood & Honor", "Deutsche Jungs" [German Boys], "Der Dritte Weg" [The Third Way = the name of a small neo-Nazi party] and "Ruhrpott" [A local term for the polycentric urban Ruhr area in North Rhine-Westphalia] on T-shirts in *Fraktur*, an old German style of lettering similar to Gothic typeface in English.

At Brandenburg Gate are about 30 mostly young counter-demonstrators wearing masks and holding identical signs and flags from the campaign "Stand up against racism" of the "Association of those Persecuted by the Nazi regime – Association of Anti-fascists (VVN-BdA)". Their slogans emblazoned on a circle in rainbow colors:

"No place for Nazis!";

"No to agitation against Muslims!";

"Stop the arsonists!";

and in front of a picture of the right-wing AfD politician Björn Höcke raising his arm in a Nazi salute: "Never again!";

in each case with the addition: "No podium for the AfD!"

The counter-demonstrators alternately chant:

"Alerta Alerta Antifascista!";

"Nazis out!";

"Get out!";

and a derisive "You lost the war!"

One participant in the Corona demonstration later reported that in the section of the march she was in, the protesters joined in with the "Nazis out!" chants of the counter-demonstrators.

A little further, two young women and a man, the latter wearing a "Fight Racism" T-shirt, stand on the sidelines, all wearing masks and talking to some demonstrators. The mood is aggressive, one young woman asks an older protester if she doesn't know with whom she is demonstrating here and shouts at her that the world has just the biggest problem ever, while and she merely feels limited in her freedom by a mask. The woman, probably in her late fifties, tries to explain to her that the danger is not particularly serious, that she

only needs to inform herself properly once, then she would also recognize this and advises her to take off the mask, because under it one gets bad air and can no longer think properly. The other young woman objects that her boyfriend has leukemia and belongs to the risk group, if she can protect someone's life with a small gesture, why shouldn't she just do so? Another woman interferes from behind and calls out that they simply have to realize what is behind all of this, that it is about something completely different than wearing a mask or not.

During the rally, the number 800,000 makes the rounds among the participants; that's how many demonstrators the police would have confirmed. And one could confidently add quite a bit to the numbers of the police. Later, a speaker on stage says the number of participants is 1.3 million. The performances on the stage are broadcasted via several large screens on the *Straße des 17. Juni*. The moderator is Nana Domena, who, in an eccentric, entertainer-like manner, repeatedly and alternately calls out the words "peace" and "freedom" and asks those present to shout back the respective other word. Which many do. Just as they follow his regular invitation to form a heart with their hands and hold it in the air or in front of their chest. A search query on the Internet takes me to the page of the Cologne tabloid newspaper *Express*, in which he is described as "Cologne's party celebrity" and "Cologne's shrillest and most hyperactive party and Internet moderator", who has recently sought out a dubious stage to put people in a good mood. When its Michael Ballweg's turn, the founder of *Querdenken* and co-organizer of the demonstration, he speaks of the "freedom virus" having reached Berlin.

Next to me is a couple from Berlin, about mid-40s. I ask them what their main criticism is. The man says that he works in the restaurant business and that the Corona measures have pushed an entire industry to the wall, that it is not going to be pushed to the wall, but has already been pushed to the wall, and that people just don't notice it yet because so much borrowed money has been pumped into it. In the meantime, he considers the measures excessive, since the virus has not turned out to be particularly dangerous. And it is completely unclear what the strategy of the federal government is; first it was called "flattening



Fig. 5 Germany, Sweden and the Siegessäule. Berlin. August 29, 2020.

the curve” to avoid overloading the health care system; when in the end there was no shortage of beds, it was suddenly about the reproduction factor; and now the reproduction factor is fine and the measures continue anyway. And in the news, you always hear only bad news, there is no glimmer of hope at all, especially for entrepreneurs. There simply seems to be no plan as to what exactly the goal of the measures is. The woman is a physiotherapist and says for her it is about a different approach to health, there are so many things in nature that have healing powers; unfortunately, the relevant knowledge is increasingly lost or pushed into the background.

After some time, the police turn off the electricity and stop the meeting because the hygiene requirements are not being followed. It takes a very long time for those present to slowly leave; many remain seated in front of the stage shouting, “We’re staying here!” As I make my way back home, two young female bicyclists pass by and I hear one say to the other that the whole world is suffering from Corona and the people here are demonstrating against Corona measures; she

can’t believe it. Afterwards I see a sticker at a traffic light advertising today’s demonstration. Above a picture of the Brandenburg Gate it says: “Day of freedom 1.8.20 / The end of the pandemic (if there ever was one) / Berlin we’re coming (again, as often as is necessary)”.

“You are standing here today because you no longer want anyone to tell you how to live and think.” *Berlin II*

For the end of August, another demonstration is announced by *Querdenken 711 Stuttgart*, among other things to provide proof of the large number of participants. After the demonstration on August 1, the police had spoken of 17,000 participants, which they later corrected to 30,000, which is still in great contrast to the nearly one million that the organizers still assert in retrospect. This time the demonstration is titled “Berlin invites Europe – celebration for freedom and peace”. On the way to the rally at the Siegessäule, I pass numerous camping buses, from one of which a group of alternative-looking young people gets out with

a self-written cardboard sign, “Never again war, never again fascism!”, and I wonder if they are going to the Corona demonstration or the counter-demonstration.

I sit down on a wall near the stage and watch the square slowly filling up. A man around 60 passes by on his bicycle, stops, and asks the bystanders, *What is going on?* After someone answers him, he says dryly, *Ah, they apparently want to cancel Corona.* As he does so, he taps his cell phone, looking uninterested. *I guess they don't know what Corona does, I have two in the family that had it.* Then he rides away.

In front of me, a group of good-humored people in their 70s, as I suppose, install themselves with folding chairs and coolers. Yes, says one of the women, laughing, one learns, they were already here on August 1, and it was so hot back then and they had nothing to drink. Later, still laughing, she shows her crocheted mask with big holes and, with a smoky voice, tells the story of her granddaughter, who told the teachers at school, who were worried about her grandparents, that her grandmother was *in resistance*.

From the wall, I have a good view of the sea of self-made signs and discover the cardboard sign with the inscription “Never again war, never again fascism!” among the demonstrators. It is one of very many mostly in German:

“Policemen of Germany / We need you!”,

“Stop the masked ball”,

“Masks down! No panic! Show your face!”,

“Overmortality = Pandemic”,

“Corona false alarm / Measures crisis / Biggest misjudgment of all times / Corona is not a killer virus / No increased mortality! / Hunt for infected people (sick people don't matter!) / Pandemic is over! / Unified media (GDR) / Democracy???

/ Driving a car is more dangerous / Defamation of dissenters / Goodbye knowledge... Suspicion rules the world / Modern slavery / Corona – dumbing down the people”,

“Resignation of Interior Senator Geisel as ‘democracy pest””,

“Stop the neo-Nazis. Never again dictatorship”,

“Plandemic of PCR tests. Tests up = sick people up / Tests down = pandemic down”,



Fig. 6 “For a better world.” Berlin. August 29, 2020.

“For all our children. Love is life and masks are death”,

“There is only one risk group to protect! That is our children. The others can decide for themselves. Children must not feel that they are a danger to others just by existing. No mask for children!”

“American world fascism is the goal. Corona is just the way to get there”,

“Corona dictatorship”,

“Covid 1984”,

“Merkel must go. We can manage it!” [referring to Angela Merkel’s statement “We can manage it!” when it came to accepting a large number of refugees in 2015],

“Give us back our basic rights!”

“Measures destroy lives. Suicides, depressions, panic, bankruptcies, violence, mass unemployment, divorce, poverty!”

“Why dies of the virus: ONLY freedom?”

“For a country in which not only politicians live well and with pleasure!”

“Together in the direction of world peace”,

“Obedience and humility you should show (... and never inform independently)”

“AHA-Regel der Freiheit = Aufwachen, Hinterfragen, Absetzen der Maske & der Regierung” [the AHA rules are *Abstand halten* – keep distance; *Hygiene*; *Alltagsmaske tragen* – wear a mask in everyday life. The slogan here finds new words in German that begin with A, H, and A: “AHA rules of freedom: wake up, question, take down your mask and the government”],

“Jesus Saves”,

“Save the Economy! No 2nd Lockdown”,

“Let He Who Is Without Measure-Sin Cast the First Stone”,

“Toxic Triad: Charité hospital, Bill & Melinda Gates Foundation, Boston Consulting Group. Global Health?”

“Dialogue, transparency, & open scientific discourse, save peace & life”,

“I have a right to self-determined dying, but not a right to self-determined life!”

“The people came, saw the truth, and won!”

“Stop all senseless measures immediately”,

“Stick your 400-million gene vaccinations up your own ass! Forced vaccination IfSG §20(6) No thanks!”

“Don’t pay the Bill!”

“In doubt for freedom #showyourfaceagainst-vaccination! Los Coronazis no pasarán”,

“God is with us”,

“Peace treaty with Germany”,

“Whoever bans demos promotes anarchy”,

“The majority of the population does not understand what is really happening. And it does not even understand that it does not understand. Noam Chomsky”,

“Frankenstein’s mRNA vaccine without product liability – who wants that?”

“Against stupidity no vaccine helps!”

“I stand here also for you and your children”,

“I am NOT: Corona denier, Reichsbürger, or right-wing extremist and still HERE!”

Above the slogan “The only two reasons to wear a mask” is a picture of Angela Merkel [the chancellor] and Jens Spahn [the Minister of Health] with masks over their entire faces.

Above the poster “Freedom. No medicalization of life. No expropriation of health” flies a small flag of Germany’s federal state of Baden.

For “Quo vadis? WWG1WGA” the Q is large and set off in red.

A young couple passes by with bicycles and a small child, on whose child seat is written, “Our Breath Our Soul Our Children Our Love Our Body Our Freedom Voluntary and Unharmful”.

Someone else with a bicycle wears a shirt in German colors with a large peace dove button.

A woman wears a cutout heart in German colors with the slogan: “Scandal! I love my country”.

A large banner next to the stage reads: “Corona panic eats Basic Constitutional Law.”

Frequently encountered is the slogan: “Where injustice becomes right, resistance becomes a duty!” It appears in the most diverse variations, as a self-written cardboard sign, as a large banner in front of the booth of *Querdenken Mecklenburg-Vorpommern*, as a printed T-shirt, either sans-serif or in Fraktur, a Gothic script.

The protest T-shirts are also numerous:

“Fuck the Virus”,

“FCK CRNA”,

“Corona fear? Math helps!”

“Corona swindle 2020”,

“A_lles H_altlose A_ichtmacherei” [alluding to the so-called AHA rules, but here “everything baseless attention-getting”],

“Mindfuck twenty#twenty”,



Fig. 7 PCRdemic. Berlin. August 29, 2020.



Fig. 8 "Measures destroy lives." Berlin. August 29, 2020.



Fig. 9 Prophecy. Berlin. August 29, 2020.



Fig. 10 “Left-wing friends, where are you? You are missing!” Berlin. August 29, 2020.



Fig. 11 Fact checkers. Berlin. August 29, 2020.

“Completely normal citizen”,

“Widerstand2020.de” [“Resistance 2020” is the name of a newly founded party critical of Corona measures],

“Manipulated / Lied / Stolen / Merkel / Muzzle? / I disagree!” Between the words on this shirt are pink coronaviruses on a black background.

T-shirts from the last demonstration are also common:

“The end of the pandemic 1.8.20 Berlin”,

a couple in matching his-and-hers T-shirts: “Courage to express your opinion! I am proud to be a conspirator. Demo 1.8.2020 Berlin ‘Day of Freedom’”, with a winking smiley.

Another has “The virus of the moment: crazy people leading the blind” on his chest and “Television is not created for idiots – it creates them” on the back.

“Angela, this is your people” [which makes a rhyme in German: “Angela, Dein Volk ist da!”],

“Family of humankind”,

“We are the sovereign”,

“Tin foil hat wearer, conspiracy theorist, Weir-do, right-wing and left-wing, anti-vaccination, Querdenkerin, German”.

One woman has written “For a better world” on her T-shirt using felt pen,

another has drawn a peace sign and written underneath: “There is no way to peace, peace is the way.”

A large printed banner reads, “Lock them up finally!” Below, photos of Bill Gates, Christian Drosten, Angela Merkel, Jens Spahn, Markus Söder, and Lothar Wieler.

The printed poster “No Hygiene GDR” looks like an AFD party design, but refrains from naming the party, which can be read only on the flyer its bearer is handing out.

Many flags can be seen, including: Swedes, Saxons, German Reich war flags, and lots of German flags, sometimes with, sometimes without “We are the people” inscription. Next to them, flags with “Keep America Great 2020”, Rainbow flags with and without “Pace” printed on them, and peace doves. There are also larger groups from Holland



Fig. 12 “Hygiene rules of freedom: Wake up, question, remove mask and government.” Berlin. August 29, 2020.

and Belgium among the demonstrators, who carry their national colors and flags.

A woman with gray hair, presumably of retirement age, with a classic blue peace flag and matching button on her T-shirt carries a self-written cardboard sign in front of her belly: “Left-wing friends, where are you? You are missing!”

I consider the man with the tin foil hat and the Reichskriegsflagge, which reads “Deutschland Treue um Treue” [Germany loyalty for loyalty] in Fraktur lettering, to be satire.

The man carrying a six-pack of Corona beer around apparently also wants to show a sense of humor.

On stage, Michael Ballweg gives an opening speech in German:

And I stand here with the German Basic Law, which has guaranteed us basic rights for more than 70 years. It is the best thing that has happened to us so far, but could not protect us in 2020 from the government increasingly arrogating power. Currently, the constitutional majority is a majority of the Bundestag and Bundesrat, which means the people are not asked. And there is an important article in the Basic

Law, which, significantly, is also the last article in the Basic Law. It is Article 146: “This Basic Law, which shall apply to the entire German people after the completion of the unity and freedom of Germany, shall cease to be valid on the day on which a constitution comes into force which has been freely decided by the German people.”

That is why we are starting today to give ourselves our own constitution, which will correct these weaknesses and return power to us, the people. The constitution is to be given by the sovereign and not by the Bundestag and Bundesrat. I have never done this before. I have learned in recent weeks that my strength lies in uniting people. That’s why I’m confident that we can do this together. You are standing here today because you no longer want anyone to tell you how to live and how to think. And we are the constituent assembly. I call on all people nationwide to come to Berlin and work with us on a new constitution. We have created ideal conditions here. There are more than 60 truck stages where we are opening up the debate space and people are allowed to discuss and speak, free of prejudice. The Querdenken camp is registered for 14 days. And on the main stage, there will always be a

daily summary of the results. [...] And I hereby call on the police to protect our constitutional assembly.

I get into a conversation with a man in his mid-forties from North Rhine-Westphalia who works in the advertising industry. He had followed the demonstration on August 1 only on YouTube and had also heard the discussions about the number of participants, but now he wanted to see for himself. At home, he finds no support for his critical view of the measures. Many of his friends are physicians who are critical of the measures, but do not take any further action. At work, he said, everyone was uncritical and told him he was the only one they heard such critical things from. And all their circles of friends believe one hundred percent of what they are told by the government and the media. There are so many discrepancies. He had already asked himself whether he was not traumatized for some reason and thus in a delusion, making him the only one who sees the world completely differently. The people would mostly not deal with the subject in terms of content. When he sends people videos asking them to take a look at them, for example the lectures by John Ioannidis from Stanford, he doesn't get any feedback on the content, but only something like: well, what kind of guy is that with his shaggy hair and he can't do a proper PowerPoint presentation either, that can't be anything reasonable. In his experience, no one listens to the arguments.

He seems very well informed about all the details of the debate and says that he would really like to believe that everything is so bad and that the measures are therefore necessary, but the statistics provided by the Robert Koch Institute are simply not convincing and the measures are not consistent and convincing if one assumes that it is as bad as claimed. For example, he lists all the common types of masks, none of which provides sufficient protection against viruses. He notes that viruses can also be absorbed through the eyes, that the masks should actually be thrown away after being worn once, that fabric masks are so damp after an hour that they become permeable, that there are some masks that protect only the wearers but not the others. Most people don't even understand who is protecting whom. He wears a mask in the supermarket, for example, but only because he knows that others are afraid, not because he thinks it makes sense. He distanc-

es himself from conspiracy theories, but for him it is clear that we are being lied to, but it is unclear who is doing that and why. And he wonders whether the politicians are doing it knowingly or unknowingly. It is often said that the financial system is at its end and that Corona has been found or invented as a scapegoat that can be blamed for the inevitable crash. But perhaps it's simply that politicians realize that they gain prestige by making tough demands. Just as Söder could suddenly hope for the chancellorship, and Laschet's hopes for it dwindled further and further after his plea to ease the anti-Corona measures. And then it all develops a momentum of its own. Politically, everything has shifted for him. He used to read the *Neue Züricher Zeitung*, the *Frankfurter Allgemeine Zeitung*, *DIE WELT*, and the *taz* and assumed that he was then fully informed. That isn't the case anymore. He used to hang out with people from the Antifa, but he can no longer imagine that. In his view, the Antifa fails completely in Corona times.

In the Internet magazine *Rubikon*, he found many good contributions by philosophers on Corona. He worries about a split in society and thinks people should stop thinking in camps and just judge people by what they say and pursue more common goals. You should be able to think anything without immediately being labeled radical right-wing; there should be no restrictions, he studied philosophy, and philosophy has to cross borders, in that sense almost all philosophers have been radical right-wing at some point. It has even happened to him now that he had to agree with an AfD politician. A few days ago, he saw a speech on YouTube by Martin Vincentz, the AfD's health policy spokesman in the North Rhine-Westphalia state parliament, and he could only agree with all he said. Among other things, Vincentz got to the heart of the matter with the tests: on the one hand, the numbers of infections presented were not put in relation to the number of tests conducted; the presentation of absolute numbers alone gives a completely false impression. And on the other hand, the very mention of infections was wrong, because the test alone was not suitable for diagnosing an infection, as the developer of the test also stated; the PCR test was a highly sensitive diagnostic procedure that proved only that those tested had had contact with the virus at some point. But even if one assumes that

positive test results are equivalent to an infection, one must also consider the so-called false positive rate, which is about one percent. And the more asymptomatic people are tested, the higher the absolute number of false-positive results. Therefore, it is essential to always put the results in relation to the number of tests, and for months this ratio has been around one percent, which should not be a cause for concern. In addition, the one percent would also correspond to the false-positive rate, which is why one could even say that there are no positive results at all and certainly no infections. However, all this cannot be seen if, as usual, only absolute numbers were presented. And all the measures are based on these numbers, which was total insanity, if one thinks about it. Even the absolute numbers were not particularly bad at the moment, but all we heard in the news was that everything is still extremely bad. Because no bad news could be delivered from Germany at the moment, we were now always presented with absolute numbers from abroad until we can then continue with Germany again in the fall.

On stage, the Green politician Claudio Sieber from Flensburg talks about how he criticized the measures and was laughed at by his party and how he realized that the decision-makers were uninformed and ignorant and that all measures were based on the statements of a single scientist. This is followed by a speech by the lawyer Reiner Füllmich in which he explains his planned class action lawsuit in the USA against Christian Drosten, Lothar Wieler, and Jens Spahn, because the PCR test, which is used worldwide as the basis for measuring the infection figures and thus for the measures, is unsuitable.

Afterwards, I join a conversation between a man wearing a "Trump 2020" baseball cap and a *Querdenken* T-shirt and two women, all around 50, who ask about the black, white, and red flag the man next to him is waving. He thinks it's the flag of our actual constitution. At the moment, he says, we are not sovereign, but still occupied. Then he shows us that he has returned his *Personalausweis* [the identity card of the Federal Republic of Germany], he merely had to prove ancestors until 1914, after that it was no problem. Now he is protected against seizure, for example, he explains. At the moment we have no human rights, we all have signed that away when we applied for

our current identity cards; only if we returned our identity cards would we have human rights again. The two women ask him what he calls himself, to which group he belongs, is he a Reichsbürger [literally meaning a citizen of the German Reich from 1871-1914; the term is used by a group that refuses to recognize the legitimacy of the Federal Republic]? The media would certainly say so, he answers, but he is a Bundesstaatler [someone loyal to a federal state, rather than the whole republic]. The Reichsbürger like Hitler, he says, but he himself regards Hitler as an asshole. The two women inquire which Internet site one has to go to in order to apply for this. One of them asks him if he knows Thorsten Schulte, from whom she has just ordered his book, *Manipulated: 120 Years of Lies and Deception*, but it hasn't arrived yet. Yes, he says, but he's a bit mad at him right now, because he doesn't understand why he doesn't accept the Deutschland GmbH thing [the assumption that the Federal Republic of Germany is legally not a sovereign state, but a company; GmbH is the abbreviation for Gesellschaft mit beschränkter Haftung, meaning "company with limited liability", which is a common type of legal entity of companies], and he wonders which side Schulte is actually on. He himself had fled from the GDR to the West and never thought that things would get as bad as they are now. Now everyone was to be vaccinated with vaccines that were no longer biological but changed our DNA, which we would not be able to get rid of for the rest of our lives. The other woman says that in the GDR they were also lied to with numbers and that there were also compulsory vaccinations and that they didn't know anything about all the vaccine damage back then.

I ask the man why he is in favor of Trump. Because he would sign the peace treaty, he had already offered Merkel, but she had so far refused.

Two demonstration stewards with yellow *Querdenken* vests come by and ask the man next to him to roll up his flag. After a short conversation, they say in a friendly way that they are glad that they are now educated about the flag, but it just doesn't look good when such flags are shown on these demonstrations, the media just don't understand it. Thereupon he rolls up the flag.

On stage, the medical doctor Heiko Schöningh of the initiative "Physicians for Enlightenment" speaks about his research on Corona being the

biggest coup of organized crime ever. Towards evening, the “Citizens in Uniform” appear, as well as the editors of the weekly newspaper *Democratic Resistance*, which was founded at the beginning of the pandemic and appears – maybe but not definitely ironically – in a tabloid newspaper style. They emphasize again and again that it is the biggest weekly newspaper in Germany. Anselm Lenz, one of its founders, appears in a suit and says, *My name is Anselm Lenz* (which strikes me as somewhat embarrassing, since he seems to do it in a way as if it were not really necessary to introduce himself, but he does it anyway out of feigned modesty visible to all – kind of like, “My name is Johnny Cash”). He talks about revolution, he talks about proclaiming the 7th Republic. He says we are all standing together now, whether right-wing or left-wing does not matter at the moment, because it is about the one thing, about our shared goal, and after we have reached that, we will divide up again and go our own ways, get out of each other’s way, and possibly even fight each other, but that is not of interest at the moment. Then a man from the Bundeswehr appears and says that his wife could not come today, but he had spoken to her on the phone earlier and she said, she would rather be shot than be vaccinated.

On the way back, I see a lost poster on the ground: “You need power only if you intend something bad. For everything else, love is enough to get it done. Charly Chaplin.” It starts to rain. As I get into my car, a cab drives by. The cab driver is wearing a medical mask, the passenger a crocheted one.

“Corona is an idiot test and you failed it!” *On Trump, good, evil, and being alone*

Corona is an idiot test and you failed it, a man shouts the next day to police officers who have barricaded the entrance to the Grosser Stern [great roundabout] at the Siegestsäule. The man is of retirement age, wears a red “Make America Great Again” baseball cap, and his blue T-shirt reads “Let Us Make Christianity Brave Again.” He has put on a US flag with Trump’s name embroidered on it. The Antifa is responsible for the small tears in the flag, he says. He holds in his hand a handwritten cardboard sign that reads: “Drop the criminal Merkel government over the North Pole. With a parachute

and 1 week of food. Important: masks and minimum distance.”

About 100 meters away, a group of demonstrators faces the police, who apparently just broke up the gathering. Actually, the “camp” Michael Ballweg spoke of yesterday is supposed to take place here, but obviously that is not happening. About 20 other people, all apparently at least 40 years old, gather at the barrier and start talking. Two young women in their early 20s on bicycles pass by and are prevented by the policemen from going through the barrier. One of them asks if this is because of the Corona protests, and they turn back, annoyed. *These assholes should just stay in Stuttgart*, they grumble.

The *Tagesspiegel* newspaper headlines today that there was a “storm on the Reichstag” yesterday. This is also a topic among those present, some of whom are angry about that and others dismiss it indifferently, *What else should one expect from the mainstream media?* In any case, everyone seems to assume that the action was orchestrated to put the protests in a bad light and to label the movement as a whole right-wing. I ask the man with the Trump gear why Trump is good. Trump has kept everything he promised, and that is sincerity and you can trust someone like that. I ask whether Trump has also done something good, but he obviously does not want to get involved in a conversation, merely answering slightly aggressively that he just said that.

A woman standing next to him with a *Querdenken 711* T-shirt and sewn-on peace signs adds that Trump is against the Deep State, that he is the only president who has not started a war and that he wants a peace treaty with Germany. Trump had offered Merkel to sign the peace treaty, but she had refused, for whatever reason. She had read the Basic Law last week and suddenly discovered passages that originated from the Weimar Constitution, which she had only heard about recently. Everybody could exchange his or her identity card for a “yellow certificate”. She is uncertain and asks the man with the Trump cap, but he says he doesn’t know anything about that. Actually, vaccination is her main topic. *But when you start to understand what it’s all about and what’s connected to it, it’s really shocking. In Germany, Trump is portrayed in a blatantly negative way, you can’t believe anything, even the translations, which are often not correct at*

all, you have to watch his speeches in the original. But she doesn't know enough about that to tell me more, I'd have to ask someone else.

Trump is also the topic of other discussions. A woman with a southern German accent and an alternative style of dress says that the Bible speaks of two beasts that stand for the devil, that Clinton is one beast and Merkel is also connected to Clinton, but she's not clear about who the other beast is. Trump could be, he had done a lot of good, but in December 2019 he had talked about mandatory vaccination for everyone, so she was not sure if he was not the second animal. She said there was a kind of casting show, "Looking Glass", on which people simulated the future by computers and looked to see who could best carry through their own goals. And that was Trump, who had been chosen years ago to be able to do that. I asked by whom he had been chosen and for what purpose. She does not know, she answers.

A man in his mid-50s, a concierge from Bavaria, joins in the conversation and says that it can be assumed that Trump was chosen by "them" and while he is saying that he points to the sky. He doesn't let anything bad be said about Trump since Trump is one of the good guys. To avoid using the word conspiracy theory, I ask him cautiously when he came across this "story", whether now with Corona or already before. *You mean what do I think about conspiracy theories?*, he asks laughing. Yes. He came across this many years ago, particularly in connection with the financial crisis. The Christian Democratic Union of Germany even had the New World Order in its party program. The euro will soon no longer exist. He advises people to buy gold and silver; silver is perhaps better because it has a higher increase in value during a crisis. Or a car. Or something, the current money will soon have no more value in any case. He doesn't know how long it will take until the crash, but as much money as is being printed now to keep up appearances, it can't last much longer. He had just been talking to someone who said he had his silver in a safe deposit box, but this was too unsafe for him, now he has it all at home. Another says in Melbourne they are just doing another hard lockdown. That destroys everything and he assumes that they plan to do exactly the same with us.

Another common topic is feeling lost in one's own circle of friends. A man from Baden-Würt-

temberg says he had such a fight with his housemate that they stopped bringing up the subject of Corona in order to continue living together. An elderly couple from Lower Saxony says they were all alone in their hometown and it was so good to be here among people who felt the same way they did. A woman from Berlin also says she was so alone. On Facebook, she would forward and post things critical of anti-Corona measures every now and then and was always laughed at or picked on. And then they say she is anti-Semitic. But these were all people who knew her.

"What could politics have done better?" *Late summer reading*

Early September 2020. People seem to have divided between those with fear and those without. On my way to a bakery in Sonthofen, Bavaria, I pass through a small idyllic village where two people, obviously teachers, with cloth masks in front of their mouths and noses are talking and watching their elementary school classes romp around on the sports field. The children are also wearing masks over their mouths and noses. At a traffic light, a young woman stops, sitting alone in her car wearing a medical mask. At the bakery, I encounter a long line of about 20 people that extends far out onto the sidewalk as everyone keeps a distance of one to two meters from each other. Some wear masks outside, others put them on just before entering the building, as required by a sign on the door. The saleswomen stand behind the counter without masks. There is a Plexiglas pane on the counter and a red barrier tape in front of the counter at a distance of about 50 centimeters. I place my breakfast order at a separate counter on the side, where there is neither Plexiglas nor barrier tape. Since I want to sit down in the café area, I have to write down my address, phone number, and time of attendance on a pre-printed and small cut piece of paper. It is nowhere noted what happens with the data, and no one checks whether the data I have entered are correct. At the table, you are allowed to take down your own mask.

At the neighboring table sit five women, all obviously over 70, some perhaps over 80. They seem to be in a very good mood, talking loudly and enthusiastically and laughing a lot. Again and again, the conversation turns to Corona. Don't let your-

self be driven crazy, they confirm to each other. They complain about wearing what they call funny masks and make fun of the behavior of those who, in their opinion, take them too seriously. They are indignant that others are forbidden to visit and hug them.

Yesterday, while hiking on the German-Austrian border, I came across a very old farmer's wife who was leisurely making her way to her scything husband and who expressed her calmness about Corona when asked whether the small wooden bridge that connected Germany and Austria there had also been closed a few months ago. Yes, there had been a barrier tape, but people had simply climbed over it. Many people she knows are very afraid, and you don't even dare to sneeze anymore when you're around people, but she's not so sure whether the disease is really as bad as they always say. And the old people have to die of something, after all, she concludes.

During my subsequent visit to an open-air swimming pool, a woman of pensionable age who came into the entrance area requiring a mask in front of me without mouth and nose protection also seemed to have little fear, ignoring the bottle of disinfectant provided and briefly licking the tip of her index finger before taking out the form for her contact details from the box provided. The cashier did not ask her to put on a mask.

The next morning, at the same bakery, two young women are sitting at the next table with their small children. They, too, are talking about Corona, especially about the question of returning home from vacation. On the highways at the moment are many illuminated signs saying, "Return from risk area – quarantine!" The quarantine is implemented differently everywhere, one gets different information everywhere, and it is unclear to them how it is legally regulated whether one is actually obliged to be tested if one comes back from a risk area.

The weekend issue of the local newspaper catches my attention with its headline, which promises to put Corona politics to the test. A perusal of this issue exemplifies the breadth of the current discussion and problems; there is hardly a contribution in it that does not mention Corona: the front page reports how the cancellation of the Oktoberfest is affecting Munich celebrities and this year's Playboy-chosen "Wies'n Playmate", who

is quoted as saying it is doubly unfortunate for her that the festival is not taking place this year. One article deals with the effects of Corona on the Germans' relationship with their "17th state", Mallorca. Another is about the balance of climate protection measures: although the fight against the Corona pandemic has greatly reduced carbon dioxide emissions, it is still too little. The business section explains how a water sports fair on Lake Constance will be run under Corona conditions and that Lufthansa will have to cut jobs further as a result of the Corona travel restrictions, despite massive government financial aid. The local section opens with a report about a tent rental company that was hit particularly hard by the cancellation of the cattle herding celebrations.

Experience with the general obligation to wear masks at Bavarian schools, which has been in force since the new school year, are also discussed. This general obligation is to be lifted after the weekend again, because fewer people returning from travel mean less danger. Nevertheless, the obligation to wear masks on school grounds remains. And if the number of infections increases, the general obligation can be reintroduced at any time. Very different assessments of mandatory masking are quoted, ranging from "unbearable imposition", to the acceptance of a necessary health protection, to regret about the lack of group instruction, which would be avoided even after the end of the mandatory masking in the classroom and would be a pedagogical regression.

A commentator draws a positive balance: the mask obligation was correct. There are indeed more pleasant things than sitting in the classroom with a mask in almost midsummer temperatures. But let's be honest: there are worse things. She also cites the return of travelers and a high incidence of infection in neighboring countries, which is why this measure made sense. *Now, some may argue that children and adolescents are unlikely to be at serious risk of developing Covid-19 anyway, and that it is therefore unnecessary for schoolchildren to wear masks. But that is too shortsighted. It is primarily the at-risk groups that need to be supported. To do that, it's urgent that the spread of coronavirus is contained – and that grandchildren don't carry a potentially deadly disease with them to grandma and grandpa's house.* However, those responsible should ensure that public transport is equalized

at peak times so that the protective measures in the schools are not reduced to absurdity as pupils squeeze into often hopelessly overcrowded buses and streetcars after the end of the school day.

The article below that puts into perspective the reports about a 26-year-old American woman who was denounced by the BILD newspaper about a week earlier as an irresponsible, pleasure-seeking “superspreader” because she had infected other people through negligent behavior, for which she was then threatened with “severe consequences” by the Bavarian State Premiere and the Bavarian Minister of the Interior. Apparently, she had not gone on a “pub crawl” as reported, and it was unclear whether she had infected her colleagues in a pub she had visited or whether she herself had been infected there. In addition, it is unclear whether a quarantine was prescribed for her or only recommended after her positive test.

In an interview, cabaret artist Gerhard Polt is outraged by the term “systemically important”, which has been used since March to describe professions in the healthcare, utilities, and transportation sectors. He finds this term scandalous, even more so when it is used by higher authorities. Playing does not have the value of work for them. System-relevant solidarity is a paradox in itself. Not only artists and musicians, there are many people who are not considered systemically relevant by politicians. Folk musician Michel Weil, interviewed with him, adds that he hasn't performed since March 1. *Culture was not mentioned at all in the first five or six weeks. When rules are made in Germany, they rage.* Asked what he would like to see from politicians now, Polt says, *I would support artists financially in every way so they can pay their rents. And one would have to rethink the previous measures. If I'm allowed to fly to Mallorca in a full plane, why are only 100 people allowed into a large theater? Here in Munich, 2,000 young people without masks regularly meet at Gärtnerplatz to drink beer until three in the morning. Some of the measures are absurd.*

In the sports section, after *the many uninteresting articles also in sports about Corona regulations, analyses of hygiene concepts, comments on the minimum distance, considerations of aerosols*, a columnist jokingly looks forward to the really important questions, which now finally *no longer have a stupid virus at the center.* [...] *The start of the Bundesliga*

season is not only magical for players and fans (who are now allowed to get closer to the players again). All members of the press are also looking forward to the new season with gleeful excitement. They are united with supporters and players in their love of the game. Alongside this, a report on FC Bayern Munich's first game of the new season, which was won 8-0 against Schalke in their own stadium without a crowd; the player Kingsley Colman was not present, but in quarantine due to a positive Corona test. The 1. FC Cologne should have played today against TSG 1899 Hoffenheim actually in front of 9,200 spectators, but the city of Cologne had withdrawn the permission for this 20 hours before the start of the game due to the increased “Corona incidence number”. The column “The Question of the Week” deals humorously with the pros and cons of looking forward to the Bundesliga. One journalist feels reminded of the good old days and looks forward to hearing the rapid clicking and popping of the balls, which otherwise drowns out the jumbled shouting of the spectators. *In the old days, at the kick between the laundry poles, there were no spectators either. The game was the game. Thrown back on itself. Those who know this can easily deal with ghostly scenes.* His antipode considers the emotions in a full stadium, including beer serving, fanaticism, and dirty chants, indispensable. *The idea of spectators tamed under sophisticated hygiene tactics, distributed like masked chess pieces on the board in the stadium, is nothing to look forward to. Like mildew, the new reason of state “Corona measures” covers the start of the Bundesliga. [...] In his compartments, on the other hand, the sad fan already sees his own Corona table, in which there are point deductions for suspected cases in the stadium. And referees who have the goal disinfected after crossbar hits.*

In addition to this, we can read that the upcoming Carnival in North Rhine-Westphalia will be largely cancelled due to Corona and, aside from an article about the additional income of Allgäu politicians, that the indoor swimming pool in neighboring Immenstadt will remain closed for an indefinite period because the ventilation technology does not meet the “Corona requirements”.

In the “Weekend Journal”, one page is an assessment of what is currently known about the “Corona course”, that is, the development of Covid-19. It is illustrated with an intensive care patient whose face is covered by a nose-and-mouth

protection and around whom seven people in blue protective suits and masks are concentratedly caring, apparently a picture from Spain, because underneath it says, *In Spain, the situation in hospitals is already much more strained*. Since physicians became familiar with Covid-19 a few months ago, the picture of the disease and thus also of therapy has changed significantly, which can be seen in intensive care guidelines. The fourth version is now being worked on, and the article cites numerous clinicians and studies from medical journals. In the beginning, it was known only that the virus could cause a lung disease with dramatic courses. However, one doctor said, it was quickly learned that it was a multi-faceted disease and that patients had a wide variety of symptoms. Compared to the 2017/18 flu epidemic, Covid patients tended to be younger at admission and were treated for significantly longer, had more severe courses and higher mortality, he is cited. The disease is roughly divided into two phases: a viral phase, in which the pathogen multiplies in the respiratory tract and lasts up to ten days after the onset of symptoms, and the inflammatory phase, in which the inflammation affects almost all other organ systems beyond the respiratory tract and can trigger thromboses. In the worst case, there is a risk of a cytokine storm, an escalating reaction of the immune system. People with vascular damage such as cardiovascular disease are therefore particularly at risk, as are people with pre-damaged lungs, kidneys, and liver. The administration of blood thinners has therefore proved helpful, but the search for medicines has so far produced more disappointments than successes, although the cortisone preparation dexamethasone, which is supposed to slow down the cytokine storm, is currently giving cause for hope. Claus Wendtner, who treated the first Covid patients in Germany in Munich and whose team published the results together with virologist Christian Drosten in the journal "Nature", assesses the current situation as quite relaxed. He sees significantly fewer severe cases than in April, which is probably because more young people are weathering the disease at home, and that it has been possible to better protect vulnerable groups. Whether this will remain the case next fall remains to be seen, but in view of the unknown number of unreported cases, he suspects that the case mortality rate will remain well be-

low one percent. The article concludes that many questions are still open, especially with regard to long-term consequences, but, as the president of the German Interdisciplinary Association for Intensive Care and Emergency Medicine is quoted as saying, one must assume that patients with a severe course will continue to have problems for a long time.

A double-page spread puts political decisions of recent months "under the looking glass: What could politicians have done better?" One journalist looks at the question whether the lockdown imposed in Germany at the beginning of March could have been avoided, whether the same path could not have been taken as in Sweden, which did not impose curfews and did not close its stores. His answer is: yes, but that could not have been known at the time, even if *the much-discussed microbiologist Prof. Sucharit Bhakdi* may have known this at the time when he wrote the bestseller *Corona False Alarm?* together with his wife. And that is why he thinks the German government has acted correctly. He attributes the decline in the number of deaths in Germany and Sweden to the increase in medical knowledge described in the above article and the associated use of anticoagulants and dexamethasone. In countries with inadequate healthcare systems, like the USA, this development takes longer. One sentence later, he states that it is now proven that the virus is hardly dangerous for many people, and that the numerous tests carried out recently show that many people are infected but show no or hardly any symptoms. What can be learned from this? There must not be a second lockdown under any circumstances.

The same author has written another article about the sense and nonsense of testing, which ends by advising the Bavarian state government to reconsider its testing strategy. The text refers mainly to the statements by Professor Harald Renz, Vice President of the German Society for Clinical Chemistry and Laboratory Medicine and Medical Managing Director and Medical Director of the University Hospital of Gießen and Marburg. The tests are too inaccurate, have too many false-positive and false-negative results, are only a snapshot, and a positive test also says nothing about whether the person tested is infectious at all.

Another article deals with the *confusion around a small piece of cloth*. It roughly traces the conflicting assessments of the effectiveness of the masks that have been announced by official bodies in the course of the last few months and assembles various voices on the subject. The tenor, however, is that a discussion about effectiveness is irresponsible because it makes people feel insecure. The pandemic could have been nipped in the bud with timely mask-wearing, and people should rather wear self-sewn masks than none at all, since it is not about the permeability of the masks, but about stopping virus-laden droplets.

Another article reports on the practical problems and hurdles encountered in applying for and receiving bridging aid for companies that are in financial difficulties as a result of the pandemic, but it considers the financial emergency aid from the government to be a success overall.

The last article, titled “Scientists as Substitute Politicians”, deals with communication in the “Corona Crisis”, which often leads to uncertainty. The media scholar Norbert Bolz is quoted emphasizing that it is politicians who make the decisions and not scientists. But politicians are often afraid to make decisions and hide behind scientists. This harms politics as well as science and unsettles the population. During the pandemic, many people were disappointed to learn that science does not offer truths, but only changing hypotheses. “Follow science” could not be a model for politics, as had already been shown in the climate debate. In her crisis speech on television, Chancellor Merkel did not argue, but admonished. This is good for people who want the political leadership to take them by the hand, but Bolz would prefer a more open and transparent discussion about how unclear the situation is. The director of the Kiel Institute for Crisis Research, Frank Roselieb, is also quoted. Even if some things did not go well, especially the inconsistent introduction of measures, for example when schools were closed but bars and clubs remained open for a few more days, the high approval rates among the population showed that all in all things had gone very well. On the federal level, he said, plans and scenarios for a nationwide epidemic that had already been drawn up in 2007 and updated in 2017 were broadly being worked through, according to a kind of script. The most important key messages, questions and

answers on how to explain the situation to people had been prepared. There is even DIN standard 17091 for public crisis communication. It could be placed next to many statements by the federal government and many interviews and checked off point by point. The only thing that went wrong was the way “Corona skeptics” were dealt with. One should not exclude them from communication, but talk professionally on the same level. In crisis communication, there is the “one hour-one hour principle”: each side presents its position for 30 minutes, then there is an hour of discussion, and then the discussion has to end.

An editorial and a debate contribution also deal with the treatment of critics of the measures. One of them sees a divided society looming and the need for everyone to come together again as the most difficult Corona aftereffect. Debate is important and this newspaper also wants to give space to voices that are critical, but not necessarily radical. Just as they would not give space to a fanatical opponent of climate protection or interview a Holocaust denier about the culture of remembrance, they did not want to provide a stage for people who downplayed the virus or dismissed it as a great conspiracy. Because we would know by now that the virus is deadly and has already killed nearly a million people. And in all likelihood, the outbreak would have been much worse without restrictive measures. Corona is not comparable to the flu. A letter to the editors also emphasizes the importance of a public debate, but this does not mean that serious media should give a platform to those who deny Corona or spread conspiracy myths. In our country, fortunately, everyone has the right to their own opinion, but no one has the right to their own facts. However, part of the struggle for the best way is to let critics have their say, and that is the foundation of democratic society. That’s what they’ve always done in this newspaper in recent months, the journalist notes, but they probably also got a lot wrong when they focused too much on a few extremes in their coverage of some Corona demonstrations, instead of reporting on what concerns and fears were articulated by the majority at many of those events.

The commentary on the opposite page, titled “Boundless Insanity”, asks readers what they think of conspiracy theories. In contrast to the 1990s, when they were as popular as they are today, con-

spiracy theories are no longer presented as fiction but claim to be true. There was talk of powerful cartels that control the world's destiny, and the name Bill Gates came up again and again. In all honesty, the author writes, he has often been annoyed by this gentleman when Windows has crashed again, but he cannot imagine him as a villain from a James Bond movie. The latest contribution to the global conspiracy story came from the USA. An anonymous informant from government circles, who calls himself "Q", is said to have learned that Democrats and Hollywood elites maintain secret camps in which children are held captive and abused, and Donald Trump is the hoped-for savior. If readers were to think that the United States were far away, he would have to contradict them, because insanity was also gaining a foothold in the beautiful Allgäu region. The other day, a car with a local license plate in front of him at a traffic light in Kempten had a sticker with "Q" on the rear window. In 1920s Germany, too, wild rumors flew around the country, and a political hazard presented himself as the savior. We all knew how that ended, he concludes.

"Do you know how difficult it is to write a new constitution?" *On the question of what should be done*

On September 13, 2020, a demonstration against the Corona measures takes place in Ravensburg. It starts at 12 o'clock. There is no obligation to wear a mask. On the market square is a truck that serves as a stage and on which some drummers hang around. In front of it there is a printed poster reading "Der Ruf der Trommeln. Wir sind laut, weil man uns die Freiheit klaut! [The call of the drums. We are loud because they are stealing our freedom!]" The first speaker introduces himself as a man of the first moment and complains that there are so few people here today. He speaks of 50, but I count 150. He urges those present to continue trying to convince others and to tell them they had been at these demonstrations, because they have good reasons for being here. The main problem, he says, is the restrictions on basic rights. Next to me is a man wearing a "Rage against the vaccine" T-shirt, and one of the organizers is walking around reminding people to keep a meter and a half distance from each other. The second speak-

er is a cabaret artist and fire performer who first thanks the police and then goes on to say that he hasn't had any jobs since March. Today, he says, is his 55th demonstration. From the very beginning, he decided to talk to the police, and in the meantime, he has spoken to hundreds of police officers, and almost all of the conversations have been positive. Except in Berlin two weeks ago, where the behavior of the police was catastrophic. And he emphasizes that this is a movement from the middle of society, neither left-wing nor right-wing extremist. His circle of friends has completely dispersed since Corona. He says the CIA invented the term "conspiracy theory" to defame critics, and the federal government shamelessly exploited that to shut people's brains off. He urges the audience to go shopping without masks and to ask people where they get their information and to explain to people what is meant by the expression "lying press".

Before the protest march starts, flyers, flowers, and copies of the Basic Law are handed out. Many participants have brought drums or plastic buckets and begin to beat in unison. We follow the



Fig. 13 Following the call of the drums. Ravensburg. September 13, 2020.



Fig. 14 “Stop the Corona lie.” Ravensburg, September 13, 2020.

truck that leads the march. Next to the drummers on the truck, a woman stands and shouts to the crowd, *Why are you here?* And the crowd shouts in rhythm with the drums, *We are here, we are loud, because we are being robbed of our freedom.* At the side, a young man wearing a face mask stands and gives a thumbs-down to the demonstrators. A little further, a man in his 40s stands at the sidelines and aggressively shouts to the crowd that they are Nazis and fascists. A woman wearing a cloth mask takes a selfie with the demonstration in the background. When a demonstrator wants to give her a flyer, she gesticulates wildly in defense and quickly moves away. A demonstrator with a guitar sings in a good mood:

*Wissenschaftler, Ärzte und auch Rechtsanwälte,
Statistiker, Virologen und Professoren.
Viele sind sich zwischenzeitlich völlig einig,
sie wollen die Wahrheit finden, das haben sie geschworen.*

Dazu zählt nicht nur Corona, leider geht's um so viel mehr.

*Oder willst Du bald wieder leben wie in der DDR?
Oder wie im Dritten Reich? Ohne Freiheit ohne Rechte,
ohne Frieden, ohne Zukunft? Das verhindern finstere Mächte.*

Darum: Warum rennst Du noch mit dieser Sklavenmaske rum?

*Zum Verstehen bist Du doch sicher nicht zu dumm.
Doch vielleicht bist Du ein Schläfschaf, dann gute Nacht!*

*Bist Du ein Schläfschaf? Dann werd' jetzt wach!
Bist Du ein Schläfschaf? Informier Dich jetzt!
Bevor es unsere Demokratie total zerfetzt.*

Früher war es der Hitler, heute sind es unsere Minister.

Plus Wieler, Drosten, Spahn, ziehen sie jetzt alle Register.

Und handeln völlig sinnfrei, sicher nicht zum Wohl des Volkes.

Das ha'm wir längst durchschaut, dass Angst und Panik so gewollt ist.

Doch die größte Sauerei ist, was der Mainstream so berichtet

und die GEZ auf ihre Zwangsgebühren nicht verzichtet.

Dass News manipuliert werden, dass sich echt die Balken biegen

und Fake News präsentiert werden und Politiker, die lügen.

Merkel, Söder, Lauterbach, zieht Euch jetzt warm an! Eure Tage sind gezählt und ich zähl mit.

Ja, Ihr werdet dafür gerade stehen, was Ihr uns angetan habt.

Ein Anfang wäre ein sofortiger Rücktritt.

Und wenn nicht, lasst Euch gesagt sein, wir werden immer mehr.

Immer mehr, die demonstrieren, ganz in Frieden.

Wenn Ihr von Gandhi nichts gelernt habt, ja, dann tut's mir wirklich leid, denn Frieden, Freiheit, Liebe werden siegen.

Zum Schluss ein Dank von Herzen an alle die, die für uns kämpfen

und die verhindern wollen, dass sie uns unter Zwang bald alle impfen.

Die den Mut haben, zu berichten, was der Mainstream uns nicht zeigt,

wenn die Löschung durch YouTube ihrer Videos weiter steigt.

Dazu zählen Bodo Schiffmann, Heiko Schrang und Markus Haintz

Bakhti, Wodarg, Eckert und jetzt auch die Polizei.

Roger Bittel und Ralf Ludwig, Thorsten Schulte sind dabei.

Ja, hören denn nicht mehr unseren lauten Hilfeschrei?

So vielen möchte ich noch danken, doch das Lied ist gleich zu Ende

Ja, Ihr lieben, so sieht's aus, dazu falt' ich meine Hände

Und frage Dich noch einmal: Warum rennst Du noch mit dieser Sklavenmaske rum?

Zum Verstehen bist Du doch sicher nicht zu dumm.

Doch vielleicht bist Du ein Schlafschaf, dann gute Nacht

Bist Du ein Schlafschaf? Dann werd jetzt wach!

Bist Du ein Schlafschaf? Informier Dich jetzt!

Bevor es unsere Demokratie total zerfetzt.

[Scientists, doctors, and lawyers, statisticians, virologists, and professors.

In the meantime, many are in complete agreement:

they want to find the truth, that's what they swore to us.

This includes not only Corona; unfortunately it is about so much more.

Or do you want to live like in the GDR again soon? Or like in the Third Reich? Without freedom without rights, without peace, without a future, because dark forces prevent it?

Therefore: why are you still running around with this slave mask?

You are surely not too stupid to understand.

But maybe you are a sheeple, then good night!

Are you a sheeple? Then wake up now!

Are you a sheeple? Inform yourself now!

Before our democracy is completely shredded.

In the past, it was Hitler, today it's our ministers. Plus Wieler, Drost, Spahn, pulling all the tricks. And acting senselessly, certainly not for the good of the people.

We have long since understood that fear and panic are deliberately stirred up.

But the biggest mess is what the mainstream is reporting and the GEZ does not dispense with its compulsory fees.

That the news are manipulated to the max, Fake news are presented as well as politicians who lie.

Merkel, Söder, Lauterbach, watch out for what's coming!

Your days are numbered and I'm counting them. Yes, you'll have to account for what you've done to us.

Resigning immediately would be a good start.

And if not, let me tell you, there will be more and more of us.

More and more demonstrating, in peace.

If you have learned nothing from Gandhi, yes, then I'm really sorry, because peace, freedom, and love will triumph.

Finally, thanks from the bottom of my heart to all those who fight for us and who want to prevent us from being vaccinated under compulsion.

Who have the courage to report what the mainstream does not show us, when YouTube increasingly delete their videos.

These include Bodo Schiffmann, Heiko Schrang, and Markus Haintz.

Bakhti, Wodarg, Eckhardt, and now the police. Roger Bittel and Ralf Ludwig, and Thorsten Schulte are among them.

Aren't there any more who hear our loud cry for help?

I would like to thank so many, but the song is about to end.

Yes, dear ones, that's how it looks, I clasp my hands

And ask you once again:

Why are you still running around with this slave mask?

You are surely not too stupid to understand.

But maybe you are sheeple, then good night!

Are you sheeple? Then wake up now!

Are you sheeple? Inform yourself now!

Before our democracy is completely shredded.]

The protest march moves through the city and ends in a large parking area in front of the Oberschwabenhalle, a multipurpose hall for sports and music events. A stage is set up there, where a speaker greets the participants. He says that they distance themselves from any form of extremism, from the left as well as from the right, and that they are against violence and open to all opinions. One of the first speakers talks about Klaus Schwab and that the conspiracy is real. The digital revolution will change people. But he will not let himself be changed, we remain as God created us, he ends combatively. A woman in an alternative clothing style distributes the newspaper *Demokratischer Widerstand* [Democratic Resistance] and points out that the editor Anselm Lenz worked for a long time for the *taz* [a left-wing daily newspaper] and then began to think for himself.

On stage, Thorsten Schulte, author of the book *Fremdbestimmt: 120 Jahre Lügen und Täuschung* [Determined by others: 120 years of lies and deception] speaks. He mentions his book and asks us whether we all want to live in an other-determined way or in a self-determined way like he does. He says that we must first analyze other-determination and then think about how to get to self-determination. And you have to realize what it means to call for a constitutional assembly, as some people did in Berlin two weeks ago. *Do you know how difficult it is to write a new constitution?* If he were to ask us what annoys us about the Ba-

sic Law [Germany's constitutional document] and what needs to be changed, he doesn't think most of us could tell him what the new constitution should do differently from the current Basic Law. Someone shouts, *Referendum! Correct*, answers Schulte. *That's what it's all about.* We should simply ensure that in the future we can hold referendums on all relevant issues via Article 29, for example, freedom from vaccination, which we no longer have now due to the measles vaccination requirement. We already had that with smallpox in the 1950s, he says, but in contrast to Corona, that even made sense. We could write the most beautiful constitution, but what does that mean? he asks. It may all look good on paper. In theory, the GDR also had a good constitution. But a constitution doesn't mean anything; it's much more important that the people are really sovereign and have a say in decisions, but that's not the case with us at the moment: we're allowed to vote every four years, but politics does what it wants. And that was usually not what the majority of the people wanted. In his opinion, we need to initiate a mass movement for direct democracy, for a free decision about vaccination. And for that we would only need to change Article 29 in our Basic Law. And that would open the door for many positive changes. Then we could decide that the lobbyists no longer have any business in Berlin. Then we could also enforce freedom from vaccination, he shouts to the audience in front of him.

A man next to me comments dryly, *Well, the guy is probably a bit unworldly. If we had a referendum on compulsory vaccination, we would have compulsory vaccination tomorrow. And we would also have death penalties back again very quickly.* I ask him why there are so few people at the demonstration. He doesn't know either, he answers, maybe because so many demonstrations are taking place at the same time.

Arriving on stage in the meantime is Nana from Cologne who had already taken over the moderation at the large demonstrations in Berlin and is now slowly transforming the character of the rally into a party.

I get into a conversation with a couple around 50; both work in medium-sized companies in the area. They were skeptical right from the start; the statistics simply didn't fit; it had quickly become clear to them that something was terribly wrong.

People were scared out of their wits and no longer realized what they were actually doing. For example, their neighbor, who was already a little older and was standing alone on the balcony with a mask, where she could neither infect herself nor protect anyone else. The local press derogated the demonstrations here, and the Ravensburg pharmaceutical industry had the time of its life. If it needed a building plot, for example, it merely had to snap its fingers. Until now, they had always voted for the Green Party, but now they can no longer imagine doing so. Many people would feel that way. They suspect that the smallest parties will gain popularity. They are surprised at themselves that they have recently been liking more and more speeches by AfD politicians. What the latter said about Corona was usually pretty good. But, of course, voting for the AfD is not an alternative either, they conclude.

“But then it gets quite conspiracy-theory-ish.”
Spiritual awakening

A few days later, I attend a two-hour Corona rally in Kempten. The weather is very hot. There are about 200 people present, most of them respecting the distance rules, standing on the market square in front of a stage. Again, most of the participants seem to be over 40 years old. The moderator wears a T-shirt with the slogan “Truth, Freedom, Peace”.

I get into a conversation with a couple around 50 years old who left their daughter at home the first nine days when at school masks were compulsory. At Lake Constance, there is a café where you don't have to wear a mask, sometimes they go there for about an hour to drink coffee, out of solidarity. The woman works in a health food store. *At the beginning, my boss was extremely afraid of the virus, so everyone had to wear masks. Now, when it turned out that everything was not as dramatic as*



Fig. 15 Social Distancing. Kempten. September 19, 2020.

feared, she is panic-stricken by the authorities and fears ruin. What an absurd rule it is to make store owners liable if customers do not comply with the mask obligation. And then you don't have any concrete guidelines anyway and have to come up with everything yourself.

They themselves were critical right at the beginning, the presentation of the cumulative numbers seemed dubious to them right away. They could hardly talk about Corona with friends, people were always very quick to stop discussing. But her husband has been a conspiracy theorist for a long time anyway, so it's always been difficult to go to parties, she says with a laugh, she's only now slowly come around to it with Corona. When I ask the man what he thinks, why all this happens, he says, *Oh, dann wird es aber ziemlich verschwörungstheoretisch – Oh, but then it gets quite conspiracy theory-ish.* When I pursue asking and he mentions a name that I wanted to write down because I didn't know it, he seems a little uncomfortable with it: It is about Peter Fitzek, I should simply google "King of Germany", but do not be frightened when I go to his Internet page, that is admittedly quite weird, but what he says is actually quite good. *For him, it's all part of a general process of spiritual awareness, it's all about recognizing self-responsibility, and as long as the majority hasn't recognized that, it's going to get worse and worse until it reaches a tipping point, which probably won't take much longer.*

“As usual, I see only Nazis at this demonstration.” Silent march

On October 10, 2020, a “silent march” through Berlin is announced under the slogan “We have to talk!” Starting time is one minute to twelve. In the call, demonstrators are asked to leave flags, signs, banners, as well as clothing with slogans or symbols of organizations, associations, etc. at home. *We are a colorful mix of different people who, far from any political orientation, ethnicity, or income, do not agree with the politicization of the Corona virus and the resulting restriction of our human rights, it says on the associated website. What needs to be talked about, among ten other points, above all: that the pandemic of national significance is annulled – without vaccine!* The requirements at the demonstration are to wear mouth-and-nose protection and



Fig. 16 Waiting until all have one and a half meters distance from each other. Berlin. October 10, 2020.

to keep a minimum distance of 1.5 meters. Black masks are distributed, people with a medical exemption from wearing masks were asked not to participate.

It takes some time for the stewards to make sure that the distances between the participants are correct and the crowd can start moving. The media will report in the evening that about 6,000 people participated. The mood where I stand is good; again, most people seem older than 40 years and quickly begin conversing with each other. The requirements are made fun of – mask plus distance, and that even outdoors; even the chancellor had said in an interview, when asked why she did not wear a mask, that you don't need a mask if you keep a distance of 1.5 meters. Accordingly, many of those present wear a self-made mask made of fly screen, onion netting or crocheted. One participant has on his black mask a small white ghost, another the inscription: “The silence of the lambs”.

Someone looks around theatrically and says ironically to the general amusement of the bystanders: *As usual, I see only Nazis at this demon-*



Fig. 17 “We have to talk – the Silent March.” Berlin. October 10, 2020.

stration. Even though we’re not supposed to bring flags or signs, I saw a homemade cardboard earlier that reads: “We need new conspiracy theories, the old ones have all proven to be true.” The children of one woman did not want to accompany her if there was no drumming, another says she left her children at home because she did not know what kind of demonstration it was and how the police would behave. In her environment, people would always complain about the measures and moan that it was getting worse and worse and when she said: “Then come with me on the street!” they waved her off and said, “No, I’m not a demo person.”

Another woman confirms that and adds: Or they said it was nonsense, why would the government want to harm us? Yes, she used to think that, too, says another woman. *Me, too*, the first one confirms with a laugh, *at least until half a year ago*. Another tells of a friend who said she didn’t have the energy to work so intensely on Corona, but instead preferred to concentrate on her yoga classes, which were important for the people, and so that was her contribution, and of her socio-peda-

gogical colleague who said she had also followed the Corona discussion a lot at the beginning, but hadn’t been able to form a clear opinion and then decided not to continue following it, but to concentrate on her project for the development of school democracy.

A while after the demonstration has started to move, I stop at a booth of some Seventh-Day Adventists, which provides information about what Satan intends with Corona. I get into a conversation with a round of three smoking women around 50, who obviously have nothing to do with the booth. One of them said that she was particularly disturbed by the government’s proclamation of an epidemic situation of national scope without any criteria having been named for it, that there were therefore no criteria for lifting this state of emergency again, and that they could only wait for the government to end it again with some arbitrary justification, or simply not, and that they could apparently simply rule as long as they wanted.

Another said that she also saw *the whole Corona thing* very critically, but she would never go to such a demo. *Viruses are indeed quite bad, but*



Fig. 18 Love and fear. Berlin. October 10, 2020.

Corona is not necessarily worse than the others. Viruses are always among us, and she knows people who have had very severe courses of herpes and Epstein-Barr and long-term consequences such as chronic fatigue syndrome, as is now also reported from Corona. That's just the way it is, it can happen and it's really bad, but you don't make such a circus out of it as with Corona. It would be better to make sure that people eat better and don't get so fat, and then they wouldn't be so vulnerable. But she would not go to such a demonstration, because she would be afraid of being seen. The Berliner Morgenpost newspaper always said that the protesters against the Corona policy were extreme right-wing people. She was employed and if her boss found out that she was at such a demo, she would not be employed for long anymore. And she had been self-employed for a long time and knew what existential fear means. If she is seen here now, she can always say that she lives here. She continues that the press has become a real problem, that it is all hard to believe, but the media have so much power.

The third woman says that she had regularly demonstrated against the Castor transports of radioactive waste in the early 1990s. Once it escalated so much that she got scared and climbed a tree to protect herself. From above, she saw how a large black bloc, today we would say Antifa, stormed towards the police, threw stones at them brutally, and then got into several police cars further back. The media filmed it carefully and showed it afterwards on TV. When she told her friends, they all said she was crazy. But that's how it was, without her knowing what was behind it. But one had to question everything. I ask her whether she was already considered a conspiracy theorist back then. *No, at that time the friendly protester from next door was not yet a conspiracy theorist.*

A man in his 40s from Saxony, who humorously says he came here today because he wants to take a look at the people he knows from YouTube videos, explains that he was quite relaxed right from the start of the pandemic, that we live with viruses, that we are populated by all kinds of things and coexist with them. Since 9/11, he has been following the question of a planned transformation of

the world. Life on earth could not go on as things were at the moment. *People have to be brought under control. There are also very blatant ideas of regularization in the discourse on ecology, such as everyone having only one child and so on. And maybe Corona is even good and we should all be happy; since in the past the people in power would have started a war if something had to be set to zero again.* When I mention my conversation with the Castor opponent, he tells of an experience during the demonstrations in 2008 against the G8 meeting in Heiligendamm. In the crowd, someone stood next to him who picked up a stone and encouraged the bystanders to attack the police. They all talked to him in a calming manner until one of them said that he knew this guy from the last time, that he was a plainclothes cop, whereupon he quickly ran towards the police line, which quickly and easily let him through. *That is quite normal. You only have to look at the story of the NPD [National Democratic Party of Germany – a small far-right and neo-Nazi party], which they tried to ban. That didn't work because it turned out that half of its executive board consisted of undercover agents.*

Accordingly, I often hear the opinion that the demonstration in front of the Reichstag at the end of August, in which the participants overcame a barrier and ran onto the stairs of the Reichstag, was either orchestrated or at least deliberately tolerated. The only purpose of the demonstration was to discredit the Corona protests. The demonstration had nothing to do with the *Querdenker* demonstration; it had been announced by a well-known NPD member, who calls every year to “storm the Reichstag”. And there were thousands of police officers in the city and only three were placed there in front of the Reichstag. And it worked: since then, the reports about the *Querdenker* demonstration were only about this alleged storming of the Reichstag.

A woman around 40 years old from North Rhine-Westphalia, who had already been to all the big demonstrations in Berlin, tells how she recently saw a child alone in the park wearing a mask and said to him that he was here in the park, where he could take off his mask. The child said he hadn't noticed, but he'd better leave the mask on, to avoid doing something wrong again. The



Fig. 19 The mask is the message. Berlin. October 10, 2020.

children were traumatized and would never get over it; children believed what they were told, and today the children were told that they could kill their grandparents or those of their friends if they did not behave properly. Markus Söder [Minister-President of Bavaria] had really said that to a child.

Another woman adds that she finds it so bad that children are given the feeling that there is something wrong with them, although they themselves do not notice anything at all wrong with themselves; what kind of body perception would the children develop as a result? At the last demonstration she was part of a group that was surrounded by the police in front of the Russian embassy, she has never seen so much police violence, not even in the squatter scene 20 years ago.

One person says that more and more critical articles are now appearing in the daily newspapers. Another replies that this is true, but it still won't change anything. Sometimes she has the impression that this only happens now and then so the media can say that they are reporting critically, like a kind of fig leaf. *Recently, there was a Corona special on ARD TV, which said that it makes no sense to always only mention the absolute infection figures, because that only creates panic, but that one must put the figures in relation to each other and that, if one does that, it can be shown that the total mortality in the Corona year is in the completely normal average and that the hospital occupancy and the death figures have been constantly low since April, the latter even at less than one percent. However, this does not change the fact that the Tagesschau [Tagesschau means "Review of the Day" and is the name of the German daily news broadcast on the public-service television network ARD] continues to report horror stories with absolute numbers of new infections every day, apart from the fact that a positive PCR test is not necessarily a new infection, and the report did not go that far either. And anyway, this also does not change the reputation of the protesters. On their bus tour through Germany, Bodo Schiffmann and Samuel Eckhardt [two critics of the Corona policy who became famous among the protest scene] celebrate the fact that ARD was now saying what their deleted YouTube videos had been saying for months. But that doesn't lead to anyone officially acknowledging that and rehabilitating them. No one stands up and says: oh, sorry, you were right after all, we were just too stupid to understand that. Even when Health Minis-*

ter Jens Spahn at some point cleverly announced that when testing large groups of asymptomatic people, one has to be careful that the false-positive rate distorts the result enormously, he presented this as if it were a latest finding of his own, while this had all along been the criticism of those who are portrayed as covidiot. And basically none of that matters anyway, because, completely unimpressed by these insights, all the measures are simply continuing and are even getting worse again, now they are even starting to designate risk areas within Germany and to restrict travel. Today, the Süddeutsche Zeitung headlined: "The plague in the cities", because Merkel had said yesterday that the pandemic would be decided in the metropolises. Now another wedge is being driven among the population, suddenly the city is being played off against the countryside, and that's complete nonsense', since before, the hotspots were in the countryside, like in Heinsberg or Ischgl. Probably it was only about preventing demonstrations in the big cities anyway. And what kind of military language is that again: the pandemic will be decided in the metropolises, already when she hears that... And then in Berlin the Bundeswehr will now be deployed to help the health offices. She had read about soldiers in uniform and with masks and face shields entering a kindergarten to test the children for Corona. Where are we living, and where is this supposed to lead? Together with all the defamations of the protests as antisocial, it is probably only a matter of time until the first person without a mask falls victim to a mob, it is already the case that people are aggressively approached if they do not wear a mask, even without asking whether they might have a mask exemption certificate. Many people would say that the mask is the new Hitler salute; at first she found that exaggerated, but in the meantime, she finds it quite plausible. Because many people don't care at all about the discussion of whether the masks are useful or not. Some of them just wear them symbolically, and it's just a matter of showing the right attitude by wearing a mask: wearing masks against the right, wearing masks as an expression of solidarity, as social tenderness, and all these sayings. You could just do that little bit of mask-wearing, that's really not so bad, and so on. And those who don't participate are excluded or beaten up. And she had the impression that the more left-wing people were, the more strongly they didn't want to discuss things, but to join in and show that they were on the right side.

The demonstration marched from Adenauerplatz to the Siegestsäule; at the end the participants are referred to the rally later in the afternoon on Alexanderplatz. There, the crowd is a bit less dense, a few hundred people gather in front of a stage. Among the speakers is Heiko Schöning, one of the founders of the initiative “Physicians for Enlightenment”. He is happy to see so many free people at this freedom demonstration. He wants to encourage those present and to remove the fear, because fear is unhealthy, that means not good for the immune system, and thus makes you vulnerable to diseases; the good news is that there is no evidence that we have a medical pandemic and that a killer virus is on the way; we could check that out, for example, on the website of the Extra-Parliamentary Investigation Committee with the address corona-ausschuss.de. The second wave has been announced. The main goal is to destroy the economy so that we all are ready for the Great Reset, for a new start. This is the biggest crime of organized crime there has ever been. He had already predicted all this in the fall of 2019, which we could see in an interview with Ken Jebsen on the KenFM YouTube channel. The important thing now is to stand up and stop participating, to stop working for organized crime and to stop buying from organized crime. He tells of his recent arrest during an anti-lockdown protest in London; he was detained for 22 hours on a misdemeanor charge with no opportunity to speak to his wife or lawyer. It would come down to refusing the chain of command. The look on the policeman’s face after he asked his colleagues what he had been arrested for showed him that he knew very well that it was not legal to arrest him. And yet he said nothing. These were precisely the moments that matter.

“People are not being properly informed. Let’s put it this way: They’re being fooled.” Ulla

At a Corona demonstration in Leipzig on November 7, 2020 that had been called for nationwide, I meet Ulla. Born 52 years ago as the youngest of four children, she lives back in her small home village in the Black Forest after living in several other places in Germany and abroad. Her father worked as a construction engineer, her mother as a housewife. She herself trained as a masseuse, later as a

physiotherapist, and now specializes in osteopathy and craniosacral therapy. She came to Leipzig alone. Actually, she had a doctor’s certificate that attested that, for health reasons, she could not wear a mask. On the train from Freiburg to Frankfurt, however, she pulled a scarf over her mouth. *At the beginning, I didn’t say anything about a certificate, because it was too stressful for me, and people have been thrown off trains in the past because they didn’t wear a mask. The ticket collector just said that the scarf had to go over my nose, too. From Frankfurt, she sat with a couple at a table for four. The two of them didn’t have masks either, and they, too, had medical certificates. The ticket collector accepted it, but other passengers did not. They come and ask: Why aren’t you wearing a mask? They don’t ask nicely, but reproachfully: Why aren’t you wearing a mask? A young German soldier asks us why we don’t wear masks. Where I have to ask myself: is he allowed to do that? Does he have the right? He is 20 years old. Her co-passenger then spoke to him and was able to clarify the issue. And then I got off the train in Leipzig, and there were two women, one older, one young, who were extremely upset. They said that they think it’s irresponsible that we don’t wear masks. If we all die now... That’s irresponsible. And then the younger one showed me the middle finger and said she wished we would die of Corona. And then I stood there and thought: that’s kind of shocking. And at the same time I thought: this has nothing to do with me. I do see this crisis. It seems to me somehow like a huge madhouse. And everyone is carrying some kind of baggage or trauma, and it’s really coming out now. That’s how I see it. And I accept it if someone is scared. I do always ask: Are you afraid of the virus? I’m not someone who says: Take the masks off! But the other way around is not accepted. Everybody has to wear masks. And if you don’t, you are a mass murderer. Then I am to blame if someone’s grandma dies at 90, to put it a little bit exaggeratedly. And that’s not okay! [...]*

I haven’t had the certificate for long, but I already often didn’t wear a mask before. And I have also been confronted. But what happened today was the most extreme. A few days ago, I was on a bus in the Black Forest and a bus driver and a female passenger approached me and wanted to see my certificate. To the woman I said: ‘No!’ And I wanted to show it to the bus driver, but I was not allowed to come close to him, because I didn’t have a mask on. But the best thing was, the bus driver didn’t have a mask on either. And nor-

mally they have a Plexiglas in front of the driver's seat. So I said, 'Why don't you have a mask on and no Plexiglas?' And he said his bus was broken. I said, 'That's actually kind of strange if you're so scared!' The measures are so pointless, and people are just crazy. And what the media is doing, I really have to blame the media for that, for me it's a crime in the meantime. The media say these mask deniers are similar to Holocaust deniers, they are criminals, they have to be fought. And that's what I find really violent. But fear is continuously being stirred up. And that's what I hold against the government: that it works with fear and panic.

She herself was also afraid at the beginning. On February 23, she returned to Germany from Myanmar, where she had worked as a physiotherapist in a Buddhist center. There she had already heard about the virus from China. That was already a topic there, but not too bad. Nevertheless, I had already prepared myself for everything to be really bad and that they would quarantine me at the airport in Frankfurt am Main. But when I arrived there, nothing happened and no one was interested in where I was coming from. I have to say, I was completely absorbed in the propaganda at the beginning. I took it all very seriously. That you have to protect yourself and others and so on. My turning point, however, was when this – I've come to call her this God Chancellor – when she said that there will only be a return to normal life if there is a vaccine. That was the moment for me when I thought, that's not possible. I am not a classic opponent of vaccination, but that was the moment when I thought, that can't be true. And then Bill Gates announced on the German news that he would vaccinate 7 billion people. And then it started with the statistics. And then I got more and more information through acquaintances. They said it wasn't as bad as was presented. I then came across other platforms. And then I voluntarily went into isolation in the first week of May and did some research. I read everything I could get my hands on, various media: Markus Gärtner, Rubikon, Nuoviso. I really read everything, medical sites, Lancet, Telepolis, I read everything. And then I also stumbled across Ken Jebsen. I then fell from one extreme to the other, so to speak; that means, I have an idea how one falls for this propaganda. [...] On May 6, I went to a demonstration of doctors in Stuttgart with a friend who was critical from the beginning. We have known each other for a long time, but have found each other again because she also sees it as critically as

I do. And in her family, everyone is uncritical, she has a very difficult situation. That helped me a lot in the beginning, that there are people who think the same way, or who have the same ideals. It's no longer about the virus, it's about something else. It's about what we want to do, how we want to live, how we can design the future, what has to change? It hasn't just been this intense since Corona, it's been going on for a few years now, and for me the credo is: Corona reveals. All the shit comes out: corruption, all the lies. It's like a pimple that's ripe, now we just have to squeeze it. And what I found nice was that you meet people who just have the same vibe. It's about humanity, you're equally connected, you're in an exchange. How do I want to live, what do I want to leave to the state, what is my own responsibility? That is Ballweg's great credo: that you have to consider where I am responsible for myself. What's happening here now, this decree: 'We'll all protect each other from something' – that's a dysfunctional protection. The question is, how can you live your life without the state telling you what to do? [...] With the masks, for example: I am a physiotherapist, I should actually work with a mask. I don't do that. I do it the same way I always do it: normally, if I have a cold, then I don't work. And if a patient arrives with a cough and a fever of 40 degrees, then I send him home. That's just normal infection control. But what we are doing at the moment, as Dr. Wodarg said at the beginning, is sending healthy people into quarantine because they can supposedly transmit without symptoms. That is definitely wrong.

[...] I had breast cancer two years ago. And for me it was like: hey guys, when I have chemotherapy, then I have to protect myself. But the neighbor's child can go to kindergarten. I have to take care of myself. This extreme idea, 'We all have to protect each other' and, 'If I don't protect myself, grandma dies,' that is wrong. What's happening is that people are going totally nuts. I'm like, how did we all do this before? Of course, after chemotherapy, you have to take care of yourself. You have to take personal responsibility. And when I had chemotherapy, then I said, well, I can't go to this event, but the event can still take place. I just don't go, but the other hundred can go. [...] We have to find a normal way of dealing with things again and accept that we humans have to die at some point; that's just the way it is.

[...] There is no proportionality to the measures. You have to think about it: we have 10,000 Corona deaths in eight months. A friend of mine is a mortu-

cian. 2,500 people die every day in Germany. Death is just normal. We all have to die. At some point. That's the way it is. But what is being conveyed now: we all have to make it possible for a 93-year-old to live to 94. That may sound a bit harsh, but we are mistreating children for this. What happens to the children, I think, is a catastrophe. Masks, this constant hand washing, these distance rules, and then they are taught that you are a virus slinger. For me, that is massively dysfunctional. That is no longer normal. And it no longer has anything to do with infection control. We send healthy people into quarantine. More people die from tuberculosis than from Corona; streptococcus, staphylococcus, syphilis, nobody talks about them anymore, cancer, cardiovascular, smokers, I wonder why they don't ban smoking. It's much more harmful than Corona. You can see: it's not about health anymore. We are not governed by governments, we are governed by corporations. And that has to stop, worldwide. [...] We need more humanity again. People need to be approached. And I think that's what Querdenken conveys. It's about reinstating basic rights, as they are in the Basic Law. To a large extent, they have been undermined and restricted. And the basic rights must be reinstated. To me, this community on the demonstrations has been very helpful. I live in a small village, and I am one of the few who are critical. I deal with it frankly. And when you meet people who just think the same way, who know the same channels and what it's all about, or who know what Messenger RNA actually means, etc., that's just very helpful. [...] And I like the people of this protest movement. It's a diverse mix of people who take responsibility for their own lives and don't want the state to do it for them. Grassroots democracy is always an expression that comes up among the protesters. But what is happening at the moment is this extreme divide in the society. And that leads to something like what I just experienced on the train: that a person I don't know wants me to die. I should get Corona and die.

[...] The question is, why is all this happening and where is it going? I asked the cab driver today, where is the exit? [...] I mean, you can call it a conspiracy theory, but I think it goes towards control. This Corona app for example, is primarily about surveillance. I mean, of course we're already under surveillance. My cell phone here, theoretically one can already listen in. But I think we are now in a time when we have to think about where this is going, how do we want to live? Do we really want to force people to vaccinate when

this vaccination is introduced? This won't stop with SARS-CoV-2. Then there will be SARS-CoV 3, 4, 5 ... 98. That's a business model. [...] And the government is fooling us. Because if it were a matter of health, people would not be left to die alone, that is, the elderly in the nursing homes. One would also not force children to wear masks in school. Because that simply makes no sense. It makes no sense in terms of infection control. I also work a bit in the medical field. We have to live with viruses, germs, bacteria! But what the government constantly conveys is: you have to eradicate this virus, you have to fight it, you have to defeat it, it has to go away. But it's not going away. That's a wrong approach. We are a viral bacterium. So, 80 million inside of us. We have to live with viruses and bacteria!

[...] We all know that we are no longer governed by the government, but by corporations. We all know about this lobbying. We all know that, actually. Horst Seehofer [Federal Minister of Health from 1993-1998] already said that in an interview in 2006, that the pharmaceutical industry has so much power that he can't even express it. And that was in 2006! And I believe that these power relations, this imbalance, must stop. It has to stop that the rich get richer and richer, which is also happening now during the crisis: the middle class will disappear and the poor will have nothing. And this is happening all over the world. The whole planet is ruined by consumerism, by globalization, by 'higher, faster, further, more and more'. Financial crisis. It would have happened anyway, because the whole system is fucked. We've known that since 2019 or even since the crisis in 2008. And then Corona came, for whatever reason, and now you can blame everything on the virus. But the financial crisis would have come anyway. There is this Ernst Wolf, he is a financial expert and economist, he explains it fantastically. He was also once at a demonstration of Klardenken [a local offshoot of the initiative Querdenken in southwestern Germany]. And this thing with the PCR tests is bullshit. They always talk about infected people. But it is simply a positive PCR test. Positive does not mean infected and certainly not sick. People are not being properly informed. Let's put it this way: they're being fooled. And if you don't get other information, through other platforms, then you believe that. That's what I believed at the beginning. If Mr. Wieler [the head of the Robert Koch Institute] says that, then that is how it is. But they work with propaganda. And then they repeat it over and over again: the second wave, the third wave, the fifth

wave. Where is it going to lead? Lockdown forever? That's quite a cause for concern. And I find it alarming that people don't find it alarming. I sometimes ask myself: Am I the one who is disordered, or are you? Where is the disorder? I mean, sure, there are just different opinions, but I think that the extreme power corporations have over governments has to come to an end. You just have to be able to make money in a normal way again, a cook has to be able to cook again, a singer has to be able to sing, and so on. Should we live in permanent isolation? Or go for vaccinations three times a year to keep our jobs? You have to be vaccinated to be allowed to go to the supermarket? It's already going in that direction: without masks, you can't even get into certain stores. You're kicked out because you don't wear a mask, because you're an endangerer [Gefährder]. Just the word alone is already outrageous to me. I had a discussion like that with our mayor in our village. I called there, because we have a village store and I wanted to know who is responsible for the mandatory wearing of masks in the store. Whether the mayor can influence that or whether that is determined by the Land [province]. And then I ask what would happen if I don't want to have any vaccinations and don't want to take a test, and then he literally says to me, 'Then you are an endangerer [Gefährder]!' That was at the beginning of June. And then I said, 'We have to be careful now, the term comes from a completely different area, it's very thin ice!' That's how I put it. Because these terror terms are being used to describe the critics. That is an inappropriate mixture. One is being criminalized. You are a bad person if you take part in these demonstrations. And I think that's really bad. And this is called democracy. And then the demonstrations in Belarus are celebrated because they represent democracy, and in the same breath, the demonstration in Berlin on August 29 is defamed. By the same politicians! The same thing is happening in our country as in Belarus. But only the others are the bad ones. The evil Russian. The evil American. All of them bad. Only we are good. No, that's not true. I have to say, I was never much interested in politics, but that has all changed. I also look for other platforms. I have Russian neighbors, for example, and I get information from them, so that I can get different information about Russia. Because in our normal media world, if it's not the evil Americans, it's the evil Putin. All evil, only we are the best democrats. But that's not the way it is. When you are defamed like this, as a Querdenker, like Michael Ballweg, who is

being slammed in such an extreme way, then this has nothing to do with democracy anymore.

[...] What I find very alarming is this restriction of freedom. I'm someone who likes to travel, I'm abroad a lot, I like to travel, and now I'm not even allowed to stay in a hotel in Leipzig. It's getting tighter, tighter, tighter. You're supposed to work and stay at home, but meeting friends and having a beer in a pub, that's not possible at all. Just isolate yourself, stay alone. Well, there are different ideas about what kind of agenda is behind it. One thing is for sure, it's not about health anymore. Let me put it this way: if the government were interested in health, they wouldn't be implementing these measures. Then they wouldn't be putting up signs saying 'Wear a mask!' Then they would say: 'Warm water helps against viral diseases. Go out into the fresh air! Take care of your contacts! Take people in your arms! That will support your immune system.' But the opposite is happening. I work in the health sector. And everything that only tends a little bit in the direction of alternative medicine is slowly being dismantled. The point is that, I'll just put it this way: a few corporations are simply making an insane amount of money. With illness! Not with health! Because these measures make people sick. First by the fear of the virus, then by the fear of punishment, then by the fear for their existence. That's it. The middle class is being wiped out. And everything is being moved to digital. Amazon made 15% profit during the first lockdown. In those couple of weeks. Because people were at home ordering everything from Amazon. These are the global players, these are the giants. And these are the powerful ones. [...] And that has to stop! [...] We have managed to maneuver ourselves into this dependency. Sure, I also have a laptop, but all these Amazon orders have become so massive in the last few years that the stores are also going down the drain. I'm usually someone who buys in retail shops, I'm an Amazon refusenik, but now it is made extremely difficult for me to shop in stores due to these perverse measures. [...] And the middle class? When I walk through Neustadt, which is a small town near my home, it's just desolate and dead. And I ask myself, is this the way people want to live? Where is this going to lead? I don't want to live like that. I mean, I once said, 'I'd rather die than get vaccinated. Before I take part in this nonsense.' But of course, that's no solution either. For me, to come back to Querdenken, this movement is a way to find people with whom you can develop alternative ideas. People are always accusing you of

worshipping a guru: Michael Ballweg [the founder of the so-called Querdenken movement]. I think he's a great man because he's an organizer and he just did what he had to do and organized the demos and that's great. But without the people, the movement would be nothing.

[...] This fight against Querdenken has existed from the very beginning. And I also heard from friends who know me really well that only Nazis go to the demonstrations. You can speak as you like, but when SWR [the abbreviation for Südwestrundfunk, which means Southwest Broadcasting – a regional public broadcaster that mainly serves the states of Baden-Württemberg and Rhineland-Palatinate] says that, then that's what it was like. And I say, 'Hey guys, I was there at the demonstrations. The people there are totally normal people, just go there, make up your own mind!' But no, there are only Nazis, conspiracy theorists, and you name it. My favorite term: bewildered right-wing esotericists, that was the best. But that's nothing new, really. I've never been in a situation like that before, but it's like this: in Germany, if you have a different point of view, then you're right-wing. Because that always works, you're a Nazi and that makes you all bad. It's pretty simple, but it works.

[...] There are many different groups of critics, even small ones, and I don't think it's all about the big demonstrations. But they were great, it was really an experience. It is also about the individual, that one questions oneself, how is my consumption behavior. How do I want to live? Do I want to leave it all up to the state? Do I want the state to say, 'Okay, go for vaccinations twice a year, then you can work and pay your taxes; otherwise stay at home?' Is that how we want to live? And then you have to ask yourself, do I want that or not? And if you don't want that, you have to go out on the street. I don't think that everyone in Germany will understand this. People always talk about the critical mass, they talk about 15%, and that we have already exceeded it. I have friends who are critical of the measures, but who would never go to such a demonstration, they say, that's not my thing. But for me, it was. I have to go there, I want to be visible, I have to go there.

[...] In the meantime, many things have already happened. Among other things, through the Foundation Corona Committee [founded in mid-July 2020 by four lawyers who regularly discuss global Corona politics critically with invited guests in live broadcasts lasting several hours, see [\[na-ausschuss.de\]\(https://coro-na-ausschuss.de\)\]. I think what they're doing is absolutely fantastic. They have my utmost respect. And you can see that a lot is happening in the background, for example their lawsuit against the PCR test. And I think that – you know, it's called the narrative – that this narrative of this so-called Corona crisis, that that's going to collapse. Like it did with the swine flu back then. That it will just become obvious to everyone that there is no pandemic. That people have just been put in fear and alarm and fooled. And then I'm curious, I don't like this term, but I have to use it now, then I'm curious what will happen when Germany wakes up, when it becomes clear that it was all just fake, that the whole story is exaggerated. I mean, the virus exists, that's for sure, the term 'Corona denier' is just impudence. But this dramatization of the virus is wrong, we don't have piles of corpses. And it's not because these measures were so great. We could have done that without a lockdown. And if we didn't have PCR testing, we wouldn't have a pandemic. And you can see that in the people. For example, when I ask in stores if they are adhering to the measures because they are afraid of the virus, I often hear, we are not afraid of the virus, we are afraid of the punishment. I mean, what kind of pandemic is it when people say something like that? \[...\] But of course there are also people who are afraid and I don't blame the people who believe in the story for the way they have behaved, with what kind of aggression, with what kind of anger they wish me dead. I think I can understand that. Because they also got me with this propaganda at the beginning. And then these pictures from Italy and New York. In the Corona Committee, doctors from Italy reported on the situation there. You have to know that in Italy, the health care system is different from here; they are in a much worse situation, also with the intensive care beds. For them, every year when a normal influenza appears, it's a disaster. They experience that every year. And the pictures of all the coffins from Bergamo, those were partly fake pictures; they were from the refugee tragedy. And the pictures from New York with the mass graves on the island, that was also nothing special, they've been around for a long time, they're graves for poor people. And when you film in a crowded emergency room, well I worked in intensive care, too, that always looks dramatic, always, always! You can get dramatic images from anything. And in the hospitals there was partly mistreatment. That the patients were intubated too early. The people then died from the intubation. Because intubation is](https://coro-</p>
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a difficult procedure. And when someone is older, the body can no longer cope. So, different things play a role in Italy: that they don't have so many beds, then this overloading of the hospital staff, an old population. And then avoidable mistakes were made, in some cases infected people were brought back to the old people's homes, which then infected everyone else. So, it was several factors. And then the cremation pictures: usually there is mainly earth burial in Italy, but then the WHO recommended that you cremate the bodies. And Italy was not prepared for that. And then you kept seeing these pictures with the military trucks taking the bodies away. Those were these shock images. But that was just because they just weren't prepared. And then they say it's so bad, you already have to take the bodies away with the military. But that's a distortion of the truth.

[...] There is this much-used term 'elite'. I think that they have so much power and so much money that they also buy up the corporations. Because the conformity is obvious. ARD and ZDF, too. The Gates Foundation finances *Der Spiegel*. I mean, it's clear that they report in a certain direction, which is the desired direction. And people like Dr. Wodarg and the demonstrators are defamed. And the people then believe that.

In her village, she lives with five other parties in a condominium building. Most people there are also critical of the measures. But it is difficult among her friends, there is only little understanding. There is only one friend with whom I went to my first demo in Stuttgart, then Ulm, Berlin, Constance, preferably to the relatively large demos. I have also been to Freiburg, which was a bit smaller. My neighbors also go to the smaller ones. I thought the big ones were pretty good because, like in Berlin, you can't carry away a million people. I always try to engage people in conversation. In our village store, I have a coffee and then you get into conversation. But it's a pain. I was already a bit pissed off in May and then I had planned to have one good conversation a day. I mean, in the beginning I was also, like, 'Oh, here comes a killer virus and now we're all suffocating.' But insight only comes from yourself. That's why I don't want to evangelize, I'm reluctant to do that, and I can't do that anyway. I can only give my point of view, or facts. Because the figures we are talking about are from the Robert Koch Institute, they are official figures. You can see that from the curves: when the lockdown started, the famous R-value was already at 0.8. And the PCR tests have an error rate: we now

have four times as many tests as in May. That's why there are these insane infection figures. They test everything. People are perhaps becoming a bit more critical as a result of these conversations I have with them, but they certainly don't see it as radically as I do, if that's the right term. Well, you're exaggerating, they say to me. Even when I say that you can possibly lose something, like your job, if you don't get vaccinated. Well, that's not completely unrealistic, isn't it? This has already started with measles. This is the first compulsory vaccination in Germany and if the children do not have this vaccination, they are not allowed to go to kindergarten. It's that simple. Since March 1, 2020. The first compulsory vaccination in Germany. And SARS-CoV-2 is next. And then comes 3, 4, 5 ... 98. The immunity card was once very big topic at the beginning, then it was gone again. And now it's organized through the EU, which means if you can't prove immunity, you can't travel. And that's not about health, it's about control. Everybody has to have this thing, and if you don't have it, you're out. What I find difficult is this talking about the nanoparticles etc. in the vaccine, I don't believe that for now. But nevertheless, I don't want to get a Covid vaccination because I think it's bullshit. Whatever is mixed in there in the vaccine.

[...] The mayor of Tübingen was quite radical at the beginning, but in the end, he is right. We are doing all these measures so that people will not only live to be 93, but also 94. That's this pseudo-solidarity. I mean, you have to think about what these measures do to people: suicide, job loss, addiction, violence. That is ignored. All that counts are these Corona deaths: 'And if you don't wear the mask, you're going to kill somebody!' I think that's sick. It's brainwashing, I don't have any other term for it.

[...] The people who did everything they could for infection control in the summer, who invested and adapted their pubs, for example, are now being forced to close down again with the second lockdown. I don't understand why the resentment of entrepreneurs isn't growing. I don't understand why they're not all out on the streets already. I don't understand why a Tim Melzer, this TV chef, isn't on the streets. He says, 'Dear state, give me a little more money, I'll take out another loan, which I'll also pay you back.' I say, 'No, the measures have to be removed, then you can earn money again.' I mean, the banks are profiting from these loans again. That's insane.

[...] And all in the name of saving a human life. I can't get my head around that. And then sugar is not

banned, Julia Klöckner [parliamentary undersecretary in the Federal Ministry of Food, Agriculture and Consumer Protection] makes a big deal with Nestlé, they then produce diabetic children again, where you can then sell insulin again. They want to ban Vitamin D, which is important for blood formation. It is no longer about health. It's about getting sick so that you have to take medication. I am not against conventional medicine. I had chemotherapy, which helped me, but you need this balance. You can't let anybody get the upper hand like that. The corporations that say, 'This is good for you, take this.'

[...] I was never really interested in politics. I could always do everything, I have a nice job, I could travel. But Corona changed that. Now I also look at other platforms and media. I used to only watch normal television, I always thought talk shows were great. But I can't watch them anymore. I need a puke bucket. I still watch it sometimes and think, how could you do that to yourself for such a long time? But it's actually good when you get a different perspective or a different awareness.

[...] I had seen Bill Gates on the news and I thought that was weird. My neighbors are totally critical, and I know they were very critical of the Corona thing from the beginning. I knew of no websites. I then went on the Internet and googled what was out there, and then I came across KenFM. And Ken Jebsen had a video, I think it was the Joker. And he always has these videos where he has this wall of books in the background. And he always talks so fast. But I thought it was brilliant how he described what was happening in society. Then I always looked at what YouTube was spitting out. And then there's a YouTuber in Munich, his channel is called Kameratoms, and I used to watch him. I started watching it at the beginning of May, because they had already been doing demos for a while. And this YouTuber was on the Marienplatz in Munich at the demos and interviewed the people. And that's how it started. Actually, it was mainly Ken Jebsen and this Kameratoms with his interviews of people on the Marienplatz. I had never heard of Jebsen before. But my pedicurist, who is also totally critical, knew all about it. [...] People always talk about awakening, I find the term a bit difficult, but maybe it's really like that. I was already a bit in this Corona nap at the beginning. And as I said, my credo is that Corona uncovers. Even between friends and in the family, conflicts just come up like that. For example, a nephew of mine who is studying psychology and we've always

gotten along well, that was at the end of May, and I just said I'll be glad when this Corona madness is over. And he was like, 'Why madness?' And I had only mentioned Bakhdi and Wodarg and then it was over. Then I was a conspiracy theorist and disturbed and he broke off the conversation. That was really tough. And he's studying psychology, he's allowed to treat people. I found that really hard. Apart from that, we actually had a good relationship. But then a different opinion comes up and he immediately puts me in this corner. Without me being able to say anything else. And that's still the case today. I hope that this will change again sometime, when all the madness is over. So, my door is open. I mean, I understand that too, he works at Caritas, he works with the homeless, and so on. And he talked about people miserably croaking from Corona. Croaking. That's what he said. Where I say, sure, if you are already weakened, like a homeless person. But you first have to ask yourself why there are homeless people in Austria or Germany at all. And just this word 'croaking'. I have heard that so often. People are croaking from Corona. Where I think: Hey, I used to work in a hospital and I've seen really bad things, so there's always been that. And now suddenly only Corona is terrible.

[...] In the context of Querdenken, there is always talk of change, that a new era is needed, and so on. Also, in the mainstream, there is always talk of the new normal, the new normality, which goes in the direction of constantly repeated vaccination and constant quarantine. But I think we have to go back to the roots. I don't have Facebook, I'm not on Twitter, I'm happy if I can handle my Telegram group. I think we need to get back to analog. Not everything just through these Zoom boxes. We need to go back to direct contact and humanity. And at the moment, things are going in exactly the opposite direction. Working at home, everyone, everything digital, just don't touch anything, bacteria everywhere, everything is dangerous. And that has to stop. I don't have a car, I take the train a lot, and then you always had a nice chat. And now you only have that with people who are also Querdenker. The others just sit around isolated. I find that creepy. On April 26, the mask requirement was introduced in Baden-Württemberg. At that time, it made no sense at all.

[...] It seems to me that young people lack a healthy ability to debate. I still have four siblings and come from a conservative family. You're not allowed to do this and that, what do the people say, and so on. I've

always been a bit different and rebelled. But I think that these young people don't have this ability to discuss when they come across someone who sees things differently. Those who can't wear masks are the odd ones out, relegated to the corner, and so on. And then one protects the granny, but does not ask whether the granny wants to be protected at all. Not all grannies are in old people's homes or have dementia. We need a good culture of debate again. Like at the regulars' table in the past. Or like with the cab driver I told you about. He was of a different opinion, but we had a valuable conversation and he thanked me that it was a great conversation. No one can claim to know the truth. But you have a feeling where everything is heading. And when I think about it now, there has been this second lockdown. But why? Sure, the numbers are going up, but we're also testing like suckers. And we have so many false positives. And a positive PCR test doesn't mean infected, and infected doesn't mean sick, especially if you don't have any symptoms.

[...] I thought it was so blatant that the Europa Park [a popular theme park near Freiburg] opened and the kids weren't allowed to go to school yet. I mean, you can't do that. And it seems to be only me who notices that. And I don't even have children. People then say, that's just the way it is. It's like bread and circuses. The main thing is to be busy, but the children are supposed to stay stupid.

[...] I am glad that I live in a village. In the city today you only have the disadvantages of the city, the advantages are all gone. At least in my village I can still go into the forest without a mask. I hope that this madness will just stop soon. And this schism. That people are being driven into aggression because you don't wear a face mask. Madness. It's already unbelievable. When I woke up from that sleep I was in before Corona, it was unbelievable, I didn't recognize my country anymore. I walked through my village and really thought: I don't know my country anymore. These masks... And everything gone: social life. And 'OMG, I didn't even recognize them.' This communicative aspect, which is what life is all about, is gone. For nothing. Because they want to protect their grandfather. I don't want to devalue that. But it has nothing to do with infection control. And most of them now die lonely in their old people's homes. What is that? That's inhumane. At my first demo in Anstatt, there was an elderly woman in her 60s, sitting there with her folding chair, and she had a sign saying that she hadn't seen her mother since March, that she wasn't allowed

to visit her anymore. That was really tough, I started crying. Sitting there with her sign and her folding stool. And then you read in the newspaper that they're all Nazis. And then I think: 'Hey, guys, you're really nuts!' And these are these so-called collateral damages. And the government knows that. There is this one study by this guy called Kohn, who has a controller function in the government, who wrote that the damage of the measures is greater than the benefit; and he was suspended. That was also a point where it was clear to me, that the whole thing is intentional. Because if it's a mistake, then it could have been corrected. The man lost his job because he was just doing his job. That's what I think is so striking, that the measures are not appropriate.

[...] Most of those who don't think the measures are okay wouldn't take to the streets. I hope that this resistance, which comes from Querdenken and which has grown steadily, that it is enough to stop the measures and that this government is punished for what it is doing here, because this pandemic doesn't exist, Corona is not a killer virus. We are not walking over piles of corpses and it is not because of the measures. The cab driver I was driving with earlier told me that we were doing so well in Germany because we had all these measures. And then I ask him how he gets his information. And then all he gets is the usual stuff: Tagesschau and so on. And then they swallow what they get presented. They don't read anything else, no other statistics, no other opinions. In these cases, it's always difficult to discuss, because you have to elaborate so much. The medication, for example, hydroxychloroquine, was simply dosed too high and then it was said that it didn't work. This guy from Kiel, a physician, Köhnlein, says that for example. There were massive treatment failures, especially in the beginning. [...] Wodarg also said in the summer that many deaths are due to taking the wrong medication. In a conversation with people who inform themselves through the mainstream media, it is very difficult to explain all that, because you have to explain it in such a long way. Also, what the PCR test does and what it is actually able to do. But then you quickly realize that people simply don't believe what I tell them. And many don't even think the measures are bad at all, you can just put a rag in front of your nose, there's nothing to it. I find that alarming, frightening, shocking.

“Forever state of emergency.” *Infection Protection Act*

The German Bundestag is scheduled to pass the third version of the Infection Protection Act on Wednesday, November 18, 2020. According to media reports, more than 10,000 demonstrators are gathered in front of the Brandenburg Gate today. Among them a couple from the state of Saarland with whom I strike up a conversation. Both are a little over 60 years old and have traveled especially for this demonstration. They have followed the protests with great sympathy from the beginning, but have never been to a demonstration before. But the passage of this act would be the straw that broke the camel’s back. They themselves had already left “the system” as far as possible and were now living in a trailer on a campsite with the money from the sale of their house.

In conversations and on banners, many protesters compare the act to the Enabling Act of 1933, which gave unlimited power to the Nazis. The law’s vague formulations regarding an imminent danger situation gave the government the possibility to declare a state of emergency at any time, to thus suspend fundamental rights, and to govern by decrees. The Weimar Constitution would also have continued to exist in the Third Reich and had only been replaced by decrees for twelve years. And this instrument would be in the hands of any future governments. A demonstrator expresses this scenario with his cardboard sign on which is written simply: “Forever state of emergency”. Another one carries a sign hanging around his neck, “If you wonder if you would have been a camp follower in 1933: Today you know!” A woman next to a man wearing an Anonymous mask asks on a cardboard sign, also handwritten, alluding to a quote by Joseph Goebbels, “Do you want total Corona dictatorship?” Another sign notes that today is the Day of Repentance and Prayer and alludes to Matthew 4:17, “Repent, the dictatorship is near.” Another demonstrator carries a sign with a quote from a song by the East German band Keimzeit from the time of the fall of the Wall, which at the time could be understood as a swan song for the GDR: “Irre ins Irrenhaus, die Schläuen ins Parlament! Selber schuld daran, wer die Zeichen der Zeit nicht erkennt.” [Lunatics to the madhouse, the smart ones to parliament! Your own fault if

you don’t recognize the signs of the times.] And a woman wrote on a sign: “Please. No dictatorship under the guise of infection control.” A man shouts through a megaphone, *Merkel und Spahn, hört auf mit dem Viruswahn!* [Merkel and Spahn, stop the virus insanity!]” and another woman carries the handwritten sign “Behind fascism is capital”. Another banner is so large that it has to be held by two people: “Corona hysteria camouflages class struggle. Super-rich ex-No. 1 W. Buffett says, ‘We’re waging class war! My rich class wins.’” Over the last word is written in red: “No”.

Suddenly, a group of about 40 people appears, carrying posters with the faces of mostly German politicians and scientists, as well as Bill Gates, pasted on a body in prison clothing and stamped “guilty”. *Oh no*, says a woman next to me, *now these PEGIDA guys are coming again. And these are the photos that will be in the newspapers again later.* Her neighbor replies, *Well, but they’re right somehow. And I also think the politicians have to be held accountable somehow.*



Fig. 20 Responsibility. Berlin. November 18, 2020.

A man walks by with a self-written sign, “I release the federal government from its self-proclaimed duty to protect me from Covid-19 and I take full personal responsibility for my life.” Another one comes along with an unsourced quote, “We citizens should remind ourselves daily that politicians are only our employees and not our guardians.” Another sign calls for a referendum “whether Sweden’s concept or pharma’s concept”; another states “The media is the virus”.

I get into a conversation with a woman who has hung a sign around her neck that says: “New infection protection act = dictatorship. Peace, justice, politics for people, not just lobbyists and corporations.” It’s all pretty awful, she says. She won’t get vaccinated and she won’t get locked up, she doesn’t want isolation centers; in Canada it’s already like that. She is 58 years old now; she would rather let herself be killed.

I see a man with a banner “Corona is a capitalist” and another one with “Inflation is coming”. I get into a conversation with an elderly woman who is carrying a flag with a Q on it. She stopped consuming mainstream media a long time ago, she says. At some point, she wondered what was wrong concerning Corona and asked the cosmos to give her some information. Then she went on the Internet and immediately came to a website with prophecies by Q. And she must say that he has been right quite very often, so she is taking it quite seriously.

In the afternoon, the police break up the gathering on the grounds that hygiene regulations are not being respected, and since the crowd does not move away on its own, the police begin to use water cannons. After a while, those present move away to the adjacent Tiergarten park. The comment that the police enforce compliance with infection control measures by drenching people to the bone with water cannons on a cold November day becomes a running gag among the demonstrators.

As it gets dark, about 200 people gather in front of Bellevue Palace, the seat of the German president. Most of them stand around in small groups. I hear someone complaining about the many German flags among the demonstrators. *Well, he is answered, I can understand that. You can see where internationalism has led. The German flag stands for everything that the globalists want to take away from*



Fig. 21 Better safe than sorry. Berlin. November 18, 2020.

us: the Basic Law, the fundamental rights, our freedom. I think we have to go back to smaller units like nations, that’s the only way we can assert our freedom.

I come across a small group who obviously know each other; they talk about conspiracy theories and one of them says, *Most people think conspiracy theories are not true because you can’t tell everyone at the same time to do this or that. ‘How is that supposed to work,’ they ask, ‘we don’t live in a dictatorship where people are told to do this and do that.’ But that is again far too simplistic. It’s not about someone sitting there ordering people to do this and that, even though they don’t want to. It’s about propaganda, it’s about getting people to want to do exactly what I want them to do. This is about long-term processes, it’s about something like agenda setting, and that’s set up over decades or even centuries. Most people don’t have an eye for that.*

A woman comments, *Well, maybe in Western Germany. In the East, there is a greater awareness of these manipulations. In the East, people don’t even as-*



Fig. 22 Washing hands and brains. Berlin. November 18, 2020.



Fig. 23 Media is the virus. Berlin. November 18, 2020.



Fig. 24 State of emergency. Berlin. November 18, 2020.



Fig. 25 Who to blame. Berlin. November 18, 2020.



Fig. 26 Freedom, hope, success, and cold water. Berlin. November 18, 2020.



Fig. 27 Class war from above. Berlin. November 18, 2020.

sume that they could be told the truth. People from the West can't even think that, they have total trust in the institutions and believe they are well informed when they watch the Tagesschau and read DIE ZEIT or the FAZ. 'Why should the government do something like that,' they always ask. It doesn't occur to them that the news and the newspapers might not be what they were 40 years ago, if they were different at all. I mean, I've always known that we're being manipulated, but I honestly didn't realize the actual extent of it. Most of all, I didn't realize that it doesn't really matter how bad a story is that you're being sold. That they actually get away with this Corona story, which is so blatantly bad. That most people apparently really believe what they're told here and that they just parrot everything that some think tanks have dictated to the press and politicians. To me, that's extremely frightening.

A little later, I meet a woman in her 50s who seems very excited. She says she heard from an acquaintance that all employees at Volkswagen have already been put on short-time work for the coming year, *Why is this already decided for such a long time? I don't understand; what's happening right now?*

A man of a similar age, whom she obviously doesn't know, answers her: *It's probably quite simple. There are simply too many people on this planet, that's why the number has to be radically reduced. Such considerations have been around for some time.*

She: *Why is that? And how does that have anything to do with Corona?*

He: *Well, the earth is ruined, fucked, screwed. Overpopulation is an extreme burden on the planet. That's why people have to vanish: to save the Earth, to save nature.*

She (cheerfully): *Oh, that's great!*

He (amused): *Well, of course that's great, but if you think that only affects the others, the people in Africa or wherever, then you're wrong. It is about you. You are too much and you have to leave. And as fast as possible. You are no longer needed. Most of the work can now be done by machines. And you only unnecessarily consume a lot of resources. Corona is not about health. The whole Corona thing is an attack on the Western world in particular. It's striking, isn't it, that the most blatant measures take place mainly in the rich countries, where the standard of living is the highest, where people consume the most resources per person. You simply don't need so many people who eat all day, drive around more or less pointlessly in their*

cars, and fly twice a year on vacation and either don't work at all or do some unproductive kind of stuff. Have you ever heard of the Agenda 2030 of the UN? How are the 17 goals that change the world to be achieved? The first point is poverty reduction. Most people probably think that fighting poverty means making everyone as rich as we are. But poverty and wealth are not clearly defined, they are relative terms. And to raise the whole world to our standard is not possible, the earth won't stand that. Then the only possibility is to bring everyone to a low level. Then everyone would be equally poor and thus everyone would be equally rich. And how to achieve this is quite simple, it works like everywhere in the world: you convince the countries to take some disastrous actions, thus plunging them into debt, and make sure that everything public gets into private hands, then it is no longer the politicians and the citizens who decide, but the private corporations and their owners, and all the profits go into the pockets of the rich. This procedure has been tried and tested in the third world for a long time and has proven successful many times over, and now it is just befalling the first world. Now the economy is being destroyed with lockdowns and the states are going into debt to an unprecedented extent. But that will probably not be enough. If you want to achieve the goals by 2030, you have to hurry. And there are still too many people on earth for that. And a prerequisite for being able to control populations and their numbers is the destruction of any democratic systems. People who claim to have a say only interfere with population control. I suspect the point is simply to create as much chaos as possible. We've been told in the media for some time now that there can and will be widespread power blackouts due to hacker attacks, etc., without saying who would do it and why. I think such things are part of the preparation. I think it's about inciting a civil war. Politicians and the media are agitating against a minority in such a way that the population is literally being set against each other. Of course, this is also a good distraction from the actual causes of the problems. Thus, people are distracted from the fight against the ruling powers. Divide and rule, the old principle. And if later all are fucked and starving and freezing, then they hold each other responsible for the situation and if they do not starve, they beat each other to death.

She: *Oh no, that's terrible. What can we do now?*

He: *Well, everyone would just have to refuse. If no one would participate anymore, Corona would be over*



Fig. 28 Paranoia. Berlin. November 2020.

tomorrow. But if so few people continue to stand up, then that's the way it's going to be.

Another woman in her 50s, who had joined in, agrees with him: Yes, I also always think that it has to be about more than just health. Otherwise, the whole thing doesn't make sense. And I'm afraid that this agitation that you mentioned indicates that in the system that awaits us, it won't matter at all what people think and want. I'm afraid that in the system that's coming, no one will have anything to say anymore. It doesn't matter if you defame 30 percent of the population as idiots and blame them for the progress of the pandemic. Who would have thought a year ago that politicians and journalists in Germany would be allowed to agitate in public in such a way and get applause for it? I think this is a real breach of taboo. I always wonder what the individual politicians know. What about Merkel? Or Wieler? I mean, they can't possibly themselves believe what they say. And sometimes I think maybe Merkel is being blackmailed, or she's being threatened personally. The tremors she had last year in public were pretty strange. Then they said she hadn't had enough to drink. That's ridiculous. Have you ever watched those videos? I can't imagine it's

from not having enough fluids. Perhaps she has been shown what can be done to her if she does not cooperate. Or maybe she's going along with it all because she actually wants to prevent damage to Germany. Like, 'Hey Angela, for now we'll just release a manipulated coronavirus. Either you manage to get your people to go along willingly with everything, which means that they will all be vaccinated and totally monitored through vaccination passports, a digital identity, and the abolition of cash, or we will get the next virus out of the drawer, and we promise you that it will no longer be as harmless as Corona.' Because I think it's all about surveillance. And of course, once there is hunger and civil war and chaos here, you will gratefully accept all surveillance techniques that promise you social order and thus security again. That's how you get everyone in Western democracies to agree to total surveillance. But maybe it doesn't need that at all. Look at the people, they are already doing everything they are supposed to do without any complaint.

In the meantime, several demonstrators have joined the discussion. Another man in his 50s says, Probably the whole hype about climate change in the last years was also already a preparation for

this idea that there is no alternative to the Great Reset, which is just another name for the Agenda 2030. Greta was hyped and is now speaking at the World Economic Forum. I was not aware before Corona of the extent of the power of the media and how the media is directed by corporate interests. And now I think, sure, Greta could never have become this big if that hadn't been wanted. Now we all know that we have to do everything to save the earth. And that we have to sacrifice democracy for that.

And that we need nuclear power, the woman adds to the laughter of the others.

He continues: Strange, though, that so few leftists seem to realize this. When the people on the left see that the people on the right see a new socialism emerging with the Great Reset, it may confirm them in the perception that this is a good thing. Then they don't realize that the people on the right are wrong in their assessment. Because we are not facing socialism, but feudalism. Because the property will not be collectivized, but there will be few holders, who keep the rest as slaves, who hold them on such a short leash that they just survive, or rather ensure the survival of the holders. You spoke earlier about the principle of divide and rule. I think that the whole identity politics thing, which has been hyped so much in recent years, already goes in this direction. Minorities are encouraged to play off against each other instead of going after the oppressors together. And with Bill Gates it is quite similar. I mean, he's one of the big players and somehow he's managed to make any criticism of his business practices seem like a conspiracy theory. Before Corona, it was common practice in the media to criticize his business practices and to point out what a danger they are to democracy, especially with the influence of private foundations. Today, you only have to say his name and you're considered a conspiracy theorist. He only wants to do good. He is a philanthropist. Anyway, only in Russia are there oligarchs, here we have only philanthropists. And the leftists buy it. A friend said to me the other day, when I tried to explain to him how the public health sector is dominated by philanthropic foundations, almost all of which are connected to Bill Gates, and how undemocratic that is, he said that he would still prefer an unelected Bill Gates to the elected Bolzonoras, Trumps, and Johnsons of this world. And he sees himself as a leftist. It's really amazing what kind of stories people are ready to buy. And above all the leftists. It's unbelievable how they

let themselves be harnessed to the elites. They make themselves useful idiots. Instead of fighting against the rich, they fight against those who fight against the rich. And then they accuse the demonstrators of being Nazis and anti-Semites who trivialize National Socialism and the Holocaust. I would rather say it's trivializing Nazism and the Holocaust to call the protesters Nazis. I mean, do they know what Nazis are? And then again and again this mantra, 'If just one human life is saved by the measures, then it was all worth it.' But, I mean, how many people die because of the measures? They all just have their own little world in mind and think that solidarity consists mainly of going shopping for their neighbors. How great we are to take care of our dear fellow human beings. I have to vomit. They have no idea at all about politics, about economics and global relations and about geo-strategic considerations. Most of the supporters of the measures I have met have no clue at all. And even in politics: the other day I talked to a young politician of the Green Party from my constituency. He had never heard of the Great Reset before.



Fig. 29 (No) Fear. Berlin. November 18, 2020.

My car is parked in front of the House of World Cultures. A sign in big letters above the entrance reads: “Haltet zusammen ----- mit ein bisschen Abstand” [Stand together ----- with a little distance]. As I’m about to get in my car, a couple of protesters who are also on their way back pass by and see my license plate. *Ah, hey, you’re*

from Leipzig?, says one of them delightedly. And referring to the big nationwide demonstration in Leipzig last weekend, he says appreciatively: *Leipzig has become a real brand! I guess you know next weekend there will be another demonstration in Leipzig. See you there!*



Fig. 30 “Stand together with a little distance.” Berlin. November 18, 2020.

Went to the Fortune Teller

ERHARD SCHÜTTPELZ

Cut a vital connection.
Oblique Strategies

Ich beginne mit einem Lied, das mir schon lange als die beste Darstellung von Wahrsagerei erschienen ist, ja sogar eine zutreffende Theorie der Divination zu enthalten scheint: *Fortune Teller* von Allen Toussaint. Es passiert hier eine ganze Menge in sieben Strophen, von denen die siebte in einigen Versionen ausgelassen wird. Daher hier zum Mitlesen und Mitsingen:

*Went to a fortune teller
Had my fortune read
Didn't know what to tell her
Had a dizzy feeling in my head*

*Then she took a look at my palm
She said, Son, you feel kinda warm
She looked into a crystal ball
And said, You're in love!*

*I said, How could that be so
I'm not tight with all the girls I know
She said, When the next one arrives
You'll be looking into her eyes*

*I left there in a hurry
Looking forward to my big surprise
Next day I discover
That the fortune teller told me a lie*

*I hurried back down to that woman
Mad as I could be
I told I didn't see nobody
Why she made a fool of me*

*Then something struck me
As if it came from up above
While looking at the fortune teller
I fell in Love*

*Now I'm a happy fellow
I'm married to the fortune teller
We're happy as we can be
And now I get my fortune told for free.*

Ein Mann geht zur Wahrsagerin, weiß nicht, was er fragen soll, ihm wird geweissagt, dass er verliebt ist, und dass er am nächsten Tag seine große Liebe finden wird, an diesem besagten nächsten Tag wacht er auf, fühlt sich betrogen, rennt zur Wahrsagerin und erkennt, dass er in sie verliebt ist, und ist danach glücklich mit der Wahrsagerin verheiratet und muß auch kein Geld mehr bezahlen, weder für die Dienstleistung des Wahrsagens noch für andere Dinge. Die letzte Zeile spielt mit mehreren Doppeldeutigkeiten auf einmal:

– „fortune“ heißt auch Vermögen, und
– „Now I get my fortune told for free“ könnte auch heißen:

– ich habe jetzt mein Vermögen, und zwar indem meine Frau die Arbeit macht, die ich nicht mehr bezahlen muß, und zwar indem sie anderen was erzählt – „my fortune told for free“.

– Und auch das ist bei so einem anrühigen Gewerbe noch ein wenig doppeldeutiger als vorher, wie auch immer, der männliche Protagonist muss nicht mehr für sein Schicksal oder sein Glück bezahlen.

Das Lied ist schließlich aus New Orleans und von Allen Toussaint, und ist auch musikalisch von raffiniert versteckter Raffinesse, wie man schnell herausfindet, wenn man es nachspielen will. Es ist einer der weitverbreitetsten Klassiker der frühen Rock- und Popmusik gewesen, nicht ganz von der Grössenordnung von „Louie Louie“ (ein Song, über den ein ganzes Buch geschrieben worden ist), aber auf einer Höhe mit „96 Tears“ oder „Money“.

Die letzte Strophe ist daher auf mehrere Weisen anrühig und auch ein wenig unehrenhaft, was wohl auch die Intonation der letzten Zeile zum Ausdruck bringt, die in einen parodistischen Sprechgesang verfällt, so als würde man hinter

vorgehaltener Hand über eine gemeinsam durchgezogene Sache sprechen: „Now I get my fortune told for free.“ Es gibt mehrere Versionen, die auf diese unehrenhafte Strophe verzichten, u. a. von The Who. Dann endet das Lied mit „I fell in love.“ und antwortet mit schöner Symmetrie auf die Prophezeiung der Wahrsagerin: „You’ll be looking into her eyes.“ und „You are in love.“

Das heißt, wir haben im Grunde bei „Fortune Teller“ zwei Lieder vor uns, ein reines Märchenlied mit perfekter Einlösung einer magischen Weissagung, und ein sarkastisches bis satirisches Lied über einen dummen Jungen. Die New Orleans-Variante endet mit einer gekonnten Desillusionierung oder einem „Never give a sucker an even break“; die internationale Variante bevorzugt die Unschuld der „love at second sight“. In beiden Fällen gibt es aber ein gewaltiges retrospektives Re-Arrangement – man versteht erst im Nachhinein, worum es schon die ganze Zeit ging.

Warum handelt es sich nicht nur um ein ausgeklügeltes Lied, einen echten Klassiker der amerikanischen Liedkunst, sondern auch um eine „Theorie“ der Wahrsagekunst? Der Schlüssel liegt in dem unscheinbaren Ausdruck, der das Geschehen verknüpft: „When *the next day* arrives / You’ll be looking into her eyes.“ – „*The next day* I discover / Fortune teller told me a lie.“ Der nächste Tag ist die große Enttäuschung, aber er ist auch die große Erwartung, und er ist dann aufgrund der Wut des sich betrogen Fühlenden die Erwartung einer Kompensation, bei der Wut in Liebe, und Lüge in Bewahrheitung umschlägt. Der Kunde will sein Geld zurückhaben und sprengt stattdessen die Bank. Andererseits unterliegt er einem Charme, der als Zauber an ihm ausgeübt wurde, und der wie ein Blitz bei ihm einschlägt. Und er bekommt sein Geld dann doch nicht zurück, sondern nur die Auflösung des Rätsels. Der Blitz war allerdings zuerst in der Kristallkugel, und dann in den Augen der Wahrsagerin. Dadurch hat das Lied auch etwas Unheimliches: das erwartete Unerwartbare ist zuerst in der Kugel und im Raum der Wahrsagerin, dann in der Enttäuschung, daß draußen nichts ist, und dann noch einmal „von oben“ und in den Augen, die in die Kristallkugel geschaut haben. Man kann sich des Eindrucks nicht erwehren, dass der Protagonist das perfekte Opfer der Wahrsagerin war: ratlos, nervös, freudig erregt, enttäuscht und vor allem labil.

Die Ratlosigkeit des Ich-Erzählers schlägt in eine „sich selbst erfüllende Prophezeiung“ um, und das Lied endet mit diesem großen Trick: Man dachte, es ginge um drei Personen, es bleibt aber bei den zweien.

In der siebenstrophigen Version liegt die Mitte des Textes genau hier: „Looking forward to my big surprise / The next day I discovered“, also zwischen der Überraschung und dem nächsten Tag. Von Ludwig Wittgenstein gibt es einen entsprechenden Satz zur „Überraschung“, der fast schon Qualitäten eines Popsongs hat, und zwar auf Englisch: „When I came home I expected a surprise & there was no surprise for me, so, of course, I was surprised.“ (WITTGENSTEIN 1994: 93)

Dieser Spruch ist ganz unabhängig von „Fortune Teller“ entstanden, aber er führt auf die gleiche Fährte: wenn man eine Überraschung erwartet, wird das Geschehen aufschlußreicher, und es erfüllt dann so oder so die Bedingungen einer Wahrsagerei, eines Gewährwerdens dessen, was man nicht erwarten konnte, weil man „etwas“ und zwar etwas unbestimmt Vages erwartete. Selbst die Enttäuschung wird dann zum Hilfsmittel der Überraschung, oder zur Überraschung selbst. Und das bleibt typisch für Situationen mit großen Erwartungen: sie können enttäuscht werden, und im Moment der Desillusionierung oder kurz danach erscheint auf einmal eine aufschlußreiche Kehrtwendung. Große Enttäuschungen sind dafür besser geeignet. Wir alle brauchen uns daher nur zu einer großen Enttäuschung durchzurufen, zum Beispiel hier und jetzt und was meinen Vortrag betrifft, und dann könnten wir unser Leben ändern, zum Beispiel heiraten oder endlich Wittgenstein lesen oder eine Wahrsagerin konsultieren, um zu wissen, wie enttäuscht wir wirklich sind.

Ich konsultiere in solchen Fällen allerdings immer nur ein Online-Orakel, nämlich eine digitale Version von Brian Enos „Oblique Strategies“, das waren ursprünglich Karteikarten mit Ratschlägen, die man immer dann ziehen sollte, wenn man bei einer Gestaltungsaufgabe im Studio oder vor der Staffelei nicht weiterwusste oder eine Entscheidung treffen musste¹, und im Falle dieses Vortrags zog ich genau an dieser Textstelle folgende Karte:

„Only a part, not the whole.“

Diese Karte verstehe ich so, daß ich Ihnen im folgenden nur noch einen Teil von dem erzählen soll, was ich vorhatte. Das wird nicht einfach, denn natürlich wollte ich Ihnen das ganze Geheimnis der Wahrsagekunst eröffnen, und jetzt bleibt leider nur ein Teil davon übrig. Vielleicht kann ich aber schummeln und Ihnen hinter vorgehaltener Hand zuflüstern, also im Stil der siebten Strophe von „Fortune Teller“, „dass es da gar kein Geheimnis gibt“, sondern nur Techniken, und zwar sehr alte und erfolgreiche Techniken, die immer funktionieren, aber nur, wenn man an sie zugleich glaubt und sie bezweifelt. Und man kann jeden Einzelvorgang bezweifeln, aber nicht die Techniken selbst.

Was heißt das im einzelnen, also für den Teil und nicht das Ganze?

HAROLD GARFINKEL hat ungefähr zur gleichen Zeit wie Allen Toussaint ein Experiment zum Ratgeben durchgeführt, das es erlaubt, einige wesentliche Operationen des Ratgebens und des Wahrsagens zu identifizieren, und auch die Selbstbezüglichkeit des Wahrsagens und Beratens, die in „Fortune Teller“ so großartig ausgespielt wird, besser zu verstehen.

Warum brauchen wir überhaupt einen Wahrsager, und wozu brauchen wir Beratung? Wenn man so prinzipiell fragt, ist man ganz unten angekommen, und dann könnte man ebenso gut ein Orakel fragen. Napoleon sagte zwar bekanntlich: „Was Schicksal! Die Politik ist unser Schicksal!“, aber das war nach Jahrtausenden, in denen Machthaber Orakel und Wahrsager konsultiert hatten, in denen die obersten Eliten Wahrsager konsultierten, um Entscheidungen mit politischen Folgen zu treffen. „Politik! Wenn die wüßten. Das Schicksal ist unsere Politik.“ Dieses Bewusstsein hat sich bis in die heutigen Tage erhalten, allerdings nur noch in der napoleonischen Umkehrung. Schließlich sprach auch Lloyd Blankfein von Goldman Sacks davon, ihr Geschäft sei nicht irgendein Geschäft, sondern „God's work“ (REUTERS 2009).

Aber es geht nicht nur um Eliten. Die Wahrsagekunst ist äußerst inhomogen verteilt. Es gibt Menschen und Kulturen, die befragen das Orakel nur in lebenswichtigen Krisen und vertrauen ihm auch dann nur unter Vorbehalt; es gibt allerdings auch Kulturen, die regeln die einfachsten Dinge mit einem Orakel, etwa den günstigsten Weg zur nächsten Bank oder die glückverheißenden Da-

tierungen für jeden nächsten Schritt. Die Bestimmung des Ratgebens und des Wahrsagens muß daher für beide Extreme gelten. Daher die ganz basale und auch banale Bestimmung der Voraussetzungen für alle Formen des Wahrsagens. Sie fällt schlicht und ergreifend mit dem Beratungsbedürftigkeit und dem Ratholen zusammen. Zwischen den Kulturen werden wir nicht unterscheiden können, wie sich Leute beraten und wie sie sich Praktiken der Divination unterziehen. Wir brauchen daher nur einmal hin und zurück zu schauen: aus unserer Kultur in Kulturen der Divination, etwa die chinesische Divinationskultur, und dann wieder zurück, um in unserer Kultur Formen der Divination zu finden. Was heißt das?

Wir befinden uns unaufhörlich in Alltagssituationen der Entscheidungsfindung. Die Zukunft ist noch veränderbar, und unsere Wahlmöglichkeiten betreffen das Veränderbare. Aber auch die Vergangenheit unterliegt noch der Veränderung, indem wir mehr über sie und ihre Folgen für die Gegenwart herausfinden. Von einer anderen Kultur aus gesehen ist die Psychoanalyse eine Divinationsform, und das nicht nur aufgrund ihrer Traumdeutungen und Deutungen dessen, was einem zustößt, sondern auch aufgrund ihrer Beziehung zu einem Geschehen in der Vergangenheit des Patienten, dessen Erkenntnis seine Zukunft mitbestimmt. Wahrsagen handelt auch in anderen Kulturen nicht einfach von der Zukunft, sondern von der Beziehung zwischen Vergangenheit und zukünftigen Wahlmöglichkeiten, und dazu verändern sich immer beide zugleich. Wenn wir uns den gesamten therapeutischen Bereich unserer Gesellschaft vergegenwärtigen, und dass in jeder therapeutischen Situationen Vorgänge der Beratung und der beiderseitigen Besprechung von Vergangenheit und Zukunft stattfinden, erwartet und formalisiert werden, dann werden wir die Allgegenwart der Divination in unserer Gesellschaft nicht niedriger veranschlagen als in irgendeiner anderen.

In dieser Perspektive ist keineswegs unwichtig, aber nebensächlich, worauf sich unsere Zukunft richtet, auf die Zukunft oder auf die Vergangenheit: wir bewegen uns in einer ständig entweichenden Gegenwart entlang einer antizipierten Zukunft, und aktualisieren diese Zukunft durch Erwartungen, Pläne oder deren Unsicherheit und Fehlen. Die Prozedur zur Erlangung einer antizi-

pierten Zukunft muss erst noch ausgearbeitet werden, und sie wird Schritt für Schritt erarbeitet und improvisiert werden müssen.

Ich glaube, diese einfache Tatsache hat noch nie jemand in ihrer ganzen theoretischen Tragweite beachtet, höchstens zwei oder drei Leute (darunter HAROLD GARFINKEL, dem ich alle diese Formulierungen verdanke, und zwar durch eine Ausführungen über „common sense situations of choice“ in den „Studies in Ethnomethodology“.) Daher noch einmal:

Jede Prozedur zur Erlangung einer antizipierten Zukunft muß erst noch ausgearbeitet werden, und sie wird Schritt für Schritt erarbeitet und improvisiert werden müssen. Auch die Wiederholung ist eine solche Prozedur, aber auch jeder Sprechakt, jeder Plan, jede Intention.

Anders gesagt: Die Prozedur zur Erlangung einer unsicheren oder einer antizipierten Zukunft wird erst im Nachhinein festgestellt werden können. Das Musterbeispiel dieses Vorgangs ist die Einsicht oder das Gefühl, dass man erst im Nachhinein feststellen kann, „worum es schon die ganze Zeit ging“. Was geschieht jetzt, wenn wir eine zweite oder dritte Partei hinzubitten, die uns die Antizipation oder die Ausarbeitung einer unsicheren Zukunft durch Beratungstätigkeiten oder durch Wahrsagen erleichtern oder gegebenenfalls durch eine Intervention erschweren sollen?

Der erwähnte HAROLD GARFINKEL hat zu dieser Frage Ende der 1950er Jahre ein Experiment veranstaltet, das so aussagekräftig ist, daß es nie ganz ausgewertet werden kann. GARFINKEL rekrutierte zehn Studierende, denen erzählt wurde, am Psychiatrischen Institut der UCLA würde eine Alternative zur Psychotherapie ausprobiert: „to explore alternative means to psychotherapy, as a way of giving people advice about their personal problems‘ (sic)“ (GARFINKEL 1967: 79).

Der Experimentator, personifiziert durch einen Postgraduate mit Schauspielere Erfahrung, wurde den Versuchspersonen als Ratgeber in der Ausbildung deklariert; er befand sich im Nebenraum und kommunizierte mit den Versuchspersonen über eine Gegensprechanlage. Das Experiment beruhte auf mehreren Täuschungen, denn weder wurde der Prozess des Ratgebens noch der Ratgeber selbst getestet, wie die Versuchspersonen annehmen mußten oder aufgrund der Instruktionen sollten.

Ziel des Experiments war die Untersuchung des gemeinsamen Alltagswissens über Sozialstrukturen, des „common sense knowledge of social structures“. Die Versuchspersonen sollten erst einmal ein persönliches Problem darlegen und dann die erste Frage stellen. Jede Frage mußte so gestellt werden, daß sie mit „Ja“ und „Nein“ beantwortet werden konnte; insgesamt gab es zehn Antworten. Nach jeder Antwort und am Ende der Fragenrunde sollte die Versuchsperson laut über die Antworten nachdenken und die Beratungstätigkeit bewerten, während der Kanal zum Experimentator abgeschaltet wurde. Der ganze Ablauf der Dialoge und Monologe wurde auf Tonband aufgezeichnet. Der Experimentator kam am Ende der Fragenrunde aus dem Nebenraum, um die Beurteilung des Gesamtverlaufs entgegenzunehmen. Die Reihenfolge der Antworten war in allen Fällen die gleiche und vorher per Zufall festgelegt worden. Diese Tatsache wurde den Versuchspersonen mitgeteilt, und ihre Reaktion auf diese Enthüllung wurde ebenfalls aufgezeichnet und ausgewertet.

Von GARFINKEL gibt es mehrere Auswertungen dieses Experiments. Die wichtigsten Ergebnisse GARFINKELS lauten:

- Ratsuchende versuchen, eine Beratung als Gesamtprozedur durchzuführen.
- Antworten werden als Antworten-auf-Fragen und als Ratschläge verstanden, und dabei uminterpretiert, und zwar nach dem, „was gemeint ist“ oder „gemeint war“.
- Neue Fragen werden vorausschauend und retrospektiv anhand des Verlaufs improvisiert, und zwar durch Deutungen dessen, „was gemeint ist“ oder (gewesen) „sein könnte“.
- Gestellte Fragen und gegebene Antworten werden retrospektiv anders verstanden; Redebeiträge werden als Antworten auf Fragen verstanden, die nie gestellt worden sind, oder auf mehrere Fragen, oder sie werden wieder zu einer neuen Frage gemacht. D. h. es herrscht eine ständige retrospektiv-prospektive Neuordnung von Fragen und Antworten, auch in einer ganz normalen Beratschlagung.
- Unvollständige Antworten werden für zukünftige Vervollständigungen bereitgehalten; unangemessene Antworten werfen Gründe der Unangemessenheit auf; Inkohärenz wird als Lern-

prozess von allen Seiten der Beratung verbucht oder zumindest entworfen; Widersprüche werden vergessen oder „ausgebügelt“.

– Es entsteht eine durchgängige Bemühung um ein „verbindendes Muster“, das fortlaufend verändert und überprüft wird. Dieses Muster existiert nicht, aber es wird immer wieder neu entworfen.

– Der Status der Äußerungen bleibt vage oder „in der Schwebe“, d. h. die Fragen, ob es sich um einen Ratschlag, eine Problembeschreibung, eine Beantwortung handelt, und um welche oder welchen, können offen bleiben oder retrospektiv anders beantwortet werden (Zusammenfassung nach GARFINKEL 1967: 89–94).

Diese Eigenschaften sind sicher für Alltagsgespräche nichts Ungewöhnliches; die Pointe besteht darin, daß diese Eigenschaften bei einer Ratsuche oder einer Beratschlagung ohne weiteres akzeptiert und sogar ganz offen forciert werden – m. a. W. dass man in einer solchen Situation, also innerhalb einer Situation, in der man beraten werden will, gar nichts anderes erwartet als die Herrschaft dieser Eigenschaften. Man könnte daher auch sagen, dass eine Beratschlagung die Zeitstruktur und die Modalität alltäglicher Problemlösungen in sich kondensiert und zwischen den beteiligten Grössen inszeniert.

Die Beratungssituation nimmt ganz gewöhnliche Eigenschaften der Interaktion und „heizt sie“ noch einmal an, und zwar, indem man von der Situation und dem, was sie bespricht, noch mehr Labilität verlangt als ohnehin schon vorhanden. Und zwar vor allem eine Labilität aller Bezüge: der innersprachlichen, z. B. von Antworten auf Fragen, und der außersprachlichen, z. B. welche Personen und welche Ereignisse gemeint seien, und der deutungssprachlichen, etwa welche Wortbedeutungen oder Konnotationen aufgerufen werden. Andererseits kann auch alles wieder verworfen werden und keine der Gedankenketten bewegt sich im Gleichmarsch, auch das gehört zur Labilität. Und das ist erst einmal das Wichtigste, was wir aus GARFINKELs Experiment über Ratgeben und Ratsuche erfahren: was im Alltag schon labil ist, wird noch weiter destabilisiert und dadurch auf die Probe gestellt, und das zu akzeptieren, fällt uns nicht schwer, solange wir wissen, dass wir mitten in dieser Labilität stecken, deren Manifestationen wir akzeptieren oder verwerfen,

fixieren oder vergessen dürfen. Eine Ratsuche oder eine Wahrsagung ist daher eine eigentümliche Koordinationsleistung: sie koordiniert ein nur vorläufig koordiniertes Auseinanderklaffen der Berichte, die im Nachhinein oder schon während des Geschehens gegeben werden können.

Um so mehr gilt das für den Verlauf der Konsultation in einer Divinationsprozedur. TILL FÖRSTER (1985) verdanken wir eine ausgezeichnete Darstellung einer bestimmten Divinationskultur, nämlich der Senufo in der Elfenbeinküste, und in den bei ihm ausgewerteten Protokollen kann man u. a. ohne Schwierigkeiten folgende Vorgänge nachlesen, die sich mit den „Findings“ von GARFINKEL dienen:

– Der Verlauf der Äußerungen und Zeichen wird stillschweigend uminterpretiert; es entstehen Antworten auf ungestellte Fragen; es gibt eine Vagheit des Ausdrucks, die vom Klienten sehr viel stärker konkretisiert werden kann als vom Wahrsager (1967: 250f.).

– Anlass und Ursache der Ratsuche können vage bleiben, oder erst durch die Mittel zur Bereinigung klarer werden (1967: 262f.).

– Neue Mitteilungen werden retrospektiv mit dem vorher Gesagten in Übereinstimmung gebracht; man rechnet durchgängig mit solchen retrospektiven Uminterpretationen (1967: 263).

– Doppeldeutigkeiten jeder Art wirken „als ein Hilfsmittel [...], mit dem es möglich bleibt, auch später noch Verweisungszusammenhänge, die in die Situationsdefinition eingehen sollen, umzudeuten“ (1985: 311).

– Am Anfang einer Konsultation wird betont, dass der Klient nicht weiß, was sein Problem ist, „worum es geht“, oder man betont das zwischen durch noch einmal (1985: 305).

– Die Situation wird ständig umgedeutet, bis zur vollständigen Suspension: des bereits Gesagten, oder auch der Konsultation selbst (1985: 308f.).

– O-Ton der Senufo: „Du gehst wegen einer Sache zum Wahrsagen und das deckt dann eine ganz andere Sache auf“ (1985: 308).

Man kann also ganz empirisch, in diesem Fall im Vergleich von GARFINKEL und FÖRSTER auch philologisch nachweisen, dass in einer Divination die typischen formalen Eigenschaften einer Ratsuche, insbesondere die Zeitstruktur und

Modalität der Frage/Antwort-Beziehungen, aber auch die inhaltlichen Beziehungen, insbesondere der Rekurs auf eine Stärkung der persönlichen Handlungsinitiative, der Rekurs auf ein gemeinsames kulturelles Wissen, auf ein gemeinsames Verständnis von Sozialbeziehungen, und auf eine „Normalisierung“ des sprachlichen Ausdrucks, erhalten bleiben. Diese formale und inhaltliche Gemeinsamkeit von Divination und alltäglicher Ratsuche ist keine große Überraschung, denn wie bereits konstatiert: jede Divination bleibt eine Ratsuche. Das Erstaunliche ist eher, dass die allermeisten Darstellungen von Divinationen und Orakeln die Doppeldeutigkeit und Manipulierbarkeit, also den trügerischen Charakter der Zeichen und Äußerungen in einer Divination betonen, und diesen für das Typische von Divination und Orakeln halten – genau diese Eigenschaften haben nämlich ganz alltägliche Beratungen und Divinationen ohne weiteres gemeinsam, ja sogar der ganz normale Alltag jeder Interaktion.

Die Frage muss daher noch einmal neu gestellt werden: was zeichnet eine Divination gegenüber alltäglichen Beratungen aus? Was macht eine Divination zu einer „außermenschlichen“ Beratung? Hier sind vor allem zwei Auffälligkeiten zu nennen, die auf einander bezogen werden müssen. Beide Auffälligkeiten sind bereits von vielen benannt worden, ich wiederhole sie aber gerne:

Erstens: Divinationen können auch ganz alltägliche Ratschläge erbeten, und in vielen Kulturen werden sie auch für ganz unscheinbare Probleme verwendet, aber sehr oft haben sie es mit Situationen zu tun, in denen sich der Klient entweder gar nicht oder nur zu einem kleinen Teil auskennt, also mit der Anerkennung einer echten „Ratlosigkeit“. Es kann sich um Krankheiten handeln oder um persönliche Krisen; es geht um unlösbare Konflikte oder Dilemmata; und es geht um drohende Gefahren, etwa durch Lebensübergänge oder bevorstehende Reisen. D. h. man braucht einen Beistand oder einen Rat, der über den gewöhnlichen Familienkreis oder Bekanntenkreis, oder über alles Bekannte hinausreicht. Es geht um eine Situation der Fremdheit und der drohenden Entfremdung. Je tiefer die Ratlosigkeit ist, desto mehr kann sie noch vertieft werden. Je oberflächlicher sie ist, so oberflächlich wird sie aller Voraussicht nach bleiben (vgl. PARK 1963: 195–209).

Zweitens, und damit kommen wir erst zur Divination selbst: Die Beratung, und ihre „prozedurale Intervention“ geschieht durch die Konsultation einer Instanz, die auf eine andere, eine nicht-menschliche Instanz rekurriert. D. h. die Konsultation ist zugleich ein fortlaufender Prozess der Handlungsdelegation. Und dieser Aspekt wird um so unentbehrlicher, je tiefer die Krise oder die Ratlosigkeit ist, um die es geht. Für den Klienten wie für den Wahrsager geht es dann um einen Prozess, der die Art und Weise betont, in der es gelingt, wie ein Ethnologe schreibt, „die Handlungsmacht und die Verantwortung für eine Entscheidung dem Handelnden zu entziehen“, „to remove the agency and responsibility for a decision from the actor himself“ (PARK 1963: 197).

So fängt der Wahrsager der Senufo etwa jede Konsultation mit folgender Beschwörungsformel an, bevor er das erste Orakel aus Kaurimuscheln wirft:

Er ist nicht zu mir gekommen, er ist zu Euch [nämlich den Hilfsgeistern, E. Sch.] gekommen. Ich sehe ihn [den Klienten, E. Sch.] leibhaftig, ich kenne nicht seine Probleme. [...] Er ist nicht zu mir, er ist zu Euch gekommen! Ich habe Euch die Begrüßung überbracht. [...] Nehmt den Gruß an! Der Tag ist nicht für mich, der Tag ist für euch. Man soll sich gegenseitig helfen an diesem Tag, da der Kopf des Besitzers aufgebaut wird (FÖRSTER 1985: 242).

Um diesen Vorgang zu verallgemeinern: Der Prozess einer Divination, auch und gerade der technische Prozess, ist ein Akt der ständigen Medialisierung, insbesondere in der Person (und im Körper) des Wahrsagers, der für den Klienten spricht, aber auch für seine Hilfsgeister oder Mächte, es ist ein Akt der Medialisierung und der Übersetzung durch die Intervention bestimmter technischer Verfahren, etwa in Form von Orakeln. Aber jede solche Medialisierung und Übersetzung ist zugleich eine Handlungsdelegation und Kooperation, und eine Adressierung, die eine gegenseitige Zurechenbarkeit und Rechenschaftslegung der beteiligten Größen – von Klienten und Wahrsagern, Hilfsgeistern und ihren Gegenspielern – ermöglichen soll.

An dieser Stelle habe ich die „Oblique Strategies“ erneut konsultiert, und ich hatte Glück, denn sie besagten:

From nothing to more than nothing.

Wie gesagt, die erste Karte besagte:

A part, not the whole. / From nothing to more than nothing.

Nehmen wir an, der Wahrsager weiß nichts. Wie kommt er dann von dem Teilwissen, das ihm der Klient eröffnet, oder auch gar nicht eröffnet, zu „mehr als nichts“?

Bei den Senufo ist diese Situation ganz real, denn dem Wahrsager wird nicht gesagt, worum es geht – er muss das Problem des Klienten erraten. Wie macht er das?

TILL FÖRSTER schreibt:

Das Thema wird [...] durch eine Verständigung in aufeinanderfolgenden Definitionen und Umdefinitionen bestimmt. Verschiedene, als relevant angesehene Inhalte werden der Situation des Klienten zugeordnet. Diese Inhalte müssen anerkannte Bestandteile der Lebenswelt der Teilnehmenden sein. [...] Die Situation des Klienten ist nichts anderes als ein durch ein oder mehrere Themata bestimmter Bereich seiner Lebenswelt. Diese Situation kann sich also schon in diesem Teil der Sitzung durch die Umdefinition des Bereiches verschieben und verändern (1985: 309).

Außerdem wird durch diese Abgrenzung einer Situation ein eigener Bereich konstituiert, der als Teil der Innenwelt der Person einer generalisierten Außenwelt gegenübersteht. Die Inhalte aus der Lebenswelt, die in die Situation des Klienten eingegangen sind, erlauben es ihm, diesen Ausschnitt als seinen eigenen abzugrenzen. [...] Deshalb können die Kafibebe auch kategorisch behaupten, daß man wegen ‚individueller Probleme‘ einen Wahrsager aufsuche. Doch der Hintergrund ist die Lebenswelt aller Beteiligten (1985: 309f.).

Wesentlich ist die Miniaturisierung der Welt:

Die Objekte des Ensembles repräsentieren [...] formale Konzepte der Lebenswelt. Die Verweisungszusammenhänge können durch sie dargestellt und als Bedeutungszusammenhänge begriffen werden (1985: 310).

Die in Sprache und den Objekten repräsentierten Konzepte sind dieselben, doch waren in einem Objekt oft mehrere gleichzeitig präsent und mußten erst durch eine Äußerung benannt werden, bis hin zu freien Zeichen [...], die beliebige Refe-

renten haben konnten. Diese Doppeldeutigkeit solcher Objekte läßt sich auch als ein Hilfsmittel beschreiben, mit dem es möglich bleibt, auch später noch Verweisungszusammenhänge, die in die Situationsdefinition eingehen sollen, umzudeuten. Das Thema der Konsultation läßt sich so [...] gleichsam nachträglich modifizieren (1985: 310f.).

Fazit:

Die neu gewonnene Definition einer Situation, in der der Klient nicht mehr zu handeln wußte, ist eine Neuinterpretation dieses Ausschnittes der Lebenswelt. Da vorher die sprachlichen und kulturellen Konzepte, mit denen er die Situation hätte begreifen können, offensichtlich versagt haben oder zumindest er selber nicht in der Lage war, sie so zu gebrauchen, daß sich eine angemessene und anerkannte Definition der Situation ergab, ging der Klient den Weg zum ‚Wahrsager‘, der also eine interpretatorische Leistung erbringt. [...] Er erbringt eine Reparaturleistung, indem er, ganz wörtlich, eine Sprache für die problematische Situation entwickelt. Anders ausgedrückt heißt das, er schafft zwischen Elementen der Lebenswelt, die dem Klienten als unbegreiflich entgegenstehen, und bekannten sprachlich-kulturellen Konzepten neue Verweisungszusammenhänge (1985: 311).

Ergänzung durch RICHARD WERBNER (2012).
Zur Miniaturisierung:

The representation exhibits in the fine scenes of easily handled lots, a series of encounters between significantly opposed agents, such as friends and foes. In the microdramatic appears a visual exhibition in miniature; it displays a person's social situation as a field of forces, moral and powerful, for or against a subject. [...] This field is represented by analogy – bits of other creatures epitomize the agents around the subject, and one task of interpretation is to discern the right match between the disposition of the actual agents in the social field and the lie of the lots as their icons in divination (2012: 9).

What is distinctively divinatory is the motive: to make the hidden seen and felt. The world of everyday life hides too much as a whole at its usual scale. It has to be taken to bits, scaled down to miniature, and its refractions examined closely. [...] Scaling down to bits, no more than a handful, presents the world in a graspable, more comprehensible model. Holding them, the beholder gets in

touch, sees, and is, also, in felt contact with otherwise hidden realities, especially the feelings, motives and dispositions of significant others around the beholder (2012:10).

Not only is the personal world seen to be made up of fragments but the very knowledge of it is perceived to be incomplete. The momentary falling together of bits, the apparent emergence of a whole in miniature, never discloses an encompassing totality. Instead, personal knowledge is found to be fleeting, partial, ever and always fragmentary. The grasp falls short of the reach (2012: 12).

Ich glaube, ich verstehe meine „Oblique Strategies“ jetzt besser:

From nothing to more than nothing.

A part, not the whole.

Meine Schlussfolgerungen lauten:

Zur Ratsuche: Es handelt sich um eine Situation der Entscheidungsfindung IN einer umfassenden Situation der Entscheidungsfindung, und eine Entscheidungsfindung ÜBER die noch laufende Situation der Entscheidungsfindung.

Daher geschieht die Steigerung der „Indexikalität“ jeder Entscheidungsfindung, so wie in jeder Beratschlagung, auch in der Divination.

Zugleich gewinnt diese Steigerung ihre Erleichterung durch eine partielle INVERSION der Situationsbeziehung, durch eine Technisierung und insbesondere Miniaturisierung mit scheinbar stabilen Elementen.

D. h. die umfassendere Situation der Entscheidungsfindung wird IN der Divination (im Orakel, in der Sitzung ...) repräsentiert, und die Entscheidungsfindung „ÜBER“ die umfassendere Situation wird anhand der repräsentierten – bzw. miniaturisierten – Situation ausgetragen.

D. h. der ratlose Klient in seiner unlösbar schwierigen oder indifferenten Entscheidungssituation in seiner Welt (und in der Welt) trifft auf eine miniaturisierte Welt, die in der Beratungssituation/in der Konsultation einem Entscheidungspfad unterzogen wird.

Ziel ist es, das Unartikulierte des Klienten zu artikulieren bzw. es für ihn/sie artikulierbar zu machen, die Divination ist ein Artikulationspro-

zess (auch wo sie scheitert, dann ist sie ein scheitender Artikulationsprozess).

Die Miniaturisierung ist eine partielle Inversion: der Klient-in-seiner-Weltsituation trifft auf eine Welt-in-der-Situation-der-Konsultation (der Konsultation durch den Klienten). Bzw. prozessualer formuliert: es handelt sich um eine Inversion zwischen der Konsultation-in-einer-persönlichen-Weltsituation und einer hergestellten (miniaturisierten) Weltsituation-in-einer-Konsultation. Diese Inversion kann nur durch ein Medium geschehen, d. h. Inversion und Medialisierung fallen zusammen.

Zur Miniaturisierung eignen sich insbesondere Klassifikationen oder „Klassifikationsvorrichtungen“, die eine „ganze Welt“ abbilden, z. B. alle Himmelsrichtungen mit beliebigen Zuordnungen können schon eine „ganze Welt“ vertreten, oder z. B. unsere Horoskope: jede/r hat ein Sternzeichen, für jedes Sternzeichen lässt sich günstig/unfavorabel bestimmen, damit ist eine „ganze Welt“ erzielt.

Daher die Frage: welche Miniaturisierungen sind divinationsfähig? Antwort:

(1.) Jede Form der Miniaturisierung ist divinationsfähig, und wird in Divinationen weltweit gebraucht

(2.) Kosmologische Schemata (im Sinne von Durkheim/Mauss) sind immer divinationsfähig

(3.) Umgekehrt gilt: kosmologische Schematisierungen entstehen fortlaufend (auch neu zusammengesetzt) in Divinationen; und in Beratschlagungssituationen, die Miniaturisierungen enthalten (z. B. zufällige Ratgebe-Karten, Simulationen usw.)

Die rekursive Entscheidungsfindung über eine Situation der Entscheidungsfindung und IN ihr führt dazu, dass auch durch die einfachsten Miniaturisierungen, sobald sie verbalisiert werden, eine „exzessive Ambiguität“ (WERBNER 2012) entsteht. Der Reichtum der Miniaturisierung ist der Reichtum der Welt, und in vielen Orakeln der Reichtum einer mündlichen Literatur, und zwar in beiden Fällen: ob diese Literatur zur Strukturierung des Orakelverlaufs herangezogen wird (WERBNER 2012) oder aus der Strukturierung des Orakels entsteht (I Ging).

Nachdem ich diesen Text beendet hatte, schaute ich nach dem Tagesorakel des nächsten Tages.

Es war nach Mitternacht. Der alte Tag hatte, wie gesagt, ergänzt:

Only a part not the whole. / From nothing to more than nothing.

Beides schien mir richtig. Daraufhin stellte ich dem neuen Tag eine Frage:

Das, was man in einer Kristallkugel sieht.

Ist was?

Die Antwort lautete:

Abandon normal instruments.

Daraufhin legte ich mich schlafen. Am nächsten Morgen schrieb ich zur Erläuterung als abschließenden Kommentar:

Magie nimmt ganz normale banale Eigenschaften der Interaktion und wendet sie rekursiv, durch ganz normale technische Tricks. Aber da unsere alltägliche Wahrnehmung nicht dazu geschaffen ist, die alltäglichen Eigenschaften der Interaktion wahrzunehmen, bleiben sie „seen but unnoticed“, und wenn man sie in den Mittelpunkt stellt, wirken sie „magisch“, d. h. wir stellen fest, wie sehr unser Bewusstsein dazu angehalten wird, sich selbst zu täuschen, und können uns bei einer Betrachtung dieser Eigenschaft entscheiden, ob wir die Offenlegung dieser Eigenschaften besonders trügerisch, betrügerisch oder wahrheitsgetreu und aufschlussreich finden wollen. Wenn wir gezwungen sind, mit dem umzugehen, was trügerisch bleibt, weil es sich in Alltagssituationen der Entscheidungsfindung befindet, und wenn wir diese Eigenschaften isolieren und forcieren, ihnen ins Auge schauen ohne zu blinzeln, werden wir dann Agenten der Zukunft oder des Betrugs oder der Bewahrheitung oder der Beschleunigung einer Entscheidung? Diese Mehrdeutigkeit ist die Quelle der Magie.

ERHARD SCHÜTTPELZ ist Professor für Medientheorie an der Universität Siegen und Herausgeber der deutschen Übersetzung von Harold Garfinkels „Studien zur Ethnomethodologie“ (zusammen mit Anne Warfield Rawls und Tristan Thielmann), Frankfurt am Main 2020; sowie von Garfinkels „Common sense knowledge of social structures“ (1959). A paper distributed at the session on the Sociology of Knowledge, Fourth World Congress of Sociology, Stresa, Italy, September 12, 1959“ (SFB 1187 Medien der Kooperation: Working Paper Series No. 11, Siegen 2019) (auch online: https://dSPACE.uni-siegen.de/bitstream/ubsi/1546/3/WPS_11_Garfinkel_Common_Sense_Knowledge.pdf, in dem sich eine wiederum etwas anders gelagerte Deutung des Ratgeber-Experiments findet).

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Der Text wurde am 5. April 2015 bei der Tagung „Kunst der Beratung“ in Hildesheim als Vortrag gehalten und für diese Veröffentlichung leicht überarbeitet. Auf diesem Wege mein Dank an Simon Roloff für die Einladung und an Wim Peeters, Rembert Hüser, Kathrin Röggl und alle anderen Teilnehmer.

Anmerkung

1 Die Karten wurden 1975 von BRIAN ENO und PETER SCHMIDT veröffentlicht. Man kann die Karten im Eno-Shop (<https://www.enoshop.co.uk/product/oblique-strategies.html>) kaufen oder kostenlos online nutzen auf <http://stoney.sb.org/eno/oblique.html> oder <http://strategien.tropone.de/>. Zudem gibt es eine kostenlose App von Joey deVilla und eine kostenpflichtige von Monoloco. Inc.

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P. S. (November 2021)

Ein wenig Magie braucht jeder Mensch.

Niemand weiß wieviel.

Für Arbitrarität gibt es keinen nicht-arbiträren Maßstab.

Gläubigkeit und Leichtgläubigkeit sind dasselbe.

Leichtgläubigkeit ist die beobachtete Gläubigkeit.

Wer beobachtend glaubt, gläubig und leichtgläubig unterscheiden zu können, ist beides zugleich.

Wer sie nicht unterscheidet, hat ausreichend Distanz oder sie bereits verloren.

Zum eigenen Wohlbefinden, zur Gesundheit, zum Lebenswunsch gibt es kein rationales Verhältnis.

Schon allein deshalb wird es niemals ein rationales Gesundheitssystem geben können.

Und kein rationales Verhältnis zur eigenen Gesundheit und jeder Gesundheit.

Krankheit ist uns fremd und vertraut und damit eine Kehrseite der Kindheit, aus der wir alle kommen.

Jedes Kind kann in jeder Gesellschaft aufwachsen, jede Sprache lernen, und das Fremde und das Vertraute noch nicht auseinanderhalten.

„In ihrer Welt ist nicht fremde von Heimat geschieden“ schrieb Franz Baermann Steiner in seinem Gedichtzyklus „Eroberungen“.

Wenn das nicht magisch ist, was dann?

Wo uns das Fremde vertraut vorkommt und das Vertraute fremd, da sind wir bereits.

Nicht gewesen, sondern geblieben.

Wo das Wünschen noch geholfen hat, weil uns bei unseren Wünschen geholfen wurde, und wir nur unsere Wünsche hatten, um herauszufinden, wer wir sein würden.

Lehrforum

Wir fragten Medizinethnolog*innen nach Texten, Büchern, Filmen oder anderen Medien, die sie in der medizinanthropologischen Lehre immer wieder gerne einsetzen. Uns interessiert: Warum eignet sich der Text bzw. das Medium besonders gut für die medizinanthropologische Lehre? Was kann an ihm gut aufgezeigt oder diskutiert werden? Zu welchen Einsichten führt dies bei Studierenden? Und inwiefern lässt sich mit den diskutierten Texten bzw. Medien gut weiterdenken?

Wir freuen uns, dass wir mit diesem Anliegen auf so positive Resonanz gestoßen sind und präsentieren hier den ersten Teil einer als lose Folge geplanten Serie, der kurze essayistische Texte, theoretische Review-Artikel und persönliche Rückblicke auf langjährige Lehrerfahrung einschließt. Wir hoffen, dass die Beiträge den Anfang eines längerfristigen Austausches und gegenseitiger Inspiration bezüglich medizinanthropologischer Lehre darstellen werden. Wer Interesse hat, für eines der folgenden Curare-Hefte einen Text auf Deutsch oder Englisch zu schreiben, ist herzlich eingeladen, sich bei der Redaktion zu melden: curare@agem.de

Teaching Forum

We asked medical anthropologists about the texts, books, films or other media that they like to use in teaching. We were interested in the following questions: Why is a specific text or medium especially suitable for teaching medical anthropology? What can be demonstrated or discussed particularly well using the text or medium in question?

We are pleased to have received such positive responses and present here the first part of a series, which includes short essayistic texts, theoretical review articles and personal reviews of many years of teaching experience. We hope that the contributions will be the beginning of long-term exchange and mutual inspiration regarding medical anthropology teaching. Anyone interested in writing a text in German or English for a forthcoming Curare issue is welcome to contact the editorial board at curare@agem.de

Kollaborativ und Online

Forschen mit Studierenden und Stadtteilmforscher*innen in Zeiten von Corona

SILKE BETSCHER UND CHRISTIANE FALGE

Kollaborative Forschung hat sowohl im Bereich *Community Health* (vgl. VON UNGER 2012, ISRAEL *et al.* 2010, WRIGHT 2010) als auch in der Ethnologie, insbesondere in der *Engaged Anthropology* (vgl. LOW & MERRY 2010) eine lange Tradition. Sie baut zumeist auf gewachsene und enge Vertrauensbeziehungen auf, die in der Regel einen direkten Kontakt voraussetzen. So auch im Stadtteillabor der Hochschule für Gesundheit in der Bochumer Hustadt. In diesem multidiversen Stadtteil, in dem ca. 3.000 Menschen aus über 40 Nationen in einer Großwohnsiedlung rings um den Brunnenplatz leben, forschen wir seit 2019 gemeinsam mit Stadtteilmforscher*innen zu gesundheitsbezogenen Themen und konkreten Bedarfen im Stadtteil. So wie *Community Health* sich als transdisziplinäres neuronales Netz versteht (KÖCKLER *et al.* 2018), verbindet das Stadtteillabor ethnografische Perspektiven und Fragestellungen mit Ansätzen der Kritischen Medizinethnologie, der *Engaged Anthropology* und der Gemeinwesenarbeit in der Sozialen Arbeit.

Wie bereits VON UNGER und LOW & MERRY beschrieben haben, ist *Community Based Participatory Research* voraussetzungsvoll: Es müssen Gelder akquiriert werden, mit denen Stadtteilmforscher*innen für ihre Arbeit bezahlt werden, es braucht eine Verständigung über gemeinsame Forschungsziele und über das Vorgehen. Hierfür ist es zunächst notwendig, eine gemeinsame Sprache (nicht nur im Hinblick auf die verfügbaren Einzelsprachen) zu finden und die sehr heterogene Gruppe der Stadtteilmforscher*innen in Methoden qualitativer Sozialforschung zu schulen. Der Aufbau langjähriger und nachhaltiger Vertrauensbeziehungen wird nicht zuletzt daran geprüft, was unterm Strich für die Communities herauskommt, so dass das Stadtteillabor ganz eng mit unterschiedlichen Praxisakteur*innen kooperiert.

Aufgrund des inzwischen existierenden Netzwerkes methodisch geschulter Stadtteilmforscher*innen aus unterschiedlichen Communities, erhielten wir im Sommer 2020 von Dr. Dr. Saskia Jünger vom *Cologne Center for Economics, Rights, Ethics and Social Sciences of Health* (ceres) der Universität zu Köln den Auftrag, zu Bedarfen im Bereich digitaler Gesundheitsinformationen im Rahmen des Projektes OriGes II (Orientierungshilfen zu Gesundheitsinformationen im Internet) mit und in multidiversen Communities zu forschen. Im Rahmen des Vorläuferprojektes OriGes I hatte das *ceres* zwei Webseiten mit Orientierungshilfen zu Gesundheitsinformationen im Internet entwickelt. Im Zentrum der Forschung standen Fragen danach, wie und wo Nutzer*innen vertrauenswürdige Informationen im Internet finden, woran sie Vertrauenswürdigkeit und Wissenschaftlichkeit der Informationen erkennen und von Werbung unterscheiden können und wie man sich selbstbestimmt im Netz bewegt im Zentrum. Die Seite <https://www.gesund-im-netz.net/> richtet sich an erwachsene Nutzer*innen, die Seite <https://www.klick2health.net/> an Jugendliche und junge Erwachsene. Beide Webseiten, bei deren Produktion in der Bildsprache schon stark auf Diversität geachtet worden war, sollen zukünftig inhaltlich stärker an multidiversen Praxen und Bedarfen im Umgang mit Gesundheitsinformationen im Netz orientiert werden. Damit ergab sich für das *ceres* ein Erkenntnisinteresse, zu dem eine ethnografische partizipative Forschung mit Stadtteilmforscher*innen aus multidiversen Communities hervorragend passte.

Hierfür konnten wir zwar auf die bereits bestehenden Strukturen und Beziehungen mit den Stadtteilmforscher*innen zurückgreifen, zugleich stellte der Forschungsauftrag angesichts der Corona-Pandemie eine Herausforderung dar, der wir uns nur mit vereinten Kräften als Lehr-Tan-

dem stellen wollten. So haben wir im Wintersemester 2020/21 unsere Seminare zu „Gesundheit und Migration“ und zu „Gesundheit und Armut“ nach getrennten inhaltlichen Einführungen zusammengelegt, weitere Stadtteilmforscher*innen akquiriert, damit sie mit unseren 27 Studierenden in Tandems forschen können und uns mit einer Gruppe von fast 60 Personen (Studierenden, Stadtteilmforscher*innen, Saskia Jünger und Anna Geldermann als Auftraggeber*innen sowie Gästen vom *ceres*) wöchentlich zu mehrstündigen synchronen Online-Sitzungen getroffen.

Dies bedeutete zunächst die technischen Voraussetzungen für die vom *digital divide* bereits vorher stark und unter Corona-Bedingungen verschärft betroffenen Stadtteilmforscher*innen zu schaffen – zum Beispiel durch das Ausleihen von Hochschul-Tablets und Schulungssitzungen zum Umgang mit Zoom. Auch die Kommunikation mithilfe eines Messenger-Dienstes war ein zentrales Moment der Gruppenbildung und unterstützte eine schnelle und einfach zugängliche Kommunikation untereinander. Um die soziale Interaktion auch unter Online-Bedingungen zu befördern, integrierten wir in die Lehre Jana Eiting vom Jungen Schauspielhaus Bochum (selbst in kollaborativer ethnografischer Forschung geschult). Eine erste Aktion war allen Beteiligten einen Brief zu senden, in dem sich Knete, Ahoi-Brause, Teebeutel, farbiges Papier und Kaubonbons befanden. Mit diesen Gegenständen gestaltete Jana Eiting im Laufe des Semesters interaktive Spiele, die maßgeblich dazu beitrugen, dass keine Sitzung verging, in der wir nicht viel miteinander gelacht hätten. Das körperliche Wohlbefinden bei einem 8-stündigen Seminar gerade in Zeiten von Online-Lehre nicht zu vergessen, war unser Ziel. So haben wir zwischendurch Musik gehört, getanzt, an der bewegten Mittagspause der Hochschule teilgenommen, wechselseitige Porträts gezeichnet und „Montagsmaler“ mithilfe der Chatfunktion und Knete gespielt. Für die Durchführung einer kollaborativen Forschung in Tandems aus Stadtteilmforscher*innen und Studierenden waren diese theaterpädagogischen Elemente von nicht zu unterschätzender Bedeutung, um das Eis zu brechen und für den Aufbau einer vertrauensvollen Atmosphäre zu sorgen.

Nach gemeinsamer Methodenschulung und Leitfadententwicklung, bildeten wir 27 Tandems

– je ein*e Stadtteilmforscher*in und Student*in –, deren erste Aufgabe es war, sich online zum Frühstück oder zum Kochen zu verabreden. Wir waren ausgesprochen erfreut, als sich in der darauffolgenden Woche herausstellte, wie viel Spaß alle bei diesem ersten Kennenlernen hatten. Es wurden ebenso Lebensgeschichten wie Rezepte ausgetauscht und sogar gemeinsam online gekocht. Leichtigkeit und Spaß beim ersten gemeinsamen Kennenlernen können leicht die dennoch vorhandenen multiplen und komplex verwobenen Differenzkategorien verdecken, die den Kontakt beim kollaborativen Forschen von Stadtteilmforscher*innen und Studierenden prägen, situativ unterschiedlich zum Ausdruck kommen und die Interaktion beeinflussen. Daher stellte die Reflexion von Macht und Hierarchien einen immanenten Bestandteil des Forschungsprozesses dar und machte für die Studierenden das Kapitalien-Konzept von Bourdieu häufig unmittelbar erlebbar. Dabei wurde auch deutlich, dass gesellschaftlich Privilegierte (als Studierende) und Deprivilegierte (wozu die Bewohner*innen der Altstadt zweifelsohne zählen) sich nicht eins-zu-eins in Zuordnungen von „Besitzende“ und „Nicht-Besitzende“ im Sinne des Kapitalien-Konzeptes übersetzen ließen. Die bereits in der Forschung erfahrenen und selbstbewusst-offen auftretenden Stadtteilmforscher*innen brachten bei einigen Studierenden ihren gesellschaftlich eingeübten paternalistischen Blick auf Menschen eines marginalisierten Stadtteils mit hoher Armutsquote ins Wanken.

Die Tandems aus Stadtteilmforscher*innen und Studierenden hatten die Aufgabe jeweils zwei Interviews in der Muttersprache der Stadtteilmforscher*innen durchzuführen. Hierzu akquirierten diese Interviewpartner*innen aus ihren Communities (syrisch, irakisch, kurdisch, somalisch, thailändisch, russisch, afghanisch, iranisch, türkisch, tamilisch, deutsch, ...). Wir hatten Sorge, dass das Setting Befremden auslösen würde, da der größte Teil der studentischen Mitglieder der forschenden Tandems die jeweilige Interviewsprache nicht verstehen würde und das Interview zudem online durchführen müsste. Jedoch ergab die Reflexion nach den ersten Interviews, dass dieses Vorgehen funktionierte. Die Studierenden nahmen als stille Beobachter*innen teil, wobei gerade das sprachliche Nicht-Verstehen die Intensi-

tät der Beobachtung in vielen Fällen verbesserte. Die Interviews wurden anschließend von den Stadtteilmforscher*innen mündlich übersetzt und aufgenommen, so dass die Studierenden die Interviews transkribieren und zur Grundlage ihrer empirischen Hausarbeiten machen konnten.

Es hat sich gezeigt, dass das Konzept der kollaborativen Forschung einen vielfachen Nutzen auch unter diesen besonderen Bedingungen entfalten konnte. Durch die Zusammenarbeit ist eine Kontaktzone entstanden, die eine über die Forschung hinausgehende Bedeutung hat. Denn viele der Stadtteilmforscher*innen haben kaum Kontakt zur deutschen Gesellschaft, umgekehrt haben viele der *weißen* Studierenden wenig Kontakt zu migrantischen Communities. Es sind Kontakte entstanden, die in einigen Fällen auch über die Forschung hinaus Bestand haben werden. Zugleich ist das Arbeiten mit Stadtteilmforscher*innen im Rahmen der forschungsbezogenen Lehre (RUESS *et al.* 2016) ein wichtiges Moment in der Adressierung der Heterogenität der Studierenden. So sind gerade die Studierenden des Studiengangs Gesundheit und Diversity durch ein hohes Maß an Diversität geprägt, sowohl im Hinblick auf sozio-ökonomische Herkunft als auch bezüglich Alter, vorheriger Berufserfahrung und familiärer Bildungsbiografie, so dass mit Satilmis danach zu fragen ist, wie angesichts dieser Pluralität angemessene Lehr- und Lernräume geschaffen werden können, die den unterschiedlichen Zugängen gerecht werden (SATILMIS 2020). Forschungsorientierte Lehre mit Stadtteilmforscher*innen bietet hier besondere Möglichkeiten, da der Umgang mit Diversität im kollaborativen Forschen ein zentrales Moment darstellt und die Kollaboration zugleich ganz unterschiedliche Kompetenzen erfordert und zum Vorschein bringt. Für die Studierenden bedeutet dies, Praxiswissen und Forschungserfahrung in Zusammenarbeit mit realen Forschungsprojekten zu erlangen und somit Einblick in die epistemologischen Voraussetzungen von Wissensproduktion zu erhalten.

Auch für die Hochschule als Institution ergibt sich ein Mehrgewinn, da sie mit solchen Forschungsformaten ihrem Auftrag, unmittelbar in der Gesellschaft wirksam zu werden, nachkommen kann. Das Selbstbewusstsein und der Stolz, mit dem sich die bereits geschulten Stadtteilmforscher*innen aus den vorherigen Pro-

jekten zu Beginn des Semesters den Studierenden vorstellten als: „Ich bin N., Ich bin Stadtteilmforscherin“ zeigt uns, dass diese Forschung nicht nur über den Kontakt zur Hochschule Teilhabe ermöglicht, sondern auch ermächtigende Effekte hat. Dies bestätigen auch Interviews, die wir rückblickend mit ihnen geführt haben:

So als Stadtteilmforscherin zu arbeiten mit der Hochschule, das war für mich, wie manchmal die Kinder sagen, das wäre eine Ehre. Weil ich habe nie in meinem Leben gedacht, dass ich mit solchen Leuten arbeite. Weil vielleicht das Niveau, die Leitung ist nicht da. [...] Die haben versucht immer, dass wir zusammenkommen. Für mich selber, das hat etwas an meiner Erfahrung, wie sagt man, ein Stück weitergeben. Und man entwickelt sich selber. [...] Ich bin nicht so, dass ich sage, ich mache alles. Aber das hat von mir eine Seite gezeigt, die ich vorher nicht kannte (HS GESUNDHEIT 2021).

Oder auch:

Als Stadtteilmforscherin, das gibt mir das Gefühl, dass ich arbeite. Dass ich eine Frau in dieser Gesellschaft bin. Eigentlich, wo ich mich richtig, es ist der einzige Ort, an dem ich meine Anerkennung bekomme. [...] Und ja, ich fühle mich nützlich. (HS GESUNDHEIT 2021).

Schließlich ist der Mehrgewinn seitens der Auftraggeber*innen, für die diese Forschung eine einfach zugängliche Möglichkeit war, situiertes Praxiswissen multidiverser Communities in die Weiterentwicklung der Webseite einzubeziehen, nicht zu vergessen.

Mit Freude beobachten wir, dass das Forschen online über die Forschung für das *ceres* hinaus langfristige Effekte hat und damit ganz im Sinne der *Engaged Anthropology* wirksam wird. Die Stadtteilmforscher*innen, die im Zuge der Forschung im Umgang mit Zoom geschult wurden und in den umfangreichen digitalen Treffen und Interviews viel geübt haben, konnten ihre Medienkompetenz soweit ausbauen, dass sie nun an Online-Angeboten wie einem Yoga Kurs für Frauen teilnehmen. Damit hat die Forschung unmittelbare Effekte auf Teilhabemöglichkeiten und auf die Aufrechterhaltung von sozialen Netzwerken in Zeiten von Corona. Mit Freude haben wir für dieses Forschungsseminar den ersten Preis für gute

Lehre der HSG Bochum entgegengenommen. Mit dem Preisgeld werden wir einkaufen gehen, um uns gemeinsam mit den Stadtteilmforscher*innen und den Studierenden in der Hustadt ein kleines Festessen zu bereiten (sobald die Corona-Situation es zulässt). Denn der Preis gebührt uns allen.

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The Spirit Catches You and You Fall Down

Die Faszination ethnografischer Fallbeispiele in der Lehre

ANGELIKA WOLF

Das Buch von Anne FADIMAN (1997) *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* schildert die Behandlungsversuche eines an Epilepsie erkrankten Kleinkindes im Widerspruch zwischen biomedizinischer und spiritueller Therapie im Kontext von Migration, ökonomischen Zwängen und kulturellen Zuschreibungen. Das jeweilige Verhaftetsein der behandelnden Ärzt*innen im kulturellen Gerüst der Biomedizin einerseits und andererseits der Eltern im Konzept des Seelenverlustes führte letztendlich zum Hirntod des Kindes. Die literarische Inszenierung der Fallgeschichte als „clash of cultures“, gepaart mit einer einfühlsamen Darstellung der jeweiligen ethischen Konflikte, bei der Verschlechterung des Gesundheitszustandes die angemessene therapeutische Entscheidung zu treffen, verschafften dem Buch weitreichende fachliche und gesellschaftliche Beachtung. Innerhalb nur eines Jahres erhielt es drei Preise: den *National Book Critics Circle Award for Nonfiction*, den *Los Angeles Times Book Prize Award for Current Interest* sowie den *Boston Book Review Rea Award for Non-Fiction*. Es fand aber vor allem Niederschlag im Medizinstudium an vielen Universitäten der USA, wo eine Schulung der kulturellen Kompetenz von Ärzt*innen in das Curriculum der medizinischen Ausbildung einfluss (TAYLOR 2003).

Das Buch verwendete ich gerne in Seminaren zur Einführung in die Medizinanthropologie. In einer Lehrveranstaltung auf Bachelorniveau bildete es den roten Faden durch das Seminar. Seine einzelnen Kapitel dienen als ethnografische Beispiele, die wir jeweils parallel zu den theoretischen Einführungstexten in die Medizinethnologie diskutierten. Im Folgenden werde ich kurz auf die Inhalte einzelner Kapitel des Buches von FADIMAN eingehen, um diese dann mit Themen und Theorien der Medizinanthropologie in Ver-

bindung zu setzen. Dabei gehe ich auf die Inhalte des ersten Drittels des Buches von FADIMAN ausführlicher ein, weil die Fallgeschichte und ihre Bezüge zur Grundlagenliteratur des Faches dichter als im weiteren Verlauf sind. Darauf folgt die exemplarische Darstellung einer Diskussion von Studierenden. Mit einer kritischen Gesamteinschätzung endet dieser Beitrag.

In „Birth“, dem ersten Kapitel des Buches, beschreibt FADIMAN die Geburt von Lia Lee in einem US-amerikanischen Krankenhaus im Juli 1982 auf einem mit sterilen Tüchern bedeckten „Stahltisch“ ohne Anwesenheit weiterer Familienangehöriger. FADIMAN kontrastiert diese Geburt mit den Geburten der älteren Geschwister im elterlichen Holzhaus im Nordwesten von Laos sowie der Geburt einer Schwester in einer Unterkunft für Geflüchtete in Thailand. Dass das Buch mit einem Kapitel zu Geburt beginnt, deckt sich gut mit dem Beginn einer Lehrveranstaltung und stimmt Studierende auf die zu erwartenden Inhalte ein.

Das zweite Kapitel führt die Leser*innen in den Kontext und das Leben in Laos, während die Studierenden sich dem Feld der Medizinethnologie (DILGER & HADOLT 2012) durch die Lektüre und Diskussion von Texten im Sinne eines *reading the field* annähern (GOOD 1994).

Im dritten Kapitel schildert FADIMAN, wie die Eltern von Lia den ersten epileptischen Anfall des Kindes im Alter von drei Monaten als *qaug dab peg* – als „the spirit catches you and you fall down“ – diagnostizieren. Im Gemeindekrankenhaus der Stadt Merced, Kalifornien wurde mangels ausgebildeter Übersetzer*innen bei den ersten beiden Anfällen jeweils eine falsche Diagnose gestellt und die Familie wieder nach Hause geschickt. Erst beim dritten epileptischen Anfall konnte eine biomedizinisch korrekte Diagnose gestellt werden. Dieser dritte Hospitalbesuch er-

folgte in Begleitung eines englischsprachigen Verwandten, durch dessen sprachliche und kulturelle Übersetzungsleistung schließlich eine Zuordnung der Symptome erfolgen konnte. Im Seminar diskutierten wir parallel zu diesem Kapitel die Begriffe *medical systems* (LESLIE 1976) und *medical pluralism* (LESLIE 1980)¹, um zu veranschaulichen, wie unterschiedliche Konzepte von Krankheit und Therapie parallel bestehen.

Das Konzept von Unglück oder Hexerei als Krankheitsursache in der anthropologischen Diskussion lässt sich wiederum gut mit dem 4. Kapitel des Buches mit dem provokanten Titel „Do doctors eat brains?“ verknüpfen. Es zeigt deutliche Unterschiede im therapeutischen Verständnis bei „den Hmong“ und „der Biomedizin“: Innerhalb von vier Jahren nahmen die Ärzt*innen des Krankenhauses 23 unterschiedliche Verschreibungen vor. Während Mediziner*innen trotz vieler Tests bezüglich der korrekten Diagnose lange unsicher wirken würden, erkenne ein*e Schaman*in den Seelenverlust einer Klient*in sehr rasch. Ein*e Schaman*in würde viele Stunden in einem Haushalt bei den Hmong verbringen, eine Untersuchung in der ambulanten Sprechstunde dauert ca. 20 Minuten. Schaman*innen berührten ihre Klient*innen nicht ungebührlich, während Ärzt*innen nicht nur in Körperöffnungen eindringen, sondern auch Blut entnehmen – Blut, das in der Kosmologie der Hmong als begrenzte körperliche Ressource gelte. Vor allem aber wurde die Entnahme von Körperorganen bei einer Autopsie mit dunkler Magie in Verbindung gebracht. Zur theoretischen Reflexion dieses Kapitels eigneten sich für die Studierenden die Publikationen zum Thema Unglück und Hexerei von Edward EVANS-PRITCHARDS (1937) oder zum Organhandel von Nancy SCHEPER-HUGHES (2000).

Kapitel fünf eignet sich, um *medical systems as cultural systems* zu untersuchen (KLEINMANN 1978). Während die Ärzt*innen erwarteten, dass die Eltern von Lia die Antiepileptika und andere Medikamente pünktlich und regelmäßig verabreichten, waren diese davon überzeugt, dass vor allem Rituale ihrem Kind helfen würden. An diesem Beispiel lassen sich gut die Unterschiede und Kritik an den Begrifflichkeiten *disease*, *illness* und *sickness* herausarbeiten.

Kapitel sechs thematisiert das Verständnis von Sorge um den/die Patient*in. Die im Gemeinde-

krankenhaus tätigen Personen, die auf strikte Einhaltung ihrer Vorgaben bestanden oder deren medizinische Sorge zu umfassenderen Untersuchungen führte, waren bei Mitgliedern der Hmong-Gemeinde oft weniger beliebt als ein Arzt, der bei seinen Kolleg*innen eher schlecht angesehen war. Dieser Arzt versuchte den Wünschen der Patient*innen zu entsprechen, möglichst ohne den Einsatz von Kaiserschnitt oder Dammschnitt zu entbinden. Er gab ihnen auf Wunsch auch die Plazenta mit nach Hause. Er entsprach somit den Anliegen der Patient*innen, ohne sich für deren Beweggründe zu interessieren, er nahm Besonderheiten einfach hin. Bei den anderen Ärzt*innen galt er hingegen als weniger engagiert. Sein Umgang mit den Patient*innen entsprach nicht dem Verständnis guter medizinischer Standards, wie sie von seinen Kolleg*innen gesetzt wurden. An diesem Kapitel wird für Studierende erkennbar, dass auch „die Biomedizin“ kein monolithisches Denkgebäude ist, sondern die innerhalb ihrer Räume tätigen Personen ein sehr unterschiedliches Verständnis vom jeweils richtigen und angemessenen therapeutischem Weg haben können. Diese Themen lassen sich gut mit der Lektüre von Rudolf VIRCHOWS *The Carity Physician* (2010 [1879]) oder dem Kapitel „How medicine constructs its objects“ von Byron GOOD (1994) reflektieren.

Michel FOUCAULT (1988) stellt in „Die Geburt der Klinik“ die Objektivität der Medizin in Frage und beschreibt sie in ihrer kulturellen Bedingtheit als dem der jeweiligen Epoche unterliegenden Epistem verpflichtet. Gleich einem Archäologen geht er in die historische Tiefe, um die strukturellen Grundlagen der Herausbildung einer modernen Medizin zu erarbeiten, welche zunehmend gesundheitspolitische Macht gewinnt. Kapitel sieben mit dem Titel „Government Property“ schildert, wie sich einer der behandelnden Ärzte von Lia verpflichtet fühlt, sie aufgrund der elterlichen *non-compliance* der staatlichen Aufsicht zu melden. Diese ordnete die Unterbringung der Patientin in einer Pflegefamilie gegen den Willen der Eltern an. Obwohl sich der Gesundheitszustand von Lia nicht verbessert, wird sie erst nach zehn Monaten und nach einer intensiven Schulung der Mutter bezüglich der Umsetzung der ärztlichen Verordnungen in die elterliche Obhut zurückgegeben. Das Kapitel zeigt das von Foucault geschil-

derte Zusammenspiel von politischem Status der Medizin einerseits und der Herstellung eines medizinischen Bewusstseins auf staatlicher Ebene andererseits.

In den folgenden Kapiteln beschreibt FADIMAN den familiären Hintergrund der Familie Lee, ihre Herkunft, Kriegs- und Fluchterfahrungen, kosmologisches Wissen, therapeutische Netzwerke und den Transfer ihres Wissens und ihrer Praktiken in den Kontext einer US-amerikanischen Kleinstadt. Die Kapitel lassen sich gut mit Lektionen zu *therapy managing group* (JANZEN 1978; KRAUSE 2008), zu Ritual (TURNER 1969) sowie zu Globalisierung (WOLF & HÖRST 2003) verknüpfen. Die Teilhabe am Alltag der Familie eröffnete der Autorin einen anderen Zugang und ein sehr anderes Bild von der Sorge und der Pflege für das Kind – ein Bild, das die Eltern dem Krankenhauspersonal nie vermitteln konnten.

Im Krankenhaus standen die Verordnung von Medikamenten und die Vorschriften zu deren Einnahme stets im Vordergrund – ungeachtet der Tatsache, dass sowohl die Medikamente als auch deren Dosierung häufig wechselten. Hier lassen sich mit den Studierenden Fragen zum kommerziellen Umgang, der Distribution und des Zugangs zu Medikamenten erörtern (HÖRST & WOLF 2014; PETRYNA *et al.* 2006; WHYTE *et al.* 2002). Trotz der verschiedenen Medikationen verbesserte sich Lias Zustand nicht. Im Alter von vier Jahren erlitt sie einen außerordentlichen *grand mal* und fiel in einen verlängert *Status epilepticus* mit Erstickungsanzeichen und Atemstillstand. Ein septischer Schock führte schließlich zu einer irreversiblen Hirnschädigung. Das Krankenhaus erwartete Lias baldigen Tod und entließ die Patientin in vegetativem Stadium in die palliative Behandlung im Elternhaus. Zum Erstaunen der Krankenhausmitarbeiter*innen verstarb sie jedoch nicht, sondern wurde als geliebtes Familienmitglied für viele Jahre mit Massagen, Umräumungen und Waschungen umsorgt.

Im vorletzten Kapitel beschreibt FADIMAN die bewusste Ansiedlung der Hmong-Gemeinde in Merced, ihre Netzwerke der gegenseitigen Unterstützung, die daraus entstehenden Verpflichtungen innerhalb der Gemeinde sowie ihre zögerliche Einforderung von Rechten bezüglich Fürsorge. In diesem Kontext lässt sich das Konzept des *biological citizenship* (ROSE & NOVAS 2004)

gut diskutieren. Im letzten Kapitel des Buches beschreibt FADIMAN schließlich die Anrufung von Lias verlorener Seele durch einen Schamanen, welches auf die emotionalen Aspekte von Erkrankung und Heilung verweisen lässt (SCHEPER-HUGHES & LOCK 1987).

Im Zentrum der studentischen Diskussion standen immer wieder Auseinandersetzungen um kulturalistische versus universalistische Erklärungs- und Behandlungsstrategien. Vor allem Studierende der Politikwissenschaften kritisierten den ethnologischen Blick als verklärend und vertraten die Ansicht, dass mit adäquater Sozialarbeit die Eskalation zwischen Elternhaus und Hospital hätte vermieden werden können. Studierende der Sozial- und Kulturanthropologie setzten dem entgegen, dass das Krankenhaus als strukturierter Raum wenig individuelles Handeln erlauben würde und ein der Biomedizin immanenter Überlegenheitsanspruch auch den Sozialarbeitenden in Kalifornien Grenzen im Handeln setzte. Erst das ethnografische Herangehen von FADIMAN und ihr Eintauchen in die Lebenswelt der Eltern von Lia hätten eine differenzierte Perspektive ermöglicht.

Die Stärke des Buches ist somit gleichzeitig seine Schwäche. Durch die Inszenierung der Krankengeschichte als „Tragödie“ (TAYLOR 2003), in welcher alle Beteiligten in jeweils bester Absicht handeln, werden die unterschiedlichen Vorstellungen von Heilung und Wohl für die kleine Patientin anschaulich und die Konflikte zwischen Krankenhaus und Elternhaus gut nachvollziehbar. Allerdings basiert dieses Verständnis auf einer Darstellung von Kultur als festgelegt, essentiell und statisch. Ein Aufeinanderprallen unterschiedlicher Kulturen wird erst durch diese Festschreibung von Kultur möglich. Insofern ermöglicht aber die Lektüre des Buches gleichzeitig eine Auseinandersetzung mit dem Kulturbegriff im klinischen Setting.

Anmerkungen

1 All medical systems can then be conceived of a pluralistic structure in which cosmopolitan medicine is one component in competitive and complimentary relationships to numerous 'alternative therapies' (LESLIE 1980: 191).

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BERICHTE
REPORTS

Radically Good. Reformulating Healing and Care Practices in Times of Crisis

Report on the international conference “Radical Health. Doing Medicine, Health Care and Anthropology of the Good” organized by the Association for Anthropology and Medicine (AGEM), the Medical Anthropology Working Group (AGMA) of the German Anthropological Association (DGSKA), and the Institute of Social and Cultural Anthropology at Freie Universität Berlin, Online, June 24–27, 2021

MARCOS FREIRE DE ANDRADE NEVES & GIORGIO BROCCO

Due to the safety measures imposed in response to the COVID-19 pandemic, about 130 anthropologists and other social scientists, medical professionals, health activists, and artists gathered virtually from June 24 to 27, 2021 to take part in an online conference organized by the Working Group Medical Anthropology within the German Anthropological Association (DGSKA) in collaboration with the Association for Anthropology and Medicine (AGEM) and the Institute of Social and Cultural Anthropology, Freie Universität Berlin¹. With the conference title “Radical Health: Doing Medicine, Health Care and Anthropology of the Good”, the conveners² asked the participants to explore how ‘healthy futures’ can be envisioned, theorized, and actually ‘done’ despite multiple constraints caused by proliferating neo-liberalization, augmenting socio-economic disparity, environmental degradation, and political struggles around identities and belonging. In other words, the conference revolved around questions of how and in what ways a (medical) “anthropology of the good” (ROBBINS 2013) can act in solidarity with radical notions and practices of medicine and healthcare that are oriented towards past and present issues as well as imagined futures.

The presenters were invited to reflect on how ordinary people, medical personnel, and activist groups respond to intimately entangled economic, ecological, social, cultural, and political challenges in order to achieve and shape novel forms of (health) care. Crucially, they were asked to engage with contemporary chronic crises as they affect people’s living environments, health, and

healthcare provision and inform their capacities to conceive of (and realize) utopias of better futures. In line with the notion of the “anthropology of the good”, understood as a set of propositions and activist/academic advancements in light of previous anthropological research on suffering, the speakers presented and reflected on a wide range of practices of resistance and alternative care put in action by activists, artists and critical scientists to achieve health equity and fair medical treatment in an unequal globalized world. To discuss and represent these practices embedded within and beyond local and global healthcare systems and the academic world, the conference speakers referred to regionally and thematically diverse case studies from Asia (India, Indonesia, Iraq, South Korea, Syria), Africa (Sierra Leone, Swaziland, Tanzania, Uganda), Europe (Austria, Finland, Germany, Italy, the Netherlands, Spain, UK), South America (Brazil, Chile, Colombia, Mexico, Venezuela), and North America (the US). The conference included a keynote address, seven thematic panels, one creative lab, two roundtable discussions, a World Café, and three documentary films. Endorsing the spirit of radical equality that informed the entire conference, the present conference report aims to address, outline, critically summarize all the manifold and variegated presentations as well as their research and political outcomes. In order to follow up on the applied and pragmatic guidelines set up by the conference organizers, we also decide to follow the original conference structure in laying out our report.

In her keynote address entitled “Good for what: radical health in the midst of an epidemic”, ADIA BENTON (Northwestern University) reflected on what constitutes ‘the good’ in the anthropology of health and medicine and on the potential of naming and unsettling ‘the bad’ in the practice of public health and medicine (and its anthropological critique). Benton outlined how, in the context of recent Ebola epidemics in West Africa, global health projects reinforce existing socio-economic inequalities between the Global North and South by extracting biological samples and knowledge of the disease without sharing these research results with local physicians and the population in Sierra Leone. Against this backdrop, Benton questioned the position of anthropology within this framework of inequality, emphasizing the ways in which the production of anthropological knowledge, in particular what she called the “politics of location”, ends up exacerbating divides between various world zones. Therefore, she argued that anthropology should position itself beyond simplistic notions such as ‘the good’ and ‘suffering’. Instead, Benton proposed a radical critique of the discipline and called for a serious reformation of anthropology in terms of thinking and reflecting more radically on its own colonial past and heteronormative attitude and perspectives. In Benton’s opinion, anthropologists and social scientists at large should address colonial, extractive, and paternalistic practices that are both (re)enacted by epidemiological and global health practices and reverberate in the anthropological critiques of these phenomena.

Challenging Infrastructures of Care

The presenters of this three-partite panel focused on the frictions, interactions, conflicts, and new possibilities between various conceptions of care in the context of rampant social and biomedical inequalities prevailing in many parts of the world. THANDEKA DLAMINI-SIMELANE (University of Amsterdam) presented findings from her research on so-called expert clients in Swaziland. While these people were conceived as volunteers in support of the country’s HIV response, Dlamini-Simelane witnessed over the course of her fieldwork that their workload doubled with the massive expansion of HIV treatment. This caused

a significant shift in the role the expert clients played in the country’s healthcare system and the responsibilities they took on. They were no longer mere counsellors but also tested people for HIV, had to disclose the test results, enrolled patients in HIV care, scheduled appointments and follow ups, tracked patients, managed side effects, dispensed and packaged drugs, and provided reports for medical professionals. Given these responsibilities, which were similar to those of paid nurses, Dlamini-Simelane challenged the notion of ‘voluntarism’ and urged anthropologists to reflect on the intertwinements of ethical practices and neoliberal tendencies in the production of this specific category of individuals at the intersection of local health systems and global health processes.

Drawing on his research with healthcare workers in clinics established by the Kurdish Liberation Movement (KLM) in Northern Syria (Rojava) and in Shingal (Iraq), BENJAMIN GARABEDIAN (Berlin), an activist-physician trained in Germany, described how the KLM, a non-state transnational network in the Kurdish regions of Mesopotamia, unraveled the traditional physician-nurse hierarchy by training its own medical workers independent of the state licensing system. Garabedian argued that this type of experimental healthcare model from below disrupts the traditional hierarchy between physicians and nurses and provides the local healthcare system with new medical personnel after many physicians had fled the area during the recent war.

ANNA DOWRICK (Queen Mary University of London) investigated the implementation of structural changes in the provision of ‘good’ healthcare in the context of domestic violence and abuse (DVA) in two urban areas of the UK. In her presentation, she focused on the delivery of the Identification and Referral to Improve Safety (IRIS) program that officially aims at restructuring the interaction between healthcare workers and specialist community services. However, as she demonstrated, the program brought rampant austerity measures, which led to new obstacles and challenges for healthcare workers and specialists dealing with DVA. Considering these mismatches, Dowrick outlined that ‘workarounds’—informal and often undocumented practices which keep activities on track—help practitioners to overcome difficulties in dealing with DVA. By making sense

of these practices, she highlighted their creativity and flexibility despite budget cuts and other barriers.

DANIELA KRÜGER (Humboldt Universität Berlin) focused on frontline personnel working in an ambulance service and three different emergency departments in a German metropolis. Ethnographically examining care practices enacted by nurses, doctors, and paramedics, Krüger compared these with institutionalized care and formalized medical protocols. Using the concept of the 'social safety net', Krüger showed how these frontline workers provide multiple types of care in close adaptation to the different situations and actors encountered during their service.

On a similar note, LAUREN NIPPOLDT (University of California, San Diego) explored informal care practices in Delhi based on the principles of the 'Seva', a practice of voluntary social work among members of the Sikh faith. She argued that 'Seva' care practices constitute an important alternative to the institutionalized forms of care provided by government clinics, hospitals, and non-governmental medical services because they are not impeded by organizational politics and funding concerns. Furthermore, Seva groups provide a type of necessary triage for both acute and chronic conditions, non-life-threatening wound care and common viral or bacterial infections. Most importantly, Nippoldt underlined that based on the Sikh ideology that guide and inform practitioners, all patients are treated as equals, regardless of caste, gender, ethnicity, and religious affiliation.

RUTH KUTALEK and MAREN JELEFF (both University of Vienna) analyzed the care practices of healthcare workers in Vienna, Austria, during the COVID-19 pandemic. More specifically, they examined how the new protective technologies, the stressful physical working conditions, the demands to apply new Standard Operation Procedures and Infection Prevention and Control guidelines, the mental burden of working with severely sick patients, and the expectations and fears of the patients' and professionals' relatives affected patient care and influenced the everyday working experiences of the healthcare personnel. In addition, Kutalek and Jeleff explored how the new technologies interfered in the communication among patients, relatives, and health care workers and how vulnerable patients were protected with respect to

the concepts of 'good care' and principles of medical ethics.

KEIRA PRATT-BOYDEN (University of Kent) shed light on the formation of networks of relatedness and economies of care between mental health activists and patients experiencing numerous forms of mental distress in London. Faced with growing economic crisis and the implementation of austerity measures hitting the country, Pratt-Boyden argued that these types of relatedness and alliances made out of care and affects constitute a viable way of questioning the relationship between patients and caregivers. She further demonstrated that mental illness and vulnerability are not only potential conditions for social disruption but can also be crucial for personal transformation and social re-generation.

MELINA RUTISHAUSER (University of Basel) studied various socio-material infrastructures that her research participants with diabetes and/or hypertension in the Kilombero Valley in Tanzania are constructing to counter socio-economic structural barriers to their health within the country's health insurance landscape. Inspired by scholarly contributions from Critical Medical Anthropology, Rutishauser argued that patients with chronic conditions build their own networks of social health protection—networks that are constantly being shaped and reshaped in order to adapt to new forms of 'doing' and imagining a 'healthy future'. On a different note, NORA WUTTKE (University of London) examined the architectural infrastructures of Myanmar's biggest and most prestigious hospital, Yangon General Hospital. She stressed the symbolic multiplicity of configurations of the hospital (understood, for instance, as workplace, healing space, training ground and marketplace), as well as the various entanglements between human and non-human actors such as people, places, and services.

Suffering and Wellbeing in Regimes of Subordination

In this panel, three researchers from different institutional backgrounds offered an interdisciplinary perspective on health, suffering, and wellbeing in various regimes of subordination. The first contributor, TYNE CLAUDIA POLLMANN (Universität der Künste Berlin), drew on the artistic re-

search project visions⁴people, conducted by the Clinic for Psychiatry and Psychotherapy Charité Berlin Mitte in collaboration with the Weißensee Kunsthochschule in Berlin in order to question structural roles in psychiatric practice. In her presentation, Pollmann demonstrated the importance of interdisciplinary and collaborative approaches as a way of better capturing the different dimensions of health, suffering, and well-being, particularly in relation to psychiatric practices. Subsequently, speaking from an academic context and addressing academic activism, JULIA NINA BAUMANN (Freie Universität Berlin) analyzed the conditions for wellbeing in academic institutions working on the basis of a neoliberal rationale of productivity and efficiency. Drawing on her ethnographic research, Baumann provided a grim insight into the emotional experiences of ethnographers in such work environments. Similarly, THOMAS STODULKA (Freie Universität Berlin) emphasized the importance of remaining attentive to the researcher's emotional wellbeing. He argued that an engagement with methodological approaches that recognize the epistemological potential of the researcher's affects and emotions could be a crucial element to avoid "fieldwork blues and emotional turmoil".

Moving Migration

Through ethnographic case studies from Italy, United States, and Brazil, this panel explored different facets and dimensions of mobility, from Deferred Action for Childhood Arrivals (DACA) recipients in the United States to the management and identification of migrants who died trying to reach Europe across the Mediterranean Sea. In her research on DACA recipients, RACHEL KINGSLEY (University of South Florida) delved into the world of 'DACAmended' people to analyze the mental and emotional distress caused by everyday life and legal uncertainties in connection with this policy. Kingsley touched upon questions of discrimination—as well as resistance to it—and different mechanisms of coping with stressful circumstances. She asked, for instance, how DACA recipients maintain hope for the future given their complex and uncertain life circumstances. This can be asked similarly in the context of Venezuelan refugees in Brazil that were addressed by FA-

BIANE VINENTE DOS SANTOS (Oswaldo Cruz Foundation). As she showed, these migrants, who leave their country as a consequence of socio-political and economic disruption, face substantial new challenges in being recognized by the state as they seek the 'real utopia' of Brazil's state-funded health care system. SARA CASARTELLI (Sapienza University of Rome), in turn, explored the processes of management and identification of migrants who died in their attempt to reach Europe by crossing the Mediterranean Sea. Casartelli conducted her fieldwork at the center of this 'epidemic of death', as she called it, at the southern external borders of the European Union. She outlined a complex intertwinement of various practices that ultimately create an infrastructure of death that facilitates the identification of deceased migrant bodies. Although they spoke about different contexts, all three contributions in this panel addressed human tragedies that unfold as byproducts of state violence and institutional injustice and have dramatic consequences for the everyday lives of people who have followed distinct routes of mobility.

Contesting Neoliberal Conditions

The three papers of this panel engaged with numerous ways of how people and organizations conceive of alternatives to the existing neoliberally informed health care modes. CLAUDIA LANG (University of Leipzig) and JEAN-PAUL GAUDILLIÈRE (Cermes3, Paris) investigated the histories and social practices of primary health care in Kerala, an Indian region with de-centralized primary health care centers and community health workers struggling against the rise of private medical care. Lang and Gaudillière argued that primary health care in the region instigated "radical changes in healthcare" based on three main principles: universal access to healthcare, the entanglements between biomedical practice and Ayurvedic and homeopathic knowledge, and shared management of healthcare in which communities take decisions on their health services based on their needs.

Drawing on ethnographic interviews with medical professionals, administrators, and academics in the city and state of San Luis Potosí and in Mexico City, MARY BUGBEE (University of Connecticut)

explored present-day popular critiques of a highly-contested reform of Mexico's healthcare system. The reform called 'Seguro Popular' went into effect in 2003 and was officially revoked in 2020 under the leftist government of President Andrés Manuel López Obrador. Based on a hegemonic and neoliberal model of universal health coverage, the reform had the explicit goal of allowing greater private sector participation in the public health sector. Although this scope has been fully achieved, Bugbee argued that supporters and opponents alike contested 'Seguro Popular'. On the one hand, the law has never fully implemented the changes originally promised to improve the national healthcare system through privatization. On the other hand, the reform introduced neoliberal measures into the public system, which emphasized notions and discourses of deservingness and health citizenship.

Reflecting on his ethnographic fieldwork with political activists, managers and politicians, PIYUSH PUSHKAR (University of Manchester) focused on multiple forms of accountability in the UK public healthcare system in the wake of fiscal cuts and austerity. He suggested that campaigners sought to mobilize the concept of political accountability against tax cuts and privatization by arguing that managers and politicians were not being honest about the potential consequences. Managers and politicians often sympathized with activists' views but felt constrained by "the reality" of limited funds. However, managers felt unable to speak honestly in public about the financial rationale of the reforms or possible negative consequences, as they feared losing their jobs. Accountability to one's employer thus became a mean for enforcing reforms that were necessary to "balance the books" according to budgets set by the central government. Pushkar argued that these multiple and divergent forms of accountability among politicians, managers, and activists interweaved and overlapped, therefore indirectly producing an increase of power centralization as well as shaping healthcare reforms.

Research and/as Social Change. Methodological Openings

When it comes to radical approaches to health, it is crucial to address novel methodological openings that support the role of research as a driver of social change. Along these lines, CAROLINE CONTENTIN EL MASRI (Freie Universität Berlin) discussed the possibilities and limits of ethnographic methods such as participant observation and interviews in the dissemination of information based on her experience in the project *Stadtteilmütter* (Neighborhood Mothers) and a workshop series on the circulation of health knowledge for migrant women in the district of Neukölln, Berlin, which resulted in a collaboratively written publication. NASIMA SELIM (Freie Universität Berlin) instigated a reflection on why public anthropology matters in the context of planetary health. How can anthropology overcome internal controversies, for instance, about whether the discipline is theoretical or applied, carried out elsewhere or at-home, in order to respond to the challenges of planetary health? Selim suggested that one way of effectively achieving this is by reconceptualizing notions of the field and fieldwork and pushing anthropologists to think of their own work as located in the so-called "field of engagement". Here, the mere representation of medicine, health, and healing of more-than-human lives becomes replaced by radical practices, vocabularies, and epistemologies that target efforts to live well.

CHRISTIANE FALGE (Hochschule für Gesundheit Bochum), ANNIKA STRAUSS (Verein für multikulturelle Kinder- und Jugendhilfe – Migrationsarbeit, IFAK e.V. Bochum), and SILKE BETSCHER (University of Bremen) followed up on this pursuit of radical openings by presenting their collaborative approach to analyze structural discrimination and access to health in the project 'QUERgesund'. This project aims at developing health-promoting facilities together with the residents of the Hustadt in Bochum, an area of high-rise buildings where over 3,000 people from over 40 nationalities and various socio-cultural backgrounds live and experience everyday challenges of discrimination, health access, and unemployment. In close conversation with other governmental and civil society actors, 'QUERgesund' reflects on alternatives to improve living conditions and well-

being at Hustadt and actually implementing such changes.

While this contribution focused on the potential of integrating different actors into a collaborative research endeavor, SANGYOUB LEE (Freie Universität Berlin) and YOUNG-SU PARK (University College of London) explored the possibility of cafés becoming spaces of (health) care. They highlighted the prominent place occupied by cafés in the everyday lives of South Koreans and suggested to make use of them in order to more effectively “share health” and promote health knowledge. VIVIAN LAURENS (University of Connecticut), in turn, explored how notions of health were built up from below in the context of transition justice and peace-making processes in Colombia. She shared how the 2016 peace agreements between the Colombian government and the FARC (*Fuerzas Armadas Revolucionarias de Colombia* – Revolutionary Armed Forces of Colombia) outlined the need to implement rural health provision guided by *Buen Vivir*, an indigenous notion in the Andean region that favors a harmonious relationship between human and non-human actors. The inclusion of such forms of healthcare in the transitional justice plan, coupled with notions of *Buen Vivir*, is a novel approach as it highlights the importance of indigenous groups in terms of political representation, environmental protection, and recognition of cultural and gender equalities—which are crucial to the peace-building process.

Pharmaceuticalized | Technologized Subjectivities

In this panel three researchers contributed to a discussion on pharmaceuticalized and technologized subjectivities. Based on her research on psychoneuroimmunology, REBECCA BLOME (Freie Universität Berlin) argued that new ways of understanding and promoting health and healing, such as psychoneuroimmunology, could open up a path to overcome the traditional mind-body dualism by offering a perspective that stresses the relational dynamics between psychosocial aspects and physical systems. While biomedical approaches focus on how diseases affect people, a biopsychosocial approach highlights how people affect illnesses. That is, physical problems are considered to have social and psychological as-

pects and origins. Therefore, the main challenge consists in finding effective ways to integrate the biopsychosocial approach into the biomedical model. STEFAN REINSCH (University of Lübeck) contributed to the discussion by shedding light on the everyday lives and hurdles of people with rare genetic diseases such as cystic fibrosis (CF). He focused on situated practices of producing hope amidst prevailing anxieties, doubts, and fears of patients who are waiting for an organ transplantation. As Reinsch argued, due to the progress made in therapy, the fate of such patients, their living conditions and wellbeing no longer rely solely on their “faulty gene” but also on their own initiative and adherence to treatment. While the latter can significantly slow down the progression of the disease, they simultaneously trigger emotions such as hope and exhaustion. Yet, waiting in line for a transplant may involve a coupling of this self-management of emotions and treatment with the need to be a “good candidate for transplantation”, which can lead to emotional exhaustion. In the third contribution to the panel, WILLIAM SCHLESINGER (University of California, Los Angeles) analyzed the impact of pre-exposure prophylaxis (PrEP), a biopharmaceutical technology that drastically reduces the risk of HIV transmission, on the interplay of HIV, safety, and risk. Based on fieldwork conducted in Los Angeles, Schlesinger explored the long history of medicalizing homosexuality, including the stigma in relation to sexually transmitted diseases, in general, and HIV against the backdrop of the development of PrEP, which holds the potential to radically reshape the landscape of HIV. However, as Schlesinger argued, access to PrEP remains restricted for many gay men. While, on the one hand, PrEP has the potential to redefine “good” sexual health by breaking up the link between HIV, risk, and safety, on the other hand, unequal patterns of accessibility to this technology risk to reinforce the pathologization and marginalization of vulnerable gay men.

Enhancing Ways of Knowing

In this panel, two presentations established a conversation on the ways in which meaningful and relevant ways of knowing patients’ cultural background and social experiences can improve their active involvement in healing practices and en-

hance the efficacy of the healthcare system as a whole. ROBERTA BAER and JASON WILSON (both University of South Florida) discussed how they succeeded in incorporating medical anthropology theories into medical training and clinical settings in the US. One of their primary goals was to explain biomedical practices around direct patient care to anthropology students. In doing so, they intended to establish a productive dialogue between the two disciplines and reduce their pragmatic and epistemological distance. By creating a patient-centered care pathway in partnership with physicians, Baer and Wilson realized that paying attention to and understanding patients' experiences posed a great challenge to physicians. In order to contrast what they termed as "patient shadowing", they emphasized patient experiences, differences between disease and illness, as well as possible methods for addressing social determinants of health in their various courses for both medical and pre-medical students, as well as medical anthropology graduate students.

SHELLEY LEES and LUISA ENRIA (both London School of Hygiene and Tropical Medicine) dealt with the identities, relations, and political imaginations that were brought to life by clinical trials of microbicides against HIV in Tanzania and the Ebola vaccine clinical trials in Sierra Leone. By unearthing global and local power dynamics and giving space to the voices and imaginaries of trial participants and their communities, the two scholars aimed to problematize biomedical parameters and standards of medical research. On the one hand, they showed that medical trials and analyses were rooted in colonial relations and in the functioning of global capitalism in both Eastern and Western Africa. On the other hand, they demonstrated the importance of participants' understanding and involvement in medical research as well as the relevance of knowledge of social relations and moral economies that challenged the trials' research ethics. Finally, they argued that being critical of clinical trials constituted a way for these participants to express both disaffection and disillusionment with the political status quo whilst at the same time setting the foundations for emancipatory visions of global and local citizenship.

Imaginative Futures of Care: Laboratories, roundtables, and documentary films

In addition to individual presentations and panel discussions, a series of laboratories and roundtables enriched the four-day conference. These formats allowed the speakers and audience to continue thinking on positive radical practices in opposition to 'conventional' models of healthcare provision. During the two-day laboratory held on the first and third day of the conference, entitled "What is Feminist Intersectional Community Care? A Creative Lab", the Alaska Studio for Feelings, a duo composed by ANNE-SOPHIE REICHERT (University of Chicago) and ESTHER VORWERK (Berlin), created a utopian clinic and information center for comprehending female corporeality and the embodied emotions that human bodies are enduring in times of COVID-19. The laboratory's participants not only had the opportunity to problematize female corporeality in a patriarchal world but also to critically question the interrelations of healthcare systems and particular power structures, gender rights and health policies. The laboratory further encouraged participants to imagine different 'healthy' futures and outline their vision of ideal health care provision.

On the second day of the conference, ANDREA BUHL and SANDRA STAUDACHER (both University of Basel) convened the World Café "Radical Health in Professional Care". The participants were invited to provide empirical insights and to theoretically discuss ideas about new approaches in the field of care. The aim of the format was to think about how new developments in the field of care provision in contexts of rising socio-economic inequalities can be translated into practices in order to improve the care of individuals.

Furthermore, the conference participants had the opportunity to watch and discuss the documentary "The Fever" (Austria/Germany/ Switzerland, 2019), directed by KATHARINA WEINGARTNER. The film highlights the multiple frictions between global health measures and the local production of a tea based on the Chinese medical plant *Artemisia annua L.* in both Kenya and Uganda. Given that the tea effectively reduces the incidence of infantile death for Malaria, "The Fever" is an invitation to problematize biomedical truth claims and reflect on alternative medicine to miti-

gate health-related and socio-economic inequalities. By showing the many difficulties that Kenyan and Ugandan doctors, malaria specialists, and scientists encounter in establishing a local production of drugs based on *Artemisia annua*, the documentary illustrates how various legal and political instruments are put in place by countries and pharmaceutical companies in the Global North to hinder the spread of these effective medications.

Health as Right to the City

How do structural conditions make people sick in uneven ways and how can these structures be changed through collective and grassroots action? Addressing these questions, the roundtable “Health as Right to the City”, convened by RICHARD BŮŽEK, IRIS DZUDZEK, and SUSANNE HÜBL (University of Münster) discussed the manifold ways right-to-the-city movements can contribute to health justice, including the possibility of collective transformation of disease-causing structural conditions, such as inadequate housing, discrimination, and exploitation. In his initial statement, roundtable participant ANDREAS EXNER (RCE Centre for Sustainable Social Transformation Graz) discussed lessons that one can learn from grassroots health activists in Austria, where recent budget cuts decreased social spending by 25 percent. He highlighted the importance of building alliances across a wide range of relevant actors in order to contribute more effectively to shifting the parameters within which public policies are discussed. ANKE STRÜVER (University of Graz) contributed to this discussion by reflecting on the relation between social and spatial inequalities that are associated with economic, cultural, and environmental processes. According to her, understanding this relation is crucial to address the complexity of socio-economic inequality as well as the systematic exclusion of people from health-care systems. VASILIS TSAPAS (Social Solidarity Clinic Thessaloniki) provided an insight into how inequalities are addressed on a daily basis at the solidarity clinic in Thessaloniki. Following principles of direct democracy and the absence of hierarchy, the clinic was founded during the economic crisis. It strives against the exclusion of a large part of society by radically rethinking health, offering medical, dental, and psychological services

free of charge, and facilitating access through an inclusive approach that does not require patients to provide legal documents such as proof of income or citizenship. Similarly, BETTINA FRANKE (Poliklinik Leipzig) explored radical alternatives to overcome health exclusion, particularly in the context of primary care in a district of Leipzig, Germany, where health professionals, academics, and artists came together to improve health services and empower community members to work together in issues that affect their health.

Community Health Care Interventions as Real Utopias to Transform Society

On the third day, the roundtable “Community Health Care Interventions as Real Utopias to Transform Society” involved activists, public health researchers, and primary health care physicians. PHILIPP DICKEL (Poliklinik Veddel/Hamburg), JONAS FIEDLER (Poliklinik Veddel/Hamburg), and ANGELA SCHUSTER (Gesundheitskollektiv Berlin) presented the work of the Berlin Health Collective and the Poliklinik Veddel in Hamburg. Both community health care centers aim to establish integrated, community based, participatory and truly interdisciplinary care to serve the needs of structurally disadvantaged people. By conceiving healthcare as a modality to connect people and organize communities, the activists and physicians working at the health centers intend to implement utopian models of community-based healthcare, reinforce social solidarity and demonstrate valid alternatives to neoliberal economization of society.

Subsequently, the participants were invited to watch the documentary “This is my face” (Chile, 2019) by ANGÉLICA CABEZAS PINO (University of Manchester). The film masterfully shows how people living with HIV in Chile cope with their experiences of fear and stigma through the production of artistic photographic portraits that poetically depict their memories and feelings. Through such collaborative storytelling, Cabezas Pino outlines how these people are able to make sense of their past, reflect on their present, and imagine their future lives with the disease.

The last documentary screened at the conference was “Los Cuidados” (Spain, 2019) by ANTONIO GIRÓN and RAQUEL CONGOSTO to which a dis-

cussion about “New Forms of Social Medicine in Spain”, convened by BEATRIZ ARAGON (Universidad Complutense de Madrid) and JANINA KEHR (University of Vienna), followed. The discussants were Spanish activists and members of various organizations: ANA ZAMORA, ROSA BAJO (Red Promotoras Salud Lavapiés), MARTA PÉREZ (Yo Sí Sanidad Universal, Madrid), ADRIÁN CARRASCO MUNERA (La Cabecera, Madrid), and DANIEL GARCÍA (Centro de Salud Vicente Soldevilla). “Los Cuidados” portrayed the importance of health care activities for the community of Vallecas, a working-class neighborhood in Madrid. In so doing, the documentary displays an insightful way to bring together representatives of several Spanish health initiatives that interrogate the intrinsic ethical values of Social Medicine practices in the post-Francoist national healthcare system. By recounting their activist and applied experiences, they outlined the multiple ruptures caused by rampant economization, precarity, and austerity measures in post-2008 economic crisis Spain and stressed the importance of maintaining Social Medicine practices and organizations for the health and wellbeing of poor communities in face of these constraints.

Final Remarks

In the conference wrap up, various participants and presenters reflected on the entanglements of practice and theory in the endeavor of radically transforming healthcare systems while emphasizing the productive impetus of collaboration across the fields of medical anthropology, critical global health, activism, social movement, and arts. As one participant noted, academia can be a venue through which activists and other groups involved in this endeavor can gain socio-political visibility. In terms of the practical organization of the conference, the interrelations and mixing of various formats, from more conventional individual paper presentations to film screenings and artistic workshops, was a viable way to not only envision and discuss radical and utopian ideas but also to experience them. Other ways through which the conference created transformative potentials was by criticizing colonialism, paternalism, homophobia, ableism, sexism, and racism as moral attitudes that produce inequalities, as well as by

bringing together activists and distinct disciplines such as critical geography, medicine, critical global health, architecture, and arts.

In sum, the entire digital conference and the various presentations significantly underlined the social, political and economic nature of diseases and maladies and highlighted multiple intertwined themes and difficulties in the wider access to and equal utilization of health care systems and structures. On the one hand, it emerged that anthropological analysis, activism involvements as well as artistic productions envisioned radical and imaginative alternatives to specific and well-established forms of power, privilege and inequality within existing health care systems at local and global levels as well as in both the Global North and South of the world. On the other hand, the conference presentations outlined and showed that health problems do not only require the simple and direct use of medical and technological interventions to be solved but concern the critical consideration of a wider spectrum of intersectional political, economic, social and ecological issues.

Social scientists, medical professionals and health practitioners have cogently proposed in their presentations in direct and indirect ways that collaboration, solidarity, sharing, networks of care among people and medical professionals constitute viable solutions to forms of hierarchy, exclusion and privilege in access to health care. As a leitmotif throughout the conference, these attitudes and behaviours constitute tangible avenues to conceive of ‘good’ medicine and assure ‘good’ health in politically, economically, ecologically or otherwise difficult living contexts. The mutual and fertile convergence of theoretical and applied anthropological, medical, and health epistemologies and practices in the conference also emphasized the relevance and meaningfulness of deep collaborations among social scientists, medical professionals, public health experts, health activists, and other professionals in the health care system. In other words, such forms of actions and types of connections displayed and fleshed out the ‘radicality’ of good health and offered evident solutions to present-day catastrophic times.

Notes

1 The conference was generously funded by the German Research Foundation (DFG).

2 Helmar Kurz (University of Münster), Claudia Lang, Caroline Meier zu Biesen (both at Leipzig University), Dominik Mattes, Nasima Selim (both at Freie Universität Berlin), and Ehler Voss (Siegen University)

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NACHRUF
OBITUARIES

Wolfgang Georg Jilek (1930–2021)



Fig. 1 Wolfgang Jilek in Vancouver 2006
Photo: Ruth Kutalek

Wolfgang Georg Jilek, Canadian-Austrian Psychiatrist and Anthropologist, died January 15th, 2021. He is survived by his wife Louise Jilek-Aall, herself a psychiatrist, and daughter Martica.

Wolfgang was born in Tetschen-Bodenbach in Bohemia, as son of Dr. Oskar Jilek, medical doctor, and Elfriede, born Biemann, Red Cross Nurse. After World War II his family had to leave Bohemia and he started to study philosophy at the University of Munich, and later medicine in Munich, Innsbruck and Vienna, which he completed in

Innsbruck in 1954. In Vienna he came in contact with Viktor Frankl, the founder of Logotherapy, with whom he kept a long personal and professional relationship. (*see letter from Viktor Frankl to Wolfgang Jilek and Louise Jilek-Aall*) This probably influenced his decision to specialize in psychiatry. After travelling in North and Central America he started to work at the Department of Neurology at the University of Innsbruck, and later at the Swiss Institute of Epilepsy in Zurich where he was introduced to C. G. Jung. There he also met a Norwegian colleague, psychiatrist Louise Aall. They married 1963 and shortly thereafter moved to Montreal, Quebec, in Canada. His acquaintance with Dr. Louise Jilek-Aall was a lifelong marital and professional partnership.

Wolfgang and Louise completed their residency in Psychiatry with the transcultural psychiatrists Prof. E. Wittkower and Prof. HBM Murphy at McGill University in Montreal; both also completed their studies in social anthropology at the University of British Columbia in Vancouver. Since 1966 Wolfgang and Louise lived in British Columbia. Wolfgang became a Fellow of the ‚Collegium Regale Medicorum et Chirurgorum Canadense‘ in 1972 and member of the medical faculty of the University of British Columbia in 1975. Until recently he was Clinical Professor Emeritus of Psychiatry. Together with his wife, Dr. Louise Jilek-Aall, they were regional psychiatrists in the Upper Fraser Valley and became interested in the North American Indians. In the 1970s they were visited by Claude Levi-Strauss on several occasions and corresponded subsequently. Several letters (*see letter from Claude Levi-Strauss to Wolfgang Jilek and Louise Jilek-Aall*) show his deep interest in the work of Wolfgang and Louise.

Later they also conducted ethno-psychiatric investigations in East Africa, Haiti, South America, Thailand and Papua New Guinea. In Papua



Fig. 2 Last visit with Dr. Viktor Frankl, Vienna 1991, photographer unknown

New Guinea and Tonga he worked as consultant for the World Health Organisation WHO 1984/85 and 1987, from 1987 to 1989 he was “Refugee Mental Health Coordinator” and “United Nations High Commissioner for Refugees” in Thailand. From 1983 to 1999 he was Secretary and Chairman of the Section Transcultural Psychiatry of the World Psychiatric Association (WPA) and organized international Symposia in Europe, Asia, and South America.

Wolfgang has published widely in English, German and Spanish; because of these scientific merits he was awarded the Austrian Citizenship in 1997; 2002 he became honorary member of the Austrian Ethnomedical Society.

Louise and Wolfgang came to visit Vienna during Wolfgang’s appointment as Guest Professor at the “Abteilung Ethnomedizin,” now Unit Medical Anthropology and Global Health, Medical University of Vienna, in autumn 1999. I still remember his vivid lectures on transcultural- and ethnopsychiatry which he used to complement with numerous photographs and films from the field. He had an encyclopedic knowledge on Austrian histo-

ry and was also interested in his own family history. In the interview I conducted with him while in Vienna and which was published in the Viennese Ethnomedicine Newsletter (Vol. 2, 2, 2000, 25ff., *link*) he related that one of his ancestral relatives was a doctor Jilek who was the personal physician of Archduke Maximilian. In this interview he also explained the difference of ethnopsychiatry and transcultural psychiatry:

I would define ethnopsychiatry, but this is my definition, as the study and investigation of the culture inherent, the emic therapeutic customs, beliefs and concepts as they relate to psycho-social and psychiatric conditions. Ethnopsychiatry and transcultural psychiatry however is often considered as synonymous but I would think that transcultural psychiatry is a comparative, analytical science—in the customary terminology an etic science—, while ethnopsychiatry is based on the information which comes from culture immanent sources—emic sources. Both approaches have to be combined.

Viktor E. Frankl, M. D., Ph. D.

1 Mariannengasse
Vienna, Austria 1080
Telephone 42 64 38

20. Juli 1983

Lieber Kollege Jilek, verehrte Frau Doktor,

soeben aus München und dann von ein paar Tagen in den Bergen nach Wien zurückgekehrt - gerade nur, um die Post abzuholen und zum Zahnarzt zu gehen - finde ich Ihr Manuskript und Ihr schönes Buch vor. Letzteres hatte ich gerade nur die Zeit durchzublättern, muss aber sein Studium aufschieben; das Manuskript zu lesen habe ich mir aber nicht nehmen lassen, und unmittelbar darnach und noch unter dem Eindruck der Lektüre wollte ich Ihnen schreiben, wiesehr ich beeindruckt bin von Ihrem Wissen, das ebenso umfassend wie fundiert ist, von Ihrem tiefen Verständnis für überraschende Zusammenhänge und von der Menschlichkeit, die sich in Ihnen beiden so harmonisch mit der Wissenschaftlichkeit paart.

Sie wissen doch, dass ich Sie in den letzten Jahren in zahlreichen Vorträgen, aber auch Publikationen (auch Büchern) immer wieder zitiere - jetzt kann ich es noch viel intensiver, auf Grund der Formulierungen in Ihrem jüngsten Manuskript!

Und dazu wollte ich Ihnen schnurstraks danken - tief beeindruckt von Ihrem neuesten Werk, aber auch gerührt von den Rückverweisen auf meine Vorlesungen zu Ihrer Studentenzzeit. Inzwischen ist, wie man ja hier zu sagen pflegt, viel Wasser durch die Donau geflossen, ich bin ganz alt geworden, Sie aber blicken bereits in Ihren Jahren auf ein ansehnliches Lebenswerk zurück, nicht nur als Forscher, sondern auch als jemand, der einem ganzen Volke zur Gerechtigkeit verholfen hat.

So drängt es mich denn, zu alledem Ihnen beiden meine Glückwünsche darzubringen.

Mit herzlichen Grüßen, denen sich meine Frau anschliesst, verbleibe ich

in Bewunderung und Dankbarkeit Ihr

P. s.: Auf das hohe, ja vorbildliche formale und verbale akademische Niveau Ihrer Ausführungen bin ich bei alledem ja noch gar nicht eingegangen. Wie ich denn auch noch gar nicht gesagt habe, wie schade es ist, dass die Umstände es nicht erlaubten, uns auf ein längeres Gespräch zusammenzusetzen.

Fig. 3 Letter from Viktor Frankl to Wolfgang Jilek

COLLÈGE

DE

FRANCE

CHAIRE

D'ANTHROPOLOGIE SOCIALE

Paris, le 23 juin 1974
2, rue des Marronniers 75016

Monsieur et Madame W. Jilek
"Schoenbrunn House"
P.O.Box 29
Harrison Hot Springs, B.C.

Chers Collègues et amis,

Ce mot pour vous remercier très vivement de votre lettre si cordiale du 17 juin. Je me réjouis beaucoup, sitôt terminées les cérémonies de ma réception à l'Académie française, de reprendre le chemin de la Colombie britannique, cette fois en compagnie de ma femme et de mon fils. Votre si gracieuse invitation me touche; nous espérons bien pouvoir en profiter et vous rendre un jour visite à Harrison. Toutefois, une certaine marge d'incertitude subsiste dans notre programme, tant en ce qui concerne les dates et la durée du séminaire que notre tour ultérieur en direction du nord et dans l'intérieur du pays; mais nous nous verrons, je pense, dans les premiers jours suivant notre arrivée, ou bien je prendrai la liberté de vous téléphoner soit à Harrison, soit au Mental Health Center.

En attendant le plaisir de vous revoir, je vous prie, chers collègues et amis, de croire à mes sentiments les meilleurs.

Claude Lévi-Strauss

Claude Lévi-Strauss

Fig. 4 Letter from Claude Lévi-Strauss to Wolfgang Jilek



Fig. 5 From left to right: Maranda, Todd, Lévi-Strauss, Chief Malloway, Mrs. Malloway, W.G. Jilek, L. Jilek-Aall; residence of Drs. Jilek, July 1974, photographer unknown

When asked what transcultural- and ethnopsychiatry can contribute to medicine and anthropology he answered: “The recognition of the findings of comparative cultural psychiatry, which is my preferred term (if I had the choice I would call transcultural psychiatry comparative cultural psychiatry) and ethnopsychiatry (...) is essential for practising health professionals. (...) I would emphasise that in future the curriculum of the training of health professionals and of psychologists should certainly include courses in ethnomedicine, and ethnopsychiatry I consider as part of ethnomedicine, and comparative cultural psychiatry in order to give them both a culture immanent view through ethnopsychiatric information and a comparative transcultural view.”

Wolfgang will be greatly missed for his kindness and warmth, his humor, and his knowledge.

Acknowledgement

The letters and photos are a donation from Wolfgang Jilek to the Austrian Ethnomedical Society. They show very well the very personal contact of Louise and Wolfgang Jilek with the French anthropologist Claude Lévi-Strauss, founder of structuralism, who visited them several times in Vancouver, and with Viktor Frankl, founder of Logotherapy and existential analysis in Vienna. Reprinted with kind permission of the Austrian Ethnomedical Society.

RUTH KUTALEK, Vienna

REZENSIONEN
BOOK REVIEWS

BOOK REVIEWS



Margaret Lock & Vinh-Kim Nguyen 2018. *An Anthropology of Biomedicine. Second Edition.*
Oxford: Wiley & Blackwell, 545 pp.

The first edition (2010) of this exhaustive anthropological work on biomedical technologies in practice has become a classic in medical anthropology and beyond. In his review of that first version, AMIT PRASAD (2012) detected two main approaches: 1) Foucauldian analytics exploring how biomedicine represents regimes of truths, technologies of self, and biopolitical strategies, and 2) anthropological perspectives on local social and biological variables significant for health and illness (*ibid.* 194). He further declared that LOCK's and NGUYEN's concern for entanglements of human activity in connection with biomedical technologies would not simply address physical embodiments of biomedicine and its technologies but explore biomedicine as a technology that objectifies humans and their afflictions and, even though based on science, as a site of struggle about control and truth claims (*ibid.* 193f.).

Medical anthropologists have long criticized the global biomedical hegemony over divergent health practices as a means of (post)colonial control and pursuing capitalist economic interests (cf. FARMER 2005; BAER *et al.* 2013). However, in times of the Covid-19-pandemic and contested decisions, measurements, and related human rights violations at the intersection of health politics, biomedical discourse, and the impact of pharmaceutical industries (cf. WEINGARTNER 2021 for the case of Malaria), the critical investigation of biomedical discourse, practice, and technology appears to be more urgent than ever. Even though the second edition of LOCK's and NGUYEN's *Anthropology of Biomedicine* was published in 2018 and thus long before the public awareness of an upcoming pandemic, this volume may help understand the mechanisms behind contemporary

developments. The strength of this re-edited volume is that its analysis and criticism of biomedical practice can be transferred to comparable (and contemporary) negotiations over space and time.

The re-edition only slightly differs from its predecessor in content and form: some chapters have been reworked and retitled and/or changed their position in the order. Two new chapters were added at the end of the volume, and a certain discomfort arises when discussing Genomics, Epigenomics and Uncertain Futures (chapter 15), and Molecularizing Racial Difference (chapter 16). However, LOCK and NGUYEN state that they intend to address a fundamental shift (the "postgenomic era"): the human genome is no longer recognized as the origin and driving force of life but rather as reactive to environments external and internal to the body:

In other words, the very nature of what it is to be human has been revised, and environments both macro and micro are bringing about dramatic changes, amongst them increased inequalities and, for many, intensified misery and ill health. These epochal transformations make the research of anthropologists of greater significance than ever before. If people everywhere are to benefit from the findings emerging in the postgenomic era, then close cooperation with local communities is essential, as is an intimate acquaintance with local environments and new global and local forces are altering them. A bottom-up approach to health care, informed local knowledge, experience and aspirations must be prioritized and embedded in specific contexts. (387)

A related interesting observation that may be paradigmatic is the aesthetic design of the book: whereas the first edition displays cellular struc-

tures on the front cover, the second edition is covered by handprints reminding me of paleolithic cave art and bringing up associations that acknowledge the historicity, diversity, and contextuality of local therapeutic practices as divergent from an alleged universal validity of biomedical knowledge and intervention. In the acknowledgments, the authors clarify its origin from an exhibition addressing refugees' health and resilience and related questions on human rights, which does not neglect but, on the contrary, enrich my first association.

In their introduction of this second edition that constitutes a continuous effort to review and discuss medical anthropologists' accounts on biomedicine and its implementation in different settings, LOCK and NGUYEN acknowledge the value of biomedicine as a powerful human health resource but stress its quality as a sociotechnical arrangement cobbled together steadily since the end of the nineteenth century, and resting on biological and scientific standards, protocols and algorithms that enable a certain production of knowledge and practices to treat ailing individuals and improve the health of populations around the globe:

Biomedicine, in theory then, is based on an assumption of the universality of human bodies that everywhere are biologically equivalent (1).

Alongside their discussion of biomedical discourse and technology as socio-cultural practice and its impact on human beings, they illustrate that a religious-like belief in universal validity neglects the facts of divergent explanatory models, concepts of self, and, moreover, that bodies are always "natural" and "cultural", that is, they are social and attune to their environments particularly in states of suffering (cf. SCHEPER-HUGHES 1994). Biomedical technologies broadly neglect socio-cultural aspects of health and illness and ignore the estrangement they produce in their objects, that is, patients: technologies are unapt to address human beings as bio-psycho-social-spiritual beings.

Applying such a perspective to contemporary experiences of health-political interventions in the pandemic may serve as an example when considering the effects of medical and non-medical interventions on the mental health and emotional

well-being of many human beings, let alone questions of human rights such as self-determination and physical integrity, and (partly totalitarian) discourse on "public health", LOCK and NGUYEN do not explicitly address this topic, but they discuss comparable examples of norms, values, and practices in several chapters, e.g., *The Normal Body* (chapter 2), *The Right Population* (chapter 6), and *Molecularizing Racial Difference* (chapter 16).

LOCK and NGUYEN conclude that "[b]iomedicine as an ever-changing assemblage of technologies" (385) continuously takes place in a translocal space:

[...] assemblages of 'big data' have the potential to bring about massive changes in global health care, and with ever-increasing speed; but such assemblages are unstable, associated with uncertainty, and are frequently subject to variations in global markets (385f.).

A significant shortcoming would be that it is "focused almost exclusively on pharmaceutical research and disease eradication. Other approaches to health care, notably preventive medicine, are often poorly supported" (386). This criticism also applies to local infrastructures, and the authors link limits to "political, economic and social conditions contributing to disease prevalence and incidence" (386). They further argue that for

[...] more than six decades medical anthropologists [...] have been arguing against top-down technological fixes, and [...] documented a trail of such failed programmes. These researchers argue that what is needed above all else are comprehensive programmes designed first and foremost to improve public health and primary health care. This call for change has gone largely unheeded to date by actors that have a vested interest in technological solutions, such as the Gates Foundation. The promise of technology is indeed widely shared across the world, and subscribes to a broader narrative of progress worth conserving. (386)

They postulate radically new approaches that transcend "disciplinary and factional boundaries" and "drastically reduce inequalities" (388). This approach appears to be of increasing relevance due to reissued attempts of global health agencies to delimit biomedicine from religious and Indigenous institutions. The recent experience of the Co-

vid-19 pandemic further illustrates that biomedical lobby groups neglect alternative approaches to condition and discipline humanity for their alleged benefit (cf. LEMONDE 2021), while at the same time, global health inconsistencies and injustices increase (cf. MANDERSON *et al.* 2021). In this regard, patients, therapists, and medical anthropologists demand more complementary engagement and agency in care and the integration of related approaches with healthcare systems framed by policies of inequality and impossibilities (cf. KURZ 2022).

HELMAR KURZ, Münster

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Beatriz M. Reyes-Foster 2019. *Psychiatric Encounters: Madness & Modernity in Yucatan, Mexico*. New Brunswick: Rutgers, 197 pp.

This monography initiates Rutgers new series “Medical Anthropology: Health, Inequality, Social Justice” that LENORE MANDERSON, in her foreword, dedicates to “capture the diversity of contemporary medical anthropological research and writing” (ix). Accordingly, aims and scopes are to detect how social structures and ideologies shape the likelihood and impact of affliction and care in different socio-cultural settings. Health and illness are addressed as social facts at the intersection of global, local, and structural relations of divergent forces and agencies, in particular political and economic institutions. Consequently, their impact on the embodiment of and response to suffering establishes the focus of this series. BEATRIZ M. REYES-FOSTER elaborates these interrelations with the example of the *Las Lomas* psychiatric hospital in Yucatan, Mexico, and contemporary dynamics of psychiatric deinstitutionalization processes. Throughout her ethnographic research, she has witnessed the partly transformation from a dirty and ran-down asylum of no return toward new developments facing deinstitutionalization, health service inefficiencies, and staff shortages. Located at the social margins and designed for poor people who are “not all mad, but confused, hurt, impoverished, and indigent” (x), it mainly receives Indigenous populations that suffer from gross inequalities. REYES-FOSTER anticipates that being Maya and “mad” in a twofold way is antipathetic to a modernity discourse that aims at facing negotiations of social structures and relations at the intersection of Indigeneity and modernity, refracted through a struggling health care system, perverse health insurance systems, neocolonial bureaucracy, and marginal status. She discusses quantitative reports that estimate the prevalence of mental illness in Mexico with 20%, thus being comparable to the USA but compared to the latter with only roughly 20% of mental healthcare resources. However, she does not suggest investing in more psychiatric institutions but articulates the need for multiple medical systems to integrate divergent explanatory models, idioms of distress, and (spiritual) experiences to adequately address the diversity and variability of life in contempo-

rary Yucatan. She develops her argument in seven interrelated and subsequent chapters.

Chapter 1 (*Las Lomas at the Threshold of Modernity*) introduces the methodology, design, leading questions, and preliminary results of REYER-FOSTES’ ethnographic investigation based on 18 months of participant observation and interviews between 2008 and 2013. She reveals how her prior discussion of the psychiatric hospital’s crumbling infrastructure in a non-academic journal in 2012 raised public interest in the topic and even inspired the institution’s director to demand a different model of care and new technologies that she will witness years later and reflects upon them in her conclusion of this work.

However, for the time being, the author refers to observations of prison or medieval dungeons where patients are locked away and denied their liberty. Her ethnographic experience corresponds with perceptions of emotional draining and sensations of nausea when thinking of the smell of the ward or the sounds of desperate cries. She declares how patients have been routinely abandoned to unhygienic conditions, stripped of privacy and dignity, forced to wear uniforms, subjected to physical restraints, and deprived of food, water, and medical care, in summary, to suffer inhuman living conditions and patterns of egregious and widespread human rights violations. However, she also observes that most staff members were hard-working professionals without evil intentions: psychiatrists, nurses, and social workers who sometimes would not even get along with each other. In an attempt to explore “madness” as idioms of distress in social relations and strategies of coping with modernity, REYER-FOSTES declares that “[t]he purpose of this research was not to capture the visceral exposure of human suffering, nor to document a pornography of violence, but rather, initially, to understand how users of Mexico’s public mental health care services navigated these services” (3).

Chapter 2 (*Coloniality, La Zona del Estar, and Yucatan’s Maya Heritage*) provides the first taste of REYER-FOSTES’ lively ethnographic descriptions and vignettes that, supplemented by some illustrations, make her account such a good read.

She addresses the sell-out of Maya culture and attempts to decolonize Maya identity as constructions between tourism and Indigeneity contrary and complementary to colonial negotiations not so much as a pan-Maya movement but instead as struggles and categorizations of belonging alongside local communities of origin, language, social class, poverty, and political affiliation. She introduces the concept of *Zona del Estar* as a conceptual tool that relates to questions of mental health at the intersection of Maya Indigeneity and the colonial matrix of power as negotiated zones:

“A clear understanding of the relationship between identity, coloniality, and madness is necessary to understand the subject at hand. While Fanon’s use of zones of being and nonbeing was limited to defining the line between colonizer and colonized, I argue that sanity and madness can also be understood using this framework. The sane are in the zone of being. Those deemed ‘mad’ are zoned into nonbeing: they are uniquely vulnerable, as they lose all rights to self-determination when they are confined.” (42)

Presenting more ethnographic material from the psychiatric hospital of *Las Lomas*, chapter 3 (Making the Matrix) discusses how far these colonial powers in mental healthcare result from the interaction of various actors with conflating and competing interests. Introducing the field with its socio-political-economic challenges and developments illustrates a complex web of processes producing a contradictory, dysfunctional, and self-propagating system inside and outside the ward that oscillates between communality and abandonment as strategies of social (re)integration with a neoliberal environment. Accordingly, chapter 4 (Modernity: Problem and Promise of Mexican Psychiatry) investigates the interconnections of modernity and psychiatry by depicting strategies and foils in the Mexican state’s drive toward modernity and how mental health institutions and asylums serve as hallmarks of neoliberal subjectivity. Talking to multiple actors such as patients and doctors and revealing institutional and structural schemes, REYER-FOSTES illustrates dysfunctions in the hospital’s daily life encompassing values and logics of biomedicine, interculturality, individual responsibility, and self-actualization, -care and -sufficiency. In this regard, *Las Lomas* “symbolizes the darker side of Mexican moder-

nity” (27), with its dysfunctions rooted in colonial scopes and little hope or sincere desire for change. Alongside a “guided ethnographic tour” through *Las Lomas*, the author develops a generalizing critical perspective on psychiatric institutions in Mexico garnished with statistics and examples of practices such as lobotomy and ECT. She mentions that alternative systems do exist but would depend on costly private healthcare providers, cheap psychopharmaceuticals, or traditional medical practitioners with divergent explanatory models (*nervios, susto, ojo, malos vientos*), the latter bringing up the question of compatibility with neoliberal subjectivity. Unfortunately, REYER-FOSTER does not provide any related case studies or examples of “intercultural” healing cooperation often observable in Latin American societies (cf. INCAYAWAR *et al.* 2009; KURZ 2018). Overall, in my opinion, the topic of *interculturalidad* and what it means for the context of Mexico, Mexican psychiatry, and in particular, *Las Lomas* remains superficially and poorly elaborated.

However, with further rich ethnographic data, chapter 5 (Negotiating Truth in the Psychiatric Encounter) explores the daily enactment of psychiatric care and moves away from grand narratives of social structures. REYER-FOSTES observes the interaction of doctors and patients and how madness is constructed as a paradox to a rational liberal individualism. She detects hierarchies coalescing threefold as regimes of truth, their negotiation, and their (re)construction in encounters as physical and symbolic acts. As a result, the “psychiatric power in the colonial matrix of power” (115) is based on discourses of (i)rationality and “telling the truth”, where trueness is hanging like Damocles’ sword over the freedom of patients and, therefore, their human rights. This aspect has been observed in many comparable institutions in the world (cf. LEIBING 1995; SADOWSKI 1999; BIEHL 2005; STRAUSS 2011; BASU 2014), thus not presenting a new idea but another example of the asymmetries in psychiatric “care”, where “truth” is a negotiated arrangement depending on positionalities and power.

Chapter 6 (In the Heart of Madness) finally also takes the perspectives of psychiatric patients, their intersubjective experiences and encounters with and relations to “otherness” in the ward. It addresses questions of agency and ontologies and

their discontent with sometimes slippery notions of Maya identity, contests of tradition and modernity, and negotiations of selves and others (including non-human beings and spirits). REYER-FOSTES also takes the chance to reflect on her role and positionality as a researcher, which is very well illustrated by the question of whether or not “wearing the white coat” as an anthropologist in a psychiatric institution. In chapter 7 (Epilogue), the author also reflects upon her return to the hospital in 2016, three years after her last stay. She observes manifestations of transformation and modernization that also include alleged adaptations to “Maya culture” in terms of a more friendly environment, increased privacy, the introduction of art therapy, and the banning of ECT, among other changes. She relates these developments to various dynamics such as human rights investigations, the federal takeover of hospital administration, employee strikes, and decline into chaos. The resulting struggle to implement change in an environment that is “always changing yet never changes” (28) thus in a way also mirrors the Mexican state and the “colonial dark side of modernity” (*ibid.*) that we still, and unfortunately again increasingly, globally witness particularly regarding health and care (cf. BAER *et al.* 2013).

Exclaiming hope for the future, REYER-FOSTES mentions a new “Hidalgo model” that promises a treatment that rehabilitates and reintegrates patients. My question is, integrating where: into a neoliberal society, into a community based on Indigenous alternative modernities, or into some hybrid third space? How far will psychiatry help to cope with the malcontents of modernity instead of treating their symptoms? I hope that REYER-FO-

TES decides to continue working in this field and accompanies these developments. Even though in global terms she does not produce innovative insights, she presents a rich ethnographic account of the Mexican example, therefore further facilitating translocal comparison and adding one more piece to the puzzle of (post)colonial (mental) healthcare, its impacts on individuals, and its socio-cultural challenges.

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BETTINA E. SCHMIDT & JEFF LEONARDI (eds) 2020. *Spirituality & Wellbeing: Interdisciplinary Approaches to the Study of Religious Experience & Health.*

Sheffield & Bristol: Equinox, 248pp. (6 figures).

With this edited volume, BETTINA E. SCHMIDT and JEFF LEONARDI present interdisciplinary cooperation between religious study scholars, psychologists, and therapists within the Alister Hardy Religious Experience Research Center at the Trinity St. David Campus of the University of Wales. CARL ROGERS' (cf. 1980) approaches to person-centered psychology stand at the core of this cooperation and are mentioned by various contributors. Their narratives and research outcomes stress spirituality's impact on wellbeing and health but, unfortunately, hardly relate to patients' experiences and health-related decisions. Case studies and vignettes reflect therapists' perspectives, and overall, their discussion focuses on cognitive patterns instead of crucial sensory and emotional aspects of spirituality and wellbeing.

The editors refer to spirituality as an individual resource of meaning, value, and purpose in life that may interrelate with but distinguishes from faith as a collective institutionalized body of religion-related beliefs. They define spirituality as a dimension of experience that connects everyday experience with wider or higher levels of awareness and being, *e.g.*, divine, transcendent, or natural forces. Characteristics, among others, are a profound connectedness with, and responsibility for, creation, life, the self, and other (human) beings. They state that so far,

[...] little attention has been given to religion and spirituality within studies on wellbeing and life satisfaction despite the fact that some studies have highlighted the positive impact that religious commitment, conceptualized as 'meaning' and 'belonging', has on a subjective feeling of satisfaction with life (5).

Even though religion and spirituality may significantly impact a person's quality of life, the aspect is missing in the WHO (1948) definition of health as physical, mental, and social wellbeing. This shortcoming may be due to its subjective and immeasurable impact on happiness, psychological wellbeing, a satisfaction of life, or care for self and others. It may imply dynamics of self-acceptance,

personal growth, and social competence. Accordingly, spiritual practices in psychotherapy support a transformation in perspectives and attitudes regarding self, others, and purposes or meanings in life. Related processes involve movements from fixity of feelings, conceptions, or behavior toward openness and fluidity, from incongruence to congruence, from self-concealment to self-disclosure, and from avoidance of intimacy in relationships to its embracement. The editors stress that religion and spirituality thus do not just support psychotherapy but may be essential for a "well-adjusted and well-functioning human being" (6). They organize the volume in ten chapters of different contributors, subdivided into four sections dedicated to "Setting the Scene" (chapters 1-2), "The Body in Focus" (chapters 3-5), "The Diversity of Perspectives" (chapters 6-8), and "Applied Practice" (chapters 9-10).

Religious studies scholar and parapsychologist EVERTON DE OLIVEIRA MARALDI ("*Spirituality and Wellbeing: Is there a Necessary Link? Toward a Critical Approach to the Study of Spirituality*") perceives religion and spirituality as independent of wellbeing and mental health but with complex ties, including adverse side effects ("dark side of spirituality"). Reviewing psychological literature, conceptual underpinnings, and terminological controversies, he defines spirituality as both individual religiousness and secularized search for transcendence that may but not necessarily do serve as a legitimization strategy in wellbeing and mental health. He refers to research he conducted in Brazil without presenting any details on his methodology and data but suggesting a perspective of polyvalent functions of modern spirituality that may express fluid belongings but can also shape psychopathologies. With the example of meditation, he detects alterations in perception and awareness that unleash "deeper problems" such as relaxation-induced anxiety, modifications of self-boundaries, and "other psychological and somatic events" (33). Those, unfortunately, remain obscure.

Social scientist and transpersonal psychologist CHRIS ROE (“Clinical Parapsychology: The Interface between Anomalous Experiences and Psychological Wellbeing”) explores the field of parapsychology as the study of spiritual experiences that are not explicable in terms of (self)deception, misperception, errors of memory, etc. and thus challenge scientific models. He observes taboo associated with paranormal phenomena that are often regarded as false because they “contravene fundamental principles that have been repeatedly demonstrated in other areas of science” (45). The resulting ignorance among academics would also leave the public reticent to share their experiences with others, particularly health professionals, not to appear gullible or even psychopathological. In a literature review, he explores reactions to and counseling for “(spontaneous) anomalous experiences” and argues for non-judgmental clinical parapsychology as an approach for their successful integration. Referring to a research project with mediums and adepts of Spiritualism in the UK, he observes positive wellbeing factors when experiences are openly communicated and even cultivated within a rewarding social environment that normalizes and values them.

Co-editor, person-centered spiritual counselor, and retired Christian priest JEFF LEONARDI (“Made in the Image: The Christian Understanding of the Body”) dedicates to a “battleground” in the “Western world” regarding the relationship to “our own” bodies and “those of others” (67). He identifies medially produced standards of beautiful or sick bodies, body images, sexuality, and pornography as problems and explores cultural backgrounds of diverging attitudes to “the body” between conflictual attitudes and desires. Apart from the quite absurd (and incorrect) statement of the “Church’s” engagement against slavery and the derived responsibility claim for people of other than heteronormative sexuality, the author follows a rather practical path of integrating religious and psychological counseling. However, the “Christian” focus of the argument remains quite uncomprehensive, and the alleged spiritual claim reduces to the exegesis of biblical texts.

Chinese studies scholar THOMAS JANSEN (“Spirituality and Wellbeing in Traditional China: Food, Self-Sacrifice, and Spiritual Practice in a Chinese Buddhist Legend”) investigates well-

being as a symbiosis of spiritual and material aspects. He discusses interrelationships between bodily nourishment, spirituality, and wellbeing in Chinese society with the example of the Buddhist “Legend of Miaoshan.” He addresses topics such as piety, spiritual cultivation, gender and sexuality, and female empowerment as links between individual and social wellbeing concepts. Gendered approaches to vegetarianism connect to the realms of spirituality and healing based on dichotomous conceptualizations beyond gender-related images. It includes understanding wellbeing not as a state but as a process of becoming in the negotiation of personal, interpersonal, and societal perspectives and to evaluate religious narratives, spiritual biographies, and stories of deities creative discursive spaces and practices that constantly challenge what is defined as wellbeing:

It means, for instance, that government-imposed wellbeing targets are impossible to reach unless achieving these targets allows for the possibility to negotiate, subvert or resist them through a variety of social and cultural practices and discourses, thus avoiding reification and those hard boundaries that undermine individual and social wellbeing in the first place (109).

Religious studies scholar WENDY DOSSETT (“*Spiritus contra Spiritum: Spirituality, Belief, and Discipline in Alcoholics Anonymous*”) turns to the institution of Alcoholics Anonymous as an ambiguous space between secularity and religious language and rituals that challenges both prevailing medical models of addiction and recovery and discursive traditions of religious studies considering categories of religion, spirituality, and the secular to be mutually constituted and contingent. She contests these categories with the example of “the twelve steps of spiritual awakening” as a treatment at the intersection of religious language and secular health discourse where “full engagement” improves wellbeing in terms of care for the self *and* others.

Co-editor, cultural anthropologist, and religious studies scholar BETTINA E. SCHMIDT (“*Narratives of Spirituality and Wellbeing: Cultural Differences and Spiritualities between Brazil and the UK*”) clarifies that wellbeing exceeds categories of spirituality, religion, and medicine and involves factors such as income, social position

and relations, gender, age, and, of course, cultural frames. Accordingly, she deems it important to explore what matters to people in particular contexts. She discusses the results of a survey she conducted in Brazil and the UK to compare the role of spirituality and its communication in health-seeking behavior and therapeutic settings. Her observations are of two- or even threefold quality: in Brazil, she detects a relatively open communication of health-related spiritual aspects, but within biomedical environments, related aspects are seldomly addressed, even when professionals are religious themselves. Accordingly, patients would often seek additional spiritual support. In the UK, similar approaches exist but to a lower degree. She thus observes different importance of community and spirituality in terms of saluto- or pathogenic relations to other humans and spirits, but nonetheless questions how in both environments, individual narratives of patients may be integrated with the “Western” idea of secularization in medical training and practice.

Transpersonal psychotherapist and counselor LOUISE N. SPIERS (“Using Autoethnography to explore the Experience of Spirituality in Epilepsy”) applies these ideas to a patient-centered perspective. In an autoethnographic approach, she challenges researchers’ bias and etic positions for the sake of emic and socially contextualized narratives. She postulates research methodologies that avoid the categorization or simplification of experience, especially when it comes to anomalous experiences. She challenges “traditional” healthcare perspectives on stigmatized medical conditions that include controversial and disputed contents as in her personal experience of epilepsy and related spiritual experiences: “Health research into epilepsy, even of a qualitative nature, is often concerned with third-person perspectives of conformity to medication regimes [...] and social aspects of the condition” (159). Instead, she describes diagnosis and treatment practices and related experiences and emotions from a first-person perspective, including personal data such as photography, MRI scan results, and medical letters. She accuses healthcare professionals’ responses of being ignorant of experiences, pejorative in classifying them as psychotic, and superficial in pharmaceutically treating symptoms.

Psychologist and mental health practitioner LYMARIE RODRIGUEZ-MORALES (“To Thine Own Self Be True: Alcoholics Anonymous, Recovery, and Care of the Self”) returns to the example of Alcoholics Anonymous (AA) in exploring the role of spirituality in mental health, addiction recovery, and wellbeing. She links spirituality to positive outcomes in psychological functioning, a greater sense of social support and belonging, recovery from mental distress, healthier lifestyles, and meaningful life in terms of “psychological transformation and healing” (181). Investigating the AA recovery program, she focuses on young male adults in the UK, causes, and reasons that bring them there, the impact of spiritual experience in recovery, and the development of adult selfhood as a transformation of self, identity, and social belonging.

Social and religious psychologist MARTA HELENA DE FREITAS (“Religiosity, Spirituality and Wellbeing in the Perception of Brazilian Health and Mental Health Professionals”) returns to the example of Brazil, where the majority declares that religion plays a positive role in wellbeing. However, she states that “it will be also important to know and understand how similar or divergent they are from the daily perceptions and experiences of Brazilian health professionals, who work in hospital contexts and mental health services” (199). She outlines a dilemma of religious/spiritual orientation that contradicts secular criticism during university training but also acknowledges that this “scenario of resistance, prevalent in health contexts, has been changing in recent years” (200). Referring to various research projects with health professionals, she postulates efforts in the standardization, systematization, qualified education, and institutionalization of spiritual guidelines in healthcare and psychotherapy.

Buddhist practitioner and counselor BECKY SEALE (“Compassionate Presence: Buddhist Practice and the Person-Centered Approach (PCA) to Counselling and Psychotherapy”), complementary to other articles in this volume, stresses that in spiritual practice, care and self-care blend. As a therapist, she supports an approach of “therapeutic presence” as she observes it in Buddhist-derived practices of mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR). She discusses aspects of spiritu-

al care in communication with other therapists, “bringing together east and west”. From the reviewer’s perspective, the integration of patients’ perspectives and the discussion of how person-centered psychology blends with concepts of non-self in Buddhist mindfulness practices is missing. However, an important insight is that “[t]he split between medical science and the soul remains at the heart of many differences in approaching mental health and wellbeing and placing mental health within a scientific, medical model has far-reaching implications” (227). The author stresses capacities such as inner authority, compassion, acceptance, being attentive, and listening openly and carefully as resources of therapeutic presence beneficial to both her and her clients’ wellbeing.

Overall, the volume provides divergent approaches to spiritual wellbeing but lacks a clear framework and a conclusion that offers perspectives for the future, that is, what to take from this interdisciplinary project that reduces to a rather cognition-based psychological interpretation of emotion, spirituality, and wellbeing and widely ignores sensory and aesthetic aspects of (mental) health (cf. KURZ 2019; HATALA & ROGER 2022). Apart from the fact that many contributors of this volume remain vague about their methodologies, the reviewer misses suggestions of how to explore the field in the future, integrating other disciplines and giving voice to other actors, particularly patients, but also anthropologists. Several authors refer to CARL ROGERS’ (cf. 1980) approaches of

person-based psychotherapy, but in no regard do they question related concepts of self and wellbeing as socio-culturally constructed, let alone considering diverging psychologies that differ in the conceptualizations of self, person, or explanatory models and idioms of distress. Even though considering divergent approaches (e.g., Spiritualism, Buddhism) and to a limited degree giving voice to patients’ perspectives, the overall discourse in this volume represents a reproduction of Eurocentric models in psychology and their hegemony over complementary and alternative approaches that must adapt and standardize to fit in (cf. BAER *et al.* 2013). A general critique on biomedical, psychiatric, and psychological health/care models neglecting core features of (spiritual) wellbeing remains to be articulated in this context.

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NIKO ROLLMANN 2021. Corona Berlin 2020. Ein fotografischer Rückblick.

Berlin: Niko Rollmann, 158 S.

Der Historiker und Politologe NIKO ROLLMANN legt mit diesem Fotoband einen fotografischen Rückblick in das Berlin des Jahres 2020 vor, indem er sich der abrupten Zäsur durch Corona, Lockdown und neuen Normalitäten mithilfe der Bildsprache zuwendet. Bekannt ist ROLLMANN bereits durch seine „Exkursionen“ und den 2014 daraus erschienen Reiseführer durch die Untergründe Berlins (ROLLMANN 2014). Vergessene Orte und Spuren verdeckter Stadtgeschichte zeichnete er in diesem Band nach und seine Fähigkeit, Menschen mit auf eine Reise zu nehmen, spiegelt sich auch in dem fotografischen Corona-Rückblick wider.

Er beginnt mit einer sehr persönlichen textlichen Einführung, die auch anderen Zeitzeugen Impulse liefert, die eigenen Erfahrungen zum Beginn der Pandemie zu reflektieren. In sieben Abschnitten vollzieht er eine Zusammenfassung der bisherigen Phasen der Pandemie mit den geteilten, gemeinsamen Hoffnungen, dass sicher alles bald vorbei sei und zur Normalität zurückgekehrt werden könne, gemeinsam erfahrener Krisen wie der Verlust von Arbeitsplätzen, Geschäftsaufgaben und privaten familiären Krisen. Doch lässt er die Betrachtenden auch teilhaben an eigenen Überlegungen und Deutungen. So lässt das innere Kopfschütteln bei der Erinnerung an Hamsterkäufe von Toilettenpapier tatsächlich den bitteren Beigeschmack und die Frage zurück, wie die Menschheit zukünftige Krisen gemeinsam überwinden können soll, wenn in diesen kleinen Bereichen bereits Egoismus über solidarisches Miteinander siegte.

Auch jetzt, im Sommer 2021, hält die Corona-Pandemie uns fest in ihrem Griff; dieser Fotoband entstand jedoch mit Beginn des ersten Lockdowns und ermöglicht uns einen Rückblick auf die Anfänge der Krise und die Entwicklung bis heute. Die ersten fotografischen Aufzeichnungen hielt der Autor mit seinem Smartphone fest und wählte schließlich mehr als 260 Fotos für diesen Rückblick zum Dezember 2020 aus. Dabei unternahm er den Versuch, die gesammelten Bilder und Eindrücke für sich zu verorten und zu systematisieren und dadurch auch für nachfolgende Generationen nachvollziehbar zu machen. Denn wie er so treffend bereits in seinem Vorwort konstatiert,

stellt diese weltweite Gesundheitskrise die größte bisherige „Störung“ des regulären Lebens vieler Menschen weltweit dar. Dieser abrupte Umbruch geht mit einer Umgestaltung gewohnter Landschaften einher, der sich nicht nur an neu installierten Schildern, Wegweisern, oder der Etablierung diverser Orte wie Testzentren manifestiert, sondern auch mit der Normalität der landschaftlichen Verschmutzung (durch beispielsweise Masken und Einmalhandschuhe), was der Autor gleich unter dem ersten Bilderkonvolut mit der Überschrift „Neuer Müll“ betitelt. Sind derartige Verunreinigungen zu Beginn der Pandemie noch stark ins Auge gefallen, stellt das Betrachten der Bilder bei mir vom heutigen Standpunkt aus nur noch ein Erkennen inzwischen gewöhnlicher Alltagsbilder dar.

Durch Kapitel wie „Die tote Stadt“ zeigt der Autor eindrucksvoll, was man eben nicht auf den Bildern sieht: Die leergefegten Straßenzüge, U-Bahnstationen und abgesperrten Gastronomiebereiche und Durchgänge stehen auch sinnbildlich für die Verluste, die Betriebe, Gastronomie und Einzelhandel schwer getroffen haben. Ganz besonders der leere Alexanderplatz löst wohl ein beklemmendes Gefühl in jedem aus, der diesen Platz mit normalem Andrang kennt.

Die diversen Botschaften von Ladenbesitzenden trug ROLLMANN unter dem Überbegriff „Geschlossen!“ zusammen. Aggressive „Fuck Corona!“-Schriftzüge, aber auch solidaritätsbekundende Aushänge, die den Ladenschluss aus Rücksicht für ein gesundes Miteinander begründen, lassen Betrachtende erahnen, was für Kämpfe ganzer Existenzen im Hintergrund ablaufen. Auch die absurden Auswirkungen, die die Pandemie in Form von Massenreaktionen heraufbeschwor, wie z. B. das „Hamstern“, findet durch Bildzeugnisse leerer Supermarktregale und darauf anspielender Sticker Einzug in den fotografischen Rückblick.

Mit einem geschulten Auge für das Ungewöhnliche des Alltags in besonderen Zeiten trägt ROLLMANN einen umfassenden Bildband zu den Besonderheiten dieser Zeit bei, der für mich eine Art Zeitkapsel darstellt. Unbeachtet verworfene Hygieneartikel, die die Landschaft verunreinigen,

werden entweder für uns noch alltäglicher oder aber bald in Vergessenheit geraten. Doch ROLLMANN hat gerade diesen scheinbar unwichtigen Dingen, diesem Abfall, einen bleibenden Raum geschaffen. So vor Augen geführt, müssen wir uns nun damit auseinandersetzen und hinterfragen, wie verantwortungsvoll wir sind, wenn wir zwar einerseits offenbar Hygienemaßnahmen einhalten, aber so nachlässig in der Entsorgung entsprechender „Schutzmaterialien“ sind. Doch der vorgehaltene Spiegel kommt nicht mit einem ausgestreckten Zeigefinger, sondern mit leicht augenzwinkernden Botschaften daher, wenn die Handschuhe offenbar mit dem erhobenen Daumen ihr „okay“ geben, sich die Finger zum Glückwünschen kreuzen, oder gar mit einer *Mano cornuta*, einer Handgeste aus dem Bereich des Heavy Metal und Punkrock, einen vom Boden aus zu großen scheinen. Durch den wachsamen Blick wird in diesen Bildern festgehalten, was uns in dieser Zeit entfernt, aber auch zusammengebracht hat. So wirken die Fotos von kurzlebigen Absperr- und Klebebändern zunächst grotesk für einen ästhetischen Bildband, doch ihnen werden ebenso nur kurzfristig präsente Plakate mit Solidaritäts- und Dankesbekundungen als neue Formen der Nähe entgegengesetzt. Auch die besonderen politischen Herausforderungen dieser Zeit fing der Autor aufgeschlossen und schonungslos ein, indem er in „Politik an den Wänden“ Plakatierungen, Graffitis und Schmierereien diverser politische Botschaften dokumentierte.

Geschichtswissenschaftler*innen sind dafür bekannt, alltägliche Gegenstände einer Zeit identifizieren und zuordnen zu können, da sie die Gegenstände in ihrem historischen Kontext betrachten. Deutlich wird ROLLMANNs Blick als Historiker vor allem dabei, die Merkmale der ak-

tuellen Zeit auszumachen und mit einem teilweise sarkastischen Augenzwinkern einzufangen. Dabei ist der Victory-zeigende verworfene Handschuh der erste Hinweis, da er als allererstes Bild gewählt und ihm eine ganze Seite gewidmet wurde. Das Gefühl von Triumph und Hoffnung schwingt im Angesicht der globalen Krise in diesem Bild mit. Im Kapitel „Alltag“ offenbarte der Autor scheinbar Einblicke ins sehr persönliche Erleben und er verwendete gesammeltes Pfandgut als Stellvertreter für den gesellschaftlich weniger stigmatisierten Umgang mit erhöhtem Alkoholkonsum während des Lockdowns. Sowohl der bedeutungsvoll aufgeladene Sondermüll an Straßenrändern als auch die flüchtige gesellschaftliche Haltung bezüglich Alkoholtoleranz ist nur in diesem zeitgeschichtlichen Kontext zu begreifen.

Ich betrachte daher viele Darstellungen nicht als künstlerisch hochwertige Fotografien, sondern vielmehr als Dokumentationen und Schnappschüsse einer außergewöhnlichen Zeit. Wer also Hochglanzaufnahmen und digital optimierte Inszenierungen erwartet, wird vielleicht bei diesem Bildband enttäuscht. Stattdessen präsentiert sich diese Sammlung der Ablichtungen von Graffitis, Plakaten und Flyern vor allem als ein Werkzeug der Erfassung aktuellen Zeitgeschehens. ROLLMANN ist mit diesem Rückblick ein außerordentlicher Beitrag dazu gelungen, diese Zäsur der Normalität zu erfassen und nicht nur für aktuelle Zeiteugen, sondern auch für spätere Generationen, begreifbar und nachvollziehbar darzustellen.

SVEA LINDNER, Düsseldorf

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LI ZHANG 2021. The Origins of Covid-19. China and Global Capitalism.

Stanford: University Press, 185 pp.

This monography is challenging to review because it combines and interconnects divergent aspects and perspectives on the emergence of, and respectively human response to, COVID-19, which, of course, also constitutes the strength of this book. It includes distinguishing criticism on China from a general critique on global health politics and pro-Chinese eulogies regarding responses to the pandemic from the discussion of global failures. However, her resistance toward binary constructions of truth or fraud and the illustration of converging, contesting, and contradictory insights determine this critical investigation that focuses on “Global Capitalism” as a particular factor of the pandemic and resulting international geopolitical tensions. The discussion reviews a huge body of literature situated at the intersection of international popular, political, medical and social sciences, including anthropology, and such institutions like the WHO, the Chinese government, the biomedical journal *The Lancet*, among others, and Chinese health system expert ARTHUR KLEINMAN. It addresses human-environment relations and the urge for critical global contemporary health politics investigations. Still, it mainly focuses on relations between China and the USA due to the author’s background as a Chinese-descendant scientist (partly) living and working in the USA.

LI ZHANG holds degrees in anthropology, social relations, Chinese literature and literary theory, and she is Visiting Assistant Professor of Global and International Studies at the University of California, Irvine. Her research interests concern social, political, spatial, and psychological repercussions of China’s market reforms and post-socialist transformations. Her earlier works have traced reconfigurations of space, power, and social networks within China’s “floating population”, privatization of homeownership, city planning, and the remaking of new middle classes unfolding an “inner revolution” brought by emergent psychotherapy movements reconfiguring selfhood, family dynamics, modes of governing, and ethical-technological challenges of “modernity”. This background appears to be the matrix of a relatively new triangulation of factors in the experience

of the COVID-19 pandemic at the intersection of biomedical science, state policies, food production, and capitalist structures metastasizing into all spheres of interhuman and human-environment relations. The aims and positionalities of the author remain a little blurry, but apparently, she is critical of “biomedicine” and related symptom-related responses to COVID-19 reproducing capitalist structures that caused the crisis in the first place. Withstanding contemporary temptations of propagating alleged “truths”, she informs about diverging perspectives on the current pandemic experience. She does not argue against biomedical science but clarifies the impact of political, economic, and socio-cultural factors and interests informing it. Employing the structure of classical dramas (and theoretical deconstructions of rituals performing social dramas within pre-liminal, liminal, and post-liminal phases), LI ZHANG organizes her argument in seven chapters: prelude, emergence, emergency, surge, victory, persistence, and epilogue. In a similar spirit, she also warns that failure to reflect on the preconditions and experiences of the pandemic would make her epilogue the prelude for the next crisis.

As main purpose of her engagement, LI ZHANG names the need

[...] to shift debate away from narrow cultural, political, or biomedical frameworks, emphasizing that we must understand the origins of emerging diseases with pandemic potential [...] in much more complex and structural entanglements of state-making, science and technology, and global capitalism. [...] [T]he purpose is to guide a global debate toward the most pertinent questions we need to ask to not simply explain the phenomenon of COVID-19, but also to understand how we may be able to prevent the continued emergence of pandemic diseases. (3)

Chinese policies frame but do not reduce her analysis of problematic biomedical practices as hegemonic agencies and institutions through which pandemics are understood and responded to by governments, individuals, and corporations. As her methodology, she mentions the review of statistics, reports, and statements of the

Chinese government and WHO, and in-depth engagement with scholarly publications in biology, virology, epidemiology, medicine, public health, history, social sciences, journalism, and media productions. Unfortunately, a detailed reflection of approaches is missing, and the hard-to-follow reference system of endnotes supports the overall impression of being journalistic and political instead of an academic endeavor.

Chapter 1 (Prelude) introduces frameworks, contexts, and the history of the COVID-19 health crisis by taking a step back and exploring reports on earlier cases of “pneumonia of unknown origin” in fast-growing industrial urban Chinese environments as related to wet markets, e.g., SARS (avian & swine flu). Whereas in the past, censorship of public information had been a common strategy, with the occurrence of SARS in 2003, the Chinese government supposedly

[...] shifted radically from hesitation and denials to forceful quarantines, strict surveillance of whole populations, and massive deployment of biomedical staff and resources. [...] Within a few months, the epidemic was successfully contained in China. (2)

However, now the 2019 novel strain of coronavirus in Wuhan initiated an unprecedented speed spreading China and the world, “reshaping the intertwined futures of China and global capitalism” (2). The author implicates that the investigations of its origins cannot reduce to biomedical examinations abstracted from politics and place but must explore the embedding in conditions of global capitalist modernity that also affect China. It does not seem to be an apologetic statement but instead outlines the framework of modernization and development, environmental degradation, prospects for global health and sustainability, biomedical interventions, and capitalism that appear to sign responsible for the risk of “spilling over” from animals to humans in the first place.

Chapter 2 (“Emergence”) describes the city of Wuhan as a center of (inter)national transportation, business, and “new economies” such as food processing industries emphasizing new urban technologies. It reflects on how far this industrial modernization in its rapid change may appear to be a site for infectious disease outbreaks of local, translocal, and global significance. A central

question is where exactly the spillover of the virus from bats to humans occurred, what role the environment of the Huanan wet market of Wuhan with its distribution of (farmed) wildlife animals such as bamboo rats and pangolin play, and what impact locally transforming dietary practices have on networks of global capitalist economies facilitating spreads of infections: the increasing numbers of wild animals in wet markets, an ideology of consumerism, and the commodification of healthcare and food production appear to be central. LI ZHANG explores three divergent but interrelated hypotheses on the virus spread and its transformation toward a global health threat. The first addresses farmed wild animals as intermediaries for the spillover to humans and questions why such a spillover would not have happened before, considering that wild animals already have been slaughtered, distributed, and consumed in Chinese so-called “wet markets” for decades. Further, what exactly would be the connection between Wuhan and the remote mountainous areas at the border with Southeast Asia where the virus allegedly originated within specific bat populations? Was it an indirect cross-over with multiple mutations and virus adaptations finally resulting in the spillover to humans? Was it a direct spillover from bats to workers in the caves and mines of Mojiang in Southeastern China where the search, e.g., for gold and nickel, included the exposure to bat droppings that already before would have caused illness symptoms “atypical pneumonia” (like SARS or COVID)? Some affected workers have been treated in hospitals of surrounding cities such as Yuxi, Kunming, and Guangzhou, and accordingly, the spread *within* healthcare facilities and research laboratories may be rational explanations. A direct spillover might have also occurred through subsequent researchers exploring the caves, the bats and their droppings, or T.V. production teams and tourists exploring these remote sites of “nature”.

Anyway, what would be the connection to Wuhan’s wet market of Huanan? It may be its quality as a nodal point of national and international distribution and transportation that facilitate contacts of humans and animals from all over the world in a minimum of time and space. Another explanatory model directs toward a laboratory leak once samples from the Mojiang caves have

been analyzed in research facilities close to the market. Some rumors even imagine an accident related to “gain-of-function”-experiments on SARS and SARS-like viruses to study possible enhancements of impacts on humans or even their potential as a biological weapon.

LI ZHANG proposes to consider an interplay of some of these aspects to be responsible for the virus to transform and spread. Laboratory medical tests results demonstrate that for many years people in the surroundings of the caves have been exposed to coronaviruses but would develop no or only mild symptoms as they would have developed antibodies. However, a new highway now connects the remote area with major cities, enhancing working migration and commodity flows to Wuhan and its wet market Huanan as a significant destination and transshipment point, thus facilitating the spillover to humans without an adapted immune system. The same may be true for increasing rural tourism and mining activities in these biodiversity hot spots, as well as the large-scale farming of wild animals:

Whether directly from bats to humans, or indirectly through an intermediary species increasingly farmed in the region like bamboo rats, this gradual and complex path for novel coronaviruses to emerge from the mountains of Yunnan or the surrounding regions and trigger the first major outbreak in Wuhan is my leading hypothesis. (51)

It appears that the environment of the vast indoor market Huanan and its transportation networks with multiple animals concentrated and kept in precarious conditions may then have further accelerated mutations from a mild or slow-paced disease to a highly contagious one. However, the problem's solution would have to transgress the rationalization of wildlife utilization and narrow eco-modernist approaches. Orienting themselves on modern chicken and swine production facilities, Chinese politicians and scientists have suggested accordingly modernizing wildlife, ignoring various SARS epidemics (aval and swine flu) in recent years. Contrary, LI ZHANG offers a different approach to food production in terms of sustainable agroecology instead of increasing capacities to modernize wildlife farming and wet markets. She postulates the ethical responsibility of biotechnologies, reminding us that health

and illness result from particular environments and conditions and that modern standards in global capitalism do not provide the basis for enduring animal and human health and well-being. Quite the opposite, they would be responsible for spreading new and developing chronic diseases.

Chapter 3 (“Emergency”) almost reads like the diary of failures. When the first COVID-19 infections occurred in December 2019, professional uncertainty and confusion about responsibilities hindered the proper filing of results and their communication to public health institutions. Further, the upcoming Spring Festival as an economically relevant holiday season left authorities to withhold or at least control information. It took one month before measures were taken, but still, official media pretended that everything was under control. In the aftermath, divergent narratives on the period between New Year and Spring Festival either highlight the speed, transparency, and effectiveness of government actions or criticize and accuse the Chinese government of systematically suppressing relevant information and thus pandering to the pandemic. However, LI ZHANG clarifies that this justified critique distinguishes from US Americans' crude and racist anti-China rhetoric, *e.g.*, by ex-president Trump and other Republican hardliners. The consideration of various factors would draw a differentiated picture of political, economic, and socio-cultural aspects:

A group of Chinese scholars based in Nanjing, Shanghai, and Australia, for example, argue that government censorship and disinformation during this period, combined with a lack of local autonomy for public health management and the privatization of the healthcare system, caused doctors and the masses to be unprepared in Wuhan and delayed for thirty-four days an appropriate response to the crisis. In addition, some high-level officials from China's healthcare apparatus indicate lower-level officials withheld crucial information from decision-makers and refused to implement recommendations early enough [...]. (57)

Accordingly, to start with, the fear of rejection, sanctions, and dismissal impeded officials from (re)acting, unfortunately being a global reality in (health) politics. Further, WHO and NHC (Chinese National Health Commission) agreed to restrict local medical laboratories from research to warrant

a centralized investigation in government-controlled institutions but instead, blocking flows of knowledge, information, and communication. The fact that the Spring Festival as an essential business factor hindered faster interventions is another failure in health policy that unfortunately continues to be repeated worldwide, e.g., in Germany with its contemporary discussions on sports events and Christmas markets. Multiple political and economic interests become entangled in maintaining stability and consumerism, and the hope for a “false alarm” or at least only a local disaster conquered rational health decisions. Like elsewhere in the world and until today, the lockdown came too late, and transparent information has been denied for the sake of distinct interests that even in times of a global crisis “[...] would unfold hand-in-hand with a surge in scientific, capitalist, and political competition worldwide” (75).

Chapter 4 (“Surge”) informs about the measures finally performed in China and, in the aftermath, globally, as well as socio-political responses to them. By the time mainstream media reported about the new disease and the government initiated the lockdown of Wuhan, COVID-19 cases had already occurred in all regions of China but in Tibet. Suspensions of passenger transportation, travel restrictions, and other measures could not avoid increasing numbers of infections and deaths, the collapse of the healthcare system in Wuhan, and the resulting social tensions and anxiety. Later, WHO similarly failed in taking timely measures: even though already in January 2020 identifying the coronavirus as a public health emergency due to infections independent from travels to China or contact to persons with such a history, only in March 2020, WHO declared it a pandemic. LI ZHANG explores socio-political reactions ranging from inner-Chinese stigmatization of people from the Wuhan region to the general discrimination of Chinese, randomly blaming the distribution and consumption of wildlife animals, scientific research on SARS and coronaviruses, and government plans of having implemented a biological weapon and finishing with the global economy. It challenged the legitimacy of the Chinese establishment at the intersection of interrelated interests in political stability, economic continuity, public health security, and national pride. Alongside prophylactic measures, a massive mo-

bilization of healthcare workers, equipment, infrastructure, and social solidarity intended to not just control and manage the virus but also popular emotions and panic, e.g., via the censorship of social media. However, she identifies the pursuit of profit in the healthcare sector as a major problem undermining the national preparedness for such an emergency – maintaining stocks would be too expensive – which, in her opinion, would have been different in previous Socialist eras. She detects similar problems in the USA and Europe, among other countries, and concludes that it has not been a Chinese failure but the characteristic of healthcare in global capitalism. Accordingly, she identifies hospitals as danger zones of increasing infection rates due to stampedes and the lack of protective equipment. She argues for more decentralized forms of healthcare instead of prioritizing hospitals as the alleged “most modern” way characteristic for biomedicine in its entanglement with global capitalism. Another critical aspect has been the worldwide manipulation and control of scientific reports and the spread of incorrect information, resulting in highly contested discourses on truth and their attrition between the extreme ideological mills of subversive conspiracy theories and governmental state propaganda. Many Chinese scientists, and particularly those with official affiliations, have been criticized for withholding important information for the sake of more prestigious performances in international biomedical high-profile publications rather than supporting local communities and authorities with their knowledge. On the other hand, non-peer-reviewed articles have promoted non-verified opinions and suggestions, fueling speculations globally spreading just like the virus itself. Once again, the reaction of the Chinese government appears to be lame but also not differing from comparable practices around the world: it would control publication processes and, of course, thus, even more, have dampened research and rational debate; science, again, has become highly politicized. Accordingly, political and economic contests initiated a global race for the development, distribution, and financial revenue of pharmaceuticals and vaccines to control the pandemic. Consequently, the confluence of state, biomedical, and nationalist interests until today hinders the examination of the underlying conditions

that give rise to pandemics, assuming instead that they are inevitable and promoting a narrow focus on biomedical measures for pandemic control.

LI ZHANG rejects the shifting priorities in public health from a socialist goal of democratizing public healthcare to “modernization” through private investments in treatments and vaccines in the spirit of profit (rather than charity, or at least, responsibility). She observes that the institutional entanglement of state, biomedicine, and economy

[...] glorifies modern science and technology as the dominant way to address emergent diseases with pandemic potential. [However] they not only failed to prevent another novel coronavirus outbreak in 2019 but continue to overlook the structural conditions that drive the emergence of infectious diseases like COVID-19. (29f)

She declares the narrow biomedical approach an arrogant and naïve trust in science that ignores social complexities and thereby forecloses critique of the capitalist modernity that in the first place facilitates the appearance of new diseases with its dynamics of urbanization, industrialization, environmental pollution, socioeconomic inequalities, and the agglomeration of workers with poor healthcare. Accordingly, biomedical countermeasures are part of the same regime that assumes emerging infectious diseases are an inevitable threat, offering technological improvement and the extension of experts’, doctors’, and pharmaceuticals’ guidance, power, and profit as the only possible response. LI ZHANG concludes that

[t]hese issues are too complex to be remedied through technocratic management. After all, they involve articulations between the modern state, global capitalism, consumerist and nationalist society, and science and technology. Therefore, China’s victory over the COVID-19 epidemic is fraught with tension, reproducing the underlying conditions [...]. (100)

Apart from her critique on the frameworks, she declares China’s mobilization a successful public health management in absolute contrast to spectacular failures in the USA, Europe, Brazil, India, and elsewhere. She dedicates chapter 5 to this “Victory” of avoiding new infections in China but unfortunately, not the global pandemic. While China celebrates its victory, the rest of the world

slides into crisis, partly blaming China for unleashing the virus and acknowledging their efforts as an example to the world. Geopolitical tensions become apparent and manifest in mutual suspicions, conspiracy theories, fake news in social and mass media, and continued policies of cover-ups and lack of transparency as continued fatal failures in Global Public Health due to the complexity of competing interests. China develops a new role for the cooperation in international medical aid, integrating biomedicine and Traditional Chinese Medicine (TCM), distributing masks, equipment, and pharmaceuticals, and thus transforming a domestic crisis into an opportunity for international leadership and economic upscale:

[...] China’s challenge became threefold. First, ensure the recovery of those who were infected. Second, foster national pride, popular trust, and international legitimacy. Third, recover its economy while the rest of the world fell into crisis, extending the need for surveillance and containment of the disease. (119)

This task produced another dilemma of restarting the economy while maintaining strict public health surveillance, travel restrictions, and containment measures. The alleged solution has been ramped up consumerism in Chinese society and doubling down on capitalist investments, thus somewhat maintaining the vicious cycle. Chapter 6 (“Persistence”) verifies this skepticism by exploring the return of COVID-19 to China, exemplified with a new breakout in a highly modernized food market in Beijing in June 2020 and related rumors of contaminated imported food supply chains. The disease now has become addressed as an external threat from countries that failed to contain the pandemic, again leading to increasing travel and import controls but now the other way around.

LI ZHANG clarifies that in history, Chinese elites have accepted a medicalized view of their country’s problems and embraced medical solutions for perceived deficiencies of both the Chinese state and the Chinese body since the late Qing empire, throughout colonialism, and the Republican and the Maoist eras, thus applying to increasing state surveillance within the Chinese society but also creating a paradoxical and asymmetric culture that celebrates Chinese na-

tionalism but also “superior” foreign science and technology. Market reforms in the 1980s have initiated this paradoxical relationship that increasingly has been structured by global capitalism, including the capitalist transformation of TCM, thus commodifying health and diminishing preventive community care. Now,

[t]he Chinese state and society see themselves [...] transitioning from mere recipients of modern medicine to partners or even leaders in the advancement of a global regime of health security, undergirded by profitable biomedical science and technology, including promotion of the integration of traditional Chinese medicine (TCM) with Western medicine. (130f)

In this regard, LI ZHANG observes in her summarizing chapter 7 (Epilogue) that the persistence of geopolitical struggles and competition in biomedical science and global capitalism will further drive the emergence of infectious diseases. She postulates to restructure healthcare toward the common good rather than private profit, especially in the Global South where public health systems are more vulnerable, particularly marginalized social classes suffer from parallel pandemics of HIV, influenza, tuberculosis, and other chronic diseases.

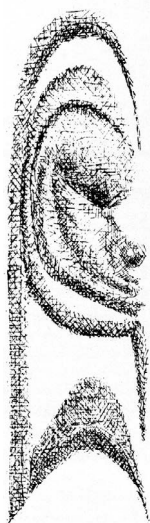
LI ZHANG thus does not merely contribute detailed, entangled, and also somewhat controversial information, case studies, and vignettes on the biological, political, economic, medial, and socio-cultural factors of the COVID-19 pandemic and responses to it. Even though she lacks defining what she actually means with “global capitalism”, she develops a thorough investigation and critical argument regarding Global Health and eco-

nomics that I highly suggest considering. I agree with the author’s recommendation of continuous interdisciplinary study and analysis, as well as a public discussion of the various aspects and facts she critically explores. I see the potential to reconcile ideologized and contested perspectives by enabling us to think out of the box and look behind the scenes. Writing this review in December 2021, with a new German government in the starting blocks and ongoing discussions on compulsory vaccinations and regulations for Christmas markets, shopping malls, and soccer events (let alone the Winter Olympics 2022 in China), I agree with LI ZHANG’S perception that the focus of political activity addresses the maintenance of consumerism as “system-relevant”. I critically observe state and media propaganda postulating more vaccinations for the alleged sake of social solidarity, even though their sustainable effect proves to be questionable, except for the economic situation of pharmaceutical industries. In this regard, even the last desperate argument of German pro-vaccination agencies dissolves when asserting that unvaccinated persons challenge the maintenance of intensive care units: they should at least mention that in 2020, at the temporal epicenter of the pandemic, thousands of intensive care spaces in Germany have been dismantled, among other reasons and developments, due to the lack of available nurses that would cope with marginal payment and social appreciation within a profit-oriented healthcare system. Here I speak as a nurse who in the late 1990s experienced structural violence, quit the job, and started to engage with medical anthropology.

HELMAR KURZ, Münster

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ZUSAMMENFASSUNGEN
ABSTRACTS
RÉSUMÉS

Zusammenfassungen der Beiträge der *Curare* 44 (2021) 1–4

Curare Corona Tagebücher II

HERAUSGEGEBEN VON KATRIN AMELANG, CLEMENS EISENMANN, JANINA KEHR,
HELMAR KURZ, MIRKO UHLIG & EHLER VOSS

CAROLE AMMANN: Patchwork-Leben. Migration, Familie, Feldarbeit und akademische Karriere während einer globalen Pandemie unter einen Hut bringen S. 15–25, verfasst auf Englisch

Dieser Artikel basiert auf Feldnotizen, die ich während der so genannten ersten Welle der Covid-19-Pandemie geschrieben habe, als ich als Postdoktorandin an der Universität von Amsterdam tätig war. Zunächst gehe ich auf die Herausforderungen ein, die sich ergeben, wenn man mit seiner Familie an einen neuen Ort zieht und während einer globalen Pandemie dort anthropologische Feldforschung betreibt. Ich beleuchte auch die Unterschiede zwischen meinen ursprünglichen Plänen zur Datenerhebung und der tatsächlichen Durchführung. Zweitens reflektiere ich darüber, wie Covid-19

bestehende Ungleichheiten auf lokaler und globaler Ebene verstärkte. Drittens lege ich dar, wie Momente der Ungewissheit, Orientierungslosigkeit und Verletzlichkeit integraler Bestandteil unseres Lebens waren, da der Heimunterricht und die Arbeit von zu Hause aus mein privates und berufliches Leben zusammenfallen und verschwimmen ließen. Abschließend argumentiere ich, dass unser Leben während dieser globalen Pandemie ein Flickenteppich aus ständigen Versuchen und Neuversuchen war.

Schlagwörter Covid-19-Pandemie – akademische Mobilität – anthropologische Feldforschung – Betreuungspflichten – Home Office

ANDREA BRAVO DIAZ: Zwei Seiten der Covid-19-Pandemie in Ecuador. Egalitäre Gesundheitsmaßnahmen der Waorani im Lichte der nationalen Ungleichheiten im Gesundheitswesen S. 27–36, verfasst auf Englisch

In diesem Beitrag werden Aufzeichnungen aus den ersten Monaten der COVID-19-Pandemie vorgestellt. Er zeigt den Unterschied zwischen den frühen Reaktionen und den Maßnahmen des öffentlichen Gesundheitswesens in den städtischen Gebieten Ecuadors und im ecuadorianischen Amazonasgebiet, insbesondere im Gebiet der Waorani, wo die meisten Aufzeichnungen entstanden sind. Die Waorani lebten bis vor wenigen Jahrzehnten in relativer Isolation und es gibt immer noch Familien, die jeden friedlichen Kontakt mit Außenstehenden ablehnen; der Prozess der Kontaktaufnahme bedeutete

für die Waorani wie für andere Gemeinschaften im Amazonas auch, dass sie mit verschiedenen Epidemien und territorialem Druck konfrontiert wurden. In diesem historischen Kontext erreichte COVID-19 den Wald; die Kolonialgeschichte und die heutigen quasi-kolonialen quasi-kolonialen Beziehungen zwischen dem Staat und den indigenen Völkern haben dazu geführt, dass die meisten Krankheiten und Todesfälle unter den indigenen Völkern von der Regierung nicht anerkannt wurden. Dieses Schweigen trägt zur Ungleichheit bei den Gesundheitsergebnissen bei.

Schlagwörter Ecuador – COVID-19 – Pandemie – Amazonien – Waorani

YOU-KYUNG BYUN: Gesichtsmasken in der COVID-19-Pandemie und anti-asiatischer Rassismus in Deutschland S. 37–48, verfasst auf Englisch

In diesem Beitrag wird der anti-asiatische Rassismus in Deutschland vor und während der COVID-19-Pandemie diskutiert. Während das Tragen von Masken zu Gesundheitszwecken in vielen ost-asiatischen Ländern eine weit verbreitete Praxis ist, wurde sie in den meisten westlichen Ländern, darunter auch in Deutschland, nur zögerlich angenommen. Zu Beginn der COVID-19-Pandemie wurden Menschen asiatischer Abstammung, die Masken trugen, verspottet und diskriminiert. Mit der steigenden Zahl der Fälle und der erwiesenen Wirksamkeit des Tragens von Masken zur Verhinderung der Ausbreitung der Krankheit haben immer mehr Menschen in Deutschland begonnen, sich an diese Praxis zu halten. Als Angehöriger der südkoreanischen Minderheit in

Deutschland hat die Autorin diesen Übergang mit Angst und Unsicherheit erlebt. Der vorliegende Beitrag ist eine Reflexion und ein Vergleich der Erfahrungen von Menschen in verschiedenen asiatischen Gemeinschaften in Deutschland, der den alltäglichen Rassismus gegen die asiatische Bevölkerung beleuchtet, welcher in der Gesellschaft oft ignoriert wird. Anti-asiatische Diskriminierung gab es zwar schon lange vor der Pandemie, aber mit der Ausbreitung des neuen Coronavirus ist sie noch deutlicher geworden. In diesem Beitrag wird argumentiert, dass mehr Medienberichterstattung notwendig ist, um das Bewusstsein für diesen Rassismus zu schärfen und die Zahl der daraus resultierenden tödlichen Verbrechen zu verringern.

Schlagwörter Maske – COVID-19 – anti-asiatischer Rassismus – Deutschland – Südkorea

FRANCESCO DIODATI: Corona-Tagebücher über das Altern und die familiäre Pflege in Italien S. 49–60, verfasst auf Englisch

Dieser Beitrag befasst sich mit den Erfahrungen in der häuslichen Pflege älterer Menschen, die während der ersten Phase der Pandemie in Emilia-Romagna gesammelt wurden. Die italienische Reaktion auf das Virus war bisher uneinheitlich, was auf die Unterschiede in der Verwaltung des Gesundheitssystems je nach Region und die Vorschriften der einzelnen lokalen Gesundheitseinrichtungen zurückzuführen ist. Die Emilia-Romagna ist eine der wohlhabendsten Regionen in Bezug auf ihr Gesundheitssystem und verfügt über eine lange Tradition eines gemeindenahen Ansatzes, der auf die Prävention chronischer Krankheiten ausgerichtet ist. Die Pandemie stellte auch für Regionen wie die Emilia-Romagna eine Bedrohung dar und führte zur Unterbrechung von teilstationären Pflegediensten, gemeindenahen Gesundheitsprogrammen und Unterstützungsdiensten für die häusliche Pflege. Der Text zeigt anhand von Fragmenten aus dem täglichen Leben, wie eine kleine, miteinander vernetzte Gruppe mit der familiären Pflege älterer

Menschen umging. Indem er zeigt, wie die Pandemie auf bereits bestehende Beziehungen vor Ort traf, erörtert der Artikel die Beziehung zwischen chronischen Krankheiten, erzwungener Isolation und Pflegeaktivitäten. Der Text bietet ein umfassendes Verständnis des familiären Pflegesystems, das auch die von Hauspflegern geleistete Pflege umfasst. Der Text zeigt, wie gemeinschaftliche Pflegehandlungen und Gegenseitigkeit eine wichtige Rolle dabei spielten, die von Institutionen und öffentlichen Pflegediensten hinterlassene Lücke zu füllen. Die Pandemie hat die bereits bestehenden sozialen Ungleichheiten in der Pflege nur noch verschlimmert, was nicht durch die Rhetorik des aktiven Alterns und der familiären Pflege kaschiert werden kann. Diese Ideen bedürfen einer ernsthaften Auseinandersetzung mit strukturellen Reformen und können nicht gänzlich den individuellen Fähigkeiten oder informellen Akten gemeinschaftlicher Werte und Gegenseitigkeit überlassen werden.

Schlagwörter Pandemie – soziale Isolation – familiäre Pflege – aktives Altern – gemeinschaftliche Pflege – Italien

EKABALI GHOSH: Nach der ersten Welle. Überlegungen zur COVID-19-Pandemie aus Kolkata, Indien S. 61–74, verfasst auf Englisch

Dieser Text basiert auf einem Tagebuch, das die Autorin während der ersten Monate der Pandemie geschrieben hat. Er untersucht, wie die Pandemie verschiedene Be-

reiche ihres Lebens auf den Kopf gestellt hat, darunter Bildung, politische Arbeit usw. Der Beitrag ist ein Versuch, diese Monate im Rückblick zu verstehen. Auszüge

aus dem Tagebuch liefern Beispiele, während die Reflexionen versuchen, einen sozialen und politischen Sinn aus ihren Erfahrungen zu machen. Unter anderem versucht die Autorin, die politische Situation in ihrem Heimatstaat Westbengalen in den Kontext des Aufstiegs ei-

ner globalen Rechten einzuordnen. Der Text ist damit auch ein Dokument, das einen Einblick in das Innenleben junger urbaner Menschen in Indien während der COVID-19-Pandemie bietet.

Schlagwörter COVID 19 in Indien – Pandemie – zweite Welle – Impfstoffe in Indien – Wahlen in Bengalen 2021

ZUZANA HRDLIČKOV: Auf der Suche nach einem Zufluchtsort während einer globalen Pandemie. Überlegungen zu internationaler Mobilität, Präsenz an mehreren Orten und Identitätsbildung S. 75–85, verfasst auf Englisch

Ich begann mit dem Schreiben meines COVID 19-Tagebuchs im März 2020, als meine Familie und ich in Sierra Leone, Westafrika, lebten. Im Laufe der folgenden Monate machten wir uns nach und nach auf den Weg in mein Heimatland, die Tschechische Republik, wo mein Tagebuch am 1. Juli 2020 endete. Nachdem ich mehr als 15 Jahre lang im Ausland gelebt habe – den größten Teil meines Erwachsenenlebens – war es ein besonderes Gefühl, mehrere Monate in „meiner“ Ecke Europas zu verbringen. In diesem Beitrag reflektiere ich über die Erfahrungen, die ich damals und im Nachhinein gemacht habe. Zunächst beschreibe ich unser Warten auf das Eintreffen von COVID-19 in Sierra Leone, wobei ich auf die Ängste eingehe, die mit den Erwartungen an die Entwicklung der Pandemie in Afrika zusammenhängen, und die Vorstellungen über den besten Zugang zur Gesundheitsversorgung unter Expats in Freetown aufzeige. Ich schildere unsere Erfahrungen mit der Evakuierung, einschließlich der diplomatischen Mechanismen im Zusammenspiel mit Pandemiebekämpfungsmaßnahmen in mehreren Ländern. Ich erörtere den Begriff der Zuflucht als einen Ort der Sicherheit. Indem ich Zuflucht

mit meinem Heimatland assoziierte, erlebte ich einen intensiven Prozess der Auseinandersetzung mit meiner eigenen Identität, dem Gefühl der Zugehörigkeit und dem Erkennen der Bedingungen, die für die Fortsetzung unserer globalen Mobilität notwendig sind. Ein Jahr später denke ich über diese Erfahrung nach – im Rückblick. Die Situation hat sich in überraschender Weise verändert, was mich dazu veranlasst hat, meine früheren Vorstellungen von Sicherheit und Gesundheit zu hinterfragen, während ich epidemiologische Kontrollmaßnahmen in einem internationalen Kontext verglichen habe. Ich betrachte meinen eigenen Identitätsfindungsprozess, indem ich die einzelnen Kategorien einer Fremden, einer Ethnologin, einer Migrantin und eines Expats untersuche. Ich erweitere den transnationalen Begriff der „imaginierten Gemeinschaft“ (hybride lokal-entfernte Gemeinschaft) und schlage vor, dass global mobile Menschen, die einen dauerhaft transitorischen Lebensstil führen, eine mehrfache Präsenz ausüben, indem sie gewöhnlich gleichzeitig in mehreren verschiedenen Ländern und bürokratischen Systemen präsent sind.

Schlagwörter Pandemie – globale Mobilität – Identität – Präsenz an mehreren Orten – Migration

JOP KOOPMAN: Geschichten von Solidarität und Polarisierung während der COVID-19-Pandemie: Ein Tagebuch in Auszügen S. 87–93, verfasst auf Englisch

In diesem Artikel reflektiere ich Zusammenhänge, die ich in meinem Curare Corona-Tagebuch thematisiert habe. Mit zeitlichem Abstand schreibe ich über Solidarität und Polarisierung in der niederländischen Gesellschaft zu Zeiten von COVID-19. Der Artikel geht auf verschiedene Beispiele von Solidarität ein, die zu Beginn der Pandemie in Amsterdam entstanden sind. Er fragt danach, wie die Polarisierung verwurzelt ist und wel-

che Gruppen am Polarisierungsprozess beteiligt sind. Die Grundlagen des Textes bilden meine Beobachtungen von Medien, Protesten und Demonstrationen sowie des aktuellen Zeitgeistes in der niederländischen Gesellschaft. Gegen einen verbreiteten Standpunkt, der davon ausgeht, dass die derzeitige Polarisierung die niederländische Gesellschaft nachhaltig negativ beeinflussen wird, argumentiere ich, dass nach Beendigung

der Krise Raum für Versöhnung besteht. Es wird möglicherweise nicht einfach sein, bestimmte, oft tief verwurzelte Unterschiede zu überwinden, die sich im vergangenen Jahr herausgebildet haben. Mitverbindenden

Faktoren wie dem Gefühl der Staatsbürgerschaft und einer niederländischen Identität ist es jedoch möglich, diese Unterschiede zu überwinden.

Schlagwörter Pandemie – soziale Isolation – familiäre Pflege – aktives Altern – gemeinschaftliche Pflege – Italien

JULIA LEMONDE: Erforschung von „Wahrheitsregimen“ während der COVID-19-Pandemie

S. 95–106, verfasst auf Englisch

Im März 2020 gab die australische Regierung bekannt, dass im Land zwei Fälle einer gemeinschaftlichen Übertragung eines neuartigen Coronavirus festgestellt worden waren. Als Reaktion darauf führte die Regierung Eindämmungsmaßnahmen ein, die mit der Warnung begründet wurden, dass die Infektionskrankheit COVID-19 eine ernsthafte Gesundheitsbedrohung darstelle. Im März 2020 wurde das Leben in Australien durch die Maßnahmen der Regierung drastisch und schnell verändert. Die Erfahrungen während der Ereignisse lassen sich anhand von Tagebucheinträgen und Medienanalysen aus der Perspektive der Foucaultschen Gouvernementalitätskonzepte und der Theorie der sozialen Konstruktion analysieren. Auf diese Weise wird deutlich, wie die

Bevölkerung schrittweise verwaltet und gelenkt wurde, um die Zahl der COVID-19-Fälle so gering wie möglich zu halten, bis ein Impfstoff zur Verfügung stand, der die Bevölkerung vor der Bedrohung durch das Virus schützen sollte. Die von der Regierung angeführten Gründe für die Durchführung von Kontrollen sind fragwürdig, da COVID-19 damals in etwa 80 % der Fälle als leichte Krankheit auftrat und vor allem ältere Menschen betraf, von denen die meisten in Altenpflegeeinrichtungen lebten. Dieser Artikel bietet eine kritische Analyse der Regierungsrichtlinien und der Rechtfertigungen, mit denen die Bevölkerung gezwungen wurde, sich den Kontrollmaßnahmen zu unterwerfen.

Schlagwörter COVID-19 – CDA – Gouvernementalität – sozialer Konstruktivismus

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Curare Corona Diaries II

EDITED BY KATRIN AMELANG, CLEMENS EISENMANN, JANINA KEHR, HELMAR KURZ,
MIRKO UHLIG & EHLER VOSS

CAROLE AMMANN: Patchwork Life. Balancing Migration, Family, Fieldwork, and an Academic Career during a Global Pandemic pp. 15–25, written in English

This article is based upon field notes I wrote during the so called first wave of the Covid-19 pandemic, whilst I was a postdoctoral mobility fellow at the University of Amsterdam. First, I elaborate on the challenges of moving with one's family to a new place and conducting anthropological fieldwork in a novel site during a global pandemic. I also shed light on the differences between how I had initially planned data collection and how it actually turned out in practice. Second, I reflect on how

Covid-19 increased existing inequalities on a local and global level. Third, I disclose how moments of uncertainty, disorientation, and vulnerability were integral parts of our lives as home schooling and working from home made my private and professional lives coincide and blur. Finally, I argue that our lives during this global pandemic were patchworked, through a continuous bricolage of trying and retrying.

Keywords autoethnography – collaboration – COVID -19 – diary – boundary-maintenance/negotiation – masks – hygiene – social contract

ANDREA BRAVO DIAZ: Two Faces of the Covid-19 Pandemic in Ecuador. Waorani Egalitarian Health Responses in the Light of National Public Health Inequalities pp. 27–36, written in English

This paper reviews notes taken during the first months of the COVID -19 pandemic. It offers a contrast between early reactions and public health measures in urban areas of Ecuador, as opposed to the Ecuadorian Amazon, in particular the Waorani territory where most notes were written. The Waorani people remained in relative isolation until few decades ago, and still have families that refuse any peaceful contact with outsiders; the process of contact for the Waorani, as for other Amazonian people

also meant dealing with several epidemics and territorial pressures. It is in this historical context that COVID -19 reached the forest; colonial history, and modern-day quasi-colonial relations between the state and indigenous people meaning that most diseases and deaths among indigenous people have not been acknowledged by the government. This silence contributes to inequality in health outcomes.

Keywords aEcuador – COVID-19 – Üandemic – Amazonia – Waorani

YOU-KYUNG BYUN: Face Masks in the COVID-19 Pandemic and Anti-Asian Racism in Germany pp. 37–48, written in English

This paper discusses anti-Asian racism in Germany before and during the COVID -19 pandemic. While wearing masks for public health purposes is a widely-accepted

practice among residents of many East Asian countries, those of most Western countries, including Germany, have been more hesitant to adopt it, with people

of Asian descent wearing masks becoming subjects of ridicule and discrimination at the beginning of COVID-19. With the increasing number of cases and the demonstrated effectiveness of wearing masks in preventing the spread of the disease, an increasing number of people have begun to adhere to the practice in Germany. As a member of the South Korean minority in Germany, the author experienced this transition with fear and uncertainty. This paper is a reflection on and comparison of

the experiences of people in various Asian communities in Germany, elucidating the everyday racism against the Asian population that is often ignored in society. While anti-Asian discrimination long preceded the pandemic, it has become even more prominent with the spread of the novel coronavirus. This paper argues that more media coverage is necessary to increase the awareness of such racism and decrease the number of fatal crimes resulting from it.

Keywords mask – COVID-19 – anti-Asian racism – Germany – South Korea

FRANCESCO DIODATI: Corona Diaries of Aging and Family Care in Italy pp. 49–60, written in English

This paper focuses on the experiences of home care for elderly people collected during the first phase of the pandemic in Emilia-Romagna, Italy. The Italian response to the virus has been fragmented so far, due to differences in the way the healthcare system is managed, according to regions and the regulations of individual local healthcare units. Emilia-Romagna is one of the wealthiest areas in terms of its welfare system and is associated with a long-standing tradition of a community-care approach targeted to the prevention of chronic health diseases. The pandemic also posed threats to regions such as Emilia-Romagna causing the interruption of semi-residential care services, community-based health programmes and support services to home care. The text uses daily-life fragments to show how a small, interconnected group dealt with family care for elderly

people. By showing how the pandemic met with pre-existent fieldwork relationships, the article discusses the relationship between chronic diseases, forced isolation, and care activities. This text offers a broad understanding of the family care system, which includes also the care provided by home-care workers. The text shows how community acts of care and reciprocity played an important role in filling the gap left by institutions and public care services. The pandemic just worsened the already existing social inequalities in care, which cannot be masked by the rhetoric on active aging and family care. These ideas need a serious engagement with structural reforms and cannot be completely left to individual capacities or informal acts of communitarian values and reciprocity.

Keywords pandemic – social isolation – family care – active aging – community care – Italy

EKABALI GHOSH: Beyond the First Wave. Reflections on the COVID-19 Pandemic from Kolkata, India pp. 61–74, written in English

The paper is based on a diary written by the author during the early months of the pandemic. It explores the various ways in which the pandemic turned various areas of her life upside down including education, political work etc. The paper, written later is a reflection and an attempt to understand these months in retrospect. Excerpts from the diary provide examples while the re-

flexions attempt to make social and political sense of her experiences. Among other things, the author tries to delve into the political situation of her home state, West Bengal, around these months and locate it in the context of the rise of the global right. It is also a document that gives an opening to understand the inner lives of young, urban people in India during the COVID-19 pandemic.

Keywords COVID 19 in India – pandemic – second wave – vaccines in India – Bengal elections 2021

ZUZANA HRDLIČKOV: Searching for Sanctuary during a Global Pandemic. Reflections on International Mobility, Multi-sited Presence and Identity-making pp. 75–85, written in English

I started writing my COVID 19 diary in March 2020 when my family and I were living in Sierra Leone, West Africa. Through the following months, we gradually made our way to my native country – the Czech Republic, where my diary ended (1st July 2020). After living abroad for over 15 years – most of my adult life – spending several months in “my” corner of Europe felt special. In this paper, I reflect on the experience at the time and from hindsight. I first describe our waiting for COVID 19 to arrive in Sierra Leone, touching on anxieties related to expectations of the pandemic development in Africa, and revealing notions of best access to health care amongst the expatriate community in Freetown. I depict our experiences of evacuation, including diplomatic mechanisms interplaying with pandemic control measures across several countries. I discuss the notion of sanctuary as a place of safety. Associating sanctuary with my native

country, I experienced an intensive process of interrogating my own identity, a sense of belonging, and realizing conditions necessary for our global mobility to continue. I then reflect on the experience one year later – in hindsight. The situation has changed in surprising ways, making me question my previously held notions of safety and health, whilst comparing epidemiological control measures deployed in an international context. I contemplate my own identity-making process by looking at the individual categories of a stranger, an ethnologist, a migrant, and an expat. I expand on the transnational notion of “imagined community” (hybrid local-distant community), and I suggest that globally mobile people who live permanently transient lifestyles exercise multi-sited presence, by being usually at once present in several diverse countries and bureaucratic systems.

Keywords pandemic – global mobility – identity – multi-sited presence – migration

JOP KOOPMAN: Stories of Solidarity and Polarization during the COVID-19 Pandemic. A Diary in Excerpt pp. 87–93, written in English

In this article I look back at the things written in my Curare Corona Diary. I write in hindsight about the observations made by me about solidarity and polarization in Dutch society in times of COVID-19. The paper touches upon various examples of solidarity that emerged in Amsterdam at the start of the pandemic, how polarization rooted, and what groups are involved in the process of polarization. The paper was inspired and written using observations made of the media, protests and dem-

onstrations, and the current Zeitgeist in Dutch society. Although others think that the current polarization will have a lasting effect on Dutch society, I argue that when the crisis is over there is room for reconciliation. The paper’s argument states that it might not be easy to overcome certain, often deeply engrained, differences that have developed in the past year. But with a unifying factor such as the sense of citizenship and Dutch identity it is possible to overcome said differences.

Keywords solidarity – polarization – Netherlands – COVID-19 – diary

JULIA LEMONDE: Exploring Regimes of “Truth” during COVID-19 pp. 95–106, written in English

In March 2020 the Australian government announced that two cases of community transmission of a novel coronavirus had been detected in the country. In response, the government implemented movement and containment measures which were publicly justified by the warning that the infectious disease COVID-19 was a serious health threat. In the month of March 2020 the Australian way of life was drastically and swiftly transformed as a result of the government’s actions. The lived experience of events can be unpacked through

diarised entries and media analysis using the perspective of Foucauldian governmentality concepts and social constructionist theory. This illustrates the ways in which the population was incrementally managed and directed with the goal of keeping cases of COVID-19 to a minimum until a vaccine was deployed to keep the population safe from the virus threat. The justifications used by the government to implement controls are questionable because at the time COVID-19 presented as a mild illness in approximately 80% of cases and was found to

predominantly adversely affect the elderly, the majority of whom were in aged care facilities. This article offers a critical analysis of the government directives, and justifications used to coerce the population to comply with measures taken to control them.

Keywords COVID -19 – critical discourse analysis (CDA) – governmentality – social constructionism

Résumés des articles de Curare 44 (2021) 1-4

Les journaux covid de Curare II

SOUS LA DIRECTION DE KATRIN AMELANG, CLEMENS EISENMANN, JANINA KEHR, HELMAR KURZ, MIRKO UHLIG & EHLER VOSS

CAROLE AMMANN: La vie patchwork. Concilier la migration, la famille, le travail de terrain et une carrière universitaire dans un contexte de pandémie mondiale p. 15-25, rédigé en anglais

Cet article est basé sur des notes de terrain rédigées lors de la soi-disant première vague de la pandémie de Covid-19, alors que j'étais boursière en mobilité postdoctorale à l'Université d'Ams-terdam. Dans un premier temps, je m'attarde sur les défis que représente le fait d'aménager avec sa famille dans un nouvel endroit et de mener un travail de terrain anthropologique sur un nouveau site, et ce, en pleine pandémie mondiale. Je mets également en lumière les différences entre la méthode initialement envisagée pour la collecte de données et la manière avec laquelle elle s'est réellement déroulée.

Dans un deuxième temps, je réfléchis à la façon dont la Covid-19 a accru les inégalités existantes aux niveaux local et mondial. Troisièmement, je révèle comment les moments d'incertitude, de désorientation et de vulnérabilité faisaient partie intégrante de nos vies, alors que l'enseignement et le travail à domicile faisaient coïncider, tout en les brouillant, mes vies privées et professionnelles. Enfin, je soutiens que nos vies, durant cette pandémie mondiale, ont été rafistolées, par un bricolage continu d'essais et de réessais.

Mots-clés pandémie de Covid-19 – mobilité académique – recherches anthropologiques de terrain – obligations de soin – télétravail

ANDREA BRAVO DIAZ: Deux visages de la pandémie de Covid-19 en Équateur. Les réponses égalitaires du peuple Waorani en matière de santé, à la lumière des inégalités nationales de santé publique p. 27-36, rédigé en anglais

Cet article examine les notes prises au cours des premiers mois de la pandémie de Covid-19. Il offre un contraste entre les premières réactions et les mesures de santé publique dans les zones urbaines de l'Équateur, par opposition à l'Amazonie équatorienne, en particulier le territoire Waorani, où la plupart des notes ont été rédigées. Le peuple Waorani est resté relativement isolé jusqu'à il y a quelques décennies, et certaines familles refusent encore tout contact pacifique avec les étrangers; le processus de contact pour les Waorani, comme

pour d'autres peuples amazoniens, signifiait aussi faire face à plusieurs épidémies et pressions territoriales. C'est dans ce contexte historique que la Covid-19 est arrivée dans la forêt. L'histoire coloniale et les relations actuelles, que l'on peut qualifier de quasi-colonialistes, entre l'État et les populations autochtones, ont pour conséquence que la plupart des maladies et des décès parmi les populations autochtones ne sont pas reconnus par le gouvernement. Ce silence contribue à l'inégalité des résultats en matière de santé.

Mots-clés Équateur – Covid-19 – Pandémie – Amazonie – Waorani

YOU-KYUNG BYUN: Les masques dans la pandémie de COVID-19 et le racisme anti-asiatique en Allemagne p. 37-48, rédigé en anglais

Cet article traite du racisme anti-asiatique en Allemagne avant et pendant la pandémie de Covid-19. Alors que le port du masque à des fins de santé publique est une

pratique largement acceptée par les résidents de nombreux pays d'Asie de l'Est, ceux de la plupart des pays occidentaux, y compris l'Allemagne, ont été plus hésitants.

tants à l'adopter, les personnes d'origine asiatique portant des masques devenant des sujets de moquerie et de discrimination au début de la pandémie. Avec le nombre croissant de cas et l'efficacité démontrée du port du masque pour freiner la propagation de la maladie, un nombre de plus en plus important de personnes a commencé à adhérer à cette pratique en Allemagne. En tant que membre de la minorité sud-coréenne en Allemagne, l'auteur a vécu cette transition avec crainte et incertitude. Cet article est une réflexion et une comparaison

des expériences de membres de diverses communautés asiatiques en Allemagne, élucidant le racisme quotidien vis-à-vis de la population asiatique, une pratique souvent ignorée dans la société. Si la discrimination anti-asiatique a précédé de longtemps la pandémie, elle est devenue encore plus importante avec la propagation du nouveau coronavirus. Cet article soutient qu'une plus grande couverture médiatique est nécessaire pour accroître la sensibilisation à ce racisme et diminuer le nombre de crimes mortels qui en découlent.

Mots clés: masque – Covid-19 – racisme anti-asiatique – Allemagne – Corée du Sud

FRANCESCO DIODATI: Chroniques de la Covid-19 sur le vieillissement et les soins familiaux en Italie p. 49–60, rédigé en anglais

Cet article se concentre sur les expériences de soins à domicile auprès de personnes âgées, recueillies pendant la première phase de la pandémie en Émilie-Romagne, en Italie. La réponse italienne au virus a été fragmentée jusqu'à présent, en raison des différences dans la gestion du système de santé selon les régions et les réglementations des différentes unités sanitaires locales. L'Émilie-Romagne est l'une des régions les plus riches en termes de système de protection sociale et est associée à une approche de soins communautaires traditionnelle de longue date, visant la prévention des maladies chroniques. La pandémie a également mis en danger des régions telles que l'Émilie-Romagne, en entraînant l'interruption des services de soins semi-résidentiels, des programmes de santé communautaires et des services de soutien aux soins à domicile. Le texte utilise des fragments de vie quotidienne pour montrer comment un petit groupe interconnecté a pris en charge les soins

familiaux nécessaires aux personnes âgées. En montrant comment la pandémie s'est confrontée avec des relations préexistantes sur le terrain, l'article aborde la relation entre les maladies chroniques, l'isolement forcé et les activités de soins. Cet article offre une compréhension large du système des soins familiaux, intégrant également les soins fournis par les travailleurs à domicile. L'article montre l'importance du rôle qu'ont joué les actes communautaires de soins et de réciprocité pour combler le vide laissé par les institutions et les services de soins publics. La pandémie n'a fait qu'aggraver les inégalités sociales déjà existantes en matière de soins, un phénomène qui ne saurait être masqué par la rhétorique sur le vieillissement actif et les soins familiaux. Ces idées nécessitent un engagement sérieux dans le cadre de réformes structurelles et ne peuvent être entièrement laissées aux capacités individuelles ou aux actes informels de valeurs communautaires et de réciprocité.

Mots-clés Pandémie – isolement social – soins familiaux – vieillissement actif – soins communautaires – Italie

EKABALI GHOSH: Au-delà de la première vague. Réflexions sur la pandémie de COVID-19 depuis Kolkata, Inde p. 61–74, rédigé en anglais

Cet article est basé sur un journal intime écrit par l'auteur pendant les premiers mois de la pandémie. Il explore les différentes façons dont la pandémie a bouleversé plusieurs domaines de sa vie, notamment l'éducation, le travail politique, etc. L'article, écrit plus tard, est une réflexion et une tentative de comprendre ces mois avec du recul. Des extraits du journal intime fournissent des exemples tandis que les réflexions tentent de donner

un sens social et politique à ses expériences. L'auteur tente, entre autres, d'approfondir la situation politique de son État natal, le Bengal de l'ouest, lors de ces mois tout en la situant dans le contexte de la montée de la droite mondiale. Ce document permet – grâce à la perspective qu'il adopte – de mieux comprendre la vie intérieure des jeunes urbains en Inde pendant la pandémie du Covid-19.

Mots-clés COVID 19 en Inde – pandémie – deuxième vague – vaccins en Inde – élections au Bengale en 2021

ZUZANA HRDLIČKOV: À la recherche d'un sanctuaire pendant une pandémie mondiale. Réflexions sur la mobilité internationale, la présence multi-sites et la construction identitaire p. 75–85, rédigé en anglais

J'ai commencé à écrire mon journal Covid-19 en mars 2020, alors que ma famille et moi vivions en Sierra Leone, en Afrique de l'Ouest. Au cours des mois suivants, nous nous sommes progressivement dirigés vers mon pays natal – la République tchèque, où mon journal s'est terminé (1er juillet 2020). Après avoir vécu à l'étranger pendant plus de 15 ans – la majeure partie de ma vie d'adulte – passer plusieurs mois dans «mon» coin d'Europe me semblait spécial. Dans cet article, je réfléchis à cette expérience à la fois au moment où elle a eu lieu et plus tardivement, avec du recul. Je décris d'abord notre attente de l'arrivée de la Covid-19 en Sierra Leone, en évoquant les angoisses liées aux anticipations du développement de la pandémie en Afrique, tout en exposant les idées sur le meilleur accès aux soins de santé entre expatriés de Freetown. Je décris nos expériences de l'évacuation, notamment les mécanismes diplomatiques qui interagissent avec les mesures de contrôle de la pandémie dans plusieurs pays. Je discute de la notion de sanctuaire en tant que lieu de sécurité. Associant le

sanctuaire à mon pays natal, j'ai vécu un processus intensif d'interrogation de ma propre identité, du sentiment d'appartenance et de la réalisation des conditions nécessaires à la poursuite de notre mobilité mondiale. Je réfléchis ensuite à cette expérience un an plus tard – avec du recul. La situation a évolué de manière surprenante, ce qui m'amène à remettre en question mes notions de sécurité et de santé, tout en comparant les mesures de contrôle épidémiologique déployées dans un contexte international. Je contemple mon propre processus de construction identitaire en examinant les catégories individuelles d'étranger, d'ethnologue, de migrant et d'expatrié. J'approfondis la notion transnationale de «communauté imaginée» (communauté hybride locale-distante) et je suggère que les personnes mobiles dans le monde qui vivent de façon permanente des styles de vie transitoires exercent une présence multi-située, en étant généralement présentes à la fois dans plusieurs pays et systèmes bureaucratiques différents.

Mots-clés pandémie – mobilité mondiale – identité – présence dans plusieurs lieux – migration

JOP KOOPMAN: Histoires de solidarité et de polarisation pendant la pandémie de COVID-19. Un journal intime en Résumé p. 87–93, rédigé en anglais

Dans cet article, je repense aux sujets abordés dans mon journal du coronavirus Curare. J'écris avec le recul sur les observations faites par moi-même sur la solidarité et la polarisation dans la société néerlandaise à l'époque du Covid-19. Le document aborde divers exemples de solidarité qui ont émergé à Amsterdam au début de la pandémie. Il s'interroge sur la façon dont la polarisation est enracinée socialement et sur la nature des groupes impliqués dans le processus de division. Le document a été inspiré et rédigé en utilisant des observations faites sur les médias, les mouvements de protestation et les

manifestations, et l'état d'esprit actuel dans la société néerlandaise. Bien que d'autres pensent que la polarisation actuelle aura un effet durable sur la société néerlandaise, je soutiens que lorsque la crise sera terminée, il y aura de la place pour la réconciliation. L'argument défendu dans cet article indique qu'il n'est peut-être pas facile de surmonter certaines différences, souvent profondément enracinées, développées au cours de l'année écoulée. Mais à l'aide de facteurs unificateurs tel que le sens de la citoyenneté et l'identité néerlandaise, il est possible de surmonter ces différences.

Mots-clés solidarité – polarisation – Pays-Bas – Covid-19 – journal

JULIA LEMONDE: Deux visages de la pandémie de Covid-19 en Équateur. Les réponses égalitaires du peuple Waorani en matière de santé, à la lumière des inégalités nationales de santé publique

p. 95–106, rédigé en anglais

En mars 2020 le gouvernement australien a annoncé que deux cas de nouveau coronavirus avaient été détectés sur son sol. En réponse, le gouvernement a mis en place des mesures de déplacement et de confinement, justifiées publiquement par la mise en garde selon laquelle la maladie infectieuse Covid-19 constituait une menace sérieuse pour la santé. Au mois de mars 2020, le mode de vie australien a été radicalement et rapidement transformé par les actions du gouvernement. L'expérience vécue des événements peut être mise en lumière grâce à des entrées de journaux et à l'analyse des médias, tout en adoptant la perspective des concepts de gouvernementalité foucauldienne et la théorie de la construction sociale. Cela illustre la façon dont la population a été gé-

rée et dirigée progressivement dans le but de réduire au minimum les cas de Covid-19 jusqu'à ce qu'un vaccin soit développé pour protéger la population de la menace du virus. Les justifications utilisées par le gouvernement pour mettre en place des contrôles sont néanmoins discutables car, à l'époque, le Covid-19 se présentait comme une maladie bénigne dans environ 80 % des cas et affectait principalement les personnes âgées, dont la majorité se trouvait dans des établissements de soins. Cet article propose une analyse critique des directives gouvernementales et des justifications utilisées pour contraindre la population à se conformer aux mesures prises pour la contrôler.

Mots-clés Covid-19 – CDA – gouvernementalité – constructionnisme sociale

Call for Papers

VISUAL EXPRESSIONS OF HEALTH, ILLNESS AND HEALING

34th Annual Conference of the Association for Anthropology and Medicine (AGEM)
in Cooperation with the Austrian Ethnomedical Society and Weltmuseum Wien
June 2–4, 2022 Vienna / Austria

Visualization of medical topics to communicate aspects of health, suffering, diseases and therapeutic intervention may be used in different ways. Depending on setting, purpose and audience, images may be created not only as a didactic tool in order to explain medical content. Embedded in their respective social and wider contexts, artists around the world use their works to draw attention to social and disease-related suffering. Depiction can be done in the context of therapy, in the educational training of prospective medical professionals rooted in their medical cultures as well as on a broader societal stage. Simple sketches, vivid comics, elaborate paintings or computer-aided simulations, to name just a few possibilities, are used to directly illustrate topics that are often difficult to access through language alone. They not only facilitate understanding, but also enable awareness of and discussion about topics relevant to health. Pictures or drawings of the inner state and other visual tools can make it easier for patients to demonstrate and articulate their psychological or physical complaints and body perception.

We will explore the many ways of visual expression in the context of healing and look at options of their use for individual healing, education or social awareness. This also raises the question of which type of visualisation is appealing to whom. The conference shall be aligned interdisciplinary and transdisciplinary with a focus on visual medical anthropology and transcultural medical humanities. Researchers, artists, curators, health professionals as well as patients and their relatives are invited to contribute with their experience and

expertise. The AGEM conference 2022 will be a continuation of the previous conference „Aesthetics of Healing: Working with the Senses in Therapeutic Contexts“ which took place in 2019.

It is the aim of the organizers that the conference will be a tribute to Prof. Armin Prinz (1945–2018), physician and anthropologist, who was the first Professor of Medical Anthropology (Ethnomedizin) in Austria and a specialist for visual medical anthropology. He founded the Austrian Ethnomedical Society (Österreichische Ethnomedizinische Gesellschaft) and established a collection of numerous ethnomedical objects and paintings, which were donated to the Weltmuseum Wien in 2017.

Questions and topics of interest

- How are health topics represented visually in particular medical cultures?
- How do artists illustrate disease-related issues in their work?
- What images do patients use to express their complaints?
- What images do doctors and healers use to communicate diagnoses, medical concepts, and therapeutic interventions?
- What form of visibility is helpful for those affected?
- How should images of disease and therapy be shown in exhibitions?
- What role do images play in teaching medical knowledge in education, therapy and public health.
- What visual means do medical cultures use to illustrate complex content in education?

- Visual documentation of healing rituals and ceremonies: films, photos or paintings
- Demonstration of health issues through performance and theatre
- Visual expressions of structural violence in public health
- The power of images: illiteracy and health education
- Visual medical anthropology in museums
- Medical comics and medical graphics

(The presentations will be arranged in panels according to the topics, but there will be no parallel panels.)

General information

- Conference language: English
- The conference is organized by the Österreichische Ethnomedizinische Gesellschaft (ÖEG) in cooperation with Arbeitsgemeinschaft Ethnologie und Medizin (AGEM) and Weltmuseum Wien. It will be organized by Katharina Sabernig (Medi-

cal University of Vienna), Doris Burtscher (Médecins sans Frontières) and Ruth Kutalek (Medical University of Vienna).

- Further cooperations are planned with the following partners: Working Group for History of Medicine and Medical Humanities of the ÖAW, ISA (Institute for Social Anthropology of the ÖAW), Institute of Cultural and Social Anthropology (IKSA) of the University of Vienna.
- Participation in the conference is free of charge for presenters, but reimbursement of travel and accommodation expenses is not covered by the conference and will be borne by the participant.
- A publication of selected contributions in the *Currare: Journal of Medical Anthropology* is planned. Submission of abstracts in English of up to 300 words together with a short biographical sketch (200 words) please by 31.01.2022 to

KATHARINA SABERNIG:
katharina.sabernig@meduniwien.ac.at

Aims & Scope

Die Zeitschrift *Curare* bietet seit 1978 ein internationales und interdisziplinäres Forum für die wissenschaftliche Auseinandersetzung mit medizinanthropologischen Themen, die sämtliche Aspekte von Gesundheit, Krankheit, Medizin und Heilung in Vergangenheit und Gegenwart in allen Teilen der Welt umschließt.

Alle wissenschaftlichen Forschungsartikel werden nach einer ersten Durchsicht durch das Redaktionsteam einer externen Begutachtung im Doppelblindverfahren unterzogen. Alle anderen Beiträge werden von der Redaktion intern begutachtet. Neben Forschungsartikeln werden auch Tagungsberichte und Buchbesprechungen veröffentlicht. Die Rubrik Forum bietet darüber hinaus Raum für essayistische Beiträge, Interviews und ethnographische Vignetten.

Curare publiziert Beiträge auf Englisch und als einzige Zeitschrift für Medizinanthropologie auch auf Deutsch. Sie unterstützt die Publikation von Schwerpunktheften durch Gastherausgeberschaften.

Bei Interesse an der Veröffentlichung eines Beitrages oder der Übernahme einer Gastherausgeberschaft freuen wir uns über eine Email an: curare@agem.de.

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Since 1978, *Curare. Journal of Medical Anthropology*, has provided an international and interdisciplinary forum for the scientific discussion of topics in medical anthropology, understood as encompassing all aspects of health, disease, medicine and healing, past and present, in different parts of the world.

After a first internal review by the editorial team, all research articles are subject to a rigorous, double-blind external review procedure. All other submitted manuscripts are internally reviewed by the editorial team. In addition to research articles, the journal publishes conference reports and book reviews. Furthermore, the journal's forum section offers space for essayistic contributions, interviews and ethnographic vignettes.

Curare is unique among medical anthropology journals in that it publishes articles in English and German. *Curare* also supports the publication of guest-edited special issues.

If you are interested in submitting an article or a special issue proposal, please send an email to curare@agem.de.

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Bitte nur Originalbeiträge auf Deutsch oder Englisch als Word-Dokument mit einer Zusammenfassung aus 250 Wörtern plus fünf Schlagworten einreichen. Im Falle einer Annahme benötigen wir das Abstract auf Deutsch, Englisch und Französisch. Bitte auf Fußnoten möglichst verzichten, sie erscheinen als Endnoten. Quellenangaben im Text als (Autor Jahr [ggf. Jahr der Ersterscheinung]: Seite–Seite). Autorennamen werden in Kapitälchen gesetzt. Alternativ können sie auch unterstrichen werden. Namen von Zeitschriften und Institutionen sowie fremdsprachige Begriffe werden kursiv geschrieben.

Alle englischsprachigen Beiträge sollten vor der Einreichung ein muttersprachliches Korrektorat durchlaufen.

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Please submit only original contributions in German or English in the form of a Word document with a summary of 250 words plus five keywords. In case of acceptance, we would need the abstract in German, English, and French. Please avoid footnotes as far as possible, they appear as final notes. Please indicate references in the text as (Author Year [if different, year of first publication]: Page–Page). Author names should be placed in small caps. Alternatively, they can also be underlined. Names of journals and institutions as well as foreign language terms should be written in italics. All English-language contributions should be proofread by a native speaker before submission

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VWB – Verlag für Wissenschaft und Bildung
 ISBN 978-3-86135-853-0
 ISSN 0344-8622

Corona Tagebücher II Corona Diaries II

Herausgegeben von
 edited by KATRIN AMELANG, CLEMENS EISENMANN, JANINA KEHR, HELMAR KURZ,
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