



A De Gruyter Humanities Pamphlet

13

Perspectives on the pandemic

Thinking in a state of exception

Introduction

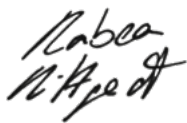
“History does not repeat itself, but it rhymes,” Mark Twain once said. Amidst this global pandemic, where people all over the world are forced to stay away from loved ones, national borders are being closed, and the economy is crashing, one cannot help but agree. We have been through similar scenarios many times. Several plague pandemics such as cholera, the Spanish flu, and HIV/AIDS are just a handful of similar health crises that come to mind. Somehow, we do not seem to remember that in the past people were in as much of a “lockdown-state-of-mind” as we ourselves have been since the beginning of 2020. Living in such a fast-moving and highly globalized world where taking a “break” for almost three months, with literally everything and everyone coming to a complete standstill, seems like one of the most powerful and most terrifying incursions of all.

In this pamphlet, humanities scholars from various disciplines come together to reflect on the COVID-19 pandemic from their own area-specific points of view. They look into similar crises from past pandemics. They emphasize the importance of memory when dealing with traumatic events. They ask questions like: where are similarities and what are most obvious differences in approaching life during a health crisis? Will life as we know it change dramatically when this is all over? Will digitization be a major focus from now on because of the shift working from home has brought on?

And how does white privilege play into the way we perceive this pandemic? Given the current turn of events in the USA and all over the world, we all need to focus much more on how the color of our skin determines all parts of our lives. It is crucial to our everyday experiences. Stereotypes, under the pressure of hard restrictions and extreme social distancing situations, are even more prone to grow into fearful hate and—eventually—escalate.

Whatever the future holds, one thing seems certain: the humanities help us look at things from different perspectives, shed light on thoughts we never knew we had, and guide us through darker periods of our life.

Thank you to all the authors involved for sharing their thoughts and helping make this pamphlet a reality. Without you, we would be defenseless!



Rabea Rittgerodt

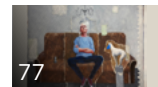
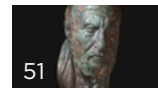
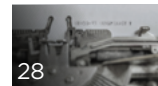
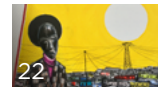
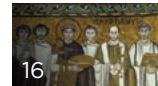
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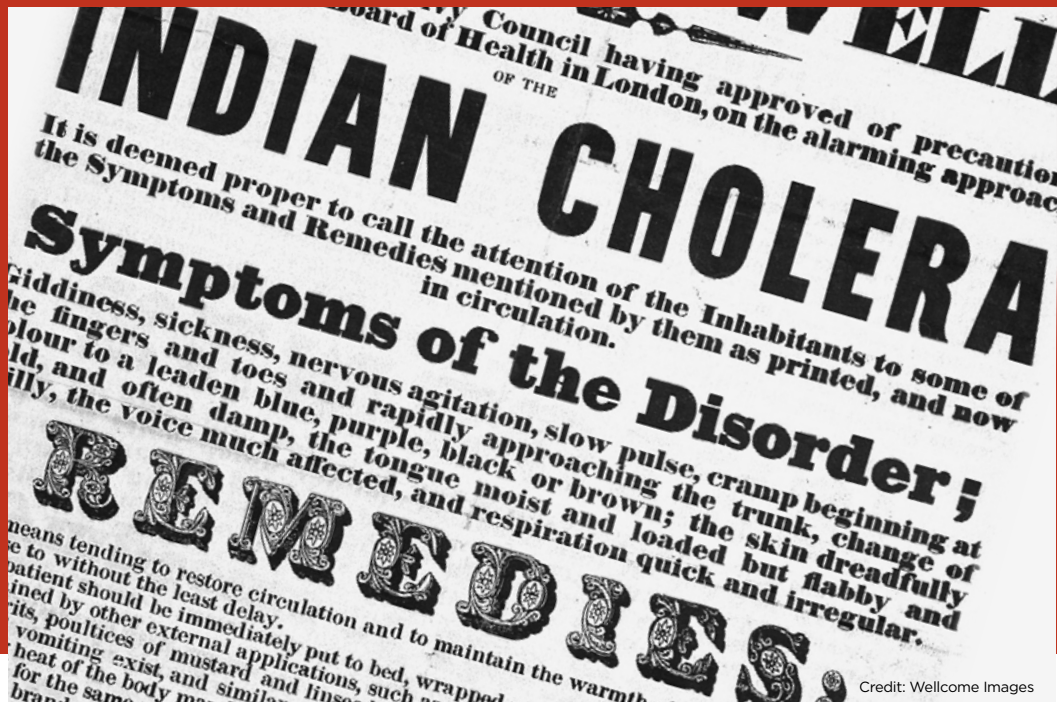
Perspectives on the pandemic

Thinking in a state of exception



Thomas Zimmer

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Thomas Zimmer

PANDEMICS IN HISTORY: GLOBAL SOLIDARITY IS THE ONLY WAY FORWARD

— Can history teach us how to deal with COVID-19? Perhaps not. But it reminds us that when faced with global challenges, we need to resist the urge to focus on national solidarities.

Diseases do not respect national borders. Since the beginning of the COVID-19 pandemic, politicians, experts, and journalists have been articulating this fundamental reality over and over again, often combining it with a plea for cross-border cooperation and solidarity. And yet, the responses around the globe have been distinctly national in scope and uncoordinated in character. The first impulse by almost any affected nation was to close borders and restrict travel. The European Union has struggled to come up with a concerted answer, and most governments seem to harbor a hefty dose of skepticism about the capabilities of the World Health Organization.

INTERNATIONAL RESPONSES

Such tension between the realization that pathogens do not recognize political boundaries and the tendency of states to try and shut down borders anyway has often characterized international responses to the threat of pandemics.

In the nineteenth century cholera came to dominate the European imagination of health threats. The disease originated in South Asia and spread around the globe in several waves starting in 1817, first reaching Europe in the early 1830s. As a catalyst for ideas of the world becoming ever more interconnected, the specter of cholera gave rise to a new form of cooperation between sovereign states and laid the groundwork for today's global health politics. However, that collab-

oration has rarely been animated by a spirit of global solidarity. This is the first leitmotif in the history of global health politics: as the reactions to cholera demonstrated, it was often centered around the goal of sealing off Europe or the West from “diseased” parts of the world and of reinforcing national borders through quarantine measures.

As soon as that goal was achieved, the West largely lost interest in the fight against cholera. Ever since the late nineteenth century the disease has been relegated to an afterthought in the West’s imagination. In a global perspective, however, it is still a massive problem, and some of the worst cholera epidemics in history occurred recently: in Haiti after the devastating earthquake in 2010, and in war-torn Yemen after 2016. And yet, the reaction in the West to such mass suffering has been shockingly muted.

There is a second leitmotif in the history of global public health: in the West perceptions of globalization have often been accompanied by notions of acute danger from infectious disease — but those tend to have a fairly short shelf life, and they have not led to sustained efforts by the world’s wealthiest nations. Just compare the massive attention for the 2014–15 Ebola epidemic in West Africa with the fact that Central Africa has been experiencing the second worst Ebola epidemic in recorded history since 2018 — and it has barely caused a reaction.

WORLD HEALTH AND GLOBAL SOLIDARITY?

There was a brief moment in the mid-twentieth century when it seemed like the international community would break out of the “cycle of panic and neglect” and answer the threat of

“For if it was truly the case that diseases knew no boundaries, then no one would be safe from harm unless everyone was.”

infectious disease in a spirit of global solidarity. In the 1940s, the idea of “world health” momentarily came to the fore. To many contemporaneous observers it seemed that the world was rapidly “shrinking”— or, as Brock Chisholm, the World Health Organization’s first Director-General, put it: “Until quite recently, man’s environment has been his locality only, his

village or town or at most his own country... This situation has changed entirely: the environment of every person is now the whole world.”

Contemporaries feared that in the dawning “global age” diseases would spread all over the planet with staggering speed. But for once, the heightened sense of threat did not lead to demands that the “healthy” parts of the world cut themselves off from the rest. For if it was truly the case that diseases knew no boundaries, then no one would be safe from harm unless everyone was; the health of any individual was inextricably bound to that of every other person

on earth. Consequently, many policymakers and health experts shared a vision of the world coming together as one: fighting diseases on a global scale, “at their source,” in the name of “world health.”

TACKLING THE CHALLENGES OF A GLOBAL AGE

With early Cold War tensions brewing and perceptions of acute threat from disease soon fading in the West, such aspirations of global communion quickly receded — by the end of the 1940s they already felt like a dream that never was.

But once the immediate danger from COVID-19 is passed, recalling the visions of “world health” can challenge us to take a fresh look at the cyclical dynamics of crisis and oblivion that shape our perception of global health. And they might serve as a reminder that we need to come up with answers that are as global in scope and character as the problems we are facing — and that it is possible to imagine a way of tackling the challenges of the global age that is not focused on national, but on global, solidarities.

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Credit: Public Domain

Merle Eisenberg

DANGEROUS COMPARISONS – HISTORICAL PANDEMICS AND COVID-19

— It's almost impossible to go a day without stumbling upon an article, podcast or media interview that makes an explicit comparison between Covid-19 and a pandemic in history. Yet, the one-sized fits all comparisons don't work in most cases.

COMPARING PANDEMICS

The comparisons with the past tend to proceed the same way. Is Covid-19 like the medieval Black Death (c. 1346–1352 CE)? Articles that examine the Black Death force the writer to admit that the Black Death killed half the population of Europe, which is hopefully far different from Covid-19. Moreover, the Black Death comparisons will often get the history wrong by adding in Plague Doctors, for example, that only existed centuries after the medieval period. What about everyone’s new “favorite” pandemic, 1918 Influenza? Both had similar symptoms, but the Influenza Pandemic’s impact is hard to know from the political, economic, and social changes of the end of World War I. Its direct impact on human memory and culture will likely differ from today.

“What history does offer are not global comparisons, but rather examples of local responses and effects.”

Behind all of these comparisons is an assumption that we can learn lessons that will save us today or, at least, offer hope for the future. After all, we are supposed to feel better knowing that our suffering now might lead, for example, to a leveling of economic inequality, like the Black Death that “ended” feudalism. Drawing a simple line between the Black Death and the end of feudalism, while tossing in the start

of the Renaissance is a minor industry during the first few months of Covid-19. Medieval historians are quick to note that this idea is simply wrong. More importantly, a pandemic by itself does not make the world more just and equitable.

FLAWS AND SIMPLIFICATIONS

These comparisons are not just flawed, but also simplify how people experience pandemics. What history does offer are not global comparisons, but rather examples of local responses and effects. The Third Plague Pandemic (c. 1855–1955) offers some useful thoughts, although it too should not simply be compared. This less well-known pandemic spread around the world from Hong Kong starting in 1894. Plague killed millions in South Asia over several decades, but far fewer in other places. In San Francisco, for example, it killed “only” 300 people over 4 decades.

Responses to this plague pandemic were also driven by very different human reactions. In India, for example, it led to new sanitary laws that forever transformed society and shaped future disease outbreaks. In California, Governor Henry Gage dragged his feet and refused to admit plague was in San Francisco, since it would have led to a ban on the export of Californian goods to other states. He went so far as to pull strings in Washington D.C. to get the local medical expert fired. Economics, not science, was, and still is, driving policy decisions.

The Governor Gage story seems reminiscent of numerous U.S. governors today. We have clearly not learned much from the past nor should we expect policy makers today to make necessary changes based on the past. Many elected officials are not more progressive or responsive than Governor Gage, even though they have more scientific knowledge available to them.

AN ADEQUATE RESPONSE?

The Californian plague example does demonstrate how hard it was to respond adequately to the outbreak of a disease. It eventually required close coordination between elected officials, public health workers, and the local population to maintain an approach that all of them could support. Just as moving from a feudal system to a non-feudal system was hard work in the medieval period with various effects, we should not take a better future for granted. The work that goes into these changes can too often get lost in larger sweeps of disease history. If past pandemics can teach us anything, it is how hard and how infrequent more just and equitable outcomes really are.

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Credit: Wellcome Images

Costas Tsiamis

FROM JUSTINIANIC PLAGUE TO COVID-19: A TIMELESS STORY?

— The news of SARS-CoV-2 spreading across the world and quarantine measures brings back to mind the terrible scourges of the past.

One of the most devastating pandemics in human history was the first plague pandemic (sixth to eighth centuries), which was named after the Byzantine emperor of that time, Justinian. From the time of the Justinianic Plague to the current Covid-19 Pandemic, infectious diseases have been governed by fixed epidemiological and ecological models, which are ready to re-emerge anytime and anywhere on the planet beyond origins, nations, cultures, and religions.

THE BASIC MODEL OF EPIDEMICS

A simple model of an epidemic outbreak is the epidemiologic triad. From the time of the Justinianic Plague this triad consists of the external agent, the host, and the environment that brings them together. The onset of an epidemic, and the evolution to a pandemic, requires complex interactions between the three elements of the triad. The external agent includes microorganisms (bacteria, viruses, and parasites) characterized according to their infectivity (proportion of exposed individuals who become infected), pathogenicity (proportion of infected individuals who develop a clinically apparent disease), and virulence (proportion of clinically apparent cases that are severe or fatal).

The second element of the triad, the host, refers to the human population and the factors which can contribute to the exposure and susceptibility to the pathogens. The third element

of the triad, the environment, comprises both environmental and biological factors. The environment is not just climatic or natural but also socioeconomic, with parameters such as overpopulation, sanitation, and level of the health services. From the medieval pandemics of plague until modern pandemics of H1N1 or SARS-CoV-2, the fundamentals of the epidemiologic triad have remained constant.

THE “COMPULSORY MODEL” OF HERD IMMUNITY

The spectrum of a disease can range from mild to severe or fatal and the process can end in recovery, disability, or

“Throughout the history of pandemics, the great cities and trade centers of the world were struck by deadly infectious diseases.”

death of the patient. In some countries, the health services responded to the Covid-19 disease with the “aggressive” model of herd immunity. Generalizing the concept of the individual’s immunity, the immunity of a group is defined as herd immunity. If an adequate number of individuals are resistant to a pathogen (due to vaccination or previous infection), the susceptible persons will be protected by the resistant majority.

In the case of Justinian’s plague, 1,500 years ago, the Byzantine population was vulnerable to the pathogen. In a world without medical knowledge and vaccines, the herd immunity,

as a result of the host-pathogen interaction, was the natural evolution of every disease, and the only protection against future outbreaks. The phenomenon of the “low level” of herd immunity can explain the mortality of populations in the Byzantine and western European cities in the time of the plague pandemics, because of the presence of immunologically “virgin” individuals and, also, the constant influx of new susceptible populations coming from outside. A typical example is the decimation of the native populations in the American continent after their first contact with the smallpox virus during the European colonization. Also indicative of this is the case of the smallpox epidemic in Iceland (1707). The epidemic decimated individuals born after the previous epidemic of 1672 who were not immune, since they had never come into contact with the virus.

MEGACITIES UNDER PANDEMICS

The images of the empty streets in the modern megacities was an unprecedented experience. Throughout the history of pandemics, the great cities and trade centers of the world were struck by deadly infectious diseases. Given that the plague epidemics were mainly of the “urban type”, it is conceivable that the cities would have been the primary target. In Justinian’s time, plagues appeared almost every 10–15 years in Constantinople and Rome. Also, during the time of the so-called Black Death, demography declined in a catastrophic way in Europe: Bremen lost 70 % of its population, Hamburg between 50 and

66 %, Venice 60 %, Genoa 58 %, Florence 52 %, Marseilles 50 %, London 40 %, and Paris 30 %.

It is evident that the medieval “megacities” were a dynamic population system. The massive movements of peoples never stopped and they resulted in urbanization and informal urban planning, which in turn led to the recycling of diseases or opening the door to new outbreaks.

SOCIAL DISTURBANCES

The epidemics of the past, mainly the epidemics of medieval times, are construed as the predictable result of superstition and scientific ignorance of contemporary populations. The social behaviors that emerged during past pandemics seem strange and bizarre nowadays. But, beyond the cultural differences, modern humans appear to share the same collective fears and emotional reactions with the people of centuries past. If ignorance was the curse of the past, sciolism is the curse of modern humans. Despite the evolution of medicine, in the case of Covid-19 disease, a similar spectrum of individual and collective social behaviors has emerged. This spectrum spans from solidarity with the medical personnel and patients to conspiracy theories or stigmatization of nations.

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Susan Arndt is Professor for English Literature at Bayreuth University. Her areas of expertise are postcolonial and intersectionality studies. She works on negotiations of whiteness and gender in British fiction and the trans*textual impact of African oral literatures on Shakespeare's plays. Her latest monograph is a history of sexism entitled *Sexismus. Geschichte einer Unterdrückung* (Munich, 2020).



Credit: Excerpt from Obou Gbais: Nouveau Soleil 2, 2020, 40 x 40 cm, Collage & Acryl on canvas

Susan Arndt

BLINDED BY PRIVILEGE. THE WEST AND THE REST UNDER LOCKDOWN

— Back in March, Kayla Williams, a Black British woman from South London, died. Only a day after calling 999. Even though her symptoms were serious and clearly suggested a Covid-19 infection, the paramedics ranked her case as “not a priority”.

In Makoko, a district of Lagos, the largest city in Nigeria and one of the economic and financial hubs of West Africa, patients with Covid-19 symptoms are waiting for the paramedics in vain. Most inhabitants of Makoko do not even have basic health insurance, let alone one that would cover emergency treatment at home. Even worse, they lack both sufficient living space for social distancing and the means of surviving a longer period while their (mostly small) businesses remain closed.

PRIVILEGED PAMPERED WHITENESS

Narratives of black suffering have always been at best tolerated, at worst condoned, in the white West. Century-old racist paradigms of white superiority, designed to justify white people's sense of entitlement to comfortable lives, lives beyond crisis, still inhere in the narrative of Africa as being in permanent crisis. For many, this sense of white entitlement comes so "naturally" that they are shocked to realize that Covid-19 is also affecting their lives. What they do not realize, however, is that the problems they face because of the pandemic are still very privileged ones. In one of the numerous German TV specials on the current lockdowns, a high school student tearfully bemoans the cancellation of her keenly awaited prom. The camera cuts to a shot of her overpriced, and now useless, ball gown. Afro-German racism critic Noah Sow has precisely such images in mind when she writes of "privileged pampered whiteness".

Yes, the coronavirus pandemic is turning the tables on the prosperous, privileged, white West, in a way that seems to upset many. People are afraid of disease and death — and scared that white privileges are in crisis, too.

PRIVILEGES IN CRISIS

The lockdown story of a (white) German Africanist, Raija Kramer, is telling. In early March, while scientists in China were already warning the world of a coronavirus pandemic, Kramer travelled to Cameroon with some students to conduct “field research”. When she wanted to return home, there were no more flights. From their hotel room at the Hilton in Cameroon, Kramer and her students sent out a (heavily mediated) cry for help to the German authorities. Out in the streets, she found that local people were avoiding them, afraid that they might have carried the virus into Cameroon. The idea that they might have is not absurd: viruses travel in bodies, bodies that travel. And because of their nationality, whiteness, and wealth, white Western bodies are much more mobile than others.

The locals’ fear is not without historical precedent, either: whites carried a number of new diseases into the countries they colonized, causing the death of many. Within the wider colonial context that dehumanized and violated entire populations, many of the colonized were deliberately infected,

forced into being guinea pigs for medication that would, if proven safe and effective, only be made available to people in Europe, or were abused to legitimize dubious Western theories of racial superiority. The notorious Nazi eugenicist Eugen Fischer, for example, developed his theories while conducting “field research” in present-day Namibia. Even Robert Koch conducted experiments in the colonies that were banned in Germany for their inhumanity. So, yes, the Cameroonians have good reasons to be wary of the Germans in their country.

**“People are
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Despite her expertise as an Africanist, Kramer refused to acknowledge this. Instead, she accused Cameroonians of racism, and was applauded in Germany for doing so. Her accusation is, of course, myopic: blacks cannot discriminate against whites. Racism is a white narrative, solely designed to claim white supremacy: Europeans invented the “principle of human race” in the sixteenth-century precisely to assert that superiority over all other people. But it is also an accusation that is blind to the contemporary context, oblivious to the devastating potential consequences of the pandemic on Cameroon’s healthcare system and population.

CONSEQUENCES OF COVID-19

In fact, the economic consequences of the corona crisis are likely to outlast the pandemic itself. Forecasts warn that 35 to 65 million people will be forced into deadly poverty, mostly in African and South Asian countries. Poverty is a pandemic caused by humans, a pandemic that most affects those whose well-being has already been compromised by centuries of social inequality. People in the global South are more likely to suffer social and economic devastation because of the Covid-19 crisis, just as they have suffered more from previous global crises. Speaking to the Financial Times, Angela Merkel and other influential politicians warned of this prospect. Yet it remains to be seen whether this awareness of what is at stake in this pandemic will translate into political action, whether it can help the West see beyond the end of its nose and abandon its century-old presumptions about white people's entitlement to safety and protection at times of crisis, and to prosperity beyond them. After all, Covid-19 is neither the first nor the last global crisis to remind us how urgently the West needs to face its historical responsibility — and realize how its privilege stands in the way of global solidarity.

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Marc Grimm

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Credit: Frederica Aban/iStock/Getty Images

Marc Grimm

ANTISEMITISM ON SOCIAL MEDIA IN TIMES OF CORONA

— Since the beginning of the coronavirus pandemic antisemitic myths and conspiracy theories have been thriving.

They meet the demand for narratives that promise knowledge—a demand that is growing in times of crisis and uncertainty.

MYTHS, STEREOTYPES, AND CONSPIRACIES

The antisemitic stereotypes that are currently spreading through social media are as irrational and contradictory as antisemitic stereotypes have always been. In times of a global pandemic, they merge with a number of conspiracy myths that relate to the coronavirus.

An analysis of the *British Community Security Trust* identifies five major antisemitic tropes:

1. the virus is fake and is a Jewish conspiracy that aims to mislead the public;
2. the virus is real and is a Jewish conspiracy. This myth appears in all forms and colors, from the idea that Jews are trying to make money from the crisis to the idea that Israel has created the virus and now blames it on China to start World War III;
3. Jews are superspreaders of the Virus;
4. celebrating the death of Jews that died of the virus;
5. public calls to spread the virus to Jews with the aim to kill them. In addition, online events on the platform Zoom that were commemorating the Holocaust have been interrupted by people displaying swastikas as well as pro-Palestine slogans.

CRISIS AS OPPORTUNITY FOR MESSAGES OF HATE

Whereas this so-called Zoom-bombing appears as a new phenomenon, the antisemitic slogans in the context of the coronavirus crisis do not come as a surprise. The crisis serves as an opportunity for antisemites to spread their hateful messages. The [Kantor Center at Tel Aviv University](#) is right to point out that blaming Jews for natural, political, and economic crises is not a new development. For centuries this has been the essence of an antisemitic worldview. The important question is whether the coronavirus crisis serves rather as a temporary opportunity to spread antisemitism or if the current crisis will have a lasting effect.

A DANGEROUS TREND

I argue that the latter is the case. The severe problem in the current situation is not only the spreading of certain conspiracy theories. In addition to that, the dissemination of conspiracy thinking will have a lasting effect and will increase a dangerous trend: the “shift of the phenomenon of antisemitism from the fringes of society to the mainstream. This shift is evident in many Western societies and especially in their social media”. The expansion of conspiracy thinking fuels this trend. A [study from Harvard University](#) found that 31% of US Americans believe that the virus was intentionally created and spread, and 29% believe it was exaggerated to hurt president

Trump. A study from Oxford University analyzed perceptions in England and found that “60 % of adults believe to some extent that the government is misleading the public about the cause of the virus, 40 % believe to some extent the spread of the virus is a deliberate attempt by powerful people to gain control” and “20 % believe to some extent that the virus is a hoax”. The same study showed that 20 % believe to some degree that “Jews have created the virus to collapse the economy for financial gain”.

“Antisemitic and conspiracy thinking are attempts to (re)gain control.”

“ALTERNATIVE INFORMATION”

Antisemitic and conspiracy thinking are mindsets that do not allow for social events to be coincidences, unintended or contradicting, as the virus and the policies to stop the virus from spreading have partially been. Antisemitic and conspiracy thinking are attempts to (re)gain control; they offer explanations and guidance in a world that is turned upside down due to something invisible to the human eye. In the eyes of the beholder, they turn helplessness into orientation, uncertainty into knowledge, and thereby also offer an emotional benefit: the consumption of “alternative information” becomes an experience of self-empowerment, a way to magnify one’s own ability to “understand” what the crisis is all about and form an independent viewpoint.

Everywhere we find this kind of “alternative knowledge”, with antisemitism just a small number of clicks away. The number of people who (sometimes unwillingly) fabricate their own partisan information through social media is growing. Those people are now starting to follow prominent conspiracy theorists on social media, and will continue to get their information through these channels in post-coronavirus times. And as the channels grow the algorithms of social media providers will suggest them to a wider audience.

QUO VADIS?

Colleagues have argued for the need to keep cool and not give conspiracy activists the attention they are looking for. I disagree. The conspiracy theorists are thriving because they have been ignored, because of the wider public thought that western societies are strong enough to deal with just a few lunatics. But the lunatics now hold important offices, have built a network of alternative media, and have an army of followers who are well prepared for the next crisis — when the middle-range impact of the current crisis will be kicking in. It would therefore be wise to take this milieu as seriously as the conspiracy activists take their conspiracies.

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Viv Newman

Viv Newman is an independent author and researcher with a PhD from the University of Essex where she used to work. Passionate about uncovering the forgotten women of World War One, she writes for military publishers Pen&Sword.



Credit: pinterest

Viv Newman

WE'VE NURSED THIS WAY BEFORE: COVID-19 AND WORLD WAR ONE NURSING

— In October 1916, reflecting on nursing equipment shortages on the Romanian Front, British nurse [Yvonne Fitzroy](#) noted, “What we haven’t got we invent, and what we can’t invent, we do without”.

This comment encapsulates twenty-first century responses to Covid-19. Medical services are re-thinking and rapidly adapting to meet the challenges posed by the pandemic.

WHEN A TRAIN IS NOT JUST A TRAIN

Be they sick or wounded, patients often need to be moved quickly to hospital. During World War One, many battlefield casualties were evacuated by train.

In August 1914, these were totally unsuitable. Even the most skilled nurses fought a losing battle against overcrowding, disease, and insanitary conditions. On August 31, 1914, nurse

Kate Luard wrote of men piled into

“cattle-trucks”, their wounds “full of straw and dirt.”

By October, hospital trains boasted not only beds but also essential dressings and surgical equipment. The comment, “the railways will offer clean, sanitized and hygienic surroundings for patients to comfortably recover” could reflect that transformation. In fact, it’s a 2020 tweet from #India FightsCorona. India is one of many countries adapting its trains in times of Covid-19.

**“What we haven’t
got we invent,
and what we can’t
invent, we do
without.”**

NECESSITY AS THE MOTHER OF INVENTION

Britain's lack of Personal Protective Equipment (PPE) filled the headlines for weeks during the recent Covid-19 pandemic. Surprising stopgap measures were sought with prisoners as well as high-end fashion houses "making scrubs" [protective clothing] for NHS [staff](#). Such shortages are nothing new. Kate Luard was grateful for the protective "mackintosh apron" a friend sent to her for personal use as contagious diseases were rife amongst casualties; nurses and medical staff were dangerously exposed. Other nurses begged those at home to send them the abrasive cleaner VIM so they could do their own deep cleaning. As in 2020, staff as well as patients succumbed to infections that PPE may have prevented.

The airwaves have been awash with frontline staff's lack of face masks. Ingenious solutions range from converting scuba diving gear to masks made at home on 3D [printers](#). Nurses also used what they had to hand. In late April 1915, soldiers began stumbling back from the line, gasping for breath. Soon overwhelmed themselves by clouds of chlorine gas, nurses rummaged through their kit bags for potential face coverings and unearthed... Mr. Southall's Sanitary Towels for Ladies. Wrapped over nose and mouth, these did the job quite well — although this makeshift remedy did not reach the military authorities' ears! Gas masks were eventually available; hopefully face masks will reach Covid-19 workers.

RAPID RESPONDERS

Worries about human “resourcing challenges” preoccupy those staffing Covid-19 hospitals, as was the case with the Western Front’s Casualty Clearing Station hospitals (CCS). One CCS might unexpectedly find itself in a quiet sector, another could suddenly be in a hotspot. But no-one knew when either might occur. The solution? Rapid Response Teams comprising an ambulance driver, surgeon, anesthetist, sister, orderly and officers’ batman were devised. Teams spent between one and two days working flat out at one CCS before responding to the next emergency call.

Nursing “in a sea of blood,” Beatrice Hopkinson felt, “I was right on the battlefield. Never will I forget the sight that met our eyes.” Army medical services now use helicopters, but the underlying premise of teamwork and rapid response is identical.

“THANK GOD WE HAVE THE NURSES”

Throughout the pandemic, every Thursday the UK public claps “for carers”. Between 1914 and 1918, some 25,000 women from Great Britain and her Dominions nursed those occupying the 637,746 hospital beds at home, on hospital ships and overseas. About 2,000 died due to their war service. Their inner strength and resilience enabled them to work in hitherto unforeseeable conditions; they took their professional skills and their ingenuity for adaptation to new unimagined heights, thereby saving thousands of lives. They would undoubtedly

salute the Covid-19 medical staff who are creating facilities in unlikely places, equipment out of improbable materials and doing battle not against war wounds but against the world's worst pandemic for a century. The words spoken in 1915 to a naval nurse Anna Cameron remain true: "Thank God we have the nurses".

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Perspectives on the pandemic

Thinking in a state of exception



Ida Milne

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Credit: Public Domain

Dr. Ida Milne

THE PANDEMIC PATIENT: LONG-TERM IMPACTS OF THE 1918-19

— During the coronavirus crisis, the influenza disease, the biggest killing infectious disease in modern history, is often mentioned as the nearest comparator. Can the stories of its survivors inform surviving Covid-19?

THE 1918-19 INFLUENZA IN IRELAND

Public interest in the 1918-19 influenza pandemic has tended to focus on the mortality statistics, their first gaze entranced by the estimated 50 million dead and the speed with which the disease spread around the globe. Various factors, includ-

ed the death statistics, have acted as fences in a fog, obscuring from view a bigger statistical story of the influenza: the exceptional levels of morbidity and whether or how the disease impacted long-term on those who survived, whether they suffered the disease or not.

“Pandemics are great teachers. We have to make sure we know how to ask the right questions, and listen attentively.”

In 2006, I began researching the impact of the 1918-19 influenza pandemic on Ireland’s population for my doctoral dissertation. Studying an entire pandemic from a historical perspective, even if limited to one country, is a little daunting. Where to begin? Naturally, I focussed first on the Irish statistics, but then my academic supervisor in Trinity College, Dublin, Professor David Dickson, suggested there remained a small but closing window to collect living memory from people in their nineties or older.

He even lined up my first interviewee: our university’s Junior Dean, Professor RB McDowell, renowned for his scholarship

as a historian... and his eccentricity, which had an outward manifestation in his keeping wrapped up in warm clothing — tweed jacket and wool scarf — even on a hot summer day. I interviewed the then 95 year old RB on campus. His answers were considered, describing the medicines used, the general practitioner telling his worried parents that their five-year-old son might not last the night, and how he had heard the local hospitals were crammed. He survived, but the family nanny died.

ASKING THE RIGHT QUESTIONS

There is more than one lesson for the study of pandemics in that first of what became over fifty interviews with people who had lived through the pandemic as children. We need, with any historical research, to ask the right questions of our sources; otherwise we get a less complete answer. I went armed with questions about the immediate crisis — about the symptoms, medical care, even about the worry of his parents, but not about whether this was something that had shaped his career, and even his lifelong attitude to his health. It was when he told me that the damage from a disease he had experienced as a five-year-old boy had an effect on his choice of career that I became hooked. This was not just about the immediate, but also the longer term impact on people's lives. How will this disease impact on survivors' lives? For many, the ongoing health impacts and emotional trauma will be severe.

For the curious, RB, from an upper middle class Belfast family, chose academia as a career at the bar or in the army was considered too tough for the long-term invalid. As I introduced myself, asking politely “How do you do?”, RB responded: “They tell me I am doing very well, for a man of my age. My blood pressure is...” Clearly his early close call with death had framed his long-term lack of confidence in having health, although he lived to 97.

EXPERIENCES REMAIN

The broader lesson from these interviews with child survivors of the 1918–19 influenza pandemic for this current crisis is that this too is not just about the now: this experience will remain with all of us — but particularly with the bereaved and Covid-19 survivors — for the rest of our lives.

Pandemics are great teachers. We have to make sure we know how to ask the right questions, and listen attentively. These interviews show we need also to try to understand it through the eyes of our children, rather than hoping it passes over them. It will not. They too will be curious listeners, picking up on our fears.

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Astrid Erll

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Astrid Erll

WILL COVID-19 BECOME PART OF COLLECTIVE MEMORY?

— How has collective memory shaped our experience of the corona pandemic? And what will we remember about Covid-19 in the future? These are questions debated in the interdisciplinary field of memory studies.

FORGETTING THE SPANISH FLU OF 1918/19

We could have seen it coming! More than two dozen epidemics and pandemics have washed over the globe in the past hundred years (SARS, MERS, the Swine Flu and HIV/AIDS among them). The worst pandemic was the Spanish Flu of 1918/1919, which killed, according to recent estimates, between 50 and 100 million people: more than World War One and World War Two put together.

But despite its centenary a couple of years ago, the Spanish Flu in Europe never belonged to what historian Reinhart Koselleck has called the “space of experience”. It is not part of collective memory: not widely commemorated, not talked about in school, not the focus of famous novels or iconic paintings. It therefore could not shape our “horizon of expectation”.

We could have seen it coming, but most people in Europe were utterly surprised by Covid-19 and the severe measures that had to be taken in March and April 2020 to control its spread. Our great-grandfathers, in 1918, had already lived through social distancing, makeshift field hospitals, the wearing of face masks, and even ghost football games. But these experiences remained unremembered.

COLLECTIVE MEMORY IN THE CORONA CRISIS

But what is currently remembered? Which collective memories are triggered, and used to frame the pandemic? It seems that Cold War patterns of thought (rumors about biowarfare), racial stereotypes (attacks on Asian-looking people, resurging antisemitism), and national memories of World War Two (Trump comparing Covid-19 with Pearl Harbor) are revived. In many countries, the lockdowns bring back memories of curfews under dictatorships.

“In many countries, the lockdowns bring back memories of curfews under dictatorships.”

On a lighter note: people start rereading books about past pandemics, from Boccaccio’s *Decameron* (ca. 1349–53) to Camus’ *La Peste* (1947). In this way, the Spanish Flu, too, was transformed from a remnant in the dusty archive to an active, widespread and vibrant memory. Books like Laura Spinney’s magisterial global history of the Spanish Flu (*Pale Rider*, 2018) are suddenly sold out.

FUTURE MEMORIES OF COVID-19

If pandemics did not play a great role in past collective memory, how will the world remember the present corona crisis in the future? Of course, nobody knows, and everything I am

writing now is pure conjecture before the historical events themselves have even come to a close.

But a few things are noteworthy: Covid-19 is the first global pandemic of the digital age. In terms of archives (including worldwide digital information about case numbers and the circulation of personal experiences via social media) there will be an abundance of sources for future collective memory.

Much of collective memory depends on top-down processes: will nation states or the EU “invest” in memories of the corona pandemic? Will they set up memorial ceremonies, commemoration days, even museums? Will the pandemic become a part of history textbooks? This will likely be the case in countries that have been hit particularly hard by it. But the problem of remembering health crises and natural catastrophes is that the role of human agency in them is less clearly discernible than, say, in wars, genocides, and terrorist attacks. It is therefore more difficult to draw normative lessons from pandemics: who is responsible for Covid-19? What is the ‘never again’?

A CORONA GENERATION?

But there are also bottom-up processes of collective memory. One is generational remembering. The corona pandemic has all the ingredients of a generation-defining experience. For those young people who are now in what the sociologist

Karl Mannheim has called their “formative years” (ca. 17–24) the current lockdowns mean both extended (considering that time flows more slowly when you are young) and fundamental changes: school, university, socializing and, yes, dating, as well as rites of passage (from graduation parties to stays abroad) are not what they used to be.

At the same time, this generation is witness to both acute global risk and an unprecedented degree of planetary connectedness. This is an incisive experience. Events of adolescence and early adulthood are remembered best across the lifespan. They also tend to shape a person’s political ideas. Covid-19 might become connected in young people’s memories with the recent Fridays for Future-movement. If so, generational memory might retain a sense of being existentially entangled in a global dynamic of climate change, species extinction, and pandemics — and the need for collective action.

But this is a hopeful scenario. The memory of the corona crisis could also become entirely blocked out or overwritten by ensuing economic or political crises. And of course, collective memory will take shape differently, depending on whether the pandemic was experienced in places with few or many corona victims, in autocratic regimes, in failing or successful democracies, from the top or the bottom of global society.

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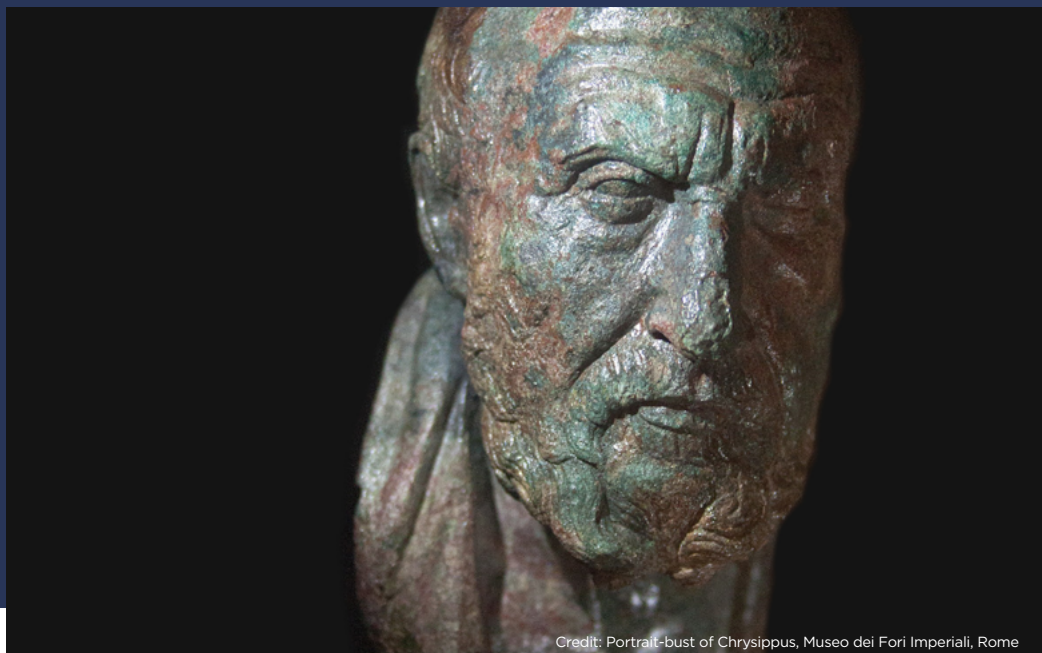
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Tue Søvsø

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Credit: Portrait-bust of Chrysippus, Museo dei Fori Imperiali, Rome

Tue Søvsø

A CRISIS OF VALUE. STOIC RESPONSES TO THE PANDEMIC

— The corona pandemic has affected all of us and raised many questions about the ways we organise our lives. Famed for their ability to cope with such crises, Greek and Roman Stoics offer an intriguing perspective on the challenging questions facing us.

The Stoics would probably have little patience for the suffering and anxieties caused by the current pandemic. In a world of endemic violence and social insecurity, the Stoics preached an attitude of indifference towards such trivial matters as death, disease and the loss of livelihood. Happiness, they claimed, only depends on virtue, i.e. the insight and mindset that makes you “do the right thing”.

When we get upset by blows of fortune, such as those experienced by many in recent months, it is because we fail to see that it is our response to these events, not the events themselves, that matter. The key to happiness, according to the Stoics, is to therefore attain a critical awareness and control over how we respond to different situations. Suffering only arises if we accept it as an appropriate emotional response, and so we can also choose not to suffer.

STONE-COLD VIRTUE AND EMOTION CONTROL

Being told that your distress is self-imposed and ultimately misplaced won't do you much good, I suspect, if you are plugged to a ventilator fighting for your life. Now that the imminent danger of the COVID-19 pandemic is slowly giving way to a prolonged state of caution and restraint, however, I believe that we can profit from taking a Stoic perspective on the worries and discontent that are boiling up in our homes and societies.

On their analysis, our emotional responses are largely automatic, the result of underlying fears and desires. Eliminating

“Only by becoming aware of the values that underlie our actions and emotions can we start changing our behaviour.”

unwanted emotional reactions therefore involves an assiduous and critical engagement with our desires and the thought patterns that structure them. Only by becoming aware of the values that underlie our actions and emotions can we start changing our behaviour.

The current state of emergency is in many ways conducive to these kinds of reflection. Hardship and constraints, the Stoic assumed, make us see more clearly what we value and thereby allows us to subject these value-judgements to critical scrutiny. The point, however, is not to rid ourselves of desires, but to put us in control of them and ensure that they are consistent and conducive to the well-being of ourselves and the world we partake in.

A CRISIS OF VALUE

Like all crises, this one has worked like a developing agent exposing the unsaid priorities underlying our public and personal policies and forcing us to reconsider them. Most of us have probably had personal revelations about the habits and

patterns that inform our everyday behaviour. More broadly, the pandemic has laid bare the deep inequalities and incongruities in our social, economic and healthcare systems, and raised questions about their justification. On the positive side, it has reminded us of the benefits of a less intensely exploited environment and the importance of cultural life.

The crucial insight that the Stoics bring to the table, however, is that this new awareness is only of fleeting significance if it does not effect a lasting change in the structure of our language and thoughts. They framed this process as an almost physical exercise. We need to work out and redefine the concepts we use, establish their mutual relations and constantly train ourselves in applying them correctly to the things we observe. This is hard work, but if we succeed it brings us the control over our actions and emotions that the Stoics associated with virtue.

With its stress on the importance of language and discourse this theory has a strikingly modern ring to it. What I like about it, however, is its almost naïve concreteness and practicability. The concepts are physically inside our heads (or in fact, the Stoics would say, chests) and so we have a power to change them.

WORKING OUT THE REST FOR OURSELVES

The jury is still out on the COVID-crisis' lasting impact on how we organise our lives and societies and opposing bids to define its significance are already fighting to establish themselves. This is all well. We can and should disagree about the values informing our actions and policies, how they are best served, and how they weigh against each other; but for such debates to be meaningful, the Stoics would insist, we must first get clear about the values being promoted by the opposing sides of these debates.

This crisis has given us a historical opportunity to reconsider our priorities. As the Stoics clearly saw, this takes hard work and constant reminders, but if, in the wake of this pandemic, we could achieve just a little more awareness of the values determining public policies, this would be a truly significant result of a terrible tragedy and our celebration of its “every-day heroes” could soon start sounding a lot less hollow.

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Credit: Public Domain

Irene Kacandes

HOW CO-WITNESSING COULD TRANSFORM THE POST-PANDEMIC WORLD

— Of the metaphors circulating in the media to describe the covid-19 pandemic, the one I find most helpful deploys the image that the whole world is experiencing the same storm, but groups of us are in very different kinds of boats trying to weather it.

THE GREAT EQUALIZER?

Another common metaphor with some merit is that of the corona virus as the “Great Equalizer.” This alerts us to how widespread geographically covid-19 is and that individuals of all kinds do get infected: old, young, and middle-aged; rich and poor; famous and anonymous; those in the bloom of good health and those not. It didn’t take the pandemic long, however, to make clear that any insistence on “sameness” obscures the cruel reality of our wildly *unequal* chances of being exposed to the virus, getting really sick, and, yes, dying.

Let’s get back to the boats. Some of them have cabins with well-stocked galleys, lots of soap and water, computers, good internet and radar. Some are just an open hull. Some are leaking. Some boats are large with only a few on board; some tiny and crowded. Many people are actually in the water trying not to drown. In a storm this bad, people’s chances of making it to shore vary enormously.

It matters whether you’re in Germany, the USA or Brazil, the inner city or the countryside. It matters whether you have access to clean water and healthcare. It matters whether your circumstances allow you to observe social distancing. It matters whether you are exposed every day by tending to the sick, washing hospital linens, collecting garbage, ringing up groceries, burying the dead. In most of our societies such service jobs are disproportionately filled by racial and ethnic minorities.

There's proof that that matters. To take just one statistic of the now thousands available: African Americans comprise 32 % of the population of Louisiana, and 70 % of the state's deaths due to covid-19.

Recent protests have been staged by people who don't seem to care much about others. In the wake of George Floyd's murder, other protests against that lack of caring and racial injustice are everywhere. Recognizing the connections between disparities in Covid-19 morbidity and the scourge of racism seems critical to me if anything is going to change anytime soon. Of course, recognition is not enough. As Peggy McIntosh pointed out decades ago in trying to assess what privileges she enjoyed on a daily basis just because of the white color of her skin: the beneficiaries of our current system have to acknowledge that many privileges are *not earned*. Some are benefits we should want *everyone* in a just society to enjoy, whereas others grant license to be selfish, indeed murderous.

"In the wake of George Floyd's murder, other protests against that lack of caring and racial injustice are everywhere."

Guilt is not the point.

DON'T WE ALL DESERVE A PLACE IN A STURDY VESSEL?

We have to use our discomfort and outrage to decide to do something about getting everybody into a good boat, actually a series of things.

Recognize that unearned privileges create undeserved disadvantages. Learn from public intellectuals like [Keeanga-Yamahtta Taylor](#) and [Linda Villarosa](#) about unequal morbidities and their underlying systemic factors; from [Lee Pelton](#) and [Cornel West](#) about how racism works.

Experts cite [three main reasons](#) that racial and ethnic minorities are dying from Covid-19 at disproportionate rates:

1. their proximity to frontline jobs that bring them in contact with the virus;
2. discrimination, including unacknowledged bias in healthcare providers that leads to undertreatment; and
3. pre-existing conditions, those conditions themselves often triggered by environmental degradation to the places where they live. All these factors are themselves products of the systemic racism that allows vigilantism and police brutality to flourish.

CO-WITNESSEING AND REAL CHANGE

Whether you feel you had a grasp of these issues previously or acquired it recently, educating yourself about injustice done to others and then passing on what you've learned are first steps toward real change. I've called this process "co-witnessing" and warned that it has to be accompanied by careful listening, true compassion, serious research, humility about one's own role and its limitations, and naming the true victims rather than appropriating their victimhood.

We can't erase centuries of racism. However, when we become and remain determined to try to name unearned privileges together with racism's interlocking oppressions, we reflect what we now think is wrong and needs correction. We can seize the moment, motivated by our discomfort about the inequalities the twin scourges of Covid-19 and racism undeniably reveal, to work toward the "radical reconstruction" of society that Martin Luther King called for.

While we're striving to elect leaders who care to work for systemic change, including at the local level, as Barack Obama suggests, it is worth doing everything we can to alleviate others' current suffering.

I am inspired by the Irish who recently raised millions of dollars to help the Navajo Nation and the Hopi Reservation pay for water, health supplies and covid-19 testing — to help pay

for better boats, to return to the terms of my main point. The Irish are thereby acknowledging and thanking the Choctaw tribe that had sent money in 1847 to their ancestors suffering from the potato famine, when tribal members themselves had just been forcibly relocated, thousands dying along the Trail of Tears. When you learn [this story](#) and repeat it, you are co-witnessing to historical and current injustice against others. You are [doing something](#). And those are steps in the right direction for our post-pandemic world.

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Credit: Laszlo Mates/Stock / Getty Images

Hannes Bajohr

COVID, AN INJUSTICE

— In the Covid crisis, misfortune becomes injustice, as inaction makes governments passively unjust. Judith Shklar helps us to understand why the line between “natural” and “human-made” crises is highly artificial.

NATURAL DISASTERS

Natural disasters are never simply natural. The climate crisis is the most obvious example: as humans continue to blast CO₂ into the atmosphere, acidify the oceans, and bury nuclear waste, their impact will leave a permanent mark in the geological record for millennia to come. The Anthropocene — as the age of human intervention in nature has come to be called — shows how the line between what is natural and what is human is moveable and all but rigid.

But even a natural disaster such as the Covid crisis is not simply natural. It, too, is more than an external event that has just befallen us, even if the virus may not be human-made. What it shares with the climate crisis is that it is a highly political event. Humans have not created the virus — although global travel patterns have facilitated its spread — but the way societies react to its impact moves it from the realm of mere facticity into that of justice and injustice.

MISFORTUNE AND INJUSTICE

No one analyzed this better than the political philosopher Judith N. Shklar (1928–1992). In her book *The Faces of Injustice* (1990) she insists that the line between misfortune and injustice, too, is moveable throughout history. Depending on the technological and institutional development of a society, what was simply a misfortune a hundred years ago can turn

into an injustice when the response to it is possible but inadequate or when the disaster could have been prevented in the first place.

The injustices Shklar identifies in this way are not necessarily the result of active measures. More often, they follow from complacency, unpreparedness, and neglect, frequently aided by political ideologies that foster such inaction. When that happens, she speaks of “passive injustice.” A passive injustice is an event that results from an act, or more often a failure to act, that does not conform with the expectations we can plausibly have toward governmental agents in a modern, liberal democracy: to be sheltered from disaster, or to be aided once it strikes.

In the Covid crisis, such passive injustices can be identified everywhere. They begin with downplaying the dangers of SARS-CoV-19 or flatly denying its existence. They continue with a slow response to the outbreak as well as a sloppy execution of life-saving measures. As Shklar puts it, when nothing is done where something could be done, we are faced with a passive injustice. However, at the highest level, even the structure of government and society itself can be considered with the concept of passive injustice: if a country rich enough to institute it denies its citizens healthcare, or forces them to expose themselves to danger lest they lose their job or their home, a passive injustice is committed that goes to the very heart of a society.

A “LIBERALISM OF FEAR”

Shklar’s notion of passive injustice is driven by what she calls a “Liberalism of Fear.” Not interested in highest goals, such as a specific idea of the good life, or an overarching ideology society should enact, Shklar is instead concerned with the conditions of freedom — with the circumstances that need to be in place to have every individual design out their own concept of the good life. Such a liberalism is negative and strives to avoid a highest evil: cruelty and fear, and that includes the fear of, or the secondary consequences of, a health crisis.

CONSEQUENCES

The Covid pandemic shows that such a seemingly negativistic program has powerful consequences. Fear and cruelty are

“The concept of passive injustice, undergirded by a liberalism of fear, gives us a measure at hand to assess how the crisis has been handled.”

on our minds once more, and the role of the state to prevent them or to lessen their impact has become apparent again. The concept of passive injustice, undergirded by a liberalism of fear, gives us a measure at hand to assess how the crisis has been handled. It also allows us to formulate a vision for a society that would have mitigated its effects in the first place by looking at

the primary and secondary prerequisites of freedom — the prerequisites that need to be in place to live without fear and cruelty.

The Covid pandemic also shows that the already existing conditions of injustice are heightened in crises, be they seemingly natural, like Covid, or systemic, like the cyclical economic breakdowns that so often, too, are described in the language of natural disasters. Shklar opens our eyes to the fact that there are no real natural disasters, and that each invites passive injustice from the lowest to the highest level. For the time after Covid, we would be well advised to heed Shklar's analyses.

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Uwe Schütte

W.G. SEBALD & THE NATURAL HISTORY OF COVID-19

— The writer and academic W.G. Sebald (1944–2001) is considered one of the most important literary voices of the late 20th century. Less widely known is the pessimistic philosophy of history that underwrites his books: what might Sebald have said about COVID-19?

People have been asking me lately what Sebald might have thought about the Covid-19 pandemic. How would I know? People ask because I knew him well and have published several books on his writings.

But they also ask because Sebald was a highly original thinker, whose idiosyncratic views often deviated from the left-liberal opinions of most academics. For instance, he did not share the precept that the Holocaust was a unique disaster in the history of civilisation. Rather, Sebald considered the genocide as a particularly horrid chapter in what he called the “Natural History of Destruction.”

PESSIMISTIC CRITIQUE OF CIVILISATION

The first point Sebald probably would have made is that the pandemic, allegedly originating at a “wet market” for animals, relates to the fact that we eat animals. He was a vegetarian who felt a close, creaturely solidarity with animals and repeatedly drew analogies between abattoirs and concentration camps.

Carnivorism, to him, was emblematic of our destructive, reckless attitude towards other living beings, and to nature itself. Sebald perceived humankind as an evolutionary aberration that thrives on killing and destruction, ultimately exterminating itself by destroying its world.

He did not share the belief that we humans are the masters of our own fate, or that our ability to think enables us to free ourselves from nature. Far from it. In Sebald's mind, all the great disasters in the history of the last three hundred years — be they wars, genocides, the destruction caused by industrialization, natural or man-made disasters like the pandemic — were epiphenomena of the natural history of destruction.

“Sebald would have told us that COVID-19 is only a symptom of the wider crisis that we need to address.”

GRÜNEWALD AND BENJAMIN

Sebald, like the painter Grünewald he portrayed in *After Nature*, “tended towards an extremist view of the world” in which “our insane presence on the surface of the earth” results predominantly in suffering and misery, while history develops “in downward obits.”

Naturally, Sebald's pessimistic critique of civilisation provokes counter-arguments, and rightly so. But rather than being dismissed wholesale as nihilistic, Sebald's pessimism should stimulate critical thinking. It encapsulates the bleak insight of philosopher Walter Benjamin that history is catastrophe in permanence. And right now we get quite a vivid sense of what this means.

COVID-19 CHANGES THE SCENE

Sebald would have told us that COVID-19 is only a symptom of the wider crisis that we need to address, namely the need to free ourselves from the shackles of the natural history of destruction.

He would probably argue that the pandemic will act as an agent of accelerated destruction on various levels. Some of these are already easy to foresee: an increase of nationalist, populist politics; the proliferation of fake news on social media; massive economic damage leading to spending cuts in areas such as culture and education; an intensification of the shift in world politics from Western democracies and European countries to rising autocratic powers like China.

Closer to home, Sebald — who was an outspoken critic of the way in which Margaret Thatcher and her successors destroyed academic freedom through neoliberal reform policies — would have observed how COVID-19 lays bare the cracks that run through British society: the marketisation of health-care leading to probably the highest death toll in Europe; social inequality resulting in over proportional casualties among ethnic minorities.

The coronavirus crisis will serve as a smokescreen for the Tory government to push through its final Brexit policies — and blame the inevitable repercussions on COVID-19.

Bleak times lie ahead, in particular for the university sector. The crisis has already stymied the vital strike action against pension cuts, unfair pay and increased casualisation in UK higher education. And with international students likely to avoid studying in the UK for some time, the resulting financial shortfall universities are likely to face will hit humanities and languages departments hardest.

A BETTER POST-CORONAVIRUS WORLD?

The post-coronavirus world, optimists claim, may be better in some respects. For instance, the upsurge of video conferencing may result in more people being able to work from home and less international travel for business meetings.

Sebald, however, would strongly disagree. To stick with the example, he would see increased digitalisation as yet another leap towards the fourth industrial revolution in which artificial intelligence will inaugurate the final victory of the machine — with severe negative repercussions for human society.

DIVIDED FUTURES AND WAITING MIRACLES

Is Sebald's vision of the future too bleak? Maybe, but given the situation as it presents itself, optimism may actually be a form of denial. What can hardly be denied, though, is that

the COVID-19 crisis amounts to a watershed: from now on, things will change, for better or worse.

Being pessimistic amounts to being prepared. After all, Sebald stated in an interview in 1996 that “despite all foreseeable catastrophes, we still have to assume that the future is divided; that there may be miracles around the next corner that we did not expect.”

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Perspectives on the pandemic

Thinking in a state of exception

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THE HUMANITIES – MARGINALIZED AFTER CORONA?

— A crisis like the Covid-19 pandemic that affects the very core of human existence could also endanger the existence of the humanities and the study of culture. Will a “pandemic turn” sweep across all research and scholarly inquiry?

THE PANDEMIC'S IMPACT ON THE RESEARCH LANDSCAPE

At present, the corona crisis seems to have displaced all other topics from public discourse. It has led to a narrowing and simplification of all areas of life — indeed, to an unprecedented reduction in their complexity. The crisis has radically limited our communications, our free movement, the possibility of travel, our scope for individual decision-making. But it has also caused the global research landscape to contract: the coronavirus pandemic has become the common denominator of all research topics deemed worthy of pursuing, the general sign under which all research is conducted. Humanities disciplines, with their search for meaning, their impulse to question and challenge received wisdom, their analytical attitude towards cultural differences and subjective positions, will bear the brunt of this contraction. They will probably suffer losses as the world hones in ever more on medicine, virology, the natural sciences, and technology.

A DARK FUTURE AHEAD?

In times like these, if we turn to research questions and topics in the humanities that were well-attended to before the crisis, such as practices of translation, notions of cultural hybridity, the history of emotions, migratory movements, or ecocriticism, amongst many more, we face a number of

compelling questions. How must these topics be redefined in order to retain their relevance as the corona crisis looms large? Will topics and research areas that were thought relevant before the crisis be jettisoned if they cannot be brought in line with a “pandemic turn” in the humanities? Does everything have to be pruned to relate to corona? Who will still be interested in Byzantine papyrus research when they’re up to their neck in the virus? Have all but a handful of topics and academic disciplines become redundant? Conversely, shouldn’t we pour all of our resources into epidemiology, medicine, biology, biotechnology, and virology? New, hastily launched research projects funded by the German Research Foundation (Deutsche Forschungsgemeinschaft, or DFG) and a number of new projects by academic publishers reflect this swift change in research priorities. Meanwhile, entire subject areas are left behind. Theater and the arts, for instance, will probably be the last to return to “business as usual”, if they manage to survive at all, that is. They are obviously not considered vital. And what about cultural studies? Tasked with critically observing and intervening in cultural debates, are they not just getting in the way of the accelerating biopolitical restrictions and measures?

INDISPENSABLE HUMANITIES

No! On the contrary: the humanities and the study of culture are indispensable, especially given the need for a critical ap-

proach to the crisis and the measures taken in response to it. Looking at the biopolitics of the crisis from the perspective of cultural studies prompts questions about the cultural politics of the crisis, about the diverse ways in which different cultures perceive the crisis, whether in pragmatic, technological, apocalyptic, or religious terms, and respond to it. A cultural studies perspective allows us to interrogate the racist implications of our responses to the crisis, the changes they entail in the relationship between the private and public spheres, the ways they transform not only how we work, but the global capitalist order in its entirety. Efforts to limit the global spread of this pandemic lead to tectonic shifts in how space and distance are regulated and societies controlled, and to forceful rearrangements of hitherto asymmetrical relations of geopolitical power.

Yes, everything seems to fall within the force field of the coronavirus pandemic; everything is redefined with reference to it. Yet from where we're standing now it's hard to tell whether the crisis will bring about a long-term paradigm shift in scholarly research or even a broader epochal turn that will permanently change our realities and behaviors. Sociologists doubt it will: fundamental social behaviors have historical depth, a kind of *longue durée*, they create a sense of continuity in the face of social change. As the measures taken to combat the pandemic become the "new normal", as we get used to them and start forgetting, collectively, the shock

of their introduction, society will be restored to its previous state. But when it comes to the humanities and cultural studies in the post-corona era, we have good reason to fear that they will be further suppressed and marginalized.

A METAMORPHOSIS OF THE WORLD

Yet the more advances in science and technology dictate sweeping restrictions to fundamental social rights, the more tenaciously the humanities must hold on to their critical perspective and emphasize the complexity of the circumstances — even if their funding is crippled. Because we need them to translate, to make intelligible to us, how the crisis is socially mediated and dealt with in different cultures around the

“One thing is for sure: the corona crisis will usher research in the humanities into new, uncharted territory.”

world. Long before the outbreak of the corona virus, the late Ulrich Beck saw in the radical disruption of all familiar certainties, dominant interpretive frameworks, and analytical arguments, a fundamental “metamorphosis of the world”. The corona crisis has certainly brought about such a metamorphosis of the world. But it’s a metamorphosis

that isn’t only disruptive: it is also a constructive challenge to overcome received ideas and supplant them with new ones. The humanities, with their emphasis on critically interrogating historical and social circumstances, can not only provide

new ways of thinking in the post-corona era, but also point us towards new ways of acting. One thing is for sure: the corona crisis will usher research in the humanities into new, uncharted territory.

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