



Corona: Anthropology About a Pandemic Panel Discussion of the Swedish Anthropological Association (SANT)

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On 8 May 2020, in connection with its annual meeting, the [Swedish Anthropological Association \(SANT\)](#) arranged a digital panel discussion with some Swedish medical anthropologists on the theme COVID-19, to jointly reflect on anthropological contributions and insights to understand the ongoing corona virus-pandemic.

The discussion preceded the digital annual General Assembly of SANT. These two events should be viewed as a temporary replacement for the annual Swedish anthropological conference at which the meeting usually takes place. The conference should have been held at Lund University on the theme “Danger”, but had to be postponed along with everything else as the world became increasingly dangerous during the early spring of 2020. The Lund conference on Danger will take place in the spring of 2021 instead.

Four speakers were invited to speak at the digital panel discussion on COVID-19:

- Associate Professor **CLAUDIA MERLI**, Uppsala University, has studied gendered bodily practices related to reproductive health, ethno-religious conflict in Southern Thailand, and the aftermath of the tsunami in 2004. She is also investigating issues related to fertility, population growth, and demographic statistics in Thai politics, and is currently working on a cross-disciplinary project on hazard and respiratory health related to volcanic ash, funded by Research for Health in Humanitarian Crises (R2HC), and has conducted fieldwork in Japan.
- PhD-Student **FREDRIK NYMAN**, Durham University, whose dissertation project investigates neoliberal reform within the British health care system, focusing on self-management practices in support groups for elderly people with chronic respiratory diseases. The project investigates how the somatic symptom breathlessness fosters community and social cohesion, and is included in the interdisciplinary research program Life of Breath, financed by Wellcome Trust between 2015 and 2020.
- Dr. **SYNA OUATTARA**, University of Gothenburg, has conducted research on culture, environment and development in West Africa, with a particular focus on the relevance of indigenous knowledge for development and modernization. He worked as an anthropologist for the World Health Organization during the Ebola crisis in Guinea in 2015, and in the Democratic Republic of Congo in 2018, among other things researching the mistrust of native population towards foreign aid interventions against the epidemic.
- PhD-Student **MIRKO PASQUINI**, Uppsala University, is part of the decade-long

interdisciplinary program “Engaging Vulnerability” financed by the Swedish Research Council. His dissertation project departs from fieldwork at an emergency ward in Northern Italy, with a primary focus on triage, overcrowding, violence, mistrust and access to healthcare. During the outbreak of the corona virus pandemic in spring 2020, he initiated a collective project aiming to gather the experiences and strategies of Italian primary health care workers in relation to the pandemic.

- Dr. TOVA HÖJDESTRAND, Lund University, SANT board-member, chaired the panel discussion.

First, all the speakers gave a brief introduction to their research and their respective perspectives on the ongoing corona-pandemic, after which a general discussion followed for an hour and a half.

Claudia Merli talked about governments and stories, and how during two months of self-isolation she has reflected upon the narrative dimensions of the crisis. Which are the stories to be told about corona, as there are lots of stories going on, internationally and nationally. Various and perpetually transforming stories emerge, attempting to articulate the essence of the disease as well as of populations and states. She particularly emphasized on how statistics are being deployed as a seemingly universal and undisputable measure to gauge the pandemic. As the specific science of the nation state, the technology used to define the nature of the state and the population, statistics are produced and then recognized and identified by others as truth in spite of apparent differences in the ways they are used in different countries. At times, statistics produced by larger comparative studies and supranational health agencies are rebutted when they do not fit the national internal image. In the same way, the statistical discourses of different public authorities within one single country, such as Sweden, may be at odds with each other, so it is vital to look at the producers of these statistical discourses and their relationship to the citizens. Claudia Merli also pointed out that trust and transparency are not the same thing. Discussions about the virus are affected by issues of sovereignty, symbolically and by all the neologisms attached, as mutations of new concepts – which in itself is a good story.

Mirko Pasquini discussed how triage and notions of urgency, survival, risk, needs, and chances, expand far beyond medical clinics, as governments akin to primary health care workers, attempt making sense of the emerging picture to forecast future outcomes, thereby making the best possible choices. Decades of neoliberal economies with financial cuts in public healthcare have undermined the very notion of ‘best possible choice’, resulting in ‘life boat ethics’ which try to portend who and what are believed to be worthy of a future. State policies of quarantine and social distancing are essentially cultural arguments defining national identity, but they are designed exclusively for the middle class while ignoring the options and needs of the working poor, the lonely and elderly, and socially disadvantaged neighbourhoods. However, anthropologists do not escape triage either – everyone has to make choices having an impact on the future, and now more than ever, we need to engage critical thinking, advocacy for minorities, and unveiling injustice.

Syna Ouattara talked about the violent resistance that aid workers faced in the interventions against Ebola in Guinea and Democratic Republic of Congo. Although most of those who were killed were nationals from the respective countries, aid-workers were

perceived as foreigners working for the health ministries, and as associates of the deeply distrusted governments in these countries. Rumors proliferated that the state was using Ebola to wangle money from international funds, and that health professionals were complicit in this 'Ebola business'. Medical corporations were said to have created the virus to make money on their own vaccines, and there were also speculations about organs being stolen and sold in the international market. Such narratives proliferated because of a general lack of transparency about isolation of infected patients. The governments declared that owing to a 'mystical disease' without cure or vaccine, people were required to go to 'isolation centers', without explaining why or what needed to be done. Rumors were exacerbated by the fact that people were not allowed to see their dead relatives or know how or where they were buried.

Fredrik Nyman emphasized that breathing and breathlessness are somatic symptoms affected by historical, cultural, and existential conditions habitually ignored in clinical practice. Neoliberal changes to respiratory care encourage self-care behavior above recurring visits to the clinic. As a result patients often turn to autonomous support groups for a sense of social and community support, otherwise inaccessible. Through the logic 'no rights without responsibility', patients are educated to avoid emergency care by embracing responsibility for medication and individual wellbeing through, for example, emergency packages in the home which contain antibiotics and steroids. There is thus a tension between neoliberal management and global human rights, by which individual citizens' rights are limited to the extent state institutions fulfil their roles. In the same way, current strategies against the coronavirus emphasize individual responsibility through self-monitoring one's symptoms, while simultaneously ignoring asymptomatic individuals who nonetheless may be infected. Respiratory diseases differ from each other and are difficult to compare, but they do share the quality of being branded a 'burden' to healthcare systems with patients rarely leaving the hospital on the same day as admission. The effects are dire, particularly for emergency and intensive care, as the healthcare system in Great Britain is overburdened with insufficient resources and increasing demand. Throughout the past decade fears of drastically overburdening the system have been enunciated – the theoretical effects can now be observed practically.

The general discussion involved questions to the speakers about their specific projects and effects of the pandemic on societies where they are currently working. General themes such as death were discussed, given that death is no longer possible to ignore or obscure as everyday realities as was usually being done in presumably wealthy societies. Cultural conceptions about dignified handling of death were also touched upon, which are now being challenged by sheer numbers of the deceased, by the necessity to isolate dying patients, and by seeking to circumscribe traditional routines and rituals by suitable options to replace these.

The middle-class bias of most state recommendations or orders were brought up, as large cohorts of citizens in all affected countries have few if any practical options to self-isolate or work from home. This topic is closely related to trust, community engagement, and the relationship between citizens and the state, which also came up frequently during the discussion along with blame, scapegoating, and 'othering'. Finally, the implications of the pandemic on anthropology was obviously brought up – although this is something we

share with all social scientists (and probably many others too) as COVID-19 is, as someone said during this discussion, a 'defining moment' similar to 9/11 that will define for decades to come the conceptualization of 'before' and 'after'.

In the spring, 23-25 April 2021, the SANT Conference will be organised at Lund University on the theme 'Danger'. More information will soon be available at the web site: <https://sverigesantropologforbund.org/>