

INTRODUCTION

A PANDEMIC WITHOUT HISTORY

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On March 11, 2020, Dr. Tedros Adhanom Ghebreyesus, director-general of the World Health Organization (WHO), made a formal announcement to the global population declaring, “COVID-19 can be characterized as a pandemic.”¹ He explained that he was very careful in using the word “pandemic”—a word that had great discursive power to influence the lives of the world’s population. He continued, “Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.”² The formal classification of COVID-19 as a pandemic was important, but what Dr. Ghebreyesus said next was even more alarming: “We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus. And we have never before seen a pandemic that can be controlled, at the same time.”³

This pandemic did not have a historical precedent, although there were indications of its novelty at an earlier date. On December 30, 2019, Dr. Li Wenliang, an ophthalmologist at Wuhan Central Hospital (located in Wuhan, China) sent a text to a group of doctors warning them of the dangers of a virus that looked a lot like Severe Acute Respiratory Syndrome (SARS).⁴ He cautioned the doctors to take special precautions as the illness appeared to have the potential to spread rapidly. Local government officials were not pleased, and Dr. Li was accused of creating a public disturbance and was forced to retract his claims. In an interview in *The New York Times*, he explained that he and other doctors were concerned that “SARS might come back.”⁵ He added, “The police believed this virus was not confirmed to be SARS. They believed I was spreading rumors. They asked me to acknowledge that I was at fault. I felt I was being wronged, but I had to accept it.”⁶ On January

11, 2020, the Center for Infectious Disease Research and Policy at the University of Minnesota reported that health officials from Wuhan had publicly released the genetic sequence of a novel coronavirus simply identified as nCoV, but at the time it was noted that “there’s no obvious evidence of human-to-human spread.”⁷ The coronavirus did not have a formal name at this point; that would happen on February 11 through another announcement of the WHO:

Official names have been announced for the virus responsible for COVID-19 (previously known as “2019 novel coronavirus”) and the disease it causes. The official names are: **Disease:** coronavirus disease (COVID-19)[;] **Virus:** severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).⁸

I begin with the formal naming practices of COVID-19 to underscore the starting point of its official history. Yet coronaviruses are not new, and they have affected humans for centuries according to infectious disease experts.⁹ COVID-19 shares a special feature of being a zoonotic disease that is passed from animals to humans—like all coronaviruses.¹⁰ Most coronaviruses (and their viral mutations) often stay within specific animals. However, there are rare moments in history when a mutation of a coronavirus is transmitted to humans by an animal. It is even rarer that the coronavirus becomes a human pathogen that moves from human to human.¹¹ And, as Dr. Ghebreyesus has pointed out, *this* coronavirus is the first to start a pandemic—at least it is the first that we can document in world history.

While some scientists have embarked on projects to write the “prehistory” of COVID-19 by searching for its genomic origins in *the* animal (or animals) that carried the coronavirus before its transmission to humans, others have contributed to the collection of genetic sequences of the coronavirus and its mutations. A series of global archival projects on COVID-19 is emerging that documents the very first coronavirus pandemic.¹² Scholars have pointed out that “scientific medicine as an explanatory frame” is often used to interpret diseases, but it is also important to examine the processes by which that “scientific medical knowledge” about the disease was constructed in the first place.¹³ These dual processes will certainly need to be considered for studying COVID-19, especially as the pandemic is still in its first phase in some places, and the start of the second phase in others. As COVID-19 spread globally, scholars and commentators simply did not have a point of reference from which to begin interpreting the novelty of the novel coronavirus. Many provided comparisons with other pandemics and coronaviruses as a way to interpret COVID-19. Since COVID-19 has no history *per se*, scholars have turned to interpreting the history of the present by analogy.

COVID-19 has been compared to the Spanish influenza of 1918–1919 in its capacity as a pandemic.¹⁴ The second and third waves of the influenza

pandemic have served as warnings for the potential for higher mortality rates with COVID-19. Like the Spanish influenza, it spreads quickly, but may not kill with the same rapidity. Yet tens of millions of individuals have been infected with COVID-19, and over one million individuals have already died. Others have treated COVID-19 as analogous to recent coronaviruses, like SARS (2002–2003) and MERS (2012).¹⁵ It does not kill as quickly as either of the two, and it is stealthy in its transmission and expression, often waiting days or weeks before attacking its host. And sometimes it does not appear at all, even if the host tests positive for COVID-19. It is clear that because humans do not have a natural immunity to COVID-19, its full potential remains a mystery. COVID-19 has also been juxtaposed with the bubonic plague—a disease with a very long history that is well documented. The specter of the fourteenth-century Black Death is always present in any discussion of the bubonic plague, even after six centuries.¹⁶ Any comparisons with COVID-19 are sure to raise concerns about its potential longevity and devastating impact on history and society.¹⁷ The fact that the year of the biological origin of the coronavirus (2019) is part of the name of the disease, COVID-19 will serve as a timestamp for posterity. (Imagine if every disease was popularly known by its date of origin—the formal recognition by humans of the start of a disease’s official history as a known subject.) Yet these comparisons also provide a warning to everyone on the planet that we may have now entered a new temporality that Mike Davis has called the “age of pandemics.”¹⁸

While the global population waits for a vaccine (or multiple vaccines), infectious disease experts remind us that there has never been a vaccine developed for *any* coronavirus.¹⁹ This is not to say that there will not be a vaccine; perhaps it will be an annual one (like the flu vaccine), if not eventually a universal vaccine. But even if a vaccine is developed, the goal of reaching herd immunity will mean 70 to 90 percent of the world’s population will need to be immunized. This is no easy task. Recent studies suggest that it is unlikely that a country like the United States will be able to achieve this goal, given the increasing resistance to vaccinations across the political spectrum and economic classes.²⁰ The fact that wealthy countries have already paid billions of dollars and euros to pharmaceutical companies to secure the first rights to any vaccine for their citizens further underscores global inequities in dealing with the impact of the pandemic.²¹ The goal of “vaccine fairness”²² is unlikely within the parameters of late capitalism, especially with the growth of what has been called “vaccine nationalism.”²³ But even more basic is the question of whether individuals can actually build sufficient immunity even after receiving the vaccine, especially as individuals who have had COVID-19 appear to lose antibodies over time.

Most governments across the globe have turned to established public health protocols to contain the pandemic, such as lockdowns and self-isolation. Yet there

have also been cases of individuals who have been forced to bathe in chemicals, and other cases of workers having been sprayed with bleach. At least one leader has advocated injecting bleach,²⁴ while others have hosted parties to drink cow urine and eat cow dung as a prophylactic.²⁵ Some governments have also taken the opportunity to impose greater restrictions on marginalized populations in the midst of the crisis, while others have increased their surveillance practices, restricted immigration, or practiced the extralegal imprisonment of individuals. It is estimated that thousands of people have gone missing, either due to government arrests or death due to the pandemic. Most governments have stopped accurately counting the dead, while some have actively advocated undercounting.²⁶ Others suggest that testing of individuals should stop, as that will guarantee that there would be fewer confirmed cases of the pandemic. Unconfirmed cases can remain invisible, as the details never enter the official government record. Mass graves and unknown cremations mean that the full impact of COVID-19 will remain unknown. It appears that there are great efforts by some governments to ensure that the history of the pandemic remains incomplete at best. It is also a reminder that governmentality is as much about counting and classifying populations as it is about the processes of marginalization and erasure. Yet the political philosopher Giorgio Agamben argues that the state of exception adopted by the Italian government during the pandemic reflects “disproportionate behavior”²⁷ in the form of “techno-medical despotism.”²⁸ Agamben suggests that the implications of his arguments can be extended to most governments today. For him, the threat of an apocalypse that looms over society is a form of “health terror” that also functions as a tool of governance. He argues that the government has created a “new paradigm of biosecurity” in which “all other [human] needs must be sacrificed.”²⁹ The implications of Agamben’s interpretations are important to consider in the light of the claim that this is indeed the start of the “age of pandemics”; that is, how often will the state of exception in the name of biosecurity become the normative mode of governance?

On the other hand, thousands of individuals have defied public health orders, including refusing to be tested by medical officials. Some have turned to the streets to protest injustice after injustice as part of a global effort to affect change, while others have protested state-mandated protocols creating legitimization crises of governments across the globe. Tens of thousands of individuals have started walking hundreds of miles in search of food and water, as they have lost their jobs and are left with no prospects for employment during lockdowns. Tragically, these individuals may very well be responsible for the further spread of COVID-19. As political leaders obscure the impact of COVID-19, many individuals have taken it upon themselves to document the impact of the pandemic and create alternative archives from the ones administered by states. The reality is that large sections of the global population are experiencing the economic, social, cultural, and political

devastation in everyday life. Nation-states are scrambling to limit damage control as the coronavirus spreads, triggering new lockdowns of millions of people, high unemployment rates, ongoing food shortages, a lack of medical supplies, a further shrinking GDP, and high mortality rates. Late capitalism has suffered a major blow with the disruption of supply chains, and no one can predict when the processes of global commodity exchange will normalize. Its impact has also been evident in underscoring the disparities and inequities in society: locally, regionally, nationally, and globally. In 2020 alone, it is estimated that eighty to one hundred million individuals will be pushed into “extreme poverty” across the world.³⁰ To complicate matters further, it has become evident that capitalist globalization threatens biological sustainability.³¹ The ongoing impact of deforestation and climate change has transformed animal habitats across the globe. A consequence is that humans and animals that are carriers of coronaviruses live in closer proximity than ever before with the potential for greater human-animal contact.³² Needless to say, these are uncertain times.

In March 2020, the editorial board members of the *Journal of Asian Studies* (JAS) agreed that it was important to host a forum on the impact of COVID-19 in Asia. The editorial board felt that it was necessary to provide interdisciplinary accounts of the history of the present moment, recognizing the changing nature of the conditions of the pandemic in each locality, region, and nation-state. The pandemic is universal, but there were differential responses to it by states and societies within Asia. The forum was published in the August 2020 issue of the JAS. However, it was clear that there was a growing interest among other scholars to think seriously and critically about the first phase of the pandemic based on their respective areas of expertise in the humanities and social sciences. The idea for this volume was conceptualized in a conversation with William Tsutsui, book series editor of *Asia Shorts*, for the purpose of providing further analyses on the pandemic in Asian Studies and making the contributions available to a broader public. This volume is made up of the five essays in the original JAS forum and six additional essays that were written specifically for this volume. Kenneth Pomeranz wrote the “Afterword” for the JAS forum, and he has generously expanded his analysis here.

This volume includes interpretations by leading scholars of China, India, Japan, Korea, Taiwan, and the US in the disciplines of anthropology, film and media studies, food studies, history, political science, and visual studies. Not all countries (or areas), time periods, and themes within Asia Studies are covered in this volume. Given the nature of the pandemic, future works will certainly be more comprehensive in scope. The topics and approaches to the themes in this volume are diverse, timely, and provocative, as the essays provide trenchant critiques of state and society within Asia. Collectively, they underscore the political, social,

economic, and cultural impact of the pandemic in 2020. The contributors are David Arnold, Manan Ahmed Asif, Clare Gordon Bettencourt, Mary Augusta Brazelton, Yong Chen, Alexis Dudden, John Harriss, Jaeho Kang, Ravinder Kaur, Catherine Liu, Kate McDonald, Kenneth Pomeranz, Sumathi Ramaswamy, and Christine R. Yano.

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The cover image is entitled “Rest in Peace Posters of Dr. Li Wenliang.” The photograph was taken by Adli Wahid on Hosier Lane in Melbourne, Australia. Special thanks to Adli Wahid for providing access to the image on Unsplash.³³ On February 7, 2020, Dr. Li died of complications related to COVID-19.³⁴ He is now recognized as one of the first to identify and warn others about the dangers of the disease. Many individuals around the world commemorated his role in alerting others of the new illness, while also condemning Chinese authorities for silencing him.

I dedicate this volume to Triveniben Zaveri, who was born in 1914 in a village in central India (today’s Madhya Pradesh). She survived the Spanish influenza pandemic as a child. She was married and moved to Bombay, only to be widowed at a young age with two children. Triveniben lived in a *chawl* and worked in a mill for much of her adult life. She did not have a formal education, but she became an avid reader of Gujarati, Marathi, and Hindi texts after attending adult literacy classes. Her daughter became a doctor specializing in family medicine, while her son completed his PhD and taught engineering at a university. She contracted COVID-19 at the age of 105 while living in a nursing home in California. She has fully recovered now.

Notes

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²Ibid.

³Ibid.

⁴ Andrew Green, “Li Wenliang,” *The Lancet*, 395, 10225 (February 29, 2020), 682, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30382-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30382-2/fulltext) (accessed October 7, 2020).

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⁹ “Coronaviruses Have Been around for Centuries: What Differentiates COVID-19?” *Cleveland Clinic Consult QD*, March 4, 2020, <https://consultqd.clevelandclinic.org/coronaviruses-have-been-around-for-centuries-what-differentiates-2019-ncov/> (accessed October 7, 2020).

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¹¹ “Coronaviruses Have Been around for Centuries,” *Cleveland Clinic Consult QD*.

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