

THE PANDEMIC

Perspectives on Asia



Vinayak Chaturvedi
Editor

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THE PANDEMIC: PERSPECTIVES ON ASIA provides analyses of the COVID-19 pandemic in Asia. It covers the first phase of the pandemic that will help future scholars to contextualize the history of the present. It includes interpretations by leading scholars in anthropology, food studies, history, media studies, political science, and visual studies, who examine the political, social, economic, and cultural impact of COVID-19 in China, India, Korea, Japan, Taiwan, and beyond. 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, Sumathi Ramaswamy, and Christine Yano. The volume is introduced by Vinayak Chaturvedi and concludes with an afterword by Kenneth Pomeranz. The timely and provocative essays in the volume will be of interest to scholars, teachers, students, and general readers.

"Why have Asian societies, despite different political systems, been so successful in fighting the pandemic, while the United States and the UK have lost control with catastrophic consequences? The essays in this indispensable volume use history to illuminate the reasons for this 'great divergence.'"

— **MIKE DAVIS**, Emeritus Professor of Creative Writing, University of California, Riverside and author of *The Monster Enters: COVID-19, Avian Flu and the Plagues of Capitalism* (2020)

"This is a rare book of essays that achieves what it sets out to do: generate new insights on the pandemic in and across Asian societies and histories. Technology, state making, ecology, and ideology are among the themes explored in brief but telling cameos. Not to be missed in learning and thinking about pandemics and society in a time of change in Asia and the world at large."

— **MAHESH RANGARAJAN**, Professor of History and Environmental Studies, Ashoka University

"The topics in this collection are as varied as the course of the disease and its effects across Asia. Its value derives from the vivid portrayals of the relationships of the epidemic to histories, popular arts, public health, data regimes and surveillance, and not least, the use and abuse of political power. It captures the pandemic in medias res much as Boccaccio did for the Black Death."

— **PRASENJIT DUARA**, AAS President 2019–2020, Oscar Tang Professor of East Asian Studies, and Director, Global Asia Initiative, Duke University

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**Edited by
Vinayak Chaturvedi**

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The articles by David Arnold, Mary Augusta Brazelton, Jaeho Kang, Kate McDonald, John Harriss, and Kenneth Pomeranz first appeared in *The Journal of Asian Studies* 79:3 (August 2020). These articles have been revised for this volume.

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Cover image: Rest in Peace Posters of Dr. Li Wenliang, the ophthalmologist who worked at Wuhan Central Hospital, who first warned authorities about the coronavirus outbreak. Photo taken at Hosier Lane in Melbourne, Australia, by Adli Wahid: see [Unsplash.com/@adliwahid](https://unsplash.com/@adliwahid).

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For Triveniben Zaveri

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INTRODUCTION

A PANDEMIC WITHOUT HISTORY

Vinayak Chaturvedi

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.

I would like to acknowledge that a grant from the Henry Luce Foundation generously funded part of this project. I owe special thanks to the entire editorial board of the *JAS* for their support and assistance in bringing this volume to completion. William Tsutsui was enthusiastic about this volume from its inception and he provided excellent ideas to improve it at every step. I appreciate his comments on this introduction. Robert Moeller and Bina Parekh also provided important comments and critiques to improve the quality of the text. Special thanks to Jon Wilson for all his hard work in the production of this volume.

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

¹ “WHO Director-General’s Opening Remarks at the Media Briefing on COVID-19,” World Health Organization, March 11, 2020, <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> (accessed October 6, 2020).

² Ibid.

³ Ibid.

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).

⁵ The New York Times, “He Warned of Coronavirus. Here’s What He Told Us Before He Died,” *The New York Times*, February 7, 2020, <https://www.nytimes.com/2020/02/07/world/asia/Li-Wenliang-china-coronavirus.html> (accessed October 7, 2020).

⁶ Ibid.

⁷ Lisa Schnirring, “China Releases Genetic Data on New Coronavirus, Now Deadly,” *Center for Infectious Disease Research and Policy News*, January 11, 2020, <https://www.cidrap.umn.edu/news-perspective/2020/01/china-releases-genetic-data-new-coronavirus-now-deadly> (accessed October 5, 2020).

⁸ “Naming the Coronavirus Disease (COVID-19) and the Virus that Causes It,” World Health Organization, [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it) (accessed October 6, 2020), emphasis in original.

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).

¹⁰ John Merrick, “Mike Davis Tried to Warn Us about a Virus-Induced Apocalypse,” *Jacobin*, July 7, 2020, <https://www.jacobinmag.com/2020/07/mike-davis-coronavirus-the-monster-enters> (accessed September 1, 2020).

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

¹² See “Open-Access Data and Computational Resources to Address COVID-19,” Office of Data Science Strategy, National Institutes of Health, <https://datascience.nih.gov/covid-19-open-access-resources> (accessed October 6, 2020).

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1

PANDEMIC INDIA

CORONAVIRUS AND THE USES OF HISTORY

David Arnold

There are two narratives at large in India's COVID-19 story. One we might label "historical," the other "insurgent." Taking the historical first, the lessons and legacies of the past hang heavily over recent South Asian experience. COVID-19 might be a "novel" coronavirus to the epidemiologist, but to the historian, there is much about the behavior of the disease and the sociopolitical responses it has elicited that appears decidedly lacking in novelty.

The events of early 2020 have so compellingly reminded commentators of the long sequence of pandemics that issued from or impacted the subcontinent over the previous two hundred years—cholera from 1817, bubonic plague from 1896, influenza in 1918—that it has become commonplace, almost facile, to say that history is repeating itself.¹ As if to give credence to the idea of a recurring history, epidemiologists have long predicted that, a century on from the "Spanish flu" of 1918–19 (in which a quarter, perhaps a third, of the forty to fifty million deaths worldwide occurred in India), a new pandemic, probably of influenza, was almost inevitable. India, with its billion-plus people, high population densities, widespread malnutrition and poverty, millions of migrant workers, and defective public health infrastructure, was bound to suffer most. By the template of 1918, millions of Indians would die.²

Although pandemics and epidemics are commonly conflated, as if the former were merely the latter globally writ large, COVID-19 reminds us how different in their social dynamics and political reverberations one is from the other. Governments and health services try to manage their own epidemics; pandemics have long been global business. Held responsible for successive “waves” of disease—cholera, smallpox, dengue, plague—advancing overland toward Europe or entering the maritime circuits of the Indian Ocean, nineteenth-century India unwittingly helped fashion the modern concept of a pandemic, a concept that ran counter to widely held beliefs about the local origins of disease and varying susceptibility between races. Globalization, with India as one of its principal nodes, further shaped the modern pandemic. Steamships and railroads, burgeoning international trade, and the movement of migrant labor (from and across South Asia) increased the speed and extended the reach of epidemic transmission and, aided by newspapers and telegraphs, fostered a global sense of vulnerability and alarm. While the progress of the cholera pandemic of 1817–1823 was relatively slow, taking years to penetrate Western Europe and North America, by the late nineteenth and early twentieth century, it took only months for plague, and weeks for influenza, to traverse the globe.

In each of these pandemics, India played a different role. In the cholera pandemic of the nineteenth century, India was (as critics of British rule seldom tired of arguing) the originator, incubator, and disseminator. With bubonic plague, India was the recipient of a disease coming (as now with COVID-19) westward out of China, but one that was especially feared lest India’s ports passed on this latter-day Black Death to the Middle East and Europe. Ultimately, more than 90 percent of plague deaths worldwide occurred in India. With influenza in 1918, India was again a recipient, this time of a pandemic marching from west to east, from the war zones of Europe and the Middle East. Plague rumbled on for years; influenza did its killing in months. In this last great pandemic, India, despite suffering at least twelve million deaths, received scant international attention, its mortality overshadowed by war and the more widely publicized ravages of the disease in the West. With cholera and plague, India was the main story; with influenza, it was a sideshow.

Ever since the cholera of the nineteenth century, pandemics have triggered a global blame game, a naming and shaming, that often simulates old rivalries. How has Britain done in the pandemic league compared with Germany, and India with Pakistan? As cholera so evidently erupted out of India, other empires and nations blamed the British for these deadly and repeated explosions and for the apparent failure of the colonial regime to stop the pandemics at their source, implicating Hindu bathing festivals, or, critiquing the hajj, along the lines of westward transmission from India to Europe’s eastern approaches. International

naming and shaming no longer operates—officially—through such stigmatizing geographic designations as “Asiatic cholera” or “Hong Kong flu,” and yet the effect on the global pandemic imagination remains much the same.

Through international sanitary conferences (the ancestors of today’s World Health Organization) from 1866 onward, attempts were made to bring British India to heel, to shame its sanitary shortcomings, and to establish a system of inspection and quarantine stations to protect Europe “against the importation of exotic diseases from the East.”³ Despite British objections to restrictions on free trade and the unfettered movement of people, some measures stuck, though the transparent concern was to protect Europe and North America from pandemic Asia, rather than to rid India of its epidemic afflictions. Still more strikingly, the outbreak of bubonic plague in Bombay (Mumbai) in 1896 prompted fresh demands for sanitary intervention, backed at the Venice conference of February and March 1897 by a threatened embargo on India’s maritime trade if the British did not react immediately. The upshot was the Epidemic Diseases Act of 1897, a piece of draconian sanitary legislation that has now been resurrected, 123 years later, by the present government of India to tackle a comparable crisis of global magnitude.⁴

It is not hard to imagine the chaotic and distressing scenes of 1896 and 1897—the mass flight of the laboring poor as the panic caused both by the disease and by anti-plague operations took hold, the hosing down of tenements and the burning of hovels, the enforced hospitalization of suspects snatched from homes and streets, the brutish body inspections at railroad stations, the riots and attacks on doctors and ambulance attendants, the curtailed cremations and lime-splattered corpses, the mounting daily tally of the dead—transposed to India of the recent past (see Figures 1 and 2 on the following page).⁵ Then, as now, the middle classes could save themselves by self-isolating (in part, in the 1890s, by establishing “caste hospitals”), insulated by the privileged distancing of caste, class, and gated communities, while for the poor, self-isolation was (and is) a fantasy.⁶ Then, as now, the slum dwellers and the migrant poor were doubly victimized—by disease and by loss of livelihood.

For all the attention lavished on India’s middle classes in recent times, as a result of the coronavirus and the state measures in reaction to it, the awkward presence of the masses has again asserted itself, as it did with plague and influenza, only now it has been elevated to a new domestic prominence and global visibility. COVID-19 has directed renewed attention to India’s armies of informal labor, the migrant poor who move, often seasonally, from the countryside to the cities in search of work, and who in troubled times like these seek to return to villages where they feel more secure and have greater access to food and shelter.⁷ Much as they did in March and April 2020 from Delhi, Mumbai, Surat, and Hyderabad,



Figure 1. Medical Officers Visiting a Suspected Plague House, Bombay, 1896, with Military Escort and Ambulance. Albumen print: no named photographer. Courtesy of Wellcome Collection: Creative Commons Attribution CC BY 4.0.



Figure 2. Medical Officers Inspecting Train Passengers, Sion Railroad Station, Bombay, 1897. Albumen print, attributed to Captain C. Moss. Courtesy of Wellcome Collection: Creative Commons Attribution CC BY 4.0.

between October 1896 and the end of February 1897, an estimated 380,000 people fled Bombay, then a city of 850,000.

COVID-19 illuminates a half-forgotten truth that for many of these people, the city remains an alien space: as one participant in a comparable exodus from Dhaka in Bangladesh put it, “the city is not ours.”⁸ However integrated city and countryside might superficially appear to be, such a pandemic (or the measures that panicked governments impose) exposes the enormous economic and social gulf between the two. Yet while the city might be alien space to many migrant workers, as in the plague past, the authorities try to contain infection within the cities, where it might be amenable to surveillance (doctors, drones, apps), fearing that once the contagion moves into the villages, it becomes far more difficult to manage and detect. The impulse to protect society and the economy by corralling and disinfecting the poor remains as vital a principle of state action now as when an earlier generation was herded into plague camps and screened through inspection depots in the 1890s and 1900s.⁹

Historians can only visualize the plague scenes of 1896–1897 through the partisan lens of colonial photography or read about them in old newspapers and municipal reports. Now, we can witness them reenacted before our eyes through mobile phones and video cameras, on prime-time television and social media, hourly exposed to national debate and global scrutiny, and with no retrospective certainty as to what the outcome might be. The desperate flight from the cities in March and April 2020 put some observers in mind of Partition’s mass migrations.¹⁰ In India there is an older tradition of investigative journalism that goes back at least to William Digby and the “famine campaign” of the 1870s, but now the poor have a name, a face, a voice: they speak with anger and frustration to the inquiring audio journalist.¹¹ They—and the calamity they inhabit—exist in real time. Does greater immediacy engender greater empathy? Some historians claim that epidemics can bring people together across entrenched social divides: there is an upwelling of compassion, a common sense of danger, a shared notion of who or what the enemy might be.¹² More likely, the current trend in India suggests an epidemic, still more a pandemic, forces social divisions more starkly into the open, transforming fissures into fault lines. There is a subaltern politics still.

In the 1890s, British India was shamed by having a succession of foreign experts visit its shores to investigate plague (and cholera before it), though the faltering reputation of colonial medical science was then partly redeemed by the anti-plague serum developed by the Russian émigré and Pasteurian bacteriologist Waldemar Haffkine in Bombay, and by the intensive epidemiological research that followed. India’s plague gave lessons to the world—and a crib sheet for the present. In the earlier pandemics, troops played a prominent role, as they and their camp followers tramped across India, trailing cholera in their wake or, in the time of

influenza, with returning soldiers and intensive troop movements across a half-starved, war-wracked India. During the plague episode, soldiers were more in evidence as enforcers of unpopular sanitary regulations than as disseminators of disease. So far, in this there are no obvious parallels with COVID-19. The modern armies of the infected are returning tourists or “stranded” migrants. And yet, now as then, the language of martial resolution and military maneuvers persists. Prime Minister Narendra Modi declared in an address to the nation that it was necessary to wage war against coronavirus. The struggle was a life-and-death battle, one that India needed to win.¹³

Who, in a time of coronavirus, has sovereignty over the body? Who claims—and exercises—the right to minister to its ills? Certainly, the Indian state claims a primary entitlement, but that state is itself divided between the central government and the states of the Indian Union, which (like the provinces of the Raj) have shown a lively determination to exercise their own initiative. Modi may have ordered an India-wide lockdown (with only four hours’ notice on March 24), but states have chosen to extend or to interpret it after their own fashion, often with strikingly different results.¹⁴ As in earlier pandemics, vernacular alternatives to biomedicine abound. To the consternation of health care professionals, alternative therapeutics are touted as prophylactics or cures; there is nothing peculiarly South Asian about that. Plague and influenza—and the woeful deficiencies in colonial public health they exposed—were a great stimulus to the revival of India’s indigenous medical systems and to homeopathy. Today’s proffered remedies include cow urine and dung; elsewhere COVID-19 has been rationalized as a righteous punishment for those who irreligiously eat meat.¹⁵ Pandemics are opportunistic world travelers, but, chameleon-like, they also take on the color and complexion of the societies they come to inhabit. Once there were goddesses who brought or constrained smallpox, cholera, and plague, deities demanding exceptional reverence and devotion in epidemic times. In India now, under the aegis of the ruling Bharatiya Janata Party (BJP) and the ascendancy of the Hindu right, the protecting, propitiatory deity might be construed as Hinduism itself.

But history does not simply repeat itself, its lessons rewashed and hung out to dry. As Hegel might have said, every pandemic is basically the same; every pandemic is profoundly different. This is 2020, not 1896 or 1918, and it is possible to conceive an insurgent narrative, a tale from the Global South, that runs counter to the historical trajectory culled from a colonial past or reimagined via an epidemiological orthodoxy still rooted in the West.¹⁶

As yet, as of late May 2020, deaths from COVID-19 have not repeated earlier pandemic patterns. During the tsunami-like onset of plague, and especially in influenza’s deadly second wave, the contagion sped through India’s urban communities and rapidly invested small towns and villages. In one day alone—

October 6, 1918—there were 768 influenza deaths in Bombay. The largely rural Central Provinces (Madhya Pradesh) lost one-tenth of its population in a matter of weeks. Conversely, in the three months after January 30, 2020, when the first COVID-19 case was recorded in India, there were just over a thousand acknowledged deaths (1,154) from the disease, with a further 537 across the rest of South Asia. In this period, India recorded fewer COVID-19 deaths than Ireland. More ominously, though, by May 10, India's tally had passed 2,000 and, as India was easing lockdown restrictions, the country reached more than 5,000 deaths and over 180,000 cases by early June. There have been cases of COVID-19—and deaths—in Mumbai's densely populated Dharavi slum, but as yet, nothing on the scale of sickness and mortality so inescapably evident among the urban poor when plague and influenza took hold. However, until June, COVID-19 cases and deaths were largely concentrated in a few cities and states, principally Mumbai and Maharashtra in Western India; but with rapidly expanding numbers of cases and deaths, the India-wide potential of the pandemic becomes apparent.

Perhaps—apocalypse deferred—it is simply too soon to know how the pandemic will affect India. But several possible explanations have been offered for the relatively low mortality thus far: some strains of COVID-19 might be more lethal than others; heat might be inimical to the spread of the virus, and a clearer picture will emerge with the monsoon (the flu season in northern India); India's age profile is very different from that of Western countries, where care-home residents and those over seventy have proved most vulnerable; misdiagnosis and underreporting may be rife in a country where 80 percent of deaths occur at home, not in hospital; testing and tracing are wholly inadequate.¹⁷ Conceivably, despite the chaotic scenes that marked its abrupt beginning, India's lockdown may have worked and slowed the rate of infection. And, if we value statistics, we might set the thousand-plus deaths from COVID-19 during the first three months in India alongside the 150,000 fatalities that occur annually on the country's roads, the ten million deaths from all causes every year, or the 200,000 farmer suicides since 1997. Events elsewhere have given this rogue virus a prominence that—in terms of mortality alone—it might not otherwise have commanded.

But an insurgent narrative needs to be about more than explaining why the pandemic has or has not happened as might have been expected so far. It is also about how we reorient our historical vision and epidemiological understanding. In the late 1890s and early 1900s, at the height of the colonial era, India was beset by famine and besieged by serial epidemics of cholera and malaria; famine and food shortages were rife again in 1918–1919. India is not in that extremely vulnerable position today, even though poverty and malnutrition remain widespread. One effect of the lockdown may be to push millions of Indians once more to the brink of starvation or render them more susceptible than they would otherwise have

been to other infections. In the 1890s and 1900s, India's pharmacological industry was in its infancy; Bombay's Haffkine Institute was one of the first institutions to manufacture an anti-plague serum on a large scale. Now India is one of the world's leading producers of generic drugs and annually exports billions of doses of vaccines to countries worldwide. India's manufacture of the antimalarial hydroxychloroquine even had the president of the United States threatening India with "retaliation" unless it continued to allow the export of the drug as a (unproven) prophylactic for coronavirus. If there is to be an effective vaccine against COVID-19, it is likely that it will be mass-produced in India.

The influenza pandemic was a hundred years ago, when India's medical establishment was overstretched and depleted by the demands of war and constrained by narrow colonial health care priorities. Since then, India has ridden out a host of lesser epidemics—from cholera to chikungunya, from the "Asian flu" of 1957 to the swine flu of 2009—without mortality on anything like 1918's apocalyptic scale.¹⁸ Western countries may have begun to think themselves relatively immune to pandemics: India has not had that luxury. Further, it has played a major role in the eradication of smallpox and the containment of polio, and, with the number of cases and deaths falling, it has hopes of eliminating malaria by 2030. India's health system may be defective, overstretched, and underresourced, but have those of the United States and Britain fared any better? When it comes to handling a modern pandemic, the West might learn something from China, Taiwan, South Korea, Singapore, and (it may yet be) India. At the least, the pandemic has taught India once more to be self-reliant—to look to its genius for innovation and improvisation—rather than to expect substantial help from the West. And yet this narrative is still an "insurgent" one, for the fragility of India's already faltering economy, the persistence of extreme social inequality, and the flawed capacity to deliver health care to those who need it most, make this an aspiration and not yet an assured and definitive statement. And, as elsewhere, the Indian government has to battle with the competing demands of protecting public health and reviving the post-lockdown economy.

In many countries, COVID-19 unleashed a wave of Sinophobia: in India it erupted into Islamophobia. Following close on unrest over the Citizenship Amendment Act, which appeared to discriminate against Muslims, an outbreak of the disease at a gathering of the Islamic organization Tablighi Jamaat in Delhi in March, where a cleric from Indonesia may have introduced the infection, led to wild claims about this being the source of thousands of cases (and dozens of deaths) across India. There have been wild rumors—of a nature and on a scale perhaps not seen since the plague days in 1896–1897—of Muslims deliberately infecting food and water to spread the virus. Muslims have been collectively accused of being "coronavirus terrorists," plotting a "Taliban crime," and launching a "corona jihad."

In some towns and villages, Muslims have been ostracized, beaten up, and abused, with signs put up to deny them entry.¹⁹ Secure in the landslide majority won by the BJP in 2019's elections, the Modi government has been slow to counter or condemn this tide of vilification and hatred.

But if there are echoes here of the rumors and violence of the 1890s, we should remind ourselves that then the target of such acts and suspicions was a colonial regime whose often arbitrary conduct, and whose apparent unconcern for the values and well-being of the people, provoked a backlash across classes and communities. The intensity of that reaction forced the colonial authorities to backtrack, moderate the more extreme measures adopted under the Epidemic Diseases Act, and seek a fresh rapport with the Indian middle classes. In attempting this conciliatory maneuver, colonial officialdom was only partly successful, and India's plague years spawned a new politicization of both classes and masses. Very different is the situation today, when the pandemic is seized upon to mobilize majoritarian hostility not to an unpopular colonial regime but to a perceived "enemy" within. Nor is there any obvious parallel in colonial surveillance and censorship to what a coronavirus-tracing app might do to trespass on personal freedom and to augment state power. Perhaps if the Modi government's resurrection of the 1897 act fails to check the spread of coronavirus, if the economy contracts, and India becomes, as epidemiologists have predicted, the pandemic's worst-case scenario, then conceivably a reaction will set in and the regime itself will become, like the British before it, a target of intense hostility. But the BJP-led government in Delhi has more ideological weapons and political tools at its effective command than the British had in the 1890s. It is better placed than they ever were either (if things go well) to claim a heroic victory and a vindication for the prime minister's resolute and decisive action, or (if they do not) to deflect criticism onto an internal, scapegoated, "other," or an external one, such as China, with whom India's relations have become increasing belligerent during the COVID-19 months.

COVID-19 poses challenging questions for the historian. What exactly, in these pandemic times, is the use of history? Or, indeed, of colonialism? In times of such uncertainty, we understandably seek a usable past to comfort, guide, or reprimand the present. Nineteenth-century colonial sanitarians used cholera to show an India still sunk in its past, mired by outdated custom and ancient superstition. Today, colonialism becomes a stick with which to beat the regime in power. Perhaps pandemics are simply too complex and fine-grained a phenomenon, too bound by specificities of time, place, and culture, to be used in so hasty a fashion.

In seeking to give due weight to the role of epidemics in history and to counter earlier neglect, historians have often argued that epidemics—still more

pandemics—were game changers, that the demographic and economic loss they caused, the cultural shock and social trauma they occasioned, impelled profound and far-reaching change. The Black Death of the fourteenth century and the cholera pandemics of the nineteenth have been viewed in this way. But we should be wary of ascribing too much to pandemics. Certainly, as it affected India, the plague pandemic of the 1890s and 1900s produced significant practical and attitudinal changes in both government and the governed. But that could hardly be said of influenza in 1918–1919.²⁰ At least twelve million people died and countless millions more fell sick. Because of the way in which the disease targeted those in the twenty to forty age range, the disease (and concurrent famine) left tens of thousands of widows and orphans in its wake.

And yet, the almost unimaginable death toll aside, it is doubtful that influenza changed very much. Neither colonialism nor capitalism collapsed; nor did the disease provoke—in India—much-needed health reform or greatly stimulate medical research. It did add weight to the protests that fueled the Rowlatt Satyagraha in 1919 and so helped propel Gandhi into all-India prominence, but the massacre at Jallianwala Bagh (with perhaps 500 people killed) that April did far more than influenza's twelve million fatalities to propel India into an age of mass nationalism and ardent anti-colonialism. For all its mass mortality, influenza was little politicized or memorialized in India at the time, and, in stark contrast to the bubonic plague (when colonial photography found much to commemorate), it passed almost without visual record. COVID-19 already has outstripped the plague pandemic in its visual presence and its likely impact on individual and collective memory: who will not remember where they—or family members—were when coronavirus happened? But will the skies over Delhi be clear again when the lockdown is over; will the waters of the Ganges remain unpolluted? It is too soon to say, but I doubt it.

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Notes

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2

VIRAL REFLECTIONS

PLACING CHINA IN GLOBAL HEALTH HISTORIES

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There are few narratives as compelling, or as contested, as the beginning of an epidemic. Where did it come from? How did it spread? The history of medicine suggests that these questions are usually impossible to answer definitively and often only reinforce harmful stigmas and misconceptions.¹ Nonetheless, the origin of the novel coronavirus SARS-CoV-2 has attracted a wealth of attention and speculation from scientists, government officials, and media commentators. The exact means of zoonotic transmission remain unclear, but there is a broad consensus that the condition caused by the virus, known as COVID-19, first appeared in Wuhan in late 2019. The role attributed to the government of the People's Republic of China (PRC) in responding to the outbreak has varied greatly, ranging from accusations of negligence in allowing the virus to spread outside its borders to assertions of its success in controlling the outbreak through extensive quarantine and rapid resource mobilization.

Distinct cultures and politics of science and medicine have contributed to strikingly variable national responses to this global crisis. In South Korea and Taiwan, epidemiologists have employed contact tracing, border surveillance, and increased dissemination of face masks. In the United States, federal authorities imposed barriers to early diagnostic testing, and President Donald Trump promoted

the drug hydroxychloroquine despite a lack of evidence for its therapeutic efficacy. Swedish officials have articulated the concept of herd immunity, in contrast to standard epidemiological usage, as a means by which the majority of a population might gain immunity to COVID-19 by contracting it. In each case, the groups and individuals involved have tended to claim an objectivity that is itself historically contingent and unstable.²

Across this spectrum of responses, the significance of public health systems in China remains constant—yet also unclear. If the city of Wuhan played the part of a “sentinel post,”³ providing early warning of the crisis, then what responsibility lay with the Chinese government to inform other polities, and when? How have data and experience from Wuhan informed transnational efforts to trace and treat cases of COVID-19? What conditions led to the virus escaping the borders of the PRC? These questions expose the ways in which public and global health are—and have been—far from neutral and objective fields of inquiry, but are instead deeply shaped by political, social, and cultural concerns. This article seeks to provide historical context for China’s place in that contested field. Contrary to prevalent narratives in the history of medicine, China and Chinese historical actors have played key roles in international and global health throughout the twentieth century. Several episodes will illustrate this argument: the Qing dynasty’s organization of an International Plague Conference in 1911 following an outbreak of pneumonic plague; the prominent place of the Republic of China (ROC) in the work of the interwar League of Nations Health Organization; the role of Chinese diplomats in the establishment of the World Health Organization (WHO); Cold War medical diplomacy; and Chinese models of primary health care in international health during the 1970s.

These case studies together show that China, and the diverse peoples associated with this polity, played a significant role in shaping “global health” even before that term rose to prominence in the 1990s. Yet the Sinophone world continues to occupy unjustifiably peripheral territory in recent histories of the subject. During this period, the polity known as “China” underwent dramatic political and social transformation: from the last years of imperial rule to a republic marked by regional warlordism, the consolidation of power by the Nationalist Party after 1927, and the establishment of the PRC in 1949 under the Chinese Communist Party. Even as what constituted “China” changed, so too did concepts of public and international health take on new meaning; historians have called attention to the origins of international health in colonial medicine and traced shifts from “international” to “global” health in terms of fluctuating power alliances that promoted transnational integration over the twentieth century. Yet even as it has reflected these important changes, the historiography of such “interventions into the lives of other peoples” has predominantly focused on the work of the WHO

and Euro-American nongovernmental organizations as a manifestation of Western powers' efforts to cultivate soft power and resist the global spread of communism.⁴

China features in these narratives as a site of occasional interest—for instance, insofar as its “barefoot doctor” program offered useful examples for rural health projects in the 1970s, or the implementation of its one-child policy in the 1980s suggested an extreme manifestation of global discourses of population control. Within modern Chinese history, by contrast, a number of recent works have demonstrated that medicine and public health fundamentally shaped the making of modern China.⁵ Studies of medicine and health in the Republican era, as well as the early PRC, have immensely enriched our understanding of these processes. In the following account, I seek to demonstrate the significance of this work to global narratives.

Republican Fever Dreams: Early Twentieth-Century Epidemic Crises and Responses

At the turn of the twentieth century, the Qing dynasty figured in transnational sanitary discourses primarily as a dangerous zone harboring deadly infectious diseases. These dark visions seemed to manifest in full in the winter of 1910–1911, when pneumonic plague stalked the landscape of Manchuria. This epidemic exposed geopolitical vulnerabilities of the ailing Qing, beset by agents of Russian and Japanese empires seeking to use epidemic prevention as a means to expand influence in northeast China.⁶ Hu Cheng has noted that the perceived need to protect sovereignty motivated the Qing to adopt harsh methods of quarantine and surveillance.⁷ Central to these accounts is the work of Wu Liande, the Penang-born, Cambridge-trained physician whose interventions asserted the authority of Euro-American biomedicine in China and led to the establishment of the North Manchurian Plague Prevention Service.⁸

The outbreak also had consequences for international health. At this time, “international health” consisted largely of attempting to prevent epidemics, especially cholera, from crossing national and imperial borders; a series of International Sanitary Conferences had been convened for this purpose since the 1850s. When the Qing court called for an International Plague Conference to be held at Shenyang (then Mukden) in April 1911, it signaled Chinese ambitions to participate actively in transnational medical networks at a moment when a growing spirit of medical internationalism had increased the significance of such networks for the discussion of epidemic control.⁹ In his welcoming address, Viceroy Xi Liang articulated the goal of bilateral exchange: “I sincerely hope that your deliberations during the next few weeks will result in the saving of human lives, not only of this country but of others also, should this terrible disease unfortunately break out elsewhere.”¹⁰ Delegates came from across Europe, North America, Russia, and

Japan; most requested laboratory space to conduct research and spent a month studying and debating questions of the disease's pathology and transmission. The conference thus asserted China as a place where epidemiological research, as well as epidemic outbreaks, could carry global significance. Robert Perrins describes it as "one of the first major international gatherings that visibly promoted a global perspective on human healthcare."¹¹

The International Plague Conference provided extensive opportunities to discuss research and policy questions of plague control. In this function, it created professional opportunities for attendees. For Wu Liande, chairing the event offered a chance to consolidate his status as a leading researcher and administrator of Western medicine in China to global audiences. The American delegate Richard P. Strong was at the time a colonial medical officer stationed in the Philippines; his participation in the conference, and his role in compiling its summary report, facilitated his rise in the field of tropical medicine.¹² Because outbreaks of pneumonic plague with human-to-human transmission are rare, research presented at the conference was of lasting significance.¹³ The International Plague Conference thus provided a foundation for Chinese states' participation in—and contributions to—transnational epidemiological cooperation.

Subsequent decades saw the rise of new organizations that projected geopolitical power through medical diplomacy, especially after the influenza pandemic of 1918. The Rockefeller Foundation's interventions to export American tropical medicine and implement top-down technical methods for disease prevention, especially through its International Health Division, have been well documented.¹⁴ By 1933 it had invested more money in China than any country outside the United States, most notably in the establishment of Peking Union Medical College, the only school of medicine the foundation ever established and administrated directly. A separate program implemented between 1935 and 1937 in North China represented an early effort to integrate public health into rural development.¹⁵

A key agency in the interwar geopolitical order, the League of Nations, took on international public health as a major function. The goal of establishing hygienic infrastructure in China helped shape the agenda of the League of Nations Health Organization (LNHO) from its formal establishment in 1924 through its disbanding in 1946. One of its earliest projects was the establishment of a Far Eastern Bureau in Singapore; in 1925 the LNHO's medical director, Ludwik Rajchman, traveled to China and subsequently became deeply invested in facilitating the development of public health there. Physician Andrija Štampar's work on behalf of the LNHO as a consultant to the Nationalist government in the early 1930s, especially his advocacy for preventive and social medicine, also played a formative role in the establishment of health administration.¹⁶

During this period, Rajchman and his colleagues sponsored and oversaw the establishment of a Central Field Health Station in Nanjing. “Above all, it performs a truly pioneering service in rural districts, where the need of its manifold activities is felt more acutely than in many other countries,” wrote Rajchman of the station and associated health services.¹⁷ Iris Borowy has pointed to the significance of this project for testing the ideological goals of the LNHO: namely, to provide “blueprints for national health systems”; to articulate “a comprehensive concept of health, which incorporated medical, political and social responsibilities”; and to use this concept of health as a means of supporting world peace.¹⁸ Although the LNHO ultimately fell short of its operational goals in China, Chinese experiences shaped its broader approach to medical interventions around the globe (Rajchman was instrumental in founding UNICEF).

By the eruption of the Second World War, China’s notoriety as a place that was both vulnerable to epidemic outbreak and in need of medical infrastructure made it central to considerations of transnational epidemic control and intervention. Yet the story was not one of abject exposure to disease and death. Even during the turmoil of the Second Sino-Japanese War, researchers and administrators contributed their voices and work to discourses that framed China as an experimental space,¹⁹ one where epidemics might take thousands of lives in the course of one bitter winter, but also where the causative agents of those outbreaks might be identified and new public health projects could be developed using a range of cooperative alliances.

Medical Diplomacy in the Postwar Order

In 1945, Szeming Sze (Shi Siming, 1908–1998) played a key role in the establishment of the WHO. The time was April 1945; the event was the United Nations (UN) Conference on International Organization in San Francisco. Sze, the son of the statesman Alfred Sao-ke Sze (Shi Zhaoji, 1877–1958) and a Cambridge-trained physician, was the secretary of the chief delegate from China, T. V. Soong. Unaware that the US and UK delegations had privately agreed that health should not appear on the meeting’s agenda, Sze and two other delegates, Norway’s Karl Evang and Brazil’s Geraldo De Paula Souza, agreed that an international health organization should be established. “Luckily, securing the approval of the Chinese delegation for initiating the proposal was rather easily accomplished, as I had the ear of the chief of the delegation,” Sze later noted.²⁰ Sze subsequently wrote a text advocating for such an agency, which he presented with Souza as a declaration that met with enthusiastic approval. Sze then coordinated meetings for a preparatory committee to establish what became known as the WHO. In January 1946, the Chinese delegation to the UN Economic and Social Council called for a conference of UN member governments to establish a new health organization. Sze oversaw

the passage of subsequent proposals through the administrative machinery of the UN and successfully argued for the new agency to be named the World Health Organization.²¹ Although Chinese diplomats were conjuring up a new world of international health, China itself remained mired in military conflict. As Sze made his proposals in San Francisco, civil war was erupting between China's Nationalist and Communist Parties. After the establishment of the People's Republic on the mainland in 1949, Chiang Kai-shek's Republican government—now on Taiwan—continued to represent China in the WHO, UN, and other organizations of international governance. The resulting bifurcation of Chinese medical administrations would have a major impact on international health.

Although narratives of global health have focused on the Western world and its often neocolonial use of medical interventions to support Cold War objectives, the socialist side of the story has received less attention. Recent work has drawn attention to the ways in which the Soviet Union and allies established networks of health cooperation and intervention.²² Gao Xi has demonstrated the significance of Chinese engagement with Soviet medical aid in the early 1950s.²³ Domestically, the PRC invested in public health programs, notably schemes of training paraprofessional health workers—eventually called “barefoot doctors”—in Chinese and Western traditions to support rural health, as well as mass immunization against infectious diseases and schistosomiasis control.

In the 1960s and 1970s, Chinese health officials also promoted their work abroad as a matter of foreign policy. The PRC used medical diplomacy to compete for influence and acknowledgment with the ROC on Taiwan, focusing their efforts on the “nonaligned” world. Southeast Asia, Latin America, and especially Africa became important battlegrounds for both the governments that claimed authority over one China. In the PRC, these efforts largely focused on Africa, where diplomats emphasized shared experiences of anti-colonial conflict. Medical aid most often manifested on the ground in teams of physicians, supplies, educational materials, and occasionally student-exchange programs. These programs promoted a distinctively Chinese form of rural health. For instance, starting in 1964, physicians helped establish a health program in the United Republic of Tanzania that drew on the barefoot doctor model and included training medical personnel, building a medical laboratory, administering hospitals, and conducting health demonstrations in villages.²⁴ A *People's Daily* report capitalized on these programs' symbolic meaning for domestic audiences: “Chinese medical personnel often braved the scorching sun and torrential rain, traversed mountains and forests, and crossed rapids to provide medical care to villages. . . . When the Tanzanian people saw the spirit of the Chinese medical personnel to sincerely serve them, they were very moved.”²⁵ PRC medical diplomacy continued throughout the Cultural Revolution and the postsocialist transition. From the early 1960s to the

early 2000s, over fifteen thousand Chinese medical workers traveled to forty-seven African nations as part of cooperative programs.²⁶

Across the Taiwan Strait, similar strategies of medical diplomacy took shape, albeit in a radically different geopolitical context; the ROC oversaw the replacement of Japanese colonial medicine on Taiwan with American standards and professional organization.²⁷ Drawing on American financial support, ROC diplomats also actively participated in efforts to contain mainland Chinese influence in the so-called developing world, often focusing on the same African territories that PRC efforts in medical diplomacy targeted. In 1959, the ROC announced an International Cooperation Program that provided agricultural assistance, including medical programs, to newly decolonized states in Africa. The Ministry of Foreign Affairs launched this program in 1961 with the dispatch of a team to Liberia; it ultimately sent 922 experts to Africa and brought over 400 Africans to Taiwan during the 1960s and 1970s.²⁸

These initiatives faltered as Taiwan encountered difficulties on the global political scene. In 1971, following the rapprochement of the PRC and the United States, the former rejoined the UN as the sole representative of China, resulting in the expulsion of the ROC. As a UN affiliate, the WHO followed suit, welcoming the PRC in 1972 and ejecting the ROC. With the exception of a brief period from 2009 to 2016, in which the ROC was permitted to attend the World Health Assembly as an observer, the ROC has since been largely excluded from international health policymaking. The current absence of Taiwanese models and precedents from contemporary discussions of COVID-19 in global health organizations should be understood in this historical context.

The Gospel of Primary Health Care: Making a Chinese Model for the World

From its new vantage point as a member of the WHO, throughout the 1970s, the PRC actively promoted its system of rural medical care as a model for the future of global health governance. Although the policy impact of these efforts was short-lived, their success lay in again bringing Chinese voices and actors to the forefront of international health. Officials stressed the good health of China to demonstrate not only medical competence, but also their ability to lead medical administration on a global stage.

The formal readmission of the PRC to the WHO provided an opportunity to challenge prevailing idealizations of the practices and standards of Euro-American professional medicine.²⁹ Over the 1970s, Su Jingjing suggests, “exchanges in medicine and public health became a means of understanding China’s governmental achievements, as well as its social and economic situation.”³⁰ The Ministry of Health invited delegations of researchers and physicians from

Europe and North America to visit the PRC and observe firsthand its successes in medical administration. Visitors returned with glowing reports of the integration of Chinese and Western medical traditions via acupuncture anesthesia, barefoot doctors, and other programs, having been shown carefully curated sites and clinics.³¹

These good impressions translated into admiration for the systems of rural health that the PRC enshrined for foreign audiences. Over the 1970s, these programs presented a model for emergent ideals of “primary health care,” which combined strong local leadership, grassroots labor, mass education, and affordable preventive work—distinctive elements of the health programs deployed in projects of medical diplomacy in previous decades. The organization and administration of these programs drew particular attention. For instance, Philip Lee, professor of social medicine at the University of California, San Francisco, reported after a 1973 trip to the PRC that two aspects of its medical policy offered lessons for Americans: “the priority accorded public health programs and a clear set of guiding principles.”³² The Chinese case ultimately articulated a vision for public health that attracted worldwide consensus. A 2008 WHO publication claims that “China’s barefoot doctors were a major inspiration to the primary health care movement,” which culminated in the Alma-Ata Declaration of 1978, a resolution that set forth primary health care as a major new direction for the WHO.³³

Although Chinese models thus provided a basis for one of the most striking shifts in global health policy of the twentieth century, recent studies suggest that these models emerged from a more complex medical environment. The barefoot doctors, widely praised for combining medical traditions, actually frequently embraced practices identified with Western medicine.³⁴ The model of health care that became enshrined in Western discourses of global health contrasted with the practices that actually made anti-schistosomiasis campaigns successful.³⁵ And the successes of epidemic control that legitimized this model were built on familiar, largely top-down strategies of mass immunization.³⁶ Against this background, health officials articulated strengths of medical administration, bound up with ideals of primary health care and building upon experiences of socialist internationalism, in order to assert capability and authority in world health governance.

Conclusions

Chinese dreams of health for all became global ambitions at the end of the 1970s, but they were never fully realized. In international health, the 1980s saw the emergence of “selective primary health care,” which eschewed sweeping reforms in favor of limited interventions that largely continued traditional focuses on targeted technological approaches such as immunization.³⁷ Even in the PRC,

economic, social, and political transformations in the 1980s and 1990s led to the disintegration of support for rural health in many provinces.³⁸ The 2003 eruption of a novel coronavirus, SARS-CoV-1, lay bare structural shortcomings in the health systems of the postsocialist PRC. The episode provoked a major reformulation of epidemiology in China, largely designed to avert the possibility of a similar scenario reemerging.³⁹ And yet, seventeen years later, the world faces a second novel coronavirus, even more fearsome.

I will not attempt to predict what COVID-19 will leave in its wake—or even that there will ever really be a definitive end to this pandemic. In response to the AIDS epidemic of the 1980s, the historian of medicine Charles Rosenberg articulated a dramaturgy of epidemics that sets out discrete stages of revelation, explanation, response, and memory.⁴⁰ Yet recent scholarship—and current experience—suggests that we should resist such simple narratives. Epidemics leave exposed in their wake personal grief, scientific controversies, and institutional failings, even as their disruption of existing social, cultural, and political systems offers the potential for productive transformation.⁴¹ Organizations that claim neutral coordination on the basis of medical science in fact carry forward historic social, cultural, and political entanglements that complicate efforts to coordinate pandemic responses. Acknowledging the history of those relationships may help provide a means of transcending them.

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3

THE MEDIA SPECTACLE OF A TECHNO-CITY

COVID-19 AND THE SOUTH KOREAN EXPERIENCE OF THE STATE OF EMERGENCY

Jaeho Kang

Techno-Orientalism

On May 9, 2020, I received an emergency alert text message transmitted to my cell phone by the Korean Centers for Disease Control and Prevention (KCDC). The message, known as a Cellular Broadcasting Service (CBS), an unblockable message system, urged people who had visited five night clubs and bars in Itaewon—a popular nightlife district in Seoul, South Korea’s capital—between April 24 and May 6 to self-quarantine and to visit a local medical center for a COVID-19 test, regardless of clinical symptoms. I received similar texts four times that afternoon.

On May 5, the South Korean government further relaxed social distancing rules. There were only three new cases that day, all of which were from abroad. This was a sharp drop from the peak of 909 new cases on February 29. Since the country’s first confirmed case, reported on January 20, COVID-19 had resulted in 10,804 cases and 254 deaths as of May 5, but the spread seemed to be under control and nearly flattened. Since late April, single-digit numbers of new coronavirus

cases had been reported daily with no deaths. Then, on May 8, a twenty-nine-year-old male tested positive after visiting several locations in Itaewon, including gay nightclubs, on the night of May 1 and in the early hours of May 2. That the spike of nearly one hundred new infections was directly linked to gay nightclubs sparked widespread blame of the “promiscuous gay lifestyle.” The marked increase in homophobic backlash against the LGBTQ community via internet trolling exemplifies a typical cultural response of Asian countries depicted by the Western mainstream media.

South Korea’s handling of COVID-19 has been hailed by the majority of Western media. National Public Radio touted South Korea’s approach, grounded in conducting rapid, extensive testing for the coronavirus, as a model for other countries.¹ An article in the *New Yorker* illustrated that the South Korean government’s approach to combating the coronavirus made the American response look “absurd.”² Echoing highly positive accounts, the *New York Times* identified a few lessons from the South Korean model of containing the coronavirus without shutting down the economy and asked whether these could work abroad, particularly in the United States.³

South Korea may deserve some credit for its handling of the coronavirus. Among numerous indications, it is striking that the nation has had a significantly lower mortality rate from COVID-19 than other countries. As of May 26, South Korea’s rate was 2.40 percent (269 deaths out of 11,225 cases), whereas most Organisation for Economic Co-operation and Development (OECD) countries, particularly in Western Europe, were higher than 10 percent.⁴ It is noteworthy that this was achieved without draconian restrictions on speech and movement, as imposed in China, or drastic measures such as locking down entire cities or regions, as deployed in European countries and the United States. Highlighting that the first confirmed cases of COVID-19 were reported in both the United States and South Korea on January 20, 2020, the *Guardian* reported that in the two months that followed, the responses by the two countries were polar opposites.⁵ In a similar vein, the *Nation* gave an account of South Korea’s success in “testing, national health care, and transparency,” while contrasting it with the struggle of the United States, where the death toll exceeded 112,000 as of June 8, 2020.⁶

Analyses of South Korea’s management commonly attribute its success to both the efficient deployment of information and communication technologies (ICTs) and the Confucian collectivism of obedience and conformity. For instance, comparing the application of different policies in South Korea and Italy as the divergent strategies of “East vs. West,” the *Wall Street Journal* underscored that, unlike individualistic societies, South Korea’s Confucian cultural tradition enables a “paternalistic state” to intrude into people’s lives freely during a period of emergency.⁷ *Les Echos*, the oldest French financial newspaper, featured an

opinion column arguing that the French government should not sacrifice individual freedoms by adopting the tracking measures deployed by South Korea, a totalitarian country with “a culture of hyper-surveillance and denunciation.”⁸ The *Asia Times*, a Hong Kong-based news platform, stressed that Confucian Asian countries were winning the war against COVID-19 while Western countries were losing the battle with “fear, panic and hysteria.”⁹

The portrayal of Korea as a Confucian, patriarchal country—that is, a hierarchical, homogeneous, monolithic, traditional, and collectivist society in Asia—is not only found in media outlets but also resonates in a more sophisticated and philosophical way among prominent intellectuals. For instance, in the fight against the pandemic, Han Byung Chul, the Korean-born German philosopher, contended that Asian countries such as South Korea, Japan, China, Taiwan, and Hong Kong have a systematic advantage in dealing with the pandemic in comparison with their European counterparts because they are culturally “Confucian, authoritarian and more obedient than in Europe.”¹⁰ Views on South Korea’s handling of the coronavirus that stress either the cultural traits of Confucian collectivism or the technological aspects of governmentality might seem contradictory, but they are not totally incompatible. In view of “techno-Orientalism,” Asia and Asians are stereotypically imagined as technologically advanced but morally and intellectually primitive.¹¹ In fact, the image of the Confucian techno-nation has been increasingly present within the media spectacle of South Korea.

The patriarchal, obedient, and collectivist image has long served notable filmic representations of South Korea. Since *East Seoul* (1972), the first Hollywood film that illustrated 1960s Seoul, South Korea has largely been portrayed as a struggling industrial country that remains in shambolic order since the Korean War yet maintains its indigenous and local mores and traditions. In some films, North Korea plays a crucial role as a reminder that there is a more totalitarian regime on the peninsula. The Hollywood film industry has occasionally chosen Korea as a host (at least an intermediate host, if not the final one) to infectious viruses. In the 1995 medical disaster film *Outbreak*, one of the early movies on the dangers of epidemics, a reckless Korean ship crew smuggles a white-headed capuchin monkey, the host of a fatal zoonotic pathogen, into US territory. In a more recent apocalyptic film, *World War Z* (2013), Camp Humphreys, a US military base in Pyungtaek, South Korea, is where the outbreak of a zombie virus is first reported. A former United Nations investigator is dispatched to South Korea to develop a vaccine to save the world. There, he is told how the North Korean dictatorship successfully prevented the spread of the virus: “They pulled the teeth of all 23 million in less than 24 hours. No teeth, no bites.” Quite coincidentally, there have been no reported cases of COVID-19 in North Korea so far.

In contrast to the dreadful and dictatorial measure deployed in film by North Korea, the extensive utilization of advanced ICTs has been highlighted as a crucial reason for South Korea's success. A tech-savvy, Big-Brother-like society is not incompatible with Confucian collectivist culture. They are likely quite congruent. South Korea, in particular Seoul, has been increasingly portrayed as a futuristic high-tech city in more recent Hollywood films such as *Avengers: Endgame* (2019), *Avengers: Age of Ultron* (2015), *The Bourne Legacy* (2012), *Colossal* (2016), and *Downsizing* (2018).

The glittery imaginary of the city reflects the changing location of Seoul in global urban networks as well as the changing perception of the city and country in global media industries. South Korea is projected as the most media-saturated and wired nation on earth, articulating its cultural identity with ICTs. This sort of techno-mythological perception of Korea is exemplarily depicted in the German American sci-fi film *Cloud Atlas*, an adaptation of the 2004 novel of the same title. One of six stories, "An Orison of Sonmi-451," is set in Neo Seoul ("Nea So Copros" in the book), in an apocalyptic future dated to 2144. In the united Korea, Neo Seoul appears to be a "totally administered society" (in Herbert Marcuse's terminology) termed a "corpocracy," an Orwellian totalitarian regime that is governed by the Juche ideology—North Korea's governing national ideology—and by hyperconsumerism: the worst combination of North and South Korea. As such, in filmic representations, the Confucian collectivist regime and hyper-techno-capitalism consolidate the image of South Korea.

But what about in real life, especially during the pandemic crisis? In the twenty-first century, is it still feasible to identify South Korea as a Confucian society? Or do high-tech measures alone handle the coronavirus? Whereas Korea's ICTs are positively appraised, its Asian traits are blamed. South Korea's IT-based epidemic-containment strategies are conceived as a transgression of privacy that would not fit in individual-freedom-based liberal societies such as Western Europe and North America. Herein lies a crucial limitation embodied in the conventional view of binaries: individual versus society, private versus public, nature versus culture, human versus machine, and so on. It oscillates between the two components by simplifying the complex dimensions of Korean society as a choice between civic liberty as an individual freedom and public health driven by technological operation. The view based on this conventional dichotomy hardly grasps the South Korean experience of COVID-19. South Korea as the media-saturated society would be less the Orwellian society in *Nineteen Eighty-Four*, based on a monitoring system of hypersurveillance, and more like Aldous Huxley's World State in *Brave New World*, in which, by their own free will, individual citizens accept an intelligence and merit-based social mechanism engineered by state-of-the-art technologies.

Three Ts + Technology

During the outbreak of COVID-19, the South Korean government quickly identified key health and quarantine measures as the “three Ts” of testing, tracing, and treating: *testing* as measures to prevent the entry of the virus; *tracing* as conducting rigorous epidemiological investigations; and *treating* as the establishment of a patient management system.¹² The nationwide crisis management system has been reinforced through the experiences of recent disasters. The sinking of the Sewol ferry in 2014, which cost 304 lives, including 250 high school students, sparked grave criticisms about the ineffective—and indifferent—response and continuous political cover-ups by the government. It ignited nationwide protests with several million participating in 2016, eventually leading to the impeachment and imprisonment of the then-president Park Geun-hye in March 2017. As the current South Korean foreign minister, Kang Kyung-hwa, emphatically stressed, South Korea’s quick and preemptive response to the coronavirus outbreak derived from the traumatic experience and memory of the Sewol disaster.¹³ The 2015 outbreak of Middle East Respiratory Syndrome (MERS) in South Korea, which resulted in thirty-eight deaths out of 186 confirmed cases, also induced the government to reassess and reorganize its disease control system for outbreaks of large-scale epidemics and to support hospitals to set up more negative pressure rooms. These rooms served as—not sufficient yet—essential locations for isolating and treating coronavirus patients during the outbreak this year.

South Korea is a society with a history of disasters and various forms of crisis, ranging from politics to economics to health. The disasters have penetrated every corner of ordinary lives. This time, the country is more prepared. In December 2019, the center-right government conducted a large-scale drill to prepare a response to a fictional outbreak of a disease imported by a South Korean family after a trip to China.¹⁴ Less than two months after the exercise, Korea’s first confirmed case was reported when a person who had visited Wuhan, China, tested positive. Measures exercised during the drill were quickly deployed. The initial response of the government signified that a “developing” country like South Korea is more prone to cope with disasters that require fast processes of decision and practice. “Developed” postindustrial countries seemed to believe they had graduated from this sort of “Asian” epidemic, at least in the initial stage of the outbreak. South Korea, the twelfth-largest economy in the world, yet always classified as a “developing” country, has not yet outsourced major manufacturing and production lines abroad, such that it is still able to produce and supply essential personal protective equipment not only to medical staff but to the majority of citizens.

The previous crisis was also used by the government to relax some legal restrictions. No sooner had MERS diminished than the government revised the

Personal Information Protection Act (PIPA), Korea's strict data privacy law. In principle, PIPA prohibits the collection, use, and disclosure of personal data without prior informed consent of the individual. Under the amended Contagious Disease Prevention and Control Act, which overrides PIPA, data can be collected and profiled by public agencies such as the KCDC.¹⁵ In doing so, the government led the private sector to collect, process, and use large-scale data, facilitating the development of various tracing applications. In particular, partnering with the KT Corporation, Korea's largest telecommunications company, the government provided researchers and app developers with data on levels of foot traffic and international roaming since April 1, 2020, for free.¹⁶

One of the applications that actively employs information provided by the KCDC is Coronavirus Map. Created by a college student during the initial stage of the outbreak, the app informs users of the moment of a confirmed case. Now and Here is an app that calculates a mix of risk factors in surrounding areas when users enter their commuting route. If the user has been in the same place as an infected individual at a similar time, the app suggests when and where a test for infection is available. Another app, Cobaek, sends an alert when users are within one hundred meters of a place that an infected individual visited. The app was upgraded to the Cobaek Plus version with the addition of alerts for the availability of publicly provided masks at pharmacies. The app helps to avoid panic buying or long queues for purchase

The Korean government went on to develop a mobile app, Self-Quarantine Safety, to monitor the symptoms of inbound travelers. The app allows users to monitor their conditions and conduct a self-diagnosis, and it ensures that self-quarantine orders are kept by setting off an alarm when a user ventures outside the designated quarantine area. The app had been installed by approximately 170,000 travelers as of April 9.¹⁷ A great deal of controversy regarding information privacy arose when installation of the app became mandatory for all inbound travelers, including Korean nationals, on April 1. As of April 13, 91.4 percent of those under self-quarantine had installed the app. Inbound travelers who do not install the mobile application or fail to submit their daily health conditions are tracked down by immigration services using visa information and airline and passenger data. Travelers who fail to use the app as advised receive a notification and warning text messages on the first and second days, respectively. Travelers who show no indication of using the app properly on the third day are contacted by phone. If they still do not comply on the fourth day, they are reported to the police to be tracked down and fined up to \$2,500 for violations.

The South Korean government justifies the employment of technological contact tracing because it curtails the limitations of interview-based investigations that rely on human memory and the honesty of the interviewees. In April 2017,

the government introduced the Advancement of Smart Quarantine Information System, a quarantine information project that utilizes overseas roaming data to identify those coming into the country from high-risk regions and monitor them during the incubation period of the infection. Now legally supported, the quarantine authorities of Korea are empowered to acquire not only patient statements but also personal information through location tracking, card transactions, and CCTV recordings to trace transmission.

The success of contact tracing reveals how deeply South Korea is a data society. The wide use of credit and debit cards made South Korea a forerunner of a demonetized economy with high proportions of cashless transactions (52 percent of all transactions in 2019). The younger generation is already habituated to virtual payment. More than 60 percent of the 1,280 stores operated by Starbucks Coffee Korea only accept credit cards and mobile payments. The rapid growth of the cashless economy has been expedited by the wide use of smartphones. In 2019, South Korea had one of the world's highest phone ownership rates. Phone locations are automatically recorded with near-perfect accuracy because devices are connected to one to three transceivers at any time. There are approximately 860,000 4G and 5G transceivers densely covering the whole country. Phone companies require all customers to provide their real names and national registry numbers so that they can track nearly everyone by following the location of their phones. CCTV cameras also enable authorities to identify people who have been in contact with infected individuals. In 2016, South Korean cities contained 739,232 public CCTV and 1.5 million private CCTV cameras.

The datafication of epidemiological investigation has been enhanced by the COVID-19 Epidemiological Investigation Support System, a data platform that is designed to support epidemiological surveyors in identifying the transmission routes and places that infected individuals have visited. Through the application of City Data Hub, operating under the National Strategic Smart City R&D Program, the cloud-based open-data hub works to collect, store, process, analyze, and publish the cross-functional data. Since 2018, the KCDC has run the platform in close coordination with the National Police Agency, Credit Finance Association of Korea, three telecommunications companies, and twenty-two credit card companies. Conducting big data analysis, the platform provides real-time data on infected individuals, including their locations and the time spent there. In this vein, it is no wonder that the level of surveillance has been considerably heightened. Since COVID-19 has been classified as a new infectious disease syndrome in Group One of infectious diseases, reporting a patient with an infectious disease to a health center is required under the Mandatory Surveillance System. The disclosed data are categorized by time and region, stored in the Web-Statistics on Surveillance of Infectious Diseases, and shared and publicized by local authorities.¹⁸



Figure 1. Seoul National University staff conducting COVID-19 tests on student dormitory residents on August 30, 2020. Image ©Shin Won and The SNU News.

Meticulous logs of the travel and contacts of infected individuals are compiled based on the data. Consider, for example, the level of detail in the logs of patient sixty-four, a forty-nine-year-old female in Gwan-ak Gu, the southwestern district of Seoul. On June 6, 2020, the district office sent me an alert text message stating that patient sixty-four's logs had been uploaded to its blog following a positive test on June 5 after the patient visited a discount store, Richway, where a collective infection took place on May 31:

On Sunday May 31, she stayed at home until 18:10; 18:10–18:20 moved on foot; 18:20–18:21 visited a store, Well-Being House (address included) where there was human contact. Disinfection and sterilization were completed. Now safe; 18:21–18:23 moved on foot and visited a fruit store, Sillim Fruits; 18:23– 18:24 moved on foot and visited a grocery store, Jinheung Supermarket (address included); 18:24 returned home on foot and stayed at home. On Monday June 1, 11:20–12:00 she walked to the Sillim subway station, arrived in the Guro Digital Center station via metro; 12:00–12:30 visited Richway where there were human contacts; 12:30–18:27 walked to the Guro subway station and moved to other district via metro; 18:27–18:38 arrived at the Shillim subway station and moved on foot; 18:38–18:39 visited Ogury Hiper, a grocery store where there were human contacts; 18:39 returned home on foot and stayed at home. On Wednesday June 3, 09:00–09:14 she moved on foot, and 09:14–09:15 visited the Chung Ang pharmacy; 09:32–09:33 visited the Hyungjae fruit store; 09:33 returned home on foot and stayed at home. On Thursday June 4, 10:30–11:30 she visited the medical center of Gwan-ak Gu and took a COVID-19 test. On Friday June 5 she tested positive.¹⁹

The log reconstructed here may seem overly meticulous, but in fact, it is far less detailed than the information gathered. On March 9, Korea's National Human Rights Commission issued a recommendation to ameliorate privacy concerns, suggesting that revealing exceedingly detailed information was unwarranted.²⁰ The high level of data sharing about infected individuals raised serious concerns about data privacy. The locations of infected individuals were exhaustively covered by district offices as well as mass media. The granular personal details about infected individuals have been profiled by the general public on various social media networks. Reidentification of individuals prompted widespread Internet trolling, in which individuals were blamed and criticized for their reckless, selfish, and negligent behaviors that harmed communities. Tensions between civil society and the state increasingly grew to protect individuals from the centralization of data and the abuse of information power.

Between Individual Freedom and Public Health in a State of Emergency

It is a crucial point that the COVID-19 crisis has not merely prompted "the intensification of surveillance" in Korea but the "datafication" of society, involving "the transformation of human life into data through processes of quantification, and the generation of different kinds of value from data."²¹ The "datafied" tracing system in South Korea has consolidated ICTs and tech companies as institutions essential to the basic functioning of the quarantine society. As Nick Couldry warns, the emergence of a new social order is centered on "data colonialism."²² Yet it is still debatable to what extent the South Korean government's data policy during the pandemic prioritized public health over individual privacy and to what degree South Korean citizens accepted the loss of privacy as a necessary trade-off.²³ As shown earlier, while critically questioning Korea's deployment of surveillance technologies, individual privacy and public health are starkly contrasted as incompatible and an either/or scenario.²⁴

This sort of binary discourse on Korean society pays little attention to the operation of the health care system while discussing the issue of "public" health. With a universal health care system, South Korea ranked first in the OECD for health care access and was rated as the fourth most efficient health care system in 2015. According to the Health Care Index by Country in 2020, South Korea ranked second after Taiwan.²⁵ Anyone with a fever can request a COVID-19 test, which is free to the public. When doctors initially believe that a person is at risk, based on where they have been or whom they have contacted, they collect samples from their nose and throat for analysis. The test takes ten minutes or less. The person receives a text message with the result the next day. It is less likely that an individual would go for a test and treatment if an enormous medical bill would

be expected. A tracing app can track down people, but it cannot enable them to visit a test center. The health care system does. South Korean citizens willingly accept the experiment of testing and tracing while appreciating and securing public and communal systems of treating. In this distinctive way, the South Korean experiment grapples with the relationship between individual freedom and public health, showing that the two key elements are not incompatible but complementary.

Despite its noticeably flattened curve, the COVID-19 crisis in Korea is ongoing. In fact, the KCDC is highly concerned about the possibility of a second wave in the fall. It is thus far too early to say whether the South Korean approach was ultimately successful. My observations are equally tentative. Yet I wonder whether the success that South Korea has achieved so far stems from the fact that the state of emergency has been embodied in key social dimensions in a particular way. In his essay "On the Concept of History," written in 1940 just before his death, Walter Benjamin, the Jewish German cultural critic, noted that "the tradition of the oppressed teaches us that the 'state of emergency' in which we live is not the exception but the rule. We must attain to a conception of history that accords with this insight. Then we will clearly see that it is our task to bring about a real state of emergency, and this will improve our position in the struggle against fascism."²⁶

Clearly, the implications of this cannot be taken directly without careful consideration of its political context involving the height of the calamitous self-destruction of fascism. Viewed from Benjamin's critical perspective, South Korea is a never-ending developing, progressing, and advancing country that has been and will be going through more crises. It is in a permanent state of emergency: the establishment of the republic-in-exile in 1919, the decolonization from Japanese imperialism, the brutal three-year civil war between the North and South that cost millions of lives, the remaining hostile Cold War relations with North Korea, several military coups and dictatorships, the financial crisis, recurring large-scale accidents costing hundreds of lives, and so on. In the permanent state of emergency, the crisis is "the rule," especially for the oppressed.

On April 29, 2020, there were no domestic confirmed cases of COVID-19, but thirty-eight workers were killed in a fire that broke out at a construction site for a logistics warehouse in Icheon, Gyeonggi Province, fifty miles southeast of Seoul. In the very same city, an almost identical accident took place a few years ago. On June 6, 2008, forty workers were killed in a fire at a refrigeration warehouse.²⁷ In 2018, 971 South Korean workers died in workplace accidents, and every day, 2.7 workers died in industrial accidents. In 2015, the occupational fatality was 10.1 per 100,000 employees, among the highest in the OECD.²⁸ For workers, South Korea is a state of emergency. In 2018, the poverty rate of senior citizens was the highest in the OECD. For older people, South Korea is a state of emergency. In the

same year, the total fertility rate was 0.98, the lowest in the world. According to the World Economic Forum, South Korea ranks 124th out of 149 countries in terms of economic participation and opportunity for women. Given this gender inequality, South Korea is a state of emergency for women. Migrant workers in South Korea are largely excluded from the government's handling of the coronavirus. In mask rationing and monetary coronavirus relief handouts, the majority of foreigners are left out of consideration. For migrant workers, South Korea is a state of emergency.

The current crisis of the COVID-19 pandemic is not a breakdown of normality but a continuation of the state of emergency that rules a developing country like South Korea. All of the social problems are legitimized as inevitable within the process of development and progress. This ideology serves to normalize the state of emergency and perpetuate the crisis for the marginalized, vulnerable, and unprotected citizens. We cannot go back to normal because normal is a state of emergency. A "real" state of emergency is required to stop the "normal" state of emergency in which South Korea exists. Maybe we are passing through a long tunnel during this pandemic. No one is sure whether it will be another pandemonium or the less fatal, painful, degenerate state of emergency. It may depend on how we pass through it.

Acknowledgments

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²⁸ “S Korea Industry’s Deadly Conditions Built on Culture of Cover-Up,” *Financial Times*, December 6, 2017.

4

MASKS, SCIENCE, AND BEING FOREIGN

JAPAN DURING THE INITIAL PHASE OF COVID-19

Alexis Dudden

Nearly a year ago, in February 2020, news in Japan was consumed by the *Diamond Princess* cruise ship docked at Yokohama port.¹ For days, it appeared to be the sum total of the country's experience with COVID-19. According to a swirling narrative, neither a viral outbreak contained in Hokkaido nor an infected tour bus driver in Nara should cause alarm: by getting rid of the passengers on the British-registered cruise ship, Japan and its people would be safe. (Although, on February 17, the government did suggest that if you thought you might be sick, you might consider staying home from work but not to worry; by early March, banning South Koreans and Chinese would be essential to sustain this story, too.)

Readers who have lived in Japan since the beginning of the pandemic at the end of 2019 may disagree with everything written here. I was last in the country in February 2020 (in Kyoto and Hiroshima) and have been at home in Connecticut since March 2020, making it awkward to write about anything other than the public health catastrophe surrounding me: as of this typing, the State of Connecticut—spiking again now in October 2020 after having been one of the safer spots in the United States—has had more deaths from COVID-19 than Japan, South Korea, Vietnam, Singapore, Taiwan, New Zealand, and Australia combined, despite a population of only 3.5 million people.

In this context, below are some outside observations about what Japan displayed to the world during its initial experience with SARS-CoV-2 (the virus that causes the novel pneumonia known as COVID-19, which is now eponymous with the pandemic and its history). One thing is clear: the Japanese government had the opportunity to act like New Zealand or even Germany, yet, for various reasons, Japanese officials elected to follow America as their guide. On February 26, political analyst Nakano Koichi trenchantly observed that Prime Minister Abe Shinzō had, “in effect, outsourced the government’s containment efforts to the population itself, while the state concentrate(d) limited resources on the severely ill and (made) little effort to increase those resources.”²

Nakano’s observations hold too for the United States. On June 26, Vice President Mike Pence said, “Younger Americans have a particular responsibility to make sure that they’re not carrying the coronavirus into settings where they would expose the most vulnerable,” as if this injunction equaled a public health action plan of widespread testing, tracing, and quarantine (the three basics about which we have all learned so much, and which we in America do not yet have).³

However—and in radical contrast to the United States, which surpassed 8 million cases by October 2020 compared with Japan’s 90,000—fortunately for Japanese society, mask-wearing has long been commonplace: tens of thousands of lives have been saved as a result. Nonetheless, by following America’s political lead, cases in Japan during July and August spiked again due to the Japanese government’s rushed emphasis on reopening businesses and schools, the result of which continues to erase early mitigation efforts, creating an entirely unnecessary expansion of COVID-19 cases and deaths.

Hopefully Japan’s leaders are planning more responsibly for the second transmission of the virus this fall, at which point researchers believe the pathogen may prove at least as strong as it did during the initial outbreak.⁴

Masks

In August, Japan’s Obon summer holiday season began “quietly amid requests to avoid trips”—one of the most subtle and revealing headlines thus far in the country’s COVID-19 record of events and in stark contrast to the headlines that mesmerized the nation only half a year earlier during the New Year’s holidays. Noticeably, the normalcy of mask-wearing for Japanese in everyday life is the connective thread.

At the outset of 2020, news in and from Japan centered on Carlos Ghosn, the rakish former Nissan CEO under house arrest in Tokyo for underreporting his assets to Japanese tax authorities. On December 29, 2019, Ghosn upped the ante for lovers everywhere: one of the world’s richest men had escaped Japan inside a

box loaded onto a private plane to be home with his wife in Lebanon for the new year. On January 2, 2020, Interpol issued an alert seeking assistance with Ghosn's apprehension at the very same moment that Asian-language and Asian-based English-language media outlets reported a new "SARS-like" viral pneumonia in Wuhan, China. By January 12, not only had researchers in China and at the World Health Organization confirmed the existence of SARS-CoV-2 but they had even published the genetic sequence of the virus on the Internet in a startlingly transparent plea for global scientific collaboration.

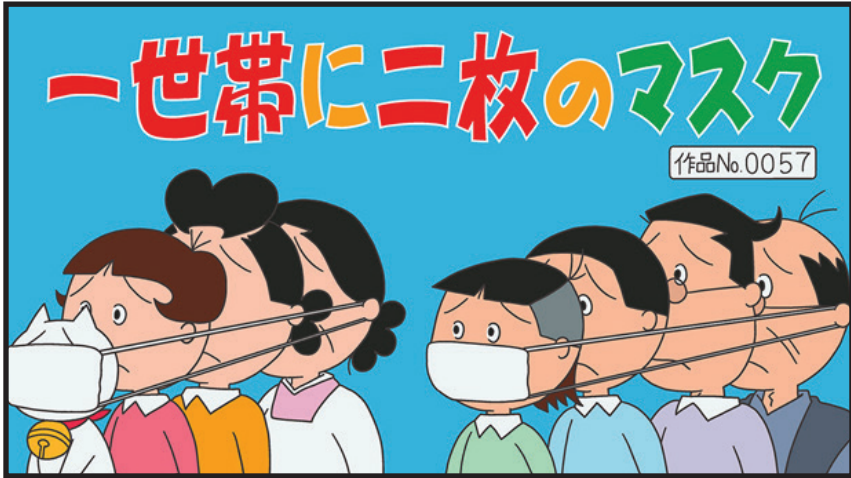
Nonetheless, within Japan, Carlos Ghosn remained *the* story. Commentators across the board explained in bewildering detail that Ghosn simply donned a mask common for colds and, thus, left unnoticed through the front door of his expensively surveilled house in central Tokyo, sauntering off and making his way by train to Osaka and out of the country.⁵ The rest is for the movies.

Today, Ghosn's masked escape is interesting chiefly to Nissan's shareholders and the men arrested for assisting him. Meanwhile, mask-wearing writ large transformed in many places around the world into a political dog whistle signaling ideological preference. Within Japan, masks morphed into the primary object lesson with which to reveal the government's failure to fulfill its responsibility to act on behalf of Japanese people and to safeguard them during the first wave of COVID-19.

Already by late February, newspapers, TV shows, and social media groups were reminding Japanese people how to make their own masks. This public service effort attempted to offset the panic buying of masks that would continue in Japan through the end of the spring as many people remained unconvinced by government assurances that the virus would not spread. In turn, this led to empty shelves in stores and chronic supply chain shortages for something usually as bountiful as beer in the country. (In the United States, masks were difficult to purchase in stores or online until early summer because they had previously been so uncommon in American life; noticeably, however, comparable public efforts to help others and to explain basic mask-sewing techniques appeared.)

In the mix, the first major self-inflicted political disaster emerged for the Japanese government: the "Abenomask." Launching the scheme on April 1, Prime Minister Abe announced his plan to combat COVID-19 by shipping two cloth face masks to each household in the country. By this logic, mask shortages would be alleviated and people would be grateful. If nothing else, the policy proved consistent with his administration's vestigial fixation on hierarchical norms akin to the Tokugawa era (1603–1867) notion of "經世濟民 *keisei saimin*" ("order the social world; feed the people").⁶ Unsurprisingly, twenty-first-century derision was nearly universal. Immediately branded the "Abenomask"—a play on the former prime minister's less than successful "Abenomics" fiscal policies, combined with

something along the lines of “The Emperor’s New Clothes”—arguably the most popular commentary was a meme on social media that featured one of Japan’s most beloved cartoon families, collectively known by the mother’s name, Sazae-san (the tallest character in the picture below).



April 1, 2020. Popular meme spoofing Hasegawa Machiko’s beloved, *Sazae-san*.

Unlike Mr. and Mrs Abe and their two-member household, what were others to do? Moreover, marginally housed and homeless people should count themselves right out of this US\$450 million publicly funded plan to nowhere: registered addresses were mandatory.

YouTube social critic Akari-chan (listed online as “chan Akari”) was perhaps most scathing. On May 4, Akari posted a video through a pink-haired avatar in Japanese and English to appeal for broad awareness that things were *not* okay in Japan despite the government’s efforts to suggest otherwise. Equally important was to hammer home to fellow Japanese that, as taxpaying citizens, the responsibility for combatting a public health crisis rested not with them, but instead with the officials who represented them: “When an emergency like this happens, what we’d expect from the government is compensation and support. Countries like Germany and Canada were offering compensation right away. My Japanese friend who lives in Germany working as a freelancer applied and got five thousand Euros within two days. How quick is that? And here in Japan, without proper financial support you are left with people who have no choice but to leave their homes to keep working.”⁷

Akari-chan’s condemnation of the government’s early handling of the pandemic circled back to Nakano Koichi’s observations from February about

the Abe administration's determination to offshore the totality of the virus onto the *Diamond Princess* cruise ship. Like Nakano, she zeroed in on Prime Minister Abe's disregard for Japanese citizens' well-being during COVID's initial outbreak because of his fear of losing the Tokyo 2020 Summer Olympic Games. On March 24, the International Olympic Committee finally prevailed on Japan to agree to a postponement (never mind that by this point around the world, athletes such as the American swim team implored for cancellation). Leading up to this moment, the Abe administration's continued Olympic dreams obscured the virus's deadly potential for many in Japan, even though the government's guarantees flew in the face of school and museum closings, among other things. To be sure, on top of mask-wearing, customary behavior such as *not* kissing and hugging when greeting others kept early infection and mortality rates low—something observers elsewhere noticed unevenly imperiled Italians and which in Japan would unfortunately reverse course once bars, sex clubs, and sumo matches reopened in June (notably, the government and its supporters scapegoated the evening entertainment industry as debauched while empathizing with sumo-sans, regardless that the virus could care less what your job is, just that you aerosolize its path in some way).

During the Olympics-Do-Or-Die phase of Japan's first wave of COVID-19, a wide range of exceptionalist arguments blossomed. Jeff Kingston explains how many of them—including one that stated that speaking the Japanese language itself is a “barrier” to transmission—had little to do with anything, on top of which Abe's abrupt February 28 school closure “appeared to be an effort to show he was on top of the situation, but it emerged that he did so without consulting health experts or his Education Minister, making it look more like a PR stunt than a considered public health initiative.”⁸ Confusingly, some schools would reopen on April 6 because that was supposed to be the first day of the school year, regardless that the prime minister would issue his first emergency declaration the next day.⁹ Throughout it all, the government eschewed the term “lockdown” in favor again of outsourcing responsibility onto citizens themselves to avoid the “Three Cs” (closed spaces, crowded places, and close-contact settings), which proved moot since so many people continued to commute to work and school.

Thus, to Nakano Koichi's initial question—“Japan Can't Handle the Coronavirus. Can It Host the Olympic Games?”—literary scholar Norma Field and antinuclear activist Muto Ruiko would give this profound answer in their June essay, “This Will Still Be True Tomorrow: ‘Fukushima Ain't Got the Time for Olympic Games.’”¹⁰ In clear terms, Field and Muto underscore the government's push to deny reality in Japan both before *and* during the pandemic, focusing special attention on the fantastical insistence that the 2020 Olympic torch relay take place as planned in March through irradiated areas of Fukushima regardless of the safety risks involved there, let alone the fact that much of Japan (and much of the

rest of the world) was sheltering at home together. On March 23, the day before the games were postponed, the Olympic torch traveled through an area of Japan where radiation levels remain too high for sustained habitation despite political decisions to the contrary, with COVID-19 icing the cake. As Field explains, there would “be no spectators—and no *runners*. The flame would be driven around Fukushima prefecture. . . . It could be taken for parody, this frenzy over the torch relay. The Olympics were meant to be a magic wand waving a spanking new post-disaster world into existence. As those prospects began to dim, the flame burned ever more brightly.”¹¹ In an act of further magical thinking, Tokyo 2020 Olympic boosters have now re-branded their “Recovery Olympics” to glide through the Fukushima component and transfer meaning onto the pandemic: the 2020 Olympic opening ceremony is scheduled for July 23, 2021 (and, yes, they will still be called the “2020 Olympics” because the T-shirts have already been made).¹²

Notwithstanding, a deep structural reality of the pandemic for Japan emerged both domestically and internationally in what Field brilliantly describes as the “recent remote” past in Fukushima. First, as commonplace as mask-wearing has remained in Japan since the 1918 Spanish Flu pandemic, the government’s determination from the beginning of the “Triple Disasters” of March 11, 2011, to will away ongoing radiological devastation politicized mask-wearing in Fukushima in ways now aligned outside Japan during COVID-19.¹³ Second, Japan’s ostracized internal Fukushima refugees can connect their history to the current pandemic by virtue of their sheer existence: today, if you are a displaced person, refugee, or someone trapped somewhere in a system of state-sponsored violence, the new coronavirus is just another thing to kill you. Government directives be damned; you’re lucky if you have the right mask to wear.

On August 1, shortly before his abrupt resignation, Prime Minister Abe himself appeared to admit defeat to his mask gambit and began to don respectably large, full face coverings. Given the wide array of fashionable options now available, Abe’s choice of a conservative white mask, on the one hand, was entirely standard. On the other hand, a cynic might read it as surrender.¹⁴ He submitted his resignation by the end of the month.

Science

On March 5, the Japanese government announced that South Koreans and Chinese arriving in the country would need to quarantine for two weeks. The policy resonated well with Prime Minister Abe’s base, which has long defined itself around a putative notion of Japanese identity in opposition to all things Korean and Chinese. In this vein, even at this early stage of the pandemic, some of the prime minister’s more notorious supporters had already created a YouTube channel to denigrate Nakano Koichi as a “national traitor” for challenging Abe’s



Figure 2. August 3, 2020. Combined photo of Prime Minister Abe Shinzō wearing his “Abenomask,” July 11, 2020, and him wearing a proper-fitting mask on August 3, 2020. *Kyodo News*.



Figure 3. March 8, 2020. Yamaguchi Noriyuki decries Nakano Koichi as a “national traitor” for his February 26, 2020 *New York Times* editorial, YouTube.

response to COVID-19: the *Diamond Princess* cruise ship, Koreans, and Chinese were to blame; Professor Nakano was a turncoat; end of story.

To be fair, although it is unimaginable now in October 2020, in early March of this year, COVID-19 cases in China and South Korea still subsumed global metrics. On February 23, the South Korean government raised its national alert system to the highest level, enabling it to bar Chinese visitors should officials decide to do so (something many South Koreans demanded).¹⁵ In turn, this made the Japanese government's ban on Chinese and South Koreans logical not only to Abe's palace guards, but also to most Japanese (and many others, including American President Donald Trump). The problem, however, was that Japan's policy as planned rested solely on a person's passport—and not on testing and tracing the individual for the virus—making it epidemiologically vacuous. On March 6, South Korean Foreign Minister Kang Kyung-wha summoned the Japanese ambassador to Seoul, Tomita Koji, to her office to say so. Explaining Japan's plan not only as “unfriendly” but also “unscientific,” Kang said that South Korea would respond in kind, even though she knew that the science behind this retaliatory measure made as little sense as Japan's in terms of public health.¹⁶

During March and April, the virus tore through the world. Similar national, identity-based bans became standard procedure, albeit far too late. South Korea led the way with a scientifically viable approach, becoming, on March 16, the first country to demand its own citizens be tested and quarantined when entering the country. Japan, however, like the United States, Brazil, and India, exempted its own nationals from such procedures (urging people simply to stay home if they felt unwell upon return to the country). Between April 7 and May 25, during Japan's initial period of emergency measures, identity-based exclusionism prevailed over testing, tracing, and quarantine. Even positive measures, such as Japanese universities' distribution of cash and ramen-filled care packages to students staying home and whose part-time jobs had evaporated, was limited to Japanese nationals and foreigners with high grade point averages, despite the hundreds of other foreign students clamoring for help in excellent Japanese. The fruits of this hierarchical, racially hued, nonscientific approach reached a head on June 4 with Finance Minister Aso Taro's wildly premature declaration of Japanese victory over the virus in his assurance to fellow lawmakers that, in his phrasing, “民度 *mindō*” (a form of Japanese exceptionalism stressing Japanese superiority above all) had been essential to the nation's ability to contain the pandemic.¹⁷

As the unfortunate recent surge of cases throughout Japan has shown, mythmaking about Japanese superiority has nothing to do with anything. Moreover, *if*—as researchers everywhere are trying to determine—*if* certain genetic predispositions to the virus exist, this is not the same thing as an imaginary essential Japanese-ness granting Japanese people special immunity to the deadly

pathogen. That is the simple part of SARS-CoV-2 science. The virus does not care what flag you wave; it looks for a host in which to thrive, and wearing a mask appears to be the best chance you have to keep it away. The difficult part of the pandemic rests in unraveling the virus itself. In this instance, like mask-wearing, a generalized understanding in Japanese society that scientists should lead discussions about science has helped those who want to learn about it.¹⁸

Former US government trade negotiator and prominent US-Japan businessman Glen Fukushima chose to remain in Tokyo in March when international travel began to shut down. Albeit trapped more comfortably than many, Fukushima did not miss a beat when asked to describe the most positive aspect of riding out the pandemic in Japan instead of Washington:

Most Japanese television “wide shows” are full of useful information about virtually every aspect of COVID-19 and serve a valuable role to ensure that the facts, analyses, and recommendations of doctors, epidemiologists, scientists, and public health experts, rather than opinions of ignorant politicians like Trump are conveyed to the public. Based on the non-stop, round-the-clock conveying of updates on COVID-19, I would think that the Japanese public is among the most educated in the world about the pandemic and how to deal with it.¹⁹

Indeed, not everyone wants to learn anything about the virus, and some in Japan, like elsewhere in the world, appear more content to cope through comforting superstitions. A craze, for example, surrounding the traditional epidemic-repelling spirit, Amabie, began almost as soon as masks began to fly off shelves. By late summer, the Amabie fad reached stress-relieving heights with a farmer in Chiba organizing 250 sheep into the spirit’s shape for socially distancing, mask-wearing tourists.²⁰ Notwithstanding, options for learning the science of COVID-19 in Japan starkly contrast with the United States, where the best bet for those not binge-watching a Netflix series or engaging in virtual combat on Facebook rests with the noticeably lone voice of CNN’s Sanjay Gupta, whose own segments grew throughout the year from comical vignettes about disinfecting groceries to furious editorials against the Trump administration’s cataclysmic mishandling of the virus.

For his part, Yamanaka Shinya, the Kyoto University-based stem cell researcher and 2012 winner of the Nobel Prize in Physiology or Medicine, has become his own “wide show.” He explains on his home page that although coronaviruses are not his specialty, the pandemic compelled him to refashion his fifteen-year-old blog space into an effective location with which to disseminate scientific information about the virus as understandably as possible to his compatriots. Since March, Yamanaka has distilled hundreds of journal articles from around the world in clear terms

to explain transmission and risk, resembling in impetus and effect a one-person version, for COVID-19, of the *Bulletin of the Atomic Scientists*. *Nikkei* newspapers in Japanese and English have published several interviews with Yamanaka as well as editorials written by him, including one on June 10 in which he challenged Aso Taro's exceptionalist understanding of science: "Unravelling the mystery behind Japan's ability to fend off a worse situation will take time. . . . [Japan] must stick to the basics of building up capability to 'test, trace and isolate' and to ramp up hospital capacity to treat patients."²¹ As cases continued to surge, Yamanaka's tone became more noticeably urgent: "It is necessary to reconsider your actions in order to protect yourself, the people you care about around you, and society at large."²²

Unfortunately, however, during the summer, former Prime Minister Abe fully committed Japan not only to an American style of reopening businesses, but he—the man whom right-wing political strategist Stephen Bannon lavished praise on as "Trump before Trump"—disbanded Japan's own coronavirus task force just like his hero in Washington.²³ After all, what would scientists know about science?

Being Foreign

Some people reading these words may have endured Japan's policy banning long-term residents from reentry even if they vowed to test, trace, and quarantine upon return.²⁴ Others may be residing in Japan, yet still apprehensive about leaving the country despite recently updated protocols lest they be barred from coming home. Racially and nationally-based policies are unscientific and inhumane, and there is no other way to describe it. In addition, Koreans, Chinese, and others considered less-than-authentically Japanese have long been targeted among the "Make Japan Great Again" crowd (popularized by Prime Minister Abe as "Take Back Japan," although from whom or what was never specified). Since at least the 1923 earthquake, such prejudices have endured; at that time, Japanese soldiers, police, and police-backed vigilante groups massacred 6,000 Koreans, Chinese, and Okinawans living in Tokyo and Yokohama, simply for being who they were, when the quake struck. Fast-forward to Tokyo 2020, where, on May 22, police in Shibuya yanked a Kurdish man from his car and shoved him on the ground for the crime of being non-Japanese in Japan.²⁵ In short, COVID-19 brought social ostracizing patterns into the open in new ways, and the video of the police roughly treating the innocent man who was repeating in Japanese, "I haven't done anything! I haven't done anything!" hit this idea home to the hundreds, and then thousands, of Japanese who protested on the streets and the hundreds of thousands more who watched it online.

Noticeably, as the pandemic conjoined with the global Black Lives Matter (BLM) movement, even Osaka Naomi had to remind many Japanese people who she was and is, and she took to Twitter to do so.²⁶ The highest-paid female athlete

in world history and winner of the 2020 U.S. Open is a taxpaying Japanese citizen and in strong contention for an Olympic gold for Japan whenever the games occur. Critics nonetheless derided her ideas of Japanese-ness, belaboring to her the importance of knowing her place: there is no racism in Japan was the common theme. With multiple multi-million dollar contracts at stake (one of Osaka's sponsors, Nissin Foods, last year infamously whitened her skin in advertisements), Osaka Naomi continues to teach truth to power to her significant fandom, tweeting in Japanese and English to highlight specific instances of racialized terror in the United States and to suggest summer reading books such as Frantz Fanon's *The Wretched of the Earth*. On August 6, she even drew attention to the horror of the bombing of Hiroshima.

Less famous or financially secure, on Instagram a woman known as "Cocoalizzy" (born and raised in Japan; now living in New York) dug in maybe even a little deeper to explain to fellow Japanese what it means to be Japanese and Black in Japan, recounting to her followers in fluent Japanese about the time she was denied a minimum-wage restaurant job because her very being would "scare away customers" for "looking the way (she) did." All of this landed in the context of the pandemic.²⁷



Figure 4. June 2, 2020. "Cocoalizzy" on Black Lives Matter and being Black in Japan, Instagram.

In the midst of predictable patterns of alienating foreigners and Japanese who do not appear the way textbooks suggest they should, US soldiers in Japan continued to be excluded from rules or norms: the nonforeign foreigner. Japanese lawyers and activists have long decried exemptions for American troops as a form of extraterritoriality. In a pandemic, such privilege becomes exponentially irresponsible, especially in Okinawa. Since Okinawa's first reported case of COVID-19 on February 14 just south of Naha (a taxi driver in her sixties), the prefecture managed to sustain an impressively low infection and mortality rate. By the end of June, there were 148 known cases and seven deaths attributed to the virus (in a population of 1.5 million). July brought a different reality, however, and within weeks, there were over 1,000 cases and ten deaths. The reason was clear: as cases in the United States spun out of control, no one required American soldiers arriving for duty in Okinawa to follow testing and quarantine protocol required of everyone else. On and off base, moreover, mask-wearing and social distancing did not appear to concern the American command. On July 16, a taxi driver in his eighties fell gravely ill; his case stemmed from a soldier stationed at Camp Hansen who hailed a ride after a Fourth of July party.²⁸ As cases mounted, on August 3, Okinawa Governor Denny Tamaki ordered "lockdown," using the word the Abe administration so anxiously avoided and in direct contrast to the central government's plan at the time to encourage Japanese to "Go to Travel" and "Go to Eat" (although by this time, Tokyo and Tokyoites were excluded from this additional plan to nowhere because of skyrocketing case numbers in the capital).

それから

Countries such as the United States and Brazil have allowed COVID-19 to spiral out of control. A month-long lockdown of life around me would, without doubt, save lives. This, however, is unlikely to happen, beginning with, but not limited to, the ravings of a demagogue in the White House demanding schools remain open as if his administration ever cared about public education for American students. Japan, however, still has a chance to control the next phases of COVID-19. Failure to take substantive action only serves as a better example of philosopher Achille Mbembe's observation that modern society operates through what he describes as a system of "necropolitics," in which those in charge "define who matters and who does not, who is *disposable* and who is not."²⁹

Now, towards the end of a wildly unanticipated year, weather reports would do well to incorporate Yamanaka Shinya's advice into daily forecasts: "Dress warmly and 'reconsider your actions in order to protect yourself, the people you care about around you, and society at large.'"

Notes

¹ The *Diamond Princess* narrative was so all-consuming during the early phase of COVID-19 in Japan that the discussion generated its own Wikipedia page.

² Nakano Koichi, "Japan Can't Handle the Coronavirus. Can It Host the Olympics?" *New York Times*, February 26, 2020.

³ Meg Wagner, et al., "Pence Claims Americans Are Seeing 'Encouraging News' as Cases Surge," *CNN*, June 26, 2020.

⁴ Worrisome reports exist of mutating strains of the first wave. See Yonhap, "3 New Mutated COVID-19 Strains Detected in S. Korea: KCDC," *Yonhap News*, August 10, 2020.

⁵ The surveillance system was outdated; see, Rachel Metz, "Think Your Mask Makes You Invisible to Facial Recognition? Not So Fast, AI Companies Say," *CNN*, August 12, 2020.

⁶ For explication, see Tetsuo Najita, *Visions of Virtue in Tokugawa Japan: The Kaitokudo Merchant Academy of Osaka* (Chicago: The University of Chicago Press, 1987).

⁷ Chan Akari, "How Stupid is Japanese Government? 日本政府のアホさに怯え！ #Covid19," <https://www.youtube.com/watch?v=BLLICz2xqis>, May 4, 2020.

⁸ Jeff Kingston, "Pandemic Downsizes Abe," in James Brown, Robert Dujarric, and Delamote Guiborg, eds., *The Abe Legacy* (Philadelphia: Temple University Press, forthcoming): 1, 3.

⁹ See Barak Kushner, "Japan's State of Emergency Has Dark History," *Nikkei Asian Review*, April 7, 2020.

¹⁰ Nakano, *ibid*; Norma Field and Muto Ruiko, "This Will Still Be True Tomorrow: 'Fukushima Ain't Got the Time for Olympic Games': Two Texts on Nuclear Disaster and Pandemic," *The Asia-Pacific Journal: Japan Focus*, 18, 13 (2020).

¹¹ *Ibid*.

¹² For a wide-ranging measure *prior* to the outbreak of COVID-19 detailing Japanese contestation about the 2020 Tokyo games, see Jeff Kingston, ed. "Special Issue: Japan's Olympic Summer Games," *The Asia-Pacific Journal: Japan Focus*, 18, 4 (2020); 18, 5 (2020); 18, 7 (2020).

¹³ See Alex Martin, "The History Behind Japan's Love of Face Masks," in *The Japan Times*, July 4, 2020; on Fukushima, see, Higaki Shogo and Hirota Masahiro, "The Reductive Effect of an Anti-Pollinosis Mask against Internal Exposure From Radioactive Materials Dispersed from the Fukushima Daiichi Nuclear Disaster," in *Health Physics*, 104, no. 2 (2013): 227–231.

¹⁴ Shortly before ditching the plan, the Abe administration attempted a second mask giveaway scheme only to be confronted with greater criticism. See Sam Nussey, "Japan Government Persists with 'Abenomask' Giveaway, Reignites Social Media Outcry," *Reuters*, July 28, 2020.

¹⁵ Choe Sang-Hun, "As Coronavirus Cases Spiral, South Korea Raises Threat Level," *The New York Times*, February 23, 2020.

¹⁶ Riyaz ul Khaliq, "South Korea, Japan in Row over Coronavirus Restrictions: Seoul Expresses Displeasure over Tokyo's Move to Put Its Citizens in 2-Week Quarantine," *Andalou Agency*, March 6, 2020.

¹⁷ Asahi Shimbun, "Aso: Low Virus Death Rate Due to Japanese Superiority," *The Asahi Shimbun*, June 5, 2020; English translation of the term, 民度, was hotly debated; Norma Field urges Aso's hierarchical emphasis, suggesting "civilizational level" over "culture."

¹⁸ Arguably, this contrasts with the governmentally determined science used to back current policies concerning radiation in Fukushima.

¹⁹ Glen Fukushima, email correspondence with the author, June 26, 2020.

²⁰ Asami Shigeharu, "East Japan Farm Trains Sheep to Make Formation Portraying Disease-Warding Amabie Spirit," *The Mainichi*, August 13, 2020.

²¹ Yamanaka Shinya, "Uncovering Japan's Coronavirus X-Factor Matters to the World: Cultural Traits Have Helped but Are No Substitute for 'Test, Trace and Isolate,'" *Asia Nikkei Review*, June 10, 2020.

²² Yamanaka Shinya, <https://www.covid19-yamanaka.com/index.html>, July 15, 2020.

²³ For discussion of this committee's effective response, see Togo Kazuhiko, "The First Phase of Japan's Response to COVID-19," in Jeff Kingston, ed., "Special Issue: Pandemic Asia, Part I," *The Asia-Pacific Journal: Japan Focus*, 18, no. 14 (2020).

²⁴ Ben Dooley, "Japan's Locked Borders Shake the Trust of Its Foreign Workers," *New York Times*, August 5, 2020.

²⁵ See Mari Saito, "Kurdish Case Becomes Rallying Cry for Japan Protest against Police," *Reuters*, June 6, 2020.

²⁶ Simon Denyer, "Japanese Tennis Player Speaks Out for Black Lives Matters, Faces Backlash," *Washington Post*, June 8, 2020.

²⁷ Baye McNeil, "'No Justice; No Peace': The Sentiment That Resonates in America, Japan, and All Over the World," *The Japan Times*, June 10, 2020.

²⁸ *Okinawa Times*, July 16, 2020.

²⁹ Achille Mbembe, "Necropolitics," *Public Culture*, 15, no. 1 (2003): 27.

5

OLYMPIC RECOVERIES

Kate McDonald

On March 24, 2020, Prime Minister Abe Shinzō, the Tokyo Olympic Organizing Committee, and the International Olympic Committee (IOC) agreed to postpone the 2020 Tokyo Olympics for one year.¹ From a global perspective, the delay is the most prominent consequence of the COVID-19 crisis in Japan thus far.

But the “Corona Calamity” (*korona ka*) is bigger—somehow, unbelievably—than the Olympics. The totality of the disaster is impossible to capture. This is not only because it is unfolding as I write. It is also because of the very thing that makes it a calamity: the myriad rhythms of crisis and recovery that intersect at COVID-19.

By “rhythms” of crisis and recovery, I mean the spatial scales, political-economic structures, and discourses that determine when and how an event becomes a crisis, when those affected imagine that they might recover from the crisis, and what recovery actually means. Those who speak of COVID-19 and the Olympic postponement in national terms seek to define their rhythm as *the* rhythm of crisis and recovery. A closer look reveals that the different rhythms that make up the Corona Calamity produce different understandings and experiences of the crisis, as well as the nature of the recovery that might follow.

In what follows, I share three rhythms of crisis and recovery: national history, the tourism industry, and the parcel delivery industry. Other rhythms are possible—of legacies of discrimination and the phenomenon of “corona harassment” (*korona hara*); of elder care, demographic decline, and alienation; of citizens who persevere in protesting the abuse of power even under a state of

emergency. But the rhythms of national history, tourism, and the parcel delivery industry intersect squarely at the Olympics. In that sense, they provide a frame for exploring the crisis that is both distinct and open-ended—one node of a vast rhizome of crisis temporalities, rhythms, and events.

The Recovery Olympics

Since the beginning of the Japanese government's bid for the 2020 Summer Olympics, Prime Minister Abe Shinzō matched his pitch to the rhythm of national history. "We in Japan are true believers in the Olympic movement," he told the delegates of the IOC in Buenos Aires in 2013:

I myself am just one example. When I entered college in 1973, I began practicing archery. Can you guess why? The year before, in Munich, archery returned as an Olympic event after a long time. My love of the Olympics was already well established. . . . When I close my eyes, vivid scenes from that opening ceremony in Tokyo in 1964 come back to me. Several thousand doves all set free at once. High up in the big blue sky five jet planes making the Olympic rings. All amazing to me, only 10 years old.²

Japan has hosted two other Olympic Games since 1964. In 1972, the country hosted the Winter Games in Sapporo. In 1998, the Winter Games came to Nagano. But Abe put the downbeat to the story of 2020 on 1964. And with good reason. The 1964 Games were not only Japan's sole previous experience hosting the more prestigious Summer Olympics. Billed as Japan's return to international society, the 1964 Games also showcased the triumph of Japan's economic and political recovery from the disaster of war.³

Abe and the Tokyo Olympic Organizing Committee argued that the 2020 Summer Olympics in Tokyo would mirror the historical arc of 1964. Faced with a slow-burning recession, labor shortages, demographic decline, and challenges from across the political spectrum (including his own party), Abe portrayed the 2020 Summer Olympics as a measure of Japan's triumph over the 2011 Triple Disaster and as proof that his economic policies of fiscal expansion, monetary easing, and structural reform—"Abenomics"—would lead the country to a sustainable social and economic future. Indeed, the Organizing Committee referred to the 2020 Olympics as the "Recovery Olympics" (*Fukkō Gorin*). The Tokyo Olympics represented the climax of nine years of reconstruction in Miyagi, Iwate, and Fukushima Prefectures—the three northeastern prefectures most affected by the 2011 earthquake, tsunami, and nuclear reactor meltdown. It would allay concerns about the safety and stability of Tokyo as a place for business and leisure. Indeed, Abe's first statement to the IOC in 2013 was "Tokyo—one of the safest cities in

the world, now and in 2020. Some may have concerns about Fukushima. Let me assure you, the situation is under control. It has never done, and will never do, any damage to Tokyo.”⁴

The Olympic Committee invoked 1964 to nurture the plausibility of a “Recovery Games”—of an Olympics that could bring about the end of a disaster and restore Japan to a place of prestige in the international arena. Some links to the story of 1964 were bluntly material. Five facilities built for 1964 would be reused: Yoyogi National Gymnasium, Nippon Budokan, Equestrian Park, Tokyo Metropolitan Gymnasium, and Enoshima Yacht Harbor. Other links infused the official narrative of the 2020 Games. In the promotional campaign that accompanied the final year of preparation, the Tokyo 2020 Games website proclaimed, “The Tokyo 1964 Games completely transformed Japan and, with less than 300 days until Tokyo 2020, the country is set for another historic and transformative Games.”⁵

The Tokyo Organizing Committee most explicitly articulated the idea that the rhythm of 2011–2020 mirrored that of 1945–1964 in its design of the torch relay. The 2020 relay would start in Naraha, a seaside town of roughly 7,000 residents that was entirely encompassed by the twenty-kilometer evacuation and exclusion zone following the Fukushima Daiichi Nuclear Power Plant meltdown. “Just as the [1964] Tokyo Olympic flame transmitted the message of postwar recovery last time, we’d like to fulfill the duty of conveying the message of recovery from stricken areas to the world,” said Satō Masayuki, chief of the Nippon Kōki Saigo plant in Fukushima Prefecture, which made the torches for 1964 and would make them again for 2020.⁶

More direct connections between 1964 and 2020 were programmed into the relay itself. Tomihisa Shōji, a 102-year-old survivor of the atomic bombing of Hiroshima, would run the torch through Hiroshima Prefecture. Tomihisa was born in Miyoshi City, the same city in which the final torchbearer of the 1964 Olympics, Sakai Yoshinori, was born on August 6, 1945. Concluding the first day of the torch relay in Fukushima’s Minamisoma City would be forty-six-year old Ueno Takayuki, who lost his eight-year-old daughter Erika, his three-year-old son Kōtarō, and his parents in the March 11, 2011, tsunami.⁷

Like the prime minister, the Organizing Committee chose its Japanese Olympic chronology carefully, avoiding facts that could not be synchronized with the rhythm of disaster and recovery. The rhythm of the “Recovery Olympics” was a pattern of sudden, agentless disasters and epic national recoveries: an atomic bomb that falls from the sky; a tsunami that crashes ashore; a town emptied by a nuclear meltdown. Recovery serves as the narrative companion to “hope,” which political leaders have increasingly promoted as the authorized emotional response to disaster in postwar Japan.⁸ Notably absent from the recovery rhythm are

other, less ameliorating emotions—anger, sadness, rage—and other, more critical explanations of cause and effect—structural violence, historical misdeeds—that certainly coexist with the hope for a more glorious future.

In one very concrete example, the official media of the Tokyo 2020 Games did not feature the 1940 Tokyo Summer Olympics in its chronology of the Tokyo Games. In fact, the 1940 Tokyo Olympics never took place—it moved to Helsinki (and was subsequently canceled) because of threats of a boycott against Japan for its invasion of China. But the erasure of 1940 from the story of 2020 is a product of the current moment, which emphasizes recovery by obscuring the historical question of why there was a need to recover in the first place. By contrast, the organizers of the 1964 Olympics repeatedly invoked 1940—for them, 1964 was a chance to recover from the loss of the 1940 Games.⁹ Indeed, contributing to the rebranding of the Olympics as a beacon of hope for an increasingly broken world was central to Abe's pitch to the IOC. "Choose Tokyo today," Abe declared in 2013, "and you choose a nation that is a passionate, proud, and strong believer in the Olympic movement."¹⁰ The subtext, not likely lost on IOC members, was that the protests against corruption, economic inequality, and colonialism that arose around the torch relays for the 2008 Beijing Olympics, the 2012 London Olympics, and the 2016 Rio de Janeiro Olympics were unlikely to take place in Japan.

On March 24, 2020, Abe declared that the 2020 Tokyo Olympics would be delayed until the summer of 2021. Faced with increasing pressure from international athletes and concern from public health officials, the IOC and the Tokyo 2020 Organizing Committee issued a joint statement to announce the delay. The statement took pains not to disrupt the rhythm of national history. The delay was not the result of a failure on the part of the Japanese government. It was a prudent response to a global catastrophe. "[G]reat progress has been made in Japan to fight against COVID-19," the statement read. But "the unprecedented and unpredictable spread of the outbreak has seen the situation in the rest of the world deteriorating."¹¹ The IOC and the Tokyo 2020 Organizing Committee folded the postponement into the rhythm of recovery. The Olympic flame will stay lit in Japan. The postponed 2020 Games will be a "Recovery Games" on a new scale. It will be the "light at the end of the tunnel in which the world finds itself at present."¹²

"Corona Shock"

But significant damage has already been done, not just to the rest of the world but to Japan as well. Inviting comparisons with the "Lehman shock" of 2008, the media refers to the economic aspect of the Corona Calamity as the "Corona shock" (*korona shokku*). The tourism industry has been particularly devastated. Despite headlines such as "Japan Tourism Industry Sees Stormy Year Ahead as Tokyo Olympics Delayed," COVID-19 pushed some tourism operators into distress weeks before

the delay was announced.¹³ The virus was viewed as a “direct attack” on the tourism industry. In early March, for example, Shizuoka Prefecture reported that nearly half a million guests had canceled hotel reservations in the prefecture between January and the end of February.¹⁴ In addition to border closures, which effectively shut down the international tourism industry, the national government’s stay-at-home order extended through Golden Week, a week-long collection of national holidays in late April and early May and typically the busiest week of the year for domestic travel. Many business hotel operators around the country reported 90 percent declines in sales for March, April, and May.

The international tourism industry was the canary in the COVID-19 coal mine. The numbers of foreign tourists visiting Japan has skyrocketed in the past eight years. In 2012, the monthly average of inbound tourists to Japan was 697,000. In 2018, it was 2.6 million.¹⁵ In 2019, nearly thirty-two million people visited Japan from other countries. For 2020, the Abe government had a target of forty million visitors.¹⁶

The tourism boom is the product not of Olympic hype but of the union of Abe’s general policy of “fiscal easing” with a specific policy of “visa easing” to promote travel from China and Association of Southeast Asian Nations (ASEAN) countries to Japan. Since around 2000, and especially after 2011, the Ministry of Foreign Affairs has worked with China, Indonesia, India, Thailand, Laos, Cambodia, Malaysia, Myanmar, Vietnam, and the Philippines to simplify the visa process and expand the options for tourists traveling from these countries to Japan.¹⁷ The reforms included a special category of multiple-entry visa for foreigners who intended to visit Iwate, Miyagi, or Fukushima Prefectures, the three prefectures most affected by the Triple Disaster.¹⁸ When Abe took office, he further deregulated the industry, putting into place more relaxed building codes to promote hotel construction, opening up more landing spots at Japan’s international airports, and expanding the list of items that could be purchased duty-free.¹⁹ The resulting boom in tourist spending was one of the few success stories of Abenomics.

The overall effect of the Corona Calamity on the tourism industry is far larger than the effect of the 2011 Triple Disaster. One month after the Triple Disaster, in April 2011, visits by overseas residents were down 62.5 percent compared with April of the previous year.²⁰ In contrast, provisional figures show that visits by overseas residents to Japan in April 2020 were 93 percent fewer than in April 2019. Moreover, the drop in absolute numbers is staggering: visitor arrivals between January and April crashed from 10,980,480 in 2019 to only 3,942,800 in 2020.²¹ The scale of the disaster is directly related to the policy of visa easing. Visits from Chinese, Korean, and Taiwanese travelers now make up roughly two-thirds of Japan’s foreign arrivals. In February 2020, nearly two months before the

postponement of the Olympics, visits from Asian travelers collapsed. Visits from Chinese travelers were down 88 percent from the previous February. Visits from Korea were down 80 percent and from Taiwan, 45 percent.²² Hope is in short supply. Instead, as Matsushima Kyoko, a hotel operator in Shizuoka Prefecture, told the *Asahi* newspaper, there is “an anger I can’t vent.”²³

Unlike the Olympic recovery, which takes the form of a singular, triumphant event, tourism’s recovery depends on a return to consistency—not just for local operators or the nation, but for the world. For many in the industry, the unnerving thing about this disaster is its incommensurability. There are no projections for when recovery will happen, or what recovery will even look like. “It’s an unprecedented national crisis,” said Dōko Hiroyuki, owner of the Dōko dried fish store, which sits outside of the famous Tsukiji Fish Market in Tokyo. “With the Eastern Japan Triple Disaster, there was a lot of energy behind the feeling of ‘Let’s recover!’ But this one looks like it’s going to be long term, and accordingly the damage will be big.”²⁴ Others in eastern Japan likewise compare the Corona shock to the Triple Disaster and find the differences between the two events to be uniquely unsettling. Said the owner of one business hotel in Sendai, the capital of Miyagi Prefecture and one of the areas hit hard by the economic fallout from the 2011 disaster, “With the Triple Disaster, there was also the recovery demand, so we looked forward to that. But these conditions aren’t comparable.”²⁵ In western Japan, hotel and tourism operators compared the Corona shock to local disasters, such as the 2016 Kumamoto earthquake or the eruption of Mount Unzen in 1991. The sense that this recovery has no predictable rhythm, however, is shared. In Mabi, a city in Okayama Prefecture that was wiped out by a mudslide in July 2018, Hirai Hiroyuki, the owner of Hinomaru Taxi, compared the two experiences: “After the torrential rains, there was the sensation of recovering day after day. But this time I can’t see the end.”²⁶

Asynchronicity

There is a sense in which envisioning recovery as a return to normal—to the “Before Times,” as we have taken to calling it in my family—is the privilege of those whose lives and livelihoods the political-economic structure served. For those industries that were riven with unsustainable rhythms to begin with, however, recovery suggests revolution rather than return.

Japan’s parcel delivery industry is in an ongoing crisis of labor and public relations. In 2016, the crisis spilled over into the public spotlight. That year, two parcel delivery drivers filed a lawsuit against Yamato Transport for unpaid overtime. The resulting judgment ordered the company to pay twenty-four billion yen in unpaid overtime to 59,000 employees. The amount of back pay owed was unprecedented—orders of magnitude more than any other judgment that year or

previously.²⁷ As evidence mounted that unpaid overtime was a company strategy for containing costs rather than the unfortunate product of a few bad managers, discussion of parcel delivery working conditions made it onto the floor of the Diet.²⁸ More than the lawsuit or the question and answer session in the Diet, however, what fixed the industry's crisis image in the popular imagination was a video of a Sagawa Express worker that went viral in December 2016. The one-minute, thirty-second cellphone video shows the driver throwing and kicking boxes that he was unable to deliver up an apartment foyer staircase, only to have them fall back down on him or blow away in the wind. His rage fills the screen.²⁹

As with tourism, the background to the crisis is a dramatic increase in volume over the past decade. In 2015, parcel delivery services in Japan delivered over 3.7 billion packages to consumers—five hundred million more packages than were delivered to homes in 2010 and nearly one billion more than in 2006.³⁰ For the fiscal year that ended in March 2019, this number rose to 4.3 billion.³¹ Amazon has played a large part in this increase. As Yokota Masuo noted in his undercover reporting on the parcel delivery industry, Yamato Transport drivers “were busy before Amazon. But after Yamato began to accept Amazon packages in 2013, they were made to work without taking a lunch break.”³² Amazon is only part of the crisis. Parcel delivery companies have chosen to pass the costs of package delivery on to delivery workers rather than consumers. For example, in its pursuit of market share, Yamato Transport negotiated a contract with Amazon which guaranteed that Yamato would lose money on deliveries outside of Tokyo. Even inside of Tokyo, the company would only break even. The company's delivery drivers bore the burden of this strategy in the form of long hours and unpaid overtime.³³

The parcel delivery industry and the Abe government are embracing a notion of recovery that coincides with a wider embrace of what Matsuoka Masahiro and Yamate Taketo call “de-synchronized services,” or commercial transactions in which neither the buyer nor the seller see each other's faces or interact in person.³⁴ Indeed, the Abe government highlights parcel delivery as a key component, and test case, for its plans to reengineer the Japanese economy to thrive in a state of precipitous demographic decline.³⁵ A key element of Abenomics is increasing worker productivity. By increasing worker productivity, Abe hopes to spark a “virtuous cycle” of economic growth that will obviate the need for increased labor immigration: higher productivity will lead to increased profits, which will lead to increased wages and light inflation, which will lead to increased consumer spending, which will foster further increases in profits, higher wages, and light inflation, which will encourage more consumer spending, and so on.³⁶

De-synchronizing is the heart of the parcel delivery industry's plan to increase worker productivity. To date, the most prominent reform measure is an effort to de-synchronize driver and customer: the installation of parcel delivery boxes on

porches and in apartment building lobbies, which reduce redeliveries by allowing drivers to deliver packages regardless of the location of the customer.³⁷ The Olympics further tied de-synchronizing to the success of the nation as a whole. As part of its effort to reduce the number of vehicles moving through Tokyo during events, the Organizing Committee targeted home parcel delivery and other transport operations, which rely almost exclusively on trucks for distribution. After a year of requests for traffic mitigation plans with few concrete results, in October 2019, the Organizing Committee succeeded in getting the government to officially request changes to delivery company practices: reduce redeliveries, establish more pickup boxes in apartment lobbies and train stations, and reduce the overall number of deliveries for the duration of the Olympics.³⁸ These requests mirrored what the industry had already been promoting for several years. But this time, parcel delivery companies and the government fashioned installing parcel delivery boxes into a material contribution to the success of the Tokyo Games and a source of national pride. Now the Corona Calamity has transformed de-synchronizing society from a neoliberal economic reform into public health common sense. The number of parcels shipped and delivered in Japan is higher than ever. Japan's Internet giant Rakuten reported a 58 percent increase in total sales at Rakuten Market (*Rakuten ichiba*) and Net Super (*Netto sūpa*) in April compared with April of last year.³⁹ According to anecdotal reports, parcel delivery drivers are delivering 50 percent more packages than they were before.⁴⁰ In response, however, Yamato Transport and other companies have pursued the same set of reforms, geared toward consumer practices rather than sustainable labor. Yamato Transport has pressured consumers to install parcel delivery boxes by further reducing the hours that it will redeliver packages and the hours that it will even receive requests for redelivery.⁴¹ Some companies have lifted the requirement for signatures at deliveries, offering contactless "place and deliver" service (*okihai*). Yamato, Amazon, and other delivery companies are establishing even more parcel delivery boxes near convenience stores and train stations and in apartment buildings.⁴² Panasonic reported that March 2020 sales of its "Combo-Light" parcel delivery box, which debuted in October 2019, were more than double the average of the previous four months.⁴³

But a recovery revolution predicated on making contactless delivery and limited redelivery palatable by establishing parcel delivery boxes—a revolution that encourages consumers and businesses to expect *more* rather than less flexibility in parcel delivery—is manifestly not a recovery revolution for parcel delivery workers. The push for ever more delivery options and ever faster, ever cheaper delivery rates is its own rhythm of crisis. It authorizes the parcel delivery companies to celebrate parcel delivery workers' asynchronicity—with their bodies, with their families, and with a society that defines itself by the values and needs of consumers—as the solution to Japan's economic future instead of forcing the companies, and the

nation, to acknowledge the human costs of consumer-driven culture.

Indeed, the Corona Calamity underscores the inadequacy of a rhythm of recovery predicated on the well-being of our consumer selves at the expense of our laboring selves. There is no telework for parcel delivery.⁴⁴ In the United States, workers at Amazon, Instacart, and FedEx struck on May 1 to protest their working conditions during the pandemic. In Japan, parcel delivery workers want to quit. The issue is not simply one of pay. Many parcel delivery workers are subcontractors who are paid by the parcel. The increase in volume has increased their pay accordingly. But they are working late into the night with no breaks or vacation.

Yukita Kōsuke highlights the unsustainability of this rhythm in his parcel delivery-themed web comic and blog, *Yukita no yon koma takuhaibin* (“Yukita’s Four-Panel Express Home Delivery Parcel”). On May 5, just after Abe extended the country’s emergency declaration for three more weeks, Yukita posted a comic called “The Thing I Want Now” (Ima hoshi mono). “Now is the do-or-die moment! Let’s keep at it!” says the manager of a parcel delivery office. “It’s impossible!” the sweating, exhausted delivery worker tells the manager. “More than wages,” he says, “I really just want a break.” In his commentary, Yukita acknowledges the hopelessness that he encounters among parcel delivery workers: “It is very painful to not be able to see what lies ahead. I hope that you can persevere. I am rooting for you.”⁴⁵

Conclusion

Hope is in short supply when recovery is conceived of as an event. The Abe government and previous Japanese administrations have chosen hope because hope is theoretically more unifying than other emotions. But this begs the question of unifying for whom, and unifying around what.⁴⁶ If, during the Corona Calamity, we can step away from the rhythm of recovery as event, we can enter into rhythms of anger, frustration, and grief. These emotions have unified Japanese labor and citizen protest movements in the past.⁴⁷ They continue to do so in the present.⁴⁸ Even in the context of the Olympics, recovery as event held weak appeal to those most impacted by Japan’s disasters. Ueno Takayuki, who lost most of his family in the 2011 tsunami and had planned to carry the Olympic torch on the first day of the relay, told the *Asahi* newspaper that he felt a little resistant to the idea of “recovery” (*fukkō*). Nevertheless, he wanted to show his deceased family, “We’re in good health.”⁴⁹

Good health will require recoveries in multiple rhythms. Some return us to the life of before; others reorient us to life in the new present. I hope, amid our daily struggles, we can establish one or two, or three or four, that lead to a revolutionary future.

Acknowledgments

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6

THE GODDESS AND THE VIRUS

Ravinder Kaur and Sumathi Ramaswamy

On April 12, 2020, about three weeks into the world's "harshest" lockdown instituted by the state to keep COVID-19 at bay, a striking painting was released into the crowded image and media landscape of iconophilic India (Figure 1). Titled *Bharat Mata*, the work by Maharashtrian artist Monal Kohad (in a wash technique that had been made famous about a century earlier as part of anti-colonial nationalist art practice) features a four-armed Mother India, the embodiment of the nation, standing on a partly visible terrestrial globe, the outline map of India framing her body, its critical borders undefined.¹ She carries in two of her four hands, as she is generally wont to do, the national tricolor, a sheaf of grain, and a sword—also not entirely uncommon. What is novel is what she holds in a third hand: a decapitated human head adorned with the telltale spiked coronavirus SARS-CoV-2, colored green and red, the blood from which drips as ritual oblation onto a blazing brazier held aloft in her fourth hand. As Mother India gazes suggestively upward and to the east, directing our gaze as well to the luminous snowcapped Himalayan peaks delicately painted across the top of the work, her citizen-children applaud her triumphal act, paying homage to the goddess who has calmly but heroically vanquished the virus from the (mapped) nation.

We will return to the goddess and to the (decapitated head of the) virus momentarily, but for now, we draw upon this suggestive painting to underscore the founding argument of this short essay that the battle against COVID-19 in India is also being waged with and through images that are both critical and celebratory of the measures taken by the Indian state and the citizenry to contend



Figure 1. Monal Kohad, *Bharat Mata*. Watercolor wash technique, tempera. April 12, 2020. With permission of the artist.

with the newest epidemic to strike the subcontinent.² Many such images depict a nation under siege, readying itself for warfare on the twin fronts of health and the economy, a widely held view echoed across a variety of media including newspapers, television, and the prime minister's popular radio program, *Mann ki Baat*, "Heart Speak." This reification of fast-paced hypernationalist viral art, one might argue, occludes the actual failures of the state in its battle against the virus. This is what potentially keeps the enchantment of hypernationalism alive at a time when structures of governance fall short, and when a health crisis morphs

as well into an unmanageable crisis of hunger and loss of livelihood in the world's harshest lockdown.

Yet the hypernationalist art doesn't remain uncontested: it is challenged by critical artwork that depicts war of a different kind, an internal war in which the vulnerable poor are pushed further into precarity during the lockdown. These competing visual narratives constitute the emerging body of the viral imagery which covers a vast range, from high art produced in private studios and homes to public graffiti, street sketches, drawings by schoolchildren, and computer and screen-generated digital works. Practitioners of "folk" forms, such as Kalighat, Madhubani, Pat, Phad, and Kavad—whose very livelihoods may be catastrophically transformed in the long run—have adapted their practice to release images in support of social distancing, mask-wearing, and handwashing, but also to draw attention to the sick being treated in hospitals and to the domestic dislocations caused by the extended regime of quarantining.³ As has been the case globally, some high-end galleries have also resorted to new ways to get the public to engage with their image collections, many made available for the first time at the click of a mouse. The calamitous stilling of the world, it seems, has also unleashed an alternate dynamic of creative un-stilling.

Indeed, the very impulse to turn to the visual medium—undertaken also by agents of the state in their public health campaigns, and by medical illustrators and scientists in their models of "the terrible beauty" of the novel coronavirus—is a reminder that creativity in the age of COVID-19 is very much alive. Artists and the infrastructure of the entire art world, which is already not the most secure of social sectors, have been especially hard hit with lockdown measures. But this has not stopped image-makers from exploring alternate ways of getting their message—and their creative works—out into the world, leading anthropologist Ritika Ganguly to even claim, "The one thing that the coronavirus can't kill is art."⁴

At the same time, the very production and proliferation of these images alerts us to the fact that COVID-19 is the first global pandemic in the age of instant media. If the virus has shown us that national borders and security barriers are quite inconsequential for its global travels, it appears to have a close rival in images that with seeming ease also "go viral" across the world in seconds. Frequently untraceable to their original creator(s), triggering trails and consequences not formally intended, and often with a shelf life that is even more fleeting than their ephemeral analogue counterparts (if not the dreaded virus itself), the avalanche of such "poor" images nevertheless offers more than a window into public and private sentiments and politics ranging from outrage and fury to pride and satisfaction and grief and melancholy, with (guilty) pleasure, (inside) jokes, and even (outright) laughter along the way.⁵ It constitutes the visual field of twenty-first-century pandemic politics. The virus and its divine vanquisher are made

visible as political actors, both visually reconfigured to wage a modern viral warfare to safeguard health and the economic well-being of the nation.

Mother India's Pandemic Labors

If art has not been killed by the coronavirus, neither has the goddess. Indeed, not the least striking outcome of the spread of the novel coronavirus in India is the arrival of a new goddess in the midst of its citizenry, or rather more correctly, the adaptation of a recent goddess to the current moment.⁶ As Figure 1 clearly underscores, COVID-19 is a disease that even in its earliest phase has been deemed serious enough to demand a dedicated deity, and a female one at that. Scholars who work on religion and disease have long noted that peoples of the subcontinent, especially Hindus, have, over the centuries, turned to various goddesses of contagion in times of pandemics.⁷ In anthropologist Tulasi Srinivas's words, "These goddesses act as celestial epidemiologists curing illnesses. But if angered they can also inflict disease such as poxes, plagues, sores, fevers, tuberculosis and malaria. They are both poison and cure."⁸ As the cited scholarship shows, these "disease devis" go by various names in different parts of the country: Sitala and Mariamma(n) for smallpox, and Olabibi for cholera; there is even a "plague amma" and "an AIDS amma." The very presence of such deities—who have not disappeared even after the spread of secular medicine or the adoption of vaccination—underscores that faith enables their devotees to come to terms with horrific diseases, but also confirms that "religious beliefs do not necessarily stand in the way of prophylaxis and treatment but might actually serve to support such measures."⁹ These disease devis are, in other words, a standing reserve who can be drawn upon and "re-conscripted," in Srinivas's words, and indeed this is what appears to have come to pass with the enlisting of the most hallowed of recent goddesses—namely, Bharat Mata, aka Mother India.

Remarkably, at the time of this writing, this new avatar of Bharat Mata as a disease-fighting deity has primarily manifested herself as an image and through the interventions of an apparently secular art practice. She has circulated only through print and digital media. There are so far no temples to her, or specific rituals and hymns to placate her. Her iconography is still unstable, with elements borrowed from the old, the near-new, and the entirely novel, but some distinguishing features have already emerged to accommodate an emergent theology of social distancing with which she has come to be associated. She is almost always a multiarmed goddess, given the formidable enemy she faces. Thus, Sandhya Kumari's *Maa Bharati* (Figure 2) clothes the new goddess in the colors of the Indian flag as she stands on a terrestrial globe. In her very many arms (like Dasabhuja Durga), she holds the various objects with which she has destroyed the virus, all of which are essential to the work of modern secular medicine and public health but which are



Figure 2. Sandhya Kumari, *Maa Bharati*. Acrylic on canvas, April 2020. With permission of the artist.

now placed at the service of Bharat Mata in her new role as disease vanquisher: gloves, sanitizer, mask, syringe, stethoscope, scalpel, and first-aid kit. But it is worth noting that in this female artist's imagination, what really does the trick is

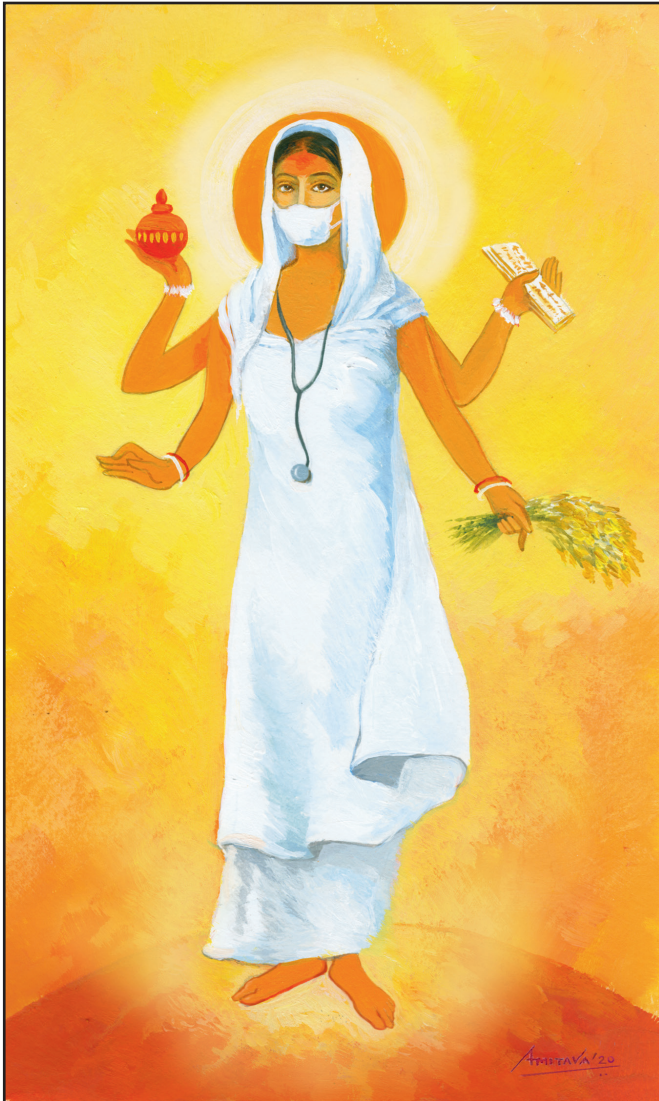


Figure 3. Amitava Chandra, Untitled. Acrylic on paper,
April 14, 2020. With permission of the artist.

the old weapon with which goddesses in the hoary past have killed their cosmic foes, the trident which snares and destroys the virus placed under one artfully drawn foot.

A different look is bestowed upon the goddess for her Bengali devotees, a look that would have been all too familiar indeed to the informed reader of

the venerable *Ananda Bazaar Patrika*, on whose front page she appeared on the morning of the Bengali new year, April 14, 2020 (Figure 3). As in the painting by Monal Kohad, Bharat Mata is a four-armed goddess, but she is neither armed nor overtly slaying the virus (which interestingly is nowhere on the scene). Instead, she benignly offers more conventional means by which to conquer the disease: food, knowledge, riches, and, as importantly, her personal blessing. In the words of Kolkata-based artist Amitava Chandra, also the principal designer for the newspaper, he sought to present the goddess as a hopeful and inspiring figure. It is notable that in aspiring to do so, he turns to the archive and retrieves an ancestral image from the early beginnings of Mother India's career as an image: fellow Bengali Abanindranath Tagore's *Bharat Mata* (1905). Tagore's saffron-clad, four-armed mother, however, has been replaced by the nurse and the physician, clothed in white, a mask on her face and a stethoscope around her neck instead of a bead necklace. The calming lotus pond of Tagore's painting gives way to a fiery red earth "burning with the coronavirus," in the words of the artist.¹⁰

Born at the height of British rule in the late nineteenth century as a substantial embodiment of national territory—its inviolable essence, its shining beacon of hope and liberation—and serving over the course of much of the twentieth century at first as a powerful rallying symbol in the anti-colonial movement, and then as the guardian deity of a resurgent Hindu nationalism, Bharat Mata/Mother India has embarked today on a new career as a disease devi in the time of the novel coronavirus. In critical contrast, however, to the ancestral disease devis, the new goddess is not imagined as a deified COVID-19, but as a virus vanquisher. As such, the enemy—strikingly left out of the picture in most received images of Mother India—is now rendered all too visible and anthropomorphized with a bright green or fiery red, spiked demonic face, the target of the goddess's new wrath. In the process, the disease itself has been nationalized as the devi goes to work on behalf of the entire body politic whose borders stand threatened by the new enemy, which in turns emerges as the subject of intense, if paradoxical, aesthetic attention.

Viral Warfare

The emergence of the virus as a distinct entity—hypervisible, supercontagious, and external to the body of the goddess—is a key transformative moment in the yet evolving visual history of COVID-19. In the early phase of the pandemic, the virus already came to be globally seen as an undisciplined intruder from the natural world that had not only catastrophically disrupted human life but also continued to evade attempts by scientists and political leaders to control its invasive spread. The arrival of the virus in the human world had upended the global supply chains that sustained goods and services and had unsettled the

established political-economic power dynamics. It is in this cataclysmic moment of “the once-in-a-century pandemic” that the virus began taking a visible form in the human imagination, one that continues to evolve as older mythical battles of good versus evil are woven into the twenty-first-century challenges the pandemic poses.¹¹

Translated from expert scientific disquisitions into the popular imagination, the virus was first given a distinctive visual identity by Alissa Eckert and Dan Higgins, medical illustrators with the Centers for Disease Control and Prevention in Atlanta, as a spiky blob designed to stealthily hoodwink the immune system and colonize human bodies.¹² One of its first iterations in the Indian popular imaginary was its appearance as “Coronasura,” evil incarnate, during the festival of Holi in early March.¹³ Already a fortnight before the national lockdown was imposed, the virus was given the shape of a demonic asura, whose effigy erected in a Mumbai neighborhood was burnt in a ritual enactment of the mythical battle of good versus evil. Coronasura carried the virus—made visible by its telltale, cactus-like, prickly spikes—in one hand and a briefcase labeled “economic recession” in the other to symbolize the twin fears of public health and economic downturn (Figure 4).¹⁴ At this stage, the virus was imagined as an outsider, yet as something contained within the universe of Indian myths and folklores. Once the three-week national lockdown was imposed on March 24, it acquired a more sinister visage as fears of projected economic collapse and the breakdown of the social order in many parts of the world began gaining ground, this time visually fused with the discourse in which it was widely dubbed as the “China virus.” Central to this visual turn is the push to specifically name the disease agent as the “China virus,” a shorthand for the Chinese state’s concealment of information about COVID-19, its repressive policies, and its expansionist ambitions to gain a global edge in the twenty-first-century trade wars.¹⁵ By conjoining the virus to its place of origin in the popular imagination, the biological threat posed by the virus was merged with the political-economic threat posed by the world’s second-largest economy to the national well-being.

Return now for a moment to the image of Bharat Mata drawn by Monal Kohad (Figure 1). Pay attention once again to the decapitated human head the goddess holds aloft for everyone to see.¹⁶ The viewer will have noticed how the artist drew the facial features with the thin downward curve of the mustache designed to suggest a man of Chinese descent. What attracts particular attention is his head adorned with the colorful virus, its round, spiked form visible from afar. This image brings alive the “China virus” in a concrete shape: the spiked form of the virus conjoined with a human head that is made to stand in for China. It is noteworthy that this visualization emerged out of the strict curfew-like state of lockdown, “when everyone had to stay home and watch TV,” as the artist recalled.



Figure 4. Ashish Rajee, Photograph of the Corona Virus effigy made by the Veer Netaji Krida Mandal, Bombay Development Directorate (BDD), March 8, 2020. With permission of the photographer.

The iconography of the virus itself “was derived from the visual imagery of the virus as shown on television,” or put differently, an artistic rendition of a world conceived and projected on television.¹⁷ The reference to “television” here hints at the wider media trend in India that had drummed up the discourse of the China virus. Consider the widely circulated cover story entitled “Super Spreader,” published a week into the national lockdown by the Hindu conservative magazine *Swarajya*, with the tantalizing byline, “China covers up, WHO plays along, and before you know it, humanity is facing its biggest threat yet” (Figure 5). The magazine prominently featured President Xi Jinping in full stride across its cover with the Chinese national flag in the background. The text and the picture together made unambiguous connections between the Chinese state, the relentless onward march of its ambitious leader, and the spread of the virus. And if anyone was still in doubt, the star on the Chinese flag spouted the virus, made visible by its characteristic spikes. This dominant media discourse, or what Kohad names as the “root of Corona virus,” has also sparked the popular imagery of the pandemic.

In Kohad’s image, the metaphor of “root” worked in a double sense—“root” as in cause, or the origin of the virus located in China, and its symbolic representation as the head from which the virus spouts forth. By decapitating the human head upon which the virus grows, the mother goddess destroys the root cause of the pandemic in more ways than one. She not only vanquishes the virus but also China, the reservoir within which the virus germinates. This artistic reimagination of the goddess in the time of COVID-19 bestows upon the figure of Mother India the healing powers of the disease goddesses. The new goddess, however, asserts her sovereignty not by offering a cure to the virus but by slaying a ruthless external enemy in the garb of a virus. The trail of dripping blood from the decapitated head suggests the powerful blow, the complete destruction of the enemy at the hands of the goddess. This shift in divine strategy to counter the virus—from cure to complete decimation—was linked to how the virus was perceived. It was now no longer just a contagion to be dealt with by public health experts, but a destructive force closely aligned with the world’s second-largest economy, one that was threatening to destabilize the established post-Cold War world order. In this visualization of the “China virus,” global health concerns had fully merged with the imperatives of geopolitical dynamics and nationalist politics.

To be sure, the image was more than a mere reproduction of the anti-China discourse drummed up on television. It had emerged as a *full* political actor that *immediated* a possible script for military action against the enemy. The popular imaginary of the virus both drew upon and reinforced this worldview of an impending apocalypse, one that could only be countered by mobilizing forces against pure evil. It is hardly a surprise, then, that the metaphor of war came to be widely used to describe this siege-like condition as nations around the world imposed various forms of lockdown and social distancing to control the contagion.



Figure 5. *Super Spreader*. Magazine cover, *Swarajya*, April 2020. With permission of the magazine.

In India, Prime Minister Narendra Modi announced the first twenty-one-day lockdown as a “state of war against coronavirus,” in which every citizen was a soldier fighting off the infection.¹⁸ The war metaphor to combat a disease worked well with his characteristic hypermasculine image as a stern man of action, a strict disciplinarian, and therefore, a guarantor of efficient management in the time of crisis.¹⁹ The war metaphor allowed Modi to enforce a harsh lockdown by turning citizens into corona warriors, and their immobilization into a call for action in the service of the nation.

If the lockdown was a declaration of war, it was a war waged simultaneously on two fronts, one an avowedly external enemy—China—and the other an entity who is never deemed assimilated enough in the internal constitution of the nation:

the Muslim. In the popular imagination, China undoubtedly came to be seen as the original source and reservoir of the virus—and such a view is shared globally. What adds a pernicious twist to the Indian iteration of this global discourse is that Indian Muslims were cast as reckless conduits of its spread in society. Early on during the national lockdown, a congregation of the members of Tablighi Jamaat in Delhi was identified as a cluster of COVID-19 infections, a “super-spreader.” They had assembled in mid-March to participate in a conference, but before they could disperse, the lockdown had been imposed with a warning of less than four hours. Their movement curtailed, many participants were forced to stay at the organization’s premises without means to observe social distancing, while others traveled elsewhere across the country. Once infections were reported in the media, the story turned from a health challenge to a question of Tablighi Jamaat members’ refusal to follow official guidelines.²⁰ Quite rapidly, the discourse shifted from Tablighi Jamaat to Muslims in general for being responsible for the spread of virus. Some statistical graphs charting the course of the pandemic across the body politic created a separate count for infections connected with Tablighi Jamaat, thereby publicly shaming and shifting the blame on to the “other” community.²¹ It was no longer just China that was held responsible for the pandemic, but also Muslims of India who were said to be derelict in their civic duties, the saboteurs who were working (from within) against the war on the virus.

This shifting discourse shaped how the virus came to be visualized during the lockdown. The virus is painted alternately or simultaneously in two colors—red and green, the colors of China and Islam (Figure 1). Strikingly, such visual rhetoric has been introduced to children as well, as evidenced in at least two artworks produced by Indore siblings Devayani and Shivananjani, which are based on line drawings given to them by their teachers in a school competition (Figure 6 and Figure 7). The enemy within and the enemy without had laid siege to the body politic and could only be saved if the citizen-as-corona-warrior—her children—were mobilized on behalf of the nation and mother.

Wretched Bodies on the Move

In the mobilization of the citizen-as-corona-warrior, art and artists have thus played a critical role as informal partners of the state. Sandhya Kumari’s painting (Figure 2) is accompanied by an important exhortation that the artist directs to her fellow citizens, “Maa Bharati [Mother India] will vanquish the coronavirus, but every Indian has to assist: stay at home and follow the rules. Jai Hind [Long Live India].”²² In the painting produced by young Devayani (which cleverly cues the alert viewer to recall the half-female, half-male *ardhanarishvara* manifestation of Shakti and Shiva), the new heroes are the (female) doctor who saves lives armed with a stethoscope, and the (male) police officer, armed with his baton who ensures



Figure 6. Shivanjani, *Affect on Society*. Drawing on paper circulated on Twitter, April 6, 2020. With permission of Smita Bhardwaj.

that the citizen stays at home (Figure 6). Shivanjani's painting has the goddess herself carrying a baton to ensure that her "children" observe the (draconian) rules of the lockdown laid down by the Indian state (Figure 7).

And yet in India, as in other parts of the world, the real costs of "stay at home" orders have been borne by the most vulnerable, the toiling masses rather than the flying classes, as critics have been quick to point out. Indeed, a public health



Figure 7. Devyani, *Ardhanarishwara*. Drawing on paper circulated on Twitter, April 6, 2020. With permission of Smita Bhardwaj.

and economic crisis almost immediately unleashed a vast humanitarian crisis, as millions of people who make up the vast informal sector—in some estimates close to 90 percent of the workforce—found their lives and livelihoods upended within a matter of hours.²³ Rendered jobless and homeless, a sweeping internal migration of the most affected—comparable to the great (and bloody) movements of peoples at the birth of the nation more than seventy years earlier—ensued, even as the flying classes stayed at home, clapping hands, ringing bells, and clanging pots to celebrate “the essential worker” forced to continue labor for, and on behalf of, the

nation. If artworks have sustained the state's project of lockdown, they have also called attention to the underlying injustice and inequities that it also revealed.

We draw on two images that do so powerfully and poignantly. Chennai-based artist Hasif Khan's digital painting, *Social Distance*, starkly highlights the physical—and existential—distance between the abject masses forced to live by the labor of their sweat and without whom the air-conditioned lifestyles of the beautiful people on the balconies would be well-nigh impossible (Figure 8). Who or what are the latter cheering in the artist's imagination? Even as they applaud the state's apparently speedy response to the devolving pandemic with stringent lockdown measures, they are also, after all, bearing witness—albeit from the safe height of their lofty balconies—to the departure from the midst of their fellow citizens, their entire lives folded up into wretched bundles that they are carrying back to their villages.

Could one of the faceless young women be Jyoti Kumari, the fifteen-year-old from Gurugram who used the last of her savings to purchase a rickety bicycle in order to take her injured father, Mohan Paswan, back home to their village of Siruhalli in Bihar, pedaling more than 700 miles to get there? Or could it be the pregnant woman forced to evacuate Nashik in Maharashtra, and who, after giving birth, walked another 150 miles to reach home in Satna, Madhya Pradesh? Her



Figure 8. Hasif Khan, *The Social Distance...!* Digital painting, March 2020.
With permission of artist/Ananda Vikatan.



Figure 9. Subhadeep Sinha, *O traveler of light, this is night, don't stop here*. Digital painting, April 2020. With permission of the artist.

story—and similar others—captured the imagination of a young Bengali man, Subhadeep Sinha, who was inspired enough to paint *O traveler of light, this is night, don't stop here* and release it on social media, where, unfortunately, he was also taken to task by several of his fellow netizens (Figure 9).²⁴ Its protagonist is a mask-wearing woman walking across the country barefoot, with a bundle on her head, holding her newborn in her arms with its umbilical cord still intact, as she bleeds on to the map of India. On the one hand, it is clear that even observing the public health rules of the state in the time of COVID-19 does not guarantee the wretched of the nation the privilege of staying safely in their home to ride out the pandemic.



Figure 10. Hasif Khan, *Enga Area Ulla Varate* (Do Not Enter My Area). Digital painting, March 25, 2020. With permission of artist/Ananda Vikatan.

They are forced out into the streets, their lives up for grabs. On the other hand, the very nation in whose name and on whose behalf the world's most severe lockdown was conducted is for sure not a safe haven for that nation's abject, hungry, and on-the-run peoples. They have lost both their home and their homeland.

Viral Art in the Age of COVID-19

Viral images—produced in the various stages of lockdown and unlocking—disclose not only personal and collective strategies deployed to battle a relentless global pandemic, but also how the celestial warfare with which pandemics are fought has itself undergone a rapid shift. A major shift in the inherited traditions and practices of divine figures and the epidemics they unleash or control is the displacement of the reservoir of infections to an external source—China—and the targeting of an internal enemy, Muslims. In sharp contrast to the disease devi of antiquity who was the reservoir of both the infection and its cure, the new goddess stands forth triumphally as virus slayer. Separated from the body of the goddess, the virus appears not just as a lethal contagion but also as a destructive force said to be unleashed by an aggressive China, in collusion with the internal enemy, the Muslim. Put simply, the image-world of COVID-19 might at first seem familiar for the global viewer, yet the inner mode of operation of the figures that inhabit this world is radically different in India. Retrieved and recycled, the updated Mother India performs her “pandemic labor” in the name of public health but also extending beyond to geopolitics. What we witness, then, in these viral images is the making of a new composite figure that transcends the domains of the secular and the sacred, of health security and geopolitical security, a nationalized goddess that demands full obedience (and policing) at home as she goes to war with an external enemy that has treacherously infiltrated through the security cordon. We end by giving the last word to a conscientious artist who, even as triumphal images of India's success against COVID-19 were circulating, presciently wondered otherwise. Hasif Khan's *Enga Area Ulla Varate (Do Not Enter My Area)* has Prime Minister Modi—with the help of the citizen-turned-corona-warrior—trying to shut the door on the treacherous China virus (Figure 10). They try hard and mightily, but to no avail. The virus still manages to escape and enter the homeland, even as the map of India itself stands abandoned by Mother India.

Acknowledgments

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Notes

¹ Sumathi Ramaswamy, *The Goddess and the Nation: Mapping Mother India* (Durham, NC: Duke University Press, 2010).

² Alongside other measures, it is noteworthy that the Government of India also sponsors a national—and global—competition, “United in the Time of Corona: Express Through Art”: <https://www.iccr.gov.in/flashnews/art-competition-%E2%80%9CUnited-against-corona-express-through-art%E2%80%9D-guidelines-participants>.

³ <https://www.bbc.com/news/world-asia-india-52464028>; See also <https://thewire.in/the-arts/community-transmission-coronavirus-enters-an-ancient-folk-art-form>, and <https://www.thehindu.com/society/corona-is-watching-you-the-pandemic-inspired-pata-paintings-of-anwar-chitrakar/article32463683.ece>. For a performance featuring such art, see <https://www.youtube.com/watch?v=IJZvJY6J4BY&feature=youtu.be>.

⁴ <https://thewire.in/the-arts/community-transmission-coronavirus-enters-an-ancient-folk-art-form>.

⁵ Hito Steyerl, “In Defense of the Poor Image,” *E-flux*, 10 (2009): 1–9

⁶ For a comparable update of Saint Corona to meet the demands of the 2020 pandemic, see <https://ari.nus.edu.sg/20331-25/>.

⁷ Ralph W. Nicholas, “The Goddess Śītālā and Epidemic Smallpox in Bengal,” *The Journal of Asian Studies* 41, no. 1 (1981): 21–44; David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); and Fabrizio Ferrari, “‘Love Me Two Times’: From Smallpox to AIDS: Contagion and Possession in the Cult of Sitala,” *Religions of South Asia* 1, no. 1 (2007): 81–106.

⁸ <https://theconversation.com/indias-goddesses-of-contagion-provide-protection-in-the-pandemic-just-dont-make-them-angry-139745>.

⁹ David Arnold, “Epidemic Smallpox in India,” *Historically Speaking* 9, no. 7 (2008): 33. See also Nicholas, “The Goddess Śītālā.”

¹⁰ Interview with artist, May 30, 2020. See also Ramaswamy, *The Goddess and the Nation*, 15–17.

¹¹ <https://www.independent.co.uk/news/world/americas/bill-gates-coronavirus-pandemic-world-war-define-era-generations-a9482306.html>.

¹² <https://www.nytimes.com/2020/04/01/health/coronavirus-illustration-cdc.html>.

¹³ Called Holika Dahan, the battle ends in the ritual burning of the demonic figure of Holika to proclaim a moral triumph of the good.

¹⁴ The fear of economic recession in the image hints at more than the loss of livelihood. It invokes the logic of economic growth that has been central to the emergence of “new India” as a rising global power (Ravinder Kaur, *Brand New Nation: Capitalist Dreams and Nationalist Designs in Twenty-First-Century India* (Stanford, CA: Stanford University Press, 2020).

¹⁵ While the early news reports linked the COVID-19 outbreak to a wet market in Wuhan, some alternate theories were floated that linked the outbreak to an accident in a laboratory located close to the wet market, or even a bioweapon unleashed on an unsuspecting world.

¹⁶ In the course of the anti-colonial movement of the first half of the twentieth century, artists frequently produced images of Bharat Mata receiving as a “sacrificial offering” the heads of devoted patriots (Ramaswamy, *The Goddess and the Nation*, 217–231). For a relatively rare print, where Mother India herself engages in an act of maternal filicide, see *Ibid.*, Figure 118.

¹⁷ Interview with artist, June 13, 2020.

¹⁸ <https://theprint.in/india/every-citizen-a-soldier-in-war-against-covid-19-says-pm-modi-in-mann-ki-baat/409257/>.

¹⁹ <http://www.tasveergharindia.net/essay/corporate-masculinity-art.html>.

²⁰ <https://theprint.in/india/new-wave-of-anger-against-muslims-threatens-to-hurt-indias-virus-fight/407964/>.

²¹ The Indian Ministry of Health and Welfare official data maintained a separate count for infections among the Tablighi Jamaat: <https://economictimes.indiatimes.com/news/politics-and-nation/rate-of-doubling-of-covid-19-cases-4-1-days-without-tablighi-jamaat-incident-it-would-have-been-7-4-government/articleshow/74994181.cms>). See also https://www.google.com/url?q=https://scroll.in/article/958392/explained-sampling-bias-drove-sensationalist-reporting-around-tablighi-coronavirus-cases&sa=U&ved=2ahUKEwiB__fTltDrAhWSl4sKHdhYCgIQFjAHegQIAhAB&usg=A0vVaw2bM9Xwt6htVi5BF7TlftYU. Also see the essay by Manan Asif (chapter 11) in this volume.

²² In Hindi, “Maa bharati karegi coronavirus ka ant lekin har bharatiyon ko sahyog karna hai, ghar mein reh kar aur niyamon ka palan karke. Jai Hind.”

²³ <https://www.wiego.org/blog/die-hunger-or-virus-all-too-real-dilemma-poor-india-and-elsewhere>. For searing visual critiques through the medium of cartooning, see <https://www.groundxero.in/2020/06/19/the-pandemic-in-cartoons-part-1/> and <https://www.groundxero.in/2020/06/23/the-pandemic-in-cartoons-part-2/>

²⁴ Interview with artist, June 22, 2020.

7

“RESPONDING TO AN EPIDEMIC REQUIRES A COMPASSIONATE STATE”

HOW HAS THE INDIAN STATE BEEN DOING IN THE TIME OF COVID-19?

John Harriss

The statement that I have taken as the title of this essay was made by Yamini Aiyar, the president and chief executive officer of the internationally highly regarded Centre for Policy Research in Delhi. Aiyar argued in the same newspaper article, “a democracy that treats its citizens with callousness and a complete lack of compassion cannot survive.”¹ How has India been doing in this regard, at the time of this writing in the spring of 2020? Aiyar thought that the Indian state had failed the test. If she is right, what does this tell us about the character of Indian democracy?

My aim in this short article is to review evidence on the way the Indian state has treated its citizens during the COVID-19 pandemic and to reflect upon the political implications of its actions. I review the events of the crisis and the actions of the government both in the context of ongoing efforts by the Narendra Modi regime to establish a majoritarian Hindu state and in light of scholarship showing that the great majority of working Indians do not enjoy substantive citizenship.² This is true especially for India’s very many circular migrants, who have long been disenfranchised in their places of work and therefore have rarely commanded much recognition from politicians. They have, in many ways, been invisible.

India started this third decade of the twenty-first century in a state of turmoil. The economy was in quite poor shape—the growth rate dropped below 5 percent in 2019—and there were indications that poverty was increasing once again. A study of data from a survey of consumer expenditure in 2017–2018, the results of which the government sought to withhold from the public, suggests that nationally, income poverty increased again after 2011–2012.³ In this troubling context, the country was also experiencing heightened political tension, brought about particularly by the opposition mobilized across the country to the government's intention to change the citizenship laws in a way that was widely seen as discriminating against Muslims.⁴ The most notable site of opposition was Shaheen Bagh in Delhi. It was largely in response to this opposition, and following incitement by local leaders from the ruling Bharatiya Janata Party (BJP), that Delhi experienced the worst Hindu-Muslim communal violence in decades.⁵ These events took place in February 2020, at the same time that Prime Minister Modi was meeting President Donald Trump in a series of much-hyped encounters. It was in this context that the coronavirus pandemic began to take hold in the country.

The first case of COVID-19 in India was reported in Kerala on January 30, 2020, but the first death, in Karnataka, did not occur until March 12. Even on March 13, the Ministry of Home Affairs maintained that the country was not yet experiencing a health emergency. It was an unfortunate coincidence that on the same day, a very large gathering took place in Delhi, organized by the Muslim evangelical organization Tablighi Jamaat. It subsequently proved to be the case that this was a particularly important source of infection. This event—which coincided, it must be said, with very large gatherings at Hindu religious sites on the same day—was cynically exploited, once its consequences became known, to stoke communalism. The prominent television news anchor Arnab Goswami, for instance, claimed that people were dying “because of the singular determination of the Tablighi Jamaat to spread the virus in our country.”⁶ The idea that it was Muslims who had brought COVID-19 to India provided some cover for the government, which did very little to check such accusations or the subsequent wave of Muslim-baiting on social media (just as it had ignored the incitement to violence against anti-government protesters before the Delhi riots). The circumstances of the epidemic were also exploited by the government to stifle opposition by closing down dissent in the media⁷ and arresting critics on what appeared to be very flimsy grounds.⁸ There were no signs, in these developments, of a “compassionate state.”

On March 14, notwithstanding the Home Ministry's announcement of the previous day—that India was not yet facing a health emergency—the central government declared COVID-19 a “notified disaster.” By that time, about a dozen states were under partial lockdown. Thereafter, events began to accelerate. On March 19, the prime minister proposed in a television address to the nation a

daylong “janata curfew” on Sunday, March 22. People were asked to come out of isolation on that day at 5:00 p.m. to clap their hands or bang *thalis* (metal plates) to applaud those working in essential services. This was just the first of the exercises in political theater that Modi set up to build a sense of national solidarity around a focus on himself. It was followed by his announcement on March 24 of a complete lockdown of the country for twenty-one days, starting just four hours later, on March 25. This was to be the most stringent lockdown in the world.⁹

The way the lockdown was announced displayed middle-class bias. The noted commentator Pratap Bhanu Mehta wrote, “We were given more time to prepare for the banging of utensils, than migrant labour was given to reach home.”¹⁰ Even before the announcement of the lockdown, Indian Railways had canceled all passenger trains beginning at midnight on March 23, and reports were already coming in of migrant workers trying to return to their homes. On March 24, the economist Jayati Ghosh said in an interview that the situation the country was facing would be like “falling off a cliff,” with a demand shock and disruption of supply chains occurring at the same time and a massive spike in unemployment.¹¹

It appeared that the government had given no thought to the implications of the lockdown for very large numbers of working people in the cities: to what would happen to their employment; to the possibility that without their daily wages, they would be unable to buy food; or to the fact that the social distancing that was being enjoined on everyone would be impossible for them and for so many other people living in urban slums. Certainly, no thought had been given to the possibility that many migrant workers would seek to return to their distant village homes, with profoundly important consequences for the spread of the disease. But by March 25, pictures began to appear of large numbers of migrant workers taking to the highways to walk home. Others were reported to be holed up in their dwellings or their workplaces without work or food, in fear of the police if they ventured outside.¹² For the police, the lockdown was an occasion for unleashing sometimes brutal violence against innocent citizens.¹³

The numbers of those on the move continued to mount, however, and on March 27, the Ministry of Home Affairs asked states to stop the mass exodus. The government then issued instructions to the states to set up camps for migrant workers and to provide medical care and clothing. But reports showed that people still continued to move in large numbers for several days.¹⁴

It is unsurprising that the migrant workers should have been invisible to the state. It has been insufficiently recognized that a high proportion of workers in Indian cities are *circular* migrants, moving between village homes and urban centers—in contrast with the earlier experience of urbanization and industrialization in the West, in which labor moved on a permanent basis.¹⁵ Relatively little attention has been paid to these workers, except by a handful of

scholars, prominent among them the Dutch sociologist Jan Breman, who draws on his fifty-some years of ethnographic research in Western India. In India, he has shown, “A new class of nowhere people has emerged, forced to drift between what passes for ‘home’ and a place of ‘work’ (and who) In their marginality . . . seem to pose no threat to the vested interests of capital and its agents.”¹⁶

But Breman and the few others who have taken an interest in such migrant workers have been uncertain of the numbers of those involved, with estimates in the literature ranging from thirty million to a hundred million or more. Now, with the COVID-19 pandemic, the scale of migration for work within India was thrust upon the attention of government and a middle-class public that has long preferred to push poverty out of sight.¹⁷ But the numbers still are uncertain. The economist Ravi Strivastava, a member of the National Commission on Enterprises in the Unorganised Sector (2004–2009), which had studied labor questions in depth, suggested that the numbers of short-term and circular migrants in the informal economy might be sixty million to sixty-five million, and with accompanying family members, perhaps more than a hundred million.¹⁸ On May 14, Finance Minister Nirmala Sitharaman announced a scheme for the relief of migrant workers, numbering them at eighty million (about one-fifth of the labor force).

There has been a general reluctance across middle-class Indian society to recognize the contributions of migrant workers. Instead, these workers commonly lack rights as citizens, such as having access to rations under India’s public distribution system (PDS)—their ration cards being valid, if they hold them at all, only in their home locations. They are denied the franchise in their places of work, and they are often harassed and mistreated, liable to experience repression at the hands of the police. Many of them are also employed under conditions that Breman calls “neo-bondage”—tied to employers or contractors or to the “jobbers” (intermediaries) who employ them in long-term debt relations that are shorn of the reciprocal obligations associated with the idea of “patronage.”¹⁹ Such circular migrant workers come disproportionately from rural areas in poor parts of the country, particularly from eastern Uttar Pradesh and Bihar and from Jharkhand, Chhattisgarh, and Madhya Pradesh. And they come especially from Scheduled Caste and Scheduled Tribe backgrounds or from among the Other Backward Classes.²⁰ They are uniformly poor. At least 89 percent of the labor force of India is made up of those who are either informally employed or self-employed, and two-thirds of them do not receive the 375 rupee (Rs) daily wage or earn this amount, which was recommended as the national minimum wage to meet basic household needs at 2017–2018 prices.²¹

It has been estimated that as many as thirty million migrant workers were on the move—a movement of people dwarfing even that which took place at the time of Partition.²² The numbers shocked the government into urgent action. On March

26, a relief package equivalent to US\$22.5 billion was announced, and on March 29, Prime Minister Modi made a televised address in which he asked forgiveness for having caused people so much trouble—though he also said, counting on the adulation of very many of the people, “My conscience tells me you will definitely forgive me.” The relief package was brought in under a scheme that had been started in December 2016, for the confidential declaration of “unaccounted wealth”—and seen by some as having created a kind of a slush fund called the Pradhan Mantri (Prime Minister) Garib Kalyan Yojana (PMGKY). The PMGKY package included provisions for a food grain ration for eight hundred million Indians, as well as small cash payments to different groups of vulnerable people and increased wages (from Rs 182 per day to Rs 202) for those employed in the public employment scheme, the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), although by this time many states had already closed MGNREGS work sites. The food grain ration was for those holding ration cards who were already entitled to five kilograms per month at a fixed price; it added a further five kilograms free of charge, together with one kilogram of local pulses (per family) for a period of three months.²³

While the PMGKY was welcomed as a step in the right direction, it was also found to be distinctly miserly. It was pointed out that the funds allocated to the package amounted to only about 0.8 percent of gross domestic product (GDP), much lower than in most other countries, and that a significant proportion of the planned expenditure was made up by funds that had already been committed. New funding was limited (to not much more than 0.5 percent of GDP). There were concerns about the numbers of poor people without ration cards, estimated to be more than a hundred million.²⁴ The amounts of the cash transfers that were part of the package were small, in any case, and narrowly targeted—although at least one businessman had advocated, in the course of an interaction with the prime minister before the lockdown on March 24, that the government should make an immediate payment of Rs 5,000 to all those aged twenty-five and over.²⁵ As the economist Jean Dreze put it, too, whether it was food or cash, disbursement would be a huge challenge. The record of Indian governments, after all, in reaching the poorest people is not strong.²⁶

Thus it was that the government was called upon to do much more. Two winners of the Nobel Prize in economics, Amartya Sen and Abhijit Banerjee, joined with the former governor of the Reserve Bank of India, Raghuram Rajan, in arguing, “We need to do what it takes to reassure people that the society does care and that their minimum well-being should be secure.” They proposed that the government should be ready to use the seventy-seven million tonnes of food in the stores of the Food Corporation of India; issue temporary ration cards and universalize distribution—so that anybody would be able to go to the ration

shops; and that in making cash transfers, the government should err on the side of inclusion.²⁷ A good many others argued in the same vein.²⁸

Meanwhile, what was actually happening to the millions of people whose livelihoods were threatened? There were many reports by journalists, some of them harrowing, but quantitative data were scanty. Some researchers in Delhi were able to conduct telephone surveys with people in 413 households in industrial areas spread across the city that they had been studying since May 2019. They found that 91 percent of the men were unable to work; 85 percent earned no income; 53 percent of those employed before March 24 had not received a salary; and 35 percent reported not getting adequate food.²⁹ Another survey, conducted by Azim Premji University, of 3,970 workers across eighteen states found that 67 percent had lost their livelihoods.³⁰ A report released on April 15 by the Stranded Workers Action Network, which had contacted 11,000 migrant workers, showed that 96 percent had not received rations from the government; 70 percent had not received any cooked food; and 89 percent had not been paid by their employers. As the journalist Kabir Agarwal, who reported these findings, put it, “as hunger grows the fear of starvation is real.”³¹ In the same report, Agarwal noted a reliance on philanthropy in the government’s submission to the Supreme Court in the first week of April. This showed that in thirteen states, NGOs had set up more food camps and fed more people than the state governments. An affidavit submitted to the Supreme Court by the Union government in early April also stated that 69 percent of the shelters and relief camps that had been set up for migrant workers were located in Kerala alone.³²

The limitations of the implementation of the relief package of March 26 were exposed in the government’s own reports in early May: two hundred million ration card holders did not get grain under the PMGKY in April, and only 18 percent of those entitled had received the promised ration of pulses.³³ Thanks to the shutdown of work sites until April 20, the increased wages for work under MGNREGS that had been promised (and had actually been agreed upon in an annual exercise preceding the lockdown³⁴) were of little benefit to most. The number of person-days of work created in April 2020—the month in which employment under the scheme normally begins to climb toward its peak in May and June—was the lowest in any single month (by a long way) for ten years.³⁵ All the while, the long-standing problems of Indian farmers, and the evidence of declining incomes in the period before the pandemic, were compounded by difficulties, for many, in securing labor for the harvesting of the winter crop and by problems of marketing.³⁶ And at the beginning of May, adding insult to injury, three state governments, all of them constituted by the BJP—Uttar Pradesh, Madhya Pradesh, and Gujarat—announced changes to labor laws that removed some of the most basic protections for workers. How far these changes would

encourage investment—which apparently was the intention—seemed doubtful to business commentators.³⁷

There was then eager anticipation across society—from businesspeople anxious to know how the government proposed reviving the economy to poor people worrying about their livelihoods—when the prime minister announced a (purportedly) massive new stimulus and relief package in another televised address to the nation on May 12. The package, Modi said, was to be of twenty lakh crores of rupees (US\$264 billion, equivalent to nearly 10 percent of India’s GDP) and aimed “at our farmers and labourers.” It was to be focused on “land, labour, liquidity and laws” and to reflect an economic philosophy, going forward, of self-reliance. But the prime minister left the details to be explained to the nation over the following five days, in a series of announcements made by Finance Minister Sitharaman.³⁸ As the dust began to settle after all these announcements, it became clear that the new package satisfied very few Indians, save those concerned above all about fiscal discipline. The emphasis was overwhelmingly on the supply side of the economy and focused on the “liquidity” part of the deal that Modi had promised, being mostly about making capital available on easy terms. It was reported in the *Financial Times* that “economists say the true value of the stimulus is between 1.5 and 1.8 per cent of GDP—a far cry from Mr. Modi’s promises.”³⁹ The package offered, in the end, very little in the way of relief. Income and wage support were to be kept to a minimum, and there was certainly reason, in consequence, for concern about the demand side of the post-pandemic economy.⁴⁰ For India’s poor people, the most important announcements were that eighty million migrant workers were to receive five kilograms of food grains per person and one kilogram of pulses per family, free, for two months; that the implementation of a “one nation, one ration card” scheme, which was intended to enable migrant workers and their family members to access PDS benefits anywhere in the country, was to be completed by March 2021; and that the budget for the MGNREGS would be increased over the budget allocation by almost two-thirds. The first two of these measures still fell short of the universalization of the PDS and the expansion of the food basket that had been advocated by Sen, Banerjee, Rajan, and so many others.

There was very little indication, therefore, at the time of this writing (late May 2020) that the needs of most Indians who are self-employed in generally poorly remunerated activities—including agriculture—or who are informally employed, including the very large numbers of circulatory migrants, had figured at all prominently in the calculations of the Modi government. There had been only token signs of compassion, for all Modi’s promise of a package aimed at “our farmers and labourers.” If further proof was needed of the callousness of the government, it came at the beginning of May, when the government at last gave in to demands from state governments and from workers themselves to allow

migrant workers to travel back home by rail. There was confusion about how the migrants' travel was to be paid for, and there is no doubt that in some cases, they were required to pay for their tickets themselves. It was pointed out how this contrasted with the huzzah surrounding the Vande Bharat program for flying Indians stuck abroad back home.⁴¹

None of this should be a matter for surprise because the Indian state has never given priority to the well-being of working people. For all of Jawaharlal Nehru's fine words before the Constituent Assembly about "giving every Indian the fullest opportunity to develop himself according to his capacity," India's public expenditure on education and health—the basic conditions for the realization of Nehru's promise—has remained at much lower levels than in comparable countries. The state's neglect of the many millions of people who have been displaced by big infrastructure projects, perhaps as many as sixty million since independence, and certainly disproportionately from among the Scheduled Castes and Scheduled Tribes, is a further shocking marker of a lack of compassion—indeed, of the invisibility—of the most deprived should-be citizens. When, at last, thanks to pressure from reformers both within government and outside it in civil society, India began to legislate social and economic rights—including the rights to work and to food—in the first decade of this century, it was in the face of fierce official opposition.⁴² Having set up a special body, the National Commission on Enterprises in the Unorganised Sector, to make policy recommendations concerning the activities and the livelihoods of the great majority of the labor force, the Congress-headed government led by Manmohan Singh disregarded and even disparaged its advice.

One of the striking features of Indian democracy is that democratically elected governments and the bureaucracies that are supposed to implement their policies are remarkably unresponsive to people's needs, though there are important variations among state governments. That of Kerala usually stands out, as it has done in the course of the coronavirus pandemic.⁴³ There is a perverse, negative spiral in the way in which democracy works in India that has to do with the relationships between politicians and the bureaucracy. The latter, though capable in exceptional circumstances of performing very effectively, on an everyday basis functions through rigid following of rules, discouraging active problem-solving. A politician who sought to win election with promises regarding the delivery of public services would not get very far. Those promises would not be believed because of the way the bureaucracy functions. In this context, one way in which a politician may seek to win and maintain support is through populist appeals; it may also be accomplished by the delivery of benefits to particular supporters, perhaps fellow caste members. From the point of view of politicians, being able to control selective benefits through clientelism, using the resources of the state, is a more reliable way of building electoral support—and of realizing rents for

themselves—than standing on a policy platform including promises about the delivery of public goods.⁴⁴

Recent analyses of the prevailing cleavages in electoral politics seem to confirm this, showing the rise of religious divisions and the persistence of strong caste-based cleavages, while education, income, and occupation have become less significant in determining voters' choices.⁴⁵ The conventional understanding of ideological divisions from the experience of the West, between “Right” (sympathetic to capital and the middle classes and to market-driven economics) and “Left” (supportive of working people and state intervention), has little purchase in the Indian context.

Aiyar's remark that “a democracy that treats its citizens with callousness and a complete lack of compassion cannot survive” calls into question what sort of democracy India has. As has been said by a good many scholars, in India the meaning of democracy has been reduced to “elections,” and the institutions of liberal democracy have been weakened over a long period, from well before the first election of Narendra Modi in 2014, but with increasing force since then.⁴⁶ By 2020, according to the Varieties of Democracy (V-Dem) Report, which aggregates the assessments of expert observers of countries' performance on a wide variety of democratic indicators, “India is on the verge of losing its status as a democracy due to the severe shrinking of space for the media, civil society, and the opposition under Prime Minister Modi's government.”⁴⁷ There is no doubt that the trends that the V-Dem Report refers to have been carried further in the context of the COVID-19 crisis. As noted earlier, the government has been able to use the circumstances of the crisis to quash the opposition that mobilized against its plans for the amendment of the citizenship laws and to arrest critical activists. A group of former judges and senior lawyers argued that the Supreme Court is complicit in the abrogation of democratic practice, of which it was guilty at the time of Indira Gandhi's infamous Emergency.⁴⁸ The government has carried further the centralization of power, against the principles of Indian federalism but in line with the earlier demands of the RSS (Rashtriya Swayamsevak Sangh) that India should be a unitary state.⁴⁹

The Indian government that has so greatly weakened Indian democracy, while also displaying “a complete lack of compassion,” is not only led but personified by Narendra Modi. It is not at all surprising to read reports of those who have suffered as a result of the lockdown saying such things as “Modi will take care of us,”⁵⁰ because he has used the crisis, with enormous panache, yet again, to project himself as the guardian of the country, even while the actions that he has taken and the policies that he has enjoined are supportive mainly of the middle classes and of business interests. On the occasion of the “janata curfew” on March 22, and again on April 5, when, in response to his call in another address to the nation, millions across the country lit candles and lamps and flashed torches at 9:00 p.m.

to “ward off the darkness of coronavirus,” Modi demonstrated his control over very large numbers of the Indian people (even if it was the case that the Ministry of Human Resource Development exercised some compulsion on students and teachers over the latter event).

National solidarity in confronting the pandemic called for obedience to the dictates of the leader. Polling evidence—though such evidence is particularly suspect in India—shows that Modi has an exceptionally high approval rating. According to data presented by the *Economist*,⁵¹ his level of popular approval, already higher than that of any other major leader, had increased still further, to 82 percent in May 2020. Though it is usually the case that political leaders gain in approval at times of crisis, only to lose it later, Modi’s ratings are exceptionally high. He is not absolutely impregnable, and there seems little doubt that he was losing support in the last months of 2018 and in early 2019. But then came the suicide bomb attack on a convoy of security forces at Pulwama and the attack by the Indian air force on Balakot in Pakistan in the aftermath. The attack may have been a farce, but it allowed Modi to project his image as the defender of the nation—and to win a great parliamentary majority that otherwise probably would have eluded him. His particular brand of authoritarian populism, marshaling majoritarian Hindu sentiment, has worked so well that a government displaying very little compassion, which is rapidly becoming an electoral autocracy, retains support among a substantial share of the people of India.

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Notes

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8

INEQUALITY, TECHNOCRACY, AND NATIONAL HEALTHCARE

TAIWAN AND COVID-19

Catherine Liu

In the winter of 2020, as the Academy of Motion Pictures crowned *Parasite*, Bong Joon-ho's dark take on social inequality and class war in South Korea, with the Oscar for Best Picture and Best International Feature, the infrastructure of globalization was facilitating the spread of COVID-19: the virus was making its way across the world from Wuhan, a once gritty industrial city in the heart of the People's Republic of China. In a globalized film industry, *Parasite's* Best Picture win marked the arrival of not only South Korean, but East Asian cinema on the global scene. Bong has always been obsessed with capturing the extent to which elites will go to maintain their "privileges" (think of his 2016 zombie film, *Train to Busan*), but the cinematic quality of *Parasite* and Hollywood's newfound awareness of its need to look beyond the United States for quality cinema allowed an edgy South Korean genre film to win big. *Parasite* dramatizes the relationship between two families—one working-class, and the other the corporate elites whose father seems to be a Korean avatar for Thomas Piketty's class of supermanagers.¹ We aren't clear what Mr. Park does for a living, but we know he is well paid for being connected to a world of high rises and global finance. Residing in a beautifully designed and perfectly appointed modernist home, the Parks are careless and charming. They allow themselves to be seduced and invaded by the Kims, an enterprising, grifting, working-class family who live in a fetid basement apartment, built with

the same clerestory windows, and with a similar aspect ratio to Cinemascope framing, as the windows in the modernist masterpiece in which the Parks live: the Kims' high and horizontal windows look out onto the gutter where people urinate and throw their garbage. The Parks' beautifully proportioned windows look out onto their beautifully manicured lawn. The Kims' struggle to survive is played as Chaplinesque, little-guy slapstick, but as the story progresses, Bong's film turns from drama to horror. It is, however, with the working-class protagonists that the viewer identifies.

In the late 1980s, Taiwanese filmmaker Hou Hsiao-hsien broke through the military dictatorship's censorship of Taiwanese history by making *A City of Sadness* (1989), an elliptical rendering of the White Terror and the February 28, 1947 massacre of leftists and communist sympathizers that took place on the island before the Kuomintang were forced to retreat in 1949 when Mao's Red Army expelled Chiang Kai-shek's troops from the mainland. The early days of Taiwanese cinema were heavily subsidized by the national film board, but a new cadre of bureaucrats in the government, and a generation of filmmakers like Hou who were exposed to the European New Wave, took realist cinema as their aesthetic and ideological tool to recast and rebuild Taiwanese identity and a sense of Taiwanese history. Drawing on a rich tradition of Taiwanese filmmaking, Huang Hsin-yao's *The Great Buddha+* (2017), like *Parasite*, moves into genre film to deal with the absurdity and corruption of contemporary Taiwan. Huang uses dark physical comedy to put a spotlight on the lives of Taiwan's most marginal people, Belly Button and Pickle, a garbage picker and a night watchman.

They eat processed foods that have exceeded their sell-by dates while local politicians and artist/entrepreneurs frolic half-naked in Roman baths, entertained by a live, sweating band and frolicking, bikini-clad women. The rich and powerful abuse their power and other people with utter nonchalance, and they use Buddhism as a fig leaf for their lust, gluttony, greed, and sadism. In both *Parasite* and *The Great Buddha+*, the protagonists are working-class and the working poor. These two films represent a class consciousness that seems to be more and more intense among East Asian intellectuals, artists, and filmmakers. Bong and Huang have contempt for South Korean and Taiwanese elite fetishism of American culture and the English language. The Parks hire the Kim's son as an English tutor (with fake credentials) for their daughter, and Belly Button and Pickle admire their boss's American name, "Kevin." The two men dream of making it big one day by being able to adopt American names as well, which for Belly Button and Pickle signify not only wealth but power and sophistication. The two men represent the large proportion of the Taiwanese population who subsist on low or no wages in an advanced, industrialized economy.



Figure 1. Screenshot from *The Great Buddha+*. Courtesy of Cheng Cheng Films.

Huang did not win an Oscar for his dark comedy, but Taiwan attracted global attention in 2020 because of the efficiency with which it contained the spread of COVID-19, the novel coronavirus that has wreaked havoc on global capitalism. Taiwan had seen seven virus deaths and under five hundred cases by summer 2020. Wuhan was locked down for seventy-three days to contain the spread of the virus, and the US has found itself the epicenter of viral contagion with, as of this writing, over 220,000 virus-related deaths and more than seven million cases of the disease, despite fragmented statewide lockdowns. Taiwan never locked down its economy and never saw uncontrolled community spread. Through early and quick state action and a combination of intensive testing and contact tracing using its National Health Insurance database, the spread of the virus was contained by a strong, functional, and vigilant state apparatus, the kind neoliberals, libertarians, and postmodern theorists condemn. Since the beginning of the Cold War in 1947, American soft and hard power worked to show that the uniquely American form of democracy and capitalism was simply more efficient and more just than any other system of political and economic organization. No sane human being would be capable of reaching that judgment today. Taiwan rejected the core of neoliberal, American-made austerity policies and the drive for smaller government: in maintaining its healthcare infrastructure, it has shown that an efficiently run, technocratic but not-for-profit form of national health insurance improves more than a country's public health, it reinforces public confidence in science and the government's commitment to social welfare. In 2020, South Korea and Taiwan are unequal societies, but less unequal than the United States. Both countries dealt efficiently with the public health crisis caused by COVID-19. In the case of Taiwan, the containment of the virus has led right-wing China hawks to celebrate Taiwan as a capitalist model of freedom and democracy. In fact, it was Taiwanese socialized medicine that protected both the public health and economy of the island.

Taiwan socialized healthcare by adopting a single-payer health care system in 1995. National Health Insurance was put into place by the Kuomintang (KMT) in the face of the increasing popularity of their political challengers, the Democratic Progressive Party (DPP). The creation of the NHI in the 1990s, and its implementation in 1995, went against the grain of the ideology of globalization, public austerity, and private dynamism that characterized that decade. While Bill Clinton failed to pass his health care bill, Taiwan's single-payer system of nationalized health care, based on the American Medicare and Canadian healthcare systems, was planned and implemented for a set of particular reasons examined quickly below. Taiwan had seen a period of strong economic growth. Its health insurance system was actually a patchwork of public insurance schemes, covering groups such as farmers, low-income government employees, and factory workers. This patchwork system left over half of the country uninsured. The KMT was committed to providing a social and public good, promoted by its increasingly powerful political rivals. After five years of study and research, the National Health Insurance system, financed by the government, employers, and the insured, depending on their level of income, was put into place in 1995, two years before the Asian Financial crisis of 1997.² National Health Insurance is a system like the one supported by Bernie Sanders. A single-payer health care system with low costs at the point of delivery, it would be dismissed as "socialism" by most of Taiwan's center and right-wing supporters in Washington, DC. Today, NHI is embraced by the majority of Taiwanese as well-run and trustworthy.³

In an op-ed for *Time* magazine written by the newly reelected progressive president of Taiwan, Tsai Ing-Wen spoke in lofty terms about Taiwanese "resilience" and national pride in calling the island nation uniquely capable of confronting hardship.⁴ Tsai's skilled use of neoliberal watchwords like "resilience" in her appeal to Taiwanese nationalism and American readers ignored the National Health Insurance system that served public health exactly as it was meant to in the early days of the crisis. Tsai's language also promoted a top-down vision of collective sacrifice and individual forbearance meant to discipline the Taiwanese, who before the pandemic were expressing discontentment and disappointment with growing inequality and stagnant wages. Tsai's party, the Democratic Progressive Party, presented itself as a democratic and nationalist alternative to the conservative, People's Republic of China-friendly Kuomintang, but its social and economic policies have not addressed a sense of malaise about inequality and a serious population crisis. In fact, Taiwan's population is projected to continue to decline by about 4,000 people a month from January 2020. According to Taiwan's own National Development Council, the island nation could see its population fall from today's 23.6 million to 16 million by 2065 if the decline identified in 2020 continues unabated.⁵ In addition, Taiwanese wealth is still concentrated in the hands of a few oligarchic families. After the expansive economic growth of

the seventies, eighties, and nineties, social mobility has slowed even as Taiwan transitioned from a military dictatorship to a two-party political system.

Taiwan, however, can boast that its National Health Insurance is one of the most important social welfare safety nets in Asia. The NHI, however, does more than lower the share of GDP Taiwan spends to keep its residents healthy. While wages remained stagnant over the ensuing decades, Taiwan was able to build a uniquely robust form of national health insurance. Tai-Yin Wu and Azeem Majid write in their article, “An Overview of the Healthcare System in Taiwan,” for the *London Journal of Primary Care*, that Taiwan’s NHI offers excellent comprehensive population coverage with good accessibility, “relatively low cost,” as well as “a nationally managed health insurance database for planning, monitoring, and evaluating health services.”⁶ According to Wu and Majid, the NHI covers 99 percent of Taiwanese citizens, who are all issued a smart card that stores a brief medical history of the patient and allows health providers to bill the national insurance for services. Patient information is anonymized but open to big data analytics and location tracing in the case of emergencies.

After the first confirmed case of COVID-19 was discovered in Taiwan on January 19, 2020, the Taiwan Center for Disease Control, which had already been meeting for a month to prepare for a potential outbreak of a mysterious pneumonia that was being observed in Wuhan, put into place an interlocking system of contact tracing coordinated by National Health Insurance and government agencies. Contacting at-risk individuals who had had contact with positive cases of COVID-19 and supporting their fourteen-day quarantines were credited with early control of the spread of the virus. Taiwan’s high degree of preparedness and the existence of the NHI database facilitated Taiwan’s quick action.⁷ In fact, it was this database that was immediately mobilized. Within a day, “[t]he National Health Insurance database was synchronized with the National Immigration Agency information so that the government could contact and track individuals at high risk of contracting the virus.”⁸ The functionality of NHI and its ability to provide excellent quality health care to Taiwanese citizens and residents also mitigated the explosion of fake news and conspiracy theories around the virus. A robust public health infrastructure created greater trust, not just in politicians, but in science and public policy applications of scientific findings. This is one of the most important political and social benefits of a national healthcare system. The *International Journal of Infectious Diseases* published an article analyzing Google searches using Google Trends to study search histories of the population in Taiwan in January of 2020. Public restlessness led to intensive on-line searches for information about the virus and mask-wearing, leading to panic buying and mask shortages. The NHI, with its ability to mobilize public and private healthcare providers, clinics, and pharmacies, allayed the panic buying of masks

by announcing that NHI pharmacies would be distributing masks free of charge as of February 6, 2020. Panic buying ceased, as did the frequency of citizens looking online for information about mask-wearing.⁹

The Taiwanese government also provided a daily \$30.00 USD food supplement and “frequent health checks and encouragement for anyone under quarantine.” Interventionist government policies lowered the stigma of being ill. The food supplement was explicitly aimed at helping working-class and poor Taiwanese deal with economic need: an across-the-board monetary grant encouraged working-class people who were sick to stay home instead of going to work. A robust public health infrastructure strengthens a sense of mutual trust and faith in civil society and government. The corrosive effects that inequality, lack of transparency, administrative neglect, and incompetence have on the body politic render a country like the United States uniquely ill-suited to deal with COVID-19. The NHI is an institution that has allowed Taiwanese people to have more faith in not just their public institutions and their leaders, but in science itself. Taiwan has a long way to go to redistribute its wealth and prioritize the well-being of its citizens along the Nordic model, and it has to deal with regional low-wage, high-extraction policies, but its National Health Insurance system has proven single-payer health insurance can not only protect a country from a seemingly uncontrollable and highly contagious virus, it can also help to maintain a country’s political health. Its model of socialized medicine allows us to imagine a technocratic state built not for the profit of its richest citizens, but for the health of its poorest ones.

From the point of view of US foreign policy, however, Taiwan represents a fantasy of a functional non-Communist Chinese alternative to China. Taiwan is the only Chinese-speaking liberal democracy on the planet. Cold War American support for the Kuomintang and its leader, Chiang Kai-shek, once fed anti-Communist dreams of reconquest of the mainland. That dream has become a historical curiosity: progressive, left-wing movements in Taiwan are now, strangely enough, anti-PRC and they promote Taiwanese national identity with a slight Sinophobic tint. Taiwanese progressives reject Chinese monoculture and celebrate the island’s “diversity” with language that mimics American liberal pluralism’s identity-politics affirmation of multiculturalism. With Hong Kong’s colonial-era legal and governmental institutions increasingly threatened by the ambitions of the PRC, Taiwan’s status as a prosperous independent state makes it an ideal pawn in a game of containment that American Cold Warriors and China “hands” love to play. These foreign policy “experts” still dream of “containing” Communism and “Red” China. It is no surprise that centrist and right-wing think-tankers have rushed to embrace Taiwan’s public health successes. Ryan Hass of the Brookings Institute praised Taiwan’s social and political “resilience,” using President Tsai’s op-ed language without quoting her, and followed Tsai’s op-ed by “celebrating

technocratic competence” while ignoring Taiwan’s effective single-payer health care system.¹⁰ The NHI is built by and run by competent technocrats, but it represents the kind of health care system that American elites, Republicans, and Democrats reject. Furthermore, American foreign policy praise for Taiwan almost always comes packaged in barely contained hostility toward the People’s Republic of China, and Taiwan’s ruling party is happy to live with that fact. Trump has used anti-Chinese sentiment to inflame his base in the 2020 presidential elections, but we should expect a different administration to continue Cold War strategies of fomenting division with the Sinophone world while trying to appear tough on global trade. Trump has embraced Taiwan’s cause and singularity only fitfully. American trade wars with China have hurt the Taiwanese economy, which today is deeply tied to the fortunes of Chinese exports and manufacturing, especially in the case of 5G technologies.

For Cold Warriors, Taiwan represents the possibility of a hot war with the People’s Republic. When Tsai Ing-wen was reelected as president by a landslide in January 2020, Marc Thiessen of the American Enterprise Institute wrote in the *Washington Post* that the United States should celebrate Taiwan’s rejection of mainland Chinese policies. To support Tsai’s government, Thiessen suggested that the United States should deploy more medium-range missiles to East Asia, which it was now free to do after Trump had withdrawn the US from the Intermediate-Range Nuclear Forces (INF) Treaty with Russia.¹¹ Thiessen’s thirst for war is only thinly veiled: his strategy features the containment of the enemy by any means necessary. He suggests that the United States replicate Reagan’s deployment of nuclear weapons against the USSR during the waning years of the Cold War, in the hopes that the People’s Republic of China will either overspend on the military and cause domestic collapse (unlikely) or actually begin a hot war that the US will hope to win (terrifying for the region and the world).

The Dr. Strangeloves of China policy can certainly hypnotize some Americans with their war game fantasies that US foreign policy should be focused on destabilizing foreign governments in the name of democracy, but Hass and Thiessen are no friends of ordinary Chinese or Taiwanese people. We should be suspicious about any narrative about Taiwanese exceptionalism and Taiwanese nationalism coming from the United States. Taiwan should not expect succor from a potential Biden administration. Americans, despite all their hot and heavy talk about nuclear missiles and Beijing’s totalitarian tactics, have done very little to help Taiwan gain legitimacy on the international stage and in international organizations: in fact, Trump’s temper tantrum withdrawal from the World Health Organization makes him Taiwan’s worst advocate in that context.

In today’s trade wars against the behemoth in the East, the United States government conveniently forgets the fact that it embraced and facilitated the

practice of cheap labor-seeking on the part of multinational corporations. Taiwan, like South Korea and Japan, was the beneficiary of American economic largesse and rent seeking. While it worked in a synchronized manner to encourage the rapid global expansion of American multinational corporations during the post-World War II period of American hegemony, Taiwan also put in place currency controls and financial protections against the US that made it less vulnerable than South Korea to global financial crises. During the Cold War years, the Kuomintang accepted millions and millions of dollars of American aid, but it pursued its own social welfare agenda, including important rural land reforms outside of Taipei, the capital city, that were the continuation of its own social welfare, and even socialist, policies that it had begun on the mainland. By the 1980s, the Kuomintang was one of the wealthiest political parties in the world, in part because of US subsidy of the Taiwanese economy, but its relative independence from neoliberal ideology allowed it to pursue a form of globalized capitalism with distinctly Taiwanese characteristics.

For Leo Panitch and Sam Gindin, “The American state, in the very process of supporting the export of capital and the expansion of multinational corporations, increasingly took responsibility for creating the political and juridical conditions for the general extension and reproduction of capitalism internationally.”¹² The United States invested heavily in Japan and South Korea and Taiwan while waging the Korean and Vietnam Wars. The enhancement of industrial capacity in East Asia was perfectly coordinated with the exportation of American-dominated capitalism, even as this policy would eviscerate the American working class. The decline of American industrial capacity or American deindustrialization has been attributed to technological “efficiencies” by IMF economists, but domestic deindustrialization actually extended the global reach of the American multinationals. The decline of heavy industry in the United States and the destruction of the livelihoods of unionized industrial workers in the American heartland is not a neutral, apolitical fact of inevitable technological progress: it was the product of political and economic policies.¹³ In fact, Taiwan’s transformation from agricultural economy to industrial/manufacturing economy in the early 1970s coincided with the first phases of American deindustrialization. The subsequent shrinking of Taiwan’s industrial base coincided with massive Taiwanese investment in factories in southern China after the Deng era reforms on the mainland. As Gindin and Panitch point out, “The first wave of foreign investors [in China], starting in the 1980s, had come from large Chinese business communities in Hong Kong, Taiwan, and Indonesia, and elsewhere in East Asia, launching China as an assembly hub for Asian production networks and giving it access to an internationalized bourgeoisie that Russia, for example, lacked.”¹⁴

During the late eighties and early nineties, Taiwanese capital and Taiwanese know-how expanded into the People’s Republic of China following the logic of

globalization. Increasing its profit margins by squeezing labor costs and quelling domestic-worker unrest, Taiwanese entrepreneurs shuttered factories at home to rebuild them in Fujian and the Pearl River Delta. The formula of an export-driven, high-growth industrial economy built on low wages was pioneered in Taiwan and South Korea: the formula was simply perfected and scaled up by the People's Republic of China. Double-digit annual growth allowed the bottom 90 percent of workers, even if they earned a pittance relative to workers in other industrialized countries, to feel as if they shared in new, national prosperity while the top 10 percent of supermanagers grew rich by making more and more money for a handful of oligarchs and their families. What industrialization and globalization brought to Taiwan was intense inequality and explosive growth, two sides of any developing economy's integration into capitalism: Taiwan's increasing inequality followed global trends, with urbanization and globalization producing rural-urban divides documented by Hou Hsiao-hsien's early films. *Dust in the Wind* (1986), based on the experiences of Wu Nianzhen, Hou's frequent collaborator, the film tells the story of two young people in Taiwan in the 1970s. Wan and Huen come from a remote mountainous town, Jiu Fen. Much of the drama of the film takes place in train stations and on trains that connect rural Taiwan to Taipei. In the opening scenes of the film, Wan and Huen are shown taking the train to and from high school.

The critical infrastructure of connection, the trains are maintained by a state eager to modernize the country. The two young protagonists participate in urbanization by taking up low-paying jobs in Taipei. Wan hates his work, but he is also a refusenik about academics and the college entrance exams. In the end, his inability or unwillingness to adapt to the punishing work discipline demanded by Taiwan's economic growth, and his refusal to sit the college entrance exams, leave him an afflicted witness to a world in which he cannot find his place. Ill-suited for both modern city life and his home in the remote village where his grandfather still tends his plot of land, Wan cannot commit romantically to Huen either. His tragic story is told against a backdrop of a rapidly changing society, but one in which inequality and high rates of consumption had not yet become entrenched. Hou was able to capture the changing landscape of a rapidly changing country, with areas like Jiu Fen, the searingly beautiful mountain village, as a place Taiwan's new prosperity was about to leave behind. Hou documents, with neorealist cinematic techniques, the painful transition from more or less egalitarian rural and agricultural economies to globalized, competitive, urban, consumerist modern economies, overseen by American popular culture and military power.

"The Bitter Truth: Why Asia's Tigers Suffer and the Nordics Thrive," a five-part series published by Justin Hugo (a pseudonym) in the *News Lens*, details the ways in which Taiwan is caught between two different economic and social models of growth and social equity: Singapore and Norway. While Taiwan has followed

Singapore's explosive economic growth since 1950, its democratic, progressive leanings give it a path to social equity and a robust civil society that Singapore's authoritarian ruling elite reject. Hugo then asks how Taiwan's actual minimum wage of \$749.00 a month compares with its GDP and shows that Taiwan's ratio leaves it in the same category as Singapore and Hong Kong with high GDPs and miserably low wages.¹⁵ Under close scrutiny, Taiwan's democracy looks less egalitarian and more corporate/Confucian authoritarian than its national public image under the DPP would like us to believe. High rates of work-related stress and extreme working hours also characterize the Taiwanese economy. According to CIA records, Taiwan's GINI coefficient, measuring inequality at 33.6 (estimated 2014), is twelve points lower than that of the US at 45 (estimated 2007). The lower the GINI coefficient, the more equally distributed a society's wealth. Perfect inequality in a country would allow it to score 100.¹⁶

Despite the government's claims that Taiwan is a middle-class society, independent scholars have reached very different conclusions while crunching Taiwan's numbers. According to 2018 reports, over 50 percent of Taiwanese families survived on an income of less than \$10,000 USD a year. Calculating for inflation, Chin-fen Chang showed that the majority of Taiwanese people earn below what the government designates as adequate income of \$1,500 USD a month, with a substantial number of Taiwanese poor earning nothing at all, like Belly Button, Pickle and their trash gathering, homeless friends in *The Great Buddha+*.¹⁷ Huang shot the film in black and white, except for surveillance footage scenes when the two friends witness Kevin committing a crime for which he will not be punished. The gorgeous black-and-white imagery endows Belly Button and Pickle with a singular visual heroism, despite their powerlessness and their fear. Even with national health care, so many people are left behind: the cinematic aesthetics and politics of Hou Hsiao-hsien and Huang Hsin-yao are imbued with the kind of political conscience that good public infrastructure and robust public institutions can build. The KMT, it should be remembered, was a revolutionary party built on Leninism. Its unique accomplishment, the establishment of the NHI in the face of pressure from its political rivals, the Democratic Progressive Party, allowed for Taiwanese society to endure a pandemic with solidarity and a strong sense of mutual responsibility. The DPP's commitment to social welfare and the public good will be tested in the years to come. Emulating Cold War America, however, is an ideological fever dream from which we hope Taiwan, along with the rest of the world, has been awakened.

Acknowledgment

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Notes

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9

RACING THE PANDEMIC

ANTI-ASIAN RACISM AMID COVID-19

Christine R. Yano

How does race shape the experience of the current and ongoing global pandemic? How does the pandemic shape the experience of race—in politics and in everyday lives? How have histories of racialization and racism in the United States and elsewhere allowed for the targeting of Asian Americans? How might we develop effective strategies that counter xenophobic racisms surrounding COVID-19? And in an ideal world seeking meaningful change, how might critical empathy—that is, reaching out to others with hearts, minds, bodies, and actions—play a crucial role?¹

These questions structure my approach to discussing anti-Asian racism amid the pandemic with the goal of developing strategies of action for the targets of such racism, as well as for others for whom race-based violence is anathema. The Black Lives Matter movement has compelled us to thoughts and actions at a time when systemic racism can no longer be ignored. What the movement reminds us of is the ongoing salience of race as a basis for institutionalized and interpersonal actions, as these shape overt macroaggressions as well as more covert microaggressions.

“China virus.” “Wuhan virus.” “Kung-flu.” These labels, uttered by people at the highest political echelons of the United States during one of the worst public health disasters within most people’s lifetimes, give permission for racial discrimination and violence, bringing anti-Asian racism into public light once again. Yellow Peril rears its ugly head—in earlier periods as a fear of Asians invading white worlds,

and here as an epidemiological fear of an Asian virus unleashed upon the world.² In the words of psychiatrist Ravi Chandra, these pandemic labels, especially uttered by those in power, “disinhibit” the public from racist emotions and expressions.³ In using the term “disinhibit,” Chandra implies that anti-Asian racism lurks historically and broadly just below the surface, suppressed in the name of more rational or humane discourse. Disinhibiting the American public from underlying racism is a response to the coronavirus that is fueled by the political virus already in place. In these conditions, anti-Asian racism has once again found fertile expression in American public life. As Chandra puts it, “underlying racist attitudes become exposed when they are given official sanction.” This is the power of racist labels made official by politicians within the context of fear who are in search of a scapegoat: they tap into histories and patterns of emotion-based prejudice. Indeed, the racist labels for the pandemic have sparked anti-Asian verbal and physical harassment, including xenophobic admonitions to “Go back to your own country.” This is the ultimate harassment to those from minority immigrant backgrounds, Asian or otherwise.

Although the United States is ultimately a land of indigenous peoples and immigrants from many countries, not all immigrants are equal in their access to membership in a newly adoptive country. Not only is access differently proffered, but so too is membership. What does citizenship look like at what kinds of levels, whether political or cultural or both? What kinds of citizenship can be made available to whom, and with what kinds of generational depths? This is where race comes into play, deciding who may or may not adapt, adopt, and not merely inhabit, but truly belong, without question, in a new home country. Race is particularly salient when the persons questioned have been born and raised in the United States and are fully fluent in English, fully educated within the American system, and fully conversant in the nuances of daily interaction. Under these conditions, race acts as the primary barrier to acceptance within the national fold.

“Go back to your own country.” This forever-foreigner admonition problematizes the Asian American experience on a number of contrasting fronts. First, within an assimilationist frame of citizenship, the xenophobic comment assumes that the racialized Asian Other fundamentally lacks the ability to shed their “innate and intractable Asian self” and “become American.” They are unassimilable. This frame assumes that the Asian Other retains indelible, racialized grooves of culture and history that cannot be altered, erased, smoothed over. And without altering those grooves, the Asian Other cannot fully and deeply learn or even adopt the language, culture, and history of American whiteness. In spite of generations of US citizenship and accomplishment, these Asian Others remain irrevocably Asian.

Second, the forever-foreigner critique assumes a monocultural United States. Whereas earlier generations of Asian immigrants might have wanted nothing more than to assimilate, to enthusiastically prove their belonging, and to fit into America's expectations, more recent generations may assert a different set of expectations. Those expectations assert difference as a welcome part of citizenship and, in fact, a strength of an immigrant nation. Those differences are not seen as shortcomings or barriers to be overcome, but as contributions to a polyglot nation.

Third, the forever-foreigner admonition may also be problematized in failing to recognize the porousness of America's boundaries. Not only do people of Asian ancestry constitute over 6 percent of the US population, but elements of Asia permeate the American consumer landscape, including food, video games, manga (comics), anime (cartoons), fashion, films, martial arts, and meditative practices. From *Crazy Rich Asians*⁴ to *Pokémon*, Asia and Asianisms have become part of the American mainstream that go beyond fads or niche markets. The popularity of these various products shifts, of course, by time, region, class, gender, and subculture, but it would be difficult to walk through a shopping mall in the United States and find not a single trace of Asian or Asian-imaged products. The goods, if not the people and what their presence might mean, are attractive. In short, the admonition "Go back to your own country" forgets that the foreign (as in forever-foreigner) has become familiar—not for all, nor to the same extent and in the same way, nor with the same meanings. Clearly, the cultural boundaries between Asia and America are not so neatly drawn.

However, here is where some of the ironies lie in our highly racialized moment. Some of the same people who might shun Asian Americans or harass them amidst coronavirus fears may still find Hello Kitty endearing. Global capitalism has surprisingly little to say in response to Asian scapegoating, except perhaps in conjunction with patronizing Chinese restaurants or other overtly Asia-linked retail stores. Although I am not suggesting that a group of people necessarily has to be linked to a set of products or racialized images, the contrast between the virulent racism and the heady consumerism of Asian goods (at least outside of Asian enclaves) is worth noting. Part of this may lie in the boundedness of a harmless toy who poses no threat at all. If Asian Americans could be conveniently contained by cuteness (that is, infantilized, rendered harmless, painted innocent), then perhaps the harassments might stop—although for the wrong reasons. But within the context of the pandemic, Asia presents mixed metaphors and images that fuel fears more than create alliances.

Historical Backdrop of Anti-Asian Racism

The dilemma of the mixed metaphors and images amid a pandemic era lies in so readily tapping into histories of anti-Asian racisms. These histories have been well

detailed in works such as Erika Lee's comprehensive *The Making of Asian America: A History*⁵ and Mae Ngai's *Impossible Subjects: Illegal Aliens and the Making of Modern America*.⁶ Especially since the anti-Asian racism of the pandemic, these histories have also been detailed in the popular press, such as Adrian DeLeon's *PBS News Hour: The Conversation* essay entitled "The Long History of Racism against Asian Americans in the US."⁷ They have been graphically presented in a multipart series, by award-winning documentarian and Professor of Asian American Studies at UCLA, Renee Tajima-Pena, titled *Asian Americans*,⁸ which notably begins the story not with nineteenth-century immigration, as most histories do, but by jumping slightly ahead to the 1904 St. Louis World's Fair, which featured a young Filipino man as a mute display item. In doing so, Tajima-Pena's history embeds the story of Asian America within racialized hierarchies of US empire, framing Asians as objects of exoticized curiosity and scientific measurement. That objectified gaze expresses the ambivalence of Americans toward Asians, as simultaneously curiosities (even desirous ones), as well as objects of fear.

Here, let me provide merely the broad strokes of that ambivalence in order to contextualize anti-Asian racism in 2020. Initially flocking to the United States with the lure of the gold rush (1852), and subsequently recruited as laborers to build the Transcontinental Railroad on the West Coast (1863–1869) and sugar plantations in Hawaii (beginning in 1852), Chinese, primarily male, immigrants established a minority presence in the United States. Anti-Chinese resentment grew as part of a sense of threat that Chinese were taking jobs away from white workers. This resentment tapped into a more generalized Yellow Peril—that is, characterizations of first Chinese, then eventually other Asians, as a menace, stereotyped as dirty, disease-ridden, and untrustworthy. The menace of Yellow Peril suggested (as it still suggests) that Asians represent a contagion from the outside and are therefore a source of threatening chaos. (Note that this is exactly the kind of racist fear reactivated by labels such as "China virus" and "Kung flu" in 2020.) The resultant 1882 Chinese Exclusion Act became the first American law restricting immigration on the basis of nationality. While excluding Chinese, that Act, however, paved the way for other Asians to emigrate to the United States (e.g. Japanese beginning in 1885, Koreans beginning in 1903, Filipinos beginning in 1906). The eventual legislative acts limiting Asian immigration followed, culminating in the Immigration Act of 1924, including the Asian Exclusion Act. Although this law was subsequently overturned by the Immigration and Nationality Act of 1952 (also known as the McCarran-Walter Act), the justification for abolishing national quotas was economic and political, not humanitarian. The racism of American legislation was dramatically exemplified by the 1942 incarceration of Japanese and Japanese Americans in concentration camps with President Franklin Roosevelt's signing of Executive Order 9066. Even as other Asian immigrants sought to distance themselves from Japanese and Japanese Americans, their physical and

economic erasure through internment left an indelible mark upon Asian American history and psyche. It lay open the possibility that anti-Asian legislation may touch upon any and all groups according to the vagaries of historical circumstances.

What these legal structures scaffold are the emotion-fueled paralegal acts of Yellow Peril. These include lynchings in Los Angeles's Chinatown (1871), the burning of buildings and driving Chinese out of Tacoma, Washington (1885), the massacre of Chinese coal workers in Wyoming (1885), the storming of a working-class Filipino community and murder of one of them in Watsonville (1929). The courts did not punish the perpetrators of these acts, but instead condoned them through either the active participation of white politicians in the crimes or token light sentences. The association of Asians with disease and pestilence may have belied their cramped living quarters in places such as Chinatowns, but this also became a rationale for their purposeful destruction, such as the mass fumigation of San Francisco's Chinatown in response to the outbreak of smallpox in 1875 and the burning of Honolulu's Chinatown in response to the bubonic plague in 1900. These kinds of acts went beyond the notion of public health and safety by giving fear a racialized face and place, much as we are witnessing in 2020.

Race: The Power of Labels and Stereotypes

Those racial terms find expression in labels. "China virus" is one type of label that generates its own stigmatized boundary-making that has worked to the detriment of Asian American lives. However, labels can also be political assertions of self-identification. "Asian American" is one of these. For many peoples in the United States originally from Asian countries, the category of Asian American is not necessarily a category of their making or even usage. Some of these people are more likely to self-identify, for example, as Japanese, Chinese, Korean, Vietnamese, Laotian, Filipino, Indian, Pakistani, or with "American" appended to signify their country of citizenship and residence. However, the political turmoil of the 1960s gave rise to the pan-ethnic umbrella term "Asian American," coined by activist-scholars Yuji Ichioka and Emma Gee in conjunction with establishing the Asian American Political Alliance in 1968 and the founding of Asian American Studies at UCLA in 1969. From its origins, "Asian American" was not intended as a census group, but as a new self-defining political alliance between Asian ethnicities in the United States. This was also an alliance of Asians with other minority groups, such as Blacks and Latinos. Ichioka recalls the birthing of the label and political movement in a later interview: "There were so many Asians out there in the political demonstrations but we had no effectiveness. Everyone was lost in the larger rally. We figured that if we rallied behind our own banner, behind an Asian American banner, we would have an effect on the larger public. We could extend the influence beyond ourselves, to other Asian Americans."⁹ In short, the term "Asian American" arose out of the oppositional political struggle of the 1960s.

So too did one of the persistent stereotypes of Asian Americans—that of the model minority. In contrast with the earlier fearmongering Yellow Peril stereotype, this one from the 1960s places Asian Americans on an assimilationist pedestal. The phrase “model minority” goes back to January 1966, when it was coined by sociologist William Peterson in an essay, “Success Story: Japanese American Style” published in the *New York Times Magazine*.¹⁰ According to Peterson, a strong work ethic and family values made Japanese Americans—later extended to Chinese Americans—a “model minority.” Written in the context of civil rights and the threat of Black Power activism, these Asian Americans provided an exemplary model of assimilationist citizenship.

What lies as the backdrop to the model minority stereotype is always the implicit “problem minority.” Thus, both model minority and the implicit “problem minorities” frame the relational racialization of the groups. Designating one group as model minority asserts a tripartite structure: (1) the power-wielding majority that the model emulates; (2) the model minority, and (3) all other less-than-exemplary minorities. Claire Jean Kim explains, “Asian Americans have been racialized relative to and through interaction with Whites and Blacks. As such, the respective racialization trajectories of these groups are profoundly interrelated.”¹¹ In this way, creating, conceptualizing, and performing race through shifting juxtapositions of various groups—that is, interrelated racializations—underpin minority status, model or otherwise.¹² As the activist provocateur Frank Chin famously said in 1974, “Whites love us [Asian Americans] because we’re not black.”¹³

That polarization, as well as relational positioning, has historical roots. Given the context of Black Lives Matter within this pandemic era, it is worth noting briefly that Black (qua African)-Asian relationships in the United States have been complex and at times oppositional—antagonistic versus cooperative, competing versus allied, complicit versus in solidarity—circumscribing their racialized minority statuses. To begin with, the social and labor histories of both groups intertwined, pivoting on racialized structures: the abolition of Black slavery ushered in an era of Asian indentured labor in the United States. Black activist Frederick Douglass vehemently opposed the Chinese Exclusion Act of 1882 in his dream of a pluralist, pan-racial utopia in the United States.¹⁴ Others shared his dream that went beyond a reborn American to a plurality of nations committed to social justice and fair representation. Over seventy years later, amidst a global, postwar rise of ethno-racial consciousness, the 1955 Bandung Conference in Indonesia forged a formal alliance between nonaligned nations in Asia and Africa. Another related alliance was taken up in the late 1960s and 1970s with the birth of the Asian American movement and its partnering with Blacks and other minorities in the United States. This kind of partnering of minorities builds upon

shared inequities. In a now-famous example, heavyweight boxer Muhammed Ali explained his refusal to fight in Vietnam in 1967 as part of an alliance of people of color: “My conscience won’t let me go shoot my brother, or some darker people, or some poor hungry people in the mud for big powerful America.”¹⁵ Another iconic moment captured in a photograph: February 21, 1965, Malcolm X shot at Manhattan’s Audubon Ballroom, cradled by Japanese American female activist Yuri Kochiyama as he lay dying.

Alliances, however, can be fragile. A few decades later, the 1992 Los Angeles riots over the police brutality against Black male Rodney King spilled over into interracial tensions between Blacks and Korean merchants, resulting in the destruction of Koreatown. Although much has been made of African-Asian antagonism and violence, this should be balanced by minorities uniting against police violence, as well as generational divides within the Korean community in attitudes toward Blacks. These generational divides pivot around immigrants and their descendants in shoring up their affiliations—with those in dominant positions (i.e., whites, taking an assimilationist, settler colonial position) versus those in a united struggle (i.e., people of color, taking a position of defiance, resistance). These include Asian Americans serving on the police force and engaging directly with brutality against Blacks (e.g., Hmong American Tou Thao and the George Floyd case in Minneapolis in 2020; Chinese American Peter Liang and the shooting of Akai Gurley in Brooklyn in 2014).

In the July 6–13, 2020, issue of *Time Magazine*, Vietnamese author and scholar Viet Thanh Nguyen entitles his major essay “The Model Minority Trap,” suggesting that such a public pedestal becomes its own nightmare.¹⁶ But what kind of nightmare is this and how might it contribute to the experience of anti-Asian racism? Since when and why does a model become a problem?

Some might question the validity of speaking critically about a stereotype that holds such positive values: middle-class, education, family, work ethic, achievement. What is wrong with that? In the face of Black Lives Matter, this may seem relatively trivial. And yet, I would argue that stereotypes perform their own kind of violence, whether physical, psychological, or emotional. They disable even as they enable, internalized within the quiet assimilation of racialized selves—or at least this is what the stereotype would have one believe. Within this context, to assimilate is to render oneself invisible. This holds true even as the anti-Asian racism of pandemic labels pulls the American public in the other direction, forcing upon Asian Americans a negative, hyperinflected Yellow Peril visibility. Critiquing the model minority stereotype does not pit one group against another but emphasizes the importance of rallying against the structural racism that harms us all.

Although it is easy enough to contrast the two stereotypes—Yellow Peril and model minority—Asian American Studies scholar Colleen Lye argues instead for recognizing their commonality, the way they are “best understood as two aspects of the same, long-running racial form, a form whose most salient feature . . . is the trope of economic efficiency.”¹⁷ In her analysis, Lye challenges us to recognize the embedded link between race and class. Nguyen agrees, citing a “crossbred system of white supremacy and capitalist exploitation . . . engaging in the most dangerous kind of identity politics, the nationalist American kind, which, from the origins of this country, has been white and propertied.”¹⁸

The Perils of Being Yellow: Acting Out, Acting Up

The connections between anti-Asian racism and capitalism found a rallying cry in the 1982 beating death of Chinese American Vincent Chin. Occurring with the rise of the Japanese auto industry and the subsequent threat to US-related jobs, Chin’s death represents a tragic case of racism amid economic tensions. In a strip club in Detroit, two white auto workers, Ronald Ebens and his stepson, Michael Nitz, got into an argument with a young Chinese American man, Vincent Chin, who they mistook for a Japanese. During the course of the heated exchange, the white men accused Chin of taking jobs from Americans in the auto industry. Eventually, Ebens and Nitz hunted down Chin and fatally beat him with a baseball bat. The two white assailants received only light sentences: \$3,000 each and three years of probation with no jail time. It was not Chin’s murder that made headlines and sparked protests by Asian Americans, but the light sentence of the admittedly guilty white perpetrators. This sensational case marked a turning point for many Asian Americans, galvanizing them into action, resulting in the founding of the American Citizens for Justice (or the Asian American Center for Justice) by journalist Helen Zia and lawyer Liza Chan.

The Vincent Chin case demonstrated the ongoing nature of anti-Asian racism, at the ready for particular economic, social, or physical threats to reignite its expression. Anti-Asian racism provides a convenient scapegoat for public fears. The coronavirus is one of them, especially with its labels pointing the way. For example, since the pandemic, Asian American nurses and doctors report the reluctance of some patients to be treated by them.¹⁹ Asian American businesses report suffering a drop in sales, an economic downside shared by many during the pandemic, but here with the added factor of anti-Asian fears.²⁰ On an interpersonal level, the pandemic-fueled anti-Asian racism has resulted in numerous reports of microaggressions, shunning, verbal abuse, and physical attacks—many of which have been caught on cellphone videos and posted on social media.²¹ This mediated presence of anti-Asian racism combines with face-to-face harassment to amplify the experience manifold. YouTube is filled with instances of anti-Asian violation

in public places, such as subways, parks, sidewalks, and stores. These reportings may be anecdotal and scattered, but they form an important mediated frame of Asian Americans pushing back, willing to publicly shame the perpetrators. Asian Americans and their allies have posted racialized attacks to heighten public awareness, to let that public shaming go viral.

Other avenues of reportage are attempting to institutionalize the practices of going viral. For example, such a rise in anti-Asian hate crimes has led to the creation of a website to track these attacks, Stop AAPI Hate. Launched by Russell Jeung, professor of Asian American Studies at San Francisco State University, and organized by the Asian Pacific Policy and Planning Council and Chinese for Affirmative Action, the website acts as a repository of reported incidents in English, Chinese, Korean, Thai, Japanese, Vietnamese, and Khmer.²² In its first week (March 19–26, 2020), over 650 reported incidents ranged from verbal harassment to physical assault. From its inception in March 2020 through mid-July, the nonprofit Stop AAPI Hate has recorded over 2,300 incidents of anti-Asian racism. The Stop AAPI Hate website documents the forms and targets of reported attacks: verbal harassment (approximately 70 percent), shunning (approximately 22 percent), physical assaults (over 8 percent), civil rights violations (approximately 9 percent). Among those who report such abuse, over twice as many are women, with elderly people making up about 10 percent of respondents. These numbers, however, represent only a fraction of incidences, since they are all based on self-reportages. And given a cultural propensity among various Asian cultures, and perhaps especially among immigrant cultures, to blend in and not want to call attention to oneself, the reportage might be expectedly low. At the same time, Harvard University's Sociology Department has partnered with UNESCO in researching the impact of the pandemic on Asians, Asian Americans, and Pacific Islander populations in the United States, "focusing on multiple layers of harm—the virus itself and the intensification of racism and xenophobia that this demographic has endured in its wake."²³

Asian American celebrities have gone public in voicing their opposition to such racism. On July 21, 2020, several prominent Asian American members of the Screen Actors Guild-American Federation of Television and Radio Artists (SAG-AFTRA), an American labor union representing approximately 160,000 members in the entertainment industry, released a public service announcement video decrying such racially targeted discrimination and hate crimes. With the hashtag #WashTheHate, the video's message stated:

We're living at a time when humanity matters most. Even though we're physically apart, we must all come together as one. . . . It's a scary time, but we can't let fear turn into hate. Far too many people are using this crisis as an excuse to forget reason and embrace racism. . . . We must all stop the

stigma. We must all stop the xenophobia. We must all stop the hate. . . So, let's make sure ending this behavior becomes one of our strengths. Stand up against racism when you see it. We are always stronger together.²⁴

From a younger generation and in a different genre and celebrity, Korean American rap duo Year of the Ox has released their own protest, incorporating some of the viral images from YouTube postings of Asian American harassment. Appropriately entitled “Viral,” the rappers describe some of their experiences and reflections upon racism:

Think I'm dealing with racism worse cuz of the outbreak? No. We've been dealing with racism since birth without breaks. I still have faith in humankind but what do I know? Hatred's the most contagious and these days it's going viral. This morning I told my mama to watch her back cuz they're out to get us. Their plan of attack is like the Klan but without the get-up. Paranoid and ignorant is a dangerous combination. They want to blame someone so they aim it at all the Asians. . . . The state of danger is getting drastic. It's about survival. But hate and anger's been spreading faster and now it's viral.²⁵

Clearly, both Asian American actors and rappers use their power to capture the limelight to give voice to the outrage against anti-Asian violence. Just as the coronavirus spreads virally, so too are anti-Asian racist actions growing at an alarming rate. Here as well, their critique in videos, public service announcements, and creative expressions are spreading, although not with quite the same velocity. This is an era of viruses and violence, in which voices of protest need to go viral, not out of celebrity pandering but out of necessity. In fact, this is exactly what the Black Lives Matter movement recognizes—the tragic circumstances in which unrelenting racist violence calls for nothing less than viral responses.

Strategizing: Toward Critical Empathy

What to do? How might we develop effective strategies that counter xenophobic racisms surrounding COVID-19? How to pave the way for those strategies to go viral? Let me first build a case for critical empathy by outlining preliminary steps that are part of the process. This is not a march so much as a dialectical dance.

Step 1: looking inward. We can start with the soul-searching of examining our own racialized attitudes and definitions, our own racisms—about other Asians, about other races. This holds true no matter how we self-identify—as Asian Americans, Asianists, or none of the above. These are the crucial lessons of the era. We recognize what poet Cathy Park Hong calls “minor feelings”—the believability of the minority position, steeped in essentialist shame, suspicion, and

abject melancholy.²⁶ We recognize the settler colonial position—that is, adopting the ways of colonizers that preserve existing hierarchies to the detriment of other minorities—where it exists among Asian Americans.²⁷ We can educate ourselves about our own histories and their contexts. We can examine our own assumptions of who we are, and perhaps more importantly, who we would like to be. How have minorities internalized other people's assumptions (possibilities and limitations) about themselves? How might minority groups imagine their own—and other minority groups'—best-case scenarios? What are the steps needed in order to live that scenario? How might we—Asians, Asian Americans, Asianists, allies—develop a deeper understanding about racism, inequity, and the way oppression works within our cultures, institutions, and, most critically, ourselves? This is hard work at all levels, from soul-searching to alliance-building. The work is difficult because there is so much about racialized identities that are deeply entrenched as core beliefs about who we (and others) are.

And yet this is the gift of the moment—forcing us to ask tough questions, to turn the mirror upon ourselves, as Asians, Asian Americans, Asianists, and allies. We can use these questions to de-victimize ourselves. The answers to those questions may be painful to ourselves and others as we confront the uncomfortable realities of past selves and beliefs. The good news is that recognizing these pasts is the first step, but certainly not the last.

Step 2: looking outward. We can demand that our leaders act and speak responsibly and not encourage racist behavior, regardless of the current pressures upon social, physical, and economic well-being. The responsibility, however, cannot be left only to leaders. Rather, we should find the leadership within ourselves to take up the mantle. All of us should consider education as essential—education about Asia, about racism, including its microaggressions, about histories that have brought people in juxtaposition with one another. We have to develop legacies in Asian Studies that lead through responsible, engaged scholarship. Asian Studies should be partnering with Asian American Studies to develop deeper and broader alliances in understanding the politics of diasporic lives. Social justice should have no disciplinary or institutional boundaries but should infuse our scholarly and personal lives at the macro- and micro-level. We have to develop multigenerational leadership within Asian American communities that is demographically inclusive and sensitive to cultural norms.

Step 3: moving toward critical empathy. And finally, it may not be so far-fetched to dream of the possibilities of critical empathy—that is, reaching out in order to listen well and respectfully to other people, even while reserving the right to disagree. Based in rational communication and emotional bonds, critical empathy takes community as a verb and an ongoing responsibility. Critical empathy gives important weight to both parts of the picture: critique (including

self-critique) and connection, looking inward and looking outward. Critical empathy frames intimacy as aspirational, as seeking shared goals, binding one to another, linking groups to groups, and doing so not out of obligation, but out of deep-seated respect. None of these are taken for granted. All of this requires work and commitment. Racialized scapegoating has no place in this picture. Critical empathy asks that we be willing to challenge our assumptions, to reapportion spaces of dignity for each other, and to invest in the contagion of these practices. Ultimately, critical empathy calls us to action, taking steps to change existing structures through our own engagement. When times are tough, such as these, we can only hope that these aspirations of critical empathy may go viral.

Notes

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10

CHINESE FOOD DURING COVID-19 IN CHINA AND THE UNITED STATES

A TALE OF TWO COUNTRIES

Yong Chen and Clare Gordon Bettencourt

“Remember this day forever,” reads a WeChat message posted by someone living in Wuhan on January 23, just one day before the Chinese Lunar New Year’s Eve. The solemnly succinct message has a short but shocking title: “Wuhan, sealed off.” Beginning at 10:00 a.m., all bus, subway, and ferry services in the city, as well as long-distance passenger trains and flights, were suspended. Another friend in her early fifties exclaimed, “I have never experienced this in my life.” No one has. The lockdown of a megacity of more than ten million people is unprecedented. During the fourteenth century, Venice ordered ships arriving from ports struck by the bubonic plague to remain in isolation for forty days, or *quaranta giorni*. The quarantine—a word derived from the previous Italian words¹—in Wuhan would last for seventy-six days. When the citywide quarantine ended, the novel coronavirus had become a devastating global pandemic, resulting in 7,553,182 confirmed infections and 423,349 deaths and causing much more severe and widespread disruptions as of June 13.

The ongoing pandemic has raised people’s awareness of the significance of food, generating enormous anxiety about various aspects of the food chain, from production to consumption. In China, it has revived two important debates—one about the use of wild animals for food and the other over another centuries-old

custom, namely the communal style of dining. Both are essential and distinct features of Chinese foodways. Moreover, the pandemic has accelerated another development: using online and mobile platforms to order prepared meals as well as ingredients. These changes signal that Chinese food, a cuisine that has never stopped evolving, is at another critical crossroads as the country itself is in a transformative moment of historic proportion.

Beyond China, COVID-19 is also affecting Chinese food, which has spread worldwide as an integral part of overseas Chinese immigration.² This essay takes a look at the situation in the United States, which has surpassed any other country in the number of COVID-related infections and casualties. And in the United States, Chinese food had become the most popular ethnic cuisine by 1980.³ It has been recognized as a distinctly Chinese cuisine and, in recent years, is increasingly connected to culinary trends in China.⁴ Feeling the effect of COVID-19 long before it reached American shores, Chinese restaurants have borne the brunt of its devastating impact on the American restaurant industry after its outbreak, which has revived anti-Asian sentiments that have deep historical roots in US society. The crisis caused by the pandemic is further complicated by the rising geopolitical tension between the US and China. A further deterioration of the bilateral relationship will put Chinese food in a more precarious situation.

A Culinary Treasure or an Ugly Habit? Mounting Calls to Halt Wildlife Consumption

Food has been a focal point of the efforts in preventing the spread of COVID-19 in China from the very beginning. Acting on the widely held belief that Huanan Seafood Wholesale Market in Wuhan was the source of the virus,⁵ on January 1, city authorities closed the market, which featured a variety of live wild animals, including the masked palm civet. Chinese virologists reported that among the 585 environmental samples collected from Wuhan's Huanan Seafood Wholesale Market, thirty-three samples contained the nucleic acid of the novel coronavirus.⁶ Subsequent research shows that the market is unlikely to be the originating venue of the virus.⁷ But the enormous attention that the seafood market and the wild animals sold in it demonstrates the public's anxieties about the connection between the consumption of wild animals and infectious diseases.

Many harbor vivid memories of China's first dreadful epidemic in the twenty-first century, Severe Acute Respiratory Syndrome (SARS). After first emerging in south China in 2002, it spread to twenty-nine countries, infecting more than 8,000 people and killing more than 770 people before it was contained in July 2003. After the novel coronavirus outbreak, the press reminded people that SARS also resulted from the use of wild animals as food. Calling readers to "stay away from wild animals," a post on the popular Chinese social media site, Weibo, notes on

January 28, “an overwhelming majority of infected patients are directly connected to the Huanan Seafood Market.” It went on to note that the first SARS infections were basically related to seafood markets and markets of agricultural products, emphasizing that all these markets sold not only seafood but also wild animals.⁸ A user-community-based Chinese question-and-answer website reposted an online article, which reiterated that the novel coronavirus came from wild animals sold in Huanan Seafood Market, lamenting that the tragedy that happened seventeen years ago was being repeated.⁹

Wild animals have been an essential part of Chinese foodways. The belief in the medicinal and health benefits of wild-animal parts is the most important reason why people eat wild animals.¹⁰ The use of food for health purposes, captured in the notion of *yangsheng* (“nourish life”), has been a long tradition of Chinese food. Influenced by Daoism, *yangsheng* is one of the fundamental motivations for people to write cookbooks and was a prominent theme in early Chinese writing about food and cooking.¹¹ Animal parts have been key ingredients in Chinese medicine for centuries. Therefore, the belief in the health benefits of eating wild animal meat has persisted. In popular food culture, certain rare and expensive foods are cherished as highlights or “treasures” of Chinese cuisine. Among them are the eight mountain treasures (*ba zhen*), which are mostly from wild animals, including bear paw, leopard placenta, camel hump, antler, as well as the masked palm civet, which is the most precious among them. Because of its perceived great health benefits, this rare animal was in high demand as food, which drove its price up by 400 percent between 1989 and 2003.¹² After SARS, legislation passed to curb the use of wild animals as food had various loopholes in it, and the habit has continued. The 2015 Wild Animal Protection Act, for example, is focused on the reasonable and regulated use, rather than the protection, of wild animals.¹³

As the call to revamp the inadequate Wild Animal Protection Act increases, the national legislative body issued a decree to ban illegal wildlife trade and eliminate the “ugly habit” of eating wild animals on February 24, 2020.¹⁴ A couple of our interviewees, including a Chinese-food restaurant owner in Wuhan, also used the word “ugly” in reference to the habit of wildlife eating. The words of “ugly habit” demonstrate the gravity of the assault on this traditional culinary custom. Of the more than 10,000 people surveyed by the Peking University Center for Nature and Society and several environmental organizations in early 2020, 97 percent were not in favor of wild animal consumption, and 68 percent had not even witnessed this behavior.¹⁵ This is consistent with our interviews and surveys of about thirty people in China. All of them are opposed to wild animal consumption, and most of them believe that this habit will decrease. A businesswoman in her early fifties noted that the number of people in Wuhan who eat wild animals is quite small to begin with, and it will be even smaller in the future. Two even predicted that

this habit will eventually disappear. Rising public health consciousness is altering people's food habits and shattering certain traditional beliefs about the health benefits of wild animals, which in turn can significantly transform the cuisine of China. The pandemic also forces people to reexamine a far more widespread custom in China's food culture.

Communal Style of Eating vs. Serving Food Individually: A Century-Old Debate Rekindled

Characterized by intimate sharing of food at the dinner table, a communal style of dining is an essential part of Chinese cuisine. While the consumption of rare wild animals has been practiced by affluent and adventurous food connoisseurs, communal dining has been a food custom almost universally shared in China's food culture. Many see it as a reflection, and an integral part, of Chinese culture. During the coronavirus epidemic, it is increasingly seen as a public health hazard in China rather than a time-honored tradition that should be cherished. This is accompanied by calls to replace it with the perceived "Western" way of serving dishes individually. If adopted, this change would significantly redefine Chinese cuisine as we know it.

But such a change is not likely to take place easily. The traditional Chinese style of dining had faced serious challenges before—in the early twentieth century and during the SARS epidemic at the beginning of the twenty-first century. As we will see in the following analysis, past moments of public fervor to reform the dining style in Chinese food have always ultimately diminished without achieving their goals. There are personal, cultural, as well as practical reasons for people's reluctance to jettison traditional communal dining.

Wu Lien-teh (Wu Liande), who led the effort to contain the 1910–1911 pneumonic plague outbreak in the northeast region of China,¹⁶ has been hailed as a "plague fighter."¹⁷ The Penang-born, ethnic Chinese and British-trained virologist was also a champion in a social movement to reform the Chinese way of dining early in the twentieth century, calling on the Chinese to adopt more healthful habits in his 1915 article entitled "Hygienic Dining Method" (*weisheng canfa*). In the national debate that ensued in the 1920s and 1930s, many urged their fellow Chinese to replace the communal style of eating (then called *gongshi*, meaning "shared food"), in which diners used their own chopsticks to take and eat the dishes from the containers on the table, with the Western style of eating called *fenshi* ("separated food"), in which dishes are served to diners individually. Some saw *gongshi* as the worst of all unhygienic bad habits among the Chinese.¹⁸ Criticizing *gongshi* in the Shanghai-based newspaper, *Shun Pao*, one author believed that this made Chinese food less desirable among non-Chinese: "Chinese food is not that savory and not that healthy. Why is it not valued in the world? I

think it is because of gongshi. Gongshi is very unclean.” Recognizing the difficulty for people to completely jettison this time-honored tradition, the author suggested giving each person two pairs of chopsticks—one for taking the food from the containers at the table and the other for eating.¹⁹ A woman named Zhang Zhenyun characterized gongshi as a “several-thousand-years old” “bad habit” that exposed people at the dining table to the risk of contagious diseases.²⁰

The effort to reform dining practices largely faded away from public memory until the beginning of the twenty-first century. This time people used slightly different terms: *gongcan* (“shared meals”) for a communal style of dining, and *fencan* for individually served food. A public health specialist wrote that it was during the 2002–2003 SARS epidemic that many realized the importance of *fencan* for the first time.²¹

The Chinese Hospitality Association issued guidelines for *fencan* in May 2003 and wanted the government to enforce its proposed equipment and service standards. Anticipating the difficulties in enforcement and compliance, government officials and trade organizations all agreed that the adoption of *fencan* should not be forced. A senior official of China’s National Tourism Administration endorsed the idea of *fencan* but noted that it should be implemented and enforced by the state. The opinion of the restaurant industry generally is that “it should be up to the market and consumers.”²²

After the threat of SARS subsided, so did public discussions about *fencan*. The spread of COVID-19 has rekindled the call to reform the communal style of dining. A member of the decision-consultation group of the Guangxi provincial government characterizes it as an urgent matter that “cannot be delayed one more second (*keburonghuan*).”²³ One sees the refusal to use public chopsticks and adopt *fencan* as “the worst habit in public health.”²⁴

The obstacles faced by the proposed culinary reforms are multiple. In an article entitled “It Is Time for a Revolution at the Dinner Table,” *Fangyuan Magazine* uses an old Chinese saying, “thunder sounds, little rain” (*leisheng xiang yudian xiao*), to describe the loud but failed calls during and shortly after the SARS outbreak to reform traditional ways of dining.²⁵ A scholar cited in this article identifies three obstacles for the adoption of *fencan* and public chopsticks: first, people have attached much emotional value to *gongcan* and fear that using *fencan* and public chopsticks may increase the social distance among them; second, *gongcan* is a longtime habit; third, changing it will add cost and decrease efficiency for restaurants.

There is still another and important obstacle, however. While *fencan* has been perceived as a distinct feature of Western dining since the early Qing Dynasty (1616–1911), many Chinese regard *gongcan* as an integral part of Chinese culture

and the cuisine of China. Lin Haicong, a scholar at Sun Yat-sun University in Guangdong, wrote in 2015 that fencan and gongcan mark the most striking distinction between Chinese and Western cuisines.²⁶ In like fashion, Jiang Xiaoli, a scholar at Federation University Australia, argued that the most obvious difference of Western food habits from the traditional food customs of China is fencan, seeing it as a reflection of the West's culture of individualism,²⁷ which is the opposite of the culture of collectivism in the East.

Other scholars, however, have pointed out that fencan was actually a prevalent way of dining in China before the Sui (581–618 CE) and Tang Dynasties (619–907 CE). With the introduction of high tables and chairs for dining during the Tang Dynasty, the Chinese started to move away from individual serving to a communal style of dining. According to Li Yongkang, this style of dining became prevalent during the Song Dynasty (960–1279 CE), a formative period in the evolution of Chinese cuisine, when economic prosperity turned the pattern of three meals a day into the norm.²⁸

During COVID-19, promoters of fencan have taken pains to explain that it was actually an old Chinese tradition, refuting a widely held belief that it is a Western tradition. The president of the Asia Culinary Forum declared that fencan had existed in China since ancient times.²⁹ An article published in the *Policy Research & Exploration* magazine traces its origin to the Zhou and Shang Periods (1600–256 BCE), proclaiming it is time to bring this ancient tradition back to China.³⁰

In early April 2020, the online branch of China's official news organization, Xinhuanet, joined hands with the Chinese Hospitality Association and the China Cuisine Association in calling on the Chinese to adopt fencan and public sticks in order to prevent "diseases from entering the mouth."³¹ In May, the Advisory Commission on Citizens' Nutrition and Health, the Chinese Nutrition Society, the Chinese Preventive Medicine Association, the World Federation of Chinese Catering Industry, and the Chinese Cuisine Association issued a joint call, urging all Chinese to adopt the healthful behavior of fencan.³² The *New York Times* pronounced, "Coronavirus threatens China's devotion to chopsticks and sharing food."³³

We cannot expect that most people would quickly abandon the long-standing custom, which has been an integral part of China's culinary and social tradition. The willingness to adopt the new way of dining also varies along the lines of geographical regions, socioeconomic backgrounds, and occupations. For instance, investigative reporters discovered that many people in the countryside have not even heard of the notion of fencan.³⁴ While believing that it is difficult for people to completely abandon gongshi, an otolaryngologist in Wuhan noted that the many whole-family infection cases manifest the significance of public chopsticks, which

people are likely to continue to use after the pandemic. While having not adopted fencan except during mealtime at work, she and most of our informants in China acknowledged that it is a desirable thing.

Speaking of the health risks of the traditional way of sharing food, a middle-aged man in Wuhan noted, “when I use my own chopsticks to get food from the plates on the table, I am also sharing my saliva, germs and potentially viruses with the people at the table.” Indeed, gongcan is not just about sharing food. It also reflects the intimacy of interpersonal relations in Chinese culture. The increasing willingness to embrace individual serving undoubtedly stems from anxieties about contagious diseases. Meanwhile, it also underscores fundamental shifts in social relations taking place at an accelerated pace as a result of the profound socioeconomic and cultural transformations in recent decades. Such transformations have also represented a serious challenge to the Chinese-food industry, as is most amply evidenced in the rapidly growing popularity of online and, especially, mobile food-delivery and takeout platforms.

Growing Use of Online and Mobile Platforms for Food Delivery

“How do you get your food?” This is a question we frequently asked people in China when the lockdown started. It turns out that there are various ways for people to get food. Almost all people reported that they rely on the social media platform WeChat to order groceries, often forming WeChat groups to do it together. Then, many people learned to cook new dishes by watching cooking shows online or videos on TikTok. When they do not want to cook, they order meals using mobile platforms.

Each of our informants mentioned two such platforms: Èle Me? (meaning “Hungry?”), a subsidiary of the Alibaba Group since April 2018, and Meituan. Both had already become enormously popular before COVID-19. Their registered users exceeded 300 million, turning online food ordering and delivery services into a ¥200 billion market in 2017.³⁵ Together, these two dominant players have a 96.6 percent market share.³⁶ After its founding in 2013, Meituan’s registered users increased to 250 million, served by its 50,000 deliverers in more than 1,300 cities.³⁷

The explosive expansion of such food delivery corporations underlines another important change in Chinese people’s food consumption patterns, a change engendered by the increasing demand for convenient and fast meals in an increasingly urban society and competitive economy. After customers order their food, Meituan usually delivers it in thirty minutes. And the rise of this new industry poses a severe threat to those restaurants that provide traditional Chinese food. Many dishes in traditional Chinese cooking take a long time to prepare and often are best—in terms of flavor, texture, and color—when cooked at the right temperature, for the precise amount of time, and when they are served

immediately after being cooked. The surge in labor and rent costs has contributed to the rise of the takeout and delivery industry as well.

In Wuhan, before the mid-1990s, there were about 120 publicly recognized *Zhonghua Laozihao* (“Chinese time-honored brand”) restaurants. Because of their inability to adapt to changing socioeconomic circumstances and the rise of American fast food, many of them had disappeared or were on the edge of extinction by 2011.³⁸ The pandemic has been a devastating blow to Wuhan’s 51,000 restaurants, which employed 500,000 people before COVID-19. The lockdown meant that they lost nearly all the revenue during New Year’s holidays, the busiest and most profitable season of the year. Mr. Liu, the founder of a successful chain that offers home-cooking-style Wuhan food, has ten restaurants in the city, which suffered huge losses in February and March but have started to recover, mainly because of delivery business. He is more fortunate than most of his peers because he had developed takeout and delivery businesses long before the COVID-19 outbreak. However, Mr. Liu said with a sigh, “authentic Chinese food is not meant for take-out or delivery.” Delivered dishes taste and feel differently from those consumed in restaurants. People who order food for delivery mostly want the simple dishes, especially boxed meals. And they do not have the same environment to communicate with their friends, he added.

Chinese food is at a crossroads in Wuhan and across China. This is not only because of the pandemic, which has forced people to reexamine and even alter the traditional ways of thinking about and consuming food. This is also because of the profound transformation taking place in China in recent decades—in social relations, family structure, the economy, and many other aspects of Chinese culture and society. Fundamental shifts in social environment—either as a result of international migration or internal socioeconomic developments—in the past had redefined the meaning of Chinese food. Therefore, it is reasonable to expect that the socioeconomic changes that are transforming China will also redefine its cuisine. It is erroneous to think that changes will make Chinese food less authentic. Discussions of the prevalence of individual servings in Chinese food culture before the Tang Dynasty compels us to rethink conventional notions of culinary authenticity in broader historical perspectives and reminds us that Chinese cuisine is a process that has continued to evolve.

Uncertainties in the Future: Chinese Restaurants in the United States

In the United States, many people began linking COVID-19 to dining in Chinese restaurants in January of 2020, long before COVID-19 cases were reported in their communities.³⁹ As is the case in China, the Lunar New Year holiday season is usually the busiest time of the year for Chinese restaurants. But in 2020, it turned out to

be disastrous in cities across the nation.⁴⁰ In one restaurant in Irvine, California, over 90 percent of the reservations were canceled. And business continued to evaporate nationwide. The *Today Show* reported in March that restaurateur Helen Ng, owner of Amazing 66 in NYC's Chinatown, noticed her business decline by 50 to 60 percent.⁴¹ An important reason for the rise of Chinese food in early twentieth-century America,⁴² cheap meals are still a prominent feature of Chinese restaurants, which survive on volume. The decline in the number of customers threatens the existence of Chinese restaurants in the United States.⁴³



Figure 1 shows an employee helping a customer outside the entrance to the South Coast Plaza, Costa Mesa, CA. Figure 2 shows the entrance to Din Tai Fung inside the South Coast Plaza. The Din Tai Fung restaurant in the South Coast Plaza—the biggest shopping mall in the US in terms of sales volume—opened on August 18, 2014 and is extremely popular. Most weekends, the lines are incredibly long and the wait is usually a couple of hours. The pictures show the impact of COVID-19 on business. Photos by Yong Chen.

Compared to restaurants in China, Chinese restaurants in the US face additional challenges. As the World Health Organization's emergencies director noted, the pandemic brings out "the best and worst of us."⁴⁴ Anti-Asian sentiments have resurfaced. Co-founder of Streetwise New York Tours, Andrew Silverstein, reported that "in New York City hate crime towards Asians has increased fivefold this year." He continued perceptively, "the coronavirus stirred up anti-Chinese sentiments that echo of the yellow peril of the 19th century: the Chinese are unsanitary; they eat weird foods, and all Asians from Manhattan to Wuhan are the same. It occurred so quickly because we let these stereotypes survive beneath the surface. For over a century, locals and tourists visited American Chinatowns because they were exotic and mysterious places. Suddenly, in February they avoided them like the plague for the same reasons."⁴⁵

As was the case in the nineteenth century, Asian food continues to be a focus of anti-Asian sentiments. Asian American restaurateurs faced increases of vandalism and harassment. On April 13, New York Michelin-starred Korean restaurant Jeju was vandalized with the graffiti "stop eating dogs."⁴⁶ Two weeks later, a Chinese restaurant in Chesapeake, Virginia, was vandalized with anti-Chinese graffiti. Linda Lin Cheng, owner of Taste of China in the community for twenty years, reported that she and her husband had water thrown on them, had experienced verbal hostilities, and had their car vandalized with the statement "go back to China." At the same time, the community responded by overwhelming the restaurant with orders as a show of support.⁴⁷ Others launched social media campaigns, such as #TakeOutHate to encourage Americans to order from Asian restaurants.⁴⁸

As they did in extraordinary adversarial social environments in the past, Asian American restaurateurs have demonstrated remarkable resilience, quickly adapting to the new market conditions by offering visible guarantees of food safety and taking advantage of food delivery—a long-standing and unique feature of Chinese food in America, marked by the ubiquitous white takeout carton.⁴⁹ As of late May 2020, data from credit card processor Womply suggests that Chinese restaurants have gone from the highest closure rate (60 percent in April) to the fastest rate of reopening.⁵⁰

Despite this favorable outlook for Chinese restaurants, the future remains uncertain. Through a study of restaurant owners cosponsored by the James Beard Foundation, the Independent Restaurant Coalition found in mid-April that only one in five among the more than 1,400 respondents believe that they will be able to keep their restaurants open after lockdown is lifted.⁵¹ For Chinese restaurants, other and perhaps even greater uncertainties are looming on the horizon. If the seriously strained relationship between China and the US continues to deteriorate,

it is possible that more people in America will lose their appetite for Chinese food, to say the least.

Concluding Remarks

Confronting and comprehending the impact of COVID-19 on Chinese food in China and the United States is to have a dialogue with history. In China, the pandemic has revived past debates about long-standing important customs in Chinese food culture and has increased changes in food consumption patterns. In the United States, anti-Chinese sentiments have resurfaced and increased during the pandemic, adding more pain to the disruptions that Chinese restaurants have already suffered from.

As an American scholar of Chinese history and food points out in her response to our survey, the pandemic has generated greater curiosity about people's food consumption patterns in China. Besides the issues we cover in this article, those who research and write about food in China will pay greater attention to the impact of changing Chinese diet on the environment. In addition to the anti-Asian sentiments, the pandemic has further magnified the racial and socioeconomic injustice in food consumption in the US. We have to add that the pandemic has generated enormous anxieties in China and especially in the United States about food security in production and supply chains. In our survey questions about the impact on food and food studies, six food studies scholars in the United States and Canada all identified the breakdown of the food chain as one of the main disruptions caused by the pandemic.

As William McNeill notes in his *Plagues and Peoples*, “infectious disease which antedated the emergence of humankind will last as long as humanity itself, and will surely remain, as it has been hitherto, one of the fundamental parameters and determinants of human history.”⁵² One does not have to be a pessimistic alarmist to think that more and greater pandemics will occur in the future, as the globe continues to grow smaller. Food studies scholars have tended to focus on issues of food consumption. Issues concerning food production and supply are likely to, and should, receive more attention in the future.

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11

VIRULENCE OF HINDUTVA

Manan Ahmed Asif

There is now a truism, almost universally acknowledged, that the global COVID-19 pandemic exacerbated existing inequities, fissures, and prejudices. The communities that have suffered the most—with higher hospitalization and mortality rates, higher economic devastation, and starker marginalization—are communities with existing comorbidities, to displace a clinical term from the physical body to the body-politic. While one can study the ways in which a virus, invisible to the naked eye and suspended in droplets of breath, is able to hover, pass, and transform our world with remarkable alacrity through its own epidemiological will, such an examination would only tell us about the virus and nothing about us. We, the reluctant hosts, can only be known by the world we have built long before this particular virus came into existence.

Early in April 2020, a WhatsApp forward arrived on my phone (Figure 1 on next page).¹ It was a cartoon image showing two personified viral bodies, one in red (and with a Chinese flag imprinted on it) and one in green (with a *topi*). The bodies were shaking hands. Clapsed in their grip was a small person carrying a placard—“India.” The caption, “Coronavirus Deal,” marked the “Chinese virus” as the “Producer” and the “Jamaati virus” as the “Distributor.”² The latter had an airline tag affixed to his bag—“Tablighi Jamaat.”

Prime Minister Narendra Modi announced a lockdown in India on March 24, 2020. That same evening, the Uttar Pradesh chief minister, Yogi Adityanath, attended a Ram Navami event in Ayodhya defying the ban on gatherings.³ Yet by March 31, viral videos began to circulate, online and on WhatsApp, of members

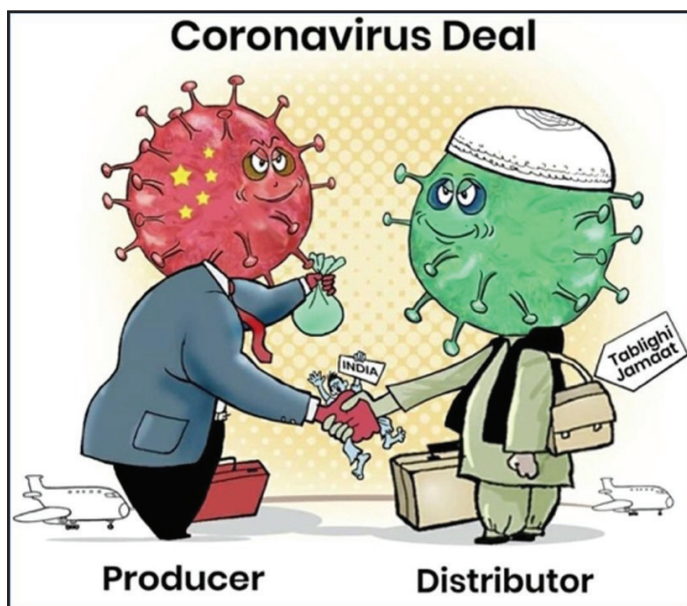


Figure 1

of Tablighi Jamaat—a global proselytization social network that preaches to communities of Muslims—who had held a big gathering in Nizamuddin, New Delhi, in early March. The Tablighi Jamaat were accused of having flown in from around the world and brought with them the novel coronavirus.⁴ Within a week, scores of Muslims were beaten up on suspicions of being Tablighi.⁵ On social media, a viral hashtag, “#CoronaJihad,” circulated videos of beatdowns, burnings, and lynchings targeting Muslims.⁶ The tag was inspired by, and reminiscent of, the previous campaign of “#loveJihad,” which was meant to promote Hindu men to marry Muslim women and convert them out of Islam and to prevent Hindu women from marrying Muslim men and converting to Islam.⁷

The Indian media carried breathless news about the “Tablighi” Muslims being everywhere—breaking quarantine in the deep south (Tamil Nadu), in Bengal, in Karnataka. There were news items about the traveling and living standards of Tablighi men and how their idea of communal travel was naturally and necessarily prone to the spread of diseases. These unmoderated rumors and video shares on WhatsApp had officially “gone viral.” By August 2020, the *Indian Journalism Review* would conclude that the media’s coverage of Tablighi Jamaat was “one of the more egregious examples of a majoritarian media that has lost its moral, social and professional moorings.”⁸ The damage, however, was long done.

The Indian media did not invent what was broadly labeled as the “Mussalmani virus” in April 2020.⁹ There was a pandemic in India long before. Evidence, from

news reports, viral videos, and testimonials, abounds for documenting pure random violence against Muslims and corresponding legal and political shifts in the standing of the Muslim citizen in contemporary India. In Gokalpuri, northeast Delhi, for example, Musharraf was one Muslim who was dragged from his bedroom and lynched in early March 2020.¹⁰ Forty-three Muslims were killed in Delhi just in early March 2020. Musharraf's lynching was a result of widespread protests in Delhi against the Indian Citizenship Amendment Act (CAA), which was passed in December 2019.

But before that, on November 9, 2019, the Indian Supreme Court gave a unanimous (and unsigned) verdict granting the right to build a Ram Temple at the site of the violent demolition of the Babri mosque in Ayodhya in 1992. And even before November came August 2019, when Pehlu Khan was killed by a Hindu mob. And before that, June 2019, when Tabriz Ansari, another Muslim, died at the hands of Hindu lynchers.¹¹ The list is tragically endless. While I do not do so here, the names of those whose lives and humanity have been violently wrenched from them at the hands of Hindus chanting "*Jai Shri Ram*" must someday be read as testimony into the record.

To be a Muslim in India today is to be a problem. The Muslim is a theological problem, a social problem, a cultural problem, and critically, a geopolitical problem. The geopolitical name of the Indian Muslim's problem is Kashmir in the northwest, Pakistan in the west, and Bangladesh in the northeast. On August 5, 2019, India began a military siege of Kashmir, the only majority-Muslim state in the nation. Hundreds of Muslims have been blinded by pellet blasts to the face, disappeared, imprisoned without due process, and kept without access to the Internet or hospitalization by the Indian troops.¹² The Kashmiris who have dared to ask for their right to speech, to free assembly, or to peaceful protest are labeled as terrorists or Pakistani terrorists.

The December 2019 Citizenship Amendment Act goes along with a National Register of Citizens (NRC), which requires Indian citizens in Assam to produce documents of ancestry to be enlisted as Indian citizens. The NRC began at the Indian border with Bangladesh, where thousands of displaced Rohingya refugees have sought asylum and shelter since 2016. India wishes to expel them as "Bangladeshi."¹³ It is meant to be rolled out to the rest of the country and expel "all illegal infiltrators from India." Muslims in India are imagined to possess a foreignness that is innate to their religion. Hindutva depicts Islam, with its holy city in Mecca and its holy language of Arabic and its holy text, the Quran, as always-already outside of the domain of India, despite deep and long histories of Muslim presence in the subcontinent documented by communities and scholars alike. In the rhetoric of Hindu majoritarianism, the Muslim faith make Muslims foreigners to India, and that fact organizes their language, their affiliation, their loyalty. This

foreignness has clung to the Muslim body in India since it was first put into words by Vinayak Damodar Savarkar (who coined the concept of “Hindutva”) in 1923:

In the case of some of our Mohammeden or Christian countrymen who had originally been forcibly converted to a non-Hindu religion who consequently have inherited along with Hindus a common Fatherland and a greater part of the wealth of common culture are not and cannot be recognized as Hindus. For though Hindusthan to them is Fatherland as to any other Hindu yet it is not to them a Holyland too. Their Holyland is far off in Arabia or Palestine. Their mythology and Godmen, ideas and heroes are not the children of this soil. Consequently their names and their outlook smack of a foreign origin. *Their love is divided.*¹⁴

Savarkar is widely understood to be the leading ideologue of the Rashtriya Swayamsevak Sangh (RSS), the Hindutva militant organization behind Prime Minister Narendra Modi (a member since his adolescence). In Savarkar’s vision, Muslims in India are not of the place, nor could they ever be. Understood as always outside, Muslims are an invasion, an infiltration to be managed, a “deep-seated disease” as Savarkar expressed in 1937.¹⁵

Such a potted history as the one I briefly tell here represents only a fraction of the known acts of violence in the last year. A year is brief in the chronicles of the lynching of Muslims in India since its independence. Just between 2015 and 2018, forty-four Muslims were murdered because of accusations of eating beef or other transgressions. In today’s India, the Mussalman is a virus, the intruder into the body-politic of India. Nowhere is the language of virulence more insidious than in Hindutva ideologies of the dangers of Muslim consumption and sexuality, of what Muslims do with their bodies. Men were lynched on suspicions that they had sought to “capture” Hindu women in acts of sexual violence and “love jihad,” an idea of the disease of sexual danger spread by Muslim men who brainwash Hindu girls and women. Muslim men were lynched for having “786” tattooed on their wrist.¹⁶ For both the Hindu right-wing lynching mob and the complicit middle-class Hindus who look away, the danger and foreignness of Muslims justifies their exclusion and death.

The institutionalization of Muslim exclusion was made into national policy in December 2019, when India asked its Muslims to legally prove their status of belonging with a fantastical system of documentation that would be impossible for virtually any citizen to obtain, let alone preserve. Yet, Muslims of India have been presumed to be Pakistani since, well, before Pakistan itself existed. The new law created a structure for the systematic denial of citizenship to people and communities who had been promised rights at the dawn of the postcolonial nation. This denial of belonging was nothing new. The pogroms of 2002 in Gujarat were

aimed at wiping out Muslims, deemed aggressors and foreign to the place. Before 2002, there were the 1992 riots, when thousands tore down the sixteenth-century Babri mosque in Ayodhya as a claim for the birthplace of the god Ram. Before that were the wars of 1971, 1965, and 1948 with Pakistan. And before that, the gaping wound of Partition of 1947, upon which a broken idea of India was built.

On August 5, 2020, as the COVID-19 pandemic in India exploded after months of lockdown, Prime Minister Modi landed in Ayodhya to lay the foundation stone for the new temple of Ram to be constructed at the demolished site of the Babri mosque. The building of Ram's temple was made possible by the unanimous Supreme Court decision that granted a material historicity to a god's supposed birthplace. In this vision, Ram Mandir will become a great site for pilgrims, students, tourists, and proud Indians. "The wait of centuries has ended and India is creating a golden chapter in Ayodhya," Modi proclaimed just as he laid the founding brick of the new temple with the legend "Jai Shri Ram" on it.¹⁷ The centuries may be an allusion to an imagined time when a temple stood at this site in Ayodhya before being demolished. Or it could be a time before the so-called iconoclastic Muslims arrived in the subcontinent. In the language of the RSS, the BJP, and Modi himself, the time of Ram was one that was free, golden, and unencumbered by Muslim foreign invaders. As thousands of Indians died due to pandemic mismanagement and the forced displacement of migrants, Modi triumphantly declared the start of a new golden era.

Modi's invocation of the coming golden age deserves attention, for it is also linked to the idea of the Mussalmani virus and to a long history of the invocation of a golden age to imagine Indian pasts free of Muslims. Perhaps the most powerful invention of a "golden age" happened through the modern remaking of Ashoka and his golden age of rule. Through the invocation of Ashoka, colonial historiography divided the subcontinental past into Ancient India, Hindustan, and British India. Hindustan, which was for hundreds of years a name for all of the subcontinent, became, was under colonial rule, simply a label for Muslim despotism, depravity, and conquest. For the colonial state, it was important that the British in India be seen as redressing the violence of Muslim rulers of Hindustan. Thus, Lord Edward Law Ellenborough, in 1842, would bring back the "gates of Somnath" from Kabul to "avenge the insult of 800 years," such that they, "so long the memorial of your humiliation, are become the proudest record of your national glory."¹⁸ The gates were understood by Ellenborough to have been ripped from the temple of Somnath in Gujarat by Mahmud Ghazni and taken to Kabul in the early eleventh century. The gates, wrenched from Mahmud's tomb, ended up being shown to have no relationship whatsoever to Somnath, but the intent of restoring the dignity of Hindus has remained a potent call till today.

In the colonial imagination, destruction of Somnath was the one act that defined the end of the golden age of India. Hence, it was Somnath that was the center of Savarkar's vision for a Hindu nation's rehabilitation. It was Somnath that was rebuilt at the impetus of Sardar Vallabhbhai Patel, the first Deputy Prime Minister of independent India, and by the efforts of Kanaïyalal Maneklal Munshi. As Munshi described, in 1951, "We would never genuinely feel that freedom had come, nor develop faith in our future, unless Somanatha was restored."¹⁹ It was Somnath that would be the starting point for the Bharatiya Janata Party (BJP) and the Vishwa Hindu Parishad (VHP) led procession (Ram Rath Yatra) that would end with the destruction of Babri mosque in 1992.²⁰

The Ram Mandir, like Somnath before it, represents a vision of a future. It is a homogenizing vision that argues for a singularly devoted India, one that finally rids itself of the dark period, and people, who came to inhabit it after its golden age. A vision straight out of the founding moment of India, it hopes to give a Ka'aba inside India for Indian Hindus. The Mussalman can be imprisoned in open air, like in Kashmir. The Mussalman can be cordoned off in borderland camps, like in Assam. The Mussalman can be asked to proclaim "Jai Shree Ram," hide his faith, or be erased by violence. What the Mussalman cannot do is be a Mussalman in India. The Mussalman of India, long considered an outsider, now imagined as a dangerous and deadly virus from afar, has no rhetorical or literal place.

In early 2017, a YouTube video went viral. It was a recording of a performance of the poem "*Hindustani Musalman*" ("Indian Muslim") by its author, Hussain Haidry:

What type of Muslim am I? / I am a Hindustani Muslim / from Deccan,
from U.P / Bhopal and Delhi / from Kashmir, from Gujarat / of every
high and low caste / a surgeon, a cobbler, a weaver, a tailor / I contain
the shlokas of Gita / I have Urdu newspapers / I have a holy month of
Ramadan / I have dipped myself in the holy Ganga.

Haidry's verses—unapologetic, funny, and moving—would propel him to wide social attention. He was signed up to script a Bollywood film. Yet, by July 2020, Haidry would become a target of BJP and Hindutva trolls as an "Islamist" and "Hinduphobic." Haidry would suspend his social media accounts under a barrage of public abuse and harassment. The fate of his movie, and his own fate, remains to be seen. Haidry, a middle-class Muslim born and raised in Maharashtra, who had proclaimed his claim to the shlokas of Gita and the holy water of the Ganga, is now nothing but a violent terrorist, an anti-nationalist, and an outsider to India.

Haidry became a public figure protesting the Citizenship Amendment Act. The anti-CAA protests led to an "occupation" in Shaheen Bagh, Delhi, led by Muslim women. The women demanded protection from the state's claim to question

their birthright to India. Haidry and his poem were critical for those protesting. The women of Delhi became the target of Hindu violence. Yet, remarkably, over weeks in December, January, and February, in bitter cold, they held their ground.²¹ They cared for each other, sat together, fed children, sang songs, created a library for public use. Dalits and Muslims aligned themselves to protest the caste and sectarian violence that they too faced on a daily basis. Their signs, their songs, and their chants proclaimed over and over: “We are Indian.” In Shaheen Bagh, in the innovations and defiance of women’s organizing, we see the most direct and vivid critique of what is now centuries of rhetoric that cast the Muslim as always outside of India.

The declaration, and condition, of the Muslim women in Delhi that they did belong, of “*Hum Hindustani*” (“We, the Indians”), echoes the plight of the Black intellectual during the Jim Crow era in the United States. It reminds one of Paul Robeson. Robeson was a lawyer, athlete, singer, and scholar of decolonization and third-world solidarity. Robeson’s father, William Drew Robeson, was a minister and a previously enslaved human being who had escaped his enslavement in North Carolina. Robeson studied, worked, performed, and gained national acclaim during the era of Jim Crow segregation, but the sin for which his passport was taken, and the crime for which he was denied an income for nearly a decade, was his contamination with Communism. To white Americans, Robeson was no longer “American.”

On June 1956, Paul Robeson was interrogated in the US Congress by the House Un-American Activities Committee (HUAC). Since late July 1950, on the orders of J. Edgar Hoover, FBI agents had confiscated Robeson’s passport. “I am an American. From my window I gaze out upon a scene that reminds me how deep-going are the roots of my people in this land,” Paul Robeson wrote in 1957.²² In 1958, the US Supreme Court ruled against such seizures, and Robeson was finally able to travel outside of the United States. He had standing invitations to India, Uganda, and Britain. It was in London that he would reiterate that he was an American.

The logic of exclusion that placed Black Americans as outside of citizenship, as outside of the nation itself, took decades of struggle to dismantle in claims to legal and civil rights in the United States. Yet, their claim of belonging is certainly an incomplete project, and it remains a key imaginary in the political present of Black Lives Matter. There is little hope that the declaration of “I am Indian” can portend a better future for Muslims in India. In its stead, the dominance of political platforms built on Muslim hate, anti-Muslim grievance politics, revenge fantasies, misogyny, and violence will continue unabated and unchecked by legal and media forums. There is no widespread will in India to stand in solidarity with its Mussalmans, who are simply told to “leave” for Pakistan.

It is thus necessary to quarantine India's COVID-19 problem as one of epidemiology and public health alone, and to instead focus on the comorbidity that allows for Hindu majoritarian ideologies and institutions to cast the Mussalmani as a virus for now well over a hundred years. Anti-Muslim violence is the pandemic we refuse to bear witness to, despite evidence and visual documents that attest to its extraordinary virulence. The accusation can easily be turned as a symptomatic description with one difference. Where the virus pits human breath against human breath, it could be imagined as a leveler or an equalizer. Everyone can get COVID-19. Even in a dark way, the novel coronavirus could be a demonstration of our innate sameness as a species.

Yet, the Mussalmani virus shows that the bodies of two Indians are not the same. They do not live or die the same way. Just as we can see from the case of the United States, all human beings cannot breathe in the same way, with the same freedom. Some people have no authority over their own breathing. We know from the cry of "I Can't Breathe," from the time Eric Garner uttered it eleven times in July 2014 before his death to George Floyd desperately saying it again and again. In the now countless videos of the lynching of Muslims, we know they cannot breathe—surrounded by mob violence, beaten, dragged—because in the end, they are dead. The Mussalmani virus is a virus that excels at showcasing alterity, difference, and foreignness. It marks certain bodies for elimination and destruction and makes their deaths seem natural, normal, necessary for the health of a nation.

A virus forces us to look to the *future*, to build models that extrapolate outcomes from behavior and rates of transmission. Epidemiology has little interest in the past, and if so, it is only to create a way to anticipate and quantify what is to come. Yet, what if we were to keep our gaze—the historian's gaze—on the past of the subcontinent to ask anew about our political present? Historians have, in the face of rising Hindu majoritarianism, traced the construction of this otherness between Muslims and Hindus to the colonial period or to the wars and conflicts of the medieval world. Some have even traced it back to the originary moments of Islam. All of these deep studies of the past are important, and they tell us that the present is not the only way to live and die, that there were once other ways of being and other projects of world-making that were not built on the violent exclusion and erasure of minorities. Yet, as we see today, too often the past is not how anyone studies viruses that ravage the present.

To fully document the novelty of the novel coronavirus, we need to build a model of the past that accounts for comorbidities, the coexisting deaths, the wearing away of the body, that has made our present. In the time of coronavirus, some historians are quick to remark on the similarities between the global pandemic of 2020 and the Great Influenza Epidemic of 1918.²³ The popular press has certainly found it a useful comparison, as both events sit at the opening of a yawning century

and concern a respiratory disease that has afflicted the world over.

However, if we step away from looking at the past solely through the lens of COVID-19 and instead look for analogues to the Mussalmani virus, a different history becomes significant for the purpose of modeling out possible futures.

A future for India would be the deep past of the “Black Death” plague of fourteenth-century Europe. Nestled between the traffic of crusading armies, the Black Death arrived in Europe between 1348 and 1350. As the plague spread, rumors of Jews being carriers of the plague, of poisoning wells, spread across small towns and communities. Understanding the Jews to be the carriers and the cause, across Spain, France, Germany, the Netherlands, and Italy, between 1348 and 1351, hundreds of Jews were burned, drowned, and driven out.²⁴ A century later, the Jews of Europe were still living under the terror of blood libel—depicted by Christians as having eaten the flesh of Christian children and of Christ, of poisoning wells, and of forcibly converting Christians.²⁵ In Germany, the memory of such horrendously imagined crimes by Jews was literally etched into the frescoes of churches and retold in chronicles and stories. These violent imaginaries persisted for 600 years, such that the very same localities where anti-Jewish pogroms had taken place in the fourteenth century gave rise to the Nationalist Socialist party in the early twentieth century.²⁶

The blood libel against Jews—neighbors born and raised alongside Christians, people who spoke the same language, who ate, dressed, lived, and worked in the same communities—made them into demons to be hunted and killed. They were expelled as a matter of state politics.²⁷ The cultural products of Europe, the sacral works, the topologies of the cities, the arrangement of music, all worked seamlessly to make Jews a target for hate, marking their existence for elimination. This was done by the learned and the political, the lay and the noble. Where the figure of the enslaved African gave to Europe the central logic of domination and dehumanization, the Jew was the foundation of a politics of state-sponsored elimination.

That anti-Semitism would shape the history of Europe has been clear and significantly understood since the Holocaust carried out by the Nationalist Socialists in the late 1930s and early 1940s. However, the effects of Islamophobia, specifically leading up to and since 1992, on the body politic of India, have not been recognized. Starting with the destruction of the Babri mosque as a globally organized, media-savvy program for political mobilization, Hindu-Muslim relations in India are framed as “communal affairs.” Yet, there is no such parity as the intervening hyphen would suggest. Muslims are a mere 13 percent of India’s population of 1.3 billion. The Sachar Committee Report in 2006 found them to have far lower literacy rates and economic status than the “Hindu” population, including the Scheduled and Restricted Castes.²⁸

Let us be clear that Muslims in India are a marginalized community, largely poor, without access to political or social mobility, and a group that is demonized across the cultural and political spheres. The short history of seventy-plus years in the Republic of India may only have a few pogroms and riots, but the long future ahead for the subcontinent appears to aspire toward a politics of complete elimination and expulsion. The Muslims of India do not have an ally in the vaunted Constitution, which is the prime vehicle of their dispossession in Assam and in Kashmir. The Muslims of India cannot find safety in the courts, for the Supreme Court is the instrument of their marginalization. The Muslims of India cannot claim any solace from an idea of a “secular India,” for the one may never have existed, and it certainly does not exist in the current democracy. If “there is little doubt that,” as Partha Chatterjee writes, “irrespective of election results, the pedagogy of Hindutva will continue to claim that a strong and unified nation-state must rest on the support of a unitary and homogenous people-nation,” then the Mussalman will forever be labeled as a foreign virus in the degenerating body-politic of India.²⁹ Leave aside 600 years, this increasingly dangerous Hindutva virulence works constantly and consistently to erase Muslim identity and Muslim pasts at an alarming rate. Without a collective reckoning with majoritarian pasts and the present rise in anti-Muslim violence, it will reduce Muslim futures in India to nothing in mere decades. This virulence ravages mosques and courts to leave the rubble of tolerant India behind, it makes the promise of the Constitution little more than a joke for those subject to the nonsovereignty of borderlands, and it spreads in the form of WhatsApp rumors and seemingly endless videos of innocent men, lynched. This virulence has no vaccine.

Notes

¹ The image is archived here: <https://web.archive.org/web/20200913150213/https://www.picuki.com/media/2280425702832929647>. Also see Mehdi Hasan, “The Coronavirus Is Empowering Islamophobes—But Exposing the Idiocy of Islamophobia,” *The Intercept*, April 14 2020, <https://web.archive.org/web/20200913150323/https://theintercept.com/2020/04/14/coronavirus-muslims-islamophobia/>.

² The president of the United States has insisted on referring to COVID-19 as “Chinese Virus.” See Katie Rogers, Lara Jakes, and Ana Swanson, “Trump Defends Using ‘Chinese Virus’ Label, Ignoring Growing Criticism,” *The New York Times*, 18 March 2020, <https://web.archive.org/web/20200913150441/https://www.nytimes.com/2020/03/18/us/politics/china-virus.html>. On social media, “Jamaati virus” remains prevalent. Also see Amina Sharif, “Muslims Are Being Treated Like a Virus,” *Byline Times*, August 6, 2020, <https://web.archive.org/web/20200913150537/https://bylinetimes.com/2020/08/06/muslims-are-being-treated-like-a-virus/>.

³“On First Day of Nationwide Lockdown, Adityanath Attends Ram Navami Event in Ayodhya,” *The Wire*, 25 March 2020, <https://web.archive.org/web/20200915153920/https://thewire.in/politics/coronavirus-yogi-adityanath-lockdown-ram-navami-ayodhya>.

⁴“Questions Remain about How Delhi’s Nizamuddin Became a Coronavirus Hotspot,” *The Wire*, March 31, 2020, <https://web.archive.org/web/20200913150747/https://thewire.in/government/delhis-nizamuddin-hotspot-coronavirus>.

⁵Prabjit Singh, “Punjab: Muslim Gujjar Families ‘Beaten and Boycotted’ in Hoshiarpur Villages,” *The Wire*, 07 April 2020, <https://web.archive.org/web/20200913150914/https://thewire.in/rights/punjab-muslims-gujjar-families-beaten-and-boycotted-in-hoshiarpur-villages>; and Aditya Menon, “Attacks on Muslims in the Name of COVID-19 Surge across India,” *The Quint*, April 8, 2020, <https://web.archive.org/web/20200913151009/https://www.thequint.com/news/india/coronavirus-muslims-attacked-covid19-karnataka-haryana>.

⁶Such extrajudicial violence is rarely tagged as “lynching.” See M Mohsin Alam Bhat, Vidisha Bajaj, and Sanjana Arvind Kumar, “The Crime Vanishes: Mob Lynching, Hate Crime, and Police Discretion in India,” *Jindal Global Law Review* (July, 2020), <https://doi.org/10.1007/s41020-020-00115-4>.

⁷For “Love Jihad” see Charu Gupta, “Hindu Women, Muslim Men: Love Jihad and Conversions,” *Economic & Political Weekly* 44(51): 13–15. For #LoveJihad, see Sonia Faleiro, “An Attack on Love,” *The New York Times*, 02 November 2014, <https://www.nytimes.com/2014/11/02/opinion/sunday/its-not-jihad-its-just-love.html>.

⁸See “A ‘Big Propaganda’ Campaign of ‘Slander and Vilification’ Driven by ‘Malice and Prejudice’ Which Was ‘Wrong and Motivated’: ‘Deccan Herald’ Holds the Mirror to the Media on Tablighi Jamaat,” *Indian Journalism Review*, August 26, 2020, <https://web.archive.org/web/20200913145951/https://indianjournalismreview.com/2020/08/26/a-big-propaganda-campaign-of-slander-and-vilification-driven-by-malice-and-prejudice-which-was-wrong-and-motivated-deccan-herald-holds-the-mirror-to-the-media-on-tabl>.

⁹My coining of “Mussalmani Virus” in this essay is meant to highlight the demonization of a community and should not be seen in any way as an endorsement of the racist usage of this derogatory term for the Muslim community.

¹⁰Hannah Ellis-Petersen, “Inside Delhi: Beaten, Lynched and Burnt Alive,” *The Guardian*, March 1, 2020, <https://web.archive.org/web/20200913151505/https://www.theguardian.com/world/2020/mar/01/india-delhi-after-hindu-mob-riot-religious-hatred-nationalists>.

¹¹Zeba Siddiqui, “Protests in Indian Cities after Muslim Man is Lynched, Modi Says He Is ‘Pained,’” *Reuters*, June 26, 2019, <https://www.reuters.com/article/us-india-protests-lynching/protests-in-indian-cities-after-muslim-man-is-lynched-modi-says-he-is-pained-idUSKCN1TR2AG>.

¹²International Crisis Group, *Raising the Stakes in Jammu and Kashmir*, August 5, 2020, <https://www.crisisgroup.org/asia/south-asia/kashmir/310-raising-stakes-jammu-and-kashmir>; and Kashmir Reading Room, *DisIntegration at Gunpoint: Yearly Report (August 2019–August 2020)*, August 5, 2020, <https://jklpp.org/kashmir-reading-room-report-aug-2019-aug-2020>.

¹³ See Shaswati Das, “NRC Will Be Rolled Out across the Country before 2024 Polls: Amit Shah,” *The Mint*, December 3, 2019, <https://web.archive.org/web/20200913152043/https://www.livemint.com/news/india/nationwide-nrc-to-be-implemented-before-2024-lok-sabha-polls-amit-shah-11575290024624.html>.

¹⁴ V. D. Savarkar. *Hindutva: Who Is a Hindu?* (Bombay: Veer Savarkar Prakashan, 1969), 113.

¹⁵ V. D. Savarkar. *Hindu Rashtra Darshan: A Collection of the Presidential Speeches Delivered from the Hindu Mahasbha Platform* (Bombay: V. V. Bambardekar, 1949), 26.

¹⁶ For reports of lynching, see C. J. Werleman, “Database: Hate Crimes Against Muslims in India,” <https://web.archive.org/web/20200913152950/https://medium.com/@cjwerleman/database-hate-crimes-against-muslims-in-india-fdddc5acbf9b>. See also “They Cut Off His Hand with a Chain Saw Seeing 786 Tattooed on It,” TwoCircles.net, September 10, 2020, <https://web.archive.org/web/20200913152618/http://twocircles.net/2020sep10/438959.html>.

¹⁷ Saurabh Sharma, “Wait of Centuries Is Over, India PM says, as Hindu Temple Construction Begins,” *Reuters*, August 5, 2020, <https://web.archive.org/web/20200818000455/https://www.reuters.com/article/us-india-religion-temple/wait-of-centuries-is-over-india-pm-says-as-hindu-temple-construction-begins-idUSKCN2510NQQ>.

¹⁸ Edward Law Ellenborough, “Proclamation from the Governor-General to All the Princes and Chiefs and People of India,” *The Annual Register, or a View of the History and Politics of the Year 1842*, ed. Edmund Burke (London: J. G. F. and J. Rivington, 1843), 252–256.

¹⁹ K. M. Munshi, *Somanatha: The Shrine Eternal* (Bombay: Bharatiya Vidya Bhavan, 1965), 85.

²⁰ Christophe Jaffrelot. *The Hindu Nationalist Movement in India*. (New York: Columbia University Press, 1998), 80–109.

²¹ Chiragh Dilli, “If on a winter’s night,” February 15, 2020, <https://web.archive.org/web/20200913153840/https://chiraghdilli.com/2020/02/15/if-on-a-winters-night-azadi/>.

²² Paul Robeson. *Here I Stand* (Boston: Beacon, 1988), 12.

²³ Terry Gross, “What the 1918 Flu Pandemic Can Tell Us about the COVID-19 Crisis,” May 14, 2020, <https://web.archive.org/web/20200913154118/https://www.npr.org/2020/05/14/855986938/what-the-1918-flu-pandemic-can-tell-us-about-the-covid-19-crisis>.

²⁴ Samuel K. Cohn Jr., “The Black Death and the Burning of Jews,” *Past & Present* no. 196 (August 2007): 3–36; and Theresa Finley and Mark Koyama, “Plague, Politics, and Pogroms: The Black Death, the Rule of Law, and the Persecution of Jews in the Holy Roman Empire,” *Journal of Law and Economics* vol 61 (May 2018): 253–277.

²⁵ Magda Teter. *Blood Libel: On the Trail of an Antisemitic Myth*, (Cambridge, MA: Harvard University Press, 2020), 152–158.

²⁶ Nico Voigtländer and Hans-Joachim Voth, "Persecution Perpetuated: The Medieval Origins of Anti-Semitic Violence in Nazi Germany," *The Quarterly Journal of Economics* vol. 127, no. 3 (August 2012): 1339–1392; and Sascha O. Becker and Luigi Pascali, "Religion, Division of Labor, and Conflict: Anti-Semitism in Germany over 600 Years," *American Economic Review* vol. 109, no. 5 (2019): 1764–1804.

²⁷ Sophia Menache, "Faith, Myth, and Politics: The Stereotypes of the Jews and Their Expulsion from England and France," *The Jewish Quarterly Review*, vol. 75, no. 4 (April 1985): 351–374.

²⁸ Prime Minister's High Level Committee. *Social, Economic and Educational Status of the Muslim Community of India: A Report* (New Delhi: Government of India, 2006)

²⁹ Partha Chatterjee. *I Am the People: Reflections on Popular Sovereignty Today* (New York: Columbia University Press, 2020), 111.

AFTERWORD

LIVES INTERRUPTED, TRENDS CONTINUED?

Kenneth Pomeranz

This can only be an afterword to this volume. The pandemic is far from over as I write this (in September 2020); the majority of infections are probably still to come, their distribution unknown. To a significant extent, this is also true of the virus's impact on politics, media, and economics, though some grim results seem sadly predictable: notably, economic burdens are falling disproportionately on people with little to spare, causing large increases in global poverty and hunger.¹ With so much uncertainty about the present, even reflections on the past, or at least on the past's meanings for the present, are up in the air. Still, some important insights emerge from the chapters assembled here.

First, nothing has changed so little, thus far, as the agendas of the very powerful. Be it efforts toward increasing discipline and political centralization in Xi Jinping's China, the hostility to Muslims and indifference to the poor of the Bharatiya Janata Party and its allies in India or—looking beyond Asia—attacks on science, civil servants, immigrants, nonwhites, and low-wage workers in the United States, the story is “more of the same,” not new departures. The pandemic may yet derail some ambitions of the most manifestly irresponsible leaders (notably Donald Trump and Jair Bolsonaro, who combine especially egregious policy failures with especially obvious indifference), but in general, COVID-19 has not disturbed, and has often facilitated, authoritarians' further power grabs. (The crackdown in Hong Kong and the accelerated collection of biometric data in China are but two examples.) As David Arnold puts it with respect to India, “an epidemic, still more a pandemic, forces social [and political] divisions more starkly into the open, transforming fissures into fault lines.”

Second, looking back even a hundred years demonstrates that the human capacity to cope with pandemic disease has greatly increased—even though we may feel no more in control than our forebears did. Even without (so far) a vaccine, it appears possible, given sufficient political will and infrastructure, to contain mortality to a degree that was unimaginable in 1919, when perhaps fifty million people died. (The global death toll as of this writing is approaching one million, with a world well over four times as populous as it was in 1919.) Nor—contra some Westerners’ dark portrayals of East Asia’s comparative success—is this capacity limited to “techno-Orientalist” lands of “hyper-surveillance and denunciation.” As Jaeho Kang notes, South Korea has kept its death rate low “without draconian restrictions on speech and movement”; this is even truer of Taiwan and Japan. Japan’s story is especially striking: with the world’s highest percentage of people age sixty-five and over,² a high population density, heavy reliance on mass transit, and a national government without clear legal authority to order lockdowns,³ it might have seemed, *ex ante*, like one of the most vulnerable rich countries; and as Alexis Dudden points out, its government for quite some time seemed more concerned with keeping the Olympics on schedule than with taking the pandemic seriously. (Moreover, though Japan is certainly a high-tech society, Japanese have not, as Kate McDonald notes, been particularly enthusiastic about online or cashless purchasing—tech-happy behaviors that have proved very adaptive in this crisis.) Mainland Southeast Asia has had very low death rates so far⁴—and whatever else those varied societies may be, none of them much resemble the “techno-Orientalist” stereotype. The comparative success of much of Asia in resisting the virus so far is all the more striking in light of the exceptional population densities in many of its cities (and even some rural areas), which makes contagion far more likely.⁵

These relative successes against the virus make more visible the suffering created by draconian containment measures such as those in India—vividly portrayed in John Harriss’s chapter on India and in the painting *Social Distance*, discussed in the chapter by Sumathi Ramaswamy and Ravinder Kaur—and China, along with the places, thus far mostly non-Asian, where containment has failed, or barely been tried. (As I write, however, reported cases in India are reaching new peaks—though its rise in deaths is less dramatic, and its per capita death rate remains well below the global mean, probably reflecting its relatively young population—reminding us how tentative our conclusions must be, and that imposing great sacrifices does not ensure success in disease control any more than it does in other endeavors. The Philippines and Indonesia—particularly the latter, which had thus far been a comparative success story, especially in per capita terms—are also showing worrisome trends.⁶ It is also worth remembering that our enhanced virus-resisting capacity is not only technological, but organizational and political as well. Having labs that sequence DNA and having synthetic materials

from which to make PPE matters, but so does having a World Health Organization and national health agencies, as well as communications networks that allow people to access many kinds of information (and, sadly, disinformation) from varied sources.

Third, the pandemic reminds us yet again that global phenomena are experienced locally—and nationally, since government policy can be crucial. Indeed, the very high percentage of infections and deaths attributable to a few specific environments that concentrate people, whether wholly involuntarily (prisons and US immigrant detention centers), semi-involuntarily (long-term care facilities), semi-voluntarily (high-risk job sites, where low-paid workers often have little alternative to working), or voluntarily (worship services, cruise ships, parties, funerals) makes clear that safety often depends less on whether one's general region is linked to Wuhan—eventually, it seems, every place is—than on the efforts made to exclude the virus from, or to control it within, very local spaces. Moreover, that means that statements about the distribution of COVID-19 burdens look different at different scales. Thus far (remembering that our data are poor and the situation is fluid), deaths from the virus seem disproportionately concentrated among poorer people in rich Western countries,⁷ who have also done comparatively poorly during the globalization of the last forty years—at least as measured by percentage changes in income.⁸ That also means that the pandemic's implications for international affairs might be quite different from the implications for national and subnational politics—in which they so far mostly seem to be reinforcing existing hierarchies and inequalities. We will return to this difference later.

Fourth, a century's retrospect demonstrates, unsurprisingly, that messaging wars in which states and other actors try to avoid blame for mass contagion, and assign it to disfavored “others,” are anything but new. (Indeed, scapegoating for natural disasters goes back as far as our records do.) But they also suggest that those messaging wars are more multisided and more *evenly* contested than they used to be, even if they are comparably ugly. There are many possible reasons for this, including changing power relations, more widespread discomfort with racism, and the fact that the most stunning examples so far of dysfunctional responses to COVID-19 come from Western governments, both in rich societies (the United States, the United Kingdom, and Sweden) and not-so-rich ones (Brazil, Peru, and Mexico).⁹ Whatever the reasons, it appears that, despite absurd and immoral attempts to racialize the virus (e.g., Trump's “Kung flu”), many cases of anti-Asian harassment and violence, and a wide variety of conspiracy theories appearing on websites worldwide, efforts to equate Asia with sickness and justify discriminatory policies are getting far less traction than they used to. The most striking example of such efforts may well be the attempts by various state-linked actors in India to blame the virus on China (as an external source) and Muslims (as alleged domestic super-spreaders), described in the chapters by Manan Ahmed

Asif and by Ramaswamy and Kaur; while certainly important and deplorable, these efforts also seem significantly different from the targeting of Asian bodies by non-Asians in some earlier disease outbreaks.

Let me expand briefly on each of these points, drawing upon the volume's articles.

Sadly, the first observation—that the pandemic has generally reinforced the agendas of the powerful—will probably command the quickest assent. While COVID-19 has ruined innumerable individual and local plans, one finds few cases in which major power holders have aborted or substantially altered their agenda, or even made major concessions to gain consent for the sacrifices imposed to fight the pandemic. As Harriss notes, the subsidy programs for the poor in India—especially for millions of very hard-hit migrant workers—have been much stingier than advertised. Nor has the curtailment of internet service in Kashmir been eased during an emergency that makes people far more dependent on computers and cell phones for essential information and social support.¹⁰ The efforts to blame one Muslim meeting for the spread of COVID-19 within India, highlighted in two chapters here, may have been largely private, but they fit quite clearly into a preexisting government agenda. China has intensified its pressure on targets ranging from Hong Kong demonstrators to lawyers, academic dissenters, and spreaders of “rumors,” including the Wuhan diarist Fang Fang and her publishers and translators overseas.¹¹

It is, of course, impossible to know how many people really support or oppose such repressive actions, but Beijing's crackdowns have many online cheerleaders, and Harriss cites evidence that Modi remains exceptionally popular. Indeed, it is often impossible to fully disentangle government attacks on disfavored groups from private efforts, both online and in the flesh. We do not yet know whether any of the governments that have handled the virus especially poorly so far—most of them, to varying degrees, electoral democracies (and most of them non-Asian)—will be derailed by their failures. (This may be the only area in which the United States is a relative bright spot, as most polls show Trump losing badly—and even that remains uncertain.)

Productive projects have suffered more than repressive ones, particularly those requiring travel. McDonald shows us that one big postponed project—the Tokyo Olympics—was very much designed to buttress the Abe Shinzō government. (Abe has since resigned due to ill health, but there has been no major political shift.) But, as she also notes, the Olympics is postponed, not canceled, and the government's narrative of a “Recovery Games”—which now has a global referent to go with the national ones of Fukushima and economic stagnation—may become even more resonant. (The bizarre incident of the Fukushima torch relay conducted without either runners or spectators, which Dudden describes, brings home just

how fixated the Abe government was on promoting that narrative under any circumstances.) China's stimulus package, announced in late May, focuses mostly on infrastructure projects, without particularly prioritizing places, individuals, or industries that have suffered most from COVID-19 lockdowns.¹²

Second, while our limited control over our own destinies is very much on display now, it is also worth noting how much human capabilities have increased since 1919—not to mention earlier pandemics. The biomedical and communications aspects of this are especially striking. Even without a vaccine or generally effective drugs (so far), ventilators have kept many critically ill patients alive; polypropylene, the preferred material for high-grade masks, did not exist until 1951.¹³ Communications technologies have enabled many millions of people to share information, sustain their occupations and incomes, entertain themselves, and keep in touch while maintaining social distancing. One can debate how much contact tracing must rely on high-tech methods such as those in South Korea, highlighted by Jaeho Kang, but just thirty years ago, most of the world's people had no telephone service inside their homes.¹⁴

The extent to which technologies and information capable of helping millions actually do so also reflects political change, including the often limited but nonetheless real gains for most Asians from decolonization. Mary Augusta Brazelton rightly reminds us that China was heavily involved throughout the twentieth century in the construction of global public health, rather than being a late joiner to systems built by Westerners. She also rightly emphasizes that late Qing and Republican governments—which had much else to worry about—made those efforts partly to defend their already impaired sovereignty from powers always ready to justify further infringements as self-defense against contagion,¹⁵ necessitated by the hygienic deficiencies of the “native” regime and population.

Looking beyond Brazelton's China-focused essay, it is worth remembering that for roughly half of the twentieth century, people from most of Asia—even if they were as accomplished as Wu Lien-teh (Liande) or Sze Sze-ming (Shi Siming)—could not have participated as these “Chinese”¹⁶ figures did in shaping global health, because they were still colonial subjects. Had the North Manchurian plague of 1910–1911 broken out instead in, say, Bengal or Sumatra, it is very unlikely that a “native” doctor would have been placed in charge of the response as Wu was; and China had a seat at the founding conference of the United Nations, from which Sze could push for a World Health Organization, while Vietnam, Burma, and so on did not. Today, by contrast, Asian participation in these organizations is a given, and Asian governments no longer need to prioritize protecting a few foreign residents over general public health.

Moreover, the provision of electricity to all—or at least the promise thereof, fulfilled to various degrees in various Asian countries—cannot be divorced,

historically, from the creation of national regimes that felt at least some pressure to include all their citizens in their modernizing projects. Electrification under early twentieth-century colonial or semicolonial regimes, led by private firms, looked markedly different, focusing on a few industrial users, wealthy urbanites, and institutions such as prisons, hospitals, and government offices.¹⁷ Without today's *relatively* inclusive power grid, not only the communications technologies noted earlier, but many other things that have made lockdowns more endurable—from food refrigeration to lighting—would have been far less accessible to enormous numbers of Asians.

This is not to minimize the painfully obvious limits on our control of the virus, the equally obvious pain that has been inflicted by quarantines and other control measures, or the fact that that pain has fallen very disproportionately on the strongly overlapping sets of people who do physical work, who have migrated to work, who lack substantial savings, and who live and work in crowded settings. Nor should we overlook the possibility, noted earlier, that the current concentration of virus deaths in richer countries could change quickly. And for all the gains in connecting poor people worldwide to some kinds of infrastructure and services, the larger picture remains one of huge inequalities in wealth and power, which have not narrowed much in recent decades¹⁸ and will probably widen further due to lost work, post-COVID government austerity programs, and limited access for informal sector workers in particular to many relief programs that do exist. (These are often matters of policy, not technological incapacity, as supposedly universal programs contain costs by making access difficult.) And our technological substitutes for older modes of interaction are certainly imperfect: we all know that socializing by Zoom lacks many of the satisfactions of doing so in person, and—as Yong Chen and Clare Gordon Bettencourt note—some much-valued qualities of food consumed on the spot can be lost by even the most efficient delivery system.¹⁹ But in general, and at the level of a century or two, there have been an impressive number of positive developments: perhaps most of all in East Asia, where convergence toward “first-world” incomes has gone furthest, the last few months’ public health accomplishments seem relatively solid, and the economic damage from lockdowns will probably be less ruinous than in the many countries with weaker safety nets and/or more dependence on overseas remittances.

This essay’s third observation—that global phenomena are refracted through the national and the local—is the most abstract, and it can easily dissolve into platitudes about things being “the same but different” across multiple locales. But it is also central to the work many social scientists and humanists do—distinguishing systematic from coincidental resemblances, and random differences from those attributable to structure and/or intent, at various levels of granularity.

It is probably intrinsic to lockdowns and quarantines that they will hit migrants especially hard, unless they are coupled with well-targeted assistance; migrants, however, rarely have the power to compel such accommodations. A late March 2020 survey suggested that China's lockdown had already cost its migrant workers at least US \$100 billion in lost wages, though it had also been effective in keeping villages virus-free.²⁰ China was relatively well prepared, having rebuilt its public health system since roughly 2000 (and especially since SARS) precisely with an eye toward containing epidemics.²¹ It was also lucky, having been able to start its lockdown when huge numbers of migrants were already back in their villages for the annual New Year's break: they expected a period without pay and were able to access some social supports, spend time with otherwise seldom-seen family members, and avoid the crowded settings where they otherwise work and live. By contrast, India's lockdown caught most migrants in the cities, where many have no reason to be if their jobs stop; as Harriss emphasizes, public relief efforts have been very limited, except in left-leaning Kerala (a long-standing exception to generalizations about Indian governments' indifference to the poor). Moreover, India's internal migrants are, on average, considerably poorer than China's, making them more vulnerable to start with, and its economic contraction—almost 24 percent in the April–June quarter—may have been the sharpest in the world.²² The World Bank's recent projections suggest that South Asia will account for about 40 percent of the additional people who will have 2021 incomes under \$1.90 per day because of COVID-19, and more than 60 percent of those pushed under \$3.20 per day; if the poverty cutoff is set at \$5.50, East Asia and the Pacific will also have very large numbers of additional poor, but still about half as many as South Asia.²³

Border-crossing migrants generally have even less political leverage than domestic ones and suffer accordingly. In June, dormitories for Singapore's migrant workers (about 25 percent of residents) accounted for 93 percent of its COVID infections;²⁴ many more of these workers are facing dramatic income losses and social isolation. It is unclear how many of the more than eight million Philippine nationals working abroad are "stranded" by the coronavirus—one official has given a figure of 85,000, while other estimates are much, much larger—but they are apparently receiving very little assistance, and government funds allocated for repatriating some of them will probably run out in August.²⁵ The frequently used language of viral "hot spots" expresses entirely justifiable fears that devastation will eventually radiate outward from places and groups where it is currently concentrated, but it also reminds us that at any given moment, people's fortunes depend heavily on what sort of "spot" they happen to be in.

Nor does a fortunate spot have to be a rich or isolated one. Looking at state by state variation within India, Ian Inkster has noted a tendency for richer states to have higher per capita numbers of infections and deaths, paralleling country by

country variation, and confirming the importance of a population's age structure. Yet Kerala, which has long spent heavily on public health, had an infection rate two-thirds that of India, and half that of the world, with a death rate only 12 percent of the nation's and 5 percent of the world's, despite having a population much older than the rest of India's (and thus close to global averages) and a population density double that of India's (and thus many times the global mean).²⁶ Decisions matter, at every level.

Stereotypes and blame games, however, generally aim at broad targets. "Indians," "Chinese," and/or "Asians" were labeled as hygienically deficient in earlier pandemics, not people from the specific origin points of outbreaks (especially if those origin points were actually Western). Thus, this fourth, more discursive topic orients us back to very large spatial scales.

Some Westerners, clearly, are racializing this pandemic, but their efforts are both different, less respectable, and less effective than the historical ones of which Arnold and (more briefly) Brazelton remind us. To be sure, anti-Asian violence and harassment have sharply increased in 2020. And as Christine Yano's "Racing the Pandemic" points out, these incidents should remind us that much of the hostility expressed in these incidents already lurked below the surface before the pandemic. There are powerful figures who wink at this violence, and in the United States, the federal government seems to be doing less to stop these attacks than it did during SARS.²⁷ But despite these grim facts, the worst of this particular wave of hostility *may* be behind us. The Asian Pacific Policy Planning Council's "Stop AAPI Hate" initiative reported 1,135 incidents of "verbal harassment, shunning, and physical assaults" between its founding on March 19 and April 3 (fifteen days, during which much of the country was in lockdown), or seventy-six per day; it logged 1,448 further incidents between April 3 and August 27 (146 days), or ten per day.²⁸ And though such incidents clearly represent a broader, and still-dangerous reservoir of prejudice, there is little sign that they represent *majority* attitudes—as hostility to Asian-Americans, and to any further "nonwhite" immigration, almost certainly did a century ago. Nor does it seem that this hostility is leading to any sort of legislation, or to the sorts of horrific *collective* action that, as Yano notes, included the burning of Chinatowns and other large-scale violence in the late nineteenth and early twentieth centuries.

In part, this reduced scope for anti-Asian hate probably reflects changes in objective reality, which undermine some earlier stereotypes. The differences in life expectancy between even Asia's poorest nations and those of the West are narrower than they were fifty or a hundred years ago, and people in the richest Asian countries live as long as people anywhere. The familiar props of biomedicine are visible throughout Asia—at least in cities—and the faces behind the masks of many doctors, nurses, and other health care workers in Europe and North

America reflect Asian ancestry and/or birth. Meanwhile, many of the most visibly inept responses and the highest death rates during the current crisis have been in wealthy Western countries—particularly the United States, the United Kingdom, and Sweden—making old tropes of Asian deficiency more obviously false than they may once have seemed. Still, racial imaginings are rarely much constrained by reality, and some powerful people and institutions have sought to focus attention on the Chinese origins of the virus and the damage done by the Chinese government's initial response. However, poll results from the end of May suggested that only 34 percent of US voters thought the Chinese government bore the most responsibility for COVID-19's spread (within the margin of error of those naming Trump as the chief culprit), while German polls suggested attitudes toward China actually becoming more positive recently (and those toward the United States more negative). Such results probably indicate some reduction in racism—at least anti-Chinese racism—over the long haul,²⁹ and certainly suggest its diminished usefulness as an overt political strategy.

To be sure, the image of “Techno-Orientalism” that Jaeho Kang highlights resonates with older tropes of obedient, easily controlled Asians, and some reflections of that image can be found in serious journals as well as in popular culture. But even this is a long way from once-common tropes of Asian helplessness and ignorance, or even indifference to human life—and from the relative silence of metropolitan media when, as in 1919, it was a Western plague that killed millions of Indians. (Indeed, just a few years later, the notorious *Mother India* found huge audiences in the United States and United Kingdom; it imagined disease vectors opposite the real ones of 1919, predicting that unsanitary Indians would devastate the West if not properly controlled.³⁰) Respectable sources still point to China, in particular, as a likely origin point for future pandemics. But that is due to problems which are quite real there—people pressing hard on certain animal habitats, raising hogs and fowl in close quarters, and an often lax or corrupt regulatory state—though they can hardly be labeled essentially “Oriental.” (Eating animals that many Westerners consider exotic is more easily labelled “Asian” and has figured in some especially strident attempts to make this a “Chinese virus,” but the same US poll cited earlier suggests strong opposition to blaming Chinese individuals, even as many respondents criticized the Chinese government. It is also notable that many Chinese are themselves increasingly critical of eating wild animals, as Chen and Bettencourt point out). Indeed, the multidirectional vectors of anger, political rivalry, and propaganda are now sufficiently different from straightforward “racial” binaries—much less old binaries in which strength was presumed to be Western—that prominent Chinese Americans today may as easily encounter Internet taunting (though not physical danger) from trolls in the PRC as in the United States.³¹ Finally, it is noteworthy that when serious writers today invoke East Asian authoritarianism as a *possible* advantage amidst ecological

disaster, this is less likely to be a critique of Asian societies—much less a claim that Asians are particularly prone to autocracy—than a critique of the current corruption of Western democracies, entertaining, at least for rhetorical purposes, the possibility that Beijing may be right in proclaiming its system superior. (Naomi Oreskes and Erik Conway’s *The Collapse of Western Civilization*, with its all-too-plausible story of Western societies unable to override the influence of climate deniers, is a case in point.)

The expressions of intense hostility toward Muslims and toward China in Indian public culture that both Asif and Ranaswamy and Kaur point to predate COVID-19, as both articles emphasize; in the case of Indian-Chinese tensions, they have also been ratcheted up by recent border clashes, which are arguably mostly independent of the pandemic. Disseminating images in which the virus always appears to be red (Chinese, often with a flag) or green (Muslim) is hardly random—in fact, viruses have no color—and many are quite obviously designed to stoke anger while positioning Hindu nationalists as defenders of the nation from both the internal and external enemy. Visual claims that both enemies are *deliberately* spreading the virus—note, for instance, the smiles and handshake between the two in the “coronavirus deal” cartoon reproduced by Asif—are particularly incendiary. (It is worth remembering, however, how hard it is to assess the influence of any particular image simply by looking at the image—in this case, one forwarded to the author’s cellphone, but not necessarily widely publicized.) But whether vitriol leads to violence depends, among other things, on there being accessible and relatively powerless targets. Thus, anti-Chinese actions in India have been largely limited to economic boycotts, the smashing of goods, and government bans on certain Chinese apps; by contrast, both Indian Muslims and “Chinese looking” Indian citizens from the northeast—many of the latter apparently belonging to “scheduled tribes” that have long been targets of discrimination—have suffered direct violence, including beatings, forcible evictions, and killings.³² In short, China’s growing wealth and power, and its initial response to the virus, may make it an increasingly useful rhetorical target for Indian nationalists, but it is long-stigmatized, long-vulnerable domestic minorities who bear the brunt of ultranationalist anger.

These hostilities bring us, finally, to the virus’s possible implications for geopolitics and the global economy. Here, too, I am struck less by what the pandemic might change than by what it reveals about how the world was already changing. Shortages of personal protective equipment (PPE) in the United States have been greatly exacerbated by the callousness and incompetence of its current administration, but one part of that incompetence was a government failure to adjust to outsourcing that began decades ago, and which is unlikely to reverse.³³ (Another is that, for all its intermittent China-bashing, the Trump administration initially confirmed Beijing’s misleading reassurances about the virus, probably

because the president desperately needed a US-China trade deal.) Arnold's observation that a vaccine, wherever it might be discovered, is likely to be mass-produced in India is likewise reflective of what are now long-established facts of the worldwide division of labor.

Those developments have changed both the global economy and global politics. Whether Beijing's "mask diplomacy" is working is open to question, but its capacity and willingness to deploy substantial aid for political purposes is not. Nor does aid, or performance in the current crisis, seem capable of altering more fundamental political facts: Taiwan's own mask diplomacy (it is now the world's second-largest producer and exporter of PPE) has won it various thank yous³⁴ but not readmission to the World Health Organization, nor inclusion in the European Union's "safe list" for open travel (despite its remarkable success in crushing the virus at home).³⁵ Meanwhile, Catherine Liu is probably correct when she notes that foreigners who have praised Taiwan's success against COVID-19 often seem more interested in goading Beijing than in exploring what Taiwan has actually done to contain the virus so well; in other words, the frame of power politics seems to dominate responses to Taiwanese achievements, whether people are highlighting them or ignoring them.

The current US government's responses to the pandemic and the geopolitical trends it has highlighted can only further the decline of its own global influence; withdrawing from the World Health Organization is simply the most obviously counterproductive example. Whether this sort of diplomatic flailing will also make people (both within and outside of China) forget the widely expressed anger about China's early handling of the pandemic is another question, but probably one with few immediate political consequences. While China is indeed encountering some increased opposition in a number of areas—in opposition to Huawei's 5G push, expansionism in the South China Sea, repression in Hong Kong and Xinjiang, and attempts to censor its critics both at home and abroad—this opposition had begun to appear before the COVID-19 outbreak.³⁶ And far from pulling back on any of these fronts, Beijing has thus far doubled down, aware that both in material terms and in terms of public image, it has sustained far less damage than the United States, giving it an unusually open field in which to deal with other states one-on-one. (It is probably significant in this connection that the poll cited earlier in which German opinion of China had improved was precisely one in which China was being compared to the US, which has become increasingly unpopular in most of the world during the Trump years.³⁷) There is limited evidence available thus far on how popular opinion of China has changed globally since the Wuhan outbreak, and what is available is mixed. Certainly, there is no evidence of developments important enough to cause much change in Beijing's calculations—or those of other governments and large organizations. It is more likely that, with the COVID-19 situation significantly weakening both the US and India—another of

the PRC's geopolitical rivals—leaders in Beijing will perceive greater opportunities to assert themselves abroad.

It is easy, then, to imagine a future in which COVID-19, for all the damage and chaos it has caused, largely winds up reinforcing preexisting trends on various levels. At the level of high politics, this is a picture in which failures to deal with COVID-19 accelerate social and political decay in much of the West, speeding an eastward shift in the world's political and economic center of gravity. In this story, the People's Republic of China would be the big winner politically. Economically, much of Asia might be *relative* winners, if judged as national units; however, no country would gain in absolute terms, and hundreds of millions of individuals, especially in South Asia, would undergo terrible hardship while receiving little help. It is a scenario involving enormous pain, not least in Asia, but not inconsistent with certain visions of a coming "Asian century."³⁸ At the very least, this would suggest that people elsewhere have much to learn by studying the relative resilience in this disaster of several East and Southeast Asian societies.

There is, however, at least one other, even gloomier way to look at this pandemic: not as a once-in-a-century event like the 1918–19 flu but as a harbinger of a succession of looming environmental disasters, including more pandemics. Several dynamics conducive to pandemics seem unlikely to abate. Human encroachment on animal habitats continues apace, as does antibiotic-intensive animal husbandry; accelerating climate shifts will likely force and/or allow some disease-bearing creatures to occupy new habitats while extending the portion of the year in which they can survive. (Mosquitos surviving year-round farther from the equator than they do today is just one such possibility.) Meanwhile, we will have more disasters directly related to weather: stronger storms and heat waves, more coastal flooding, mega-droughts, and uncontrolled fires. Despite my earlier comments about humans' increased capacity to cope with a pandemic compared to our forebears, I see little in the last few months to suggest that any part of our world is well-positioned to handle repeated blows of these varied sorts. Moreover, given how much loosely regulated economic growth has contributed to these looming threats, and how strongly numerous Asian governments have relied on growth to help them cope with all sorts of problems during the last several decades, some of what now look like successes might be very vulnerable. If that turns out to be what COVID-19 portends, truly safe harbors might be very scarce indeed.

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Notes

¹ Daniel Gerszon Mahler, Cristoph Lanker, R. Andres Castaneda Aguilar, and Haoyu Wu, “Projected Poverty Impacts of Covid-19 (Coronavirus),” June 8, 2020, <http://pubdocs.worldbank.org/en/461601591649316722/Projected-poverty-impacts-of-COVID-19.pdf> (accessed July 24, 2020). The authors estimate that by the middle of 2021, the effects of COVID-19 will mean seventy-one million to one hundred million more people living in extreme poverty (defined as an income of US\$1.90 per day, adjusted for purchasing power parity) and 176 million to 230 million more people will be pushed under \$3.20 per day. A longer pandemic and repeated lockdowns could raise those numbers much further.

² World Bank, “Population Ages 65 and Above,” <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS> (accessed July 24, 2020).

³ Christian Hess, “Lockdown Stories: Spending the Global Pandemic in Tokyo,” June 9, 2020, https://warwick.ac.uk/fac/arts/history/ghcc/blog/lockdown_stories_spending (accessed July 24, 2020).

⁴ Hannah Beech, “No One Knows What Thailand Is Doing Right, but So Far, It’s Working,” *New York Times*, July 16, 2020, <https://www.nytimes.com/2020/07/16/world/asia/coronavirus-thailand-photos.html> (accessed July 24, 2020).

⁵ Manabu D. Yamanaka, Kozan Osamu, and Kaoru Sugihara, “Population Density, Personal Distance and Social Distancing in the Anthroposphere” (Research Institute for Humanity and Nature, Kyoto University, 2020), https://www.chikyu.ac.jp/rihn_e/covid-19/topics.html#topics7 (accessed July 24, 2020). The authors find strong relationships between population density and infection rates *within* Japan, Indonesia, the United States, and Europe (broadly defined). This contrasts sharply with the pattern *between* global regions, at least so far. It also contrasts with state-level data in India, discussed below.

⁶ Associated Press, “India Has Record Spike of 95K New Cases,” September 9, 2020, <https://apnews.com/906e35ca3d2852f5da98bebacb4811ff> (accessed September 10, 2020); “India’s Coronavirus Epidemic Overtakes Russia as Indonesia, Philippines See Continued Surge,” South China Morning Post, July 6, 2020, <https://www.scmp.com/news/asia/southeast-asia/article/3091940/coronavirus-cases-surge-philippines-while-indonesia> (accessed July 24, 2020). For the recent Indonesia trend, see “coronavirus disease: Indonesia,” September 10, 2020, https://www.google.com/search?q=indonesia+coronavirus+cases&rlz=1C1CHBF_enUS880US880&oq=Indonesia+&aqs=chrome.2.69i59j69i57j0l6.6190j0j4&sourceid=chrome&ie=UTF-8. For some comparative death rates, see Our World in Data, “Coronavirus Pandemic Data Explorer,” September 11, 2020, https://ourworldindata.org/coronavirus-data-explorer?zoomToSelection=true&year=latest&time=2020-03-01..2020-09-10&country=USA~GBR~SWE~ITA~IND~BRA~OWID_WRL~MEX~RUS®ion=World&deathsMetric=true&interval=total&perCapita=true&smoothing=0&pickerMetric=total_.

⁷ Jarvis T. Chen and Nancy Krieger, “Revealing the Unequal Burden of COVID-19 by Income, Race/Ethnicity, Household Crowding: US County vs. ZIP Code Analysis” (working paper, Harvard Center for Population and Development

Studies, April 21, 2020), https://cdn1.sph.harvard.edu/wp-content/uploads/sites/1266/2020/04/HCPDS_Volume-19_No_1_20_covid19_RevealingUnequalBurden_HCPDSWorkingPaper_04212020-1.pdf (accessed July 24, 2020). For a skeptical view of the national death statistics suggesting that mortality must be much higher than reported in many poor countries, see Philip Schellekens and Diego Sourrille, “COVID-19 Mortality in Rich and Poor Countries: A Tale of Two Pandemics?” (Policy Working Paper 9260, World Bank, revised May 28, 2020), <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/559181590712052524/covid-19-mortality-in-rich-and-poor-countries-a-tale-of-two-pandemics> (accessed July 24, 2020).

⁸Facundo Alvaredo, Lucas Chancel, Thomas Piketty, Emmanuel Saez, and Gabriel Zucman, “The Elephant Curve of Global Inequality and Growth,” *American Economics Association Papers and Proceedings* 108 (2018):103–8, <https://pubs.aeaweb.org/doi/pdfplus/10.1257/pandp.20181073> (accessed July 24, 2020). The middle and lower classes in Japan have shared the economic fate of their Western peers (James Mayger and Hannah Dormido, “The Rich Are Getting Richer in Abe’s Japan,” *Bloomberg News*, December 13, 2017, <https://www.bloomberg.com/graphics/2017-japan-inequality/> (accessed July 24, 2020)), but not their experience of COVID-19. Non-elite Russians have done worse; all other Eurasian and North American groups better. I have not found comparable data for Latin America, the Middle East, or Africa.

⁹As of this writing, the ten countries with the highest per capita death rates were the United States, France, and eight Latin American countries. See Johns Hopkins Coronavirus Resource Center, “Mortality Analyses,” September 23, 2020, <https://coronavirus.jhu.edu/data/mortality>, (accessed September 23, 2020).

¹⁰Ahmer Khan and Billy Perrigo, “What Life Is Like Inside the World’s Longest Lockdown,” *Time*, May 5, 2020, <https://time.com/5832256/kashmir-lockdown-coronavirus/> (accessed July 24, 2020).

¹¹Echo Xie, “Coronavirus Journal Wuhan Diary Continues to Upset Chinese Nationalists,” *South China Morning Post*, May 2, 2020, <https://www.scmp.com/news/china/society/article/3082575/coronavirus-journal-wuhan-diary-continues-upset-chinese> (accessed July 24, 2020); Michael Berry, “I Translated ‘Wuhan Diary’ to Amplify the Author’s Voice of Courage,” *Washington Post*, June 25, 2020, <https://www.washingtonpost.com/opinions/2020/06/25/i-translated-wuhan-diary-amplify-authors-voice-courage/> (accessed July 24, 2020).

¹²Amanda Lee, “Coronavirus: China Stimulus Policies Not Enough to Boost Job Growth, Experts Warn,” *South China Morning Post*, June 9, 2020, <https://www.scmp.com/economy/china-economy/article/3088248/coronavirus-china-stimulus-policies-not-enough-boost-job> (accessed July 24, 2020).

¹³The enormous surge in the production of plastics, including polypropylene, is of course a very mixed blessing, given its environmental impact, but for the purposes discussed here, it represents an enormous asset. Not only is it extremely well-suited for equipment such as masks, but its production can be expanded far more rapidly than that of natural fabrics, and without reducing production of nonfiber crops.

¹⁴ Around 2000, many experts still estimated that half the world's population had never made a phone call, and a 1999 paper calculated that 84 percent of cell phones were in wealthy countries with 15 percent of the global population. Today, roughly 85 percent of adults worldwide have a cell phone. See Geoffrey Kirkman, "It's More than Just Being Connected" (paper presented at the Development E-Commerce Workshop, Massachusetts Institute of Technology, August 16–17, 1999), 3–4, <https://cyber.harvard.edu/itg/libpubs/beingconnected.pdf> (accessed July 24, 2020). For contemporary cell phone ownership statistics, see Laura Silver, "Smartphone Ownership Is Growing Rapidly around the World, but Not Always Equally," Pew Research Center, February 5, 2019, <https://www.pewresearch.org/global/2019/02/05/smartphone-ownership-is-growing-rapidly-around-the-world-but-not-always-equally/> (accessed July 24, 2020).

¹⁵ See, for instance, Christos Lynteris, "Epidemics as Events and as Crises: Comparing Two Plague Outbreaks in Manchuria (1910–1911 and 1920–1921)," *Cambridge Journal of Anthropology* 32, no. 1 (2014): 62–76; Sean Hsiang-lin Lei, "Sovereignty and the Microscope: Constituting Notifiable Infectious Disease and Containing the Manchurian Plague (1910–1913), in *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century*, eds. Angela Leung and Charlotte Furth (Durham, NC: Duke University Press, 2010), 73–106. More generally, see Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty Port China* (Berkeley: University of California Press, 2004).

¹⁶ One irony here is that Wu himself was from Penang, and thus a colonial rather than a Chinese subject.

¹⁷ Elizabeth Chatterjee, "The Asian Anthropocene: Electricity and Fossil Developmentalism," *Journal of Asian Studies* 79, no. 1 (2020): 3–24.

¹⁸ Philip Alston, "The Parlous State of Poverty Eradication" (United Nations Human Rights Council, Report of the Special Rapporteur on Extreme Poverty and Human Rights, July 2, 2020), <https://chrj.org/wp-content/uploads/2020/07/Alston-Poverty-Report-FINAL.pdf> (accessed July 24, 2020). Alston provides a critique of optimistic claims about poverty eradication over the last thirty years, especially outside East Asia. Pages 15–16 provide a number of estimates of the separate but related problems of wealth and income inequality.

¹⁹ On wet markets, disease, and Cantonese cuisine in particular, see also Daisann McLane, "What's Mightier than the Coronavirus? A Freshly Killed Chicken," *The New York Times* September 10, 2020, <https://www.nytimes.com/2020/09/10/opinion/coronavirus-hong-kong-food.html?action=click&module=Opinion&pgtype=Homepage>.

²⁰ Scott Rozelle, Heather Rahimi, Huan Wang, and Eve Dill, "Lockdowns Are Protecting China's Rural Families from COVID-19, but the Economic Burden Is Heavy," *IFPRI Blog*, March 30, 2020, <https://www.ifpri.org/blog/lockdowns-are-protecting-chinas-rural-families-covid-19-economic-burden-heavy> (accessed July 24, 2020).

²¹ Katherine Mason, *Infectious Change: Reinventing Chinese Public Health after an Epidemic* (Stanford, CA: Stanford University Press, 2016), 3–4.

²² Compare Harriss's observation that more than 60 percent of migrants earn less than 375 rupees (US\$5) per day, while Chinese migrant earnings probably average about US\$600

per month. See “Migrant Workers and Their Children,” *China Labour Bulletin*, May 11, 2020, <https://clb.org.hk/content/migrant-workers-and-their-children> (accessed July 24, 2020). (The \$100 billion loss cited earlier was, however, calculated with an estimate of \$500 per month.) On the second-quarter economic contraction, see Sameer Yasir and Jeffrey Gettleman, “India’s Economy Shrank Nearly 24 Percent Last Quarter,” *The New York Times*, August 31, 2020, <https://www.nytimes.com/2020/08/31/world/asia/india-economy-gdp.html>, accessed September 10, 2020.

²³ Daniel Gerzhon Mahler, Christoph Lakner, R. Andres Castaneda, and Haoyu Wu, “Updated Estimates of the Impact of COVID-19 on Global Poverty,” *Data Blog*, June 8, 2020, <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty> (accessed July 24, 2020).

²⁴ Kentaro Iwamoto, “Singapore Coronavirus Clusters Awaken Asia to Migrants’ Plight,” *Nikkei Asian Review*, June 9, 2020, <https://asia.nikkei.com/Spotlight/Asia-Insight/Singapore-coronavirus-clusters-awaken-Asia-to-migrants-plight> (accessed July 24, 2020).

²⁵ Raissa Robles, “Philippines’ OFW Crisis: More than 700,000 Could Lose Their Jobs to Coronavirus by Year End,” *South China Morning Post*, July 5, 2020, <https://www.scmp.com/week-asia/politics/article/3091797/philippines-ofw-crisis-more-700000-could-lose-their-jobs-due> (accessed July 24, 2020); Ellie Aben, “Over 1M Filipino Overseas Workers Set to Lose Jobs,” *Arab News*, June 2, 2020, <https://www.arabnews.com/node/1683931/world> (accessed September 15, 2020); Mara Cepeda, “DFA Warns OFW Repatriation Funds Likely Depleted by Mid-August,” *The Rappler*, July 14, 2020, <https://rappler.com/nation/dfa-warns-ofw-repatriation-funds-likely-depleted-by-august-2020> (accessed August 26, 2020).

²⁶ Calculated from data in Tables 4 and 6 of Ian Inkster, “Covid 19: Global Data, Analyses, and Policy Implications,” *South Asian Express*, September 3, 2020, <https://sae.news/2020/09/03/covid-19-global-data-analyses-and-policy-implications/> (accessed September 15, 2020). My reading of this material differs somewhat from Inkster’s own.

²⁷ Alexia Fernández Campbell and Alex Ellerbeck, “Federal Agencies Are Doing Little about the Rise in Anti-Asian Hate,” NBC News, April 16, 2020, <https://www.nbcnews.com/news/asian-america/federal-agencies-are-doing-little-about-rise-anti-asian-hate-n1184766> (accessed August 26, 2020). This comparison is all the more striking when we recall that during the SARS epidemic, the US Attorney General was John Ashcroft, not somebody for whom the civil rights of minorities was an especially high priority.

²⁸ See the group’s April 23 and August 27 press releases, both available at <http://www.asianpacificpolicyandplanningcouncil.org/stop-aapi-hate/> (accessed September 16, 2020). The incidents are not distinguished by type.

²⁹ “Voter Sentiment on Trump Pandemic Response Hits New Low,” *Morning Consult*, June 1, 2020, <https://morningconsult.com/2020/06/01/trump-pandemic-response-polling-low/> (accessed July 24, 2020); “Coronavirus Turns Germans More Critical of U.S.: Survey,” *Deutsche Welle*, May 18, 2020, <https://www.dw.com/en/coronavirus-turns-germans-more-critical-of-us-survey/a-53490316> (accessed July 24, 2020); “U.S. Image Plummets Internationally as Most Say Country has Handled Coronavirus Badly,” *Pew*

Research Center, September 15, 2020, <https://www.pewresearch.org/global/2020/09/15/us-image-plummets-internationally-as-most-say-country-has-handled-coronavirus-badly/> (accessed September 21, 2020). The Pew survey also shows sharply negative views of Xi Jinping and of Chinese management of the pandemic, though not as low as those for the US and Donald Trump.

³⁰ Katherine Mayo, *Mother India* (New York: Blue Ribbon Books, 1927), especially chapter 27, “The World Menace,” 366–78; Mrinalini Sinha, *Specters of Mother India: The Global Restructuring of an Empire* (Durham, NC: Duke University Press, 2006).

³¹ See, for instance, Jiayan Fan, “Motherland: How a Daughter’s Struggle Became Chinese Propaganda,” *The New Yorker*, September 14, 2020, 32–41.

³² For the northeasterners, see Murali Krishna “Coronavirus: ‘Chinese-looking’ Indians Targeted in Racist Attacks,” *Deutsche Welle*, March 3, 2020, <https://www.dw.com/en/coronavirus-chinese-looking-indians-targeted-in-racist-attacks/a-52956212> (accessed September 16, 2020). According to the *Times of India* (“Chinese Nationals in India Fear Backlash, Anxious Over Anti-Chinese Sentiments,” June 18, 2020, <https://timesofindia.indiatimes.com/india/chinese-nationals-in-india-fear-backlash-anxious-over-anti-china-sentiments/articleshow/76440761.cms> (accessed September 16, 2020). There are only about 3,000 actual Chinese citizens in India, and while many have expressed anxiety about possible violence (especially since the June border clashes), I have found no record of actual incidents so far.

³³ For some of the more and less recent problems with management of this situation in the US, see Jessica Contrera, “The N-95 Shortage America Can’t Seem to Fix,” *Washington Post*, September 21, 2020, <https://www.washingtonpost.com/graphics/2020/local/news/n-95-shortage-covid/?itid=hp-top-table-main> (accessed September 21, 2020).

³⁴ Najee Woods, “Taiwan’s Mask Diplomacy and the International Responses,” *Taiwan Insight*, June 25, 2020, <https://taiwaninsight.org/2020/06/25/taiwans-mask-diplomacy-and-the-international-responses/> (accessed July 24, 2020).

³⁵ “EU’s List of Epidemiologically Safe Countries Amid Covid-19,” updated August 7, <https://www.schengenvisainfo.com/eu-list-of-epidemiologically-safe-countries-amid-covid-19/#:~:text=These%20countries%20are%20Australia%2C%20Canada,United%20Arab%20Emirates%2C%20and%20Uruguay> (accessed August 26, 2020).

³⁶ Paul Haenle and Lucas Tcheyan, “How the World is Responding to a Changing China,” Carnegie Endowment for International Peace, June 10, 2020, <https://carnegieendowment.org/2020/06/10/how-world-is-responding-to-changing-china-pub-82039> (accessed August 26, 2020).

³⁷ Francesca Paris, “U.S. Leadership Falls Further Behind China in Global Regard, Gallup Poll Finds,” National Public Radio, February 28, 2019, <https://www.npr.org/2019/02/28/699165764/u-s-leadership-falls-further-behind-china-in-global-regard-gallup-poll-finds> (accessed August 26, 2020).

³⁸ Amitav Ghosh cites examples of politicians who seem to believe that the costs of such catastrophes could be worth the power shift in *The Great Derangement: Climate Change and the Unthinkable* (Chicago: University of Chicago Press, 2016), 147–48.

