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Science, Medicine, and Anthropology

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Covid-19: scales of pandemics and scales of anthropology (http://somatosphere.net/2020/covid-19-scales-of-pandemics-and-scales-of-anthropology.html/)

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This article is part of the series: Dispatches from the pandemic (http://somatosphere.net/series/dispatches-from-the-pandemic/)

Outbreak, epidemics, and pandemics are technical terms from epidemiology. They are used for temporal, geographical, and quantitative classification of infectious diseases. These terms are fundamental for establishing surveillance and control, defining levels of attention and protocols of action. In the case of Covid-19, for example, when several people in Wuhan showed symptoms of a serious and unknown respiratory infection in a short period of time, Chinese authorities sounded the alarm, warning about the beginning of an outbreak. The presence of a new variety of the Corona-type virus was quickly identified. Soon after, similar cases also appeared in other cities and regions of China and abroad. It was the beginning of an epidemic. Numbers of the disease continued to rise in more countries and continents covering almost the entire globe. So, the WHO declared what is considered the worst-case scenario, the pandemic. But, how can anthropology act in events described to be at the global scale? How important is anthropology in these kinds of scenarios?

First, we need to differentiate between quantitative and qualitative foci. Social Anthropologists are usually trained in qualitative methods. Thus, for anthropologists, numbers, cases, statistics or prevalence have faces, embodied trajectories, and biographies. Anthropological research implies the sharing of experiences and enacting of unique environments. So, pandemics are not only metrics. They must to be considered from a perspective of situated lives and sensibilities. Pandemics are also embodied experiences. And each experience counts. Each experience makes history. And, as anthropologists, we follow these histories and we learn from them.

Second, we need to keep in mind that global events are always enacted from and in local contexts. They are performed from and in local materialities and practices. As Anna Tsing has already demonstrated in her book *Friction (https://press.princeton.edu/books/paperback/9780691120652/friction)*, converting local data into global scales is a way to pretend universality. Despite being successful, the Chinese experience with Covid-19 is unique. Chinese containment and mitigation practices cannot simply be use as global parameters without some criticism. I am thinking not only of local characteristics about certain populations – younger or older, rich or poor etc. – and their ways of life, such as dietary and smoking habits, physical exercise, but also about work routines, including growing precariousness. I am also referring here to environmental situations, like daily exposure to pollution and local effects of climate change. In addition, I am thinking of fundamental rights such as the access to information and basic health, and sources of water

and safe food. Enacting universal risk groups such as “the elderly” needs to take into account what it is to live in different places and the age and retirement policies in different contexts. To say children are less at risk is to disregard many who are (still) undernourished in low-income countries. Even a trivial suggestion like “water and soap save lives” needs to be located since in numerous Brazilian communities, for example, taps are chronically dry and soap is a luxury item. In addition, practicing social isolation at home implies having a home, and having enough separate rooms for its residents. And, as the anthropologist Debora Diniz has already warned, “home” is not always a safe place for quarantine, especially for women in times of high rates of domestic violence and feminicide. Many people have been saying that the virus is democratic. It attacks all people. But this “virus democracy” hides deep unequal social structures.

Finally, we need to consider the internationalization of science in the field of health has become a common way of crossing many borders. The assumption of the universality of viruses, bacteria, and vectors has allowed the colonization of local health and disease knowledge. Since then, when a disease such as the Covid-19 spreads, it takes models, techniques, and guidelines from place to place. In addiction, it transposes local metrics, statistics and actions, and this can cause countless mistakes. Numbers may be universal, but the phenomena they try to represent are not. Currently, Covid-19 is a disease on a global scale, but it is not a universal phenomenon. Anthropological research is essential for placing it in context.

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