Pandemics, Crisis and Metamorphoses of the Political CMC

This is note to elicit themes/ papers for a PPP CMC in the ICAS week of early 2024. We invite ICAS members, especially the modules and their current and alumni Fellows, to propose thematic focused panels that connects to the PPP theme. The note is indicative and members may indeed propose other themes for discussion.

We would appreciate if you could send in your proposals by end of August.

We expect the workshop to be held over 2.5 days and also include some keynote lectures.

Introduction:

The onset and persistence of COVID 19 marks a moment in a new era of epidemics and pandemics, and consequent economic, social and political crisis Beginning with SARS (2003) through the H1N1 influenza epidemic (2009), MERS (2012), Ebola (2014), Zika (2105) and COVID (2019), there has been an increasing frequency of outbreaks of infectious diseases in the 21st century. The great acceleration in production and consumption, especially since the 1950s, leading to ever greater intensification of resource use, large scale deforestation and urbanization, and massive transformations in ecosystems, have brought humans and other forms of biological life much closer together, ensuring the greater possibility of 'spillovers', with pathogens passing from one species to another. The geographies of outbreak – Hong Kong, Mexico, United States, Middle East, West Africa, Brazil, China, India – are suggestive of the fact that infectious disease cannot be seen as being confined to a specific region; global trade and travel have also ensured that irrespective of the original source, viruses and microbes travel far and wide, affecting all forms of life, across countries. The security provided by the biomedical revolution of the mid-20th century – antibiotics and vaccines – does not inspire the same confidence that it did earlier. Biological life is also no longer imaginable as contained within a bounded self, operating instead in intricate relationship with diverse animate and non-animate materials. It is in this context of a global (or indeed planetary) transformation that we think of the post-pandemic as marking a moment of political (and other) crisis, one that invites critical thinking on issues of sovereignty and care, boundaries and civic life, stigma and risks,

surveillance and democracy, hygiene and the moral imperatives of good conduct and 'responsible citizenship.' Alongside, there is an urgency to think through the crisis of knowledge and information, with growing skepticism of scientific expertise in many countries and information/ misinformation circulating widely and with greater velocity on social media and through rumors and bazaar gossip.

Suggested topics for individual papers/ panels

Boundary Making: A key feature of the response to pandemics has been spatial reimagination, to confine, quarantine and isolate the 'rogue' element - either the virus or the person carrying the virus – thus preventing it from transgressing into areas that are considered safe and healthy. Such reimagination works at several levels, within homes, between homes and neighbourhoods, across localities and cities and between nations. Administrative boundaries become borders and neighbours turn into gatekeepers. And at stake is the dynamics of power through which 'rogues' may be identified and emergency powers assumed, formally by the state and informally by the locally powerful, to authorize and regulate the 'desirable' citizen, within and between nations. On the other hand are the deniers and the migrants, insistent on moving across boundaries, for different reasons and with varied political outcomes. *The first set of reflections that we invite therefore is on the making of boundaries, formally and informally, and their transgression, by differently located actors.*

Fear and Stigma: Fear and stigma, reflecting different sides of the social experience of an epidemic, is our second concern. As we saw in COVID – 19, the registers of this shift. First, suspects were those who travelled the world and brought the virus from elsewhere. In time, those who could not observe social distancing 'properly', the maids and servants living in congested houses located in dense neighbourhoods, became suspect. Equally, those who refused to accept the new regime of masking and distance voluntarily, stood at odds with those in favour of new surveillance routines and governmental orders. Fear and stigma could also be of the social/ cultural 'other', deepening communal fissures. Frontline workers, doctors and nurses who took care of the sick became suspects and began to be feared in their own neighbourhoods. At another level, there was the fear of an inadequate and collapsing infrastructure, as people in Delhi and other cities felt the pain and consequence of the absence of oxygen, the most elemental need of life. Related to this was the fear of lonely death, and of

an inability to be by the side of loved ones in their last moments. *In this context we invite reflections on the different kinds of fears and the ways in which these may be indicative of the birth of a new social in which disease is not only a suffering for self and intimates, but is composed of the multiplying risk posed by the bodies of others.*

Resignifying home: Over the past few centuries, several critical functions had migrated from the home to public spaces – care to hospitals, work to offices and learning to schools. Pandemic and the absolute restriction on movements saw all of these return to the home. The trend had been first enabled through technological transformations that saw a culture of work from home first developing in banking, finance and tech sectors. But the COVID generalized this condition and indeed this is one set of transformations that seems to have persisted even as the fear of infection has gradually faded away. As such this has raised several issues: what future awaits those whose work does not easily translate into work from home; how is access to the technology that facilitates such transfer distributed across family members? What do age and gender have to do with this? What does it mean to take care at home, when the infrastructure of pipes and electricity is missing, when there is neither running water nor space for isolation? *Over the past year or so, several surveys have been done of the impact of covid on these different aspects – schooling, work and possibilities of care. We hope that we can utilize the data that is available from such accounts to reflect on what these portend for the metamorphosis of the political. These would be in addition to other historical and contemporary reflections on the changing relationship of home and work.*

Information networks, energized circulations: The pandemic made global information networks and the power of media platforms dramatically visible. While new governmental and biomedical technologies proliferated, so did the experience of loss and trauma. Hate ecologies, misinformation and vaccine skepticism assumed new dimensions in the pandemic. *The ways in which media infrastructures, institutions and affordances produced the pandemic variously as unmanageable crisis or vanquished problem is one line of enquiry that may be probed. The continuous circulation of information and distribution of expertise that set up more complex and critical publics, are other lines of enquiry.* Questions relating to how the official realm of governance and scientific expertise framed and communicated messages are of concern; so too are systems of reportage, documentation and circulation that challenged the restrictions and censorship of governmental agency, capturing bodies at risk, relaying the daily challenge of

care in blogs and video-diaries, engaging the mediatized information of covid-test imaging, mobilizing alternative expertise.

Zones of Sovereignty, civic mobilization and international management: In this final set of reflections we turn to what has been the most obvious feature of the management of pandemics over time – the assumption of emergency powers by governments in the name of social good, the interdependent but fraught relations between individual nation states and transnational institutions such as the WHO, the relief work carried out by civic and religious organisations, and popular mobilizations for and against vaccines and restrictions on travel. Within nation states, authority has tended to be exercised by scientific experts and by political leaders, working sometimes in tandem and at other moments contesting the claims of each other. In India, one other specific feature has been the claims made by alternative systems of medicine, pitting biomedical expertise against the claims of the experts of alternative systems, conducted in a context of polarized religious polity that privileges some systems over others. *Comparative assessments of the remaking of sovereignty and the exercise of expert power in different national and regional contexts is thus the key issue we wish to probe in this segment.*