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Rethinking vulnerability through Covid-19

Guest editorial by A. David Napier

If necessity is the mother of invention, the Swiss might claim themselves most inventive. Early this winter, before the Covid-19 outbreak, I travelled with my wife, Anna, to the Valais in the Swiss Alps. We do this annually so long as we can afford it and can find the few days of freedom required to get away.

The skies at high altitude are often clear and the air fresh – which is why most 'magic mountains' in previous centuries were at higher elevations. But when it's simply snowing too hard to hike or ski, we retreat to a local cafe to enjoy my favourite Swiss dish: cholera. Yes, cholera! Apparently, in 1836, a cholera epidemic left trade disrupted and local inhabitants quarantined to their homes with little more to eat than whatever fell to hand that could be baked in a pie – potatoes mostly, some vegetables and cheese of course, even fruit. The memory lives on in a flavourful dish with an unappetizing name.

Eating, of course, is always a challenge during disease outbreaks and moments of economic hardship. In the Great Depression my grandmother made 'refrigerator soup'– any leftovers, boiled in broth and served with a sprinkling of precious cheese. Until he closed his restaurant in Philadelphia a few years ago, my cousin, Michael, carried on the family tradition, serving his Friday special by the same name.

* * *

In times of hardship we make do as we can, with sometimes wondrous results. And then, when times are better, we recall our resilience by honouring such inventions – which raises today the important question of what we will honour in the aftermath of Covid-19. Creative alternatives for toilet paper? Perhaps – though for years, our disaster preparedness exercises have demonstrated that toilet paper is always the first thing people hoard.[1] Should we be surprised?

During a crisis, the most vulnerable of us – those without the ability to help ourselves – are, unfortunately, worst hit. Such are the people who never get to the store to lay claim to carts full of toilet paper, or who never have things left in the fridge at the end of the week to make soup in the first place. That's because when normality disappears, inequalities are not levelled, they're exaggerated, creating new and often unexpected hardship. We see this clearly with Covid-19.

However, we so often assume in advance that we know who among us are vulnerable, don't we? The elderly, the homeless, single parents – these are ubiquitous categories of vulnerability that, embarrassingly, always exist and that only get worse as a crisis inflames the survival challenges of stressed social groups.

But addressing known vulnerabilities is hardly the whole picture. Because a crisis exaggerates inequalities, it often also pushes previously less vulnerable groups across capability and opportunity thresholds, creating unexpected, new vulnerabilities. With Covid-19, people in service industries without benefits are being hit very hard – especially if their children have been sent home from school. So are people who live in old New York apartment buildings – even posh ones – with shared heating and ventilation systems, especially if they can't open windows. Likewise, those living by choice, or force, in shared facilities (e.g. prisons, mental hospitals and Covid-quarantined spaces) also find themselves unexpectedly vulnerable. Such people cannot participate in the behaviour change – carrot, stick or nudge – initiatives threatened governments turn to.

Worse still during a pandemic, providers of essential services become more vulnerable and insecure than they had

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ever thought possible. Healthcare workers are destabilized, not just because they are exposed daily to the prospect of becoming unwell; they are exposed because the institutions that promised them security have failed to provide it. Hospital workers discover that masks are gone because those having access to supplies have helped themselves first, and reassigned National Health Service (NHS) staff cannot find temporary accommodation because landlords do not want the risk of housing them. As *The Lancet* pointed out in its 4 April editorial on Covid-19 vulnerability: 'If vulnerable groups are not properly identified, the consequences of this pandemic will be even more devastating. Although WHO guidance should be followed, a one-size-fits-all model will not be appropriate' (*The Lancet* 2020).

* * *

Crises, in other words, give rise to new kinds of vulnerabilities that take us by surprise, creating also new sensitivities, for better or worse, in the memories of those affected – new kinds of awareness that will last well beyond post-crisis recovery periods. For the crisis itself has undermined our confidence in the social commons and its ability to prevail under hardship.

Indeed, when our politicians are caught red-handed protecting their private self-interests during moments of stress, we simply lose hope much faster than we thought possible. It's what John Maynard Keynes long ago called 'the paradox of thrift' – the effects of cost cutting and selfish hoarding exactly at the moment when governments should be investing at their peril in the common good. Such behaviours were thought 'paradoxical' by Keynes, because they create the exact mistrust that socialization and a belief in government exist to assuage (Skidelsky 2009).

That's at least one good reason why governments urgently need to understand that assessing vulnerability is critical *before*, *during* and *after* a crisis: because those on the edge of potential hardship can be identified and cared for if we know who they are in advance of destabilizing events; because understanding the actual experiences and local specificities of others often surprisingly made vulnerable during crises can help us allocate limited resources more equitably; and because the memory of the unexpected that social destabilization creates will live on for decades following a crisis in cholera pies, refrigerator soups and in some serious disabilities.

* * *

As one of a handful of social scientists present at the February 11-12 World Health Organization (WHO) emergency meeting in Geneva on the coronavirus outbreak (the occasion on which Covid-19 was named), I can only state emphatically just how far we still need to go in terms of understanding locally meaningful 'case definitions' of vulnerability if we are to remain somewhat fairer when we see a shelf being loaded with toilet paper or flour in the supermarket and have to decide what we should take.

And this question of decision-making leads me to a second point that cannot be overstated in the face of Covid-19. That question has to do not with how our so-called 'leaders' devalue the everyday social values that fuel behaviour in the supermarket, but with how we think socially and together when we line up in formation to 'fight' a common biological threat.

At that same 11-12 February meeting, I heard Tedros Ghebreyesus, director-general of the WHO, repeatedly call for 'solidarity' in the face of the coronavirus threat. More recently, I received an email from United Nations Secretary-General António Guterres, inviting me to sign a petition. Like a few million other people, I dutifully added my name to his call for a global fight, because 'our world faces a common enemy: Covid-19. The virus does not care about nationality or ethnicity, faction or faith. It attacks all, relentlessly'. But 'we're all in this together' rings hollow when so many feel we are not.

To be honest, I signed his petition as a sign of support, rather than belief. For in my view, such biomedical perspectives are misleading and even seriously misconstrued.

First of all, if we persist in describing a virus as a 'threat', once it has gone into remission, we become quite vulnerable to the erroneous idea that we have somehow defeated it. In such a scenario, not only are we feeding our short-term collective memory instead of thinking about those leading precarious lives – that is, assuaging our pretensions about having defeated a common enemy so we can return complacently to whatever we had until recently defined as 'normal' – but also, we participate in fuelling the erroneous idea that securing our collective well-being is dependent on eliminating an outside challenge – the very thing, by the way, that fuels xenophobia. Here, the problem is not merely 'academic'; it is also alarmingly everyday.

And that's the second point. If we look at viruses scientifically, we must acknowledge that they are not at all invasive. They are entirely inert and incapable of life or of reproduction (Napier 2003). Viruses are just bits of information that our bodies bring life to – not at all things we're cured of forever, any more than our abuses of antibiotics for viral infections will halt the antimicrobial resistance that this ignorance of 'living invaders' versus 'information vectors' has caused us. Our Covid-19 virus (like your computer's virus) needs an energy source for its information to have impact – meaning that viruses can remain inert eternally, were it not for the social and cultural practices we engage in that allow or prohibit their information to circulate.

What is more, viral transfer is not entirely bad, and as often entirely good: we bring viral information to life so we can, for better or worse, have a crack at adjusting to things we aren't aware of that can have a serious impact on our mortality and morbidity. Viruses are also essential to our biological creativity: some knowledge is good, and some is harmful. So why focus only the harmful information, wrongly seeing viruses as singularly aggressive and invasive?

Though this problem of focus may seem semantic, it is far from that. Allowing science to persist in telling us that viruses are invasive has not only misled us publicly from attending enough to how our social activities, for better or worse, move along or halt the circulation of viral information; this rank prejudice has also kept the social sciences well outside the halls of the WHO, the Centers for Disease Control and Prevention and the Gates Foundation as they spend their own and the world's hard-earned money on magic bullet cures designed only to limit the circulation and proliferation of viral information in the short term. Indeed, in the absence of a vaccine, and outside acute care contexts, Covid-19 remains only a socially driven event, as those who are symptomatic must deal with the challenge alone and at home.

To put it simply, the cells your body creates as a result of the information it receives are, indeed, contagious: you can give that information to someone else because of how you live, where you live and what you do – that is, by your *social* actions and the activities your *social* values generate. But the virus itself is not invading anyone – not in the past, not now and not forever more.

* * *

To state things otherwise, it's a new world we inhabit – both a challenge and an opportunity that anthropologists might do well to embrace with enthusiasm or forever accept their sidelined role as pseudoscientists. Indeed, once understood in this manner, we see quite simply that the problem of viral epidemics is not only, or even centrally, medical; it is a problem of our mistaken trust in medicine as a panacea for what we do rightly or wrongly as social beings. And that's why our cultures – our shared conventional understandings and social practices – live on resiliently in cholera pies and refrigerator soups. ●

1. National Weather Service advice for Hurricane Sandy (Frankenstorm): 'Going to be history making. Toilet paper. Toilet paper!'; Napier (2013).

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