

**Consciously Quarantined: A Review of the Early Anthropological Response to the
Global COVID-19 Lockdown**

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Abstract

Whilst quarantine has been experienced in a multitude of ways around the world, for some anthropologists the quietening of public movement was met with a flurry of attentive typing. For those who were consciously quarantined, a social science response to COVID-19 was sought at University College London through a call for posts as part of the UCL Medical Anthropology blog ; capturing the real-time observations and scholarly reflections on the unfolding pandemic situation as it reached its height across the globe. The global flow of coronavirus- both as a literal microbial agent and as an idea- has played out on the ‘coronascape’ (Hedges, 2020) in multiple ways since it exploded onto worldwide consciousness in early 2020. From an anthropological perspective, concerns have oscillated around a number of crucial themes, from (micro)biopolitics, governance, and sovereignty; the defence of borders from foreign bodies and post-colonial Others; a strengthening of medical pluralism and the global biomedical hegemony, and concerns over where to go from here as second-waves and the social consequences of such loom large. Such themes have often interrelated and tangoed with one another as individuals have reflected upon their significance. In this article we provide a critical overview of the first fifty-seven posts that were sent to the blog in the initial months of the pandemic; with contributors exploring the developing pandemic in over twenty countries, and with posts visited daily by over two thousand visitors from across the world during the months of the UK lockdown (March-May).

Keywords:

Covid-19, Coronavirus, Biopolitics, Biosocial Medical Anthropology, Medical pluralism

Introduction: Consciously Quarantined

It has been argued that “the virus crowns humankind democratically” (Brabec De Mori, 2020) due to its ability to infect princes and schoolchildren alike, yet for many it became apparent early on that COVID-19 would have the most detrimental effect upon those who were already vulnerable- the chronically ill (Soncco, 2020; Neiland, 2020), elderly (Douglas, 2020; Diodati, 2020a, 2020b; Gibbon et al. 2020; Irons, 2020a), and those living in situations of economic and infrastructural poverty (Paphitis, 2020; Bertuzzo, 2020). For anthropologists, this went hand-in-hand with a shift away from the disciplinary bread-and-butter of social interaction, to the zoom-boundaried communications of the digital world (Murariu, 2020). This space has certainly inspired the intensification of new connections, as well as the strengthening of pre-existing ones, through initiatives such as social media art groups (Pellegrino, 2020) to online-religious governance (Parekh, 2020a; 2020b), and has been deeply implicated in the networks of medical discourse and challenge to biomedical hegemony (Babcock, 2020; Goralska, 2020). However, not everyone has focused on the ‘big questions’, as lockdown has also provided space to focus on simple everyday matters of life; the yearning for a sociable picnic (Bhatia, 2020) or to share a *yerba mate* with friends once more (Blanco Esmoris, 2020). Anthropology and ethnographic reflection provides a powerful means and tool for both narrowing and widening the lens of inquiry .

As this article will explore, a number of core themes emerged from the social science response to lockdown lead by University College London, drawing upon various ethnographic contexts, analyses, and theoretical perspectives. An important concern is state governance and the way that governments have handled their responses to the threat of global pandemic, for under such an abnormal situation of intense pressure the very mode of governance had arguably changed for many. Pandemic governance has been performed over humans, non-human animals, and the wider natural environment alike (Goren, 2020;

Ollerton, 2020), and as such offers a source rich for anthropological analysis and debate, prompting a necessary response from biosocial medical anthropology in particular (Gibbon et al. 2020). Such state responses to threat have subsequently fed into discourses of border-protection, othering, and anti-migration sentiment- all of which can be read in many contexts as questions of post-colonial concern, and especially when state intervention has been differentially enacted upon previously-colonised communities and peoples, as has occurred during lockdown in the Brazilian Amazon for example (Arisi, 2020). Finally, post-colonial questions over the COVID-19 medical response and biomedicine's hegemony on the global pandemic stage arise as a necessary line of enquiry, for during such an intense moment of health insecurity the challenge to biomedicine posed by other medical systems is thrust into the spotlight as never before. Going forward, we must be prepared to critically engage with potential sources of support, in order to develop ethically-informed potentials for future intervention and collaboration in coping with the fallout of COVID-19. Further, we must collectively develop our ability to co-exist with coronavirus for some time to come. In this article we provide a critical overview of the first fifty-seven posts that were sent to the UCL Medical Anthropology blog series: 'Consciously Quarantined: A Covid-19 Response from the Social Sciences'. Articles were submitted in the initial months of the pandemic, with contributors exploring the developing pandemic in over twenty countries, and with posts visited daily by over two thousand visitors from across the world during the months of the UK lockdown (March-May).

(Micro)Biopolitics, Governance & Sovereignty

“Global contagion is a biopolitical carnival”, suggests Ollerton (2020), for the [preservation of human] life and order-oriented state finds its “contemporary locus at the level of the

virus”. It is certainly true that the coronavirus pandemic has contributed to a new global visibility not only of the ‘state’ and its arms of power, but of specific actors within those powerful institutions who have appeared in daily televised briefings in their respective countries for the past few months. Recently, the [bio]political has been thrust into public consciousness. Yet, there is nothing new in recognition of biopolitics and infectious disease in and of itself. COVID-19 did not invent nor cause it, even if it might have necessitated more widespread public recognition of such workings. However, as the blog series showed, one of the things that lockdown and social distancing (variously imposed by governments) have done is to underscore adherence to panoptically-driven disciplinary practices, and elicit outmoded inter-citizen surveillance practices from the populace in a tragicomic reminder that ‘history matters’ in these covidian times (Tourangeau, 2020). During quarantine, there arose an emphasis on the policing and disciplining of others’ adherence to lockdown; a *pandemic peer-policing*. For example, Ollerton mentions the internet-lead ‘social policing’ of “memeing people into compliance with social isolation” (2020) in the UK; Honglin (2020) describes similar meme-policing in China; and Crowder (2020) expresses her unease from the stares of passers-by as she attends to a necessary equine veterinary appointment. To be sure, there are ethical dilemmas involved in one’s compliance of distancing and lockdown, and especially so for medical workers who had to make difficult choices (Larrain, 2020). Yi-Cheng (2020) attributes such policing to a “collective morality for the sake of the country”, that influenced Taiwanese medical workers’ “self-surveillance and censorship”- although it is arguably not so much ‘self’ surveillance but peer-policing when one is actively reprimanded by colleagues for transgressing informal boundaries of behaviours. However, it is not necessarily these ‘collective moralities’ that are novel nor shockingly disciplinary- they are promoted by governments and can be useful in preventing overcrowding that might have led to heightened contagion. Take, for example, Denmark’s covid-motto- “We have to stand

together – by keeping a distance” (Hoeyer, Clotworthy & Hulvej Rod, 2020). What is interesting about some of these observations of pandemic peer-policing, such as the those mentioned above, is that they may err into the realm of confessionary and dare say, peer *informing*. For example, in only the second month of UK lockdown, over 200,000 people had informed on neighbours breaking lockdown ‘rules’, to the police (Hamilton, 2020). For anyone who has ever tutted at the audacity of KGB informers or witch-trial snitches, let the covid pandemic act as a contemporary reminder that peer-policing is alive and well as part of the disciplinary apparatus. As Foucault noted, the obligation to ‘confession’ is a deep-seated element of power relations. Western man is a “confessing animal” (1978: 59); whether spontaneous, through ‘internal imperative’, or violent means- people confess about themselves, and others. In situations of heightened fear and mistrust, whether during a viral pandemic or the religious fervour of the Spanish inquisition, practices of power can turn people into autonomous ‘confessing subjects’ (Arnold, 2014: 93) who may find it difficult to resist shopping their peers to the authorities through ‘confession’. Admittedly, the covid-era state was more present in some territories than others, and so we find varying expressions of peer policing. For example, whilst the UK did little to restrict movement (and witnessed mass-gatherings of youth because of it (Irons, 2020a)), countries such as Greece were closely surveilled, requiring officially authorised clearance to move outside the home under all circumstances (Liakounakou, 2020). In such contexts where citizens’ movements are so carefully policed, a question may be posed as to whether they we are still talking about biopolitics and modern-state discipline, or if we have entered into the sovereign.

Pandemic peer-policing, memeing, confessionals and the like are hardly needed when one must already text the government for permission to go to the pharmacy, as Liakounakou describes in the Greek case (2020). If the state knows everything, there is nothing left to confess. When the state takes such direct control over the bodies and life, there is perhaps the

hint of the return of the sovereign. Drinot (2014) has argued that, in the case of governmental handling of Peruvian workers, it was the striking miners' disengagement from the neoliberal economy that pre-empted the sovereign turn in the state treatment of its citizens (and subsequent brute force against bodies). Could the challenge presented by coronavirus to the current state of 'capitalist realism' (Leon Brisely, 2020) influence a sovereign turn in a similar way? Sitting with this thought for a moment longer, one could further probe the question of the sovereign under coronavirus by asking if biopolitics is to 'make live and let die', and sovereign power is to 'let live and make die', how can one begin to analyse the vast inequalities of exposure to the virus in a context of what appears to be 'make die'? For example, take the state physical violence enacted upon the black bodies in South Africa during the initial phases of lockdown (Botes et al. 2020); the refugees from the global south residing in Sweden whose children were sent to school to potentially bring the virus home to elders, disregarding Somali and other migrants' family living situations (Portocarrero, 2020); or the informal workers in India being bundled into streets and markets in search of nutritional survival (Ghatode, 2020; Juvekar, 2020; Jahan, 2020). In some contexts, there certainly seems the suggestion that pandemic-era state governance has abandoned various sectors of its citizenship. Whilst Bridges (2012) has previously argued for the recognition of a 'stratified biopolitics' because states do not target the entire population equally, there may here be the alternate case for acknowledgement of a '*stratified sovereignty*' in coronavirus governance. There also exists the perspective that when the state proves absent, the void may be filled by others. In the case of the economically crumbling pandemic-epicentre of Italy, Floris (2020a) suggests that the Italian Mafia crime-syndicates may take political control¹. As he mentions, the 'Ecomafia' (Ilengo, 2017) dumping of toxic waste has resulted in tumours

¹ In fact, it was later reported that the *Camorra* and *Cosa Nostra* were handing out food parcels to poor families who were struggling financially during quarantine (Tondo, 2020).

beseeking the local population of Campania's 'land of fires'. Even beyond Hollywoodian mafioso imaginaries, the politics of organised crime might be seen as leaning towards the sovereign prerogative to 'make die' and permit the rest to go about their business so long as they do not transgress boundaries. Through these instances, we may therefore find a (perhaps temporary) alteration of governance. In light of this, one could refine Ollerton's (2020) suggestion of the pandemic as 'biopolitical carnival'; if carnival is a temporary state of the inversion of opposites (Ivanov, 1984), then the temporal inversion of state power from the biopolitical to the sovereign may make sense here. When the transitory carnival concludes, the momentarily-suspended, biopolitical concerns of treating the chronically-ill and offering myriad routine check-ups may return (our 'make live'), and the violence of direct virus exposure for some will be scaled back (if not altogether abolished)(our 'make die'). A (potentially looming) carnival of biopolitics indeed.

However, these are not the only enquiries of pandemic governance worthy of reflection. Ollerton (2020) argues for our consideration of coronavirus as microbiopolitics; "the elaboration of appropriate human behaviours vis-à-vis microorganisms engaged in infection, inoculation, and digestion" (Paxson, 2008: 17). As Ollerton astutely notes, the pandemic forces the state to "devise and legislate for a new set of 'pure relations' (Paxson, 2014:6) for the way people live with one another" (Ollerton, 2020). Negotiations over how to live with microorganisms are reflective of debates and disjuncture over how humans should live together. Addressing boundaries inherent in the evolving power relationship between microbes and humans is certainly of increased importance at this time, and as Gibbon et al (2020) argue, "more-than-human thinking would seem to be urgently required to better understand the extraordinary agency of the coronavirus". They posit COVID-19 as a 'zoonotic crucible', arguing for a vital acknowledgement of "the role played by the unseen journeys of animal-human interactions", for which the One Health approach would prove

instrumental. That said, when discussing the ‘unseen’ and boundaries there is the need to proceed critically, for the notion of ‘foreign bodies’, whether microbial, animal, or human, have been a feature of political and social covidian debate throughout the global quarantine.

Defending Borders: Foreign Bodies and Post-colonial Others

From the beginning, pandemic reporting has been entangled with overtones of xenophobic othering and racisms. This began with anti-Chinese sentiments, expressed through the comments of politicians such as US president Donald Trump’s ‘Chinese virus’ tweet (Wilkes, 2020), and localised verbal and physical attacks on Chinese communities elsewhere, soon followed by similar reactions towards Italians abroad as the Mediterranean nation became the new epicentre of the virus (Floris, 2020b). However, perceptions of ‘foreign bodies’ bringing the virus were soon multiplied and applied to other contexts of migration and refugees globally. On the national responses to the pandemic and the subsequent lockdowns, Spivey Provencio’s words punctuate the scene: “Invasion. Infestation. Contamination, Border Closures. National Lockdowns. Citizens *only*” (2020). As he argues, the way that defending national borders against the pandemic is spoken about mirrors anti-migrant sentiments more generally- in this instance, along the US-Mexico border. This is especially the case where migrants are portrayed as disease-bringers, an argument which Spivey Provencio supports with reference to Martin’s work on ‘The Body as a Nation State’ (1990), in which she argues that in North American imaginaries the immune system is seen as a ‘nation’, with pathogens as ‘foreign attackers’. Relating this back to the migrant question, it is suggested that “social difference between [...] citizens and foreigners, are written metaphorically into the character of various immune system cells” (410). This Martin calls ‘ideological work’, and certainly the spectre of war and defence against attack has surfaced across the coronascape. As

Fotherby (2020) observes, military metaphors have also been used to anthropomorphise the virus in a “calculate suite of combative language” that sought to “drum up a nationalistic response from civil society mobilising all in a common effort against a ‘common’ enemy” in the UK. This ‘ideological work’ can be seen across different contexts, from the Wuhan nurse who poetically saw her protective equipment as her “military uniform and boots” (Cui Ya Ping, 2020), to the “trench warfare mindset” of Switzerland’s response (Samira-Salome & Ildiko, 2020). Whilst such war-speak may have been utilised to *metaphorically* combat a virus, the blame for its *literal* presence has overwhelmingly landed upon migrants and others (Spivey Provencio, 2020; Floris, 2020b). Within this ‘geography of blame’ (Farmer, 2006) have also arisen counteraccusations, as Wilkes’ (2020) discussion of the rumours circulating in China about American soldiers bringing the virus as a reaction to Trump’s comments, demonstrate. Yet interestingly, as national borders closed around the world, such blaming of ‘foreign bodies’ (Spivey Provencio, 2020) may have become less grounded in the facts, as it was internal migration that began to pose greater issues for viral spread. For example, the Chinese Spring festival in early January, where over 3 billion internal trips took place (Honglin, 2020) likely played a large part in allowing the virus to travel, as did the ten-hour window to flee from the Wuhanese lockdown imposition (Wilkes, 2020). Mass internal return-migration from urban spaces to rural homesteads occurred in Bangladesh (Hasan, 2020a) and Peru (Stavig, 2020), potentially taking the virus from city to countryside along with the passengers. Wealthy Europeans in Italy (Neate, 2020) and Greece (Lianoukou, 2020) fled from city-penthouses to island villas to ride out lockdown, now taking the virus from their respective mainland’s to islands that might have otherwise been better protected. Despite all the noise around blame of the ‘foreign’ other, internal migration seemed to play a significant role in the virus’ trajectory across the coronascape. Whilst the spread of coronavirus exposed the fallacies within the imagined distances, both geographical and

physical, between China and the West (Wilkes, 2020), it also highlighted the absurdity in constructions of other ‘imaginary borders’ such as that between Scotland and England. As Fletcher (2020) argues, Scotland created an imagined separation between ‘the infected’ in England and the ‘uninfected’ Scottish, deploying the vision of a virus-proof border that could exist only in fantasy, given the extreme porosity of these ‘united’ nations’ proximity. Where countries were not looking solely to their external borders, migrants already living within communities may have been blamed, their ‘culture’ becoming targets of supposed virus-spreading, such as migrants in Singapore berated for eating with their hands (Babcock, 2020), or Chinese migrants in Italy supposedly eating snakes and not practicing ‘good’ culinary hygiene (Floris, 2020b). With an absence of internal migrants to blame, remote communities in Papua New Guinea have dealt with potential concerns over sorcery anxieties and worries of whether someone had “harnessed the virus as an effective means of ensorcelment” (Minnegal & Dwyer, 2020). Therefore, the propensity for blame and border defence during the lockdown seemed vast, and in some cases this may be as a result of longstanding migrant ‘othering’ (Spivey Provencio, 2020). However, as Irons (2020b) has argued in relation to Peru, some such reactions may instead come from a different place; a colonial past flung back into the fore. Portocarrero (2020) also asks us to consider the ‘postcolonial’ question regarding responses to the pandemic. Hasan (2020b) suggests that colonial considerations may have been influential in the Bangladeshi response to the virus, and the lack of trust that the people have in epidemic reporting. As he notes, during the Indian plague of the 1800s, British officials struggled to halt the contagion as nobody trusted in the colonial government’s interest in the wellbeing of the nation. Colonialism similarly haunts South African perspectives on the virus. As Peete (2020) observes, at the start of Johannesburg’s lockdown there was a tendency for those living in townships to misjudge risk of the virus based on the notion that it solely belonged to those who travelled abroad and lived in urban areas: the

“‘white’, ‘rich’, ‘foreign’, ‘outsider’”. This may also be by association; in Soweto, a black man was accused of bringing the virus to the community due to his being accompanied by a white woman. Finally, in Papua New Guinea, those villages with the least amount of health service funding may have become the safest places to be due to their isolation; an irony not lost on Minnegal and Dwyer (2020). These post-colonial responses are worthy of attention as they offer alternative readings about risk and ‘who’ ‘brings’ the virus. This is well exemplified in Arisi’s reflections on missionaries in the Brazilian Amazon (2020). She argues that these ‘men-of-the-cloth’ have been going into forcible contact with previously uncontacted indigenous people in an attempt to convert and control them, using the pandemic as excuse. Of this blatantly colonial endeavour, Arisi states that charging a missionary with the title of departmental head for ‘isolated indigenous people and of recent contact’ was “like appointing a coyote to protect sheep” (2020). As Arisi shows, where there are post-colonial concerns over historically consistent colonisers bringing the virus to communities (now, as in the past), they may be wholly founded.

If rosary-touting missionaries barging into the villages of Amazonic tribes is reminiscent of old-school colonising, COVID-19 also exposes another important relationship of global, colonially influenced inequalities: that of medicine, and biomedicine’s dominance on the global stage.

Medical Pluralism and Global Biomedical Hegemony

Throughout global lockdown, various responses to biomedicine (and epidemiology’s) ability to treat coronavirus have emerged- from distrust in vaccines to questions over the healthiness of facemask wearing. Differential perceptions about health and medicine have long been an anthropological concern through studies of medical pluralism, varying approaches to treating

conditions, and views about the wider biomedical discourse. Whilst reactions to the biomedical ability to tackle the pandemic vary by context, there is a common theme of mistrust and disillusionment with state medicine [biomedicine] and both its ability, and the state's willingness, to equitably address coronavirus. This is often entangled with political opinion. For example, in Laos, Elliott (2020) describes how the arrival of Chinese medical aid was seen as suspicious "due to its association with expansionist politics". In Mexico, people also distrust public medicine provided by the state as a "sad result of decades of health inequalities and corruption in the health sector", which "represents the accomplished ideological hegemony of a capitalist political economy" (Montesi, 2020). As Crandon Malmud (1993) suggests, medical pluralism and one's choice over treatment has long been influenced by politics, and medical choice may be influenced less by belief in efficacy and more by the political camp in which one wishes to situate themselves. In this light, in contexts where state medical care has long failed the population, aligning oneself with non-state endorsed medical alternatives to coronavirus protections and treatments can be seen as much as a political statement as a medical one. Still, biomedicine maintains a hegemony over other medical knowledges. For example, amongst the elderly in Poland, Goralska (2020) describes how people use digital communities to source alternative medicine as a means to protect themselves against infection and potentially treat the virus, drawing upon medical models such as naturopathy, homemade remedies, Ayurveda, and Traditional Chinese medicine (TCM). However, such medical knowledge is widely touted as "misinformation, hoaxes", and "snake-oil cures that aim to mislead [...] the naïve, lay, and desperate public, seeking protection from the dangerous virus". However, Goralska argues that those individuals who seek alternatives to biomedicine are certainly not lacking in an ability to think critically. Instead, they are reacting to a "healthcare system that has disappointed them". The drive to draw upon other medical knowledge systems as a reaction to COVID-19 can be

seen in various contexts, and particularly in post-colonial societies. For example, in Laos, where there is “little expectation among the population that the state health care or welfare system will provide many resources” and “people look their own methods of protection” (Elliott, 2020), protective bamboo talismans (*taleo*) have started to appear atop the gates of northern Laos houses to ward off spiritual threats and indicate family confinements; herbal remedies such as *lasabi* (against fever) have gone up in demand; and the soul-calling/ string-tying ceremony of *su khuan/ baci*, is being performed with more frequency. In Bangladesh, people have been relying on “mass prayers, sanctified water, religious hymns, cow dung” and cattle urine (Hasan, 2020b) to cure themselves. Hasan (2020b) suggests that these attitudes arise from Bangladeshi opinion about the virus’ (in)ability to affect their bodies, different as they are (perceived) from Italian and European alcohol and meat-consuming bodies in the West. In the Peruvian Andes, people also consider perceived corporeal differences between themselves and the European descendants from the coast as indicative of minimised pandemic threat. Stavig (2020) suggests that some Quechua people “feel that their genetic and cultural heritage will protect them from the virus. ‘Nothing will happen to us. We have Inca blood’ say some”, and that a diet of the grains, potatoes, and sustenance of Andean ancestral foodways “is considered a protective factor against coronavirus”. Similarly, in Singapore memes have been circulating about the use of non-biomedical treatments against coronavirus, which Babcock (2020) refers to as the ‘epidemiological imagination’. This is a term first coined by Ashton (1994) in a book of the same name, that Babcock describes as “a call for broad epidemiological awareness- understanding the aetiologies and vectors of group-based disease transmission” (2020). He suggests that the digital circulation of competing bio- and other medical advice vis-à-vis coronavirus are down to alternate approaches to the ‘epidemiological imagination’. For example, memes about the humoral properties of food and their abilities to prevent the virus exist alongside biomedical advice in the Singaporean

context. However, Babcock found that meme-advice that contradicted the biomedical discourse were removed from the internet, prompting him to shrewdly observe that “such swift elimination reveals the inability of Western biomedicine- especially when operationalized as governance- to allow competing knowledge claims. Even parody is restricted, lest it be read as a biomedical claim” (2020). The fact that non-biomedical advice was restricted in circulation exemplifies biomedicine’s hegemony over the COVID-19 response, and a colonial reaction at that. Such a discourse is well framed by the decolonial scholar Castro Gomez, who argues that “scientific thought positions itself as the only valid form of producing knowledge, and Europe acquires an epistemological hegemony over all the other cultures of the world” (2013: 287). The dominant medical response to the pandemic supports this global hegemony, although as some authors have elucidated, the acceptance to this is not total and there are those communities such as the Laos, Peruvians, and Bangladeshis, who maintain pluralistic responses to the viral threat. Though, as Babcock (2020) suggests, in a game of competing ‘epidemiological imaginations’, the biomedical paradigm is the king of corona.

Concluding Remarks: Where do we go from here?

Going forward, although quarantines may have been lifted or eased, most would probably agree that the COVID-19 emergency has not ceased as an urgent concern. Indeed, we are currently living through second-waves of the virus in Europe and elsewhere, grimly reminding us that the pandemic is not ready to leave us as yet. Under these circumstances, where can people look for guidance and ways to cope in the present, as well as prepare for the future? There are some suggestions on this arising from the literature. For example, Ungruhe (2020) argues that migrants may be well placed to teach others a ‘lesson in

composure' in the face of uncertainty and hardship. Observing Ghanaian *kayayei* (football players) as they integrate into South East Asia, he suggests that "being vigilant towards possible opportunities and constraints as inherent conditions of the present while being confident about what comes generated an atmosphere of collective composure [...] a joined practice to overcome the critical state of the not-yet". He argues that migrants' confidence and composure in the face of crisis can be a lesson to those facing disruption during the pandemic. In this view, it is migrant's extended lived-experience of crisis-state that makes them resilient to new (but more or less familiar) contexts of crisis, a situation which Soncco's (2020) chronically-ill interlocutors living with Lyme disease could also attest to. As she argues, due to their condition these individuals are accustomed to self-isolation and may have found lockdown to be a continued 'state of normality'. On the 'new' global experience of quarantine and isolation, Soncco suggests that comfort may be found through listening to those who already inhabit such a 'world' in their daily lives. These experiences of crisis-coping may not be confined to sub-populations within specific countries either. Reflecting on Cuba's response to the virus, Gibbon (2020) wonders if the nation might be better prepared for shortages and emergency than others, for "making do, finding a way [and] being creative with what is available is something that has been a way of life for many there for a long time". Indeed, there is a case to be made for differential national reactions to an emergency even where there is no precedent, as Irwin's (2020) observations on the 'Swedish experiment' discuss. Being one of the only European countries to reject a national lockdown, the Swedish government 'trusts' its citizens and has prepared them well for crises. Irwin argues that Swedes "are socialised to be calm" through the booklet 'If Crisis or war comes' (*Om Krisen Eller Kriget Kommer*) that teaches citizens how to respond to disaster or emergency scenarios. Therefore, there are a number of potential avenues to learn from others when responding to the pandemic crisis, and these may be valuable to pursue. That said, there

should be caution in this endeavour, and one should consider who must shoulder the burden of teaching others- migrants, the chronically ill, and the economically disadvantaged? This runs the risk of piling them with a double burden, of being both marginalised and potentially struggling in general, whilst simultaneously being required to emancipate others from a crisis context in which they will potentially be suffering worse from themselves. Reflecting on the Swedish case, Portocarrero (2020) makes a poignant observation – the no-lockdown policy failed to consider the refugees’ living in the country, whose family situations (and perhaps pandemic-preparedness) would be different from the Swedish population in whom the government was placing its ‘trust’. This offers a different kind of lesson going forward – to consider who is being burdened with the fallout of response decisions. In fact, being prepared for one kind of crisis may not be an indication of ability to confront coronavirus at all. When Salvatori (2020) asked herself what she had learned by living through both the 2009 Mexican swine flu pandemic and the 2020 Roman coronavirus emergency, she sadly responds “not much”. The situations are both so different, she reasons, that “nothing is comparable”.

This may be the case for some, although it is a hard pill to swallow if so. At the same time, there are those who look towards a more positive future for the virus’ outcomes. History is one place to which one can turn for comfort, for humankind has lived through (and come out the other side of) numerous epidemics, reminding us “that even the darkest of human crises eventually give way to luminous days” (Tourangeau, 2020). To add to this, alongside peering back into global history, biosocial medical anthropology may be another discipline able to support the development of “appropriate and efficacious interventions” (Gibbon et al, 2020) through attending to the intricate dynamics of COVID-19 as a biosocial phenomenon.

Finally, from an academic perspective, there is one important as yet unmentioned demographic who it will be vital to support if these positive outcomes are to be assured: those in the midst of their studies who can contribute towards global responses in their future

careers. As Papageorgiou, Kendall & Luna Puerta (2020) argue, doctoral students have found their studies interrupted and their mental health detrimentally affected due to the lockdown; a pattern that has repeated globally (Polleri, 2020; Riyanto, 2020). To prepare future generations of thinkers for pandemic responses, support within the academy is surely and sorely needed. Orłowski (2020) suggests that anxieties may not be about the virus itself at all, but anxieties about the unknowns of the future. Perhaps, securing some know-ables for those working precariously within academics; grants, supervisions, employment offers, and support, are one small step towards mitigating against the pandemic pressure on PhDs and future anthropologists.

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Declaration of Interest

The authors report no conflict of interest.

References

Arisi, B. 2020. Indigenous in the Brazilian Amazon: Refusing Missionaries and ‘us’, the Global Plague. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. [Medanthucl.com](https://medanthucl.com)

Arnold, J. 2014. *Inquisition and Power: Catharism and the Confessing Subject in Medieval Languedoc*. University of Pennsylvania: PA

Ashton, J. 1994. *The Epidemiological Imagination: A Reader*. McGraw-Hill: London

Babcock, J 2020. Memes, Migrants, and the Epidemiological Imagination. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Bertuzzo, E. 2020. Coronavirus as infrastructural crisis: Some thoughts from locked-down India. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Bhatia, K. 2020. Post-pandemic Eating: What will food culture look like after COVID-19? *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Blanco Esmoris, M.F. 2020. Another day in Quarantine: The transmutation of the house. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Botes, T. Chocho, L.M.S. Kellow, G. Bronnvik Engelking, E. Khofi, L. Cossa, E & Malope, D. 2020. How a pandemic shapes the City: Ethnographic voices from South Africa. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Brabec De Mori, B. 2020. Humankind Crowned- Or how I learned to stop worrying and love the virus. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Bridges, K. 2012. Pregnancy, Medicaid, State Regulation, and Legal Subjection. *Journal of Poverty*, 16(3): 323 – 352

Castro-Gomez, S. 2013. The Missing Chapter of Empire: Postmodern Reorganization of Coloniality and Post-Fordist Capitalism. *Globalization and the Decolonial Option* (Ed. Mignolo, W. & Escobar, A). Routledge: London

Crandon Malmud, L. 1993. *From the Fat of Our Souls: Social Change, Political Process, and Medical Pluralism in Bolivia*. University of California: Berkeley

Crowder, K. 2020. Equine PPID Connectivities and Covid-19: 2020 Journal Reflections. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Cui Ya Ping, C. 2020. “When the Cherry Blossoms, we will meet again in Wuhan”: A Nurse’s reflections. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Diodati, F. 2020a. Care Labour and Isolation in Italy: New Ethical challenges Part One. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

2020b. Care Labour and Isolation in Italy: New Ethical challenges Part Two. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Douglas, C. 2020. “Stay safe, Shirley. I’ll see you shortly!”. Conducting fieldwork with people with dementia before, and (hopefully) after the pandemic. *Consciously Quarantined:*

A COVID-19 Response from the Social Sciences (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Drinot, P. 2014. Foucault in the Land of the Incas: Sovereignty and Governmentality in Neoliberal Peru. *Peru in Theory* (Ed. Drinot, P). Palgrave Macmillan: London

Elliott, E. 2020. Protecting the Boundaries, Keeping a strong heart in Laos. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Farmer, P. 2006. *AIDS and Accusation: Haiti and the Geography of Blame*. University of California: Berkeley

Floris, F. 2020a. Italy's Hidden Epidemic: The Shadow of the Mafia over Post-emergency Europe. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

2020b. "In Beijing they eat snakes and then pig out": Xenophobia, Geopolitics, and the role of the Italian far-right in Covid-19 Constructions of China. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Fletcher, H. 2020. Technologies of Public Security: Deploying Imaginary Borders. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Fotherby, J. 2020. The 'Invisible Enemy': A Critical Look at the Use of Military Metaphors and anthromorphisation during the COVID-19 Pandemic. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Foucault, M. 1978. *The history of sexuality Volume 1: An Introduction*. Vintage: New York

Ghatode. J. 2020. Vulnerability of the Indian Poor. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Gibbon, S. 2020. COVID-19 in Cuba: Some reflections at the beginning of the crisis. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Gibbon, S. Daly, L. Parkhurst, A. Ryan, C. Deniz Salali, G. Tasker A. 2020. Biosocial Medical Anthropology in the time of Covid-19. New Challenges and Opportunities. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Goralska, M. 2020. The new public care: Seeking Coronavirus truth through networked publics. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Goren, H. 2020. COVID-19: A simulacrum of the climate crisis? *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Hasan M. T. 2020a. Homecoming from the City: Covid-19 & Dhaka. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

2020b. Pandemics/ Epidemics and the Social Body in Bangladesh. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Hedges, P. 2020. Thinking in and about the Corona-scape: Theory in a time of pandemic.

Paul Hedge's Weblog, <https://logosdao.wordpress.com/about/>

Honglin, Li. 2020. The past 60-plus days in China: Covid-19 Perspectives from a Wuhan-native. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Hoyer, K. Clotworthy, A. Hulvej Rod, N. 2020. Viral solidarity and the reinvention of a welfare state: Reflections from Denmark. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Ilenko, I. 2017. The politicization of ill bodies in Campania, Italy. *Journal of Political Ecology* (24): 44-58

Irons, R. 2020a. Grasping for Unity in a Divided Britain: Ageism, Brexit-era politics & the COVID-19 'Boomer Remover'. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

2020b. Colonial Wound...(Re)Infected: Pandemic in the Andes. COVID III Forum, *Somatosphere*, May 2020

Irwin, R. 2020. The 'Swedish Experiment'. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Ivanov V. 1984. The semiotic theory of carnival as the inversion of bipolar opposites. *Carnival!* (Eco, U. Ivnov, V. Rector, M). De Gruyter Mouton: Online

Jahan, N. 2020. Privilege in the times of crisis: Musings of a field epidemiology trainee in India. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Juvekar, D. 2020. Pandemic Predictions- The world post Covid-19 for Indian Females. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Larrain, M. 2020. Stuck between a rock and a hard place: Assessment & Ethical dilemmas in the time of Covid-19. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Leon Brisley, A. 2020. Coronavirus and Capitalist Realism. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Liakounakou, A. 2020. Life under Quarantine, and now surveillance: A dispatch from Greece. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Martin, E. 1990. Toward an Anthropology of Immunology: The Body as Nation State. *Medical Anthropology Quarterly*, 4(4): 410- 426

Minnegal, M. & Dwyer, P. 2020. Communication, Privilege and the Ironies of Isolation: From Melbourne to Papua New Guinea. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

- Montesi, L. 2020. Same virus, different temporalities: Anticipations from Mexico. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. [Medanthucl.com](https://medanthucl.com)
- Murariu, G. 2020. Coronavirus and Social Isolation: 16 Insights from Digital Anthropology. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. [Medanthucl.com](https://medanthucl.com)
- Neate, R. 2020. Super-rich jet off to disaster bunkers amid coronavirus outbreak. *Guardian online*, 11th March 2020, [theguardian.com](https://www.theguardian.com)
- Neiland, L. 2020. COVID-19: We are the Underlying Conditions. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. [Medanthucl.com](https://medanthucl.com)
- Ollerton, D. 2020. Coronavirus- Is this our microbiopolitical moment? *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. [Medanthucl.com](https://medanthucl.com)
- Orlowski, E. 2020. Towards a bright post-apocalypse. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. [Medanthucl.com](https://medanthucl.com)
- Papageorgiou, V. Kendall, W. Luna Puerta, L. 2020. COVID-19 Stories: How PhD students are experiencing disruption and uncertainty during the pandemic. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. [Medanthucl.com](https://medanthucl.com)

Paphitis, S.A. 2020. Anxiety, Scarcity and precarity in a time of COVID-19. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Parekh, T. 2020a. Hinduism & Coronavirus: How the digital becomes sacred. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

2020b. God's Daily Briefings: Religious leadership in a Global Pandemic.

Consciously Quarantined: A COVID-19 Response from the Social Sciences (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020.

Medanthucl.com

Paxson, H. 2014. *Microbiopolitics in Multispecies Salon*. Duke University Press: North Carolina

2008. POST-PASTEURIAN CULTURES: The Microbiopolitics of Raw-Milk Cheese in the United States. *Cultural Anthropology*, 23(1): 15–47

Peete, K. 2020. "South Africa suffering from three pandemics: COVID-19, Ignorance, Stupidity". *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Pellegrino, M. 2020. "Getting Closer" Through Art: Facebook and Turning to Art in the Time of Covid-19. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Polleri, M. 2020. Thinking ahead of post-COVID-19 vulnerabilities. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Portocarrero, M. 2020. A Postcolonial Question Regarding the Swedish Coronavirus Policy. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Riyanto, G. 2020. Hope in the time of Corona: Indonesia. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Salvatori, S. 2020. 2009 Mexico Swine flu- 2020 Italy COVID-19: How I experienced a double quarantine. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. Medanthucl.com

Samira-Salome, H. & Ildiko, P. A. 2020. Trench Warfare of Mindsets in Switzerland's Approach to the COVID-19 pandemic. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Soncco, R. 2020. Lessons for self-isolation from chronically ill patients. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Spivey Provencio, S. 2020. Toward an anthropology of 'foreign bodies': Migrant Health in the age of Coronavirus. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, March 2020. Medanthucl.com

Stavig, L. 2020. Experiencing Corona Virus in the Andes. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. Medanthucl.com

Tondo, L. 2020. Mafia distributes food to Italy's struggling residents. Guardian online, 10th April 2020, [theguardian.com](https://www.theguardian.com)

Tourangeau, C. 2020. Revisiting Defoe, or: Why History Matters in the time of Covid-19. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. [Medanthucl.com](https://medanthucl.com)

Ungruhe, C. 2020. A Lesson in composure: Learning from migrants in times of COVID-19. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. [Medanthucl.com](https://medanthucl.com)

Wilkes, L. 2020. The sleeping Bull in a China Shop: Exploring how Covid-19 elucidates exploitation along the crosshairs of the occident vs the orient, and class stratification, in a neo-liberal age. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, April 2020. [Medanthucl.com](https://medanthucl.com)

Yi-Cheng, W. 2020. The Logic of 'Advanced Deployment' to tackle COVID-19 in Taiwan. *Consciously Quarantined: A COVID-19 Response from the Social Sciences* (Ed. Irons, R. & Gibbon, S), *UCL Medical Anthropology Blog*, May 2020. [Medanthucl.com](https://medanthucl.com)