

POLICIES AND PREDISPOSITIONS:  
REFLECTIONS ON THE LIMITATIONS OF CULTURALISM

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The previous two essays argue very compellingly for taking ‘ideological prioritization’ into account when formulating policies, and they do so in a nuanced way. They compare government policies and measures that affected the public and individual protective practices in different countries of East Asia with those in Western countries, in particular the UK. The essays oppose the individualistic predispositions found in the West to the collectivist ones that occur in East Asia, although they also aim to prevent a purely dualist reading by, for instance, highlighting diversity in East Asia and comparing Mainland China, Japan, South Korea and Taiwan with each other. The authors demonstrate their awareness that several issues are too subtle and complex to be raised

here, the lesson to be learned from this being that there is a great variety of different case studies, which deserve to be appreciated in their entirety.

Notwithstanding the successful implementation and effects of surveillance systems, if we look at them in more detail, we note not only variations but also limitations. Perhaps the effectiveness of data surveillance may have been overdrawn by those who implemented it? Mainland China introduced population-wide surveillance systems and lockdowns in some regions and cities, to good effect. This was followed up with a long-term monitoring system of health status and migration data to prevent future outbreaks, which has been successful, though in the beginning it was fairly slow in ringing the alarm bells. In South Korea, by contrast, a track and trace surveillance system was put in place. This also happened in Taiwan, where the government also found a legal way to access databases on immigration that it could merge with data on national health insurance. In fact, it is not socialist China but capitalist Taiwan that tends to be praised for most effectively controlling the proliferation of the virus.

Incidentally, we note that, in addition to surveillance, Taiwan imposed (1) travel restrictions and (2) quarantine rules, and that all this happened (3) very early on, in fact, before COVID-19 had been named as such, and before the epidemic became a pandemic (Wang 2020). Would these three measures alone, aimed at containing an air-borne epidemic at a very early stage, have sufficed? They require no data surveillance at all!

Surveillance instantly brings to mind apprehensions regarding the destruction of the juridical and moral person, and ultimately also of the individuality of the person. It conjures up Hannah Arendt's *The origins of totalitarianism* (1951), and with it the threats of the Third Reich. Furthermore, it re-instantiates the Orientalist trope of despotic rulers in the East, against which the polis in classical Greece defined itself as democratic. However, if anyone ever thought that surveillance systems were only advocated in East Asia, Shoshana Zuboff's (2019) *An age of surveillance capitalism* provides a sobering antidote. The automated information flows about everyone that tech giants like Google and Facebook have generated are being used today in ways that enable social engineering far beyond any dreams of the behaviourist B.F. Skinner. In surveillance capitalism, commercially driven data analytics, business strategies and Skinnerian experimentation with human behaviour, algorithmically adapted and multiplied by Artificial Intelligence, are combined, ultimately being geared towards a 'rendition of all aspects of human experience into behavioural data ... [that] guarantee behavioural outcomes' (ibid.: 339, cited in Williamson 2019). Globally, governments are making use of this commercialized e-industry. Computation and statistics have long been the basis of governance. There is nothing new about that, yet coupled with surveillance capitalism, they are geared towards undermining public debate,

as well as social and political life. So, even though data surveillance policies have been implemented more systematically by governments in East Asia, with evident success and general acceptance by the collectivities affected, Zuboff reminds us that ‘data surveillance’ is not specific to that region.

In a similar vein, ‘individual privacy’ may not be specific to the supposedly individualistic West. Although one reason against wearing face-masks was that they had a de-individualizing effect, the above essay on face masks makes clear that there were many other reasons too. The ecology of ‘yellow dust’ being blown from the Inner Asian steppes into South Korea not only engendered mask-wearing as a protective practice, it also curbed the economy of industrial mask production. People had been habituated into wearing ‘designer masks’ as status markers. Air pollution, due to its smell and often tangible stickiness, tends to have instantly sensed effects. Mask-wearing can accordingly be optimized by the individual, directly, immediately, autonomously. Mask-wearing is thus easy to appropriate into one’s individualistic repertoire of health-preserving body techniques, in East Asia as in the Western world.

Every epidemic instigates make-believe, and white-coated professionals combatted fear by saying ‘We are well-prepared’, ‘Do not wear masks’ or ‘Masks cause fear in people’, reminding people unduly of the epidemic’s presence or of hooded robbers and criminals; masks could also cause a false sense of security and claustrophobia in their wearers. Then, a month later, the same spokesman for the Swiss Ministry of Health declared the opposite: wear face masks, they do protect you, they reduce the infection rate to 30% and protect others, pro-socially. So, when two people meet, they are likely to have reduced the infection rate to 60% (this was before vaccines were available, cf. Hung 2021). When the spokesman said this on Swiss TV, it transpired through the newspapers and on the ever more active grapevine that there had not been sufficient masks in stock! Meanwhile, some companies had been quick to produce face masks; within weeks they had flexibly adapted their production line to the acute demand, as did a family-owned firm in a little township in central Switzerland. Government regulators thereupon appeared standardizing materials and supply chains, and imposing newly invented control procedures, which sometimes stifled individual initiatives. Money-making was exclusively reserved for the giants, the supermarkets, Amazon or DPD, requiring masses of unskilled, temporary and poorly paid labour. Meanwhile, the artisan, the resourceful petty entrepreneur and members of the hospitality and well-being sectors, many of them individualists working in a fragile social ecology, were sent into lockdown or put on furlough schemes. These policies did nothing to cultivate the ideal of the autonomous individual. Conversely, when Ohnuki-Tierney (1984: 21-50) speaks of Japanese germs, she points to public–private distinctions in the Western world comparable to the Japanese

opposition between *mi-uchi* (within my body) and *ta-nin* (other persons). Social intimacy happens in the *uchiwa*, the inner circle: for instance, when one is invited to eat food with the family's chopsticks and not those reserved for guests. She highlights how the spatial boundary between the outside world, which is by definition dirty and full of germs, and the inside of the house is maintained by a long list of body techniques, such as changing from street shoes into house shoes, washing one's hands, sometimes even gargling, or sprinkling some cleansing salt on to oneself after a funeral. In this context, we learn about the face mask: 'The Japanese use it to prevent themselves from inhaling someone else's germs, whereas American surgeons and patients use it to avoid transmitting their own germs to others' (ibid.: 26). Ohnuki-Tierney thereby treats the biomedical regime of mask-wearing as on a par with another cultural belief system, no less real, the Japanese belief in germs. Yet this is precisely a relativizing stance that more recent medical anthropological research directed at policy-makers has queried.

Two years before the COVID-19 pandemic, and ten years after SARS, Lynteris (2018) published most insightful medical anthropological research on mask-wearing. His publication is an exemplary anthropological-*cum*-historical overview that pulls together information that is hugely relevant for policy-makers, yet, like most anthropological research, it has simply been ignored. If policy-makers had read this article, they could have saved many lives, as it addresses head-on the claims that policy-makers expressed at the beginning of the pandemic throughout the Western world, namely that wearing masks was a 'cultural' practice, and hence impossible to value as a 'scientific' one. It would appear that simple prophylactic devices, like mask-wearing in the case of any airborne infectious disease, should always be advocated by policy-makers, even if their benefits are not always proved by randomized controlled trials (RCTs) (Greenhalgh et al. 2020).

Lynteris's historical research shows that the 'anti-epidemic face-mask', which broke through into global medical history during the 1910–11 Manchurian plague, was not just a symbol of biomedical rationality: importantly, it worked as a catalyst for the 'hygienic modernity' that followed, not only in China, but globally. Even if people made use of more than ten different makes of masks of variable quality, mask-wearing 'both stopped germs from entering the human body and ... transformed the public from being "superstitious" and "ignorant" people into an enlightened hygienic-minded population: a population that accepted the contagious nature of the disease'. (ibid.: 451).

The low-tech protective devices advocated in this pandemic include physical distancing, reducing contact with human beings outside an inner circle generally called a 'bubble', frequently washing one's hands and clothes, wearing gloves, etc. However, there are many more self-protective and fortifying practices that could have been promoted on a large scale, such as

fortification through vitamins C and D in particular (vitamin D is essential for the immune system's basic functioning, regardless of its debated specific effects on combatting COVID-19), lots of sleep, and vigorous walking in the fresh air that strengthens the lungs, boosts blood circulation and brightens the mind. In East Asia, where populations have no doubt had a long history of being exposed to other coronavirus-induced epidemics, the culinary preparation of foodstuffs with garlic, onions and the like has been developed into a medical art, so-called food therapy (Hsu et al. 2020). Furthermore, the seasonality of viral diseases has long been recognized: warmth factor disorders are known to spike in the spring (Hanson 2011), as is currently the case in India and Brazil (as of April 2021). Porkert (1976: 67), discussing the 'strengths of Chinese medicine', coined a Latin word to do justice to Chinese medical expertise: *chrono-demic* disease. He explained that 'A number of diseases, which flare up simultaneously over vast territories are, according to Western medicine, probably caused by a virus. But they are explained in Chinese theory as deficiencies or redundancies of energy in certain orbs, conditioned by the momentary immunological situation.' Japanese common sense reinforces this (Ohnuki-Tierney 1984: 33): 'In particular, *konome doki* (bud time; the time when leaves are budding in early spring) is the transitional time from the cold to the warm season and the time when people are considered susceptible to sickness; sick people and old people must be particularly careful.' While there are ample prohibitions on eating specific wildlife delicacies, lest one risks succumbing to various forms of dis-ease, there is little evidence in the historical record so far of the zoonotic origins of epidemics.

Alongside individual effort, the ethnographic record highlights that, most importantly, epidemic crises require coordinated community responses. In a multiply interconnected globality, this begs the question of what makes up a community. During the Manchurian plague, as is evident from early photographs, the self-protecting white-masked 'plague fighters' visually formed a unity against the dark quarters in the background, in which lurked the 'black death'. The 'spectacle of masked unity' sufficed, says Lynteris, to instil a sense of social solidarity. The problems of a pandemic are wide-ranging, and bio-technology alone cannot solve them. Creating community involves paying attention to individualities.

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