I. Setting the scene

LESSONS LEARNT FROM A PANDEMIC: OUTLINE

ELISABETH HSU

This *Special Issue* on 'Lessons learnt from a pandemic' presents the voluntary collaboration of the entire cohort of first-year medical anthropology master's students at the University of Oxford during the still ongoing COVID-19 pandemic in the 2020-2021 academic year. All lectures, seminars, supervisions and tutorials were held through e-communication during the several months of lockdown. Hence this joint project was envisaged specifically as a way of creating a community while in lockdown, welcoming personal initiative and fostering resilience in this extraordinary year. In medical anthropology at Oxford, a 2500-word essay is written weekly in term time, and tutorials in critical medical anthropology alternate with others on ecological approaches to biomedicine. In the first trimester of this year, of the three essay prompts, every week students could choose one addressing COVID-19. These essays were single-authored, and the students received feedback on them in the tutorials. They were then asked to resubmit their essays either revised on their own or in co-authorship in the following term.

This Special Issue presents the essays in five sections: 1. 'Setting the scene'; 2. 'Policies and predispositions' (as they affect the public); 3. 'Efficacious metaphors' (together with individual narratives); 4. 'Reproducing inequalities'; and 5. 'Outlook: coevolution and ecological public health'. It nicely reflects the contents of the teaching in medical anthropology at Oxford in the first term.

As the first essay on Rosenberg's dramaturgical form of epidemics shows, policies to contain the pandemic have been constantly changing globally at very short notice, curtailing civil liberties and collective enterprise, rendering people frustrated and disoriented, and sending some into depression. There has been a lack of co-ordination between countries: each has asserted its own sovereignty, while furtively looking over its neighbour's shoulder and copying how the most influential countries are dealing with this unknown.

The second section on 'Policies and predispositions' thereupon presents three thematically related essays: two on ideological prioritizations regarding 'data surveillance' and 'mask-wearing' respectively, to which the third essay responds with some reflections. From the start, the difference between China, the alleged culprit, and Western 'democracies' has been emphasized, thereby reproducing the age-old orientalist bias that contrasts the collectivist East with the individualistic

West. The assumption is that peoples' willingness to follow guidelines and their educational and religious predispositions are specific to society and subculture, yet the essays raise issues that show, from a critical medical anthropology perspective, that in the case of COVID-19 the policies governments adopted have been just as place-specific and are not always bio-scientifically justified.

The third section on 'Efficacious Metaphors?' discusses how policies affecting the public impact on individual experiences of the pandemic. It highlights how issues studied in medical anthropology are framed, critically and bioculturally examining what people do when they speak of health and well-ness, of illness, disease and dis-ease, of sickness and local biologies, or situated biologies. Routine though these questions may appear, and however much of an exercise in definitions they may seem, the two essays presented in this section highlight how the disease paradigm informed the understanding of COVID-19 as a sickness and its treatment through current public health and biotechnological measures. Meanwhile, they also show how very little is yet known about COVID-19 as an *illness*, how it affects individuals, and what kinds of home-based remedies, self-help techniques and primary care facilities its sufferers have made use of.

Photo 1. Photo by Mike Erskine on Unsplash (https://unsplash.com/s/photos/capitalism)

The fourth section addresses the persistent problem of health and social inequality. A pandemic causes a crisis situation; the old collapses, you would have thought, and the new takes off. So, if capitalism (Photo 1) is to be blamed for the ruthless encroaching on our companion species' habitats and for fragmenting the bases of their livelihoods, why is no further radical and

fundamental re-thinking happening? Where are the platforms for defining a world that does not encroach as relentlessly on the habitat of wildlife whence zoonotic pandemics originate? Why is there no discussion of reducing flights, or the shipping and transport industry? Why is the problem of speed not questioned but rather cultivated through ever fancier electronic gadgets? The UK was unprepared a year ago, but it has become a world leader with its vaccination scheme (after Israel). Why is the technocratic solution winning again and thereby reproducing given structures of inequality? Given the monthly £1 increase in salary for essential care-workers in the NHS, why do gender and other discriminations of all sorts persist, all exacerbated by increased constraints and structural violence, rather than turning this health crisis into an opportunity to address our chronic social ills?

It is important not to be tunnel-visioned and not to focus merely on humans, human health and human ecology, but to care for biodiversity. The *Special Issue* ends, in its final and fifth section, with a plea to foreground considerations of co-evolution and to cultivate a sensitivity for biodiverse ecologies in public health as well.