

**Pandemic Exposures:
Economy and Society in the
Time of Coronavirus**



Director

Anne-Christine Taylor

Editorial Collective

Deborah Durham
Catherine V. Howard
Vita Peacock
Nora Scott
Hylton White

Managing Editor

Nanette Norris

Editorial Officer

Jane Sabherwal

HAU Books are published by the
Society for Ethnographic Theory (SET)

www.haubooks.org

**Pandemic Exposures:
Economy and Society in the
Time of Coronavirus**

*Edited by Didier Fassin
and Marion Fourcade*



HAU Books
Chicago

© 2021 HAU Books

Pandemic Exposures: Economy and Society in the Time of Coronavirus, edited by Didier Fassin and Marion Fourcade, is licensed under CC BY-NC-ND 4.0 <https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode>

Cover: Detail from “Several Circles” by Vassily Kandinsky, 1926.

Cover design: Ania Zayco

Layout design: Deepak Sharma, Prepress Plus

Typesetting: Prepress Plus (www.prepressplus.in)

ISBN: 978-1-912808-80-9 [Paperback]

ISBN: 978-1-912808-82-3 [PDF]

ISBN: 978-1-912808-84-7 [eBook]

LCCN: 2021931410

HAU Books

Chicago Distribution Center

11030 S. Langley Ave.

Chicago, IL 60628

www.haubooks.org

HAU Books publications are printed, marketed, and distributed by The University of Chicago Press.

www.press.uchicago.edu

Printed in the United States of America on acid-free paper.

Contents

<i>List of Figures</i>	ix
<i>Acknowledgements</i>	xi
INTRODUCTION	
Exposing and Being Exposed <i>Didier Fassin and Marion Fourcade</i>	1
Part I. Political Economies	19
CHAPTER 1	
Meet the New Normal, Same as the Old Normal: The State-Market Balance and Economic Policy Debates After the Pandemic <i>Ravi Kanbur</i>	21
CHAPTER 2	
No Epistemological Standstill on Sovereign Debt: The Preservation of the Market Order in Pandemic Times <i>Benjamin Lemoine</i>	37

CHAPTER 3

- Ad Hoc Generosity in Times of COVID: A Chronicle of
Plights, Hopes, and Deadlocks 59
Lena Lavinas

CHAPTER 4

- Gifts, Grifts, and Gambles: The Social Logics of the Small
Business Administration Relief Loan Programs 83
Sarah Quinn

CHAPTER 5

- Central Bank Planning for Public Purpose 105
Benjamin Braun

CHAPTER 6

- Authoritarianism and Pandemics: China, Turkey, and Hungary 123
Latif Tas

CHAPTER 7

- Stretching Time: COVID and Sudan's Current Transitions 139
Rebecca Glade and Alden Young

Part II. Moral Economies 153

CHAPTER 8

- The Moral Economy of Life in the Pandemic 155
Didier Fassin

CHAPTER 9

- To Kill or Let Die: How Americans Argue about Life,
Economy, and Social Agency 177
Webb Keane

Contents

CHAPTER 10

- Protecting the Elderly or Saving the Economy? Turkey's Ageist
Lockdown Policy during the COVID Pandemic 193
Başak Can and Ergin Bulut

CHAPTER 11

- Reflections on Mutual Aid 209
Z. Fareen Parvez

CHAPTER 12

- Carceral Contagion: Prisons and Disease 227
Wendy Warren

Part III. Everyday Economies 245

CHAPTER 13

- Agricultural Day Labor in Spain: The Logics of (Pandemic)
Capitalism 247
Susana Narotzky

CHAPTER 14

- Making a Living, Resisting Collapse, Building the Future:
Livelihood in Times of Pandemic and Lockdown 275
Isabelle Guérin, Nithya Joseph, and G. Venkatasubramanian

CHAPTER 15

- Crisis as Preexisting Condition: Yemen Between Cholera,
Coronavirus, and Starvation 295
Nathalie Peutz

CHAPTER 16

- Searching for Life in Times of Pandemic 321
Federico Neiburg and Handerson Joseph

Part IV. Knowledge Economies	343
CHAPTER 17	
The Great Online Migration: COVID and the Platformization of American Public Schools <i>Marion Fourcade</i>	345
CHAPTER 18	
“CBDCs Mean Evolution, not Revolution”: Central Bank Digital Currencies in the Time of COVID <i>Horacio Ortiz</i>	369
CHAPTER 19	
Modeling Pandemic <i>Fleur Johns</i>	385
CHAPTER 20	
The Pandemic Economy of Face Masks: From Critical Shortage to Fashion Accessory and Political Statement <i>Virág Molnár</i>	405
CHAPTER 21	
COVID and the Death Drive of Toxic Individualism <i>Ed Cohen</i>	433

COVID and the Death Drive of Toxic Individualism

Ed Cohen

Toxic individualism dies hard. However, it might die fast. Since the beginning of the COVID pandemic in the spring of 2020, a movement to resist the myriad public health directives asking Americans to wear masks to reduce the spread of SARS-CoV-2 has erupted in the United States (US) — as well as in some countries in Europe and South America. Declaring that mask wearing represents an intolerable infringement on their individual liberties, the mask refuseniks have combined forces with those swayed by ex-President Donald Trump’s disinformation campaign about his loss in the 2020 presidential election. Indeed, the two seem largely part of the same hyper-individualist political momentum. One of the most graphic demonstrations of this concurrence occurred on January 6, 2021, when hordes of unmasked, mostly white men rampaged through the US Capitol building in an abortive attempt to disrupt the finalization of Joseph Biden’s electoral victory.¹ Happily flaunting their faces to a multitude of cell-phone cameras — often their own, which they used to live-stream the melee to others — the Trumpian insurgents not only failed to trump Biden’s certification as the 46th president of the US, but their maskless visages rendered them easy targets for subsequent

1. For footage of these maskless marauders, see Luke Mogelson (2021).

arrest by federal police forces. One might have thought that even if they rejected masks on public health grounds, they might have donned them to avoid self-incrimination, but apparently not.

To my mind, a noteworthy poster boy for this self-sabotaging tendency — if not the death drive — among these representatives of America's toxic white male individualism might be a thirty-year-old Texas man who died in July 2020, after attending a "COVID party." Believing that the COVID pandemic was a media fabrication, a presumptively healthy man decided to attend an event at which he knew that another man who had been diagnosed as having COVID would be present. It is not clear what the logic behind this move could have been. Even if he had attended the party, interacted with the person who presented with COVID, and had not subsequently tested positive for the SARS-CoV-2 virus or contracted the disease, it would not have proved anything about whether or not the disease actually occurs, or whether it is transmissible. One of the great mysteries of modern medicine remains why there exists a variability of infection in the event of exposure to all known pathogens — none of which, no matter how contagious, is 100 percent communicable. In the case of SARS-CoV-2, this variability appears quite acute, as does the variation in symptoms among those who are infected. Hence, it is entirely possible to be exposed to the virus and not become infected for reasons that remain unclear. However, that is not what happened. Instead, this man, who deliberately exposed himself to the virus, became infected, got severely ill, and died. Sadly, his last words before being ventilated were reported to be, "I think I made a mistake," which raises the question: Why would someone put his life at risk in an illogical attempt to confirm that a well-documented pandemic is a hoax? What would lead someone to believe that the potential for a lethal SARS-CoV-2 infection not only does not exist, but that reports of its existence represent deceptive fabrications that require personal experiments to falsify? Clearly, there are deep psychic underpinnings to COVID denialism and the hostility and antagonism to mask wearing that coincides with it. While I have not done the extensive clinical research that would be needed to bear this out, I would nevertheless like to offer a psycho-political hypothesis: such reactive responses to public health protocols for COVID might manifest symptoms of the death drive of toxic individualism.

Consider the possibility that, despite (or perhaps even because of) decades of neoliberal admonishments that have exhorted us to consider ourselves as the entrepreneurs of ourselves, the quasi-natural status of

“the individual” as the privileged political and economic atom of American identity might be coming unglued. Certainly, on the face of it, the COVID pandemic demonstrates that individualism as such is biologically counterfactual. Any epidemic would do as much. After all that is what makes an epidemic an epidemic. It demonstrates that as living organisms we coexist both with other humans and with other beings of different scales — say from bats to pangolins to viruses — some of which can affect us deleteriously. Contagious literally means “touching together.” Thus, contagions show us that we are always already in contact with one another, and these connections constitute the conditions of possibility for an epidemic in the first place. We are never actually “independent” biologically speaking, since at the very least we all depend on the same planet to survive (Margulis and Sagan 1997).² (In Latin *pendo* means, among other things, to hang, so “dependent” indicates we are all hanging from the same tree of life.) Moreover, independence is not a biological concept, it is a political one, as is the notion of the biological individual per se: “In the early modern period, mirroring the appearance of the independent citizen, the notion of the autonomous individual agent framed a biology that was organized around the study of particulate, interacting, living entities” (Gilbert, Sapp, and Tauber 2012: 326).

Modern individualism, on the other hand, supposes that we are naturally discrete beings, owners of our own bodies and their labor, as John Locke famously proposed, and that our self-relations precede and supersede our relations with others. Hence, in the event of an epidemic, let alone a pandemic, there arises a tension between the dominant American political, economic, and psychological self-understandings and the biological conditions of our going-on-living-together. So, why does this come as such a shock to some people? And moreover, why does being asked to become even marginally aware of it seem to provoke such virulent denials and reactions? My theory is that the anger and animosity that we currently witness in the US — from ex-President Trump and from many of his supporters — in response to the seemingly sensible public health recommendation to wear a mask in order to protect others

2. Leaning on Lynn Margulis’ rewriting of evolution from a symbiotic-bacterial perspective, Margulis and Dorion Sagan (1997: 94) repeatedly underscore the improper use of the metaphors “individual” and “independence” in biology and zoology: “Two other myths of zoology, that animals are independent beings and that an animal body is an individual organism, have also been supplemented.”

from infection disclose that our ways of thinking about infectious diseases incorporate these contradictory assumptions about individualism as if they represented “natural facts.” As a result, they both reveal and conceal the limits of individualism as a “way of life” (as in “the American way of life”).

Let us reflect on why this might be the case. Etymologically, “epidemic” comes from two Greek roots: *epi-*, which means on, over, against, and *demos*, which means the people. So epidemic means something like a disease that comes “upon the people,” meaning that at the most basic level epidemics as such affect collectives and not (just) individuals. But *demos* itself derives from the name given to divisions of the Athenian polis instituted in the sixth century BCE that superseded earlier forms of political organization through familial tribes and blood relations, replacing them with political groupings based on habitation (Vernant 1982). Thus, the “demic” in epidemic evokes a “geopolitical” way of organizing the collectivity (the polis) that superimposes politically defined spatial partitions on biological reproduction and kinship. Hence, the *demos*, the people, is always already what we might think of as a “biopolitical” formation (although not necessarily in a strictly Foucauldian sense). In order for something to appear as an epidemic, then, it has to have already had economic, political, and legal implications, because it has risen to the level of being a problem for the “life” of the *demos*. However, in the wake of immunity’s biologization and medicalization, which developed in the context of nineteenth-century epidemics (especially cholera), we have come to think of infectious disease as something that takes place within individuals, within the boundaries of our skin envelope.³ As a consequence, the political, economic, and legal effects that constitute an epidemic are now imagined as localized aggregations of biochemical events that occur within an individual body and are ramified across a large number of individual bodies. Epidemics therefore appear to us not as intrinsically collective phenomena that afflict “the people,” but as coalescences of a multiplicity of individual phenomena that confront a “population.”

At the heart of this (mis)understanding lies the immunity-as-host-defense model used to construe how multicellular organisms respond to the presence of pathogens, a model that only arose at the end of the

3. As Michel Foucault (1996: 277) once remarked: “It wasn’t self-evident that the causes of illness were to be sought through the examination of individual bodies.”

nineteenth century following a number of critical transformations in biological thought.⁴ The first among these was Claude Bernard's introduction of a new concept, *milieu intérieur*, in the 1860s, which George Canguilhem ([1968] 1994: 131) described as not just fomenting a "historical rupture which inaugurates modern medicine" but also as constituting "a declaration of war on Hippocratic medicine." Bernard's was an explicitly individualist innovation — individualist in a political sense since he was a deeply conservative thinker who successfully cultivated the patronage of the Emperor Louis Napoleon to bankroll his lab. Naturalizing this political and economic premise, Bernard proposed that although an organism necessarily lives in a *milieu extérieur*, its essential domain is the *milieu intérieur* — which he declared the "real theater" of life. In Bernard's thinking, life "really" takes place within a well-defined envelope, whether cell-wall or epidermis, and tends "inward."⁵ In other words, he explicitly bracketed the organism's vital context in order to constitute it as a quasi-closed system for the purposes of "scientific" experimentation in a laboratory (since open-systems resist biochemical and biophysical reduction). However, in so doing, and in order to do so, Bernard also "derealized" the *milieu extérieur* as henceforth irrelevant to the theater of life that provided the focus for reductionist bioscience. As a corollary to this epistemological and experimental reframing, he proposed — even before the germ theory of disease became credible, and long before vaccines and antibiotics were introduced — that a medicine should aspire to become actively interventionist by producing "arms" and "weapons" that could repel any encroachments on our inner dominion. First formulated almost one hundred and fifty years ago, Bernard's interiorizing theoretical orientation continues to underwrite all laboratory-based bioscience, as well as most contemporary biomedicine.

The germ theory of disease itself followed from Bernard's innovative insights. When the first bacteriologists (especially Louis Pasteur and Robert Koch) began isolating and visualizing microorganisms, they quickly correlated these microbes with pathogenesis in multicellular organisms. Unfortunately, both Pasteur and Koch had trained as chemists and not as biologists or zoologists, so their versions of germ theory

4. The following is based on the extended analysis in my book (Cohen 2009).

5. The use of the orientations "in" and "out" with respect to a living being that necessarily lives within a milieu, and thereby parses the milieu into "intérieur" and "extérieur," introduces some significant philosophical questions taken up by Gilbert Simondon (2021).

tended to imagine infected organisms as analogs of the culture mediums in which they grew their microbes — which made sense if you thought that the organism could be considered a closed system as Bernard taught them. Indeed, Pasteur’s first explanation for why his attenuated chicken cholera bacteria effectively preempted infection by the bacteria’s more virulent forms depended upon a “depletion theory” that literalized Bernard’s notion: Pasteur considered the organism as a *de facto* culture medium that contained only a fixed amount of nutrients, as would have been the case with a flask, so that when he introduced attenuated microbes into an experimental organism, they would gobble up all the resources they needed to survive without causing disease; hence, when a more virulent form of the microbe was later introduced, there were not enough nutrients left for it to flourish, and therefore it would not induce pathology. While on the face of it this might have seemed plausible given the dominance of Bernard’s paradigm of the organism as a closed system, germ theory as such unfortunately had a much more critical weakness: if microbes could be pathogenic and they were ubiquitous, why were we not all sick all the time? Or why were we even still alive at all?

A Russian zoologist, Elie Metchnikoff, provided an answer: because organisms responded to the presence of microbes in the *milieu intérieur* as if they had been “attacked.” Recruiting an image imported from journalistic and political discourses about the cholera epidemics, which regularly beset Europe throughout the nineteenth century and which were popularly construed as colonial blowback or “attacks from the East,” Metchnikoff shifted the locus of “attack” from the nation to the organism. And then he reasoned, if organisms are attacked, they would obviously need to “defend” themselves. He paradoxically named this defensive capacity “immunity,” a legal term he appropriated from the diplomatic proceedings of the 1866 International Sanitary Conference convened by European nations in the wake of the recurrent cholera epidemics.⁶ This was a fortuitous choice of metaphors since “immunity”

6. Now often credited as providing the prototype for the World Health Organization, seven International Sanitary Conferences were convened between 1832 and 1893 in response to the persistence of cholera epidemics. The conferences were legal, medical, diplomatic, and military convocations that attempted to negotiate the rules for enforcing quarantines and cordons sanitaires among them. Different nations had radically different vulnerabilities and different interests. Thus, Great Britain with its colonial and trade interests in India and at the furthest removed from South Asia

has served as an essential juridico-political instrument in the West since the Roman Empire. In fact, immunity represents a paradoxical juridico-political mechanism that underwrites the fiction that the law is universal by creating legal exceptions to it, so that in cases of immunity, not obeying the law becomes a way to obey it. As a result, immunity enables the political contingencies that inevitably arise within any social formation to circumvent the law while still maintaining its claims to universality.⁷

Metchnikoff's appropriation of immunity in order to describe his concept of host defense entirely transformed the theory and practice of modern medicine to the point where immunity now constitutes one of

(the presumed origin of the contagion) wanted weaker enforcements that limited interference with its interests, while the countries surrounding the Mediterranean (Turkey, Greece, Italy, France, and Spain) had few trade interests and their closer proximity render them more vulnerable to contagion. At the 1866 conference in Constantinople, the parties worked out an agreement whereby Britain would be "immune" from certain restrictions imposed by the conference because its location and its superior sanitation system made it more "immune" from the disease. This conflation of the juridico-political meanings of "immunity" with a new albeit very vague biological valence (places were immune, not people) provided Metchnikoff with a metaphor, which he then elided with another metaphor "defense." This elision was paradoxical since, in juridico-political terms, if you are immune, you do not have to defend yourself, and if you have to defend yourself, you are not immune. In Ed Cohen (2009), I argue that it is this paradoxicality intrinsic to the concept that makes it so useful to bioscience, but also inscribes its limits, especially with regard to the five persistent aporia of immune discourse: cancers, autoimmunity, commensals, pregnancy, and host-versus-graft disease.

7. Immunity was invented by the Roman empire in part as an instrument for establishing its hegemony. The Romans would expand their territories though military conquest, but it was often too costly for them to maintain a military presence in conquered territories in order to assure their allegiance to Rome. Instead, they created a legal ruse. They designated these domains as *civitates liberae et immunes*, free and immune cites, and conferred Roman citizenship upon the male denizens, while exempting them from the essential obligations of Roman citizenship: taxes and military service. Subsequently, throughout early modern European history, immunity served as the main instrument for negotiating the relative spheres of power between monarchs and the Roman Church. Church properties were designated as immune from monarchical power. This is why churches still pay no taxes and why it is possible to claim asylum in a church.

its shibboleths (i.e., if you do not think in terms of immunity, you are not practicing “real” medicine, as acupuncture, homeopathy, and Ayurveda demonstrate). Indeed, immunity-as-defense not only legitimated germ theory as if it were a “natural law” and provided a more credible explanation for why vaccines worked, but it also made medicine “modern” in a political and historical sense. By postulating that infectious diseases correspond to military incursions that require organisms to initiate defensive maneuvers, immunity-as-defense naturalized the modern political and economic disposition that C. B. Macpherson (1962) named “possessive individualism.” Indeed, it seemed to biologically legitimate the philosophical precept that because your body is your property, you have a right to defend it, which was after all Thomas Hobbes’ first premise of juridico-political personhood in the *Leviathan*. However, until Metchnikoff invented the immunity-as-host-defense, immunity had never had, nor could have had, a biological or medical significance, since it contradicted prevailing natural historical and medical theories grounded in Hippocratic environmentalism. Metchnikoff’s immunity-as-defense rectified this incompatibility and thereby fully naturalized possessive individualism, not only in political and economic, but also biological and medical terms. Moreover, Metchnikoff’s immunity-as-defense model, which he explicitly formulated on the basis of cholera’s so-called “comma bacillus” (which Koch proclaimed the “cause” of cholera) transposed the tropes of attack and defense from the level of the nation *to the interior of the individual body*.

Unfortunately, using this model to scale up the effects of contagious diseases that we recognize as epidemics or pandemics from the individual to the population level does not require us to consider that such diseases only arise and proliferate because biologically, politically, and economically speaking we are always already deeply connected. The phylogenetic history of infectious diseases is the history of collective human habitations, especially insofar as fixed agrarian settlements brought together species (e.g., humans, cattle, sheep, chickens, and pigs) that would never have “naturally” coexisted on their own, thereby creating the conditions within which zoonotic diseases could emerge (McNeill 1976). Moreover, ontogenically speaking, there is no individual without a collective, no “I” without a “we,” as Emile Benveniste demonstrated (just as there is no baby without an adult, as Donald Winnicott reminded us). Thus, in the current conjuncture, the unequal distribution of mortality and morbidity rates for COVID only makes sense when we shift our focus from the individual to the collective. For, we cannot account

for the radically disproportionate number of infections and deaths in the US among Black, Indigenous, and People of Color communities, as well as among the elderly, especially those living in care facilities, by considering only what happens in the *milieu intérieur*. Even if we frame our consideration in terms of the prevalence of “comorbidities” (diabetes, asthma, heart disease, etc.) among these groups, it begs the question of why these “comorbidities” appear so regularly among these particular groups, yet less frequently among cohorts that are younger, whiter, and more affluent.

No doubt the consequences of socioeconomic as well as racial and ethnic disparities manifest in individuals as biochemical events, altering vulnerabilities at the cellular and molecular levels. However, focusing on this level alone, as the source or the site of “the problem” that the COVID pandemic represents, fails to address the basic fact that while it may appear as if the disease primarily affects individual organisms — although it does so in very different ways for completely unknown reasons — these bodies always coexist with other organisms of different scales as their condition of going-on-living. Hence, while living organisms may localize the effects of viral contagion as transformations in cellular and biochemical processes — living organisms are after all transformations of matter and energy localized in time and space — this perspective cannot account for the variability of effects that can be mapped onto racial, ethnic, class, and age differentials with great regularity. Obviously, this does not mean that medical efforts to devise more effective treatments for those who manifest symptoms of SARS-CoV-2 infections are not important. Certainly, they are. Yet even these efforts need to recognize that in the absence of specific antiviral treatments, the “successes” of such treatments are limited to supporting the organism in its process of going-on-living long enough for its innate capacity to heal to reestablish a more functional norm — if it can. Moreover, we need to acknowledge that access to such resources by “individuals” depends on the political, economic, technological, environmental, and infrastructural contexts that they live within, and which vary widely according to geographical, racial, class, and other differences.

Unfortunately, our investments in the dominant biomedical ideology frequently cause us to misrepresent the facts on the ground. Despite the intensive international bioscientific exploration of SARS-CoV-2, which has yielded incredibly detailed insights about the biomolecular and biophysical properties of the novel coronavirus, there is a fundamental mismatch between the experimental and public health discourses

about COVID. In part this incompatibility results from the way public health was recast at the end of the nineteenth century in the wake of the bacteriological-immunological revolution, and especially in relation to cholera. Before Koch isolated the comma bacillus and declared it to be the “cause” of cholera (rather than, say, the political and economic conditions that allowed the water supply to carry these bacteria to those who drank from and bathed in it), public health had an explicitly environmentalist ethos. For example, Koch’s archrival Max von Pettenkofer, whom Koch dethroned as the chief public health officer of the German Empire (in fact Germany’s public health authority is now named the Robert Koch Institute), did not subscribe to the germ theory of disease but instead held to an explicitly political and environmentalist perspective that foregrounded the vital entanglements among individuals: “Each individual derives advantage, not only from his own health, but just as much, and sometimes even more, from the health of other people, from his fellow men. ... A community, a city, performs not only an act of humanity when it makes provisions for the healing of illness and for improving the citizens’ health, but at the same time it creates and invests a capital that yields dividends” (von Pettenkofer 1941: 487–88). Needless to say, this biological, political, ethical, and economic orientation, which foregrounded “community” rather than “immunity” and which, as a result, not only recognized but indeed valued the inextricable interaction among vulnerable individuals, has gotten lost in our current conjuncture (Cohen 2008).

In order elucidate exactly what is entailed by this loss, let us return to the persistent hostility and aggression that circulate around the public health recommendations to wear masks in conditions in which transmission of the airborne SARS-CoV-2 could occur. Now do not get me wrong. I hate wearing masks as much as the next person. As a very myopic person who always has to wear thick glasses, the steaming up that masks produce takes on an almost allegorical significance in this historical moment: I am always seeing through a (foggy) glass, darkly. Yet, no matter how annoying mask wearing can be, the aggressive affective and political responses to it manifestly exceed the material annoyance produced by actually wearing a mask. Indeed, it is not the mask’s inconvenience that constitutes the primary objection to mask wearing; rather the dominant objection rejects the mask as an infringement on individual liberty and freedom. Now my gut response to this is: if wearing a mask is such an affront to your freedom that you have to reject it out of hand despite its well-documented efficacy in circumventing the transmission

of SARS-CoV-2, then you must have a very tenuous sense of your freedom to begin with. Obviously, there are all kinds of required constraints that Americans comply with, which are much more costly or restrictive than mask wearing: taxes and seat belts, for example. Yet by and large people do comply with these requirements despite a small-but-vocal libertarian, anti-tax niche. (I do not know of a comparable anti-seat-belt movement.) So perhaps the excess hostility and animosity evoked by the seemingly less onerous request to wear masks *in order to prevent one from possibly infecting others* arises because such mask wearing implicitly requires recognizing that “being an individual” is not a biological fact but rather a tenuous political, economic, and psychological belief.

A basic misinterpretation about mask wearing makes this clear: many people who refuse to wear masks do not seem to comprehend that wearing a mask is not intended to protect the wearer from infection but to protect others from being infected by the wearer. To take just one egregious example, in the aftermath of a super-spreader event at the White House for the swearing-in ceremony of new conservative Supreme Court justice Amy Coney Barrett, ex-President Trump’s attorney Rudy Giuliani remarked on national television that he never wore a mask and had not gotten sick, thus proving that mask wearing was unnecessary — demonstrating, too, his complete incapacity to take in what mask wearing means. (In any event, Giuliani did contract COVID, though perhaps not on this occasion.) As repulsive as I find Giuliani, he is not an entirely stupid person, so we can probably explain his rank misrecognition according to Jacques Derrida’s (1978: 279) famous formulation: “Coherence in contradiction expresses the force of a desire.” Giuliani simply could not apprehend that mask wearing is intended to protect others from him, not him from others, because he did not want to take in the reality that his individualist self-relation is always already contingent on his relation to others. In other words, in the face of COVID’s biological falsification of the founding premise of toxic individualism, he desires it not to be so.

The 45th president of the US, Donald Trump, remained even more enthralled to this same individualist desire. Trump’s response to his own SARS-Cov-2 infection and subsequent diagnosis with COVID remains exemplary in this regard. Famously eschewing mask wearing and encouraging those around him to emulate his disdain for the efficacy of masks to disrupt viral transmission — both those around him in the White House, as well as the thousands of maskless people who attended his presidential campaign rallies — Trump not surprisingly became infected.

At this point, Trump's personal physician, a military doctor, immediately intervened and mobilized all available pharmaceutical weapons against the virus, including unproven and unapproved plasma antibodies and monoclonal antibodies — which Trump then proudly proclaimed to have entirely cured him in record time, abetted by his allegedly superior genes. (After he left office, it became public that Trump's illness was much more life-threatening than revealed to the public at the time.) Now, why would Trump both accept and endorse the intervention of scientifically unproven experimental treatments that would be injected directly into his body while at the same time refusing the scientifically validated use of masks in order to preempt infections? Why would he advocate all sorts of acceptable and unacceptable protocols (including vaccines, hydroxychloroquine, bleach, or — astoundingly — light) that must be introduced into the *milieu intérieur* while reviling the use of masks which are simply worn to cover the mouth and nose without even encroaching on the bodily envelope? Perhaps because the latter demonstrates that bodies do not end at the epidermis and therefore cannot be fully contained as property, while the former absolutely conforms to this very proprietary presumption. The image of Trump arriving back at the White House by helicopter from Walter Reed Army Hospital and triumphantly whipping off his mask achieved an allegorical significance. Despite his brush with a serious infectious disease that materially proved the fallacy of his biological individuality, the Commander-in-Chief of the US Armed Forces bravely waved his mask for all to see in order to publicly deny the very thing that, as a living organism, he had just proven: that American individualism is biologically counterfactual. Coherence in contradiction expresses the force of a desire.

In the wake of Trump's loss in the 2020 presidential election, his false claims to have won by a landslide mobilized his unmasked minions to egregious outpourings of aggression. Culminating in the mission undertaken by thousands of maskless marauders to storm the US Capitol building to prevent Congress from contradicting Trump's lies (yet more coherence in the face of contradiction), these shock troops of white male ethno-nationalism gleefully paraded their exposed faces for all to see. This confluence of behaviors underscores the ways that toxic individualism has taken its contradictions to new heights as the expression of a pathological desire, almost as if double dipping on the death drive of toxic individualism. In light of this death-defying conjunction, it seems important to notice the gradual emergence of a countervailing political *though not medical* discourse that seeks to address such toxicity: healing.

Throughout pandemic, it has seemed to me a remarkable form of oversight that the notion of healing has been almost entirely absent from any discussion of COVID. This omission is especially puzzling since insofar as anyone has recovered from the symptoms of a SARS-CoV-2 infection, they have done so because of their intrinsic capacity to heal.

While modern medical personnel have been rightly applauded for their heroic lifesaving and life-supporting efforts on behalf of those who have been most acutely afflicted by the effects of viral infection, their actions have been entirely in the service of extending life long enough for the organism to heal itself. As of this moment, there are no proven effective treatments that can directly address, let alone mitigate or “cure,” COVID.⁸ Instead, there are a multitude of supportive measures that can try to forestall death for long enough that those infected will heal — if they do. How this happens, no one really knows because, in the wake of the emergence of bacteriology, virology, and immunology in the early twentieth century, the notion of healing, which had underwritten medical practice for over two thousand years, precipitously dropped out of modern medical discourse. So it seems interesting to notice that at precisely the moment when the conjunctive forces of toxic individualism converged at the US Capitol Building, the very person that they sought to preempt from becoming president had affirmed healing as a political possibility. In his first speech after being declared the winner of the 2020 presidential election, President-elect Joseph Biden proclaimed: “It’s time for America to unite. And to heal.” While I am not sure what Biden had in mind with his statement, it seems at the very least that it expressed a desire to mitigate the death drive that toxic individualism has been unleashing on the nation at large, since healing represents the possibility of holding the death drive at bay — at least for a while. Thus, although healing no longer occupies a pride-of-place in modern medicine, insofar as medicine instead depends on immunity’s individualist presumptions, it may be the case that in the context of the COVID pandemic the reemergence of healing within political discourse might represent the return of the repressed that in this case could disrupt a death drive that seeks to pull all of us down along with it. Here’s hoping ...

8. In November 2020 the US Food and Drug Administration passed an emergency use authorization for a monoclonal antibody therapy, bamlanivimab, for people with mild to moderate cases of COVID who are at risk of progressing to more severe forms of the disease due to age or comorbidities.

References

- Canguilhem, Georges. (1968) 1994. *Études d'histoire et de philosophie des sciences concernant les vivants et la vie*. Paris: Vrin.
- Cohen, Ed. 2008. "Immune Communities, Common Immunities." *Social Text* 26 (1): 95–114. <https://doi.org/10.1215/01642472-2007-021>.
- Cohen, Ed. 2009. *A Body Worth Defending: Immunity, Biopolitics and the Apotheosis of the Modern Body*. Durham: Duke University Press.
- Derrida, Jacques. 1978. "Structure, Sign and Play in the Discourse of the Human Sciences." Chap. 10 in *Writing and Difference*, translated by Alan Bass. Chicago: University of Chicago Press.
- Foucault, Michel. 1996. "Impossible Prison." In *Foucault Live*, edited by Sylvère Lotringer, translated by Lysa Hochroth and John Johnston. New York: Semiotext(e).
- Gilbert, Scott F., Jann Sapp, and Alfred I. Tauber. 2012. "A Symbiotic View of Life: We Have Never Been Individuals." *Quarterly Review of Biology* 87 (4): 325–41. <https://doi.org/10.1086/668166>.
- Guardian*. 2020. "30-Year-Old Dies after Attending 'COVID Party' in Texas." *Guardian*, July 12, 2020. <https://www.theguardian.com/world/2020/jul/13/30-year-old-dies-covid-party-texas>.
- Macpherson, C. B. 1962. *The Political Theory of Possessive Individualism: Hobbes to Locke*. Oxford: Clarendon Press.
- Margulis, Lynn, and Dorion Sagan. 1997. *Slanted Truths. Essays on Gaia, Symbiosis, and Evolution*. New York: Copernicus.
- McNeill, William. 1976. *Plagues and Peoples*. New York: Anchor Press.
- Mogelson, Luke. 2021. "A Reporter's Footage from Inside the Capitol Siege." *New Yorker*, January 17, 2021. <https://www.newyorker.com/news/video-dept/a-reporters-footage-from-inside-the-capitol-siege>.
- Simondon, Gilbert. 2021. *Individuation in Light of Notions of Form and Information*. Minneapolis: University of Minnesota Press.
- Vernant, Jean-Pierre. 1982. *The Origins of Greek Thought*. Ithaca, NY: Cornell University Press.
- Von Pettenkofer, Max. 1941. "The Value of Health to a City: Two Lectures, Delivered in 1873." Translated by Henry Sigerist. *Bulletin of the History of Medicine* 10 (4): 593–613.