Nothing Right.

Nothing Left.

/ Mél Hogan /

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There are many lived realities in a pandemic but only one truth about COVID-19: in 2024, the pandemic rages on, killing and disabling many.

The COVID-19 pandemic was declared on March 11, 2020 in Canada but there's some evidence that a variant was circulating as early as October 2019. There were delays from China in communicating the outbreak. No patient zero or origin has yet been confirmed, but the virus is understood to have broken out at a Wuhan market and to have spread quickly from there. Some speculate a lab leak from gain-of-function research.[1] Whatever the case may be, exactly, for those of us who were following the story in the mainstream news media in late 2019, the scenes depicting the panic in China and later in Italy, and then elsewhere, are seared into our minds. Now, in 2024, the virus continues to spread and mutate, despite the 2020 closures and travel restrictions, masking guidelines,[2] and vaccine programs. In May 2023, the World Health Organization told the world that the state of emergency surrounding COVID-19 had ended,[3] which many took to mean that the pandemic itself had.

How a pandemic "ends," like others historically, is a social rather than medical or scientific assessment. Some might argue that the end of a pandemic is marked by the withdrawal of special measures and health resources by authorities, such as masking guidelines and public information on caseloads. However, for many of us it ends, basically, when the masses determine that they can live within a certain threshold of death and illness. We are in 2024, and the threshold is very high—we're collectively accepting and enabling a deadly and mass disabling event. But we're also lowering empathy registers in the process.

Given the minimizing rhetoric of health outlets like the World Health Organization, leaders, and more local provincial health officers, did the majority of the public opt for a return to normal without truly knowing the costs or consequences of this decision? In the last four years the acceptable baseline for suffering has gone up and with that has come a forced silence around COVID-19, which is now as much of a political trigger as it is a communicable disease.

Infection aside, much of COVID-19 has been an embodied experience. We embody our politics. The memory of lockdowns—*how long those lasted and how lonely and scary they felt*—the discomfort of masking—*how inconvenient and unfriendly it felt*—the effects of vaccines—*to save or harm us*—these are all significant shapers of a pandemic and how it lands and lodges itself into our bodies.

For some, the COVID-19 pandemic is in the past. For others, it's an everyday current stress. It's remarkable, really, just how differently we are living through these same time-spaces. It's also remarkable just how differently we remember the past few years, already, and how likely the narratives about our role and beliefs in these times will change again later to suit our politics at that time. There is already revisionism surrounding COVID-19, both personal and public. Even as I try to recount the main timeline of the pandemic for this piece, I'm forgetting, googling, remembering, reassembling.

I generally give little credit to what the political "right" offers in times of crises because of its total inability to grapple with systemic oppression or deeply rooted social inequalities. I find the "right" to be stunted as a political orientation. However, the "left," which is supposed to be more collectivist in praxis, didn't deliver much more in terms of promising pandemic politics. The "left" couldn't sustain the energy required of "being in this together" while also being differently situated. Admittedly, these are complicated politics. But, to me, the "left" could no better enact collective care here than in the face of so many other (simultaneous) social and political calamities.[4] It failed to intersect. It too, like the right, as a movement, shifted to individual rights and familial survival.[5] The "left" barely outlasted the right: it too quickly began minimizing the effects of the virus. It also failed in terms of strategizing for better work conditions, better public health communication, and better

systems of care for all. The discourse of individual "freedom" won both sides. We've entered an era of embodied denial and despair that manifests as a new normal, a new politics without spectrum.

To continue to acknowledge the challenges of living in a pandemic would mean wearing a mask to prevent infection while also, simultaneously, signaling your personal desire to survive to avoid offending the unmasked. Masking might be more realistically thought of as accommodating people's denial about the effects of COVID-19, but it's rarely if ever interpreted this way. People are tired, done with it, no matter the argument.

Discourse around "collective care" in the context of COVID-19 presents an unparalleled experience of cognitive dissonance for sick and disabled people and those still trying to avoid a mass disabling event, actually living in a pandemic, here and now—despite being desperately needed, it is not actually being practiced, even among those on the "left."

Despite the fatigue, the facts remain. Sustained immunity (i.e., for more than three months) isn't acquired by way of infection. You can't "exercise" your immune system the way you would your muscles—there are no benefits to pathogenic infection.[6] Each new infection raises the risk of Long Covid and death.[7] COVID-19 also makes the human body more susceptible to other diseases. The majority of deaths occur without hospitalization. No body is invulnerable to this virus. There might be "vulnerable" people, i.e., with already known compromised immune systems, but it's also likely that after a COVID-19 infection or two you are also one of these people.

COVID-19 is a systemic, vascular-damaging disease that spreads via aerosols. Even many so-called "mild" cases can result in Long Covid or can damage the heart and brain. You can't "social-distance" yourself from it.[8] The virus can linger in the air for hours. Inhaled, like invisible smoke, COVID-19 can, like other viruses, lodge itself into your systems and surface opportunistically. Kids are no safer than adults.[9] No diet, religion, supplement, or exercise regimen shields anyone from COVID-19's potential impacts.[10] There are few treatments (aside from Paxlovid, if you can access enough of it, for the acute phase), and no cures. The only way to reduce infection is to monitor and filter the air, test, mask, vaccinate the masses, and create the necessary conditions for safety (in hospitals, care homes, schools, and work), and have paid leaves as needed. Everything else is wishful thinking—and/or a grief response.[11]

Since 2020, the scientific community has known of the devastating effects of the virus. Public health tried to be strategic in its communication of the science in order to not cause panic, but, because it (rightly or wrongly) failed to trust the public, it ended up muddying the channels by placating extremists who demanded personal freedom at all costs.[12]

1 Sheryl Gay Stolberg and Benjamin Mueller, "Lab Leak or Not? How Politics Shaped the Battle over Covid's Origins," *The New York Times*, 19 March 2023, https://www.nytimes.com/2023/03/19/us/politics/covid-origins-lab-leak-politics.html.

2 Emily Chung, "Mandatory mask laws are spreading in Canada," *CBC News*, Jun 17, 2020, https://www.cbc.ca/news/health/mandatory-masks-1.5615728.

3 United Nations, "WHO chief declares end to COVID-19 as a global health emergency," UN News, May 5, 2023, https://news.un.org/en/story/2023/05/1136367.

4 Naomi Klein, "The Zone of Interest is about the Danger of Ignoring Atrocities—Including in Gaza," *The Guardian*, March 14, 2024, https://www.theguardian.com/commentisfree/2024/mar/14/the-zone-of-interest-auschwitz-gaza-genocide.

5 Henry Madison (@RageSheen), X.com, March 14, 2024, https://x.com/ragesheen/status/1768352743234899975?s=61&t=s7wClu2iWJ3hl60Qx8OkLw.

6 Jonathan Howard, "Pro-Infection Doctors Didn't Honestly Question Whether Mitigation Measures Slowed COVID. They Sought To Undermine Them Precisely Because They Slowed COVID," *Science-Based Medicine*, March 8, 2024, https://sciencebasedmedicine.org/pro-infectiondocs/.

7 Brianna Scott, "What Do We Understand About Long COVID?," March 14, 2024, in *Consider This*, NPR, podcast, mp3, 11:39, https://www.npr.org/2024/03/14/1198910746/what-do-we-know-about-long-covid.

8 John Johnston (@JOHNJOHNSTONED), X.com, March 14, 2024, https://x.com/johnjohnstoned/status/1768217242595209362?s=61&t=s7wClu2iWJ3hl60Qx8OkLw.

9 Malgorzata (Gosia) Gasperowicz (@GosiaGasperoPhD), X.com, March 14, 2024, https://x.com/GosiaGasperoPhD/status/1768389409823703257?s=20.

10 Le Luo, Ge Sun, Enkai Guo, Hanbing Xu, Zhaohong Wang, "Impact of COVID-19 on Football Attacking Players' Match Technical Performance: a Longitudinal Study" *Nature*, Scientific Reports 14, article no. 6057 (2024), https://www.nature.com/articles/s41598-024-56678-y.

11 Martha Lincoln, "Necrosecurity, Immunosupremacy, and Survivorship in the Political Imagination of COVID-19," *Open Anthropological Research* (2021) 1:46–59, https://www.degruyter.com/document/doi/10.1515/opan-2020-0104/html.

12 Janelle Miles, "Queensland's Chief Health Officer says it's time to stop using the term 'Long COVID,'" *ABC News*, March 14, 2024, https://www.abc.net.au/news/2024-03-15/long-covid-symptoms-queensland-chief-health-officer-john-gerrard/.

Universities, which train and teach future scholars, failed miserably to lead the world to safety through what they claim to do best: challenge power (fascism, neoliberal individualism) and follow science (medical, technological). The least dissonant take I can think of is that universities were strong-armed by provincial government policies and by funding locked into partisan politics—which are ultimately motivated by a return to the profit imperative. The university caved. Perpetuating the idea of the vaccine as a techno-fix "silver bullet," university administrators across the country traded in faculty, staff, worker, and student health for the cash-favourable optics of in-person learning. This was supported by many students and faculty, who, by then, also believed in the minimizing message of public health and were eager to return to in-person.

But again, while nobody wants to be living through a pandemic—now, or then—pretending that COVID-19 doesn't have consequences on the very spaces, bodies, and politics that occupy the university is something all of us can only look back on one day with much shame and regret. The nihilism some feel means that caring is pointless: the world is ending, may as well have fun.[13]

We might think that the pandemic is taking/took a toll on us, our friends and colleagues—which is true no matter how people are living now—but we should also consider the repercussions of abandoning the very ideals that make the university what it is. Do we or do we not care about medical science, critiques of power, critical political-economic thinking, and history (etc.)? At some point—maybe now?—all of our writing about EDI, change, and transformative politics, our celebrating of decolonial intersectional feminist practices, our concern for disability and difference, is starting to sound painfully awkward. The impacts on teaching from COVID-19 denial remain to be seen. But the only option was that faculty members go with the flow or stand against it—be complicit in denial or take a personal hit. Both are deeply harmful options, both lead to burnout.

The university could have played a different role in the COVID-19 pandemic response; one that stood up to capitalist exploitation and saw to the care of its workers, but instead—eroded by decades of anti-intellectual neoliberal choices that undermine education as a public good—the primary concern was for the institution to save itself.

13 lizwhatsherface (@RealGayArbys), X.com, March 14, 2024, https://x.com/realgayarbys/status/1768404597570261012?s=61&t=s7wClu2iWJ3hl60Qx8OkLw.