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## References

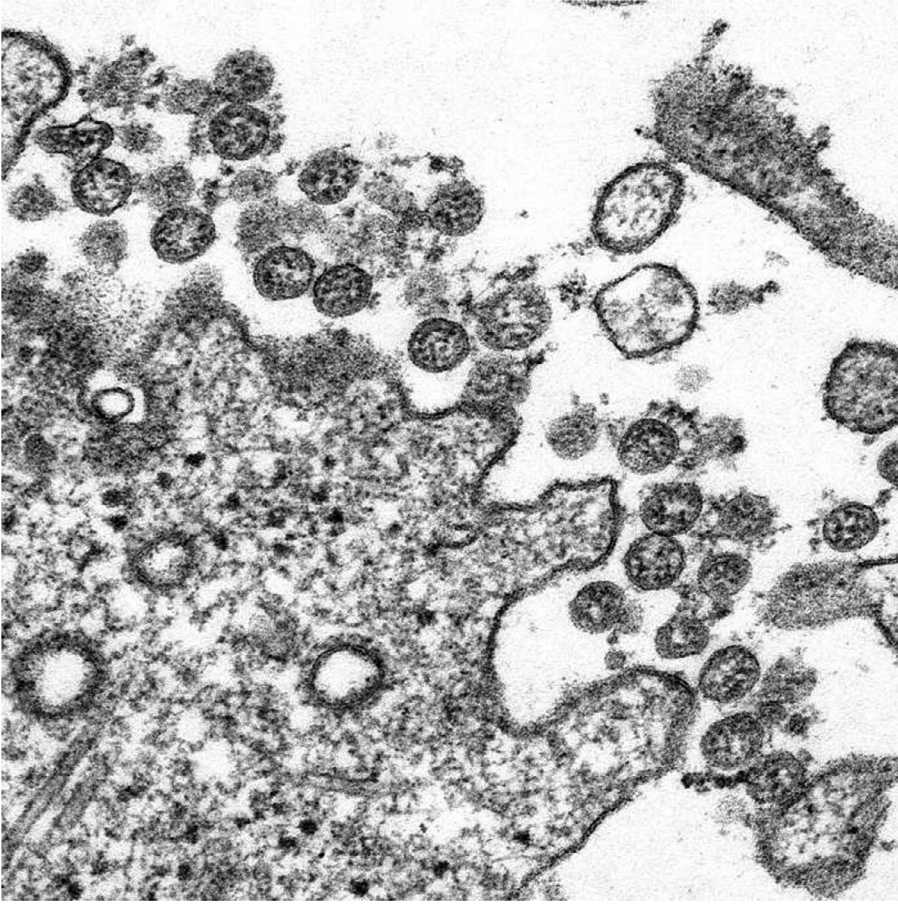
- Davis, A. 2012 [1972]. Speech delivered by Angela Davis at Embassy Auditorium, Los Angeles (1972). *Oxford African American Studies Center* (<https://doi.org/10.1093/acref/9780195301731.013.33982>) Accessed April 2020.
- Lombroso, C. 1876. *The criminal man*. Turin: Bocca.
- Owen, G. 2008. 'An "elephant in the room"? Stigma and hepatitis transmission among HIV-positive "serosorting" gay men', *Culture, Health and Sexuality* 10: 601–10.
- Skarupski, K. A., A. Gross, J. A. Schrack, J. A. Deal and G. B. Eber 2018. 'The health of America's aging prison population', *Epidemiologic Reviews* 40: 157–65.
- Udo, T. 2019. 'Chronic medical conditions in US adults with incarceration history', *Health Psychology* 38: 217–25.

NASIMA SELIM

# Letter from the (un)seen virus: (post) humanist perspective in corona times

Dear humans, you cannot see me with naked eyes,<sup>1</sup> and yet you can no longer ignore my existence (Figure 1). My official title is long: Severe Acute Respiratory Syndrome-Coronavirus-2 (SARS-CoV-2). I am also known as nCoV, the 2019 Novel Coronavirus, or simply Corona. In early December 2019, I was making the usual rounds in a Wuhan food market in Hubei province in China. The market was thick with humans and non-humans in proximity. I attached myself to a tiny droplet slipping inside 'patient zero', who sneezed, coughed, suffered from high temperature and breathing difficulty, and recovered after two weeks. 'Patient zero' thought I was an ordinary virus that caused the endemic, seasonal flu. It was not until I had multiplied in hundreds and thousands,

<sup>1</sup> A select few can access the electron microscope, while the rest of us 'see' the virus as a mediated image.



**Figure 1** Transmission electron microscopic image of an isolate from the first U.S. case of COVID-19, formerly known as 2019-nCoV. The spherical extracellular viral particles contain cross-sections through the viral genome, seen as black dots. © CDC/C.S. Goldsmith and A. Tamin (CDC 2020)

and an unusually high number of pneumonia cases had been reported, that the global health authorities took notice (Heymann and Shindo 2020).

As of 11 March 2020, I am the official cause of the latest pandemic of the 21st century, named COVID-19, the novel coronavirus disease. As of today, 10 April 2020, 10:20 CET, I have circulated myself across 202 countries (areas or territories with cases), infected 1,439,516 humans, and killed 85,711 (WHO 2020). In 1918, a distant cousin, to which you have attributed the so-called 'Spanish influenza pandemic', killed more than 50 million people (Martini et al. 2019). I am probably not that ruthless, not yet. Like my cousins, I work better where there is a structural vulnerability. Since I have travelled all over the world, much more than you can imagine, even to my (un)seen nonhuman mind, the global state of human affairs defies any sense of logic. At this point, you might cite your great thinkers, natural and social scientists, to convince me that it is all about power and structural inequality. If I am subjected to my physical and

biochemical properties, occasionally mutating, with a degree of microscopic agency, humans are more than physio-chemical entities. In the order of natural and created beings, you are probably not the brightest. But the specific feature of expanding consciousness and the unusual property to feel empathy and solidarity for others at the cost of your safety or short-term profit, provided you with tools of which we nonhumans can only dream. You could still save the weak, the dispossessed, the comorbid, the elderly and the immunocompromised from my unintentional rampage. I am not a prophet of hope, rather the harbinger of the apocalyptic imagination. If you have not listened to the wise members of your species so far, would you care to listen to me?

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## References

- Center for Disease Control and Prevention (CDC) 2020. Details (<https://phil.cdc.gov/Details.aspx?pid=23336>) Accessed 10 April 2020.
- Heymann, D. L. and N. Shindo 2020. 'COVID-19: what is next for public health?', *Lancet* 395: 542–5.
- Martini, M., V. Gazzaniga, N. L. Bragazzi and I. Barberis 2019. 'The Spanish influenza pandemic: a lesson from history 100 years after 1918', *Journal of Preventive Medicine and Hygiene* 60: E64–7.
- World Health Organization (WHO) 2020. Coronavirus disease (COVID-19) situation dashboard (<https://who.sprinklr.com/>) Accessed 10 April 2020.

SOMDEEP SEN

# To value or re-evaluate? On the anthropological perspective of a crisis

In his ode to New York City under lockdown, David Remnick was accurate in noting that 'life now depends on our withdrawal from life' (2020: 5). But this ethos presents an acute challenge to anthropology since it is proximity to (rather than withdrawal from) the data, subject and field that epitomises the value of anthropological knowledge.

Of course, during a crisis it is easy to claim that 'everything must change'. And, anthropology as a discipline is expected to reconcile the present-day need for (social) distancing with its disciplinary quest for proximity. Yet, rarely do we notice that despite a crisis very much remains the same and, as is the case today, the larger schemes