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Outsides and insides: Covid-19 seen from the first floor of a house in Mirpur, Dhaka

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Science,
Medicine, and
Anthropology

A collaborative website covering the intersections of medical anthropology, science and technology studies, cultural psychiatry, psychology and bioethics.

By Hasan Ashraf (<http://somatosphere.net/author/hasan-ashraf/>) and Annemarie Mol (<http://somatosphere.net/author/annemarie-mol/>)

This article is part of the series: Dispatches from the pandemic (<http://somatosphere.net/series/dispatches-from-the-pandemic/>)

In this contribution to Somatosphere's *Dispatches from the Pandemic* we attend to practices of boundary making, of separating outsides from insides. The new coronavirus appeared on the global stage as a threatening invader that is to be kept outside of human bodies. But it is not obvious how to achieve this. *Where* and *how* to make the boundaries around those bodies? At the borders between countries, between urban centres and rural peripheries, between public spaces and private houses, between the face and hands of one body and those of the next? All these boundaries can hardly be sealed. This raises the question how to allow some things to cross – citizens returning home, food needed for survival, waste that presents risks when piled up – while preventing the virus from sneaking along too.



Street view from the floor with vendor. Courtesy: Hasan Ashraf

Over the last few months we had an email conversation about these issues, with Hasan living in Mirpur, a neighbourhood in Dhaka where the incidence of Covid-19 is high, and Annemarie living in an apartment in Amsterdam. The distance between these two places was already impressive before, but suddenly it became physically insurmountable. However, thanks to the Internet we could still continue the conversation we started in the years that Hasan lived in Amsterdam. And yes, in Amsterdam daily life changed as it

became confined to limited spaces, with families juggling tasks that were hard to combine, and those living alone getting lonelier. Shopping for food turned into an art, every stroll or bicycle ride was its own triumph, while striving after hygiene led to yet more pollution (<file:///C:/Users/Meethu/AppData/Local/Temp/somatosphere.net/2020/clean-in-times-of-covid-19.html/>). However, daily life in Mirpur was considerably tougher and a lot more confusing. As it is also underrepresented in the rest of the world, this is what we decided to focus on here. Hence, what follows is a short exploration of outside/inside divisions as they were made and unmade in Bangladesh.

Covid-19 crossed the boundary between the outside and the inside of Bangladesh in March. It probably did so along with a flow of expats and migrant workers, returning from Europe and the Middle East because they were laid off or deported (<https://www.thedailystar.net/backpage/news/ask-countries-not-deport-migrants-amid-pandemic-1897765>), or because, if death was inevitable, they wanted to die at home. By mid-April more than 600,000 Bangladeshis had crossed the border.[1](#_edn1) Earlier, in January, returnees from China (mostly students and their families) had not been allowed to enter, which meant that more than 300 of them were stranded in Wuhan, living in despair for weeks. By early February most were brought back and put in quarantine centres (see below). A few stayed behind: someone posted on Facebook that she did not want to risk infecting fellow citizens. By March all this vigilance had waned (<https://www.dhakatribune.com/bangladesh/dhaka/2020/03/18/coronavirus-screening-at-dhaka-airport-falls-short-says-returning-bangladeshi>). Thermal screening at the airport was no longer functional and the number people landing at Dhaka airport was simply overwhelming. In an attempt to still keep the virus out and isolate Bangladesh from the rest of the world, international flights were suspended and seaports and border posts were closed.

A second boundary-making technique was that of setting up government run quarantine centres. There was one close to the airport, but that quickly filled up. Another one was created at the city fringe on the North, overruling urban elites (<https://www.dhakatribune.com/bangladesh/nation/2020/03/20/coronavirus-residents-protest-against-quarantine-centre-in-uttara>) who did not want such centres – and their potentially infected inhabitants – in their neighbourhoods. [2](#_edn2) Returnees from Wuhan were taken to quarantine centres in a special convoy. There, they faced misery for fourteen days. So did returning migrant workers. While just a few weeks earlier they had been celebrated as remittance earners providing the country with foreign currency, they were now treated as enemies. (<https://culanth.org/fieldsights/crowd-contagion-corona>) Returnees from Italy were particularly stigmatized. (<http://rottenviews.com/?p=1087&fbclid=IwAR1MfF2v2iK5MPPgdXKfUyaU7GTHfC0uj8O9KFZfBc-qGWTdImfRPOmhOUU>). As daily needs were not met in the quarantine centres, a lot of the people escaped from them and, disappearing from any possible oversight, returned to their villages. In this way, the virus did not just cross the national frontier, but also the boundary between Dhaka, the early epicentre of the virus in Bangladesh, and its expansive hinterland.

Other measures also disrupted the boundary between urban and rural areas. By the 23th of March the government decided to impose a 10-day lockdown that would start from the 26th of March onwards. However, it was not *called* a lockdown. Rather than clearly telling people to *stay put*, government spokespeople used the term *shadharon chuti*, which in current Bangla usage means ‘general holiday.’ A blunder. For when people have a holiday, they go to visit their families ‘back home’ in the villages from where they, or their parents, had migrated to the capital. In the three days before the 26th of March, half of the inhabitants of Dhaka travelled back to their respective villages. (This big data fact was made known by phone companies, who counted 10 million mobile phones leaving Dhaka.) And those who left did so for good reasons. Yes, they had a holiday. But many of them also realised that working as a daily labourer or in the informal sector would get more difficult

than ever during the *shadharon chuti*. Take Dhaka's 1.5 million rickshaw drivers: basically, they all became jobless overnight. And while the government had promised to feed 'the poor,' what this would amount to was uncertain. In the villages, at least, their families would share their supplies. There would be something to eat. Thus, by the time long distance domestic bus travel, train travel and air travel were all suspended in the end of March, the virus had already spread widely. There was panic.

In the middle of the 'general holiday,' sometime in early April, hundreds of thousands of garment workers had to return to the larger cities, crossing long distances, mostly on foot. They came back to collect wages due to them but also because they feared that they would lose their jobs if they did not show up when the factories would reopen after the 10-day break. At the very last moment, the general holiday was extended. This meant that most garment workers had to return to their village, again on foot, as their landlords, who suspected them of carrying the virus, did not allow them to enter their urban dwellings. Many lost not just their furlough, but also their jobs. Others were put to work again, despite the 'holiday' extension, and were tasked with producing personal protective equipment for export to Europe and North America. Those who managed to return to their villages faced intimidation again, as there, too, they were marked as possible carriers of the virus. The massive back and forth flow of walking bodies, away from and towards the cities, created more panic.

Those who could afford it now sought to protect at least the outside/inside boundary around their own individual bodies. In middle class markets, personal protection equipment and hand sanitizer quickly sold out. There was general anxiety about the impossibility of 'social distancing' in the slums, where houses are too small and streets too crowded. Given the usual of shortage of water, those living in the slums were also hardly able to wash their hands. Added to that, the #stayhome campaign (a term used by both government and NGOs) made even less sense for the many people in Dhaka who had no home to stay in. They might find a place to sleep for some time but then had to go on again – hauntingly mobile.



Early morning, two roofless men asleep on a road island. Courtesy: Hasan Ashraf

Against this background, Hasan's life and work were necessarily narrowed down to a single street in Mirpur. This street is 130 meters long and does not have a name. It contains thirty-three buildings, mostly between four and eight stories high, with several flats on each floor. In addition there is the building in which Hasan lives with his mother, his older sister and her daughter: this has only two floors. Hasan's room is one flight up, which in Bangladesh means he lives on the first floor.



Buildings in the street. Courtesy: Hasan Ashraf

In the neighbourhood, the atmosphere started to change in the first week of March. Everyone seemed to be waiting for something that was going to happen – it felt surreal. On the tv there were infographs explaining proper handwashing and the use of sanitizer and face masks. March 8 saw the Bangladesh's first official case of Covid-19 in Mirpur, and ten days later the new virus claimed its first officially recognised death. It was at this point, too, that the government shut down all educational institutions across the country. This directly affected the street. As there are several schools and madrasas nearby, usually hundreds of students would come and go all day long. This includes the evening, when (a rising number of) private coaching centres and individual tutors who work from their flats are in business. A kindergarten and a music school are situated next to Hasan's building. Suddenly their clatter subsided, there was no more singing, the music died down. The fast food outlets, school uniform boutiques, and stationery shops catering to students from four to eighteen years and older all found themselves without customers. In peak hours, there were no more traffic jams. The street became eerily quiet, in the grasp of corona fear.

No-one showed up on my street today who sells vegetables, rat and bug killer, or buys used IPS/UPS batteries, damaged motherboards and monitors. Did not hear the rickshaw bells all day either or the guy who buys hair for 3000 taka per kg. Many have told the newspaper boy not to deliver anymore from tomorrow. Many have asked the house maids not to come anymore so as to stay isolated. All (middle class) houses turned into cages. It is like a military drill all around. Only a group of five blind singing beggars brightened the evening up a bit.

Hasan Ashraf's field notes from March 23

When the government declared its 'general holiday,' neighbourhood grocery shops were ordered to close business for the day by 2pm. Law enforcers appeared on the street to ensure that they did. Most flat dwellers, if they ventured onto the streets at all, took disinfectant with them, and if they dared to go in a rickshaw, they first disinfected their seat. The all but impossible task was to avoid touching things. The guards of a few neighbouring buildings, six in total, were busy all day spraying disinfectant on the gates. They sometimes went to the stores for those owning flats in their building, but they were not

allowed to enter the flats. While maids were sent home (so that the remaining women had to shoulder a lot of extra tasks and fights grew in numbers and volume) the guards were not laid off. They live in a tiny room on the ground floor of their buildings, which they guard around the clock.[3](#_edn1). Talking with them from his window, Hasan learned from the guards about the first confirmed case of Covid-19 on the street. It was otherwise kept secret for a few days, but then a red flag marked a now forbidden entrance and a notice was put up that said: *this building is in lockdown*. That is what 'lockdown' came to mean: the strict isolation of those who were infected to keep the disease in check. A boundary erected between a dangerous inside from where the virus should not go out.



Disinfectants. Courtesy: Hasan Ashraf

But while people made boundaries around their houses in the entire street, it was impossible to keep them sealed. If only because food had to enter and waste had to go out. Most people had some supplies. Early March, Hasan's mother had bought rice, lentils, flour, and cooking oil that would last the family for two months. She also bought a few chickens and fish to store in the freezer. Hasan urged her to stock more basic items, but his mother refused. She was upset that not everyone was able to stock up and she said: "If people cannot get food to eat, we should starve too. We will see when that time comes." So instead of emptying yet more shelves (something that in the media was depicted as uncivil), she shared her resources with people around her in Mirpur and with relatives in her village.[4](#_edn1) After that, the family could still pay for fresh vegetables, green chillies, and herbs for daily consumption. But how to procure them? The requests for online grocery shopping had increased so steeply that it was impossible to secure a delivery slot. A few times, when there was nothing fresh left to cook with, Hasan walked to a nearby bazar. He also went out to buy medicines and cat food. When coming home from those errands, he would not sit with the others around the dinner table downstairs, but cook his own food upstairs, or a meal would be left for him outside his door.



Vendors in the street again. Courtesy: Hasan Ashraf

The family, like neighbouring families in their street, prefers to buy from mobile vendors, who cart their wares through the streets to earn a living. The concern here is with letting vegetables, chillies and herbs in, while keeping the virus out. Hasan's sister invented a system for this that involves a red bucket. When, out of ethnographic curiosity, Hasan asked around to see how other households were managing the same conundrum, others appeared to haul foods into their houses in more or less the same way. This system is still in place at the time we finalise this text, in late July.



Red bucket with vegetables. Courtesy: Hasan Ashraf

Whenever Hasan's sister hears vegetable sellers screaming on the top of their lungs out on the street, she calls them to please wait. She climbs up one flight of stairs and goes out on the balcony to see what is on their cart. After a bit of bargaining she asks them, in good faith, to put the items agreed upon inside a red bucket that is awaiting them in the patio, behind the gate. They have to avoid touching the bucket. She pays the exact amount agreed upon, or asks them to put change in the bucket as well. When the sellers leave again, they close the gate. This means that the gate has been touched, hence Hasan's sister, once downstairs again, sprays it with disinfectant. The bucket, that has

not been touched, she carries into the kitchen. There, she washes whatever she bought in running water, with soap. She leaves vegetables in salt water or a vinegar solution for two to three hours before they are cooked. While she knows that neither the washing nor the salt or acidic water are necessary, she does it anyway. Asking around revealed that many others in the neighbourhood engage in the same ritual. Non-washable items that cross the outside/inside boundary of the gate (open by day, locked during the night) are left untouched for two days on the downstairs veranda.



The gate. Courtesy: Hasan Ashraf

Just a few months ago, kitchen waste would exit the house by means of a bucket, too. A black bucket this time. Throughout the day, it would stand in a corner of the kitchen and gradually it would fill up. The garbage collectors, who come every day except Sundays, would announce their presence in the street by blowing a whistle, screaming *moyla, moyla* (garbage, garbage) and pressing all the doorbells. At this point, one of the family members would pick up the black bucket and put it next to the gate, so that one of the garbage collectors could take it, pour the garbage in his van and return the bucket. However, this procedure involves bucket-touching and hence might allow the virus to enter the house. It was banned. The bucket became idle and polythene bags took its place. In order to block yet another possible route of contamination, the garbage collector and his associates were told to no longer touch the doorbell but only to blow their whistle. The ears in all the buildings had to be extra alert in order not to miss the whistle.

But while changes like this may protect those who live in the buildings, it doesn't do much for garbage collectors. As it happens, the garbage collectors working in the street are new to the job, having come in just before the pandemic as the previous ones left over Covid-fears and disagreements about payment. At the beginning, they had gloves handed out to them by the Dhaka North City Corporation. These were thin and tore quickly. They were also provided with protective overalls, but only in adult sizes, and equally fragile. Hence, now they lift bags and boxes with their bare hands. And with their bare hands they likewise separate out the garbage to set aside everything that might have a resale-value in the recycle market. Plastic bags are put in a plastic drum, as 1 kilogram of soft plastic bags is worth five to ten taka. Cardboard boxes that are still intact are kept separate, too. 'Valuables' like batteries, spoons, metal items, or tin foil all go in separate bags. The garbage collectors also look for sandals, broken toys, and plastic utensils. When they discern a dumped exercise book, they inspect it to see if there is a white page left to use. If there is no white page, the used ones can still be sold as packaging. Old newspapers are kept separate as they, too, can be sold.



Garbage collector still in protective overalls, but with bare hands. Courtesy: Hasan Ashraf

As it turns out, the current garbage collectors come from a single family. Rafique, a man in his mid-thirties, does most of the work. ('Do you know the name of the *moyla-wala*?' Hasan asked around – nobody did – which is why we mention it here, rather than anonymising him *again*.) Some days Rafique is accompanied by his two sons, who are seven and eight years old. The schools are closed anyway and the boys can help with the sorting. Sometimes his younger brother joins in. They got this job from a contractor who collects service charges from each flat. The contractor pays Rafique 14,000 taka (140 euro) a month for collecting garbage in this street and an adjacent one, with twenty five large buildings with many flats. Rafique has accepted this payment because garbage collecting is less precarious than pulling a rickshaw (higher in status) or doing construction work (better paid). But he is worried about his younger brother. When at one point the younger brother did not appear for a few days, Rafique explained (to Hasan's mother) that he had mercilessly beaten him for using heroin. A small amount of weed, he said, is fine to do the job and to recover at the end of the day, but heroin is just too much. It is dangerous. So for a few days the younger brother wasn't able to work, he returned later. Rain or shine, Rafique goes about his work methodically.



Overalls have gone. Courtesy: Hasan Ashraf

On May 30, after 66 days, the *general holiday* has been lifted. Now, to reduce people's mobility, a new method of dividing the city into red, yellow and green zones is experimentally put into place. But only in a few areas. Around red zones most passage ways are barricaded, there is just one entry/exit left, that is guarded. But it is not working, as people still need to cross the borders between the zones. Meanwhile the number of deaths is increasing, the hospitals are on the verge of collapse, access to hospitals for non-corona patients has become a nightmare. People are dying at the hospital gates and in the ambulances roaming through the city, begging to be treated. Such is the news pouring in. Some individuals have taken their lives after testing positive, while the quality of the tests is in question. The official number of deaths is now 1,343 and around 50 of them are doctors. How many nurses have died I do not know.

Hasan Ashraf's field notes from early June

Outside and inside. Inside and outside. In this piece, we have presented a few boundaries erected to stop the virus from traveling. Boundaries between countries, between Dhaka and the rest of Bangladesh, between the public street and private houses, between this zone and that other, between one body and the next. Sometimes maintaining these boundaries works. Sometimes it fails. What then remains is trying to boost one's immune system, in the hope that the virus that has may have entered one's body can be fought off. On Hasan's street, at some point, a cohort of young boys appeared to sell packs of vitamin C, shaped as lemons or oranges. Do they help? Who knows? Maybe they helped Hasan – something did. While the above text does not show it, there was a gap in our emailing. Was it the bazaar, the pharmacy, a neighbour passing by in the street? From one outside or another, the virus entered Hasan's body. No, he was not tested, but the symptoms were striking and suggestive of Covid 19. Luckily, Hasan recovered all by himself – that is to say, thanks to his family leaving food and water for him outside his door for 38 days. Things would have been far worse had he needed medical care from overworked doctors and nurses in one of the overburdened hospitals.



Vendor in the street. Courtesy: Hasan Ashraf

As of July 21, the estimate, based on official data, is that 2928 people have died from Covid-19 in Bangladesh. Compared to other countries (https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1?%20), when factoring for population, this is low: 16 per million inhabitants; while in the US by that same date 434 per million inhabitants have died, and in the Netherlands, 358. However, the numbers are still steeply rising. Nobody knows where they will go. Those involved do not receive the usual burial or cremation care, as funerals are

done hastily. And it is excruciatingly difficult to maintain all the inside/outside boundaries rehearsed above. It is ever more difficult as times goes on. At some point during the last few weeks, Hasan's mother could not *not* visit a friend in the next building who had just become a widow. Maintaining a tight boundary around each and every individual body goes against living together, with obligatory bonds and affectionate ties. It may protect the body, but it harms the soul.

dear Hasan, here is version 01 of our text. I cut and pasted from your emails, shifted sentences around, shortened them, or adapted them to (what I think is) more conventional English. I tried to keep your tone and write calmly even about things that are scandalous and/or heart breaking. I know you would be able to add lots, but this is more or less the length of a blog post. Is this what you want to say? Feel free to change whatever you want, or to indicate where you think change is needed. Take care of yourself, wave from Amsterdam, Annemarie

Excerpt of email from Annemarie to Hasan, dated July 7 2020.

Excerpt of email from July 21: dear Annemarie, please find attached version 02. It feels good that I am finally sending this, but bad that it took so much time. With everything that is happening (suddenly we had to teach on line, while many of the students have no access to internet, my mother's health is not good and I had to accompany her to the hospital – and so on) it is difficult to concentrate. But here it is. I kept in my mind not to make the text bigger, so I avoided all (or most...) temptations. I added two hyperlinks and made some parts a bit more precise. One last suggestion, shall we end the text with the way fake corona tests that have further complexified inside/outside separations in Bangladesh? I hope you are doing well, wave back to Amsterdam, Hasan.

Excerpt of email from Hasan to Annemarie, dated July 21 2020.

If the official numbers look too good to be true, then this may well be because they are. In July, it appeared that the first private hospital that had signed a contract with the government to test for the coronavirus in a PCR lab had provided 15,000 fake test results. They had gathered samples, but never tested them in the lab. As journalists dug into this scandal, they found that a few other testing centres, including a reputed private medical college in the city centre, were handing out test results without government approval. The government subsequently closed these facilities and arrested twelve health care providers. Confusion grew as certificates, whether negative or positive, had lost their value. This problem was aggravated by the fact that, soon enough, both fake positive and fake negative certificates were for sale on the black market. Because Europe and East Asia started to reopen their borders, workers and business delegates, hoping to go back to their jobs or to revive their businesses, tried to cross them again. Here is a snippet of the news that followed: ["Italy's health minister, Roberto Speranza, has ordered the suspension of all flights coming in from Bangladesh after at least 37 Bangladeshi passengers arrived in Rome and tested positive for Covid-19, according to Agence France-Presse."](https://www.nytimes.com/2020/07/16/world/asia/coronavirus-bangladesh-italy-certificates.html) (<https://www.nytimes.com/2020/07/16/world/asia/coronavirus-bangladesh-italy-certificates.html>) With testing surrounded with confusion, fewer people now have had themselves tested. From those who do, nearly 25 per cent are positive. Bangladesh is climbing rapidly in the ranks of active cases. And while the death rate in the major cities remains steady, those of the rural interior are on the rise.

From his first floor window, Hasan sees ever more people in his street again. But there are fewer face masks. Maybe fear has been replaced by despair. People so desperately crave some form of 'new normal' that they even embrace one that is bound to be dire.

Hasan Ashraf (<https://www.juniv.edu/teachers/meethu>) is working as an Assistant Professor at the Department of Anthropology, Jahangirnagar University. His research is focussed on the garment industry, water shortages and other complexities of daily life in Dhaka.

Annemarie Mol (<https://www.uva.nl/profiel/m/o/a.mol/a.mol.html>) is Professor Anthropology of the Body at the University of Amsterdam. Recently she has sought to draw theoretical lessons from eating practices and currently her research is shifting to issues to do with cleanliness and cleaning.

Thanks to John Law and to Wahid Al Mamun for comments and editing.

Endnotes

[1] ([#_ednref1](#)). Dhaka airport has three exits for the arriving passengers: a regular exit, a VIP exit and a VVIP exit. Both the state of cleanness and the practices of screening are different in the three related airport sections. Migrant workers arrive in a general arrival hall, which is usually crowded. Here, passing the immigration officers' desks, takes more time than in the other halls. The luggage of migrant workers is checked more thoroughly than that of passengers in 'better clothing and appearances' (as the friend who confirmed this information put it). Hence, the structural constraints work out differently for different groups of passengers.

[2] ([#_ednref2](#)) In the most terse times, there was *nimby-ism* all over Covid-infested Dhaka. In some places, neighbours even attacked homes so as to oust covid-19 positive people from their neighbourhood.

[3] (http://somatosphere.net/wp-admin/post.php?post=18459&action=edit#_ednref1). The guards are not the only ones in Mirpur to live in just a single room. The neighbourhood is mixed and there are whole clusters of buildings inhabited by people with low incomes that are divided up into rooms. These buildings have either no main entrance gate, or a small tin-gate that is not locked. All rooms have separate doors. The woman who helps Hasan's mother with household chores lives in a such a room and tells that end-March and early April she and her neighbours, sharing a cluster of rooms, also shared a piece of soap at their only water source. They tried to stay inside their room, but this was difficult. Due to the tin-roofs the rooms became too hot during the day. They also had to go out to buy food more frequently than middle class families, as most of them had no refrigerator. Keeping physical distance was also hard, as many families would share a single cooking spot, shower and toilet.

[4] (http://somatosphere.net/wp-admin/post.php?post=18459&action=edit#_ednref1). Hence, while the *general holiday* wanted every 'body' to individualise and guard their inside/outside boundaries with everyone else, there were also displays of solidarity. Many middle class people gave food and cleaning items to the people in their neighbourhoods who needed it. Groups like school/university alumni and neighbourhood voluntary organisations collected donations, bought food and cleaning items and arranged for their distribution. There were also religious festivals encouraging sharing with the poor. However, things gradually became more difficult as a lot of middle class people also lost their own sources of income, while between March and June [the number of ultra-poor increased from 10.5 per cent to 20.5 per cent of the population](#) (<https://www.thedailystar.net/business/news/pandemic-doubles-extreme-poverty-1943653>). The government had promised to ensure relief, but this led on to scandals to do with party cadres outright stealing supplies or just seeking to show off – as did the party leader who took back the relief he had been handing out once the photo session was over.

Clean in Times of Covid-19: on Hygiene and Pollution (<http://somatosphere.net/2020/clean-in-times-of-covid-19.html/>)

Nourishment dilemmas: the complex science of caring for children with CZVS (<http://somatosphere.net/2020/care-children-czvs.html/>)

The "macrobiotics friends association": nurturing life amidst chronic disease in Vietnam (<http://somatosphere.net/2021/macrobiotics-friends-association.html/>)

COVID-19 Forum: Introduction (<http://somatosphere.net/2020/covid-19-forum-introduction.html/>)

Reflecting on SARS, 17 years and two flu-like epidemics later (<http://somatosphere.net/2020/sars-covid19-coronavirus-epidemics-reflections.html/>)

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