

RESEARCH ARTICLE



Epidemiology as methodology: COVID-19, Ukraine, and the problem of whiteness

Marina Levina

Department of Communication and Film Memphis, University of Memphis, Tennessee, USA

ABSTRACT

This article introduces epidemiology as a methodology for performing critical cultural studies and for excavating meaning in times of disparate global crises. I explore the interconnections between COVID-19, the Black Lives Matter movement, and the Russian invasion of Ukraine to examine the interconnections between health, colonialism and whiteness. I introduce the term “epidemiology of whiteness” to illustrate how whiteness functions as an unexamined privilege that directly impacts population health.

ARTICLE HISTORY

Received 4 April 2022
Accepted 5 April 2022

KEYWORDS

COVID-19; Ukraine;
epidemiology; whiteness

COVID-19 ushered epidemiology – the science of tracking population health – into the public imaginary and discourse. Epidemiologists were treated by the popular media as prophetic guides through the uncertainties of the pandemic. The articles which interview epidemiologists on decisions they made for themselves and their families during the pandemic were presented as signposts for the general population. Epidemiology, however, like all sciences, is not a reified certainty, but rather an ideological and political enterprise aimed at making discursive and affective sense out of the uncertainties and unpredictability of disease.¹ In other words, epidemiology is first and foremost a theory that tries to make sense of our embodied experience of health and diseases. As Nancy Krieger argues:

Epidemiologic theory is about explaining the people’s health. It is about life and death. It is about biology and society. It is about ecology and the economy. It is about how the myriad activities and meanings of people’s lives—involving work, dignity, desire, love, play, conflict, discrimination, and injustice—become literally incorporated into our bodies—that is, embodied—and manifest in our health status, individually and collectively.²

Epidemiologic theory is therefore grounded in intersectionality, or the examination of health at the intersection of gender, race, ability, and sexuality. However, epidemiology can also contribute to critical cultural studies. Critical cultural scholars need to consider the potential for epidemiology as a critical mediated and rhetorical methodology for excavating meaning. As epidemiology tracks a viral spread in the population in “real” time, epidemiology can be conceptualized as a methodology to track the interconnections between various seemingly disparate global crises to see how they intersect to “infect” the bodies of citizens, nation-states, and the global community at large. Epidemiology as methodology allows us to draw connections where there seem to be none, to allow for

a broader understanding of global crises as infections, or violence that affects the most vulnerable bodies and populations.

To treat epidemiology as a methodological approach in tracking the discursive and affective spread of an event in real time is to realize that completion is not possible and that the meanings and its affects will be constantly changing alongside the event. I see epidemiology as an important augmentation of Foucault's genealogical and archaeological projects as well as Deleuze and Guattari's rhizomatic. Epidemiology excavates and detangles the events, while prioritizing and refocusing attention on the health of the body, broadly defined, as an underlying condition essential to understanding the interworking of power. Here, I think of the health of the body, not only in terms of a pandemic, but also in terms of any other traumatic enactments of power. As we discuss the global violence of racism, genocide, colonialism and imperialism it is essential to acknowledge that these atrocities first and foremost generate traumas that directly affect the health of vulnerable populations and individuals. In fact, they are designed to do just that – to make bodies so sick that they are not able to resist the invasion. As Adriana Petryna's argues in her influential study of political action in Ukraine following Chernobyl's explosion,

“the experience of health is irreducible to a set of norms of physiological and mental activity, or to a set of cultural differences. Only through concrete understandings of particular worlds of knowledge, reason, and suffering, and the way they are mediated and shaped by local histories and political economies, can we possibly come to terms with the intricate human dimensions that protect or undermine health. Seen this way, health is a construction as well as a contested way of being and evolving in the world.”³

In fact, I finish this piece as the Russian invasion of Ukraine is in its fourth week. As I watch the destruction of my homeland, I cannot help but think of the intersection of violence at this particular historical moment – from COVID-19 to systemic racism to genocidal invasions – and also of the way in which these traumas enact themselves on the body can be seen as an infection of the population health. It is not an overstatement to say that they kill. Epidemiology as methodology allows us to track the global crises of this particular historical moment at the intersections of imperialism, racism, and pandemic as they ravage and destroy lives. In the rest of the article, I use epidemiological tracking to draw connections and intersections between these enactments of violence. To do so, I must center the analysis on the impact that these events have on the health of the body. In this case, I start with my own body and move outwards to illustrate the connection between infections, violence, and trauma.

Epidemiology and trauma

I was 11 years old when the Chernobyl nuclear reactor exploded in 1986. I lived in Odesa Ukraine, 300 miles south of Chernobyl. As has now been well-established by the history books and television series, it took roughly two weeks for the Soviet government to publicly acknowledge the disaster. Elsewhere, I have written about how we learned about the explosion from *Voice of America* bootleg radio station; how the adults whispered in hushed tones around the kitchen tables and stuck wet towels under the door to prevent radiation from seeping in; the moratorium on school or outside activity imposed by my worried parents.⁴ I stayed inside for weeks, not sure what was happening.

Without a doubt my health has been affected by surviving not only Chernobyl, but also life in the Soviet Union, where people routinely died of secondary infections contracted in filthy hospitals, where structural problems of anti-Semitism affected the type of care I could get as a Jewish person, where antibiotics were in short supply and vaccines were routinely replaced by placebos. Before I turned 15 years of age, and prior to my family leaving Ukraine as refugees, I survived staph infections, measles, mumps, chicken pox, rubella, and rheumatoid arthritis. My body, like bodies of many others, is permanently affected by the lack of access to quality healthcare and systemic state violence. When the COVID pandemic hit, I was certain that my journey through that disease would not be without complications. In the summer of 2020, when the university told faculty to file for medical accommodations to be allowed to teach virtually, I filed for accommodation based on CDC's guidelines for a recognized preexisting condition. Despite all the ways my body has been marked by medical violence, the only recognized condition I could claim was obesity. I broke down in tears in a doctor's office, as she filled out the paperwork to state that I was, in fact, too fat to teach in person.

I tell this story because it illustrates how one biological disaster begets another and how risk categories are not value neutral, but function as tools of biomedical apparatus. Epidemiology can highlight these intersections, drawing our attention to that which is impossible to unsee. In his foundational work on necropolitics, Achille Mbembe argued that "in the economy of biopower, the function of racism is to regulate the distribution of death and to make possible the murderous functions of the state."⁵ He argued that necropolitics account for ... "the creation of death-worlds, new and unique forms of social existence in which vast populations are subjected to conditions of life conferring upon them the status of living dead."⁶ And while social media makes jokes about how Ukraine made everyone forget about COVID, I would argue that the interconnections are too staggering to ignore.

Thirty years after my family became refugees to escape the suffocating anti-Semitism of the Soviet regime, I am watching people flee my homeland due to a "de-nazification" campaign against a Ukrainian Jewish president.⁷ The strategic bombing of hospitals, evacuation corridors, and Holocaust memorial sites are exercises in, what Jaspir Puar calls, the "biopolitics of debilitation" aimed at "slow wearing down of population."⁸ These are a functioning of violence against vulnerable bodies, where "debilitation is not a by-product of the operation of biopolitics, but an intended result."⁹ Debilitating the population is intended to create another biological catastrophe and to benefit from expansion of vulnerability and disease. In the first week of the conflict, my husband's uncle was forced to flee Kyiv, not only because of the bombings, but also because his significant other was running out of insulin. As cancer patients are administered treatments in the bomb shelters, the threat that COVID-19 poses to Ukraine has not gone anywhere. In fact, with only 35% of Ukrainians vaccinated, the situation will, in all likelihood, devolve even further. As Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, argued "War is an infectious disease's best friend. It challenges every public health programme you can possibly have. It limits the medical care available for those who might be seriously ill, and often fosters transmission when so many people are crowded into bomb shelter locations and on trains. This is going to be the perfect storm of one serious challenge after another."¹⁰

At the same time as the Russian army occupied Chernobyl, the reports of electric outages at this already precarious site have emerged, followed by dangerous wildfires.¹¹ There is also an ongoing threat of biological warfare, which, if deployed, has the potential to destroy the health of generations to come. The complexity of geopolitical relationships between Russia and Ukraine, rooted in anti-Semitism, colonialism, and genocide, illustrate that epidemiology can be a powerful tool for tracking the complexity of ethnicity and race within the global context. The connections between colonial violence, the debilitating effect of imperial conquests, and the global health crises are too heartbreaking to ignore. Epidemiology as a methodology allows us to track the intimate and disparate connections between bodies of those deemed expandable within the global context of a necropolitical regime.

In fact, obesity, the pre-existing condition I had to claim in order to protect myself from unsafe working conditions, is deeply shaped by racism and anti-Semitism. As Sabrina Strings powerfully argues, the idea of “menacing” fatness is deeply tied to the fear of the Black body, which was then projected onto the ideal of slenderness as a way of positioning a “healthy” body as aligned with whiteness.¹² She also argues that, within the Eastern European context, the emphasis on slenderness is interconnected with the eugenic emphasis on the danger of contamination by Jewish bodies. The reconstitution of “racially pure” Slavic nations, with its emphasis on physical characteristics of thin, able bodies was reinforced through pogroms and extermination of Jewish populations. Altogether, these epidemiological intersections of pandemics, colonial violence, racial purifications, and genocide illustrate that our response to crises is determined by the discursive and affective meaning we attach to the health of the body and the determinations we make about whose lives matter and whose do not. It is within the context that I want to refocus my attention on the COVID-19 pandemic to illustrate how the spread of the disease was intimately tied to the spread of the privilege of whiteness.

Epidemiology and whiteness

If we embrace epidemiology as a form of methodology for tracking the discursive and affective spread of an event in real time, then we can use the COVID-19 pandemic as a case study into what I term “epidemiology of whiteness.” The COVID-19 pandemic illustrates the devastating toll protecting white privilege has on the health of the nation state, where the political, cultural, discursive and affective response to the pandemic has been steeped in a pursuit and protection of whiteness. The result of prioritizing whiteness and its intersectional privileges of patriarchy, heteronormativity and ableism was the devastating loss of life. Whiteness can be seen as a pre-existing condition that determines how many people will die or will get sick. Therefore, if we think of whiteness as an unassailable good, more people, including white people, will die. For example, President Trump’s insistence on calling COVID-19 a Chinese Virus, while reprehensible and racist, has also demonstrated that the stories we tell about pandemics matter in how we anticipate and respond to risk. And how we visualize pandemics matters to how we respond to it. Trump’s response to the pandemic can only be fully understood within the context of the administration’s already established cruel and xenophobic border politics and incapability to imagine a threat that does not stem from Brown and Black bodies.

The administration was able to see a threat coming from China and Iran but not a threat coming from Italy. The travel restrictions grounded in the politics of xenophobia and racism were no match for a truly global pandemic. The tracking and protecting of whiteness from infection hides the fact that whiteness itself is an infection that travels through the body of the nation-state. Therefore, to effectively prevent and control pandemics, we need to understand how bodies are affected and infected by whiteness, and how whiteness designates bodies as vulnerable, essential, or disposable.

The global Black Lives Matter protests that took place during the pandemic accentuated and illustrates this relationship between health and whiteness. One of the largest movements in U.S. history,¹³ 2020 Black Lives Matter protests, triggered by the brutal murder of George Floyd at the hand of Minneapolis police, has also been driven by the disproportionate rates of death and infection from COVID-19 in Black communities.¹⁴ In an open letter supporting Black Lives Matter protests, public health experts forcefully acknowledged that, “White supremacy is a lethal public health issue that pre-dates and contributes to COVID-19 COVID-19 among Black patients is yet another lethal manifestation of white supremacy. In addressing demonstrations against white supremacy, our first statement must be one of unwavering support for those who would dismantle, uproot, or reform racist institutions.”¹⁵ And, the protest imagery of “I CAN’T BREATHE” masks were not only the last words of Eric Gardner, George Floyd and so many other Black people murdered by the police, but also subversively signified the worst of COVID-19 – inability to breathe and a death that feels like drowning. As Lauren Powell described in an opinion piece for *Stat*, “Some of the symptoms of Covid-19 are temporary loss of senses, hallucinations, and shortness of breath or difficulty breathing. The symptoms of racism are strikingly similar.”¹⁶ In a powerful editorial for the *New England Journal of Medicine*, titled “Stolen Breaths,” Rachel Harde-man et al. drew parallels between George Floyd’s last words, “I can’t breathe,” and the institutional racism that is killing Black people. They write, “the truth is Black people cannot breathe because the legacies of segregation and white flight, practices of gentrification and environmental racism, and local zoning ordinances combine to confine us in residential areas where we are disproportionately exposed to toxins and pollutants. As a result, black populations have higher rates of asthma and cancer. And recent data suggest that chronic exposures to particulate matter in the air may contribute to a risk of death from Covid-19 as much as 15% higher for Black Americans than that faced by white Americans.”¹⁷

At the same time, the mainly white protests against stay-at-home orders and mask mandates co-opted “I CAN’T BREATHE” to openly equate mask mandates to systemic racism. For example, during a mask-mandate protest in Utah, a white woman stated to the local news, “George Floyd was saying I can’t breathe and then he died And now we’re wearing a mask and we say I can’t breathe, but we are being forced to wear one anyway.”¹⁸ The privilege of whiteness also asserted itself in the protests against pandemic restrictions, mask wearing, and closures – public health measures aimed at preventing the spread of the virus. By co-opting the visual language of Black Lives Matter movement, these mainly white protests asserted their privilege in saying that their convenience and sense of self are much more valued than the lives of those who can be saved with preventative measures. This was especially damning since the pandemic has disproportionately claimed the lives of Black and Brown people. The juxtaposition of imagery calling out “I

Can't Breathe" as a slogan of resistance, appropriation, and re-appropriation elucidates what Thomas Nakayama and Robert Krizek call "the strategic rhetoric of whiteness."¹⁹ They argue that it is through strategic deployment of discourses, in all of their forms, that whiteness gets to maintain its invisibility while occupying and re-occupying the spatial centre where other bodies, discourses and spatialities are relegated to the margins. In the example above, the speech utterance reappropriating the visual and discursive sign "I can't breathe," also, and perhaps most damaging, reappropriates the material violence enacted on Black and Brown bodies by systemic racism into a claim over oppression of public health measures during a pandemic. "We say I can't breathe" renders whiteness invisible while recentring the white body. Rendering whiteness invisible also wipes out its interrelated traumas of colonialism, imperialism, and genocide. This is not to argue that these traumas are only enacted on Black and Brown bodies – the case of Ukraine demonstrates that they are not – but rather emphasizes how whiteness de-attaches from the skin colour to become what Sarah Ahmed calls an ongoing and un-finished history, which orients bodies in specific directions, affecting how they "take up space."²⁰ Whiteness is a claim to superiority and a disregard toward the well-being of others. As I have learned very early in life, there is nothing that cannot be done to a body, once it is categorized less than human.

In this essay, I stitch together some of the traumatic events of the past two years to illustrate the potentiality of epidemiology as methodology in tracking the traumas, diseases, and violence inflicted onto the bodies of individuals and populations. To deploy epidemiology is to center health as an intersectional category of analysis that unites all that ails us. It is also to understand intersectionality not only as a combination of identity, but rather as an imperative of critical cultural work, which seeks to build alliances across bodies, identities, and spaces. It is my deep and profound hope that this type of work will centre the critical cultural studies commitment to draw together seemingly disparate moments to illustrate the necessity of the politics of interconnection to our very survival in this world.

Notes

1. Ronald Labonte, Michael Polanyi, Nazeem Muhajarine, Tom McIntosh, and Allison Williams. "Beyond the divides: Towards critical population health research." *Critical Public Health* 15, no. 1 (2005): 5-17; Laura Potts "An epidemiology of women's lives: the environmental risk of breast cancer." *Critical Public Health* 14, no. 2 (2004): 133-147.
2. Krieger, Nancy. *Epidemiology and the people's health: theory and context*. Oxford University Press, 2011.
3. Adriana Petryna. *Life exposed*. Princeton University Press, 2013, 33
4. Marina Levina, "Under Lenin's Watchful Eye: Growing Up in the Former Soviet Union," *Surveillance & Society* 15, no. 3/4 (2017): 529.
5. Achille Mbembé. "Necropolitics." *Public Culture* 15, no. 1 (2003): 17.
6. *Ibid*, 40.
7. James McAuley, "Putin's 'denazification' claims and the self-serving manipulation of history," *Washington Post*, February 28, 2022, <https://www.washingtonpost.com/opinions/2022/02/28/ukraine-putin-zelensky-nazis-assault-history/> (accessed March 28, 2022).
8. Jasbir Puar. *The Right to Maim*. Duke University Press, 2017: xiii.
9. *Ibid*, xviii.
10. Alice Park, "Why Ukraine's COVID-19 Problem Is Everyone's Problem," *Time*, March 2, 2022, <https://time.com/6153254/ukraine-russia-war-covid-19/> (accessed March 28, 2022).

11. Susan D'Agostino, "Wildfires break out in Chernobyl amid a non-functioning radiation-monitoring system," *Bulletin of Atomic Scientists*, March 23, 2022, <https://thebulletin.org/2022/03/wildfires-break-out-in-chernobyl-amid-a-non-functioning-radiation-monitoring-system/?fbclid=IwAR1mac8FzcNcPWtoskW0C9Q1Xy8ZyFSOxUordaEjm8vyzFt0NYOS9ju-eCU> (accessed March 28, 2022).
12. Sabrina Strings. *Fearing the black body*. New York University Press, 2019.
13. Larry Buchanan, Quoctrung Bui and Jugal K. Patel, "Black Lives Matter May Be the Largest Movement in U.S. History," *New York Times*, July 3, 2020, <https://www.nytimes.com/interactive/2020/07/03/us/george-floyd-protests-crowd-size.html> (accessed March 28, 2022).
14. Lauren Powell, "My nightmare: Covid-19 meets racism meets the killing of a Black person by police," *Stat News*, June 2, 2020, <https://www.statnews.com/2020/06/02/my-nightmare-covid-19-meets-racism-meets-george-floyd-killing/> (accessed March 28, 2022).
15. Mallory Simon, "Over 1,000 health professionals sign a letter saying, Don't shut down protests using coronavirus concerns as an excuse," *CNN News*, June 5, 2020, <https://www.cnn.com/2020/06/05/health/health-care-open-letter-protests-coronavirus-trnd/index.html> (accessed March 28, 2022).
16. Powell, 2020
17. Rachel R.Hardeman, Eduardo M. Medina, and Rhea W. Boyd. "Stolen breaths." *New England Journal of Medicine* 383, no. 3 (2020): 197-199.
18. The Humanist Report, "Anti-Mask Lunatic Tries to Co-Opt George Floyd's "I Can't Breathe" Plea." YouTube video, 5:08, September 2020, <https://www.youtube.com/watch?v=rYIIN-Rj8F8> (accessed March 28, 2022).
19. Thomas K. Nakayama and Robert L. Krizek. "Whiteness: A strategic rhetoric." *Quarterly journal of Speech* 81, no. 3 (1995): 291-309.
20. Sara Ahmed, "A Phenomenology of Whiteness," *Feminist Theory* 8, issue 2 (2007): 150

Acknowledgements

This piece was completed during a particularly traumatic time. I would like to thank my friends and colleagues who reached out with words of support, means of distraction, and offers of child-care. I would not have been able to write this without you. I am particularly grateful to Dr. Robin Boylorn whose words of encouragement for this piece meant more than I can possibly articulate.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Copyright of Communication & Critical/Cultural Studies is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.