Pandemics/ Epidemics and the Social Body in Bangladesh

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Outbreak of Covid-19 virus in Bangladesh has forced the government to shut down all private and public offices except the emergency service providers. The shutdown started from 26th March and will continue until 4th April. The measure of shutting down the country has come after indications of community transmission of the virus was found. Due to the population density, Bangladesh is vulnerable and can be seriously affected by the virus expanding through community transmission. Many concurring social practices related to this pandemic are worth pondering. People are stockpiling grocery items and not following health guidelines while the government is forcing people into institutional and/or home quarantine. Nevertheless, these apparently novel developments also reveal a lot about us, the communities we live in, our relationship with the state, and the global order.

Specifically, the Covid-19 crisis reveals the nature of power exercised by the state and the ways people respond. Moreover, we get insights about the social body and its dynamics. The modern state usually claims its sovereign authority for ensuring peace, progress, development, and health for all. In pursuit of managing epidemics/ pandemics, states claim authority over our bodies as well. Consequently, during times of epidemics people produce differential understandings of the disease as opposed to the state.

As the first case of Covid-19 infection was confirmed in Bangladesh on 8th March 2020, the government has become strict in quarantining anyone coming into the country from affected places abroad. However, the government has struggled to ensure self-isolation of the potentially affected persons, and thus had to introduce

policeman requests the residents of Uttar Tolarbagh in Mirpur in the capital to stay inside the area that was locked down to slow down the spread of Covid-19. — Abdullah Apu (The New Age)

monetary fines for violating quarantine. Why do people violate the health guidelines and risk their loved ones? *A* The answer appears simple but is complex.

Many people do not trust what is being said about the possible effect of the virus in our country. This tendency is not novel. David Arnold and I. J. Catanach, in their studies on the Indian Plague of 1897-1898, have revealed a similar distrust. Then, the-British officials struggled to contain the spread of the contagious disease. The affected people were forcefully admitted into hospitals, pilgrims' movements were restricted, and travelling peoples' health status were monitored. People were dissatisfied with these policies then, similarly as many people now are frustrated about the policies requiring restricted movements.

People's opposing perception about the severity of Covid-19 can be illustrated by some specific incidences. For example, one of the people who travelled to Bangladesh from Italy, the epicentre of the outbreakEurope, was to be quarantined but he did not want to remain in the quarantine centre. He was seen arguing with the authorities in a viral video clip. He claimed that coronavirus does not affect Bangalee people as they do not eat pork or drink alcohol. This kind of communal explanation was seen in religious descriptions of the virus and its possible cure through mass prayers, sanctified water, religious hymns, cow dung, and/ or urine of cattle. These contrasting opinions are flooding social media at this moment. This attitude towards the virus is also reflected by the ways mass-people are responding to the health guidelines. Even though it is advised that everyone should maintain social distance, huge gatherings were seen in different parts of the city. Due to the suspension of classes at schools many families travelled to the tourist areas of the country. Moreover, many returnee migrants violated their self-quarantine and attended social events in many parts of the country. All of these incidences indicate differences in perception about the pandemic, the nature of our social lives, and the 'failure' of the concerned agencies to disseminate correct information to the people.

We can also identify how societies promote cohesion and form a social body during the times of crisis. Dipesh Chakrabarty argued, during the plague epidemic of late 19th century, the spreading disease was treated as a community issue to be tackled by all. Different religious rites mentioned in the historical documents attest this claim. It was believed that disease of any individual was a risk for the entire community. During the plague, Goddesses such as the "mother of plague" or "Baya" was worshiped by the villagers. Similarly, "Mariamma" – the goddess of smallpox, was worshiped in South Indian villages during 1920s. Even though there were internal divisions among the villagers, they surpassed such divisions during the times of crisis. However, this organic feeling was limited in nature. It did not spread normally beyond the boundaries of a village.

In 2020, panic hoarding of essential goods has become common indicating a shift towards individuality. This is also a contrast of the organic feeling held by the people that generated an "us" – the pious versus the "others" – the non-believer/ enemy lens to characterise Covid-19. Overall, this depicts a duality in our nature as humans. Despite the apparent divisions, we can identify solidarities in the ways people are distributing hand sanitizers and daily essential foods among the poor, installing handwashing points across the city, or in the fact that, students of the University of Dhaka came forward to suspend classes voluntarily to limit possibilities of virus transmission. If we consider the effect of Covid-19 only in terms of the deaths it is causing, our understanding will gravely ignore the social, moral, religious, and political aspects that surfaced because of the crisis we are passing through, intricately related with the spread of Covid-19 in our country.

During this dreadful time, when we are preparing to reduce the effects of the pandemic in Bangladesh, the importance of the social body should be seriously assessed. If we investigate history, we find that the idea of contagious diseases has promoted the concept of personal hygiene and the discourse of public health supported by the abstract medical science is concerned with a collective of individual bodies. But such ideas were not compatible with the pan-Indian societal ideas of purity-pollution, lineage, caste, and religion. During the colonial

times the medical science of the British was thus in conflict with the local ideas. However, since colonialism ended elites of the country, motivated by the capitalist idea of workers, did not find any reason to oppose the individualist approach of the medical interventions introduced by the British. Yet, like many parts of the world, we have socio-religious guidelines for food intake, marriage, social interactions, arranging and attending social events, and our familial and community responsibilities. In 2020, the Covid-19 virus has proved that ideas of society and community are not obsolete. Even in the highly capitalised global order, health, body, and disease are conceived differently and communally.

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