Memes, Migrants, And The Epidemiological Imagination

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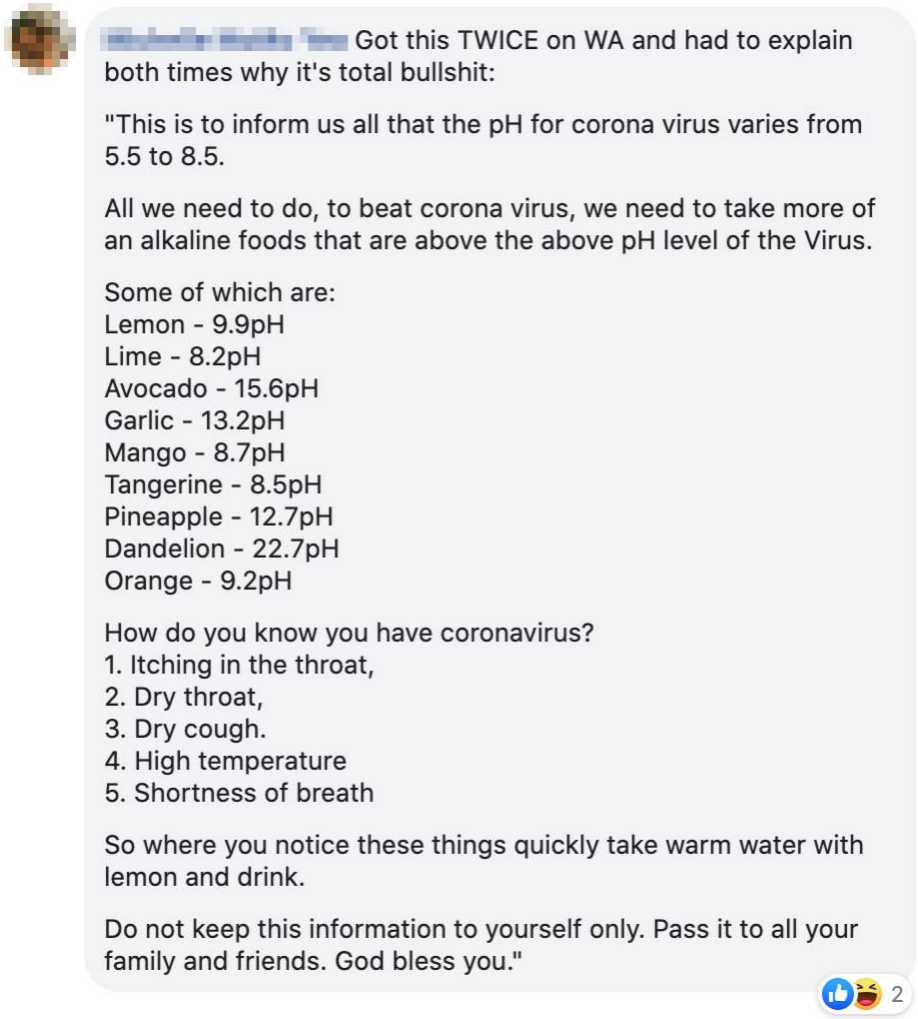
As COVID-19 escalated to officially pandemic proportions early this year, Coronavirus-prevention advice began circulating via Facebook and WhatsApp in Singapore. Mostly in English and Mandarin, the advice ranged from speculative antiviral uses of onions—"Slice an onion and leave it in the middle of the room overnight so it absorbs all the viruses"—to more stereotypically scientific-sounding advice.


Got this TWICE on WA and had to explain both times why it's total bullshit:

"This is to inform us all that the pH for corona virus varies from 5.5 to 8.5.

All we need to do, to beat corona virus, we need to take more of an alkaline foods that are above the above pH level of the Virus.

Some of which are:
Lemon - 9.9pH
Lime - 8.2pH
Avocado - 15.6pH
Garlic - 13.2pH
Mango - 8.7pH
Tangerine - 8.5pH
Pineapple - 12.7pH
Dandelion - 22.7pH
Orange - 9.2pH

How do you know you have coronavirus?
1. Itching in the throat,
2. Dry throat,
3. Dry cough.
4. High temperature
5. Shortness of breath

So where you notice these things quickly take warm water with lemon and drink.

Do not keep this information to yourself only. Pass it to all your family and friends. God bless you."

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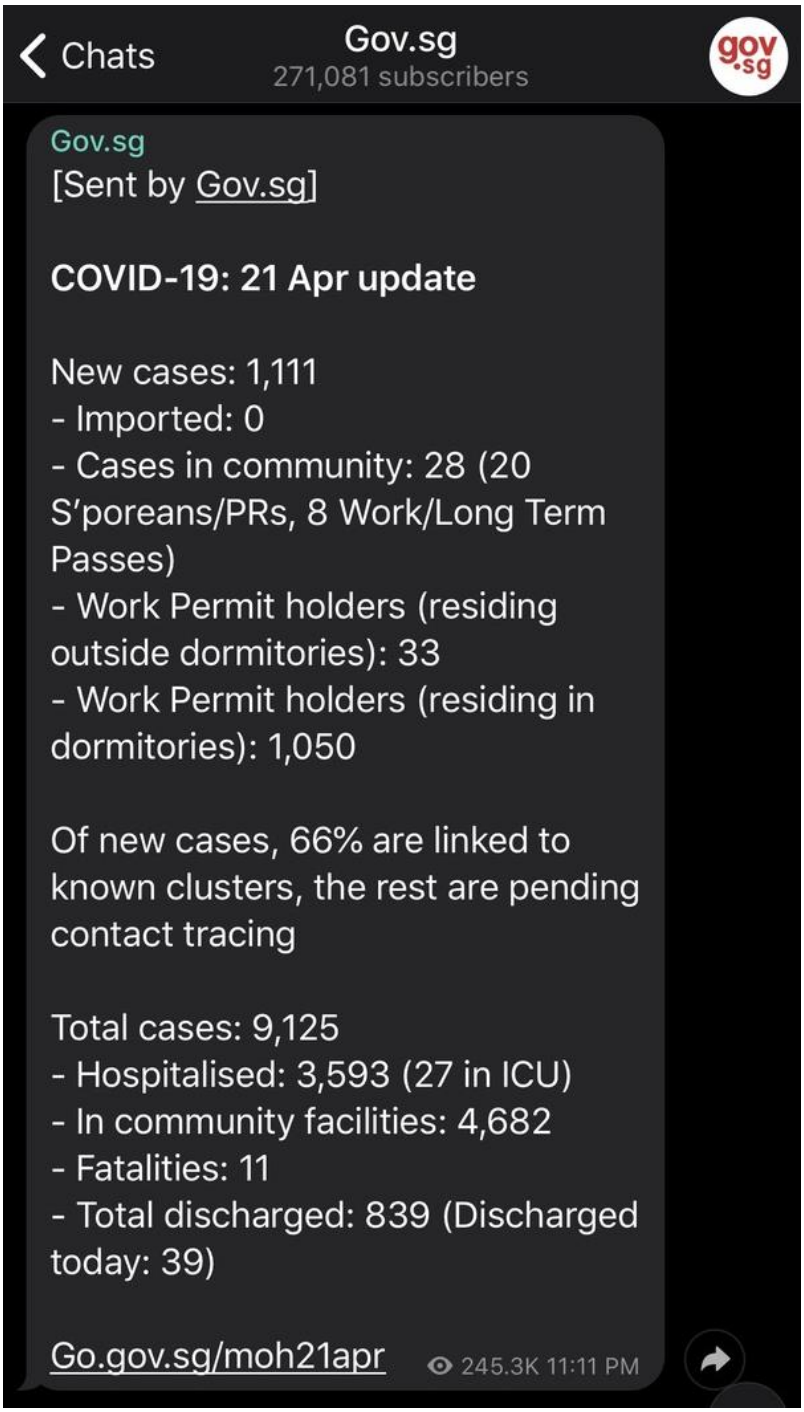
Example of a message circulated on WhatsApp, offering advice on how to prevent and/or treat COVID-19 infection. This WhatsApp message was reposted to Facebook in response to a rant about misinformation circulated by family chat groups.

While infection rates in Singapore seemed to be more or less under control until late March, in early April the situation changed rapidly, as new cases began to skyrocket in migrant worker dormitories. Following this, the Singapore Government rushed to lock down the dormitories. The daily COVID-19 updates also changed, with new cases now separated into "Imported," "Cases in community, "Work Permit holders (residing outside dormitories)" and "Work Permit holders (residing in dormitories)." Many Singaporean commentators began asking: why separate worker dormitories from "community"?



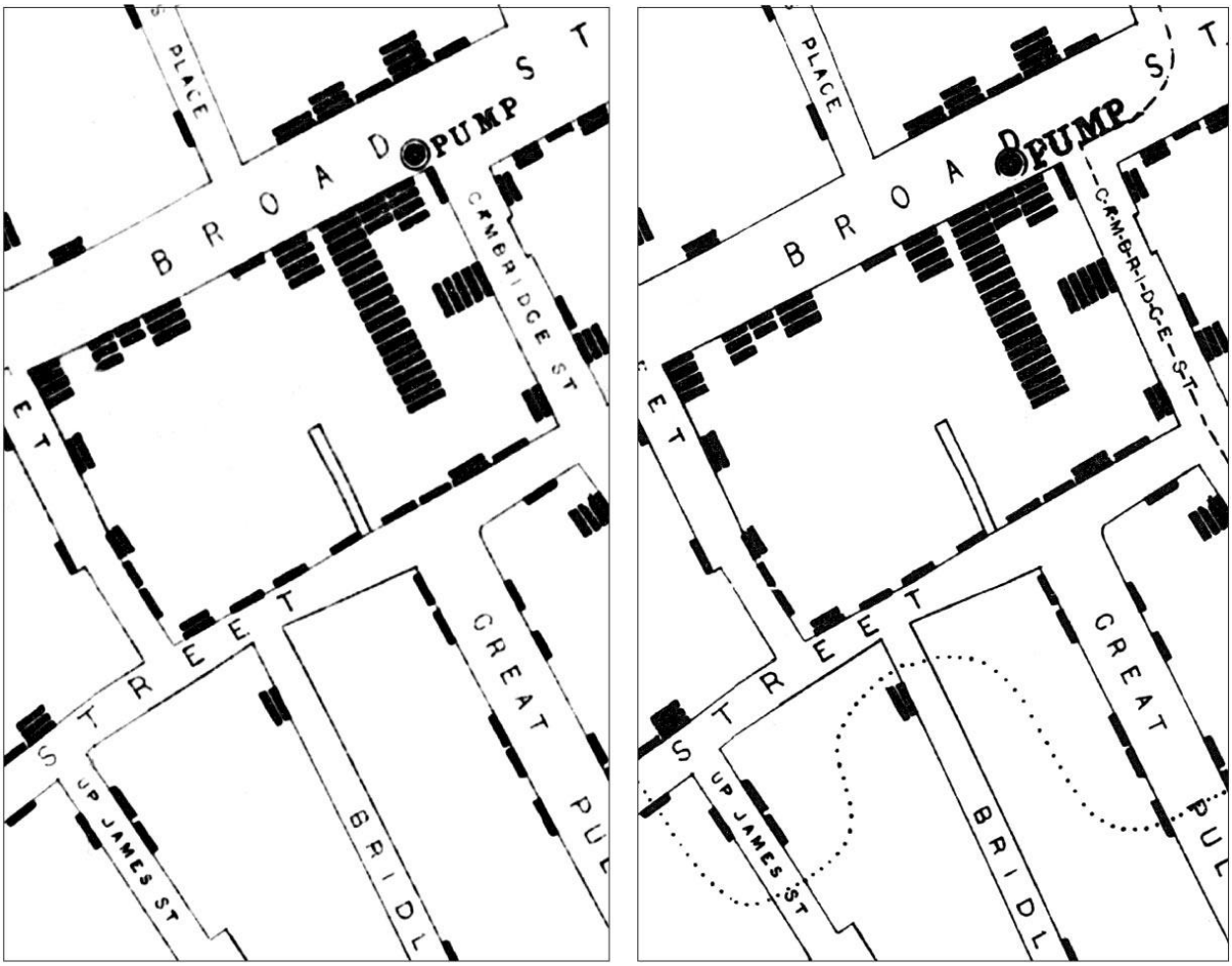
Screenshot of the daily Gov.sg COVID-19 update sent on 21 April 2020 via the messaging app Telegram. Screenshot by the author.

I suggest that both of these things—both the rush to separate those who "belong to" the community from those who are "outside," and the circulation (or limitation) of spurious biomedical advice—rest on competing structures of the epidemiological imagination.

The epidemiological imagination and community health

The term "epidemiological imagination" comes from the title of a 1994 book by the epidemiologist John Ashton. In it, future students of public health are introduced to classics in "epidemiological thinking."

Ashton's own contribution to the volume discusses physician John Snow's 1954 research, which linked London's cholera outbreaks to contaminated water. This theory flew in the face of the received wisdom of the day, which held that cholera outbreaks were due to miasma—"foul or damp air" arising from filthy conditions.



John Snow's spot map, 1884, detail of the area around the Broad Street Pump made famous as a center in the cholera epidemic. From the John Snow Archive and Research Companion online.

The Epidemiological Imagination takes its inspiration in turn from the American sociologist Charles Wright Mills, who in 1959 published a book called *The Sociological Imagination*. It had a similar objective: to foster curiosity, creativity, and innovative thinking in sociology.

However, these books' aims went further. Mills hoped that everyone—not just sociologists—would move beyond their own lives as a lens for viewing the world. By encountering the world's sociological diversity, he believed that individuals could alter their perspectives and think more empathetically about social others, both "in-" and "outside" their own society.

In a similar way, *The Epidemiological Imagination* can be seen as more than a guide for community health practitioners. Rather, it can be seen as a call for broad epidemiological awareness—understanding the etiologies and vectors of group-based disease transmission—and a call for broad awareness of the interconnectedness of collective health.

Magic apple curries and other remedies

As Coronavirus-prevention advice rapidly proliferated on social media and WhatsApp between January and March 2020, so too did content created to mock the advice. The following meme pairs constructed dialogue with scenes from the 1937 Disney classic *Snow White and the Seven Dwarves*, where the eponymous Snow White is tricked into eating a poisoned apple.

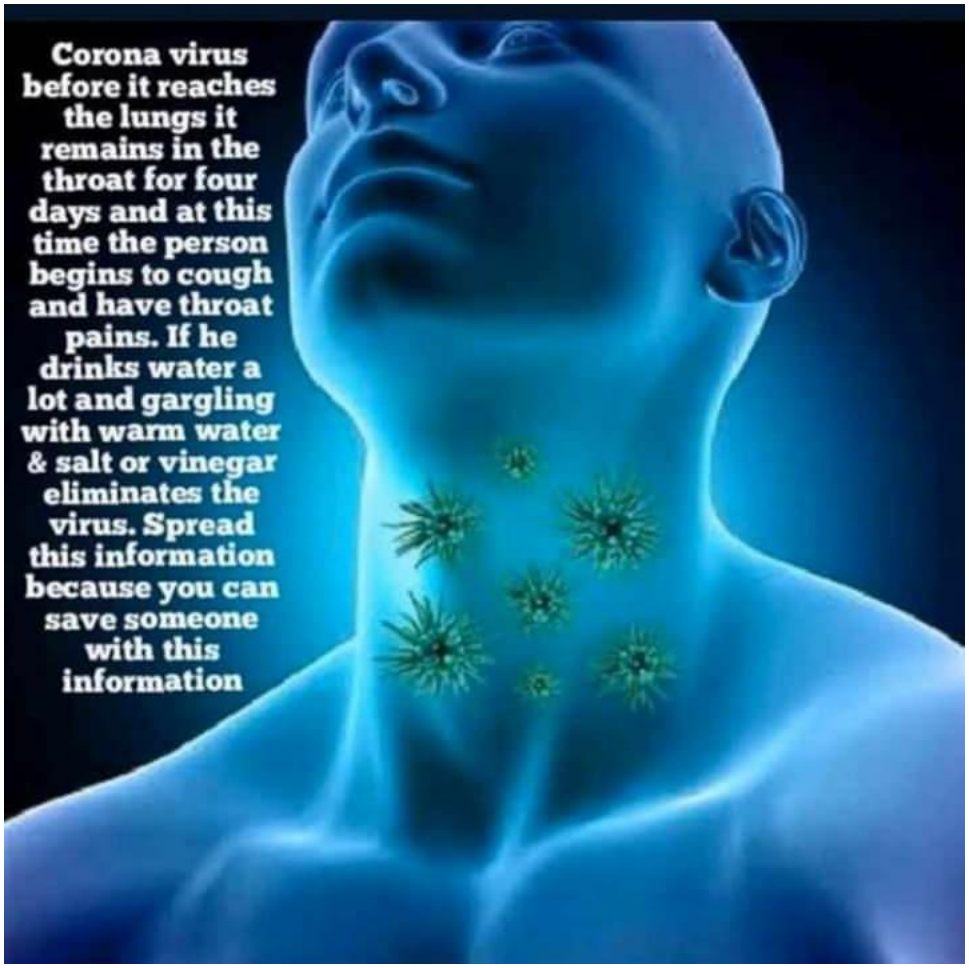
Example of a meme circulated on WhatsApp and social media, mocking COVID-19 prevention advice.

The overlaid text uses a register of Singaporean English, or "Singlish." The register is frequently interpreted in Singapore as humorous, but can also be used to mark a character as uneducated. The witch's dialogue is split over three frames, "This one no ordinary apple hor / you cut put inside curry n cook / confirm protec[t] against corona one." The first phrase ends with the pragmatic particle *hor*, used to invite agreement or, in the case of didactic interactions, to focus attention.

Similarly, the final phrase's *confirm…one* construction is not a numerical expression. Rather, *one* is used for emphasis: 'this definitely/emphatically protects against Coronavirus.' Snow White responds with "Ah Ma no," using the Cantonese-derived term of endearment, *Ah Ma*—meaning 'mother' or 'maternal grandmother'—to chide the witch.

The meme mocks food-related advice, some of which recommended cooking with or otherwise consuming "cooling" foods like apples, pears, and onions to prevent COVID-19 infection. Though my research hasn't focused on traditional Chinese medicine (TCM) in Singapore, dietetic discourses about balancing one's consumption of "heaty" and "cooling" foods, even among non-Chinese Singaporeans and those who don't seek TCM care. However, detailed knowledge of *yin–yang* (阴阳) cold–hot bodily energies, or which foods are "heaty"/"cooling," are generally limited to older generations or TCM practitioners.

These WhatsApp and social media messages often appeal to experiential evidence. Perceivable claims are linked to non-perceivable ones: messages often instruct readers to treat or prevent a sore throat or fever by gargling saltwater, drinking lemon water, and staying hydrated generally. When one feels better after gargling with saltwater/drinking lemon water, it's because viruses/bacteria—which rest in the throat for 4 days before moving to the lungs—have been eliminated.



Example of an advice circulated on WhatsApp, which pairs an image with text outlining practical actions that can be taken to prevent COVID-19 infection.

Both forwarded WhatsApp messages—assumed to be read credulously by recipients—and meme-commentary were quickly discouraged. The Snow White meme and others are now almost impossible to locate online, and have been deleted from WhatsApp groups to which I belong. Such swift elimination reveals the inability of Western biomedicine—especially when operationalized as governance—to allow competing knowledge claims. Even parody is restricted, lest it be read as a biomedical claim.

Migrant exclusions and contradictions of "community"

By mid-April, Singapore's migrant worker dormitories were effectively locked down—a move that activist groups and labor advocates argued would have the likely effect of increased exposure for still-uninfected individuals. By 28 April, a total of 12,183 migrant workers in dormitories had tested positive for COVID-19, accounting for the vast majority of Singapore's then total 14,423 cases.

Foreign workers have long faced multiple exclusions and forms of discrimination in Singapore. A 2019 survey found that only 29% of employers viewed migrant workers positively, and over 50% of Singaporeans believed they had raised Singapore's crime rate (the survey notes that there's no evidence for this). It seems clear that few Singaporeans actively consider migrant workers part of the "community."

Yet workers routinely—and directly—interact with non-migrant workers, like supervisors and contractors. They go to shopping centres, places of worship, and dining establishments. Some migrant workers live in public housing, like 80%

of the Singapore population. Especially in the context of viral pandemic, it's not so easy to draw "the community's" boundaries.

As cases among migrant workers increased, there was a rush by some Singaporeans to dismiss demands for improved living conditions, and to blame migrant workers' "culture" for the outbreak. A letter published in *Lianhe Zaobao 联合早报*, Singapore's Mandarin-language newspaper, blamed workers' "third world" habits—like using hands to eat—and insisted that migrant workers ought to take "personal responsibility" for the new clusters. A caller to the *Straits Times* investigative journalism team even suggested that migrant workers were "gaming the system" by faking illness to get public donations.

Screenshot from Lianhe Zaobao 联合早报 forum letter, whose title can be translated as "We Shouldn't Engage in Needless Finger-Pointing During this Pandemic." The image is captioned "客工宿舍病例大增，难道客工本身没有责任吗?"—'Cases in guest workers' dormitories have increased greatly. Aren't guest workers themselves responsible?'

Such moral blaming during health crises is a familiar sight. As should be clear, the effort to defend the Singapore "community" through migrant workers' containment rests on a dual use of "community."

First, "community" functions as an exclusionary category. As critiqued by the feminist political theorist Iris Marion Young, "community" is a projected fantasy that relies on the elimination of difference (Young 1986). Those who don't belong to the "community" are made a source of threat, or as unfortunate but unavoidable collateral damage in the "community's" defense.

Second, both "community" and its outside operate as a Foucauldian "population," targets of regulatory control via expert biomedical knowledge-as-biopolitics (Hoeyner et al 2019).

As I stated before, I see these apparently disparate phenomena as linked by a common cause: competing epidemiological imaginations. These competing imaginations differentially construct understandings of symptomatology, etiology, and care—of how a virus spreads, what medical knowledge looks like, and what it means to promote the health of a collective. Such understandings in turn construct the responses seen as necessary by differently positioned social actors.

Acknowledging these competing epidemiological imaginations raises a number of issues, both practical and ethical. How can we promote inclusive understandings of collective health without extending and naturalizing the authority of disciplinary institutions? How can we organize collective health in a way that doesn't reducing different knowledges to a zero-sum competitive game, or insist on organizing healthcare along national—and nationalist—lines?

In other words, one can both eat apple curries and practice safe-distancing guidelines, handwashing, and mask-use. As the current crisis among Singapore's migrant laborers demonstrates, there is nothing to be gained, and much to be lost, by acting according to an epidemiological imagination that advances health through exclusions of "community."

ABOUT THE AUTHOR

Josh Babcock is a Ph.D. Candidate in Sociocultural and Linguistic Anthropology at the University of Chicago. His research examines the public co-construction of language and race in the making of a multimodal image of Singapore.

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