Covidiots and the Clamour of the Virus-as-Question

Some Reflections on Biomedical Culture, Futurity and Finitude

Bryan Lim

ABSTRACT: Drawing on my experience with gay men in London who, despite COVID-19-related public health guidelines, continue to meet up and congregate so as to engage in a myriad of sexual (and non-sexual) practices, this article grapples with how an insistence on pre-pandemic intimacies of bodily interactions *during* a pandemic might prompt us to reconsider our relationship with biomedicine. While these covidiots' experiments with mortality in the form of dance parties, orgies and casual hook-ups may not be ethically exemplary, this article argues that they are at the very least ethically *interesting* because they serve as lures through which our other intimacies with temporality, futurity and finitude may be reconsidered.

KEYWORDS: biomedicine, covidiot, COVID-19, ethics, finitude, pandemic, reproductive futurism

Stay at home; do not travel unless absolutely essential; limit going out for exercise/food as much as possible; and avoid socialising in person. These COVID-19 guidelines have generated new norms of social responsibility clearly seen in the social media trend of #stayhome. As individuals share photos and videos of themselves engaged in a variety of 'responsible' activities all while #stayinghome, the performance of such acts of social distancing on social media facilitate a form of virtue signalling and allow for the construction of the 'good' coronavirus citizen – 'rational, self-owning, and independent, with a moral compass that enables him to consider the interests of others' (Anderson 2013: 3). This figure of the good citizen has been pitted against and used to shame/discipline 'covidiot' – individuals who ignore COVID-19-related public health guidance and warnings (Aspinall 2020). Who could forget the outrage and vitriol that followed media coverage of the crowded parks in London, where picnickers and sunbathers were lambasted for ignoring lockdown rules to enjoy the summer weather? As each of us are turned into mini surveillance units under the sign of the 'good' coro-

navirus citizen, we thus become tools for the (self-) monitoring of the *untore*, or plague-spreader (Agamben 2020). My encounters with covidiot frolicking in the sun have been minimal. As a gay man living in London, however, I have instead found myself amongst other gay men who, despite pandemic guidelines, continue to meet up so as to engage in a myriad of (non-)sexual practices. *Might these gay covidiot and their dance parties, orgies and casual hook-ups have something to teach us?* This is the question that this article explores.

To reflect the new mantra of social isolation, we are instructed to explore new ways of having sex that refrain from physical contact with others; it is hardly surprising, then, that creative uses of masturbation, sex toys, phone sex and video chats have increasingly found their way into conversations amongst my friends. As these new physically distant practices of sexual intimacy become the norm amongst the sexually active, it has become more difficult (but not impossible) to arrange sex with other gay men. Many men on gay networking apps like Grindr and Scruff state explicitly on their profiles that they are not look-

ing to hook up, but in my experience, using carefully phrased statements that remain neutral on the prospect of meeting up until the right moment can lead to the crystallisation of sexual trysts. Of course, such clever manoeuvring to find like-minded individuals is not without its dangers: as my covidiot tell me, they have on several occasions found themselves the subject of a moralising tirade by 'good' coronavirus citizens after misreading the situation. 'Have they no concern for the lives of others?', these 'good' citizens exclaim, and indeed my friends too express disapproval and shock when I speak about my encounters with covidiot. Yet, I suspect that the existence of these covidiot who continue to meet under clandestine conditions are in fact well-known to those in my social circle, even if outward acknowledgement is discouraged by the current moral climate. After all, when news of the drug-fuelled orgy in locked-down Barcelona and the 'Rona Rave' in New York City reached our ears, scarcely any of us were surprised – we had already, by then, confessed to knowledge of similar events right here in London. Additionally, a quarter of the men surveyed in a recent study have also reported having casual sex during lockdown (Pebody 2020). My experience of these parties/orgies in London have been that in the midst of a pandemic they are far easier to organise by getting a group of friends together than by starting from scratch and recruiting men off the apps – in no small part due to the above-mentioned stigmatisation around pre-pandemic sexual practices. While the familial nature of these gay gatherings acts as a gatekeeper of sorts, it may also be precisely why COVID-19 safer sex practices such as contact-tracing and the establishment of a fixed roster of sexual partners *work*. I remember clearly the awe I felt regarding the rapidity at which *all* attendees of a party were swiftly identified and informed of their possible exposure to the virus via their inclusion in a WhatsApp group when one participant tested positive for COVID-19. In the aftermath of the positive test, much concern was expressed over possible illness; this concern, however, was not accompanied by remorse. Highlighting instead, how the cure (i.e. social distancing) might actually be worse than COVID-19 itself, these party-goers emphasised to me the importance of engaging in pre-pandemic practices of intimacies as a means of liberating their present from a biomedically overbearing future – it is with this issue of futurity that the rest of the article deals.

Even as social-distancing measures are crucial as a means to combat the pandemic, there exist, as Michaela Benson (2020) rightly points out, 'those who

do not have privileges, resources and material circumstances to meet these obligations'. Acknowledging this, Chris Griffin (2020) focusses his critique specifically on covidiot who have the option of staying home but choose not to, arguing that they 'assert their right to self-defence (from loss of liberty) in a way that directly dispossesses others of the right to self-defence (from loss of life)'. Griffin's analysis of the tension that exists between safeguarding individual liberties and the collective good in the age of COVID-19 is typical of most discussions on this new form of civil disobedience. As one legal scholar opines, because 'the normal conditions that justify liberty of movement and travel' (Volokh 2020) are simply not present at the moment when COVID-19 makes all of us potential sources of lethal infection, judgements about individual liberties should also necessarily reflect this. 'You can't recover from death', as the Argentinean president puts it (Goni and Phillips 2020). In this dispute over individual freedom that covidiot so strongly bring to the front, the threat of human death seems to be the ultimate arbiter that decides on the necessary evil-to-liberty that is social distancing.

Preventing death is also to preserve life. In *No Future*, Lee Edelman (2004) argues that the social order is always driven to proliferate itself through what he terms *reproductive futurism*, a rhetoric of futurity 'which demands that all social relationships and communal life be structured in order to allow for the possibility of the future through the reproduction of the Child, and thus the reproduction of society' (Baedan 2012). Central to reproductive futurism is the image of the Child, which 'remains the perpetual horizon of every acknowledged politics, the fantasmatic beneficiary of every political intervention', so much so that even 'proponents of abortion rights, while promoting the freedom of women to control their own bodies through reproductive choice, recurrently frame their political struggle, mirroring their anti-abortion foes, as a "fight for our children – for our daughters and our sons," and thus as a fight for the future' (Edelman 2004: 3). As the image of the (better) future, the Child thus serves as 'a kind of disciplinary fetish object, the site of projected anxieties that form the pretext for the repression of alternative political structures, which might jeopardise the Child's supposed welfare' (Walters 2018: 66). In the context of COVID-19, choosing the Child requires one to enact the politics of the 'good' coronavirus citizen. It would be a mistake, however, to think that the future that the Child wants is simply that in which lives are saved via social distancing,

when in fact much more is demanded: the Child can only be truly defended when society is free from the threat of COVID-19. Social distancing is, as one commentator puts it, simply a stop-gap measure to ‘keep the pandemic ticking along at a manageable level until . . . there is a vaccine or cure’ (Lichfield 2020). Constantly told that our ‘new normal’ will involve varying degrees of social distancing until a vaccine is available, the vision of futurity we are asked to pay obeisance to is not simply one in which lives are saved by keeping our distance from each other, but one in which the threat of COVID-19 is eventually made manageable by a technical solution. Engaging in any other kind of politics or practice that exposes the Child to COVID-19, as covidiot do, is thus to condemn the Child not only because human lives are endangered, but also because the path towards a (better) future in which COVID-19 is under human control is jeopardised – it is hardly surprising, then, that these practices are normatively framed as immoral and subject to discipline. Yet, it is precisely this linear relationship from social distancing to vaccine and ultimately to the realisation of a COVID-secure future that covidiot challenge: as one covidiot on a popular gay Facebook group opines, we ‘were told to shut down to avoid overruns of the hospitals [and] not that we would shut down as a cure’. My covidiot are queer, but they are also Edelman’s (2004) queers because they do not fight for the Child, choosing instead to sacrifice the future for *jouissance*. Embodying the social order’s death drive, covidiot-as-queers, by insisting on the here and now of bodily pleasures and intimacies, thus threaten the substrate of politics itself (Schotten 2015).

In *Limits to Medicine*, Ivan Illich notes that traditional ‘cultures confront pain, impairment, and death by interpreting them as challenges soliciting a response from the individual under stress; medical civilization turns them into . . . problems that can be managed or produced out of existence’ (1977: 140). We can discern two different dispositions to disease from Illich’s comment. The first approaches the existence of disease as an open-ended challenge that one responds to. There is an intrinsic question mark that accompanies *pathos*, and one responds to it through what Illich calls the *art of suffering*, ‘a unique conformation of attitudes towards pain, disease, impairment, and death, each of which designates a class of that human performance’ (1977: 128). The second (and this is the one Illich associates with modernity), however, smothers this intrinsic question mark; to the extent that the existence of *pathos* is acknowledged, it is solely for the goal of ‘managing it out of existence’. Disease-as-open-

ended-question is circumscribed and made less wondrous because of the always already pre-supposed answer to it: it should be removed. Cultural iatrogenesis was the term Illich used to critique the process of what he thought was the gradual undermining of the art of suffering by the growing expectation ‘that all suffering can and should be immediately relieved’ through technical engineering (Cayley 2020). To be clear, the point being made here is not that aiming to eradicate a disease is bad in itself; rather, what I am emphasising here is how our intimate dependency on medicalised culture is such that managing *pathos* out of existence is often the *only* response that is seriously considered by individuals or institutions. Bernice Hausman (2019) makes a similar point, arguing that the concerns of vaccine sceptics may also be understood as related to the larger question of the extent to which medicine should have the only say on how best to live a life.

Reading Edelman and Illich together, we can begin to see how the future demanded by the Child is entangled with our singular insistence on achieving mastery over the virus (in this instance, through a vaccine) such that it may be made to no longer be a threat. Yet, there is something peculiar about our current situation, in that, despite the absence of a vaccine, we continue full steam ahead as though COVID-19 will eventually be ‘vaccinated away’. Is this a show of human resilience and confidence that we will conquer the virus in due course? Or is it, as Illich argued, a symptom of an impoverished and inadequate art of suffering such that managing COVID-19 out of existence is the only way we know how to live with it?

In threatening the continued existence of our present social order, the anti-social actions of covidiot are far from ethically exemplary. Yet, in bringing to the fore the push-pull dynamic associated with medical prowess, and the characteristically modern angst that what helps us may also be that which harms us, there is much that is ethically *interesting* about covidiot and their experiments with mortality. Their eschewal of the call to #stayhome and reshape predominant modes of sexual intimacy, while anti-social and potentially fatal, reminds us that there are many ways to live with COVID-19 beyond social distancing – which in itself is, of course, dependent on socio-economic privilege related to income, job security or housing arrangements. In refusing to sacrifice the present for a future in which COVID-19 is rendered non-threatening, they enact a temporality of the here-and-now which allows them to attend to the liveness of the virus-as-question as more than something to be managed out of existence. Devising, instead,

ways to bear the dangerous reality that is COVID-19 while they continue to copulate, dance and intoxicate themselves, the queer covidiot I know practised the same safer-sex methods that would later become endorsed by health-related organisations (NYCHD 2020): using gloryholes; employing contact-tracing in instances of illness; and establishing an 'orgy bubble' comprising a fixed roster of sexual partners. Thus, even as they embrace the social order's death drive, the use of these safer sex methods remind us that these covidiot are far from suicidal. If and when a COVID-19 vaccine becomes available, I suspect that these covidiot will have no qualms about being vaccinated. If so, then perhaps it is only in the uncanny moment between the onset of a pandemic and its biomedical resolution that the clamour of the intrinsic question mark of COVID-19 is heard.

BRYAN LIM is a PhD Researcher in the Sociology Department at Goldsmiths, University of London. Engaging with a radically performative view that takes the microbe as multiple, his research focusses on the problem/problematisation of HIV with the aim of reconceptualising inter-/intra-species ethics. E-mail: blim001@gold.ac.uk

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