Affective Cartographies of Collective Blame
Mediating Citizen–State Relations in Aotearoa/New Zealand and Australia during the COVID-19 Pandemic

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Abstract: In both Aotearoa/New Zealand and Australia, COVID-19 lockdowns were enforced through public scrutiny of the movements of supposedly ‘irresponsible’ individuals. Denouncing their impact on public health created an affective cartography of collective blame uniting State and society in shared moral indignation. Produced through assemblages of mainstream and social media and government statements, such mediated spectacles engendered a sense of collective unity and shared purpose at a time when both collective cohesion and narratives of individual responsibility were of particular interest to the State. Spatio-temporal maps and diagrams of culpable contagion helped materialise the invisible movement of the virus but also enabled identification of the sick. Some bodies more than others were made to carry the morality of the collective enterprise of stopping the virus.

Keywords: affect, Australia, citizen–State relations, COVID-19, diagrams, maps, media, New Zealand
citizens and of how relations between them are constituted in times of crisis. Emotion—defined by Barrios to refer to ‘affective experience as it is narrativized by people, structured in a culturally particular way, and put to a political or social use’ (2017: 5)—was central to governance during the pandemic. Whether the enjoining of kindness or the elicitation of outrage, both State and citizenry enjoined affective responses to others’ behaviour, inculcating a felt link between individuals, the broader community and government policies, and mobilising actions that aimed to limit the spread of contagion.

Focusing on the first two years of the pandemic, case studies from these two Pacific Island nations illustrate not only how responses to crisis are shaped by neoliberal discourses of personal responsibility and blame but also how collective unity is envisioned, elicited and enforced through the circulation of narratives and images. While much of the social science literature on neoliberalism focuses on governmentality and constructed ideals of individual responsibility, we suggest here that mediated moral spectacles of individual behaviour, including spectacular images of ‘unbelievable’ or ‘immoral’ lawbreakers whose actions were mapped out and diagrammed and whose bodies were held up for public opprobrium, play a key role in how citizen–State relations are constituted during national crises. Discourses around risk and public health appealed to citizens’ senses of loyalty to both science and nation. Naming, blaming and shaming ostensible transgressors delineated boundaries of imagined communities. These morality tales created affective cartographies that heightened a shared sense of unity and purpose at a time when collective cohesion was of particular interest to the State.

Studies of infectious disease outbreaks have observed that these are often accompanied by narratives of heroes, victims and villains. Such narratives make sense of uncertainty and provide templates for action, offering the promise of individual control amid chaos (Atlani-Duault et al. 2020; Bory et al. 2023; Pearce 1973; Phillips et al. 2021; Roy et al. 2019; Wagner-Egger et al. 2011; Xiao et al. 2021). In allocating blame to individuals, such narratives also draw attention away from structural and government factors shaping the distribution of wellness and illness in society (Matthewman and Huppatz 2020), and disproportionately construct less privileged and marginal members of society—sexual and ethnic minorities, immigrants and other outsiders, and the poor—as the villains in accounts of disease spread (Phillips et al. 2021; Team and Manderson 2020; Wynn 2021). In this study of COVID-19 in two countries with very small case numbers, narratives of blame took on particular characteristics: not only did they construct villains, they also mapped and diagrammed their movements in media spectacles of villainised behaviour. These narratives did more than provide templates of appropriate pandemic behaviour for individuals. They also created an affective cartography of danger, uniting State and society in shared indignation and blaming.

Our analysis thus highlights how COVID-19 media spectacles in Australia and Aotearoa/NZ in 2020 and 2021 offer insight into some of the most enduring questions regarding State power, including: how does crisis act as an ‘affect-generating idiom’ that mobilises ‘collective attention and action’ (Masco 2017: S65; Trnka 2022)? What role does the media—both conventional news media and newer social media ecologies—play in statecraft during times of crisis (Dodds et al. 2020: 292; Ma 2006)? And what kinds of shared narratives, cultural symbols and morality tales generate affective responses that reinforce dominant community values, build national cohesion, shape citizen behaviour and shore up State power (Pearce 1973; Schudson 2002)?

Modes of affective ‘governing through community’ (Vollebergh et al. 2021: 742) are powerful techniques of governance that anthropologists have documented in many contexts (for example, Theobald forthcoming), but during the COVID-19 pandemic these took on particular inflections, centring around collective narratives and imaginations of how unseen pathogens might travel through the community. Generating affective cartographies of blame became a powerful tool of governance at the same time that spatio-temporal maps of social connections and activities helped make sense of a virus that was threatening not only because it was potentially deadly but also because it was invisible.

**Border Closures and National Narratives**

Until the outbreak of the Omicron variant in 2021, Aotearoa/NZ was hailed as a global success story for its COVID-19 management (Hong et al. 2020; World Health Organization 2020). Media coverage and government statements declared that Aotearoa/NZ’s ‘team of five million’ had ‘gone through it together’. Stories of frontline medical staff, grocery store staff, school and preschool operators, and other essential services workers (Appleton et al. 2021), as well as accounts of anti-Asian, anti-Māori and anti-Pacific racism and other forms of scapegoating, were largely sidelined. Narratives of national unity obscured the uneven ways that particular bodies have disproportionately carried the burden of the pandemic.

Pandemic control measures in Aotearoa/NZ were strict. Lockdowns were enforced nation-wide and later in regionally specific areas: Auckland residents were subject to five, the longest lasting 107 days. International borders were largely sealed for over two years. With some notable, and highly controversial, exceptions, including headline entertainers such as
Australia’s The Wiggles, only New Zealand passport holders, legal residents or their close family members were permitted to enter the country. From 19 March 2020, international borders remained shut to other travellers until early May 2022. From early April 2020 until late June 2022, most returnees had to spend a week or more in managed isolation quarantine (MIQ) facilities managed by the New Zealand Defence Force. Usually housed in converted hotel rooms, returnees were socially isolated, underwent regular health checks and had limited access to outdoor facilities.

Figure 1: Exercise area for returnees undergoing quarantine

Like Aotearoa/NZ, when it became clear that international travellers were bringing the virus home with them, Australia shut its borders to all but citizens and residents. First, it imposed voluntary quarantine for returning Australians, then mandatory hotel quarantine for travellers. It also imposed lockdowns to stop community transmission. In March 2020, Australia became the only democracy to ban its citizens from leaving the country without an exemption from the Department of Home Affairs; exemptions were rarely approved (Meixner 2020).

However, the two nations developed different pandemic narratives and catchphrases, underpinned by different framings of citizen–State relations. Aotearoa/NZ’s early approach to the pandemic was framed as a national unity project, led by a strong Prime Minister who promoted the slogan ‘Be Kind’ while imposing containment measures.

In contrast, in Australia the pandemic hit just as the Prime Minister was being criticised for his lack of leadership during the devastating 2019–2020 bushfires; the pandemic thus offered a new leadership opportunity for a government at risk of being elected out of power. Yet, unlike Aotearoa/NZ, no national slogan of unity emerged during the pandemic, and much pandemic governance devolved to Australian states and territories, which determined policies regarding repatriation of citizens, quarantine enforcement and lockdown. The specifics of quarantine rules, quotas for international travellers and border closures varied significantly between those states and territories, and often fuelled conflict between them (Dodds et al. 2020). Pandemic management in Australia was thus not just a national project but also a competition to keep each state and territory COVID-free; state premiers and territory chief ministers suddenly became national household names for their successes and failures in managing case numbers.

Yet, across these different jurisdictional claims and political skirmishes, what nevertheless emerged in Australia was a fairly consistent set of narratives about what citizens owed their fellow Australians (responsible individual behaviour and a willingness to sacrifice), and what the nation owed its citizens (financial support for those impacted by lockdown and evidence-based guidelines for testing and prevention of transmission). Similarly, in Aotearoa/NZ, government and media discourses of personal responsibility in the midst of collective unity led to accusations of individualised blame.

‘Case M’ in Aotearoa/NZ: The Politics of Personal Responsibility and Blame

In March 2021, a new breakout of community transmission led to the third and fourth COVID-19 lockdowns in the country’s largest city, Auckland. What was unusual during these lockdowns was how precisely the course of viral transmission could be traced and mapped.

In the year following the first lockdown, which took place in March–May 2020, there were comparatively few reported COVID-19 cases, most of which were identified at border facilities. The public received detailed, often daily, updates on current case numbers. For example, on 8 April 2021, the government announced 95 active cases, all found at border facilities, 24 of which had been discovered within the last 24 hours. Such figures were publicised in the media and available on Ministry of Health websites, giving the impression that as a nation we knew, at any given time, the exact number of COVID-19 cases, where they were first located (e.g. in MIQ) and where transmission occurred (overseas, in border facilities or within the community).

Community transmission was so limited that any new outbreaks resulted in government press conferences detailing who was infected, how they might have become infected and which genomic sequence of COVID-19 they were suffering from. While the infected were not named, the media provided identifying details: a woman student at a named high school, or a young man who lived alone and worked as a security guard at a named MIQ facility. Details of where they went and with whom they had contact while potentially infectious—information painstakingly gathered and collated—were made public by the media and on government websites.
ingly culled from their use of the COVID-19 tracer app plus interviews with public health officials—were often broadcast along with lists of ‘locations of interest’ with the days and times that the COVID-19 sufferer visited these sites.

Knowledge of how the virus spread was gleaned not only through contact tracing but also genomic testing revealing each patient’s variant, shedding light on possible transmission vectors, something that was unthinkable in countries with higher disease burdens (and became unthinkable in Aotearoa/NZ during the 2022 Omicron outbreak, when case numbers soared). This work led to Aotearoa/NZ being touted as a leader in uncovering COVID-19 transmission patterns (McClure 2021). The media made great mileage out of using genomic testing to entertain the public with ‘solutions’ to specific ‘mystery cases’. For example, in September 2020, it was speculated that the virus had been transmitted between two people who had touched the same rubbish bin in a MIQ facility. But months later a banner headline in the news media website proclaimed, ‘The Great Covid Bin Lid Mystery—Solved’, celebrating ‘genome sequencing to the rescue’ and revealing that transmission had actually occurred between two people in adjacent MIQ rooms via airborne particles. The infected person had stepped out of their room to have a COVID-19 test administered in the hallway. Fifty seconds later the uninfected person similarly took a COVID-19 test in the hallway, causing their exposure (Wiles 2021).

Other times, genomic testing was used to bolster the politics of blame. Case M—as he was called by the Ministry of Health (MoH)—was a 21-year-old man in South Auckland connected with a cluster of community transmission cases centring around South Auckland’s Papatoetoe High School in February–March 2021. The original cases appeared in one family (Cases A, B and C) but others were soon identified. The MoH provided daily updates, naming cases using alphabetical pseudonyms in the order they had developed symptoms; media outlets then helpfully mapped out their relations (Figure 2): Case A was a student at Papatoetoe High School; Cases B and C were her parents; Case D was a classmate of Case A; Cases E, F, G, H were parents and siblings of Case D; Case I was a classmate of Case A; Cases J, K and L were Case I’s siblings and household members; Case M was a sibling of another Papatoetoe student who repeatedly tested negative; Case N was Case M’s mother; and the final known case, Case O, was a household contact of Cases I, J, K and L. The total number of known people in this cluster was fifteen. Genomic testing showed that all members of the cluster all had the UK variant B.1.1.7, further reinforcing the hypothesis of chain of transmission. The media diagrammed their social relations to each other and their movements and activities.

Figure 2: Replica of a popular media outlet’s mapping of the Papatoetoe High School cluster
Case M became a person of interest when he tested positive in late February 2021. A student at Manukau Institute of Technology (MIT), Case M was the older brother of a student at Papatoetoe High School who had thrice tested negative but was required to remain in home isolation while the school cluster was investigated. At this point in the pandemic, the announcement of any new case of community transmission elicited intensive media scrutiny. However, Case M generated sensationalist headlines not only for having COVID-19, but for what he did while infectious. Despite experiencing a fever, muscle pain and weakness, Case M spent three days on campus. He then went to his physician who administered a COVID-19 test; while awaiting the results, he exercised at a popular gym.

The negative press coverage and social media fury over what was depicted by some of the more polite posters as ‘unbelievable’ behaviour did not end here. As the cluster grew, it was announced that Case M’s mother, Case N, had gone for a walk with the mother of another infected household (Cases D–H), likely leading to transmission. Not only had the families been allegedly instructed by public health officials to maintain isolation due to their connection with Papatoetoe High School, but the walk had taken place during Auckland’s (third) level 3 lockdown, when all face-to-face contact between members of different household bubbles was prohibited. The media spectacle went into hyperdrive when it was announced that Case L had gone to work at KFC when her whole family, given their connection to the school, was supposed to be isolating.

These complex movements and relationships comprising kin connections, work and schooling, and forms of recreation were rendered into a biocommunicable cartography of contagion. The media’s tabular, diagrammatic patterns of social relations and movement made sense of the ‘invisible monster’ (Wynn 2021) of viral contagion, the power of patterns helping to materialise imaginations of what could never be seen, only read in the (genomic) traces. Contagion during the COVID-19 pandemic was rendered in terms of a spatial temporality of contact and relationality over time, and individual decisions judged in terms of their impact on the nation’s global standing of infectious disease containment.

The Entire Weight of the Country

Four individuals in the Papatoetoe High School cluster became the focus of public castigation and social surveillance through collective, public efforts to name and shame them for their movements. Case M became the target of social media cyber-bullying and deeply unflattering mainstream media coverage. Even the Prime Minister weighed in, stating that it was ‘frustrating’ that Case M had not isolated himself.

The level of abuse led Micah Sili, the president of MIT’s student council, to issue a public statement noting that ‘It’s understandable why there is a bit of frustration on both parts, from the community outside of MIT and our student population as well … and that showed up in some of the comments made on news articles and social media groups’ but also urging ‘he is just a student and his family [sic] so we need to be compassionate about their circumstances’. Echoing the Prime Minister’s earlier mantra that citizens should practise kindness to one another and leave the enforcement of COVID-19 regulations to the government and police, Sili suggested: ‘We just want to put that message out there to remember to be kind to everyone.’

Figure 3: One of many government reminders to ‘Be Kind’.

The Prime Minister, however, was reinterpreting her earlier remarks about kindness. In direct reference to Case N’s and Case O’s breaching of the rules to go for a walk together during level 3 lockdown, Ardern stated: ‘No one—in Cabinet, no minister, no politician, none of us that I’ve spoken to—thinks that this is tolerable. You know, what has happened here has been a clear breach and everyone is frustrated by it.’ Similarly, the Prime Minister indicated that there would be ‘repercussions’ due to Case L attending work at KFC, an offence that left the Prime Minister ‘no question, like everyone else, feeling frustrated’.

Later that day, Ardern added, ‘Quite simply, we cannot do this alone … Rule breaking can prolong
[lockdown], so that is why I’m asking everyone now more than ever to continue to back and support one another and if that means calling a family member or colleague out for not following the rules then we should do that. Do it with kindness but do it.’ Nearly a year after she had counselled New Zealanders to leave law enforcement to government, media headlines declared: ‘PM Jacinda Ardern urges New Zealanders to call out rule-breakers’ (Radio New Zealand 2021). When questioned, however, Ardern shied away from calling for the prosecution of those who had admitted to breaching regulations—this, she said, was for police to decide, not politicians. She added, ‘In terms of consequences, obviously it is not OK for people to break the rules and those who have are feeling the full consequences of the entire weight of the country right now.’

But Case L refused to feel the ‘entire weight of the country’, publicly disputing that she had contravened the rules. While her sister (Case I) had been informed to self-isolate, the messaging she received did not relay that every member of her household must do the same—a claim disputed by the Prime Minister, but supported by advice posted on the official Unite Against Covid Facebook page (Wade 2021). Asserting that she had never been told she was not permitted to go to her job at KFC, Case L demanded the Prime Minister publicly apologise to her. Ardern flatly refused and was later backed up by the Covid-19 Response Minister, Chris Hipkins, who declared that as soon as other members of Case L’s household began showing symptoms, she should have realised she needed to self-isolate. ‘The reality is there is certainly enough information there that the person shouldn’t have been going to work’, Hipkins said.

The Politics of Collective Unity and Individual Blame

What form of governmentality is it when individuals carry the burden of breaking the national effort? While government did not name particular people, the media broadcast identifying personal details around the nation: for example, Case M was described as a 21-year-old male, a student at MIT who worked one day a week at Kerry Logistics, lived in South Auckland and had a sister who attended Papatoetoe High School, enabling members of his social circles to guess his identity. Theorists of advance liberalism suggest that while the ideology of individual choice may be an illusion, it is a powerful one; one is allowed and indeed compelled to choose, yet their choices are strongly encouraged, and at times socially or institutionally obligated, to align with broader collective strategies. Thus doctors desire patients who are self-managing experts, making choices that align with medical best practice (Trnka 2017); teachers

join students to take control of their own learning, while remaining in control of grading standards (Gobby et al. 2018). During the pandemic, individuals’ enactment of choice became a public spectacle that not only created scapegoats to blame but also mobilised citizens to surveil and judge each other, creating strong social norms of behaviour. The police took on the highly publicised role of educators, informing rule-breakers of the law (Deckert et al. 2021).

Alongsie the rhetoric of ‘choice’ is that of ‘responsibility’, which became a dominant discursive frame during lockdown. Individuals became personally responsible for the welfare of the nation, whose future was portrayed as lying in their hands. Akin to the focus on personal responsibility in many left-leaning political movements, from curbing pollution to holistic health, government rhetoric and the mainstream media vested responsible decision-making in the individual, rather than in communities, neighbourhoods or institutions. In a time of crisis, responsible decision-making was portrayed as requiring one to privilege national needs rather than individual, familial or community ones.

This is where social surveillance and collective blame came to play a prominent role in enforcing government directives. Cases L, M, N and O were castigated for (seemingly) putting themselves first. Government figures, public health officials, mainstream media outlets and vocal segments of the public decried that their employment, education, desire for exercise or need for companionship should have been overridden by the greater national need to collectively follow lockdown regulations.

Agamben (2020), Chomsky (2020), Foucault (2004) and others have written persuasively of how state power is extended during states of emergency, sometimes never to retract. But while States may flex their muscle via national legal responses to crisis, so too does the citizenry. In Aotearoa/NZ, while kindness became the early mantra of the government (Trnka 2021, 2022a), anger became the glue that held citizens and State together. Seemingly ‘natural’ affective responses (of course we are all frustrated, the Prime Minister declared) harnessed ostensibly individualised choice into broader, collective political strategies (Trnka et al. 2013).

Fears of ‘letting the nation down’ became a potent strategy for ensuring people felt obliged to follow COVID-19 regulations. Shame became a means whereby the State’s position both encouraged collective blame and allowed the State to represent itself as the protector of those bearing its brunt. Directly referencing Cases N and O, the Prime Minister suggested members of the recent cluster who had broken the rules did not need to be prosecuted as they were already facing the ‘weight of the country’. In suggesting New Zealanders needed to rise above their an-
ger, she simultaneously normalised and naturalised such anger.

Ardern’s earlier pronouncements about the moral demands of responding to a pandemic had in fact foreshadowed what was to come. Just as the nation prepared to go into its first COVID-19 lockdown in March 2020, Ardern famously implored New Zealanders to ‘be kind’. But while those two words were widely circulated in pandemic discourse (Trnka 2021, 2020a), the remainder of her statement is often overlooked. What Ardern actually stated was: ‘Be kind. I know people will want to act as enforcers. And I understand that, people are afraid and anxious. We will play that role for you. What we need from you is to support one another’ (Ardern 2020: n.p.). Righteous indignation was pre-emptively assumed to be a widespread response to lawbreakers. When it came, it bolstered the sense of national cohesiveness built on making the ‘right choice’ to put the nation first. Indeed, as a survey of New Zealanders during the first lockdown revealed, few recounted feeling as if they had no choice but to follow government regulations; instead, many spoke at length about making the choice to uphold either the regulations themselves or the ‘spirit of the law’ when they determined the need to contravene lockdown (Trnka et al. 2021). Having often made what felt like tough sacrifices, the government mantra of unity legitimated the desire to compel the same choices on others.

Not everyone, however, was fully integrated into the Prime Minister’s widely televised vision of a nation transformed into the ‘team of five million’. Some became scapegoats, embodying national anxieties and frustrations. Initially public ire focused on those who were thought to have brought COVID-19 into the country, primarily Asians. Later, frontline workers in childcare/education, social services, healthcare and supermarkets came to feel the brunt of harassment (Appleton et al. 2021).

Racism fuelled much (but not all) of this prejudice. South Auckland has a large Pacific population and derogatory references to ‘South Auckland’ often signal racist, anti-Māori and anti-Pacific stereotypes (Foon 2020). Pacific community leaders repeatedly expressed concern over racist backlashes when COVID-19 cases were reported in the media; such, for example, was the situation in August 2020 when another family at the centre of an outbreak was publicly identified as Pasifika (Tukuitonga 2020). In contrast, the ethnicities of the members of the Papatoetoe High School cluster were not identified in government press releases or mainstream media, though they were speculated about on social media.

Australia: Scapegoats, Grandstanding and Public Duty

Media coverage of the relatively few cases in Aotearoa/NZ in 2021 led to extraordinary public scrutiny over the identities and movements of the infected. In Australia, such scrutiny was similarly confined to the moments of the pandemic when overall case numbers remained small. But throughout the pandemic, media attention focused on those who had broken COVID-19 laws, particularly on people of colour, creating spectacles of police investigation and enforcement amid narratives about ‘selfish’ individuals threatening the security of Australian states (rather than the country as a whole).

An early case that elicited significant public debate about the body, movements and decisions of an infected individual was that of Melbourne doctor Chris Higgins. It was early March 2020 when newspapers, television and radio stations across the country reported that a physician had returned from a conference in the USA and returned to work, despite symptoms of illness. He reportedly treated 70 patients over five days before getting tested. This doctor was the 11th patient in the state of Victoria to have been diagnosed with COVID-19, and at the time there had not yet been any documented cases of community transmission in Victoria.

Victoria’s Labor Party Health Minister, Jenny Mikakos, called a press conference in which she declared she was ‘absolutely flabbergasted that a doctor who has experienced flu-like symptoms has presented at work’. She announced that it was ‘irresponsible for people to be going to work if they are unwell’, urged ‘everybody in the community’ to ‘take this very seriously’ and emphasised that it was ‘important that we are all alive to the risks’ (Hitchick 2020).

While Mikakos did not identify the doctor by name, she named the flight he was on, the clinic he worked at and used gendered pronouns. The Toorak Clinic had only four male doctors and journalists immediately set themselves on identifying the infected doctor. One broadcast showed an investigative journalist knocking on the home doors of clinic doctors, asking if they had been travelling internationally. Soon they had a name: Dr Chris Higgins. That same news report broadcasted an animated diagram of a flight path from the USA to Australia, captioned with the date he ‘developed symptoms’. An ominous voiceover proclaimed ‘Health authorities in disbelief’, before cutting to commentary from a woman in the street who declared ‘What a twit! What an idiot doctor!’ (Pearson 2020: n.p.).

Higgins responded on Mikakos’s Facebook page, describing his symptoms as mimicking a ‘mild cold’ (not Mikakos’s ‘flu-like symptoms’), and pointed out that he hadn’t met government criteria for COVID-19 testing or self-isolation since, at the time, the USA

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was not regarded as a virus hotspot, and he had only sought the test ‘for sake of completeness’. He criticised Mikakos for ‘inaccuracies and unfairness’, accused her of using him as ‘an opportunity for political grandstanding’ and sought an apology. The medical community rallied behind Higgins, arguing that his health privacy had been violated, that government guidelines around testing and isolation were ‘inconsistent’ and that Mikakos’s public shaming undermined public confidence in healthcare providers at a time when she should be bolstering it (Hitchick 2020). A petition demanding that Mikakos apologise garnered over 11,000 signatures (Woo 2020).

Mikakos refused, stating ‘We will not [apologise] for the fact we are always going to prioritise public health’ (Loomes 2020: n.p.). She reiterated that everyone had ‘responsibility’ to ‘do what we can to prevent the spread of this virus’ and the government must ‘keep the Victorian people safe’. Everyone, she said, must ‘work together to contain this virus as much as possible and protect the community’ and the government’s responsibility entailed providing detailed information about the movements of infected people. Even when those details were sufficient to identify them, patients’ right to privacy was trumped by the government’s ‘public health duty to the wider community to provide information’ (Wahlquist 2020: n.p.).

Minister Mikakos’s narrative focused on individual decision-making as the determining factor in controlling the spread of the virus. Government officials and the media collaborated to turn one named individual into the face of irresponsible decision-making. In contrast, the medical community’s critique of Mikakos was also a critique of her neoliberal framing of transmission in terms of individual choices. This countercriticism focused on flaws in the functioning of the government-funded healthcare system, inconsistencies in government messaging and guidelines around testing and isolation, and difficulties in obtaining tests, with many reporting that they had sought a COVID-19 test after returning from international travel and were denied on the grounds that they hadn’t been in a ‘hotspot’.

What was shared across both sides of this incident was remarkably similar claims about the need for unity in the face of the virus threat and the government’s role as the arbiter and communicator of correct public health information. Tony Bartone, the federal president of the Australian Medical Association, responded to Mikakos’s attack on Higgins by saying: ‘We have to start acting as one if we’re to deal with this threat of COVID-19 and assure that we have not only the briefs of truth online but that we are singing from the same song sheet, we know what is expected of us, and that information is clearly communicated’ (Wahlquist 2020: n.p., emphasis added).

### The Bodies of Others

At the start of the pandemic in Australia, just as a year later in Aotearoa/NZ, enough information was provided to identify infected individuals. Their movements were scoured for signs of danger and their decisions analysed and turned into morality tales about responsibility, (lack of) care for others and contributions to public health. Later in the pandemic, when the number of infected in Australia had soared, only a few individuals were singled out and identified. One case that stood out was that of Olivia Muranga and Diana Lasu, two women of colour who allegedly falsified documents in order to cross from Victoria—at the time, a designated ‘hot spot’ of COVID-19 infection—into Queensland, where they sought COVID-19 tests and then went to a bar for cocktails before eventually receiving positive test results. They were charged with falsifying border documents and government officials publicly decried their lack of forthrightness in describing their movements, which hindered prompt contact tracing. Their African last names marked them as other to the Anglo-majority Australian public and part of a larger fascination of Australian tabloids with reporting on ‘African gang violence’, thus turning African heritage into a marker of otherness and lawlessness.

It was the ultimate trifecta of tabloid fodder: a dog whistle to racist readers, a morality tale for the rest, materialised through the bodies and faces of two women, frequently depicted in full makeup and party dress, positioned simultaneously as racialised and sexualised objects and objects of scorn. Another example of blaming and shaming, the saga of their movements and the legal case against them was repeated in the tabloids for days.

Such was the media’s eagerness to keep the morality play alive that multiple news outlets reported that police were investigating whether the women might have links to ‘an organised crime syndicate’ that helped them to ‘cover their tracks at the border’ (Ransley 2020: n.p.), even though the police quoted in that article never used the phrase ‘organised crime syndicate’ in the statements provided. Indeed, one news article stated that police denied such claims (‘Commissioner Gollschewski said he had no knowledge of an investigation into the women’s alleged links to a crime syndicate’), yet nonetheless ran this story with the headline: ‘Three women accused of lying on border passes investigated over alleged links to crime syndicate’ (9News Staff 2020). These unsubstantiated claims were repeated to reiterate the women’s supposed otherness. Interestingly, it was never reported that anyone who came into contact with Muranga or Lasu was infected as a result, suggesting that the actual infectious or public health consequences of their choices were not important to
the narrative; what mattered was a depiction of their choices and how those threatened state and nation. Not everyone was subject to similar condemnation. In May 2021, a year and a half into the pandemic, Australian newspapers reported a new case of COVID-19 community transmission in Sydney, along with a timeline and list of all the venues the person had visited while infected. Dubbed ‘Barbeque Man’, ‘BBQ Man’ or ‘the Meat Man’ because he had visited shops selling electronic grills and a butcher, comedians spoofed the COVID-19 sufferer’s apparent fixation on outdoor grilling while commending him for ‘doing everything right’ by registering his details with contact tracing apps at each store he visited (SBS 2021). Sydney went into ‘soft lockdown’ (face masks were mandatory indoors and large family gatherings prohibited) while government and public health authorities promised that genomic testing would identify the chain of transmission.

A few days later, a headline proclaimed: ‘The Sydney man who visited several BBQ stores before being diagnosed with COVID has been identified—and it explains everything’ (Foster 2021: n.p.). Three reporters from the Australian Financial Review (AFR) had cracked the mystery of both the man’s identity and his interest in barbeque shops: he was the Sydney head of Apollo Global Management, an investment firm considering acquiring the Barbeques Galore franchise. Even as his company stated that they ‘cannot publicly comment on the medical condition of individual employees’, an Apollo spokesperson told the AFR that ‘we are currently assisting the NSW health authorities as they investigate a positive case’, adding ‘The employee has not travelled outside Australia this year’ (Thompson et al. 2021: n.p.). With the company’s privacy policy apparently in conflict with the public relations demand that it be seen as positively contributing to the nation’s battle against COVID-19, it effectively provided enough information to confirm BBQ Man’s identity and soon headlines in multiple newspapers showed his image and identified ‘BBQ Man’ by name.

Bodies literally carry viruses but they also carry a lot more, ‘emitting signs’ that act as focal points for national discourse (Foucault 1991 [1977]: 25). In both Australia and Aotearoa/NZ, success stories of pandemic control have been enacted through mediated spectacles of transgression, and in both cases the bodies of some have come to carry the ‘weight of the country’ and the crisis in ways that the bodies of others have not.

There was an understanding from the first moment of the COVID-19 crisis in both Australia and Aotearoa/NZ that both citizens and the State would need to be galvanised in previously unheard-of ways. Indeed, in both countries many citizens urged the State to act decisively, calling for lockdown measures prior to their implementation (Trnka 2020a, 2020b). For the State and citizens to cooperatively constitute a successful lockdown, there had to be affective understanding between them.

New Zealand Police reported that, as of 4 March 2021, there had been over 7,500 breaches of lockdown regulations nationwide, leading to nearly 1,000 prosecutions (Patterson 2021). Most of these individual cases have not, to our knowledge, been discussed in
mainstream media. Perhaps the offenders’ reasons for breaking lockdown might, in some cases, appear warranted, or even compelling; perhaps they might paint a portrait of much more widespread blatant disregard of lockdown regulations than the nation’s ire could keep in check. Anti-mandate demonstrations later in the pandemic offered a vivid lesson in what happens if there are too many people who might in fact feel ‘the weight of the country’ a bit differently than the Prime Minister imagined (Trnka 2022b).

But in 2021, the government was acting on the understanding that most of the public could be relied on as a moral force to compel compliance with COVID-19 regulations. Public anger was key to this mobilisation. As Gilbert Herdt notes of the dynamics underpinning moral panics in general, ‘the political invention and mobilization of … risk in the media and imagination’ comes to fuel a ‘cultural anger in the service of moral regulation that targets the vulnerable in societies … provok[ing] new techniques for governing others or for governing the self’ (2009: 1–2). In publicising the details of Cases L, M, N and O, the government supplied enough information to not only inform the public should they have been in close contact with those who were infectious (so that they would know to self-isolate and get tested) but also galvanise a public outcry buoying the need to stay ‘in it all together’, ‘united against COVID-19’, rhetorical phrases that were repeatedly invoked in government speeches.

Scholars of pandemics and national disaster have observed that these play out through public narratives constructing heroes, villains and victims (Atlan-Duault et al. 2020; Pearce 1973; Phillips et al. 2021; Roy et al. 2019; Wagner-Egger et al. 2011). In Australia and Aotearoa/NZ, this was facilitated by the combination of small case numbers and technologies that allowed contact tracing and genome sequencing to identify individuals, their movements and the spread of disease. Governments communicated this through the media, which diagrammed and mapped itineraries of their movements. Ostensibly cartographies of disease transmission published in the name of public health, in fact, in many cases no virus transmission was ever traced to individuals’ movements; conversely, many who were named and shamed for violating lockdown rules were never identified as having COVID-19 (Wynn 2021). These cartographies, instead, served an affective function toward a governance end: they were spectacles of individual choice that elicited responses of anger or approval, constructing villains who had broken the rules or, in the case of ‘BBQ man’, who had followed them. Even in the face of evidence that individuals’ actions were structured by government policies—official definitions of ‘hotspots’, access to testing, communications around isolation, financial and social pressures to continue working while sick—government authorities firmly redirected blame back to individuals. These affective cartographies of blame modelled appropriate pandemic behaviour through identifying good and bad decision-making, elicited citizen surveillance and instilled the fear of being identified as a deterrent to rule breaking. Together, these constructed particular pandemic nationalisms, mapping out territories (state, and State) of belonging and otherness, and constituted an affective State–citizen alliance of pandemic governance.

By the start of 2022, the situation had changed dramatically in both Australia and Aotearoa/NZ. By late 2021, several Australian states were reporting hundreds, then thousands and then tens of thousands of daily new infections of the Omicron variant in the population. The day after Christmas, one state health minister declared that ‘We’re all going to get Omicron’ (Cassidy 2021). Government officials made similar pronouncements in Aotearoa/NZ when it experienced its first major wave of Omicron transmission in February 2022. The low case numbers of the past two years suddenly became historical relics. In lieu of stories blaming people for spreading the virus, a new cartography of blame emerged. Both nations shamed anti-vaxxers—for example, naming anti-vax individuals in hospital intensive care units (e.g. Wang 2022) and describing them as a burden on the country’s healthcare system (Van Homrigh 2022).

States of emergency are legally defined entities, but the ability, much less the ease, of enforcing them in democratic nations often hinges on affective relations between States and citizens (Barrios 2017). Briggs and Nicholson have described for previous pandemics how government proclamations seek to balance opposing rhetorical positions that both frighten and reassure the public (2009: 191). In both Australia and Aotearoa/NZ, mainstream news and social media became fora where ‘all parties monitored and assessed each other’s compliance with the moral imperative to circulate information and foster vigilance’ (2009: 192). When case numbers were low, this led to intensely individualised denouncements. Mediated spectacles turned individual circumstances into morality tales intended to engender a sense of unity and shared purpose by means of evoking ‘appropriate behaviour’ and naming and shaming transgressors. Some bodies more than others were singled out and made to carry the morality of the collective enterprise of stamping out the virus.

While we may not be viewing the evisceration of the bodies of the guilty, as Foucault (1991 [1977]: 3–7) so graphically delineated in his description in Discipline and Punish of the 1757 drawing and quartering of the body of Damiens the regicide, pandemic responses are an important demonstration of how spectacle as a mode of justice is still a central facet of citizen–State relations. The social surveilling, blaming and shaming of COVID-19 sufferers in Australia
and Aotearoa/NZ illustrate the significance of mediated spectacles and affective cartographies in promoting narratives of national cohesion and individual responsibility that shape responses to crisis.

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