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The Dead Return

At sunset on the day before his inauguration, President-elect Joe Biden and Vice President-elect Kamala Harris held a ceremony to acknowledge America's COVID-19 dead. Organizers placed 400 columns of light and hundreds of thousands of small American flags around the Reflecting Pool to signify the mounting fatalities. In a short speech, Biden framed the ceremony as a first step toward remembrance and national reconciliation. "It's hard sometimes to remember," he said, "but that's how we heal."

Governments, conventionally, try to avoid the unnecessary mass deaths of their citizens. Large-scale mortalities are usually narrated either as natural tragedies or as sacrificial events, in which lives have been voluntarily given in the name of some future good. Both narratives often stretch the facts. But they are so fundamental to strategies of national continuity that anthropologists since Durkheim have tended to regard them as universal.

Former President Donald Trump, however, had taken a different approach. He made expansive claims about real or imaginary cures for COVID-19, boasted about the vaccination program and encouraged widespread protests against COVID precautions, all while denying the scale and severity of the epidemic. In his public speeches, Trump more or less ignored the scale of American deaths.

This seems to have been connected to Trump's association of death with failure. Trump avoided memorial ceremonies in Paris, disrespected the American Muslim parents of a soldier who lost his life in Iraq and mocked Biden over the death of his elder son. His fury and contempt seemed to issue from a desire to place himself beyond death altogether. Susan Harding and Emily Martin have rightly written of the messianic aspects of his persona in the making of "Trump time," as they powerfully describe it in this edition.[1] Trump's (probable) ingestion of Regeneron, his denial of the severity of his illness and his triumphalist exit from the hospital were part of his personal resurrection.

The Jesus of the Gospels was not only a resurrected deity but also one who allowed himself to be crucified by his enemies and then forgave them from the cross. Christianity's radical appeal has flowed for many from this conception: that Christ is a god of the dying also. One imagines the humble Christ might strike Trump, though, as just another "loser." The religious world that Trump apparently inhabits—that of Norman Vincent Peale and his spiritual advisor, Paula White—derives from a range of traditions that have tended to focus on a Christ of power and glory. In this view, individual success is testament to the power of God.

Trump's contempt for the vulnerability of death to my eye also invokes other current registers of death-refusal—or undead being—particularly transhumanism. Modern transhumanism aims to supersede mortality by man's own efforts rather than by sharing in the power of the Incarnate Christ. It over-

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writes even the ancient, speculative theologies of postmortem deification, which form part of Christian Orthodox and Gnostic traditions and which reappear in Mormonism and elsewhere. For many commentators, transhumanism inverts Incarnation. Instead of divinity offering itself to the experience of mortality, this philosophy eternalizes the human appetite for power.

Transhumanism, though sometimes speaking in utopian populist terms, is bound up with advanced technological investments currently inseparable from the profit-bearing potentials of Artificial Intelligence. The dream of immortalizing oneself would—in capitalist logics—necessarily be marketed to the wealthy and a venture aimed at making others very wealthy. In other words, undead status would offer an exciting new means of concentrating wealth. Such extreme refractions of refusals of mortality, where death (perhaps even God's death) is cast only as "losing," are of a piece with the withholding of empathy or acknowledgment from the deaths of hundreds of thousands of ordinary people, in prevailing conditions of accelerating wealth inequalities.

Biden's summoning of the dead to Capitol Hill, by contrast, worked to reestablish a much more familiar relation of moral regulation between the dead and the living. The dead reappear in Washington, D.C., not so much in the usual state idiom of justified collective sacrifice and victory but in the role they often play in traditional religious and personal narratives, of each bearing witness to their own singular stories, asking to be remembered or prayed for by the living, issuing warnings and awakening sleeping consciences.

There is a loosely Roman Catholic framing here. American Catholics, as Robert Orsi has shown us,[2] are among those who continue to be able to accommodate the presence of the dead in communication with the living in the thinking of modern daily life. Beyond this, the reappearance of the dead in America's capital city marked the hope of reasserting a sense of social connection by making the consequences of actions once again visible.

These ghosts also bear witness to the fact that human beings must live by sharing time and the planet's resources as they pass between generations. Mortality, in this most basic sense, is not only a shared sorrow but also a common inheritance for the good and a mechanism of distributive justice.

Lockdown

One Thursday in March 2020, after a day's teaching, I tried to decide how many books and folders to add to my backpack before walking the couple of miles from my office to King's Cross station for my train home. I put a student thesis down on the edge of my desk, sure that I would be back to read it the next morning. Nearly a year later, the thesis is still there. Like others, I have not yet been able to return to work on campus, and the student was examined via Zoom.

The painful fact that both the U.S. and the U.K. have suffered some of the highest infection rates and highest excess death rates globally is well known. In the U.S., many COVID prevention measures have been implemented in patchwork fashion, with wildly different outcomes and rules affect-

ing different towns, regions and states. In the U.K., the response has been nationally mandated, often bypassing usual Parliamentary process. Despite the reach of its powers, the U.K. government is widely criticised for having implemented restrictions too late in each growth cycle of infection, ignored existing scientific advice about the need to prepare for viral pandemics, presided over a failed (outsourced) test-and-trace system, issued confusing instructions and applied public restrictions inconsistently.

In May 2020, the Prime Minister Boris Johnson's special political advisor was involved in controversy over whether he had broken lockdown regulations by driving across the country while he and his wife were probably suffering from COVID-19. Dominic Cummings was defended and retained in his role by Johnson; he left in November 2020 for other reasons. The perceived unfairness in the application of lockdown rules changed public perceptions of the crisis. Bereaved families who had been unable to see their loved ones in hospital, or even to attend their funerals, were among those who objected. Some observers argued that people subsequently became less willing to follow government regulations.

Amid the disorientation and anxieties of the U.K. lockdowns, I was glad to join a group of my departmental colleagues and graduate students, led by Laura Bear and guided by her crucial insights into the importance of care networks as a basis of "social thriving"[3] and an indispensable aspect of the economy.[4,5] Named the LSE Anthropology Covid and Care Research Group, we embarked on a collaborative project to conduct rapid ethnographic research and to return reports on how the pandemic was affecting people's real lives to the Cabinet Office and to other interested groups. We were first asked to provide a report on the question of what might constitute a "good death" during COVID-19[6,7] and then one on how small and medium family businesses were coping with the pandemic. In October 2020 the group published a longer report, "A Right to Care: The Social Foundations of Recovery from Covid-19," which followed.[3] I rely on the findings of both these reports and their authors in this section, without in any way being able to do justice to the range of the work by Laura Bear, Nikita Simpson, Deborah James and the other individual members of the project but hoping to encourage interested readers to consult the reports themselves; the links are provided in the notes for this piece.[6]

As events unfolded over six months, the research group was able to track different perspectives on government policies. One focus was the poor fit between the real social relationships on which people depend and the categories used to make government policy. National lockdown restrictions in the U.K. were expressed as applying to "households," assuming a small nuclear family as the norm. Many people in the U.K., however, live in other ways.

Multigenerational families may share childcare to enable parents to work and/or support older or frail family members informally. Single people rely on contact with friends and family at other addresses; young adults and teenagers are often living between parental households and the households of their partners. The interruptions of these networks of ordinary care caused major practical and emotional suffering, worsened by the

erosion of public services, particularly since 2008. U.K. charities, which had partly been patching the gaps in welfare by offering basic services such as help with shopping, cleaning or visiting for older people, were not prioritised for support. Many were forced to pause or abandon in-person volunteering. Yet identical services were permitted in people's homes if the carers were paid workers: private nannies, paid cleaners or agency care providers for older people.

A similar privileging of certain kinds of social interactions was evident within the distribution of government financial support. Policies favoured salaried workers and larger employers. Self-employed people, informal workers and contract workers, together with the owners of smaller or family-run businesses, were most likely to fall through gaps. Many struggled to meet household costs.

These mismatches mean that the impact of lockdown has fallen more heavily on people for whom life was already difficult. People in less secure employment have also had less access to government support funds. Many have had no choice but to continue working, even when this might risk increasing COVID transmission rates. Others were obliged to carry on with their jobs to sustain the lockdown itself, working in supermarkets, delivering food or the post. Many families found themselves forced to make a trade-off between COVID exposure risks. Do you continue taking the train daily to do construction work in London although your partner has asthma? If your partner can't work safely, and your young adult children need to come home after their jobs disappear in lockdown, then the answer is clear.

Central government, sometimes clashing with the mayors and local authorities of major multicultural U.K. cities such as Manchester, Leicester, or Birmingham, at times suggested these cities' populations were "noncompliant," blaming them for rising infection rates; this risked fuelling discrimination. People feared being stigmatised for having family arrangements other than the "norm." In September 2020 the British Home Office declared it illegal to "gather," outside or inside, in groups of more than six people. This rule caused anxiety to families with five or more children, who feared they were not allowed to walk together to the shops or for exercise.

COVID scepticism has been at lower levels in the U.K. than in the U.S., and nationally coordinated regulation has been possible from the first. Yet the excess death rate in the U.K. has been the worst in Europe, and the failure to contain the spread of infection soon enough may have hastened the emergence of the highly infectious U.K. B-117 COVID variant. Group members' work, including research undertaken by Nick Long, suggests that the New Zealand "support bubbles" model has made lockdowns more effective because it is more realistic, adapting to indispensable lived networks.[8]

I spoke to a number of people through Church of England cathedral networks about both the spiritual and the social support aspects of the church's work. One priest described working as a hospital chaplain in Birmingham during the first wave of the epidemic. Both clergy and medical staff struggled with seeing so many COVID patients who died without their families. Hospitals

were having to improvise. The chaplain told me his thoughts were then constantly on practical pastoral concerns. His calling was to meet people wherever they were: to acknowledge each human being, to listen, be present. He was used to working in interfaith settings; this had become even more critical as staff and resources came under greater pressure. Many members of the hospital's spiritual care team themselves fell ill, or were obliged to self-isolate. The specialist faith chaplains, who include Sikh, Hindu and Muslim as well as Christian representatives, hurried to provide cover for each other across different faiths. When his Hindu colleague could not come to work, the Anglican chaplain took direction from him; they worked together with the family of a very sick man, who gathered at home to read and pray the Hindu texts to comfort the dying over the chaplain's phone. These efforts were incomplete. The physical elements of ritual, as well as the physical shared presence of human families, remained interrupted; but it mattered a great deal that the dying man had not been abandoned.

The Good Death report, together with representations from many others around the U.K., helped to inform policy. Measures contemplated had apparently included the wholesale suspension of funerals and even the option of emergency mass burials, both of which were rejected by every faith group with whom we spoke, as well as by nonreligious organisations including Humanists U.K. In the early weeks of the pandemic, there was great uncertainty about what was permitted. Many decisions were taken ad hoc by crematoria. In this third U.K. lockdown, the rapidly spreading Kent COVID variant had placed hospital staff under more acute stress then ever before. It became even more difficult both to care for and to accompany the dying. Many U.K. communities, including Muslims—for whom delay in burial is usually unacceptable—were still experiencing uneven access to COVID-adapted faith-specific provision for the deceased. Policy now, however, recognized the need for families to speak with or visit the dying and to allow COVID-safe funerals with a faith-appropriate officiant and some family representation.

There has still been no opportunity for groups of families and friends to come together to grieve as they wish. We are still unable to share space, food and human touch. Nor has there been any national acknowledgment from the government of the scale of these losses, especially of the ways in which bereavement and trauma have been unequally distributed. As the death toll passed 100,000, the Archbishop of Canterbury called for the scheduling of commemorative services and interfaith events. But the government seems not to have any such clear plans. Instead, it proposes as good news that by autumn 2021, COVID-19 may become "like the flu" in the U.K.: endemic, though not usually fatal. The vaccination rollout has given many hope, but there are still many uncertainties about whether new surges in infection will now be avoided.

Time Shared?

As these reports and the work of my colleagues show, COVID-19 infection makes visible the usually unobserved relations on which the formal economy depends. The terms of that relationality, and the social

Inside the kitchen of the Suleymaniye Mosque, Haggerston Mutual Aid head chef Harry Wilson puts the finishing touches on meals as they are packaged and put into gifted Deliveroo bags ready for delivery, 11th May, 2020. For one month the Haggerston Mutual Aid group teamed up with Suleymaniye Aid, the humanitarian arm of the mosque, to deliver thousands of meals to families in need across the borough. Grey Hutton/National Geographic Society Covid-19 Emergency Fund.[9]

contract between government and citizens, become both vulnerable and available for care and renewal. At the same time, we have lived—in fluctuating states of awareness or denial—existential truths from which modern societies usually turn aside; the prospect of our own early deaths: our dependence on others to be human. COVID measures have required us to evade death by making partial ghosts of ourselves. By now, most of us are worn thin by the lack of connection and exhausted by the instruction to keep away from others who need us.

The wish for a shared narrative of the pandemic has been clear in calls for the public to "Clap for Carers" or "Heroes" once a week. But the clapping has faltered. As one anonymous doctor put it in *The Guardian* newspaper, he and his colleagues did not want to be called heroes. They wanted proper funding for their hospitals, reliable deliveries of PPE and faster responses to limit the spread of the virus.[10]

Many key local figures we spoke to—including the Birmingham hospital chaplain—saw an opportunity, at the start of the pandemic, to build on and support local networks of informal care. Many hoped for an inclusive government language, acknowledging both the losses and the important contributions of all sorts of people across the country.

In the U.K., all COVID-19 patients have been treated under the National Health Service. Like Mr. Trump, Mr. Johnson also contracted COVID-19 while initially downplay-

ing the threat the virus posed. Unlike Trump, Johnson was treated in a public N.H.S. hospital. The British National Health Service, since 1948, has symbolised the idea that every member of the country is equally entitled to receive health care funded by taxation and free at the point of need. That idea has come under ever-increasing strain from free-market and anti-immigration models on the Right and, in practical terms, from the consequences of austerity policies. Very few people in the U.K. would want to dispense with the N.H.S., especially in a pandemic. Yet the idea that all lives are precious struggles to contain the paradoxes of widening inequalities of wealth, and the divisive languages that characterised Brexit politics. In a difficult political moment, it has been fascinating to be part of collaborative work in which anthropologists have made a contribution to a conversation between people from many parts of the country who already know a great deal about what would be needed to begin locally sustainable forms of repair and recovery.

As historians have observed, the dead of the 1918 influenza epidemic never received a public memorial, although more people died than during the 1914—1918 war.[10] Those bereaved by influenza, however, had already suffered the shock of war death figures. For them, these two traumas were, perhaps, partly elided. In 2021, this is not the case.

It is still unclear whether and on what terms the U.K. COVID dead will be acknowledged by the government, or whether, and how, the toll of avoidable death and suffering will be recognised in public form. We continue in hope. For the present, it seems, the dead, as well as the living, are still in lockdown.

Notes

1. Susan Harding and Emily Martin, "Trump Time, Prophetic Time and the Time of the Lost Cause" Anthropology Now 13, no. 1 (2021): 30–36.

2. Robert A. Orsi, *History and Presence* (Cambridge, MA: Harvard University Press, 2015).

3. Laura Bear, Deborah James, Nikita Simpson, et al., *A Right to Care: The Social Foundations of Recovery from Covid-19*, LSE Anthropology Covid and Care Group Report (London: The London School of Economics and Political Science, 2020), 103 and passim. https://www.lse.ac.uk/anthropology/assets/documents/research/Covid-and-Care/ARighttoCare-CovidandCare-Final-2310.pdf. Research funded by the London School of Economics and Political Science Innovations in Care Grant.

4. Laura Bear, "Lockdown Rules Won't Be Respected if They Prioritize Business over Relationships," *The Guardian*, October 27, 2020, https://www.theguardian.com/commentisfree/2020/oct/27/covid-rules-economic-caring-relationships-respected-england.

5. Professor Laura Bear (LSE) is a member of the SPI-B and Ethnicity subgroups under SAGE (U.K.). For the SPI-B Wellbeing and Social Connections Project, see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892048/S0356_SPI-B_Wellbeing_and_Household_Connection.pdf.

6. Laura Bear, Nikita Simpson, Michael Angland, Jaskiran K. Bhogal, et al. *A 'Good Death' during the Covid-19 Pandemic in the UK* (London: The London School of Economics and Political Science, 2020), http://eprints.lse.ac.uk/104143/.

7. Bear et al., *A Right to Care*.

8. Nick Long, "New Zealand Did 'Support Bubbles' First; Here's What England Can Learn from Them," *The Guardian,* June 12, 2020, https://www.theguardian.com/commentisfree/2020/jun/12/new-zealand-support-bubbles-england.

9. Grey Hutton's image from his photo-essay 'The Ties that Bind; community lifelines in Hackney' appears with kind permission. This work has been supported by the National Geographic Society's Emergency Fund for JournalistsNGD-81804-20 www.greyhutton.com 4 Moye Close London E2 8QN +447427 583 275 hutton.grey@gmail.com

10. "I'm an NHS Doctor—and I've Had Enough of People Clapping for Me," *The Guardian,* May 21, 2020, https://www.theguardian.com/society/2020/may/21/nhs-doctor-enough-people-clapping.

11. David Segal, "Why Are There Almost No Memorials to the Flu of 1918?" *The New York Times,* May 14, 2020, https://www.nytimes.com/2020/05/14/business/1918-flu-memorials.html.

Fenella Cannell has published on the Philippines, on the anthropology of Christianity, on kinship in the modern world and on religion and secularism. She has conducted research in the Philippines, in the U.S. with American Latter-day Saints and in the U.K. with family historians, and she has worked on the use of Church of England cathedral spaces.