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The academic left, human geography, and the rise of authoritarianism during the COVID-19 pandemic

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ABSTRACT

In this paper, we critically analyse the response to the COVID-19 pandemic, highlighting not only the breadth of knowledge geographers have already contributed to this assessment, but also the surprisingly limited critique within geography, social sciences and the broadly defined 'Academic Left' of the authoritarian dimension of the public health policies of 2020 onwards. We conclude with a number of research questions for the aftermath of the pandemic, with the hope that they will help spur the growth of a new wave of anti-authoritarian Leftist geographical thinking that reaffirms the centrality of human rights and civil liberties to making the world a better place.

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Introduction

This paper aims at opening a genuine dialogue and broaden the diversity of scholarly viewpoints regarding the public response to the COVID-19 pandemic, with special attention paid to the surprisingly limited scholarly critique of the authoritarian dimension of ostensibly 'public health' policies. To be sure, there have already been published academic debates concerning human geographers' reaction to the pandemic, with special issues dedicated to the topic in *Dialogues in Human Geography* (2020) (vol. 10, issue 2; see Rose-Redwood et al. 2020, for an overview), *Tijdschrift voor economische en sociale geografie* (2020) (vol. 111, issue 3), and *Cartographica* (2021) (vol. 56, issue 1). While these collections show the breadth of knowledge geographers can contribute to an assessment of the pandemic response, we worry that they are not critical enough of the underlying premises of government restrictions. More specifically, most published analyses revolve around the concern that (a) governments haven't done enough to protect the population from the virus; (b) this insufficient protection has operated alongside pre-existing axes of social difference so as to amplify earlier forms of exclusion and marginalization; (c) the pandemic should be appraised geographically and globally, so as to avoid 'territorial traps' pertaining to 'the governance of international travel and migration, inter-state coordination, and territorial thinking' (Wang, Zou, Liu 2020: 154); and (d) the destructions occasioned by the pandemic could be reframed positively as opportunities to 'build back better' either the discipline of geography (Castree et al. 2020) or the social world itself (Pelling et al. 2022). Whereas these are important matters, we argue that one of the most obvious preoccupations for human geographers should have been unmasking and opposing the rise of authoritarianism and the violation of basic human rights occasioned by some of the governments' response to COVID-19 (cf. Alizada et al. 2021). Indeed, even though

there is a rapidly growing peer-reviewed literature on the various aspects of the pandemic, we still notice (as of early November 2022) that a far too small portion of it focuses on the primary issue of concern to us: the prospect of a permanent ‘state of emergency’ or new authoritarian paradigm of biosecurity, and the failure of human geographers and the Academic Left, more generally, to confront it in a systematic, principled manner.

We use the shorthand ‘Academic Left’ to denote all scholars who (a) believe that politics cannot and should not be separated from academic research, teaching, and service, and (b) commit themselves to openly promoting the ideals of equity, human rights, civil liberties, and social justice through their professional activities. We acknowledge that these generalities inadvertently may obscure the ever-growing variety and multiplicity within the Academic Left itself, to the point that it is worth asking how much common ground we really still have. Even as we find the Academic Left a useful handle for referring to those scholars associated with a Liberal Progressive viewpoint, we need to bear in mind two distinct types of diversity within it. First, there is the ideological diversity of multiple schools of thought, ranging from social democracy to Marxism, anarchism, feminism, and poststructuralism. Second, there is the geographical diversity marked by national borders and linguistic barriers (Garcia-Ramon 2003). What it means to be on the Left is different in different geographical settings, and we need to remain attuned to this facet of spatial difference. The argument we develop in this paper is a form of situated knowledge (Haraway 1988): we are speaking from an Anglo-American context and acknowledge our ignorance of most other linguistic contexts. Indeed, we think that an important item for the research agenda studying the pandemic should be the collaborative effort to capture the role of geographical contingencies in the variability of both public health policy and Academic Left’s reaction to it.

While we were able to identify and discuss a number of contributions by human geographers that include anti-authoritarian critique (e.g. Kitchin 2020), we are of the opinion that the discipline’s engagement with this particular issue remains underwhelming. Even though we are aware of the many ongoing academic debates surrounding the concept of authoritarianism (see Costello et al. 2022, for a detailed overview), throughout this paper, we define it as ‘the belief that people must obey completely and not be allowed freedom to act as they wish’ (Cambridge Dictionary 2022). Our contribution aims to call attention to the emerging literature critiquing the authoritarian excesses of the COVID-19 pandemic response. We propose key research questions to help renew critical geographical scholarship and inquire what might have led to its frailty in the first place. A distinctly worrying possibility, we argue, is that the anaemic critique of the authoritarian dimension of the pandemic response might reflect or harbinger the rise of authoritarian attitudes and practices within the Academic Left and human geography themselves (see also Costello et al. 2022).

In 1842, Karl Marx asked, rhetorically: ‘Is not death more desirable than life that is a mere preventive measure against death? Does not life involve also free movement?’ (Marx 1842, 1). Human geographers and the Academic Left, more generally, have traditionally been preoccupied with this theme, with explicit anti-authoritarian discourse associated with the geographies of domination/resistance (see Hughes 2020, for a recent review), the geographical critique of technologically-enabled state surveillance (e.g. Kitchin 2020; Swanlund and Schuurman 2019), anarchist geography (Ferretti 2017; Springer 2014), Foucauldian geographies (Cadman 2010; Foucault 2014; Philo 2012; Wang and Liu 2017; cf. Shullenberger 2021), geographical reflections on the possibility and limits of dialogue (see Rose-Redwood et al. 2018, for an overview), critical geographies of police and policing (see Bloch 2021, for a recent review), the carceral state (Cassidy 2019; Moran, Turner, and Schliehe 2018), feminist theorizing of bodily autonomy (see Chakravarty, Feldman, and Penney 2020, for a recent review) and of ‘science’ as ideology (Simandan 2019; Haraway 1988), and strands of human geography inspired by the work of Italian philosopher Giorgio Agamben (Agamben 2021; Gregory 2006; Minca 2006). In the next section, we focus in more detail on Agamben’s writings on the pandemic and the Academic Left’s reaction to them, as a prelude to discussing, in the third section, the politics of dissent in public discourse against the pandemic response. The fourth section explores a number of plausible causal linkages that may help explain how we got here, in the hope that they

will spearhead further critical work on these themes. We conclude the paper by highlighting four such themes especially worthy of a more concerted research effort.

Biosecurity and the politics of fear

Early in the pandemic, Agamben took a strong stand about the excessive governmental response in general, and the dangers of invoking states of emergency in times of peace, in particular. He noted repeatedly that (a) the state of emergency is the mechanism by which democracies become totalitarian societies and (b) we are witnessing the rise of a new paradigm of biosecurity replacing the preoccupation with terrorism after 9/11 (Agamben 2020, 1):

At issue is nothing less than the creation of a sort of ‘health terror’ as an instrument for governing what are called ‘worst case scenarios.’ ... the apparatus being suggested was articulated in three points: 1) the construction, on the basis of a possible risk, of a fictitious scenario in which data are presented in such a way as to promote behaviors that allow for governing an extreme situation; 2) the adoption of the logic of the worst as a regime of political rationality; 3) the total organization of the body of citizens in a way that strengthens maximum adherence to institutions of government, producing a sort of superlative good citizenship in which imposed obligations are presented as evidence of altruism and the citizen no longer has a right to health (health safety) but becomes juridically obliged to health (biosecurity) ... It is evident that, apart from the emergency situation, linked to a certain virus that may in the future be replaced by another, at issue is the design of a paradigm of governance whose efficacy will exceed that of all forms of government known thus far in the political history of the West ... Thus it was possible to see the paradox of organizations of the left, traditionally in the habit of claiming rights and denouncing violations of the constitution, accepting limitations on liberty made by ministerial decree devoid of any legal basis and which even fascism couldn’t dream of imposing.

We have found strange and intellectually inconsistent that despite Agamben’s wide followership in geographical circles before the pandemic, few of our colleagues have explicitly endorsed or even engaged with his anti-authoritarian arguments regarding the management of the pandemic (cf. Manson 2020). On social media, Agamben’s views were dismissed as ‘the ramblings of a 77-year old man’ out-of-touch with the presumed severity of COVID-19 (Christaens 2020; see also Žižek, 2020), but our reading of peer-reviewed studies (e.g. Brown 2020; Gaffney 2022; Ioannidis 2021; Olabi et al. 2021; O’Driscoll et al. 2021; Paul et al. 2021; Pormohammad et al. 2020) leads us to agree with Agamben that in many jurisdictions there was a disturbing lack of proportionality between government responses to the pandemic and the actual lethality of the virus (see also Bratton 2021; Mitropoulos 2021; and Sotiris 2020, for less dismissive and more thoughtful engagements with his views on the pandemic). Instead, the public health measures seemed to be driven by (and through) fear, peer pressure, and imitation of one’s neighbours (Bagus, Antonio Peña-Ramos, and Sánchez-Bayón 2021; Joffe 2021; Lăzăroiu, Horak, and Valaskova 2020; Sebhatu et al. 2020; Vighi 2020; see also Clarke and Chess 2008, for an incisive analysis of what happens when elites panic).

To provide context to Agamben’s critique, proportionality is one of the entrenched principles of public health ethics and stipulates that the benefits of a public health intervention should outweigh its harms and burdens (Jamrozik 2022). Acknowledging that incommensurable factors may render its practical application difficult, in the context of COVID-19 implementing the principle would have required the joint assessment of three areas of study: (a) the actual morbidity and mortality of the virus, (b) effectiveness of non-pharmaceutical interventions, and (c) unintended harms and burdens of non-pharmaceutical interventions.

Appallingly, instead of being inspired by Agamben to question the media and government narratives about these three academic literatures, many critical scholars have taken them at face value or even pushed them further. Thus, we have work written by political geographers undermining concerns about individual rights expressed by the anti-authoritarian protesters during the pandemic (Bialasiewicz and Eckes 2021), or work supporting face masks as symbols of care without proper impact analysis on bodily autonomy traditionally valued in feminist geography (Sharp 2022, section 5, 10–12). At a technical level, a number of geographers contributed to pandemic analysis and visualization toolkits focusing on disease surveillance and control, without apparent

concerns about the possible crossing into excessive societal surveillance and control (Fatima et al. 2021). We argue that what should have been done and remains much-needed is work deconstructing both the ‘terrible virus’ narrative and the narratives concomitantly inflating the actual effectiveness of non-pharmaceutical interventions against viral transmission and minimizing their harms and burdens. The mutually-reinforcing relationship between these three hegemonic narratives and pandemic-related authoritarianism cannot be overstated. Indeed, by the very logic of a proportional response, if one believes that the virus is tremendously dangerous and the non-pharmaceutical interventions have proven effectiveness and/or limited downsides, one is also likely to deem acceptable (or even aggressively argue in favour of) authoritarian public health mandates. Therefore, the crux of the problem is the failure by critical scholars to exercise their analytical skills and reveal the mismatch between the media and governmental narratives, on one hand, and the developing scientific literature on COVID-19, on the other hand. The mismatch has been obscured from view because the public has mistaken a number of media- and government-endorsed experts (the public face of ‘the science’) for the scientific literature itself. If the general public might be excused for this false equivalency (Hirsch and Rinner 2022), can the same leniency be extended to academics who make it part of their professional identity to be ‘critical’?

A number of extenuating factors may explain this hesitancy to publicly critique the dominant pandemic response. A distinct possibility is that of self-censorship with respect to either academic research or social media commentary. Another factor is self-perceived lack of expertise in public health or virology and consequent deference to the ‘experts’. However, this ‘deference to the experts’ argument is weaker than it first seems, because it does not explain why only government-endorsed experts were listened to (e.g. Rangel, Crath, and Renade 2022), whereas experts critical of the official public health response were ignored despite their often impressive credentials and roles (e.g. Carl Heneghan, the Director of the Centre for Evidence-Based Medicine at the University of Oxford; Sunetra Gupta, Professor of Theoretical Epidemiology at the University of Oxford; Martin Kullendorff, Professor of Medicine at Harvard Medical School; John P.A. Ioannidis and Jay Bhattacharya, both Professors of Medicine at Stanford University; see also Shir-Raz et al. 2022, for in-depth interviews with thirteen such ‘heterodox’ experts). A further extenuating factor might be disagreement over which of the many ongoing authoritarianisms merits more attention. Thus, in the USA at least, critical geographers are especially preoccupied with the surveillance practices of private companies and with the right-wing authoritarianism pertaining to Christian nationalist biopolitical projects (see Gökariksel, Neubert, and Smith 2019). However, whereas this factor may apply to those who haven’t written anything about the pandemic, it doesn’t apply to those who have, but chose not to attend to the authoritarian abuses of the pandemic response or, worse, might have helped legitimize them (cf. Bialasiewicz and Eckes 2021; Fatima et al. 2021; Sharp 2022). Finally, those scholars who assumed administrative roles in academia during the pandemic have also suffered from a massive increase in their workload, such that the subsequent burnout may have undermined their ability for a full-fledged critical scholarly engagement.

In *The Human Condition*, Arendt discusses how instilling fear and suspicion among the population opens a direct path towards tyranny, which, according to her reading of Montesquieu, was not simply ‘one form of government among others but contradicted the essential human condition of plurality, the acting and speaking together, which is the condition of all forms of political organization’ (1998, 202). That the deliberate spreading of fear was often a key governmental maneuver for increasing population compliance should have been an early red flag for geographers and social scientists familiar with the nefarious politics of this emotion, as exposed by luminaries such as Sarah Ahmed (2014), Hannah Arendt (1998, 2017), Zygmunt Bauman (2006), and Martha Nussbaum (2016, 2018; see also Dodsworth 2021; Ferguson 2021; Hier 2011; Higgs 2006; Lopes, Bortolon, and Jaspal 2020; Robin 2004; and Tomes 2000). The striking loss of a balance between the competing values of safety and freedom during the pandemic was reflected in the urge to enact and comply with sweeping restrictions, between and within countries, through the regional and local levels, and all the way to daily human interactions. As Caduff (2020, 14) pointed out:

Ironically, these extremely restrictive lockdowns were sometimes demanded by people eager to criticize the authoritarianism of the Chinese state. Across the world, the pandemic unleashed authoritarian longings in democratic societies, allowing governments to seize the opportunity, create states of exception and push political agendas. Commentators have presented the pandemic as a chance for the West to learn authoritarianism from the East. This pandemic risks teaching people to love power and call for its meticulous application.

We emphasize that our argument should not be misconstrued as an ‘either-or’ callous or reckless preference for sacrificing safety for the sake of freedom (see also Angeli, Camporesi, and Dal Fabbro 2021, for an analysis of conflicting values in pandemic policy). We are decrying the lack of a balancing act between these two important Leftist values (for theories of collective wisdom focused on the importance of balancing competing values, see Simandan 2011; and Sternberg 1998). Geographers should have paid attention to the temporal dimension of this unprecedented loss of balance between safety and freedom, distinguishing between government’s responses at the height of the pandemic and the potential for a post-pandemic carryover of some of those responses. We note, in this context, how the initial time-bound goal ‘two weeks to flatten the curve’ has morphed into two years and going. As Buck et al. (2020, 3) have put it, ‘stopgap measures to buy time for longer-term action carry the particular risk that the initial objective is forgotten, and eventually maintaining the stopgap becomes the goal’. In the final section of our paper, we return to this issue for a broader reflection on the misuse of uncertainty, ‘out of an abundance of caution’, as pretext for authoritarian rule.

Dissent in public discourse

In the first year of the pandemic, dissenting opinions on the public health response were published primarily in the grey literature and on social media, as in the case of Agamben’s initial warnings. For example, geographer Hulme’s (2020) ‘Do Not Reduce the Future to Covid-19’ should appeal to any scholar’s understanding that complex systems present wicked problems that do not have simple solutions. Similarly, geographer Danny Dorling has written ‘Coronavirus: Is the cure worse than the disease? The most divisive question of 2020’ (Dorling 2020), arguing that ‘unless you are sure that a particular measure for locking down will do more good than harm, in the round, you should not do it’ and urging all stakeholders to ‘begin to see opposing scientific views and opinions as a gift and an opportunity to be sceptical and learn, rather than as a ‘rival camp’’. Academic philosophers have written ‘Welcome to Covidworld’ (Kidd and Ratcliffe 2020), emphasizing the widespread ‘failure to consider things in their wider context’, and noting that ‘many of those who would more usually insist on examining alternative possibilities or challenge the party line now fall strangely silent’, and that ‘questions about the adequacy of evidence are often reinterpreted in moral terms and dismissed as irresponsible acts of “covidiocty”’. We personally made similar observations and have remained alert to the possibility that the Western world may be on its way to a dystopian ‘society of control’ (Deleuze 2017) or to a ‘fascistoid-hysterical hygiene state’ (Heinig 2020; cf. Di Cesare 2021; and Weber 2020; see also, Lewis and Schuklenk 2021, for a analysis of how the management of the pandemic undid decades of progress in the field of bioethics and returned us to the elitism of ‘the doctor knows best’ philosophy).

However, the non-peer reviewed status of these otherwise valuable contributions made them vulnerable to quickly being dismissed as ‘fringe’ or ‘non-scientific’. We therefore encourage geographers and social scientists to go beyond relying on social media to take a more formal and rigorous stand against the dangers of lasting authoritarianism in the aftermath of the pandemic response. To be sure, publishing peer-reviewed research does not guarantee that it won’t be dismissed or ignored in public discourse, nor will it shelter its authors from the risk of being harassed or cancelled on social media. Despite our sometimes too passionate differences of opinion at the height of the pandemic, we scholars should have stand united in our defense of academic freedom because it alone makes possible those differences (Rose-Redwood et al. 2018). As Buck et al. (2020, 3) have cautioned, ‘COVID-19 has been a stress test for the interactions between science, media, and politics

... and it has revealed complex and potentially harmful dynamics in the links between these spheres' (see also Bhopal and Munro 2021; Clarke 2021; Crawford 2021; and Torjesen 2021). Engaging rather than dismissing different opinions is essential to a thorough scientific approach and is a core distinction between science and faith (Anderson 2021; Lohse and Bschrir 2020; Quinn et al. 2021; Rescher 2018). It would have been especially important for geographers and social scientists to question the restrictive lockdown measures as 'necessary' and therefore as something to be accepted at face value rather than critically assessed. Such an approach was extremely problematic because, as Agamben reminds us, the concept of necessity is entirely subjective and 'the only circumstances that are necessary and objective are those that are declared to be so' (2005, 30).

The type of still-needed interventions we have in mind is illustrated by geographer Rob Kitchin's scholarly paper 'Civil liberties or public health, or civil liberties and public health? Using surveillance technologies to tackle the spread of COVID-19' (Kitchin 2020). We must engage with, if not directly contribute to, the emerging body of *academic research* documenting (a) the devastating political economy of lockdowns and other non-pharmaceutical interventions during the pandemic (e.g. Bavli, Sutton, and Galea 2020; Schippers 2020; Turcotte-Tremblay, Gali, and Ridde 2021) and (b) the dangers of lasting authoritarianism in the wake of the pandemic (e.g. Alizada et al. 2021; Camporesi 2020; Director and Freiman 2021; Graso 2022; Greitens 2020; Greitens and Gewirtz 2020; Manson 2020; Mykhalovskiy et al. 2020; Thomson and Ip 2020). As Caduff (2020, 17) has put it, 'the time to suppress the costs of suppression and cast the consequences of interventions as an externality to model-based policy is over'.

To remain critical in these dangerous times of transitioning to a still-nebulous post-pandemic 'new normal' we need to practice wisdom, that is, to develop a sense of perspective and proportionality (Altman 2020; Bassetti and Giacobbe 2021; Kampf and Kulldorff 2021; Klement 2020; Maor, Sulitzeanu-Kenan, and Chinitz 2020; Rinner 2021; Simandan 2020). A wise stance necessitates retrospective appraisals of this particular pandemic in the historical context of how we managed other pandemics (Heriot and Jamrozik 2021; Jones 2020; Simandan 2011). Rushed recourse to governing by decrees and mandating non-pharmaceutical interventions during Covid-19 has been problematic not only because of their devastating harms (see below), but also because they fail the 'need for evidence' principle of public health ethics (Jamrozik 2022). Indeed, multiple peer-reviewed studies have already shown that social distancing and various types of lockdowns are far less effective at preventing viral transmission than advertised by mainstream mass-media and state apparatuses (see Agrawal et al. 2021; Bendavid et al. 2021; Berry et al. 2021; Bjørnsvkov 2021; Boretti 2020; Brauner et al. 2021; Chin et al. 2021; De Laroche Lambert et al. 2020; Farsalinos et al. 2021; Herby 2021; Lansiaux et al. 2021; Leung et al. 2018; Lewis et al. 2021; Meunier 2020; Miles, Stedman, and Heald 2021; Miller 2022; Oster et al. 2021; Raynaud et al. 2021; Robinson 2021; Wieland 2020a, 2020b; Williams et al. 2021). The same positive evidence of lack of effectiveness or negligible effectiveness against viral transmission in community settings has been found repeatedly for face masks (e.g. Bundgaard et al. 2021; Chikina, Pegden, and Recht 2022; Coma et al. 2022; Gómez-Ochoa and Muka 2021; Guerra and Guerra 2021; Jefferson et al. 2020; Martin et al. 2020; Miller 2022; Schauer et al. 2021; Spira 2022; Wang et al. 2020; Xiao et al. 2020). One of our main points is that the often circulated argument that we must temporarily sacrifice civil rights for the sake of safety was much weaker than it first seemed because it assumed that non-pharmaceutical interventions had been proven to be effective. Yet, it is not apparent that updated evidence has translated into more critical human geography or social science scholarship, or a more balanced public debate.

Beyond their direct outcomes in terms of the pandemic, these interventions also resulted in multiple negative impacts on society, including, but not being limited to, increasing inequality, unemployment, and wealth polarization (Benanav 2021; Lange and Pickett-Depaolis 2020; Preston 2020); poverty (Broadbent et al. 2020; Gibson and Olivia 2020); runaway inflation and enormous public deficits (Allen 2022; Camera and Gioffré 2021); childhood malnutrition and related mortality (Headey et al. 2020); developmental delays in infants and young children (Chanchlani, Buchanan,

and Gill 2020; Deoni et al. 2021); significant decline in the quality of education (Buonsenso et al. 2020; Christakis, Cleve, and Zimmerman 2020; Engzell, Frey, and Verhagen 2021; Lewis et al. 2021; Moore et al. 2021); decline in mental health and increase in alcoholism, drug use and suicide rates (Blankenburg et al. 2021; Gulland 2020; McIntyre and Lee 2020; Pellicano et al. 2022; Pietrabissa and Simpson 2020; Rahman et al. 2021; Viner et al. 2021); domestic violence (Hsu and Henke 2021; Sidpra et al. 2021); isolation-induced and/or mask-induced impairments of cognitive function (Ingram, Hand, and Maciejewski 2021; Kisielinski et al. 2021; Ong et al. 2020); agoraphobia and hypochondria stemming from being encouraged to rethink fellow humans as vectors of disease (Bzdok and Dunbar 2020; Dodsworth 2021; Furedi 2020; Saint and Moscovitch 2021; Shapiro and Boudier 2021); decline in physical activity and increase in obesity (Robinson et al. 2021); rise in preventable deaths because of fears of hospitals and delayed treatments (Greco et al. 2020; Jenkins, Sikora, and Dolan 2021; Maringe et al. 2020); the resurgence of neglected diseases such as tuberculosis, HIV, and malaria (Bell and Hansen 2021; Pai 2020); increased vulnerability to other health risks because of excessive hygiene (Finlay et al. 2021); pollution (Amuah et al. 2022; Phelps Bondaroff and Cooke 2020); as well as new forms of social conflict and divisiveness (Graso, Chen, and Reynolds 2021; Huang et al. 2022; Monaghan 2020; O'Connor et al. 2021; Prasad 2020; Ye 2021). The totality of available evidence reveals a public health 'double whammy' whereby the benefits of non-pharmaceutical interventions were overestimated, and their costs underestimated. The responses to the pandemic betrayed a lack of structured decision-making that considers multiple streams of evidence, weighs costs against benefits, and respects the established principles of evidence-based medicine (cf. Amin-Chowdhury and Ladhani 2021; Deana 2021; Djulbegovic and Guyatt 2017; Jefferson and Heneghan 2020) and public health ethics (Jamrozik 2022). As this was usually not done, we were left with highly visible, highly ineffectual, and expensive 'security theatre': 'The allure of performative measures potentially includes democratic regimes that may find themselves under pressure to demonstrate doing something' (Buck et al. 2020, 2–3). To prevent this situation from unfolding again with the next pandemic, critical geographers and social scientists should help develop a geographical political economy of public health that (a) avoids the tunnel vision of minimizing only one specific form of harm (e.g. COVID-19 deaths & 'long COVID'; see Graso, Chen, and Reynolds 2021) and (b) cultivates instead a more encompassing sense of solidarity, grounded in the careful documenting of the multiple, long-term, harms caused by that tunnel vision.

How did we end up here?

Political philosopher Donatella di Cesare noted that during COVID-19 'the heterogeneous spheres of politics and medicine overlap and meld together. One cannot know where right ends and health-care begins. Political action tends to take on a medical modality, while medical practice becomes politicized' (Di Cesare 2021, 18). How did we end up there? How come that so many people seemed to have 'somehow convert[ed] their instincts for compassion and solidarity into clamour for a police state?' (Rowe 2020, 1). Why did self-declared Left-Wing scholars trained to think critically failed to grapple with the key fact that the

supposedly neutral medical advice that is being continuously pumped out does contain an implicit ideological message about who is responsible for this and what a good person looks like and what is a reasonable burden for a state to impose on its population. (Rowe 2020, 1)

How come that we forgot or compartmentalized the multiple threads of anti-authoritarian thinking that have been constitutive of the Leftist ethos in normal times?

Because at the time of writing (November 2022) the World Health Organization hasn't yet declared that the pandemic is over, we do not have the benefit of distance and the pretense of a comprehensive explanation. The terms of the debate are quickly shifting as we write, with concerns over the repeated extensions of the state of emergency, the possible shift to seasonal mask mandates,

emerging virus variants, mandatory vaccinations, vaccine passports, and annual booster shots taking center stage, while the earlier preoccupation with lockdowns and border closures recedes to some extent into the background. While acknowledging the situatedness and partiality of our knowledge claims, what we offer instead are a few causal linkages that may spearhead further critical research that explores the neglected factors of spatial difference and social difference in pandemic (mis)management. To begin with, the escalation of level-headed, rational, concern with the virus into full blown panic and collective hysteria is best conceptualized as a reinforcing feedback loop known as an availability cascade:

... a media story about a risk catches the attention of a segment of the public, which becomes aroused and worried. This emotional reaction becomes a story in itself, prompting additional coverage in the media, which in turn produces greater concern and involvement. The cycle is sometimes sped along deliberately by 'availability entrepreneurs,' individuals or organizations who work to ensure a continuous flow of worrying news. The danger is increasingly exaggerated as the media compete for attention-grabbing headlines. Scientists and others who try to dampen the increasing fear and revulsion attract little attention, most of it hostile; anyone who claims that the danger is overstated is suspected of association with a 'heinous cover-up.' The issue becomes politically important because it is on everyone's mind, and the response of the political system is guided by the intensity of public sentiment. The availability cascade has now reset priorities. Other risks, and other ways that resources could be applied for the public good, all have faded into the background. (Kahneman 2011, 142)

A useful complement to the notion of availability cascades is Joffe's (2021) analysis of groupthink (see also Schippers and Rus 2021). He observes that the 'initial modeling predictions induced fear and crowd-effects (i.e. groupthink)' (p.2), describing groupthink as 'the tendency for groups to let the desire for harmony and conformity prevail, resulting in dysfunctional decision-making processes and becoming less willing to alter their course of action once they settle on it' (p.4). The nauseating availability in mass media and social media of tragic stories of hospitalization, intensive care treatment, and death, as well as the frequent conflation of important distinctions (e.g. risk of passing by someone who has COVID-19 *versus* risk of actually contracting the virus; dying of COVID-19 *versus* dying with COVID-19; infection fatality ratio *versus* case fatality ratio; harms caused by the pandemic *versus* harms caused by our choice of response to the pandemic; risk of outdoor transmission *versus* risk of indoor transmission, e.g. Bulfone et al. 2021) created over time a growing gap between actual risk and subjective perception of risk (Spiegelhalter 2020). To illustrate, even though less than 5% of all people infected with Covid-19 required hospitalization, only 18% of Americans were aware of this small proportion, whereas 35% of them believed erroneously that at least 50% of those infected required hospitalization (Rothwell and Desai 2020). Unfortunately, health authorities and mainstream media did little to correct skewed risk perceptions, choosing instead to label as 'misinformation' any research and opinions at odds with the prevailing narrative (cf. Bhopal and Munro 2021; Chomsky and Herman 1994; Torjesen 2021). The media's double standard of actively promoting awareness of academic work supporting the use of non-pharmaceutical interventions (e.g. Greenhalgh et al. 2020; Howard et al. 2021), while at the same time remaining silent or actively suppressing awareness of the many studies sceptical of them has created not only a dangerously distorted perception of the weight of evidence and of how science works, but also a supposedly 'pro-science' elite who took it upon itself to rescue the 'anti-science' types from themselves via public health mandates (e.g. Siegel's (2020) astonishing 'You must not 'do your own research' when it comes to science'). The large gap between actual risk and perceived risk, together with pre-existing inter-individual variability in trait anxiety and risk aversion (cf. Chan et al. 2020), and the echo-chamber dynamics of social media bubbles (cf. Hossain et al. 2020; Walsh 2020) generated the interesting phenomenon that for a significant segment of the population it is the re-opening of society and economy that came across as authoritarian. As Graso (2022) has recently documented, the people most likely to strongly support continuing or permanent restrictions even after the pandemic are precisely those who grossly overestimate the actual risks of COVID-19.

This inverted view of re-opening decisions as authoritarian is a useful reminder that there are no rigid moral and theoretical underpinnings to the complex concept of ‘authoritarianism’ (see also Koch 2019; Luger 2020; Owen 2020; and Morgenbesser 2020). We think it would be useful to have a demographic analysis of intergenerational drift in people’s hierarchy of values, because an empirical finding that newer generations are concerned with safety, health, and longevity much more than earlier generations would help explain why the management of COVID-19 was so different than the management of other pandemics of the last 100 years, and why the majority of the population was supportive of it. Cayley (2020) and Murphy (2021) have provided thought-provoking philosophical analyses of some of these issues and the related processes of what they call collective infantilization and sentimentalization. In the same vein, Brunila and Rossi (2018) have appraised the unintended consequences of the growing appeal of the ‘ethos of vulnerability’ in the last few decades. It would also be useful to have an updated critical history of public health thought that would describe the different schools of thought in epidemiology and public health, and their changing degree of influence over time. Has there been a subtle change in these academic fields about what is deemed an acceptable public health response that occurred even before the pandemic started (see also Angeli, Camporesi, and Dal Fabbro 2021; Zylberman 2013)? In which ways has 9/11 and the subsequent massive funding for biosecurity and the ‘War on Terror’ sowed the seeds for our response to COVID-19 (cf. Caduff 2015; D’Arcangelis 2020)? How has the dichotomous worldview ‘us vs. them’ that was popularized by George W. Bush, been reflected in the polarized pandemic discourse and the censorship of anyone with opinions that differed from the mainstream narrative? Going further back in time, has the (presumed) subtle change in the foregoing biomedical fields been influenced by the documented fact that the AIDS pandemic was initially not taken seriously until it became a threat beyond LGBTQ communities (Bardhan 2001; Heriot and Jamrozik 2021; Jones 2020)?

In turn, the collective escalation of fear and feelings of vulnerability reset people’s attitude to figures of authority and broadened the boundaries of what was deemed an acceptable exercise of power. This crucial linkage between fear and the situational embrace of authoritarianism has been studied by Frankfurt School socialist thinker Erich Fromm, who noted:

As long as I am obedient to the power of the State, the Church, or public opinion, I feel safe and protected. In fact, it makes little difference what power it is that I am obedient to. It is always an institution, or men (sic), who use force in one form or another and who fraudulently claim omniscience and omnipotence. My obedience makes me part of the power I worship; hence I feel strong. I can make no error, since it decides for me; I cannot be alone, because it watches over me; I cannot commit sin, because it does not let me do so, and even if I do sin, the punishment is only the way of returning to the almighty power. (Fromm 1963, 8–9)

Further factors that pushed some people on the Left to abandon its long-record of preoccupation with freedom and personal autonomy were the discursive appropriation of these values in Right-wing circles and the widespread tendency of mainstream media to ‘manufacture consent’ (Chomsky and Herman 1994) for the pandemic response by framing all forms of anti-lockdown protest as extreme Right-wing, white supremacist, or worse. This fear of guilt by association triggered a ‘purity spiral’ (Haynes 2020) whereby the overt display of concern with freedoms became a telltale sign of the proverbial ‘Trump supporter’. In this context, overtly mocking ‘muh rights’ and casting aspersions of selfishness on those not fully complying with what needed to be done to ‘save grandma’ became the best way to exculpate oneself on social media from the suspicion of being a hidden Trumpist. Radical Marxist scholars Lange and Pickett-Depaolis (2020, 147–149) have not minced words to describe the bizarre corner in which the Left painted itself as a result of this virtue-signaling game:

The left’s newly discovered love for state authority and organs enforcing these measures, a love in the name of the ‘vulnerable’, precisely reflects a radical indifference towards the precariat and ‘underclass’. The unfortunate debate over ‘life’ vs. ‘the economy’ reveals this ... The outrage at individuals transgressing social distancing measures—‘you want people to die!’ – ironically expresses this disinterestedness in the actual lives of people, paralleled by the indifference towards actual social change for the stratum of society that suffers

most under the class politics of lockdown. As though they lived in an alternate reality, for the liberal, and sometimes the radical left, the lockdown became the site of struggle of a science-guided paternal state against ‘selfish people’ enjoying themselves in outside spaces like parks and beaches. In the name of the ‘vulnerable’, it absorbed an authoritarian *Kulturkampf* on its own terms, that at best disregarded the ramification of total economic shutdown for the poorest, and at worst whipped up a classist resentment against ordinary, often working, individuals to whom the often-used label ‘vulnerable’ mysteriously never applies. In the spring of 2020, in short, the authoritarian personality found a safe harbour in the left middle class.

The appropriation of freedom and personal autonomy in Right-wing circles was an ideological move that geographers and progressive scholars should scrutinize and unmask more systematically because these values have always been constitutive of the Leftist ethos and cannot be simply abandoned (or gifted) to the ‘rival’ political camp. In a remarkably prescient analysis of the response to the MERS pandemic in South Korea, geographers Lim and Sziarto (2020, 60) highlighted the political urgency of documenting ‘infectious disease mismanagement as a way of understanding the mixture of neoliberal and illiberal governance in public health’. Their work provides a useful empirical template for exploring the COVID-19 pandemic, given that, as Šumonja (2021, 215) cautioned, ‘rather than waning in the face of the coronavirus crisis, neoliberal states around the world are using the ongoing ‘war against the virus’ to strengthen their right-hand grip on the conditions of the working classes’.

Modern history teaches us that there is a marked asymmetry between the ease and speed of losing freedoms and human rights and the effort and long delays involved in earning them back (Mayer 2017).

Conclusions and further research

We end this paper by highlighting four themes at the core of a possible agenda for further research and scholarship in human geography and beyond.

First of all, we decried the lack of systematic cost–benefit analysis in the governance of the pandemic, but we are just as much concerned with the difficult to quantify ‘hidden costs’ of non-pharmaceutical interventions. What is the longer-term impact on our collective *psyche* of reducing one another to potential vectors of disease and repeatedly engaging in the practice of social distancing (cf. Simandan 2016; Furedi 2020)? Similarly, mask mandates were pushed on the unwilling with the exhortation that ‘it is the least that we can do’, that they are cost-effective, and that they constitute a mere ‘minor inconvenience’ (cf. Kisielinski et al. 2021). Leaving aside questions about mask effectiveness discussed above as well as the rampant ableism of mask mandates (Capurri 2022; Martin et al. 2020; Saint and Moscovitch 2021), we cannot help but wonder about their hard to measure psychological and political costs (Kowalik 2021; Shapiro and Boudier 2021; Strongman 2021). As Crawford (2021, 1) has put it,

by the nakedness of our faces we encounter one another as individuals, and in doing so we experience fleeting moments of grace and trust. To hide our faces behind masks is to withdraw this invitation. This has to be politically significant.

Furthermore, an estimated 1.5 billion disposable masks found their way into the oceans in 2020 alone (Phelps Bondaroff and Cooke 2020), adding to the harmful impact of plastic pollution on the earth’s marine ecosystems (Amuah et al. 2022). Appraising the environmental along with social and economic costs (and possible benefits) of non-pharmaceutical interventions presents an enormous research challenge (see also Turcotte-Tremblay, Gali, and Ridde 2021).

Second, critical phenomenologists, sociologists, psychologists, philosophers, and geographers need to carry out research documenting the relationship between values, moral(izing) rhetoric, and the emergence of dangerous forms of technologically-enhanced tribalism and dehumanization during the pandemic (see also O’Connor et al. 2021; Ye 2021). Governments often outsourced the policing of the noncompliant to the ‘responsible’ citizens, by encouraging reporting and/or shaming

of the noncompliant in the name of the greater good. This irresponsible license to openly bully one's fellow humans while feeling good about it (me = 'grandma saver' vs. you = 'grandma killer' or 'variant incubator') seemed to have been underpinned by two interlocked revaluations: (1) the rebranding of the 'vice' formerly known as fear or cowardice into the 'virtue' of responsibility, civic-mindedness, solidarity, and being 'pro-science'; and (2) the rebranding of the virtue of standing up for freedom and human rights into the vice of toxic masculinity, being anti-social, 'anti-science', psychopath, selfish, criminal, or a right-wing extremist. This dynamic produced pernicious social geographies along new axes (e.g. pro-maskers/anti-maskers; pro-vaxxers/anti-vaxxers). The compliant were deplored by the noncompliant as obedient 'sheep', whereas the noncompliant often were referred to by the compliant as 'plague rats'. Who benefited from sowing those social divisions? Prior research has repeatedly indicated that dehumanization is an early warning indicator of worse things to come ('re-education', segregation, extermination; cf. Vaes, Paladino, and Haslam 2021). Why did our elites selectively exercise 'an abundance of caution' to prevent COVID-19 deaths, but not to arrest our descent down the slippery slope of dehumanization and toxic social divisions?

Third, we noted the lack of proportionality in the (mis)management of the pandemic, but we acknowledge that getting the balance right was especially difficult in the early months when the magnitude of the actual risk was not yet fully established. This prompts us to ask: to what extent, and for how long, is it acceptable to invoke uncertainty as justification for authoritarian rule? Furthermore, given that uncertainty presents itself as a range of possible outcomes, what is the intellectual justification for focusing on the worst-case scenario, independent of its actual likelihood (cf. Furedi 2008, 2009; Malviya 2021)? In psychotherapy, patients who assume that the worst-case scenario will happen are said to commit the cognitive distortion known as catastrophizing (Waltman and Palermo 2019). During the pandemic, however, people who refused to dwell on the worst-case scenario were often dismissed as 'denialists' (Ferguson 2021). What is the relationship between catastrophizing and the intellectual footprint of the precautionary principle (Stefánsson 2019)? Does the precautionary principle run the risk of becoming the favourite excuse of tyrants promising to do whatever it takes to keep us safe from real and imagined dangers (e.g. Greenhalgh et al. 2020)? The often-heard phrase 'out of an abundance of caution' was unintendedly ironic because the narrow-mindedness of minimizing only one type of risk (COVID-19 deaths and 'long COVID') regardless of the many other resulting risks (economic, political, psychosocial, medical, etc.) strikes us as reckless if not outright criminal (Baral et al. 2020). Science and Technology Studies scholars (Jasanoff 2020) and philosophers (Rescher 2018) have repeatedly noted that the relationship between knowledge and uncertainty is often counterintuitive, such that more knowledge often generates more uncertainty, not less. Each new fact we learned about COVID-19 triggered an aura of related questions, that prompted new research, which brought answers that led to yet more questions. This expanding intricate web of knowledge-and-uncertainty means that authoritarians, if left unchecked, can always invoke uncertainty to justify emergencies and restrictions.

Finally, we also need a sustained collaborative research effort that investigates why the Academic Left lost sight of established anti-authoritarian thinking during the pandemic and to what extent geographical differences shaped the varied forms and degrees of pandemic-related authoritarianism. What has happened in China is very different from what has happened in Sweden, and what has happened in New York is very different from what has happened in Florida, in spite of the homogenizing influence of institutions such as the World Health Organization or the Centers for Disease Control and Prevention. The same scientific evidence has been read very differently by various national health organizations, and that wide variance of interpretation itself is a clue to the propagandistic nature of attempts to depict a monolithic image of 'what the science says'. We expect that geographical difference also plays a role in the positioning of the Academic Left vis-à-vis the pandemic responses in different countries, as the very meaning of being politically to the Left might differ across linguistic and administrative settings. Our hope is that, as we collectively engage in the soul-searching and frank discussions needed to answer these research questions, we will

witness the growth of a new wave of anti-authoritarian Leftist geographical thinking that reaffirms the centrality of human rights and civil liberties to making the world a better place.

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