RESEARCH ARTICLE

THE PEDAGOGY OF THE VIRUS: SOLIDARITY AND MUTUAL AID IN THE POST-EPIDEMIC FUTURES

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ABSTRACT: The article explores the effect of the covid-19 epidemic on politics in Iran. It asks how people's organisation and transformative experiences can counter forces and phenomena such as the current epidemic. The article reflects upon the extant and emergent potentialities of the current situation, imagining trajectories from the presence to the coming life in the post-epidemic future. The article is organised in the following sections: firstly, it provides an overview of the unfolding epidemic crisis in Iran to familiarise readers with the existing conditions and structures, including the effect of geopolitical constraints such as US-led sanctions and domestic models of crisis management. It then looks at how crises and health crises in particular destabilise the framework of interaction between power and people, and how this can be remodelled through the technologies of trust (such as vaccines and medical practice) that become essential to the continuation of political and social life. Within this frame, the article analyses how the epidemic produced and continues to shape forms of social organisation and cultural praxis, which originate from the mobilisation of solidarity and mutual help networks. These include an array of categories that have the potential to set the ground for a new sense of community amidst impeding crisis, counterpoising the high-tech, authoritarian vision of grand solutions to the crisis with a low-tech mobilisation and human-centred vision. Finally, the objective is to inquire into the potentialities of a politics of solidarity and hope and its counter-values of demoralisation, fear and desperation. This is what the article elaborates as the 'pedagogy of the virus', a cognitive and practical journey resulting from the concurrence of crises in health/politics, whereby ordinary people learn to (re)enact organisation and community to change everyday life amidst societal and political disruption.

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> 'The struggle begins with men's recognition that they have been destroyed. Propaganda, management, manipulation – all arms of domination – cannot be the instruments of their rehumanisation. The only effective instrument is a humanising pedagogy…by which the teachers [ceases to] manipulate the students (in this instance, the oppressed), because it expresses the consciousness of the students themselves.
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> Paulo Freire, *The Pedagogy of the Oppressed*: 42-3.

> 'The world of knowledge takes a crazy turn
> When teachers themselves are taught to learn'.
> Bertolt Brecht, *Life of Galileo*: 37.

1. Introduction: A pandemic in a village[1]

At the end of March 2020, in a remote village in central Iran, a man in his seventies fell sick and, after a few days, died. A witty and well-known figure in the otherwise isolated plateau located around 80km south of Qom, he was a peasant and the owner of a mid-size sheep cattle and a keen trader in rural commodities; despite the outbreak of the news about the virus in mid-February of that year, the man used to travel in his Zamyad pickup car – the Iran-produced equivalent of the more expensive Nissan pickup – from town to town in furtherance of his businesses. He had 'pre-existing cardiovascular problems and was overweight', but people in the community whispered that 'it was coronavirus [*korona*] that had taken away his life'.

Fewer people than usual showed up at his funeral, which was held in the village where there is an adjacent cemetery on the slope overseeing the *Haftad Qolleh* valley. The entourage, including his closest kin, sat over 3 metres or more apart from each other and wore masks and gloves 'out of the fear that the virus had reached this forgotten land'. There was minimal physical interaction, few hugs and kisses and a certain concern over the wind blowing in the direction of participants further away. Some kept moving from place to place while awaiting the rituals of the burial, 'because they feared that the wind could blow the virus towards them' bearing the virus from the dead to the alive. The dead man's nephew recalled later: 'I've never seen a funeral like this. It was so civilized, *engar farhang budim*, it seemed we were in the West'.[2] It also seemed that the

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[1] My gratitude goes to Professor Masoomeh Maarefvand from the University of Social Welfare and Rehabilitation Sciences, for her comments and discussion of this article, and to the ISASW for sharing their field experiences. The article uses 'epidemic' rather than 'pandemic' as the former is the scientific definition whereas pandemic is the colloquial and media expression. All pandemics are also epidemics.

[2] Phone interviews with two members of the deceased man's family, Markazi region, March 2020. The village is a field site where I have carried out research on Internet use in rural life since 2017.

ensemble of societal practices, communal judgements and the system of assigned values to events and occurrences – in other words, the moral grammar – had shifted with the looming epidemic.

That event somehow sanctioned the coming of the covid-19 epidemic into the imaginative world of the village. The material presence of the virus, instead, never manifested itself in that context, at least not with full force as it had occurred in nearby cities, such as Qom and Arak; health workers had later confirmed that he had not been infected with covid-19 and that his death was caused by a heart attack due to an on-going hypertension disorder. By then, the actual diagnosis of the disease had little or no importance because villagers had organised themselves in such a way to ward off 'the intrusion 'of the virus.

By mid-April, they had created sui-generis check-points at the entrance of the village to monitor the movement of people, denying entry to all 'those coming from the outside'. This move, which propped up in numerous villages across Iran, was organised 'from below', through kinship and grassroots community networks. However, it was later seconded and enfranchised by the Iranian government which gave Village Councils the right to manage the movement of people inside/outside their area of competence (Eghtesad Online, 2020). In June 2020, the government put an end to this ordinance, but wariness towards urban visitors remains alive and in force throughout that year, but especially during Iranian festivities such as Nowruz.

This vignette on the life of a village in the times of the most severe epidemic in contemporary history is an unusual place where to start laying the ground for broader meditations on the transformation of social and political processes in Iran. But this micro-dimension has its own advantages: what we observe in a small village is testimony to the penetration of transnational forces – i.e. public perception of the pandemic, conflict and negotiations between local and national authorities, scientific advice and governmental decrees, local mobilisations informed and/or instigated by access to global information sources (e.g. social media, satellite TV, disinformation campaigns), and international sanction regimes – in an empirical setting that for structural and environmental reasons may well have stood isolated from them. The fact that these transnational forces reach far and deep in the public life of people living in the distant rural world shows how the village is a microcosm from where to start an analysis of health, life and politics amidst tectonic shifts generated by the covid-19 epidemic in the life of Iranians (and humans overall).

To do so, the article explores the effect of the covid-19 epidemic on politics in Iran. It asks how people's organisation and transformative experiences can counter forces and phenomena such as the current epidemic. The article reflects upon the extant and emergent potentialities of the current situation, depicting trajectories from the contemporary and the coming life in the post-epidemic future. Rather than reaching definitive conclusions on the question of solidarity in times of crisis, the article's objective is to reflect upon the possibilities of studying such questions amidst transformative events such as the epidemic.

The article is organised in the following sections: firstly, it provides an overview of the unfolding epidemic crisis in Iran to familiarise readers with the existing conditions and structures, including the effect of geopolitical constraints such as US-led sanctions and domestic models of crisis management. It then moves to look at how crises and health crises in particular destabilise the framework of interaction between power and people, and how this can be remodelled through the technologies of trust (such as vaccines and medical practice) that become essential to the continuation of political and social life. Within this frame, the article analyses how the epidemic has produced and continues to transform forms of social organisation and cultural praxis, which occur through the mobilisation of solidarity and mutual help networks. These include an array of categories that have the potential to set the ground for a new sense of community amidst impeding crisis, counterpoising the high-tech, authoritarian vision of grand solutions to the crisis with a low-tech, mobilisation and human-centred vision. Finally, the objective is to inquire into the potentialities of a

politics of solidarity and hope, and its counter-values of demoralisation, fear and desperation. This is what the article elaborates as the pedagogy of the virus, a cognitive and practical journey which is produced by the concurrence of crises in health/politics, whereby ordinary people learn to (re)enact organisation and community to change everyday life amidst societal and political disruption. The pedagogy of the virus is a matter-of-experience rather than theory, it is cumulative rather than impatient and instantaneous; it is a school where people exercising their agency work and learn together to overcome a crisis, rather than following pre-set models of engagement. The article meditates upon the pedagogy of the virus, its potentialities and its pitfalls, and its future in the aftermath of the epidemic.

1.1 Biological versus social times of the pandemic

Epidemics suspend the flow of ordinary life. Daily occurrences and rituals change in such a dramatic way that life itself appears under a different light, even when – from negligence or necessity – the acts of the everyday carry on as usual. As events with a broad lifeworld, epidemics have a health and a social life. The historian of science and medicine Charles Rosenberg hints at this double nature when he writes that, 'as a social phenomenon an epidemic has a dramaturgic form. Epidemics start at a moment in time, proceed on a stage limited in space and duration, following a plot line of increasing and revelatory tension, move to a crisis of individual and collective character, then drift towards closure '(Rosenberg 1989: p. 2). The timing of these stages is unpredictable and not always unidirectional. The social ending of an epidemic may not coincide with its biological closure, but rather with the conclusion of it being a public concern, even a media crisis. This is the case for previous epidemics, such as polio, and for current ones, such as HIV/AIDS. The height of concern for them were respectively the 1960s and 1980s-1990s, when the public and the governments considered these diseases a threat to the social, economic and political order. Neither polio nor HIV/AIDS have been eradicated in the contemporary world. Polio is endemic in part of South Asia and sub-Saharan Africa, whereas HIV/AIDS exists across the world from South America, to Southern Africa, Russia and South East Asia. However, the social choreography that these epidemics generated in the past is no longer recognizable in the public eye today, because media and governmental focus have shifted to other matters of concern (Greene and Vargha 2020).

So, epidemics exist as biological as much as social phenomena and, because of their nature, they perform as part of a web of actions towards and response to them. They have a biological rhythm and a social rhythm, which rarely overlap. Fear governs the social time of the epidemic. It reveals what we previously ignored, a hidden enemy, and it triggers a war with an invisible force that may hide in every other human. Within the logic of fear, biological life (*zöe*) trumps civic and political life *(bios)*, dislodging those rituals of support – such as in a community's practices of mourning – and the vicinity to fellow others in times of hardship – as it occurs in conflict and war. If in a crisis the logic of fear prevails over all other instincts and rationalities, the very substrate of society defaults, reducing politics and community to the impulse of individual survival (against the virus or, for that matter, any other enemy: the Muslim, the migrant, the communist, the foreigner). Yet, it is under those conditions of disruption that human society expresses vital forces such as solidarity, the expression and practice of altruistic support aimed not solely at others as humans, but aimed at them as part of a union of you-and-me, of us-and-you, in a shared fluid vitality. The logic of solidarity is what enables 'individuals who were *submerged* in reality, merely *feeling* their needs, to *emerge* from reality and perceive the *causes* of their needs' (Freire 2018: p. 90), where they can find a sense of totality. That is

perhaps where the word *solidarity* holds its Latin original meaning, 'the act of becoming solid, full, complete'.

Seen through the prism of tensions between biological life and political and social life, the current epidemic is a historical moment to reclaim the power of humanity and of humanization. This is where the pedagogy of the virus should manifest itself: this can occur, in line with the argument put forward by Paulo Freire in *Pedagogy of the Oppressed*, that there cannot be a revolutionary process (understood as a fundamental change in the organisation of life and politics) without a critical awareness of people's role 'as Subjects of the transformation', rather than as mere objects in the plans of revolutionaries (Freire 2018: p. 100). Without this dialogical relation, any process of transformation subsequent to a crisis will trigger the logics of fear and myth-making (e.g. conspiracies about the virus, those bringing it), which are the driving force of reactionary politics (Brownlee and Ghiabi 2021).[3]

Before discussing the emerging practice of solidarity that have appeared in Iran, let us take a look at the biological, social, and political times of the epidemic and how these have shaped people's experience of the crisis.

The biological time of the epidemic

On February 19, 2020 the Iranian Ministry of Health informed the public that two individuals had tested positive for covid-19 in Qom. It remained unclear how the virus had reached the holy city. Several sources referred to Chinese Muslim scholars returning from Wuhan or Chinese labourers on infrastructure projects; others identified Iranian merchants trading with China. By the end of February, Iran's deputy health minister and several high-profile political figures, including several members of parliament who had won seats in the February 21, 2020 parliamentary elections tested positive for the virus (Abedini and Razieh 2020). It appeared that the government had been caught utterly unprepared.

By December 2020, Iran was going through its third wave of infection. The capital Tehran was put on full lockdown to avoid the overwhelming of the medical facilities, which were running at full capacity. The government declared that 95% of the country was in an alarming state (4 out 5 in the degree of severity).[4] Iran's Ministry of Health, grappling with the fluid biological nature of the virus, used an eloquent metaphor to describe it. It said that covid-19 was a *shotor-e gav palang*, which is an obsolete Persian expression to define 'giraffe'. Literally *shotor-e gav palang* means 'a camel-bull-leopard' (like a giraffe which has a camel's hump, a bull's snout, and a leopard's coat). An ambiguous biological being, which is hard to know how it affects people's lives, the virus could bite (like a leopard); it could kick (like a camel); and it could gore with its horns (like a bull). This fluid existence of the virus is determined by the biological time of the epidemic, which by April 2021 was in its fourth – post-Nowruz – wave in Iran. While the virus underwent biological changes, becoming either more contagious, less aggressive, or changing in symptomatology, the

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[3] For a discussion of myths and politics, see Jesi (1979, 1989).

[4] By mid-October, Iran had ca. 30,000 deaths and almost half a million cases, of which ca. 400,000 had recovered. However, the government itself and public health officials within the country have more or less openly acknowledged that the numbers were lower than the real scope of the epidemic. In a report published by the Parliament's Research Center (*markaz-e tahqiqati-ye majles*), the government estimated that the numbers were probably double or triple the official data.

epidemic transformed the social organisation, cultural praxis and people's ideas of politics in a cumulative way, a process that is determined by the social time of the epidemic.

The social time of the epidemic

On March 16, 2020 angry crowds defied the government's closure of the shrines of Fatemeh Masumeh in Qom and Imam Reza in Mashhad, the two holiest sites in Iran. The Qom crowd, led by a cleric, shouted that 'Tehran did a damned thing [*ghalat karde*]; the Minister of Health did a damned thing, the President did a damned thing [to close the shrine],' for shrines are places of intercession and healing (VOA News 2020). Little mattered that Ayatollah Alam-ol-Hoda, the Supreme Leader's representative in Khorasan-e Rajavi, had spelled out that 'Imam Reza is not in his tomb, neither he is in the golden shrine… Imam Reza heals, gold and silver don't heal!'.

The social time of the epidemic, much like its biological time, is disputed and nebulous, in its outset as much as in the prospect of its closure. Measures of containment are the public signs measuring the social time; shifts in contagion rate and viral spread are markers of the biological time. For both, there are competing starts and possible ends; but it is the most contentious manifestations that mark the historical record, concomitant and connected to other events, in this case the series of public scandals and tragedies in 2019-2020 (i.e. clampdown on December 2019 protests, assassination of General Qasem Soleimani, downing of the P752 passenger flight).

Disruptive events such as epidemics rearrange culture and ethics – and the understanding of larger historical time. Restrictions on social gatherings and public life unsettle the rituals of mourning, malady, pilgrimage and celebration, but not without causing opposition and resentment. All over the world, a tension has arisen between those demanding a pause of social rituals to ensure the preservation of life and those deeming such rituals essential to life itself. Angry protesters seeking emotional comfort in the sacred spaces of Qom's Fatemeh Ma'sumeh shrine, like Orthodox Jews in Jerusalem or in New York and Christians in Orthodox churches in Greece, clashed with the rationale of prevention measures such as lockdowns (Al-Monitor 2020). In Italy far-right politicians such as Matteo Salvini 'begged' the government to allow Easter religious celebrations to go ahead, affirming that 'science is not enough' (Zapperi 2020). In Spring 2021, in spite of now clear evidence of high infection rate, he reiterated his stance against lockdowns. These examples could be interpreted as the embodiment of a clash of irrationality versus rationality, religion versus secular science, or of political cynicism in electoral calculi. Yet, people attending non-religious rituals, such as football matches, new year celebrations, rave parties or, for that matter, US White House fundraising events, have equally opposed the bans and restrictions instructed by public health experts. In Iran, for instance, large crowds gathered in the parks of Tehran's Ekbatan neighbourhood during the Nowruz festival of *chaharshanbeh suri* – a secularised folk event – or decided to depart for long-distance travels during the new year's holidays of 2020 and 2021, in spite of the Ministry of Health's advice to stay at home. On October 8, 2020, the death of Mohammad Reza Shajarian, Iran's foremost classical singer, brought thousands of people in the street chanting in front of the Qods Hospital where he passed away. The totality of those attending wore masks; but they sang loudly – therefore increasing the chances of transmission, and maintained no physical distance (Iran Panorama 2020). However, there was no public outcry against those mourning Shajarian, whereas there was much public opposition for (more or less religious) mourners during Muharram, which contributed to the Manichean portrayal of superstition versus science, religious zeal

against secular rationality. In reality, both events re-presented moments of religious, emotional expressions amidst the widespread disruption caused by the virus. In oxymoronic ways, it is rational to find comfort beyond reason.

Religious rituals characterising the flow of everyday life faced a major transformation. In Catholic countries, the clergy gave up its historical and liturgical duty of providing the sacraments to dying people and to give comfort to the sick. Science in the form of medicine trumped the secular role of religion and those practicing its liturgies, the priests. This is perhaps the most important eclipse of the role of religion in our societies as an organised cultural practice (Agamben 2020), but not as an emotional desire. In Iran, this event was mitigated, not so much by the prompting of the higher echelon of the Islamic Republic – who similar to their Catholic counterparts upheld the exigency of public health isolation – but rather by the grassroots organisations of clerics and volunteers. Low-level clerical cadres mobilised to guarantee the performing of the rituals of dying and burial, while the highest cadres of the clergy agreed to limiting the public role of religious events to prevent the spread of the virus. A tension arises between cultural practice such as the rituals of everyday life that give meaning to the existence of people, in their spiritual and collective form, and the imperatives of public health as informed by scientific assessment. And as burials and mourning are governing principles in the social life of humans, the attending of these events shaped the social time of the epidemic which would have otherwise disrupted it by imposing a biological rhythm onto it. Hence, the significance of shrines in punctuating the social rhythm of the epidemic.

The politico-economic time of the epidemic

Caught between domestic pressure to intervene and the external challenges of geopolitical and economic isolation and US sanctions, the Rouhani government initially adopted a policy of wait and see. Commentators have pointed out that the economic cost of an interventionist approach involving a large-scale lockdown and public assistance to the unemployed would fall beyond the government's financial capabilities (Salehi-Isfahani 2020). State-led strong interventions were at odds with the government's political persuasion: Rouhani had been elected on a platform promising a retraction of the state from the economy, something that would be impractical under a lockdown where state presence is vital to avoid large-scale disruption and disorder. A draconian lockdown risked to uproot the livelihoods of the working class and large numbers of the self-employed in the informal sector, a scenario that could be conducive to bread riots and mass discontent on an even larger scale than the 2019 protests (Ghiabi 2020a).

The US-imposed sanction regime has had a profound effect on the political management of the epidemic. The domestic pharmaceutical industry, which produces more than 90% of all drugs inside Iran, has been under heavy pressure, with medicine shortages affecting people's general health. In turn this has a profound impact on the biological capacity to respond with a strong immune system to the virus (Ameli 2020). Thus, Iran is faced with a crisis that, in many ways, is larger than that faced by most other states, because it faces a geopolitical crisis coupled with an economic sanction regime amongst the harshest in history. Faced with these crises, the country lacked the means adopted by countries in the Global North, which have introduced fiscal measures, long-term lockdowns, and other protective welfare measures. Iran's Ministry of Health declared that the medical sector should take into account the economic and regional as well as cultural conditions and produce a protocol that can correspond to these necessities: 'We are searching for an indigenous model [*model-e bumi*'] (Behdasht 2020), an idea reiterated by the Head of the National Security Council, Ali Shamkhani (Mojnews 2020). In other words, *following the science* – the recurrent claim of

governments across much of the world – is a context-specific model, which follows the political times of the epidemic in space, i.e. Iran's geopolitical and security place in the world.[5]

Rouhani's government found the inspiration for this localised model in what has become the paradigm of crisis intervention in the post-revolutionary era: the Iran-Iraq War (1980-88) (Ghiabi 2019). In this way, the political time of the epidemic overlapped with the timing of the war, which in 2020 had its fortieth anniversary. What seemed a haphazard initial response and a reluctant strategy turned into a mass mobilisation across the state apparatus. From a rhetorical standpoint, the Iranian state has mobilised its art and visual culture machinery to make sure those fighting on the frontlines against the epidemic – the health workers – were given the due prominence and were acknowledged as heroes of the contemporary nation. The decision to label health workers as martyrs on the line of duty – *shahid khedmat* – enables the state rhetoric to temper the hardships – mental and physical – these categories are going through, equating them those heroes who suffered through the war (Schwartz and Gölz 2020). The use of the term *modāfeān -e Salāmat* ('defenders of health') is similar to the *modāfeān-e haram* ('defenders of the sacred shrine', i.e. the Shi'a shrines in Syria and Iraq) or to *modāfeān-e vatan* ('the country's defenders'). Tragedy is part of this choreography, which is one aspect of the epidemic's social and political time/life – one that had its proper dimension in Iran's history of public mobilisation through sacrifice, especially in the post-revolutionary period.

But the political time of the epidemic lacked the authoritarian, top-down impetus that distinguished the response of other countries, where the state is strong and highly centralised. Countries such as China, Vietnam, South Korea and Italy, put in place a powerful response with strict measures and mechanisms of control of the epidemic introducing far-reaching limits to civic liberties and the deployment of police and military forces to enforce a control regime. Iran did not fall under this category even though the Iranian state, by all definitions, is a powerful machine in economic, enforcement and sociological terms; and limiting civic liberties would have posed, in principle, a less problematic step than in more democratic countries. Instead, the epidemic did not halt the parliamentary process – including the elections – and a lively and confrontational political debate carried on amidst the emergency, undermining in several instances the governmental plan of intervention. Criticism against the government, the ministries, law enforcement and other state apparatuses remained vibrant. Rather than a democratic impulse, however, this sporadic and reluctant governance was itself a product of the *infra*-elite tensions and negotiations that had been at the core of Iran's state management and crisis response. Reluctant governance may have avoided hyper-policing, but it had also given priority to state prerogatives such as smooth electoral process (which otherwise would have exposed the political order to accusation of dictatorial behaviour). All of this had put the health sector under severe pressures costing lives to frontline workers, hence self-reproducing the post-revolutionary culture of sacrifice.

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[5] As in the case of Sweden, where the chief epidemiologist envisioned a policy rooted in the socio-economic and cultural fabric of the country. That, nonetheless, has come at a high price compared to neighbouring Nordic countries.

2. Technologies of Trust in Health and Politics

The logic of fear prospers upon a crisis in knowledge production. Likewise, the epidemic exists as an epidemiological crisis but also as an epistemological crisis, a crisis in the way people know and understand the world. Doubts about the origins of the virus and the politics behind it have been a powerful means which can shape people's minds about the epidemic and national and global politics. Different sources of authority both in the scientific world and in policymaking have expressed doubts about the viral origin of the epidemic, undermining the efforts to contain the virus through physical distancing measures and lockdowns. Even prominent global scientists and thinkers such as Giorgio Agamben strongly criticised the way governments around the world created a state of emergency built upon panic and fear (Agamben 2020).[6] This is not unlike what happened, again, with HIV in South Africa, where heads of states at different turns and prominent intellectuals embraced conspiracies about the HIV/AIDS health treatment and prevention measures, for instance on the value of anti-retroviral drugs. In the Iranian case, the authorities have maintained a relative clarity on the seriousness of the epidemic and its risks, even though there were attempts at covering it up in the initial weeks of the outbreak. After faltering in the first weeks of the epidemic when he conceded to conspiracy theories about the origin of the virus, the Supreme Leader, Ali Khamenei, has been straightforward in his compliance with the social distancing measures even during the religious ceremonies of Moharram where he attended a recital session on his own and maintained a safe distance from the pulpit of the *maddah*, the eulogist singing the tragedy of Imam Hussein and his companions in Karbala. But trust in public institutions is a key element in epidemic solutions. In Iran, the lack of trust in official discourses is endemic and caused by a historical experience of plots and conspiracies that effectively took place and were covered by the narratives of those in charge or foreign powers (Alimardani and Elswah 2020; Mohammadi et al. 2020). It follows that the epidemic occurred in a setting whence people and governments lived in a state of suspicion and mistrust towards 'news' and 'events'.

Moreover, the relentless disinformation campaigns that have targeted knowledge production and information-making in Iran exacerbated the game of perception of the epidemic. Trust in public institutions and in the state-owned media reached its nadir after the tragic event of the Ukrainian airplane accident in early January. Without an effective public information machine, conflicting instructions circulated on Iranians' social media, involving conspiracy theories from East and West (e.g. *it's the work of the Chinese*; *it's an American plot*; *it's a Russian weapon*…), the number of deaths, the access to vaccines to the political elite, the experimental trial of domestic vaccines on vulnerable and marginal social groups. The spread of fake news is not peculiar to Iran; but its reach and potency there, is on a different scale because of the enmity of the United States, Israel and Saudi Arabia which have mobilised large sums to wage a propaganda war (Mortazavi and Hussein 2020).

A paradigmatic case occurred when, at the end of February, large numbers of people – including numerous contacts in the author's Telegram and WhatsApp contact lists – started to share videos that hinted at a coming apocalypse. The video showed raining eggplants [sic!] in different parts of Tehran, with those

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[6] Agamben's critique of the political response to the pandemic generated a great deal of anger among in Italian and foreign newspapers, where he was accused of being a '*negazionista*', a term generally used for those denying the Shoah. Regardless of his opposition to social distancing measures, Agamben's analysis of the way the epidemic is transforming our world remain worthwhile and inspiring.

portrayed in the video shocked by the event. The event was reported in different settings of the capital, involving different people, who were all taken by utter surprise while posing for a picture or talking on a video call. A few days following the event, Iran's Fatah Policy for Cyber Crime declared that it had scaled up its monitoring programme of fake news on covid-19, arresting two dozen people involved in the prank. But in a condition of heightened domestic and geopolitical security, extraordinary signs have the potency to unsettle an already crumbling public trust and morale, unveiling the fragility of Iran's public institutions and their shrinking capacity to project trust to the people; as well as engendering fear in people.[7] As epidemics reconfigure public life, the need of mitigating the fear of epoch-making events compels people to cope through their own repertoire of cultural practices with supernatural forces such as the virus.

In the context of the village described in the first part of the article, local workers praised the curative power of a pill which a wealthy landlord had brought back from a trip to China. When one of his workers had caught the virus, the landlord asked him to quarantine in a room before giving him the pill. Locals swore that within two days the middle-aged man was back in full force. Fantasies about modern science (often coming from advanced capitalist unknowns, such as China and Israel) parallel the superstitious claims of traditional healers. Establishing public trust is not a minor and temporary issue. It will influence the forms and capacity of Iranian society as the epidemic will move to a new stage, with the creation of a vaccine or other forms of treatment or governmental interventions. As technologies of trust, vaccines and other forms of epidemic management require high levels of public trust, lest they be undermined in the objective to eradicate contagious spread (Vargha 2018). The process of reclaiming public trust in Iran is now outside the realm of the state. Instead, public trust – a key technology of government crisis – is remerging as part of the integration of biomedical approaches foregrounded by the biomedical workers, grassroots organisations active in social and socialised medicine and in the infrastructure of support and intervention of solidarity and mutual help among ordinary people. This triggers an imperfect balance between vertical technocratic interventions – leading to biomedical responses, e.g. pharmaceuticals and vaccines – together with horizontal infrastructures of mutual care and health provision (Greene and Vargha 2020). It is an essential part of the pedagogy of the virus, of learning from the epidemic.

Although, the development of an effective vaccine gives rise to optimism across the world (but especially in the Global North), Iranians face hurdles in accessing significant doses of it due to the economic effects and the shortage of foreign currency caused by the US sanction regime. Ali Khamenei's veto on US and UK vaccines – but his tacit acceptance of UK vaccines produced in India – have cast doubts on the readiness of the state to priorities public health over geopolitical calculi and public relations. By April 2021, Iran had received ca. 700,000 doses of the AstraZeneca vaccine through COVAX, the international initiative to promote equitable distribution of the vaccine. But doubts on the AZ efficacy and its side-effects have hitherto coupled with a slowing down in COVAX distribution plans. So, Iran has relied on its geopolitical

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[7] In the United States, the QAnon conspiracy believes that lockdowns are used as a measure to cover up the arrest of an international cabal of paedophiles who are fighting against US President Donald J. Trump. According to this group, Trump is leading a behind-the-scene operation against this cabal which involves thousands of very high-profile figures in American society and economy, some holding that they worship Satan. The 'ideas' of QAnon have now spread in the UK under the group Save Our Children (SAC). They equally oppose epidemic prevention measures and mask wearing.

ally, the Russian Federation, to provide 60 million doses of Sputnik V while it works towards the completion of a domestic vaccine. Again, geopolitics matters in health security.

While Iranian scientists have successfully completed the first and second stages of an indigenous vaccine, full scale trials will delay its potential distribution at least to the latter part of 2021, all things going well (Mehr News Agency 2020). Even then, a vaccination programme on a country-wide scale puts Iran at a crossroads. On the one hand, people lack trust in official narratives and, consequently, are reluctant to follow impromptu guidance from the state; on the other, observation of recent historical processes show that Iranians have expressed a high level of confidence in scientific and, especially, medical guidance and protocols and have supported the directives emanating from the Ministry of Health. Policies on polio vaccination, treatment and prevention of HIV/AIDS, treatment and maintenance programme for 'addiction' to opiates and more recently social distancing measures, are all good examples of how trust and cooperation have worked in building and promoting health-oriented policies (Moussavi et al. 2012; Behrouzan 2016; Ghiabi 2019). In particular, people are responding to the rapid changes in public life with new forms of social organisation and grassroots mutual aid. The multiple crises – in public health, employment, governance and the economy – brought about by the pandemic, and the resulting practices of solidarity, are the workshop where Iran's post-epidemic futures will take shape.

3. A new sense of community

The way social forces and ordinary people have acted upon their plight is a sign of what is there to remain as the crisis intensifies and moves to break down the world as we know it. Within the struggles of today around access to health, prevention of infection, support for livelihoods and the maintenance of education and the creation of economic opportunities and social dignity, lies the future of politics and the politics of life (Fassin 2018). This struggle is a walk on a very thin, sharp and long edge along which the risks of failure could lead to fanaticism and reactionary politics, to the reification of a cultural-and-political counterrevolution, which is part of a longer trend predating the epidemic (e.g. Brexit, Trump, Bolsonaro, Modi). To gauge the spirit of the post-epidemic futures, I suggest taking a look at the experience of solidarity and mutual aid, which have emerged in Iran over the last 18 months. On the one hand, the experiences reported below take form in an exceptional time – as discussed earlier, i.e. the times of the epidemic. On the other, these experiences of solidarity and social activism are not disjointed from the context of people's mobilisation in the post-1979. The difference is in that the epidemic is not a political event *stricto sensu*, whereas the acts of participation and solidarity amidst the revolution where all political *in nuce*. Yet, forms of solidarity in contemporary epidemic times revitalise latent forms of solidarity, which in times of disruption (war, protest, revolution, disaster) have manifested themselves overtly.

3.1 Health care and Social Workers

On the frontlines, health care workers – surgeons, anaesthesiologists, nurses – have volunteered to work around the clock to compensate the many shortcoming of the health system in Iran – which finds itself in the crossfire of US sanctions, domestic economic crisis, and the limits of slow government response. This is not simply another case of doctors and nurses being on the frontlines and being called 'heroes 'or 'martyrs'. What occurred in Iran is on a broader scale and it involves specialists in different health sectors who, during lockdown and amidst the crisis, volunteered to carry out research and consultation with all those in need, free of charge. This has included pharmacists and other cadres essential in the maintenance of the health system

and the provision of basic health responses in addition to covid-19. Physicians and specialist consultants created WhatsApp and Telegram groups where they could be contacted for consultation in case people in need of medical referral could not attend hospitals or were in urgent need, or simply needed reassurance on their status and/or treatment. The Iranian Scientific Association of Social Workers (ISASW) activated a hotline and a website to reach out to those seeking support amidst the crisis. The hotline redirects the calls to specific task forces staffed by one of three professionals: a social worker, a psychologist or a psychiatrist. Based on a first assessment, those who call in are forwarded to specialists who provide both individual and group therapy (ISASW 2020a). The medical cadre involved in the programme do so on a *pro bono* basis, dispelling the negative aura surrounding the private medical profession over the last decade.

The ISASW mobilisation targets specifically groups at the margins of epidemic governance, such as children and the homeless. As across the globe, children must adjust to new life conditions under lockdown. For many working-class families, school closures and the lack of physical space and the mounting emotional and economic pressure turns the household environment into a disturbing space for children's daily life and their psychophysical development. Iran's director for social harms at the Welfare Organisation declared that 'although there are no precise statistics… calls to the social emergency number on the 123 line have gone up, which means there is an increase in child abuse and spousal abuse' (Shahrvand Online 2020). To facilitate a safe environment at home, the ISASW created a number of free booklets with games and activities for children of different age groups, with the objective of decreasing pressure on families (ISASW 2020b). Public officials made clear that welfare provision and healthcare is free of charge and also available to peddlers, refugees and those working in the informal economy (UNHCR 2020). In this setting, the use of digital infrastructures to reach otherwise marginalised populations makes interventions faster and more flexible, limiting the risks of viral infection amidst rising cases related to covid-19. Where direct action is necessary, outreach social workers have intervened in impoverished neighbourhoods. Large numbers of homeless people and child workers gather in the streets and alleys or under the highway bridges, heightening the risk of mass contagion (Ghiabi 2020).

The highly mobile urban population of homeless people is doubly at risk from the covid-19 pandemic. Many of them do not have proper identification cards and risk being left out of the public health system. Exposed and hustling to earn money, many also have comorbidities and weakened immune systems, which means that they suffer from other health conditions such as tuberculosis or HIV/AIDS that increase their risk of serious illness from covid-19. They often do not have access to the Internet so they lack basic information regarding the virus and proper preventive measures – or changing policy interventions, for that matter. Charities and local associations – based in mosques, congregation centres and in neighbourhoods – are coordinating with social workers to provide hand sanitisers, masks and gloves. They are also working to disseminate information on preventative practices, either by passing out brochures or by reading the brochure's text aloud in squares and public parks. These associations maintain regular contact with local personalities to guarantee swift intervention and referral to hospitals in case vulnerable people manifest covid-19 symptoms. Therapeutic communities and rehabilitation centres – also known as 'camps' (*kamp*) in Iran – have taken up the duty of quarantining homeless or 'risky' drug users, hence acting as a non-state mechanism to manage the pandemic (Ghiabi, 2019; Majles Showra-ye Eslami-ye Iran 2020).

Another case is represented by Afghan Iranians who have resided in the country for decades, but that in a majority of cases hold only temporary documents or no documents at all (Salmani et al. 2020). At the margins of public health interventions, Afghan Iranians were guaranteed access to health through both

governmental and localised interventions (Dehqan and Vanaki 2020), the latter including the mobilisation of Afghan doctors residing in Iran. For instance, a 38-year old Afghan refugee became the head of the covid-19 public outreach programme in the Isfahan province. She carried out remote and in-patient consultations with Afghan families infected by the virus or who feared being infected. With more than 100,000 Afghan refugees in the Isfahan province alone, the doctor had a team of five medical personnel which carried out over 200 referrals every evening, free of charge (Bhoyroo 2020). Solidarity towards Afghan Iranians is justified also in public health terms as it guarantees screening coverage and the monitoring of potential pockets of infection among a population that has been neglected by public institutions. That said, the question remains that far more Afghan Iranians should access the medical profession.

The epidemic affects life also through the fear that it engenders and through the organisational effects on people's lives, with very high levels of anxiety, manifesting panic attacks, stress, and suicidal reactions. In response to this, the ISASW has mobilised its network of support to guarantee care for all those facing the challenge of living in a state of epidemic, a condition of unsettledness and heightened psychological pressure to which many – especially among the younger generations – had not been exposed before. The mobilisation of volunteer groups, such as professional associations and grassroots charities, occurred autonomously from state-led initiative and through mutual help groups.[8]

3.2 Clerics and Mosques

Even the clergy mobilised through mutual aid groups to fulfil the duty of rituals and liturgies that have been disrupted by the epidemic. Receiving support from religious foundations, armed with personal protective equipment (PPE), clerics guaranteed that the dead could be cleansed before burial according to the Islamic rituals. In this way, the clerics could perform *ghosl* (ritual purification) for the dead, reclaiming their role as those who oversee the rituals, which define key moments in people's lives, rather than as the ruling class. This is no minor service for all those families for whom the dead must bid farewell to the world according to conventions and traditions and who could not do so given the health crisis disrupting them.

Likewise, mosques mobilised to collect food and basic goods to redistribute them to the many families that found themselves in dire need amidst the lockdown and the economic crisis heightened by the epidemic. In some instances, mosques were transformed into production factories for PPEs as well as for the relocation of key equipment. An effective network of centres throughout the country, the mosques reclaimed a public space that they had lost since the 1980s, during the Iran-Iraq War, when they operated as recruitment centres for the front and redistribution agencies for the local communities. So, in the times of the epidemic, the mosques were reclaimed as centres of mutuality and solidarity support rather than as centres for ideological propaganda and bastion of clerical power. At the same time, mosques did not turn into a bastion of opposition to the scientific advice on social distancing and prevention measures, as it had occurred in the cholera epidemics of the 19th century (Afkhami 2019). Even though there were instances of opposition to

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[8] On March 3, 2021, a court ordered the dissolution of the Imam Ali Popular Student Relief Society (IAPSRS) following the Ministry of Interior's accusation that IAPSRS had gone beyond its charitable objectives and have breached the regulations for NGOs. The case, which featured prominently within and without Iran, marks a telling example of the fluid redlines of formal civil society activism, especially in times of disruption. It also highlights how solidarity is a contested ground with divergent perception among different social and political groups. Cf. Rivetti (2017).

epidemic prevention measures, religious representatives embraced the guidelines sponsored by the governmental disposition, even when it came at the cost of limiting or cancelling ritual events with large followings.

There are also multifarious instances of local organisation of solidarity. Independent women's associations in working-class neighbourhoods have set up local factories to produce masks after receiving training through the mediation of NGOs (Irna 2020). In the town of Divandarreh, in Iranian Kurdistan, local families raised more than $23,000 (a very large sum for such a small town, especially considering the devaluation of the Iranian *rial*) to purchase intensive care unit equipment when the hospital lacked the means to treat one of their fellow citizens who had fallen ill with covid-19 (Irna 2020). In the city of Bushehr, university students set up workshops to produce disinfectant liquid and distribute it to the community, while community organisations set up small factories to produce masks and other PPEs (Irib News 2020). Examples like this are innumerable and span between the work of philanthropy, altruistic gest, to organised efforts to minimise – or at least manage – the epidemic and its effect on livelihoods (Soureh 2020; Batmanghelidj 2020).

These practices of solidarity are not simply cases of volunteering, self-help or civil society activism and are not merely compensating for gaps in the state's response. They are a pedagogy of struggle amidst disruption and of community organising primarily within the popular classes. Educators, social workers and professionals are displaying mutual aid and solidarity *with* the popular classes, not *on behalf of* them. They are enabling communities to organise in settings where people have been accustomed to demobilisation (and demoralisation) for several decades. This mutual aid or 'mutualism' creates spaces of encounter over real-life problems, which are common to the majority and move beyond single-issue activism (Je so' Pazzo Ex-OPG 2019). In its praxis, it works a school for learning how to manage the commons. It creates inroads into new ways of imagining politics and the state, as emanation of human organisation rather than as exogenous impositions. It has the potential for moving ordinary workers from a sceptical or naïve view of political life, to a critical one, which is potentially creative (Freire 2018: 9).

4. The Pedagogy of the Virus

Will political life in Iran be changed by covid-19? And if so, how? More than any sanctions regime or threat of war from the United States or Israel, the epidemic is reshaping the way people interact with the state and its rhizomes of formal and informal power projection, in the field of public institutions of welfare and health, in community organisation, ethical legitimacy and care provision, education and economic development. It is transforming people's understanding of the state responsibilities and the public authorities 'capabilities, as well as their right to healthcare and social welfare. A pandemic has the potential to reshape people's perspectives on life and death and reconfigure the place of religion, of power and of community, and of those performing public duties (see Fedele in this Special Issue). The forces that determine the post-epidemic future are made of the encounter between human agency, emotional and ideological tensions, scientific and technological politics, all of which is shaped and shapes social organisation and solidarity. Once covid-19 is no longer a large-scale threat, whether a vaccine becomes widely available or the virus turns into an endemic disease – the question of what constitutes a mutual society and a community of support around which life can prosper and state power is regulated may become all the more central to political mobilisation and people's ideas. Here is where the seeds of the emerging

political culture will be sowed, forming the struggles that determine the outcomes of state formation in the decades to come.

During epidemics – and crisis in general – fear becomes the sentiment of the present and of the coming future. Carlo Levi, an intellectual and physician exiled during Italy's Fascist government (1922-43), writes that 'fear of freedom is the sentiment that generated fascism' (Levi 2018). If the fear of losing one's biological life dominates all human relations, there remains no space for community. And it is undeniable that the current epidemic has given space and legitimacy to authoritarian propensity, because of the need of rapid, drastic, centralised action. But fear and authority are not conducive to the return to the pre-epidemic 'freedom', or to the bourgeois *status quo* of peaceful cohabitation with dispossession and injustice. Nor they can guarantee a life freed from the virus. It is through the concerted and organic mobilisation of people that it is possible to create space for social life to prosper beyond the *status quo ante*, a condition that is neither possible nor equitable. It leads, instead, to a generalised lack of morale, to demoralisation towards the possibility of change. It is through community organisations and existing solidarity practices, such as the ones exemplified above – and the ones extant in conditions of disruption – that the tensions between hope and despair are positively resolved. There people *realise* the vital importance of organisation and of acting collectively. This may imply reclaiming the state as an important organizing tool for community building, against the grain of decades of the state being perceived as hostile or as an obstacle to the thriving of people's lives. Shifts of this type could lead to a new imagination of the Iranian state, beyond the factional politics that it has characterised it since the 1980s. And as the value of life as matter of biology progresses over life as a social and political phenomenon, people's priority becomes to preserve *zöe* over *bios*, to keep our bare life in place, while abandoning – or better, distancing ourselves – from our civic life, our life as part of a human society. This shift in the ethics of life has also profound effects on everyday existence, if not in the present, it risks exacerbating inequalities in the near future, especially in the Global South where high-tech and high-capital solutions will further inequalities between the majority and the elites. The only response to this is to organise collectively, through networks of solidarity, which are the workshop of the post-epidemic futures. It is grassroots that makes a politics of life real.

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