

Editorial

COVID-19 Testing

In the winter of 2020, the editorial operations of the *Canadian Journal of Communication* (*CJC*) were halted. Academic work ceased due to disruption in the communities, institutions, and infrastructures upon which our work depends. It is said that disruption illustrates dependencies and allows for inversion. In this case, the inability of much of our work to address the present circumstances has generated reflection on the “productivity” paradigm organizing contemporary scholarship. While some may self-isolate from the demands, procedures, and incentives entangling our work with this paradigm, for many it is what Michelle Murphy (2013) calls the “surround” (p. 1). Yet, in our present circumstances, the surround of the economy that yokes together the communities, institutions, and infrastructures of modern life was found too dangerous to persist. Many of our lives changed rapidly, seemingly overnight, and a structural transformation in our conditions of work happened. A different surround feels possible, necessary, emergent.

Is it? And will our work align with the emergent, or will it restore those conditions found too dangerous to persist? Those questions are rippling through different places, bodies, and cultures, and as *CJC*'s editorial operations are restored, we wonder if communication scholarship can contribute to making another surround possible.

A useful starting point is to ask what disrupted our work:

- Was it a novel virus?
- Was it a sudden willingness to accept scientific knowledge as the basis of decision-making for public health?
- Was it a palpable sense of suffering, death, and societal collapse, or the fear animating those catastrophic imaginings?
- Was it simply time, an inevitable consequence of capitalist systems of extraction, production, distribution, consumption, and waste?
- Was it care, or the need to prioritize matters of urgent care over business as usual?

This last question is interesting. Catastrophe centres our attention and anxieties on violence. Yet the consequences of COVID-19 are mediated and distributed by questions of care. Could we say the need to prioritize our capacities of care allowed for a re-composition of institutions, infrastructure, and daily life that was impossible to imagine just months previously? If so, is it possible for this priority to endure, and for different models of care to take hold? And, if so, how might academic work—its ambitions, concepts, objects, methods, collaborations, funding, evaluation, publications, and politics—change when its surround is care oriented rather than productivity obsessed?

Care is not an innocent concept. While taking myriad forms, the connotations of care are mostly positive, allowing fraudulent models to shape both public health and everyday expressions of concern—often individuating people and projecting a false unity of experience at the same time. Care is presented to us as a personal choice shaped by individual needs, and as something everyone needs for society to survive. These ideas animate the lie that we are all in it together, a tool to secure the order and health of a population without attending to questions of marginalization, inequality, or racism. These invocations of care are false, the habits of the established surround, and they are no longer believable.

These mobilizations of care are no longer believable because they so obviously threaten, sicken, and kill. The devaluation of life as being considered too expensive or unproductive to care for has come into stark focus with deaths in long-term care homes. It is said the pandemic illuminated old vulnerabilities in these facilities (Weary, 2020), but when considered with respect to the networks of care that were secured (for example, hospitals) and made insecure (for example, personal support worker conditions), it is clear the virus itself is being conflated with the infrastructures of care dispersing its consequences.

The death of Leonard Rodriques, a personal support worker in Toronto, asks us to press harder on ideas of care. It requires recognizing the patterns of racial discrimination shaping the institutionalization of care in Canada. Public health is rarely situated as a racialized formation, an act of denial that is characteristic of how vulnerability and violence have been historically distributed in Canada (Bain, Dryden, & Walcott, 2020; Jiwani, 2006). In Ontario, where I live, the government refused to recognize the need to document these patterns, and although the government eventually reversed course on this decision, the province and country's way of prioritizing care has systematically produced dangerous circumstances. This does not mean that the illnesses and deaths of Rodriques and others are incomprehensible until the data are compiled. Recognizing the denial producing the absence of data and, as such, ushering in a willingness to accept community-based knowledges is the better starting point.

The notions of health, disease, life, ethics, culture, value, race, gender, and denial that delimit care and contribute to its economization have been explored across a wide range of theories, cases, and contexts in our field, often in the pages of this journal. I will not cite them here, but we will invite scholars to assemble “playlists” of past research to bring the history of this scholarship into new arrangements and contexts to better address present circumstances. Attentive readers will also find direct and indirect references to care in the collection of articles gathered in this issue (all of which were written and collected before the pandemic). This research leaves us well situated to ask what communicative approaches to care can do.

But the current crisis turns this question around. Care is not simply an object of study, a component of risk messaging, or a theme animating the field with new intensity. It is a condition of our work and life. It shapes who can work, when, how, and for how long—and how people are treated when they are no longer productive. It is woven into our relations with each other, our relations with those we teach, and our relations with those generating knowledge and coping with injustice. It is warped by the metrics,

calculations, and incentives used to measure scholarly productivity and its consequences. The disparities between those afforded the conditions necessary to work and those living without such possibilities have been starkly illuminated for scholars in recent months, but our notions of “productive scholarship” are designed to facilitate and entrench such disparities while making their structural determinants invisible.

A care-oriented surround would be far from pure, but at least these concerns would become more legible. It would raise uncomfortable questions about what we do and do not care about in our work, including the question of how we extend the conditions of intellectual thought (not just its products) beyond the university. Instead of bold claims to novelty and innovation, we would ask what our work allows for and what it excludes. We would realign our intellectual, collaborative, and critical capacities toward supporting—not mining—the communicative constitution of reality, whether this research was made loudly visible or folded into support for those engaged in what Rianka Singh (2020) has called “careful quietness.”

The *Journal* is undergoing some changes to reflect the abnormality and possibilities of the moment—not a revolution, exactly, as our standard practices, operations, and timetables are now restored—but in the weeks and months to come, we will invite and encourage your engagement in generating a different surround for our scholarship. Stay tuned.

References

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Chris Russill, Carleton University

