



The Year of Trying Not to Die

COVID-19 and Our Ethical Calculus

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“Language is a virus.”

William Burroughs

Introduction

I’ve been trying to come up with a simple way to explain to myself and others how everyone making whatever decision they are making about COVID-19 is doing so within a framework we can understand if we choose to — however irrational we may find the decisions (theirs, and even ours). I’m doing this because the polemicizing and polarization the pandemic is being used to increase bothers me.

Understanding for myself, as well as providing a way to make understandable to others, what I see as the “ethical calculus” we make regarding Covid-19 is my goal in this essay; to show that in essentially every case we can identify, it *is* an ethical calculus — and not some irrational maneuver or manipulation on the part of the other.

I've explored this in my essay in a way that tries to respect parsimony. In doing so, I've missed much that is important to represent in the heuristic I've developed and use in this paper. I've contemplated some of what is missing in my "Self-criticism" section near the end.

I'm writing this paper because I'm interested to help experts and laypeople understand how each other makes decisions about Covid-19 — in particular because their decisions affect each other. This has wide application in policymaking, science communication, public health policy and communication. This interest animates my earliest academic writing, and it continues today.¹

I'm also interested in equalizing power between the scientific worldview and other worldviews. I think respect for lay knowledges is essential and comes prior to laypeople respecting scientific knowledges.²

Last but most important, I'm interested in compassionate action. So, after reading this essay, my hope is that you may have more compassion for others' decision making and your own. You may be less quick to distance yourself from those you disagree with. In this era of increasing polarization and polemic, that alone might spare lives, relationships, resources and the possibilities for pluralistic participatory democracy. ("Participatory" including, for example, a view of democracy in which people vote on public health decisions through our personal vaccine decisions.)

Our opportunities now are great, as are our threats. This essay is just what that word means: an "attempt" to take us in a useful direction, which for me, as a philosopher, is an Irenist one, in the direction of peace.

¹ Raps, Beth. "An Ecology of Knowledge: How the Academic Community Relates to Epistemic Difference." Ph.D. diss. Florida State University. 2001.

² Raps, Beth. "In Science Communication, Why Does the Idea of a Public Deficit Always Return?" *Public Understanding of Science* 25. No. 4. 2016. 460-464.

Axioms

The motility of facts

- Facts devoid of context convince no one.
- People are convinced by what are called “facts” because of the locus of their arising (construction, creation, invention, discovery).
- A fact is a piece of information. It is not *knowledge* until someone holds it as true.
 - Case: The Catholic Church tells us a fact vs. a scientific source tells us a fact, we weight it differently.
 - Case: When the Church supports a scientific fact, this affects our valuation of the Church, not the fact.
- What about when the Church raises an issue concerning a scientific fact that science had ignored?
 - Case: The U.S. Conference of Catholic Bishops’ 2001 statement on climate change³ was arguably the only document at the time spelling out some critically important ethical implications of contemporaneous IPCC (Intergovernmental Panel on Climate Change) research.

I mean to beg the question why, when we know better as a scientific community, do we try to enforce belief on laypeople rather than collaborate with publics’ belief sets? I believe it is in part because we do not understand what it means, that knowledge is communal.

Knowledge is communal

We know in community. We make and use knowledge within a context, which can be understood as communal. We canton ourselves and only sometimes communicate across our epistemic communities.

We know what information to trust through communities we feel close to or part of. Information we trust we call “knowledge.” This is true of laypeople, and it is true of experts.

³ Fay, William P. “Global Climate Change A Plea for Dialogue Prudence and the Common Good.” United States Conference of Catholic Bishops. United States Conference of Catholic Bishops, June 15, 2001. <https://www.usccb.org/resources/global-climate-change-plea-dialogue-prudence-and-common-good>.

Outsiders to any community have trouble “enforcing” facts. This accounts for the variegated success of attempts by governments and para-governmental bodies to enforce Covid-19 behaviors, which are based on Covid-related decision making, which are based on what Covid-19 information a community accepts.

We make and use knowledge within a context, which can be understood as communal.

Science’s job and ours

In a democracy at least, it is not science’s job to tell us as laypeople — and we are always also laypeople — what to do. The hypothesis underpinning my construction of the heuristic put into play in this paper is that it is my membership in a given community that guides how or even whether I apply information emanating from that community — that is, whether I consider it “knowledge.”

Certainly, we each belong to multiple epistemic communities. This is how, as experts, we can also be laypeople. Certain factors make it *possible* to override proximity for example, my knowledge of one of my communities being historically on the receiving end of abuses that were legitimated by experts. Another factor that helps balance out a missing proximity is a personal commitment to the intellectual hygiene of fallibilism or skepticism.

My community memberships may vie with each other, which causes interesting permutations in the charts below, influenced by such factors as my

- family community
- workplace community
- faith or philosophical community
- other affiliations whence I get my identity, core values, and sense of worth.

Case: Some of us may have hoped Covid-19 would decrease demand for commercial aviation in the long term. But, although our community is privileged, we did not reckon with the still-greater privilege of others: In fact, there has been an increase worldwide in the use of private planes by the very wealthy.

This essay and the heuristic below seek to show that we each make decisions out of self-interest, complexly constructed, based on an assay of the information our most proximate communities have accepted as knowledge, as voiced in the two examples below:

“I believe that the accumulation of knowledge always happens ... across broken rather than continuous lines; through false beginnings, corrections, oversights, and rediscoveries; thanks to filters and schemata which blind and, at the same time, illuminate.”⁴

“I see complexities and ambivalences everywhere; I am willing to settle, until I can get something better, for conjectural knowledge and possible truth; I make ethical judgements as an assay of pros and cons, of daily living and heroic idealism.”⁵



The Covid-19 decisionmaking prediction chart (a work in progress)

Component factors

The point of the Covid-19 decisionmaking prediction chart is to be a heuristic that helps us know what questions to ask and how to conceptualize the way people who are not us are always already making decisions about Covid. My point is that these decisions are understandable and not to be dismissed or condemned, but to be taken seriously — if for no other reason than to improve uptake of expert information in their decision making.

Ideally, I'd like the chart to help us do much more than improve uptake of the knowledge we produce; I'd like us to care more about and criticize less the people who don't do what we tell them to do for both near-term and long-term

⁴ Ginzburg, Carlo. “On the European (Re)discovery of Shamans.” *London Review of Books* 15.

⁵ Davis, Natalie Zemon. “On the lame.” *American Historical Review* 93, No. 2. 1988. 572–603.

reasons discussed elsewhere in this paper. We might even use the chart to help us understand our own ethical calculus related to Covid-19 for diverse types of decisions.

The chart

Here is the chart before being put into play, so you can easily see what is factored into it:

DESIRED EXPERIENCE	INPUT:				OUTPUT:	Predictive value of science in my decision	Likelihood I will use science alone to decide
	Primary community identity	Primary survival risk	Primacy of this risk to me	Primacy of science on this risk to me			
Taking an action under pandemic conditions obtaining at the present moment					Decision regarding Covid-related action		

'Survival risk'

What I term “Survival risk” in the chart is explored in this table, whose columns build on each other from physical survival to existential survival. While the physical is foundational to all the others, it is not necessarily the most important to everyone, as you will see when these relative risks are put into play in the cases below.

SURVIVAL RISK TABLE

Type of risk	Physical	Emotional	Mental	Existential
Key factor	Health	Resilience	Sanity	Peace

Enabled by	Access to food, water, healthful environment, shelter, temperature control; impacted by access to money	Physical survival; adequacy between our channels for emotional expression and supportive emotional inflow (e.g., love, respect, appreciation)	Belief we and those we identify with have what we need for physical survival; ditto for emotional survival; adequacy between our working understanding of what is going on around us and our success in applying that understanding	Adequacy between our trust in life and the demands placed upon us by life
Absence results in:	Illness	Despair	Anguish	Nihilism
Ultimate risk:	Death	Death	Death	Death

Putting the chart into play: some cases

I. An expert epistemic community member who is over 65.

DESIRED EXPERIENCE	INPUT:				OUTPUT:	Predictive value of science in my decision	Likelihood I will use science alone to decide
Taking an action under pandemic conditions obtaining at the present moment	Primary community identity	Primary survival risk	Primacy of this risk to me	Primacy of science on this risk to me	Decision regarding Covid-related action	High	High
	Scientific	Physical	High	Great			

II. An older clergyperson whose denomination embraces science and who has caught Covid-19 in their denomination’s retirement home for clergy needs to make a decision about a Covid-related action that affects their physical survival.

DESIRED EXPERIENCE	INPUT:				OUTPUT:	Predictive value of science in my decision	Likelihood I will use science alone to decide
	Primary community identity	Primary survival risk	Primacy of this risk to me	Primacy of science on this risk to me			
Taking an action under pandemic conditions obtaining at the present moment	Spiritual	Physical	High	Great	Decision regarding Covid-related action	High	High

III. The same older clergyperson whose denomination embraces science and who has caught Covid-19 needs to make a decision about a Covid-related action that affects their existential survival.

DESIRED EXPERIENCE	INPUT:				OUTPUT:	Predictive value of science in my decision	Likelihood I will use science alone to decide
	Primary community identity	Primary survival risk	Primacy of this risk to me	Primacy of science on this risk to me			
Taking an action under pandemic conditions obtaining at the present moment	Spiritual	Existential	High	None	Decision regarding Covid-related action	Zero	Zero

IV. An academically high-achieving teen who knows there is greatly decreased risk to their physical survival from Covid-19 who is making a Covid-related decision that affects their emotional survival, for example, to return to campus even though they have the option of online school.

DESIRED EXPERIENCE	INPUT:				OUTPUT:	Predictive value of science in my decision	Likelihood I will use science alone to decide
	Primary community identity	Primary survival risk	Primacy of this risk to me	Primacy of science on this risk to me			
Taking an action under pandemic conditions obtaining at the present moment					Decision regarding Covid-related action	Low	Low
	Close-knit friend group	Emotional	High	None			

V. Expert-community member and parent of the teen in IV who knows their teen has become suicidally depressed after long periods without face-to-face social interaction.

DESIRED EXPERIENCE	INPUT:				OUTPUT:	Predictive value of science in my decision	Likelihood I will use science alone to decide
	Primary community identity	Primary survival risk	Primacy of this risk to me	Primacy of science on this risk to me			
Taking an action under pandemic conditions obtaining at the present moment					Decision regarding Covid-related action	Some	Low
	Family	Mental	High	Some			

VI. The same, over-65 expert epistemic community member who is also a person of deep religious faith wanting to attend religious services on-site after a year of not doing so. It's unlikely they will use science *alone* to resolve the conflict. But they must use something, or a combination of somethings, as according to their self-reporting, this is an issue of profound importance and their existential survival is at stake. It's utterly unlikely they will use even the best science available, and *nothing else*, to make their decision.

DESIRED EXPERIENCE	INPUT:				OUTPUT:	Predictive value of science in my decision	Likelihood I will use science alone to decide
	Primary community identity	Primary survival risk	Primacy of this risk to me	Primacy of science on this risk to me			
Taking an action under pandemic conditions obtaining at the present moment	Conflicted	Existential	High	High	Decision regarding Covid-related action	Helpful but not sufficient	Uncertain

In closing

Self-criticism

Like any heuristic, the chart is not the truth. Many important factors are notably missing from the Covid-19 “Decision-making prediction chart.” For example, it is at present entirely a-racial, unmarked by ethnicity and its historic and structural considerations. It also doesn't obviously take gender, physical ability or economic status into consideration. Where these might be factored in at present is in the community of primary identity. But that will mean oversimplifying people's community identity to such an extent as to make them one-dimensional.

No one is entirely identified with only one community. Take a queer, Asian-American MD making a decision impacting their immigrant parents. Take a straight, white governor of a populous state whose own children, and the children of nearly everyone he knows, are private-schooled, regularly gather unmasked for no good medical reason, determining when to reopen his state's public schools.

Casuistry

“I am arguing for politics and epistemologies of location, positioning and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims. These are claims on people's lives ...”⁶

Using cases to constrain, probe and discuss these conflicts is a longstanding philosophical strategy. The point of the chart — while oversimplifying the number of factors to be taken into consideration for those attempting to influence public behavior through science and policy communications — is to help the expert community ask the right questions when we communicate with laypeople, as well as (even more importantly) when we craft policy prior to any communication. Even the few factors taken into consideration in the chart are far too seldom/ almost never taken into consideration by members of the expert community. Instead, experts resort to tactics much more simplistic than the chart: blaming laypeople, alleging stupidity, cupidity and obstinacy on the part of laypeople who won't do as the experts tell them, up to and including the allegation of manipulation by lay community leaders.

**Science is a virus
some of us get, and
others are exposed
to but don't get
— and some of us
seem immune to.**

It's also designed to help the putative layperson trying to get beyond their community's allegation of, say, manipulation on the part of an expert community, to evaluate from a more inclusive perspective all the possible factors that might affect their Covid-related decision making.

If, therefore, members of the expert community thought ahead to this putative layperson who might be convinced to make decisions more consistent with expert-community knowledge if certain factors hitherto unaddressed were at least thought about in determining not just communications programs but research programs, the chart will also have been helpful.

⁶ Haraway, Donna. “Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective.” *Feminist Studies* 14. No. 3. 1988. 575-599.

I hope the chart and its uses help us explore the lived implications of what experts tell others to do from any lofty (ungrounded in “partiality,” as Haraway puts it) perspective. I hope it reminds us to call on our own lived experience and multiple community memberships when we make decisions for or allegations about other people, and at least to consider assuming that everyone is always making understandable decisions if only we took the time to understand them, starting with a very few component factors, using the chart. This alone will reduce polemic and polarization that are not helping our nation’s public health and other social policy crises.

I hope the chart helps us question our overly physical assessment of risk when we do so on another’s behalf and amplify the range of things that can be compassionately considered as risks. I hope it helps us see how limited the body of knowledges we call “science” actually *are* in making a risk-related decision.

It’s important to acknowledge that science deals with the observed, thus the observable. The farther out from the physical you get in the chart’s “Survival risk table,” the less likely it is that science will have anything useful to offer. The emotional is hard to measure. So is the mental. The existential, for example, is just not science’s purview, no matter what some hard-core materialists may like to claim.

Science is a virus

A virus, by definition, requires a living host. It cannot survive outside its context. It is a kind of organic code, a piece of information, that we pass on to each other in community. As such, a virus is a kind of knowledge. Where Covid-19 is knowledge we wish we didn’t have, language is a virus most of us are glad to have caught. Science is a virus some of us get, and others are exposed to but don’t get — and some of us seem immune to.

If we in an expert community want laypeople to catch our virus, it is our job to create “interest” (= *inter* + *est*, i.e., “what is between” us, with thanks to Isabelle Stengers) in what science has to say. This we achieve by “... above all, doing what



one can so that this thing ... is able to concern her, to intervene in his life, possibly to transform it.⁷

Implications of the chart for practice

It is our job to interest others in applying the best available Covid-19 science in their lives. Those who don't currently might do so to a fuller extent if we esteemed their communities' knowledges more fully and showed how they can co-exist with ours. The chart oversimplifies that fullness — but includes important elements for us to consider.

Again, the point of the chart is not to enable experts to force people more effectively to do our illustrious will, even if we think it may save their lives. It is to help us to understand the stakes of their decision making much better than we seem currently to seek to. The origins of the chart and this paper were an interfamilial dialogue (by text, as it happens) with one member whose primary risk was simply physical, making wrong another family member whose primary risks were more complicated for their Covid-related decision making. Both are frontline workers. Standing outside their dialogue, and with epistemic communities having structured my thinking for many years, I could easily see the risk factors leading to the decision making that were being undervalued or simply dismissed. Family harmony might be served if we had greater understanding — that is to say, compassion — toward each others' community allegiances, and the ways they pull us in decision making about risk.

Displaying compassion in policymaking and its communication is hard-won, takes time and is worth it if we want to improve uptake and integration by laypeople of expert knowledge. I hope this chart may interest you in using it to that end — again, in the aim of sparing lives, family harmony, relationships, resources and the possibilities for democracy.

⁷ Stengers, Isabelle. *“La Volonte de Faire Science: A Propos de la Psychanalyse.”* Le Plessis-Robinson: Editions Syn-thelabo. 1992.

About the author

Beth Gillian Raps earned her Ph.D. in philosophy of education and educational foundations from Florida State University in 2001. Earlier, she received a B.A. in French and creative writing from the Johnson Center at the University of Redlands in California. A progressive activist, she has worked in the nonprofit sector as an organizer and fundraiser since 1985. In 2006, at age 26, Raps founded the nonprofit Adaptation Network, “a kind of one-stop resource center for all things related to adaptation to climate change,” says earthisland.org.

Certified in money coaching with individuals and organizations since 2009, Raps is the author of a number of blogs, including Raising Clarity and Raps in French and English for writing, book-coaching, translation and editing; and rapsraps on Tumblr for, she writes, “persuasion to justice, healing, self-determination, and other wild ideas.” Raps not only believes in but works with the unseen and teaches willing clients to do the same.