Igor Koruga : My Corona

**I**

They say we feel afraid when the future is uncertain.

There's a threat coming and it's here to stay.

Something is wrong.

But we can't see it.

We don't feel safe.

We feel physical pain.

Our minds are working fast,

Conjuring up visions

of a future where all the worst case scenarios come true.

We're becoming increasingly worried and anxious because we don't know which parts of the world will be irretrievably lost or changed forever into something else, something new.

Isolation and loneliness affect our brains, making us more vulnerable to illness, triggering high blood pressure, increasing our heart rate, our stress levels, the chance of inflammation and preventing the secretion of oxytocin – the 'hormone of touch'.

The brain's capacity for problem solving and emotional regulation is seriously curbed when it's not surrounded by other human beings.

I don't trust my brain any more.

Do you trust yours?

My name is Igor Koruga.

I am a body.

My body is an intersection of discourses that define it as the 'I'.

My body is a playground for the tiniest molecular matter, microflows,

uncontrolled creators of new agents of history.

My body is defective, a home to an inborn immunodeficiency.

My body doesn't produce antibodies to defend itself from viruses and bacteria.

My body is capable of immunological defence only when it receives antibodies from other bodies.

My body defends itself with antibodies that cost several thousand euroes.

My body is an economic drain for this country.

My body is proof that immunity is not just a biological, but also a social category.

My body is a mirror to the socio-political criteria that produce sovereignity or exclusion, protection or stigmatization, life or death.

My body has survived Corona.

My body is not immunized to Corona.

My body is *demunized[[1]](#footnote-1)* because of Corona.

M-M-M-My Corona[[2]](#footnote-2).

**II**

It's been thirteen days since you were hospitalized at the Clinic for Infectious Diseases in Zagreb, testing positive for Covid-19. You've posted this publicly on Facebook and other media. You've asked us to be serious, to get organized, to show solidarity and follow the instructions of health services so as to decrease the power of the virus and to be aware that our irresponsible behaviour can kill those around us who have a poor immune system.

(*Knew you would be here tonight. So I put my best dress on. Boy I was so right*)[[3]](#footnote-3)

It's been thirteen days since you mapped out your movements across three countries and notified around a hundred people that you have Corona. In the media you say that you have not infected any of the people that have been notified. You haven't notified me. Or were you perhaps afraid to?

(*Our eyes connected. Now nothin's how it used to be. No second guesses.*)

Twenty days before your post you were sitting next to me in Belgrade, talking about the position of the artist in the Western European market, politics and LGBTQ rights in the Balkans, the same week you twice felt the symptoms of a dry cough, feebleness, fatigue, muscle pain, high temperature and mild fever. You didn't mention any of this to me at the time. You thought it was allergies. Or were you afraid?

*(Trackin' on this feelin'. Pull focus close up you and me. Nobody's leavin'.)*

Thirty minutes after your Facebook post I wrote you to ask how you were. You responded, coldly – that you were ok, that you were taking things as they came. I told you I suffer from immunodeficiency, that I became ill (three days after we met), and that hospitals refuse to test me for Covid-19 because I am not displaying all the symptoms. I thought you would understand my fear of not knowing if I have the virus or not. I thought we had a nice connection. But you just said: Ouch! And vanished.

*(Got me affected. Spun me one eighty degrees. So electric.)*

It's been thirteen weeks now since we met. Since then we have both been treated for Covid-19 – you for two weeks in total and I for twelve (nine of which in a hospital). When you checked in at the clinic you didn't have a cough or a fever, only a mild indication of pneumonia. You have a strong body. They didn't give you any treatment. You were sent into home isolation. When I checked in they scanned my lungs and found shadowy patches in the upper region of the lungs, in close proximity to the 'ground glass' zones in the lung parenchyma or as the medical professionals call it: the image of 'cobblestones'. Difficulty breathing. Feebleness. High temperature: 39 - 40 degrees. Situated in the isolated unit without the permission to go out, touch or talk to other people. Having my body constantly and continually desinfected.

(*Slow down and dance with me, yeah. Slow.* *Skip the beat and move with my body, yeah. Slow.)*

You describe your seventeen days for the media: wake up at six am for a temperature check. You get up lazily and perform your morning hygiene. Then follows breakfast and the first light stretch on the exercise mat which includes exercises for the neck, shoulders, arms and the back, followed by *do in yoga* exercises to open the chest and get the basic circulation going. Then comes *mindfulness* meditation and some reading about work related things. Lunch is at noon. You have incorporated macrobiotic principles into your hospital menu, increasing the amount of grains, calcium, vegetables, protein and fermented foods like tofu, seaweed, seeds and miso. You have hydrated with water and chlorophyll, you've inhaled the essential oil of Japanese mint and thyme so as to additionally cleanse your airways and thus eliminate the pathogen from your respiratory sytem. After lunch it's time for more dynamic cardio exercises to activate the legs, joints and kidneys. And then again a half-working mode, you communicate on social media with friends and family, followed finally by dinner. You use the end of the day to dive more deeply into yourself and rest which involves breathing and visualization exercises.

*(Don't wanna rush it. Let the rhythm pull you in. It's here so touch it! (Oh)).*

In the Clinic for Infectious Diseases in Belgrade, patient wake-up time is at five am. Due to a heavy pneumonia of both lungs they measure my blood pressure, temperature and oxygen flow in the lungs. The first puncture of the body follows – Fraxiparine against trombosis. Then the second puncture, taking out blood for blood work and biochemical analysis. Because my veins are so used up, sometimes they need four to five attempts before they can get any blood out. At six antiobiotics administered through the cannula, already inserted on the previous day into the vein of the other arm. They are giving me oxygen through a breathing mask. I can take care of my basic bodily needs within my own insulating glass box by using a urine bottle, and when I have enough oxygen in the lungs and physical strength I can also use an actual toilet, shared by eight other patients in the unit. It often happens that somebody defecates in the sink of the same bathroom. Breakfast comes, dietal, three slices of toast, three cookies, a slice of cheese and a boiled apple. After the doctors have made their rounds, there's a new set of IV – antiobiotic, antifungal, antiviral, anticoagulant, albumin, immunoglobulin, gastroprotective, corticosteroid, covid–reconvalescent, oxygenic, vitamin and rehydration therapies. Lunch is served at noon sharp. By then my urine must be ready for analysis. Because of an intense pneumonia they have to check the flow of oxygen and other gases in my bloodstream – by puncturing an artery in the joints of the hand or the groin. I am only allowed to sit (even during the night) or lie on my stomach (unless it interferes with my breathing). Insomnia keeps me up 36 – 48 hours on average. I do mental exercises to strengthen my concentration using the 'drop by drop' method of constant observation of the flow of therapy in the IV system. Electricity in the Infectious diseases unit is available only at certain stages of the day, due to construction work. Internet access is limited. Because of the inexistence of a shower cabin in the unit, I am conducting personal hygiene using alcohol and a gauze. The view through the window, if there is one, is nice. Dinner is at five.

*(You know what I'm sayin'. And I haven't said a thin'. Keep the record playin'.)*

In interviews you explain how the pandemic is an opportunity of creating a new mentality and culture, of overcoming a crisis and existing patterns. You say that everybody who is in isolation should be working on themselves – because to be lying passively in your room especially in isolation is a state of psychophysical stress and that's a toxic state of the organism.

*(Slow down and dance with me, yeah. Slow.)*

In the sixth week of treatment I came to the same conclusion, while they were taking out a sample of bone marrow from my hip bone for a biopsy, by sticking in a 20 cm needle so vehemently that they managed to damage part of the soft tissue and a nerve. Precisely on that day, giving out the loudest screams of pain that I had ever produced in my life, I felt I was overcoming my ususal patterns. Especially when it became clear to the doctors they could not continue the procedure without general anaesthesia and that a transfer to the emergency room was necessary. A whole history of eastern practices – meditation, Yoga, Ayurveda, Tai chi chuan, Qigong, Reiki, Su jok – but also every possible Western self-help manual by Lousa Hay, Ana Bučević, Nikola Vujičić, Novak Đoković – is a good helping hand not only for facing physical pain but also the systematic organizational collapse of public health services. In the present case this was manifested by a two-hour delay of the ambulance car, which meant I had to walk 20 minutes with a wounded leg to the emergency room so they could again take a sample by sticking a needle of the same size into the same part of the bone. At other times this was manifested by a long waiting time for analysis results, cancellation of checkups, medical equipment malfunctions, inefficient consultations with medical experts– infectologists, immunologists, pulmonologists, etc.

*(Skip the beat and move with my body, yeah. Slow.)*

In your media advice on how to survive Corona, you say that without our freedom to think, speak and act, without science and a good health system we are like easy pray in the savanna... For you this fight against the virus is an indicator of just how necessary it is for us to invest in eduacting experts so that we can always ensure treatment of diseases and that your little country can serve an example to others. You mention the European Union, the importance of building a welfare state that rests on solidarity, you talk of gender equality and non-violence, you emphasize showing support to our senior citizens, you tell us not to panic and to be responsible to planet Earth by reducing waste.

*(Oh! Read my Body language! Oh! Take it down, down!)*

See, I'd like to say that although it might seem that we are all equal when we have the same virus, in reality as individual members of this society we have very diffrent and unequal social and physical powers and abilities. We are living within a social hierarchy with the *immunized* at the top[[4]](#footnote-4) and the *demunized[[5]](#footnote-5)* at the bottom: immunocompromised, senior citizens, diabetics, people with psychological difficulties, medical staff, Roma, migrants... who are either excluded from social and state immunological protection or are left, alone and exposed, to fend for themselves in a (pandemic) crisis. Fear and anxiety become the norm: how do I wash my hands if there's no water? How do I stay at home if I don't have a home? How do I fight to get an adequate treatment during the pandemic if I don't have health insurance? How do I get better if there is no space for me in the hospital? How do I get tested if there are not enough tests for everybody? How do I pay treatment if I don't have access to welfare? In the background of all this lies a sophisticated and complex system of state and neoliberal structural violence against the weak that propagates overcoming the pandemic by leaving it unregulated so that 'the laws of nature' do their work; a system that is breaking down solidarity as well as any possibility of resistance, leaving the citizens to their own resources while at the same time relying solely on its own estimates of the crisis and constantly overusing human resources. It's been three months after the outbreak of the pandemic and the health system in Serbia still has not implemented protocols that recognize health needs of patients with rare (immunocompromising) diseases, nor the adequate treatment models – which is not the case with oncological or hematological patients[[6]](#footnote-6). My pneumonia is still there, the resistance of bacterial infections in the lungs is persistent. Doctors (immunologists, pulmonologists) are apprehensive about hospitalizing me and giving me treatment – although I am the only primary immunodeficient patient in Serbia who has had Covid-19. Hiding behind confusing national epidemiological protocols, by shifting responsability, they are sending me again to a Covid-19 clinic although I am no longer infectious, knowing that such places are contaminted areas for me.

In the three months since the outbreak of the pandemic in Serbia I have seen several different attitudes of the state towards the situation – starting with the denial of danger and crisis, authoritarian control of citizens to easing up security measures to score political points. I have seen parliamentary elections where millions of people touch the same pens and mass party meetings and celebrations. I have seen a government that hides real numbers of infected and death cases in the National Information Center for Covid-19. I have seen several crisis management staff give statements that contradict other staff's statements and their own previous statements. I have seen politicians say that people are to blame for the pandemic and that they should be beaten into respecting the rules. I have seen the collapse of the health system, panic and the total *demunization* of citizens, but also citizens showing self-organization and solidarity in providing help, resources, equipment, staff and medicine to survive the pandemic[[7]](#footnote-7).

That's why: *Tell me how Your community constructs its political sovereignity, and I will tell you the forms your plagues will take. There are no politics that are not body politics*[[8]](#footnote-8).

It's been thirteen weeks since you and I met. You are writing to me on FB after I posted about my struggle with Covid-19. You say: 'Whatever you need, I'm here!'

You want to send me an aromatherapy product.

I'm giving you a seen.

You're calling my phone.

I didn't pick up.

*(Come on and dance with me, yeah. Slow. Skip the beat and move with my body, yeah. Slow)*

**III**

They say vulnerability can have two purposes.

When it means the communal,

interconnected state

of our social lives,

our intimate contacts

and the commitment we have to each other

on our way of becoming unique human beings.

But also when it means

a higher probability of dying

of those made 'vulnerable'

by the all-pervasive social inequality among us.

They say fear is

either toxic or it serves a puropse.

While we waited for a threat from the outside

like a war, an eartquake or a predator,

the threat came from within,

within our bodies,

spreading from mouth to mouth.

*If you go from one mouth to another,*

*You quickly go viral*[[9]](#footnote-9).

This realization can give us power again:

To become aware of the toxicity of fear in our bodies.

To shift the way we look at the everayday things in our lives.

To stop performing measures *of right care*: *the care about and the care for.*

But together to develop and apply practices of *care with:*

*in the presence of and communal life with all kinds of other beings, creatures,*

*within the inquality on all levels of life,*

*troubled situations and relationships,*

*webs of surroundings, imagination and support*

*In the passage of time[[10]](#footnote-10).*

 Belgrade, June 2020.

POST SCRIPTUM, September 2020

Instead od securing extensive social rights and a good life for all, today's political government sustains a situation of socio-political and economic precarity, more a product of individualized and competitive subjectivity than of a productive workforce. Therefore today human *ethicality* must be a socio-political, and not individual or merely biological action. Something which may be done individually, but always forms part of collective endeavours and stands in difference to that whose sole goal is to take care of itself. This kind of action implies the act of care *towards* others, which is different from notions of the altruistic (*feel good*) care or sacrifice and the utilitarian attention (*I take care of Earth because it 'serves me'*). Instead, it is built on a specific conception of relations based on a *life with*, and not *a life on* or *life for*.[[11]](#footnote-11) What is at stake here are not new moral norms, but rather practices that intervene within a certain *ethos* and in that way influence the ways of sustaining life. These practices lead to the subversive practice of *constituent immunization* within the social community, which establishes a new order by constituting also those who are a 'threat'. Those who are socially, politically, biologically, economically or otherwise discriminated as different and abnormal, and rejected as the 'toxic' Other. Those who are therefore either pushed into the dangerous 'outside' or otherwise carefully tamed into a limited 'inside' in order to increase the security, strength and health of the political and social majority community and to neutralize conflict and resistance.[[12]](#footnote-12) On the other side of *biopolitical immunization*, the practice of *constituent immunization* goes away from the definition of the political community as the unification and/or sharing of common interests, and tends towards a community connected by an absence of equal obligations of agency, duty and care. Relationships that are asymmetrical in the matter of reciprocity of the act of care, are not necessarily less ethical. For example, when we take care of worms in the soil we are maitaining, we have a commitment to them, although the worms don't have the power to show the same kind of commitment to us. In return they take care of the waste, although they do not commit to it intentionally. These new kinds of community and selfgovernmentality, although still uncertain, direct us to reconsider notions of philosophy, politics, art and community. Care is everything ~~that we do~~ that is done ~~in order~~ ~~to sustain~~ for the sustainability and ~~repair our world~~ repairing of the 'world' so that ~~we can live~~ we can all live in it in the best way possible. This world includes ~~our bodies, ourselves and our surroundings~~ all that we strive at in order for it to mesh into the complex web that sustains ~~our~~ life. Covid-19 caused an autoimmune inflammatory process in my body that has been activating symptoms for the last six months as if it were still present in my lungs, although it is not. These new molecular microflows direct my body, illuminating the notion that the non-human is deeply set into all layers of the human – not only biologically and socially, but also in the very structure of thought and logic. Precisely as I was engaging with this flow of thought, lying on the table during a bronchoscopy in the fifteenth (and the last) week at the Clinic, before the probe protruded my lungs to record all the microflows, the nurse whispered into my ear:

*Listen, when we start, you will feel like choking.*

*Please, don't make a fuss! You will not choke!*

*Nobody has ever choked from this.*

1. In the text *Living with a virus*, author Paul B. Preciado references the theoretical analysis of Roberto Esposito about the connection between the political notion of *community* and the biomedical and epidemiological term *immunity*. By connecting them through the common root of the Latin word *munus (duty)* and the analysis of ancient Roman law, Esposito defines the terms: *community* - as a group of people connected by shared rights and obligations; *immunity* – as a privileged position which releases somebody from the obligations shared by all; *de-munity* – as a position that threatens the community and which therefore strips the individual of community privileges. This structure was the motivation to investigate in this text how the unequal position of the *immunized* and the *de-munized* citizens during the pandemic is manifested, even when we are not aware. Further reading: Paul B. Preciado, *Learning from the virus*, ARTFORUM magazine, print May/June 2020; [www.artforum.com](http://www.artforum.com/) [↑](#footnote-ref-1)
2. Sing along to *My Sharona*, Berton Averre, Doug Fieger (The Knack) from the album *Get the Knack* – Capitol, 1979. [↑](#footnote-ref-2)
3. The lyrics to the song *Slow* by Kylie Minogue, Dan Carey, Emiliano Torrini (Sunnyroads) from the album *Body Language*, Parlophone, 2003. In the continuation of the text I add a line from the lyrics after each paragraph, because, after all, all of this started with two men of unequal socio-immunological status flirting. [↑](#footnote-ref-3)
4. For example, after the recent parliamentary elections in Serbia in June 2020, the list of people infected by the virus featured a number of prominent social figures, such as high-profile politicians, people from the world of sport, music, arts and culture… As opposed to the ordinary citizens who wait as long as two weeks to get results, they received immediate medical attention. [↑](#footnote-ref-4)
5. Paul B. Preciado, *Learning from the virus*, ARTFORUM magazine, print May/June 2020; [www.artforum.com](http://www.artforum.com/) [↑](#footnote-ref-5)
6. There is still no such health policy, not even six months after the outbreak of the epidemic in Serbia, at the time of completing this text. [↑](#footnote-ref-6)
7. At this moment in Western Serbia the government declared a State of Emergency in several cities due to a high number of Covid-19 related infections and deaths (medical staff included), the near collapse of hospitals and the lack of medical staff, drugs and equipment necessary for treatment of patients. In spite of numerous appeals by both medical professionals and citizens to the government, state officials have only responded to the appeals of celebrities, sports people and politicians, giving empty promises of bringing everything under control. See: <https://www.facebook.com/photo?fbid=2941329332611890&set=a.1708342392577263> [↑](#footnote-ref-7)
8. Paul B. Preciado, *Learning from the virus*, ARTFORUM magazine, print May/June 2020; [www.artforum.com](http://www.artforum.com/) [↑](#footnote-ref-8)
9. Bruno Latour, *This is a global catastrophe that has come from within*, 06/06/2020; [www.theguardian.com](http://www.thegurdian.com/) [↑](#footnote-ref-9)
10. Bojana Kunst, *Beyond the time of the right care: A letter to the performance artist*; Schauspielhaus Journal, 21/04/2020; [www.neu.schauspielhaus.ch](http://www.neu.schauspielhaus.ch/) [↑](#footnote-ref-10)
11. Maria Puig da le Bellacasa, Matters of Care – Speculative Ethics in more than human wolrds, University of Minnesota Press, 2017. [↑](#footnote-ref-11)
12. Isabell Lorey, *Politics of Immunization and the Precarious Life*, u: Dance, Politics & Co-Immunity - Thinking Resistances Current Perspectives on Politics and Communities in the Arts, Vol. 1, ed. Gerald Siegmund und Stefan Holscher, diaphanes, Zfuich-Berlin 2013. [↑](#footnote-ref-12)