Covid and Doubt

An Emergent Structure of Feeling

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Scene One: In April 2021, Dr. Anthony Fauci crushed the dreams of countless Americans when he announced that, despite his fully vaccinated status, he would not be eating in restaurants. For well over a year, those who had been trapped in their homes due to Covid had pinned their hopes on new mRNA vaccines that might permit them to safely return to routine habits like dining out and grocery shopping. Fauci's cautious calculation instigated a collective groan from those desperate to escape the confines of their living spaces and the anxiety that accompanied months of isolation and dread. When Fauci went public with his decision the vaccines were being touted as scientific miracles with efficacy rates as high as 95 percent. Despite this success, only a quarter of Americans had been vaccinated when Fauci implored further restraint. With the pandemic still raging and the vast majority of people still needing shots, Fauci was performatively embodying the preventative approach he hoped others would adopt. Rather than embrace his circumspect perspective, however, this stance raised questions from those across the political spectrum: what was the point of being vaccinated if people were not able to be in public?

Scene Two: In late July 2021, the Centers for Disease Control and Prevention (CDC) fixated on the July 4 celebrations that took place in Provincetown,

Massachusetts. Nearly sixty thousand people showed up in the seaside town for Independence Day and subsequent LGBT events such as Bear Week, but had their plans stifled by rain, which forced many of them inside. As a result, an estimated 469 positive Covid diagnoses stemmed from the gatherings and the vast majority—upward of 75 percent—were found in those who were vaccinated.[1] Although only four vaccinated people were hospitalized and none died, the event led the CDC to revise its mask guidance policies and recommend that all people, regardless of vaccination status, wear face coverings indoors. This high-profile event garnered an impressive amount of media attention, though the facts were often parsed and unclear. Writing for the *New York Times*, Apoorva Mandavilli explained, "Even if breakthrough infections are rare, the new data suggest the vaccinated *may be* contributing to increases in new infections—although *probably* to a far lesser degree than the unvaccinated."[2] These ambiguous declarations contributed to confusion about the dangers of the Delta variant but also enabled a campaign of disinformation about the extent of the infections and the shortcomings of the vaccine.

Scene Three: In mid-August 2021, representatives from Facebook reported that the most popular post on their platform from January to March of that year was an article that cast doubt on the effectiveness of the Covid vaccines.[3] The company, under increased pressure to be more transparent about its role in political affairs in the wake of the January 6 Capitol insurrection, released the news on a Saturday night, which allowed them to feign openness about their practices while simultaneously curtailing negative press. The article in question was taken from the *South Florida Sun Sentinel* and detailed the demise of a doctor who had died two weeks after taking one of the vaccines. For users already skeptical of inoculations, this report reinforced a preconceived bias about the hazards of the technology. Perhaps more important for those invested in conspiracies was that the medical examiner's office never conclusively stated whether the vaccine played a role in the physician's death. Even as the post was widely derided as spreading misinformation, an undercurrent of doubt about the vaccines held tight and allowed fringe voices to influence easily exploited readers.

These three scenarios are indicative of the doubt that has settled upon the US imaginary during the global Covid pandemic. This affective malaise of doubt, wherein every message seems to carry a rhetorical remainder about the unknown, has only intensified as the pandemic has lingered. The ubiquity of this doubt can

be found lurking in almost every facet of life: in healthcare, education, religion, politics, news media, civil society, and interpersonal relationships. The Trump administration's politicization of institutions such as the CDC in the throes of the pandemic negatively transformed America's relationship with official sites of information and citizens' ability to generate meanings from that data. It is not an overstatement to suggest that many people now call into question the most rudimentary aspects of their bodies, social networks, and cultural practices. These doubts were compounded by the relentless campaign to downplay the severity of the pandemic at every turn by a significant segment of the population. On any given day, we can locate doubts about the long-lasting effects of the vaccines, the habits of our friends and families, the political leanings of our neighbors, and our faith in institutions whose mission it is to keep us well. On the Right, there remains a strong undercurrent of skepticism that Covid is a threat, that the vaccines are effective, or that the virus is actually a product of nature and not some science experiment gone awry. Many on the Left continue to have concerns about the flimsiness of mask policies, the ramifications of Covid for children, and the uncomfortable sense that we will never rid ourselves of the political animus that allowed this crisis to persist. The pervasiveness of doubt has become a defining quality of the pandemic.

As I write this in June 2022, the public transcript of the Covid pandemic in the United States has shifted from being an alarming global catastrophe to something treated as a public health nuisance underwritten by risk tolerance and chance. Over one million Americans have died from Covid, and worldwide that number is encroaching on the six-and-a-half million mark. This story, as the introduction to this volume points out, is assuredly not over. It is still too early to tell if the vaccines will protect people from all of the coronavirus's evolutionary possibilities, if Covid will become an endemic disease, or how frequently boosters may be required. In this chapter, I explore the looming, affective character of doubt and its omnipresence in US culture. I am not interested in correcting every piece of misinformation about the virus, its variants, or the vaccines. There is only so much space. Rather, I wish to probe the rhetorical parameters of doubt and its boundless presence in public discussions of the pandemic. I argue that prevalent discourses of choice undergird this doubt, which undermine attempts to streamline collective narratives about Covid's reach. The lasting uncertainty that has exacted itself into our daily lives is sure to impose itself for years to come and, as a result, we must learn to more efficiently manage our relationship to doubt in an era of radical indeterminacy.

Doubt and Medicine

Doubt has long acted as the constitutive outside of myriad rhetorical situations. The field's genealogical roots in persuasion, with its emphasis on Aristotelian proofs and means-centered appeals, points to an unstated recalcitrance that a person must overcome to effectively communicate. Entire genres of rhetoric, including forensic argument, might suggest assumed forms of doubt that must be assessed and transcended in order for a communicator to be successful. As the discipline has evolved, it has explored doubt in many outlets, even when doubt itself may not be a central component of analysis. Ideas that include skepticism, cynicism, conspiracy theories, evidence analysis, risk assessment, crisis management, and uncertainty reduction all engage the rhetorical dynamics presented by doubt. Scholars such as Scott Baker have argued that rhetorical theory itself has shifted the epistemological grounds of modern empiricism and been a leader in the doubts raised about the Enlightenment project.[4] In this way, doubt consumes the discipline.

I argue that the doubt that has sedimented during the Covid crisis is best understood as a "structure of feeling" that is affectually discerning but whose sensorial character is still emerging. Raymond Williams famously articulated the terms *structure* and *feeling* to give presence to the ways sensibilities and patterns of thought surface during specific historical periods. He contended that the method underlining the phrase "is as firm and definite as 'structure' suggests, yet it operates in the most delicate and least tangible parts of our activity."[5] In this way, the structure of feeling that accompanies any era is inherently rhetorical and can be found in the negotiation among official discourses and their vernacular interlocutors. Sean Matthews contends that a structure of feeling presents itself "in moments of transition, of change, and is evident in formal shifts in artistic practice."[6] And while this chapter focuses most explicitly on public health, the heuristic is useful insofar as it facilitates the consideration of "new and emergent elements" in our social formations.[7] Doubt has long played an important role in the realms of medicine, politics, and public health but the concept is finding new life as misinformation circulates voraciously on social media. Criticism is imperative during these moments of emergence because otherwise indiscernible sensibilities can be simultaneously encroaching and fleeting. Any person living through the pandemic could list the many doubts that preoccupy their thoughts, but there is no guaranteeing that these feelings will be communicable a decade from now. In order to approximate this ever-changing notion of culture, we must understand how doubt has played a role in medicine and how it is manifesting

today. Importantly, as Williams stressed repeatedly, we can never definitively list every example that falls under the broad umbrella of a structure of feeling about particular phenomena, but looking to representative anecdotes can clarify the conditions that people experience.

Elaine Scarry's proposition about the cultural disavowal of pain is perhaps the most famous refrain about doubt in the humanities. In her book *The Body in Pain*, Scarry contended that "to have great pain is to have certainty; to hear that another person has pain is to have doubt."[8] Medicine was one of the many institutional spaces privileged by Scarry in her groundbreaking study. And while that text is now decades old, the sphere of medicine has continued to be a significant site of investigation when contemplating the parameters of doubt. For instance, physicians regularly grapple with incomplete or inaccurate data, and learning how to productively utilize doubt can lead to better diagnoses, treatments, and outcomes. At other times, doubt among healthcare workers has more troublesome effects, including reiterating biases and prejudices about marginalized communities. Numerous studies, for example, point out that physicians regularly dismiss the pain being felt by Black patients. One study found that medical students believed African Americans were less sensitive to pain, a view that follows decades-old stereotypes not grounded in reality.[9] This unreflective performance of doubt is not contained to the examination room but has compounding residual effects. Because of such treatment, as Veronica Joyner and Heidi Y. Lawrence outline in this volume, people of color might understandably doubt medicine's investment in their health and invariably those experiences inform how they approach healthcare.

Nonetheless, doubt is, in many ways, an essential element of medical practices. Physicians may rightfully withhold judgment about a problem until they collect a useful amount of physical evidence, run tests, or are persuaded by patients that a problem exists. But this structural feature of medicine comes with sometimes unforeseen consequences. Take, for instance, the phenomenon of hypochondria.[10] In its most basic definition, hypochondria connotes the persistent and excessive fear that one has, will develop, or will encounter, a disease or illness. So strong are these feelings that people often experience somatic symptoms that correspond to the disease they believe themselves to have. About 2–5 percent of people live with some form of hypochondria, and to address that wide umbrella the condition has been renamed "illness anxiety disorder" in the DSM. In some worst-case scenarios, people who live with hypochondria find that facets of their lives, including personal relationships, are negatively affected by the condition. Most important for this study

is that hypochondria is not simply a product of individual psychosis but a structural problem that is created by medical encounters.

Scholars who investigate the rhetoric of hypochondria find that the form of medical discourse is the central organizing mechanism for these feelings. Because medical providers can never offer sweeping guarantees about the potential risk of infection or the possibilities of disease, patients appropriate the rhetorical remainders of diagnoses to internalize the idea that they may be unwell. As Arthur Kleinman notes, "The hypochondriac's persistent fear is based not on the certainty of a delusion but on the profound uncertainty of persistent doubt."[11] The person experiencing hypochondria is able to intuitively surmise that any variable could upend the assurances given by healthcare workers.[12] In this way, hypochondria is a paranoid predisposition that shifts how a person interprets and makes meaning of their positionality in the world. Such manifestations do not rest as an ontological state of being but a performative interruption that constantly demands reassessment of the most basic sensations. Arthur Frank refers to this as "embodied paranoia," and contends that the difficulty of such a state of mind is "not knowing what to fear most, and then feeling guilty about this very uncertainty."[13] In some ways, this makes perfect sense when we examine vernacular appropriations of medicine. As Frank writes, "Disease is all too effective as a journalistic metaphor for social problems—crime, poverty, drug use, inflation,—because disease metaphors tap the intuitive connection between internal threats to the body and external threats. Embodied paranoia reflects a blurring of internal and external: everything has potential to threaten."[14] This is evinced in the Covid era, in which individual surveillance is complicated by the invariability of the coronavirus. Many of us have uttered now familiar refrains such as, "Is it a cold, allergies, or Covid?" Any slight change in one's body suddenly becomes an indicator that danger might be lurking.

I want to emphasize that I am not making a one-to-one comparison between those who have justifiable fears about Covid and hypochondria. Rather, I use the example of hypochondria as a heuristic to think about the ways the structure of medical knowledge itself mirrors the discourse that permits doubt to materialize. Official messaging from government entities such as the CDC have sometimes inadvertently furthered this preponderance of doubt by giving incompatible, or even contradictory, information.[15] The rhetorical indeterminacy of official discourses has fractured tidy understandings of the pandemic's temporality and our agency in overcoming the novel coronavirus. This structure of feeling that pertains specifically to doubt is already being taken up, under different names, by scholars such as Francis Beer and

Robert Hariman. They suggest that Covid is not simply an epidemiological crisis, but an epistemological crisis as well.[16] They label this emerging attitude a "catastrophic epistemology" wherein knowledge itself is one of the casualties. If Eve Sedgwick was correct in her contention that paranoia is highly anticipatory of future events, we will likely be saddled with such doubts for years to come.[17] The perpetual deferrals of certainty that stem from medicine are perhaps scientifically justified but sometimes have the effect of equivocating risk behaviors and catalyzing feelings of uncertainty.

Risk and Doubt

The doubts that haunt the contemporary social landscape are perhaps best exemplified in the embodied risks one is willing to accept during the Covid era. Risks are not simply empirical phenomena. Rather, risks are inherently rhetorical because they bring into being the very dangers they warn us about. Ulrich Beck famously noted that risk is "a systematic way of dealing with hazards and insecurities induced and introduced by modernization itself."[18] These ideological constructs have become especially tenuous in the throes of a pandemic. Risks are not simply viruses or vaccine side effects but lurk in the ways we build grocery stores, the presumptions we carry about personal liberty, the deficiencies of the healthcare system, and the ways we approach the climate crisis. Each of these is an effect of modernization that constitutes the ways we encounter and negotiate risks. For this reason, Debra Lupton reminds us that risks are value-laden judgments about events or possibilities that are recurrently managed in situ. The pandemic has illustrated that the social construction of risk is impossible to separate from our gradually ingrained sentiments about doubt.

The idea of risk has been slowly reconfigured in modern times by bureaucratic entities, such as health insurance companies, as a set of individualized decisions rather than a constellation of collective practices. Lupton argues that individuals are increasingly foisted with the responsibility of avoiding or minimizing the impact of risks, even when conditions rest outside their ability to do so. As a result, "risk has become more privatized and linked ever more closely to the concept of the entrepreneurial subject, calling into question the very notion of social rights."[19] This was exemplified by an announcement by CDC director Rochelle Walensky in May 2021, following the agency's relaxing of mask mandates, when she proclaimed, "Your health is in your hands." Walensky forwarded this neoliberal mantra, which seemed to have little persuasive effect, rather than accentuate the necessity of addressing the

pandemic on a systemic level.[20] People simply continued practicing what they had been doing. Walensky was certainly not alone in such thinking but such a laissez-faire approach to public health is easily repudiated. As Marina Levina has suggested in this volume and elsewhere, people who work in low-wage jobs or who depend on kinship networks not grounded in the heterosexual imaginary can never fully adopt such an individualistic perspective.[21] If a worker needs healthcare to survive, for example, the dastardly overlords of capitalism force them into risk scenarios. Individuals are inevitably scapegoated for making "bad" choices and then are positioned as the sole proprietors of their fate while those in power are excused from poor policy decisions that might keep people alive. For instance, those in education who work in states without vaccine or mask mandates do not *really* have a choice over their risks because they usually cannot choose the rooms or buildings that they teach in, set caps on enrollments, request that students wear masks, or even talk about Covid.

Given the lack of agency people have over their proximity to risk, it is not surprising that many have dramatically increased gestures of self-surveillance during the pandemic. Scientists are still parsing the coronavirus's effects, including the ramifications of so-called long Covid, and this indeterminacy has only functioned to compound public feelings of doubt. Take this singular example from Twitter that illustrates the unusual ways people are imagining ideas about risk and doubt. This particular user relayed that it took an extended length of time for her to be diagnosed with a disease that put her at high risk for Covid and that others might want to be equally cautious. It's a somatic cautionary tale:

> Just wanna say that many folks don't know if they're high risk for covid. It took me a couple or more years to be diagnosed. There's a limit to what we know about our health and ability when calculating 'personal risk.' And anyway, the better question is what's the communal risk?

This user makes a fine point, and I am not calling into question the extent to which she or others are actually at risk. But the post suggests that all of us should have degrees of doubt about the permeability of our bodies when taking risks, not just in regard to the pandemic but to those things that might potentially be lurking inside of us. While the democratization of information about disease and illness on social media can be beneficial, it also acts as a wellspring of doubt.

The user's warning resonates with a string of pandemic writing that foresees danger around every corner. Risk is not just an external threat that must be

managed—sometimes the call appears to be coming from inside the house. For example, an essay published in the online magazine *Elemental* told the story of fourteen men in March 1969 who went to spend the remainder of the year in Antarctica.[22] Sometime in July of that year, one of the men began to develop a respiratory cold and eight of his colleagues were also suddenly sick. Scientists were haunted by one daunting question: where could the virus have come from four months after they left the mainland? After analyzing numerous sites and objects where the virus might have lurked, such as handkerchiefs, it was decided that it might have simply lived in the human body unexpectedly. This story acted as an interpretive lens for reading Covid—a present-day allegory that the body itself contains the very potential to commit harm. *The New Yorker*, *Medium*, and *The Atlantic* also published essays that contended the body itself might harbor a concealed threat.[23] The trope of the unknown became even more pronounced after the vaccines were predictably shown not to be 100 percent effective at keeping the coronavirus at bay.

The indeterminacy of medical risks and the doubts they initiate are certainly not a new phenomenon. Elsewhere, I have argued that one of the main reasons for the slow up-take of pre-exposure prophylaxis (PrEP) among gay men is the narrative of doubt that is cast on the medication.[24] As with the Covid vaccines, PrEP can never be said to be 100 percent foolproof. The HIV-prevention medication has been shown to be as high as 99 percent effective in warding off infection but the small sliver of a possibility of transmission allows detractors to argue against its adoption. To be sure, both PrEP and at least two of the Covid vaccines are more effective than widely embraced technologies such as birth control pills. But the narrative remainder that tends to accompany scientific discourse reinforces the very doubts that are held by detractors to start. It is a discourse that mirrors the logic and practices of hypochondria mentioned earlier and has been resurrected with the introduction of new mRNA vaccines.

Vaccines, Risk, Doubt

The relay between risk and doubt has been especially prominent in narratives about the efficacy of newly developed mRNA vaccines. Public health officials have long fought to inoculate large swaths of people from infectious diseases and those efforts have frequently been met with degrees of resistance, skepticism, and hesitation. In fact, many people go as far as suggesting the vaccines actually *cause* disease rather

than treat it. That both the Moderna and Pfizer vaccine sparked side effects in some people led many opponents to eschew the vaccines altogether and take their chances with Covid. For example, anti-vaxxers latched onto the idea that the Covid vaccine was causing large outbreaks of myocarditis, a heart condition that had sprung up in a handful of vaccine recipients. But such theories have proven repeatedly to be false. As Smriti Mallapaty wrote in *Nature,* "In one study of more than 5 million people who had received the Pfizer–BioNTech COVID-19 vaccine, 136 developed myocarditis. The other study, of more than 2.5 million people who received the shot, identified just 54 cases of myocarditis."[25] And while vaccine refusers might insist that they are simply giving people all the data they need to make an "informed decision," the picture they paint is rarely accurate. Far from a mere medical concern, these gestures emanate from cultural scripts that are readily familiar. As Eula Biss has observed, "Believing that vaccination causes devastating diseases allows us to tell ourselves what we already know: what heals may harm and the sum of science is not always progress."[26]

The narrative conflicts that arise over vaccines reproduce the tension between the privatization of risk and its actual, collective character. Throughout the pandemic, we have been bombarded with messages that emphasize individual choices in relation to risk calculation, social distancing, and vaccination. But the bigger picture is assuredly more complicated. Lawrence reminds us that vaccines are often imposed on people, so controversies arise because risk may not be a personal decision but a compulsory directive.[27] Vaccines are given to healthy adults and to children, which does not make the persuasive task of healthcare providers any easier. Mandatory vaccination policies put the needs of the whole over that of the individual, which renders vaccination inherently social and political, not simply private or scientific. Of course, all bodies are chimeric compositions of the cultural flows that they reside in. But those aspects of culture that we give presence to directly impact the interpretive lenses used to make risks intelligible. I have had acquaintances tell me that Covid is a matter of fate: "If it's going to happen, it's going to happen." Counterintuitively, such an approach is also based in doubt: despite safety measures, anything could happen at any time. This modified approach to "everything happens for a reason" is as fatalistic as it is hopeful. It is predeterminism dressed as casualism.

A vaccine denier might rightfully point out that any of the available Covid treatments are not wholly effective. While most vaccines have been shown to significantly decrease the harms associated with Covid, there is no guaranteeing that they will prohibit the transmission of the virus. As more cases of infection are reported, those who remain most suspicious of the vaccine will find reason to oppose

it. Rather than give emphasis to the complications that might be avoided with the vaccine, detractors offer an intense focus on those cases where infection *might* occur. This rhetorical sleight of hand, wherein ambiguity is saturated with negative affect to suspend the capacity for judgment, highlights the movement from uncertainty, wherein one contemplates situational uncertainties for developing strategies to address risk, to doubt.[28] These tensions over vaccination are especially popular in media narratives about the pandemic because conflict-driven stories and lingering questions about effects present opportunities for coverage that drive ratings. The question of "what comes next" exploits a lack of narrative closure and the desire to collect evermore information about vaccines, even if that means presenting partial information, false equivalences, or sensationalistic headlines. To further explain this, I turn back to Provincetown and the doubts that outbreak fostered.

Provincetown and the Outbreak Narrative

The Provincetown outbreak was framed repeatedly as a cautionary tale about premature celebrations, letting one's guard down, and the limits of the vaccines to inhibit transmission of the virus. After sixteen months of shelter-in-place orders and social distancing, the new vaccines offered people the opportunity to circulate freely outside the confines of their homes. But the festiveness brought by summer 2021 was positioned as too excessive to reasonably contain the coronavirus. As one reporter put it, "People crowded into pools, restaurants, and bars. After a year of canceled celebrations, people were understandably excited to drink, revel and relax under the relative security of a highly vaccinated population."[29] Another outlet observed a "prepandemic thrum" and commented on the "conga lines, drag brunches, and a pervasive, joyous sense of relief."[30] One man who traveled to P-town from New York reflected, "I was definitely going into it with a mindset of, this is all behind us, we're just going into a super-fun, amazing weekend."[31] The promise of a less restrictive summer gave folks a sense that hope was on the horizon and that the longest year of the twenty-first century might finally be behind us.

The Provincetown outbreak was particularly striking because not a single coronavirus case had been reported in Barnstable County for the entire month of June.[32] Massachusetts had vaccination rates above the national average and Provincetown rested around 95 percent of permanent residents. This remarkable achievement was contrasted against the rise of the Delta variant, which constituted about 90 percent

of the P-town infections and significantly shifted the public narrative about Covid. For this reason, one infectious disease specialist called the Provincetown outbreak a "watershed moment" in the life of the pandemic and a "reality check on what the vaccines can do but also what some of their limitations are."[33] Boston's National Public Radio (NPR) outlet put it bluntly: the "outbreak stemming out of Provincetown is casting doubt on the vaccine's ability to halt transmission of the Delta variant of the coronavirus."[34] Such bold proclamations should be taken with a grain of salt. From an epidemiological perspective, there were so many vaccinated people in the resort town that it was not surprising that rates of infection were high among those who had received shots. In this way, the Provincetown outbreak had the negative consequence of producing hyperbolic and partial information about Covid and the potential for community spread. This focus came not only from the somewhat allegorical nature of the event but also because of reactions from organizations such as the CDC. The government agency was so alarmed by the outbreak that it revised its masking policies and this (perhaps inadvertently) accelerated false claims about the vaccine. CDC Director Walensky said in a statement, "This finding is concerning and was a pivotal discovery leading to CDC's updated mask recommendation . . . The masking recommendation was updated to ensure the vaccinated public would not unknowingly transmit virus to others."[35] Walensky's press release gave fodder to media operatives who were invested in novel angles on the trajectory of the coronavirus and the sensational coverage that came from alluding to unsafe behaviors among gay men.

As a result, both the government agency and several media outlets further obscured public understanding of who was safe, who was prone to infection, and who might transmit the virus. As one doctor noted, "reducing risk to zero was never on the menu" and that data from Provincetown had "accelerated the (inaccurate and poorly messaged) narrative" that both vaccinated and unvaccinated individuals were equally contagious.[36] Anecdotally, this misinformation had serious effects. In a conversation with one acquaintance, for example, I was told that 75 percent of the people *hospitalized* were vaccinated, a clear misunderstanding (or willful distortion) of how events unfolded. Regardless, the outbreak raised questions about whether vaccinated people could spread the virus to others who had received the shots. Perhaps more than any other feature of the stories, it was this one that tended to present doubt in its most explicit form. For example, one news story seemed to offer contradictory information in the space of a couple of paragraphs. Citing one CDC study, the report conveyed to readers that "vaccinated individuals carried as much virus in their noses as unvaccinated people."[37] But shortly after, the same write-up

remarked, "While the data suggests that vaccinated people can spread the disease, the extent to which they contribute is not yet clear." And while a discerning reader might be able to make distinctions between the amount of viral load being carried and its possibility for infection, the story seemed to offer a staunch assessment of the possibility of infection and then raised doubts about its own proclamation.

These reports also fortified notions about individual choice over the more politically controversial suggestion that vaccines should be compulsory. Provincetown board of health chair Stephen Katsurinis commented that, "I think now people have to start to make their own decisions about their risk tolerance . . . I'm not comfortable saying there's a right or wrong choice. There's your choice."[38] This emphasis on personal decision-making was highlighted in later parts of this same report that noted the different vaccination and travel decisions some gay men had made. The trope could also be found in the experiences of a retired couple who said they had to choose between being in public and surviving. It is impossible to discern all of the effects that might emanate from stories that give presence to personal choice. The form of these narratives—featuring public events and private spaces that helped to spread coronavirus–muddies the complexities of this case study. But this equivocation without a difference also points to a noteworthy absence of action: few people called for universal inoculations as a result of the P-town outbreak. Despite a clear communal effort on the part of LGBT people, subtle notions of individual choice often held.

On that note, media coverage of the outbreak produced a deep fixation on the queer cultures at the center of this story. Reporters consistently turned to the famous Tea Dance that happens at the Boat Slip, the Circuit Week festivities held in P-town, and Bear Week. And while there is little denying that queer communities were at the heart of these events, casual references about this epidemic were sure to raise an eyebrow for readers with any remote knowledge of HIV/AIDS history. For example, the *Washington Post* commented that there "was no 'patient zero' in Provincetown, according to experts who studied the virus's spread, and no single superspreader event."[39] Although "patient zero" is a term used in vernacular conversations about public health, it found its strongest footing during the AIDS crisis when a French Canadian flight attendant named Gaëtan Dugas was intentionally misidentified as the source of HIV in queer circles on the American coasts.[40] That outbreak myth presented Dugas as a boogeyman and reinforced predatory stereotypes about gay men and their insatiable quest for sex. According to this tale, casual acquaintances could not be trusted and the possibilities of infection loomed large for those who were not cautious. Other historical parallels were echoed in articles that described

a noticeable pattern about viral spread: "all gay men with an average age of 30 to 35, many of whom had seen a doctor for other reasons, like flu symptoms or sexually transmitted infections, not suspecting the coronavirus."[41] Indeed, even references to gay men testing "positive" carried a semiotic excess that was not easily contained by the context of the outbreak. Reports also stated that it was impossible to determine the vaccination status of all those who traveled to P-town but the crowd appeared to be "unusually health-conscious." Writing for the *Washington Post*, Hannah Knowles stated, "It helped that the gay community in particular, scarred by the HIV/AIDS epidemic, was hypervigilant and proactive when it came to public health measures like testing."[42] AIDS history was marshalled as the very reason the coronavirus could ultimately be defeated.

Whereas much pandemic coverage focused on the doubt produced by strangers in the polity, the queer tourists here were enshrined as an exemplar of communal effort. This was true not only for vaccines, but also for contact tracing and testing. A reporter for the *New York Times* relayed that an infectious disease specialist had "praised the community's meticulous contact tracing . . . for helping them to understand the scope of the outbreak."[43] That same story went on to quote Rick Murray, the manager of a beachside inn who has been HIV-positive for thirty-seven years and who analogized the pandemic to the AIDS crisis. He told the *Times*, "When the AIDS epidemic came, we took care of our own, and we will take care of our own now."[44] NPR ran a feature on Michael Donnelly, a gay data scientist from New York who had been publishing independent data on the Covid pandemic and was able to document over fifty breakthrough cases coming out of Provincetown well before the CDC was assessing data about the events. One official at the agency remarked that the contact tracing done by the gay community provided "a testament to the power of citizens engaging with the scientific process."[45] In this way, the queer community became a stand-in for the voice of reason and science. The *Washington Post* noted that some people were feeling frustrated and a sense of whiplash after the CDC offered updated guidance on masks. But one queer performer casually noted, "I'm not mad that the rules changed because the virus changed."[46] Donnelly confidently backed up these ideas by observing: "The norms of the gay community say: share your medical history, share your risks with other people so that they can be responsible and take care of themselves as well . . . that came with years of practice within the community, particularly around HIV and AIDS."[47] Of course, this has not necessarily always been a community norm. Sexual shame and stigma still haunt many people and new technologies such as PrEP have led some to find the expectations of sharing sexual

history to be intrusive and unnecessary. Still, reporters found novel ways to laud the queer community by pointing to social media posts that urged friends to get screened for the coronavirus and the hundreds of people who waited in long lines to get tested each day.[48]

The lesson that should have been communicated clearly and without hesitation was that the vaccines worked. Without the vaccine, many more people would have caught Covid, suffered complications, or died. Recent data suggest that unvaccinated people are eleven times more likely to die from Covid than their unvaccinated counterparts.[49] Even in early reports, there were studies that found unvaccinated people were twice as likely to be infected as vaccinated people.[50] The many moving parts of this case study, however, seemed to lend an air of doubt and uncertainty about vaccines and the protection that they so clearly offered.

Breakthrough Infection and the Mounting Crisis of Doubt

Doubt's place in the American imaginary is structured both by the actions of institutions that have struggled to make the pandemic narratively intelligible and the negotiation of those effects by people who experience uncertainty at every turn. The more imperative question that confronts us is: What do we do with these extremities of uncertainty? How do we revive a sense of assurance when communicating about science? How do we productively direct doubt when there is no way of avoiding its ubiquity? The opening scenes at the start of this essay are cultural touchstones, for sure, but they also point toward long-standing issues that we will grapple with for years to come. Fauci's precaution signals the ongoing necessity of educating publics about the nuances of evolving public health strategies. The P-town example highlights the intersection of cultural and medical scripts—and that what is given presence will steer policy and media narratives. The Facebook debacle illustrates the need to regulate social media platforms and more aggressively retort intentionally misleading information. Each of these points to a structure of feeling that has emerged forcefully during the pandemic, even though this pattern of thought has been coming into its own for a very long time.

Of course, doubt need not be an entirely problematic construct and having a critical eye—especially toward misinformation—can ultimately be fruitful. Giving further attention to the uncertainty that stifles public health must be explicitly taken

up to expand the possibilities for keeping people safe. To start, we must robustly engage community concerns in the hope that doubt can in fact be generative. This is clearly a challenging endeavor but not one without precedent. Jennifer Malkowski encourages scholars to turn to the relational dynamics of health to think through the import of community wellbeing. She writes, "When it comes to disease management, communicating with others openly and earnestly about prevention options is an ideal public health practice, one that requires individuals to understand how their own health status intersects with the statuses of others."[51] This is certainly no easy task. One of the most difficult aspects of attempting to persuade people to get vaccinated is that there are simply different reasons people elect to inoculate or not. For some people, there is a genuine lack of access that prevents them from getting a shot. For others, Covid is still not a threat despite its ravenous body count. For still others, there may be attempts to avoid adverse side effects and not miss work. There may be a lack of trust in the vaccines or a lack of confidence in institutions.[52] Despite these drawbacks, Malkowski is correct that difficult conversations must be had in order to best administer health directives. A concept like individual choice is decidedly limited, and attempting to persuade people that notions of risk are best understood communally must happen gradually over time. The Provincetown outbreak is an excellent example of this communal protection but one that must be narrated properly and without the sensationalism that accompanied many popular media reports.

Scholars must also rethink how we communicate about science and medicine by giving additional focus to their rhetorical composition. Many people insist that science is simply ever evolving and that we must embrace the ambiguity that tends to accompany its dynamic nature. I do not dispute that science necessarily changes as it incorporates more variables and evidence into its formulations. But I'm also uncertain that such an approach provides for effective public health messaging. Without clear, declarative communication, confusion sets in. Public health officials and educators would do well to offer more explicit focus to the ways technologies such as vaccines are brought to life. Arguing that vaccines are akin to an umbrella, rather than a forcefield, for example, can set public expectations about an inoculation's capabilities and limitations.

Such exercises might seem futile when we contemplate the major structural problems that confront the nation. As I write this in June 2022, doubt continues to define our political, cultural, and economic reality. And while there is little space to address all of these, I see two that are especially pertinent to this chapter. First, in the United States, our institutions are being tested in unprecedented ways and serious

questions remain about their ability to hold, especially in the face of another global crisis. The antidemocratic movement that has taken hold in the wake of the Trump administration has illustrated a profound disregard for verifiable facts and political truths. These authoritarian impulses, coupled with disastrous neoliberal policy decisions, will continue to propel a profound sense of doubt about the world we are living in. On a different note, we are just beginning to understand the dynamics of "long Covid" and its mass disabling effects. There will be those who doubt the existence of this perplexing, still evolving syndrome. And there will be just as many people, if not more, who persistently doubt their own wellness and the degree to which Covid may be lingering in their bodies in damaging and insidious ways. And, to be sure, the autocratic gestures outlined above would only hasten the spread of long Covid and its mysterious consequences.

I continue to be perplexed by the possibilities that lie ahead. Will Covid become endemic or will its variants evolve into something even more lethal? Will mask use remain a precautionary measure in the coming years or will we abandon them altogether? The uncertainty that has underlined the pandemic will likely produce few answers in the short term. What will remain a constant, at least for the foreseeable future, is the doubt that envelopes our world and the ongoing necessity to manage it as we plow ahead into the unknown.

NOTES

1. The original count of infections was 469, but that number eventually climbed to over one thousand as the virus spread away from the resort town.
2. Apoorva Mandavilli, "Vaccinated People May Spread the Virus, Though Rarely, CDC Reports," *New York Times* July 30, 2021. Emphases mine.
3. Elizabeth Dwoskin, "Facebook says Post that Cast Doubt on Covid Vaccine was Most Popular on the Platform from January through March," *Washington Post*, August 21, 2021.
4. Scott Baker, "Reflection, Doubt, and the Place of Rhetoric in Postmodern Social Theory," *Sociological Theory* 8 (1990): 232–45.
5. Raymond Williams, *The Long Revolution* (New York: Columbia University Press, 1961), 48.
6. Sean Matthews, "Change and Theory in Raymond Williams's Structure of Feeling," *Pretexts: Literary and Cultural Studies* 10 (2001): 186.
7. Matthews, "Change and Theory," 189.

8. Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (London: Oxford University Press, 1987).
9. Fariss Samarrai, "Study Links Disparities in Pain Management to Racial Bias," *UVAToday*, April 4, 2016.
10. For a rhetorical analysis of hypochondria, see Judy Segal, *Health and the Rhetoric of Medicine* (Carbondale: Southern Illinois University Press, 2008), 74–90.
11. Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1989).
12. Kleinman, *Illness Narratives*.
13. Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 2013), 174.
14. Frank, *Wounded Storyteller*, 175.
15. See, for example, Zeynep Tufekci, "The CDC Is Still Repeating Its Mistakes," *Atlantic*, April 28, 2021.
16. Francis A. Beer and Robert Hariman, "Learning from the Pandemic: Catastrophic Epistemology," *Social Epistemological Review and Reply Collective* 9 (2020): 19–27.
17. Eve Kosofsky Sedgwick, *Touching Feeling: Affect, Pedagogy, Performativity* (Durham, NC: Duke University Press, 2003): 123–51.
18. Ulrich Beck, *Risk Society: Towards a New Modernity*, trans. Mark Ritter (London: SAGE, 1992), 21.
19. Deborah Lupton, *Risk* (New York: Routledge, 2013), 132.
20. Cecília Tomori et al., "Your Health Is in Your Hands? U.S. CDC COVID-19 Mask Guidance Reveals the Moral Foundations of Public Health," *eClinicalMedicine* 38 (2021): 101071.
21. Marina Levina, "Queering Intimacy, Six Feet Apart," *QED: A Journal in GLBTQ Worldmaking* 7 (2020): 195–200.
22. Roxanne Khamsi, "The Mystery of Why Some People Keep Testing Positive for COVID-19," *Elemental*, July 28, 2020.
23. Carolyn Karmann, "How Did I Catch the Coronavirus?," *New Yorker*, August 7, 2020; Roxanne Khamsi, "The Mystery of Why Some People Keep Testing Positive for COVID-19," *Medium*, July 28, 2020; James Hamblin, "Why Some People Get Sicker than Others," *Atlantic*, April 21, 2020.
24. Jeffrey A. Bennett, "Chronic Citizenship: Community, Choice, and Queer Controversy," in *Biocitizenship: Lively Subjects, Embodied Sociality, and Posthuman Politics*, ed. Kelly Happe, Jenell Johnson, and Marina Levina (New York: New York University Press, 2018), 95–116.

25. Smriti Mallapaty, "Heart-Inflammation Risk from Pfizer COVID Vaccine Is Very Low," *Nature*, October 8, 2021.
26. Eula Biss, *On Immunity: An Inoculation* (Minneapolis: Graywolf Press, 2014), 70–71.
27. Heidi Y. Lawrence, *Vaccine Rhetorics* (Columbus: Ohio State University Press, 2020).
28. Lynda Walsh and Kenneth C. Walker, "Perspectives on Uncertainty for Technical Communication Scholars," *Technical Communication Quarterly* 25 (2016): 71–86.
29. Angus Chen, "Provincetown Data Suggests Vaccines Protect Against Complications, but Not Delta Transmission," *WBUR News*, July 30, 2021.
30. Ellen Barry and Beth Treffeisen, "'It's Nowhere Near Over': A Beach Town's Gust of Freedom, Then a U-turn," *New York Times*, July 31, 2021.
31. Selena Simmons-Duffin, "How a Gay Community Helped the CDC Spot a COVID Outbreak—and Learn More About Delta," *NPR*, August 6, 2021.
32. Hannah Knowles, "How Provincetown, Mass., Stress-Tested the Coronavirus Vaccine with Summer Partying and Delta," *Washington Post*, August 5, 2021.
33. Chen, "Provincetown Data."
34. Chen, "Provincetown Data."
35. Carolyn Johnson, Yasmeen Abutaleb, and Joel Achenbach, "CDC Study Shows Three-fourths of People Infected in Massachusetts Coronavirus Outbreak Were Vaccinated but Few Required Hospitalization," *Washington Post*, July 30, 2021.
36. Knowles, "How Provincetown."
37. Johnson, Abutaleb, and Achenbach, "CDC Study Shows."
38. Knowles, "How Provincetown."
39. Knowles, "How Provincetown."
40. See Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham, NC: Duke University Press, 2008), 213–63.
41. Barry and Treffeisen, "'Nowhere Near Over.'"
42. Knowles, "How Provincetown."
43. Barry and Treffeisen, "'Nowhere Near Over.'"
44. Barry and Treffeisen, "'Nowhere Near Over.'"
45. Simmons-Duffin, "How a Gay Community."
46. Knowles, "How Provincetown."
47. Simmons-Duffin, "How a Gay Community."
48. Knowles, "How Provincetown."
49. Vanessa Romo, "Unvaccinated People Are 11 Times More Likely to Die of COVID-19, New Research Finds," NPR, September 10, 2021.
50. Johnson, Abutaleb, and Achenbach, "CDC Study Shows."

51. Jennifer A. Malkowski, "The Human Papillomavirus Vaccination: Gendering the Rhetorics of Immunization in Public Health Discourses," in *Bodies in Transition in the Health Humanities: Representations of Corporeality*, ed. Lisa M. DeTora and Stephanie M. Hilger (New York: Routledge, 2019), 94.
52. German Lopez, "The Six Reasons Americans Aren't Getting Vaccinated," *Vox*, June 2, 2021.