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Life in the Time of COVID-19: The Everyday Impacts of the Pandemic in Amman, Jordan

Patrick McKenzie

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LIFE IN THE TIME OF COVID-19: THE EVERYDAY IMPACTS OF THE
PANDEMIC IN AMMAN, JORDAN

by

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ABSTRACT

The COVID-19 pandemic and the responses taken to combat it caused enormous changes to the everyday lives of people around the world. Jordan, in its early success against the virus and with its large refugee population, represents a unique country in which to study these everyday impacts. From May to August of 2021, I conducted ethnographic fieldwork in the Jordanian capital city of Amman while working with the refugee nongovernmental organization the Collateral Repair Project. In this thesis, I explore the COVID-19 Spectacle, examining the ways in which policies and discourses at the national and international scales bled into the everyday of the individual. To do so, I consider the implications of government narratives of “oneness” and commitment in Jordan, contrasting these narratives against differential pandemic surveillance. I then examine the ways in which both individuals and organizations in Amman altered their everyday practices to reduce the spread of COVID-19, taking a particularly close look at such changes in the spaces of public transportation. Lastly, I consider the ways in which both the Jordanian government and individuals in Amman attempted to gain access to COVID-19 vaccines, concluding by reflecting on the possibilities of a post-pandemic. My research sheds light on both a global sense of shared pandemic experience and the ways in which inequalities at a variety of scales differentiated such experiences.

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CHAPTER 1

INTRODUCTION

I leaned back against a cement wall, snacking on *kanafeh* and watching hundreds pass through the *wasat al-balad* (downtown) of Amman, Jordan. The cool breeze carried with it a sense of normalcy. Old men gathered on the street corner, speaking passionately about the news of the day. Children sprinted up and down the block. There were no face masks in sight, no concerns of physical distancing. The date was March 14, 2020. Two weeks earlier, the government had discovered the first confirmed case of COVID-19 in Jordan (Alqutob et al., 2020). Three days earlier, the World Health Organization (WHO) had declared COVID-19 a pandemic (Mahase, 2020). Yet, no one I knew in Amman was worried about COVID-19; the virus was somewhere else, not here.

I felt my phone vibrate in my pocket. Once, and then another time, and then another. Suddenly, I was inundated with urgent texts about flight availabilities. What was my plan? When was I getting out? The Jordanian government had just announced the indefinite closure of the country's international borders, starting in only three days. I rushed to my apartment and booked a ticket back to the United States, leaving the next day.

Two years on, there have been more than 430 million cases of COVID-19 and 6 million deaths globally (Dong et al., 2021). As the pandemic spread, it caused not only death and economic crisis but also a reorganizing of social structures (Katila et al., 2020). Government responses to the COVID-19 pandemic were unprecedented, restricting the movement of people and making enormous efforts to reduce public life (Manderson & Levine, 2020; Love & Wu, 2020). As Fuentes (2020, p. 24) noted, “the threats of the COVID-19 era are deeply biosocial,

disrupting body, mind, and community.” Moreover, the pandemic caused us to carefully restrict the ways in which we engage with one another, having important consequences on our everyday encounters (Katila et al., 2020).

A few days after my departure from Amman, the Jordanian government called for physical distancing, halted all international travel, and transferred authority over its pandemic response to the Minister of Defense (Alqutob et al., 2020). Over the following months, up until my return to Amman in May 2021, there were 720,000 confirmed COVID-19 cases and 9,200 deaths in Jordan (Ritchie et al., 2021). By then, the government was in its early steps of a vaccination program, having administered 800,000 doses to a population of 10 million (Ritchie et al., 2021).

Hello Again, Amman

“All passengers may now board Royal Jordanian Flight 506 to Amman,” crackled out over the Cairo International Airport intercom. I grabbed my backpack and stepped into line, both anxious and excited for the three months to come. It was May 17, 2021, a little over a year and two months since the World Health Organization (WHO) had declared COVID-19 a pandemic.

I fumbled with my COVID-19 test as I approached the counter. After a cursory glance at the date and the word “negative” on my test, the crew member held a temperature gun to my forehead. When that showed a normal temperature, I was allowed to scan my ticket and board. As I entered the plane, the flight crew – dressed head to toe in white, disposable medical coats, masks, and gloves – handed me a “Safety Essentials” kit. The kit contained extra face masks, hand sanitizer, and wet wipes.

Alongside the usual safety instructions, the cabin crew announced the “mandatory public health instructions” over the speakers, requiring passengers to keep their masks on and to avoid gathering for the entirety of the flight. After this announcement, the crew walked up and down the

aisle, asking anyone with their mouth or nose uncovered to pull up their mask. After this check, I glanced around the plane to try to gauge people's responses.

The man across the aisle from me kept his mask under his mouth as much as possible, only pulling it back up whenever the cabin crew passed by. The woman next to me kept her mask on for the whole flight, passing on drinks and food to seemingly avoid removing it. She wore a special clip that connected her mask to the back of her hijab. Towards the end of the flight, the entire plane was given dinner, with most removing their masks to eat at the same time.

In many ways, my flight into Amman was a microcosm of my experiences there, observing everyday life in the pandemic from May to August of 2021. Government and airline interventions attempted to prevent the spread of COVID-19 and push narratives of safety and responsibility. The cabin crew acted as surveillant and disciplinary forces for those attempting to resist these interventions, though many still found ways to resist. The everyday practices of the passengers were altered in the name of the preventing the spread of COVID-19, particularly in the context of transportation, but these practices were implemented differently by individuals. Still, these procedures and practices would change again in the context of more widely available COVID-19 vaccines.

Everyday Life under the Spectacle of COVID-19

This thesis examines the everyday impacts of both the pandemic and the responses to it in the context of Amman, Jordan. I situate my research within critical work on disease and medicine in the disciplines of geography and anthropology. Like all pandemics, COVID-19 was fundamentally geographic in nature. It brought the “where” of disease, a long-time focus of health and medical geographers, to the forefront of our imaginations (Finn et al., 2020). Medical geography has historically specialized in the application of concepts, methods, and quantitative techniques in order to address spatial issues in disease and medicine distribution (Franch-Pardo et

al., 2020). However, in response to calls for a more critically informed medical geography, more recent trends have emphasized the cultural geographies and politics of health, with a focus on difference and inequality (Chen et al., 2020). During the COVID-19 pandemic, geographers called for “more-than-human” and “more-than-viral” approaches to the pandemic that attended to the differential social, ecological, economic, and political circumstances in which it took place (Searle & Turnbull, 2020; Klingberg, 2020).

Medical anthropologists have also contributed substantially to understanding the impacts of epidemics and pandemics through their effects on social and economic life (Manderson & Levine, 2020; Farmer, 2006). In the context of the COVID-19 pandemic, anthropologists have examined the ways in which the virus spread along existing lines of structural vulnerabilities around the world (Team & Manderson, 2020). Anthropological research has considered the inherent politics present in both the pandemic and the responses to it, investigating these politics in the contexts of xenophobia, inequality, and racism in addition to the biological impact of COVID-19 (Hardy, 2020). Anthropologists have also focused on the ways in which – though the COVID-19 pandemic itself was novel – the interventions taken to combat it drew on existing patterns of epidemic and pandemic responses (Ennis-McMillan and Hedges, 2020).

Discourse and interventions of the state have been key focuses of geographical and anthropological study during the COVID-19 pandemic. Wynn (2021) discusses how states utilized ethical discourses of proximity to conflate biological contagion and national security during the pandemic, particularly through the spectacle of military-police enforcement of quarantine laws. In the context of South Africa, Levine and Manderson (2021) argue that the spatialization of existing privilege and inequality caused state COVID-19 responses to echo controls under apartheid. Similarly, inequities in pandemic-related arrests and deaths in the United States illustrated the ways in which the state attempts to foster life for White Americans while simultaneously disallowing life for Black Americans (Rouse, 2021). Moreover, citizens not

only lived through state responses to COVID-19 but actively constituted and participated in them (Trnka, 2021). Such state interventions were not unique to the COVID-19 pandemic, occurring often in the context of previous disease outbreaks. During the 2016 Zika epidemic, for example, discourses and interventions of the U.S. government transformed Puerto Rican women into “intervenable objects” which required potentially dangerous chemical regulation under the justification of protecting future unborn babies in the mainland United States (Patchin, 2020).

Geographers and anthropologists have also looked closely at imaginations and ethics of risk during the COVID-19 pandemic. Strong et al. (2021), for example, argue that public discourse of COVID-19 responses used language of risk to transform the ethical relationships between proximity and contagion. In turn, moralized narratives of risk were wielded against the social interactions of marginalized groups – such as gay men – in ways not true for dominant groups (Strong, 2021). Such patterns in the context of COVID-19 are not unlike the narratives and language of risk historically and contemporarily wielded against women in the context of a different biomedical experience: childbirth. False dichotomies that frame actions as either “safe” or “dangerous” are frequent in the “better safe than sorry” approaches to prenatal care and breastfeeding (Lyerly et al., 2009; Wolf, 2007). In turn, these dichotomies push women towards what Wolf (2007) calls “total motherhood,” a moral code that forces mothers to be experts in everything in order to protect their children, often at the expense of the mothers themselves. Narratives of risk during the COVID-19 pandemic similarly pushed people to integrate enormous amounts of information and forms of responses in order to be “safe.”

State and public discourses during the COVID-19 pandemic also framed certain marginalized groups as potentially infectious or dangerous Others, resulting in tangible harm to those targeted. Individuals of Chinese and East Asian origin, for example, faced increased racism, xenophobia, and discrimination in many countries during the pandemic, in part because of the early use of damaging labels like the “Chinese Virus” by prominent politicians and media

(Tessler et al., 2020). Governments also discussed migrants and minorities more broadly as spreaders of disease. In India, for example, the ruling party and media targeted Muslims as “supercarriers” and likened them to suicide bombers for protesting a new citizenship law (Bieber, 2020). Furthermore, language of “heroism” by governments and the public alike early in the pandemic obscured the inequalities present between different forms of work, making “essential” synonymous with expendable (Catungal, 2020; Brown and Pearson, 2020).

Discursive Othering has been historically common in the context of disease outbreaks, including, but by no means limited to, the HIV/AIDS epidemic and the 2014 Ebola outbreak (Farmer, 2006; Monson, 2017). Such discourses have occurred even at the scale of the individual, such as the transformation of Mary Mallon into the villainous “Typhoid Mary” for what officials at the time considered her reckless behavior and uncooperative attitude in light of being the first known asymptomatic carrier of disease (Wald, 2008). Troublingly, Mallon’s tale became prominent in media depictions of the COVID-19 pandemic, caricaturizing her as an almost fairytale villain who committed acts of treachery until she was justly punished and framing both groups and individuals not following state COVID-19 policies as similarly recalcitrant (LaMotte & Mascarenhas, 2020; Smith, 2020). Yet, Othering has not been limited to contexts of disease. Said (1978) argues that the Orient is a human-made construction, discursively created by the West as a backwards Other against which to find itself superior. Culcasi (2010) likewise posits that the Middle East as a region is socially constructed, with the people who inhabit it Othered through its ties to notions of instability, Islamic fundamentalism, and anti-Americanism.

It is in part because of the consistent Othering of people living in the Middle East that medical anthropologists working in the region have sought to use shared and relatable experiences with illness and health care to debunk negative stereotypes of Muslim people (Inhorn and Sargent, 2006). Hamdy (2008), for example, has explored the ways in which poor Egyptian kidney-disease patients understand and experience their illness within the larger sociopolitical

contexts of Egypt. Her work reflects calls for a critical-interpretative approach to medical anthropology, which blends the cultural interpretation of the meanings that people assign to illness with analysis of the structures of political economy that influence health (Lock & Scheper-Hughes, 1990; Joralemon, 2017).

Drawing on De Genova's (2013) *Border Spectacle*, my research examines what I call the *COVID-19 Spectacle*. For De Genova (2013), the border serves as a space of performative enforcement through "emphatic and grandiose" gestures of exclusion. In turn, the day-to-day material practices of immigration and border policing become enmeshed in spectacular discourse and representation, making the material and spectacle inseparable (De Genova, 2013). Yet, this is not to say that the spectacle is without consequence. The *Border Spectacle* bleeds into the everyday lives of the migrants who navigate it. For some, these impacts come in the forms of deportations and deaths, but for most, border-making practices serve as an obstacle course or endurance test to create and cultivate lifelong conditions of precarity (De Genova and Roy, 2020).

The COVID-19 Spectacle has proven similarly "emphatic and grandiose." News media around the world flashed images of overwhelmed hospitals and data of case counts and deaths regularly. Public officials closed borders, implemented unprecedented lockdowns, and called on their citizens to make enormous changes to their everyday lives. In the context of Amman, the Jordanian government launched spectacular campaigns across television, radio, social media, and specially designed apps to showcase the dangers of the pandemic and the enormity of the government's responses to combat it. My research is, in part, an exploration of the macrolevel policies and discourses in Amman that created the COVID-19 Spectacle. However, the primary focus of my research is on how the COVID-19 Spectacle bled into the everyday, how individuals and families lived in such times. To explore this, I take the reader into the spaces of homes, taxis, cafés, and soccer matches. I draw attention to the tattered signs outside restaurants that reframe the spectacle as advertisements and to the disposable face masks hung by the door when needed

and left crumpled in the street when not. I ask what the spectacle meant to people in Amman attempting to navigate the “new normal” of life in a pandemic. Drawing on research by critical geographers and anthropologists, my research seeks to analyze the COVID-19 Spectacle through the lens of the everyday.

Design and Methodology

To accomplish my research, I conducted a case study with ethnographic methods in Amman, Jordan from May to August of 2021. Because effective ethnographies require longer term immersion in the field than was feasible for me at the time, implementing ethnographic methods into a more focused case study allowed me to achieve an appropriate depth of understanding for my research. In such case studies, ethnographic methods help the researcher to better understand the culture of interest, while bounding the case study provides focus and depth regarding the phenomenon of interest (Angers and Machtmes, 2005). Given that my study was interested in the impacts of the COVID-19 pandemic on people living in Amman, my research focused heavily on understanding the cultural situation of Amman and how that situation shaped experiences with the pandemic, a topic for which ethnographic methods are useful. Similarly, because my focus was on the everyday, the depth and richness of information provided by a case study was ideal for exploring how the pandemic had influenced these everyday events.

My participant observation focused on two groups. The first was largely centered around a Jordanian man named Ayman. Ayman is a difficult man to describe, though I came to know him quite well. He is compassionate, kind, and patient. He is a devout Muslim and a middle child with eight brothers. His mother was born in Lebanon after her family fled Palestine; she moved to Jordan early in her life, where she gave birth to and raised Ayman and his brothers. Ayman identifies strongly with both his Palestinian heritage and his Jordanian national identity. He would often jokingly introduce me as Palestinian to employees in stores we visited together because he

saw me as part of the family, a joke which left the employees confused more often than laughing. Ayman was married to a Jordanian woman named Layla, both in their mid-30s to early-40s. Together, they had four children. Their eldest was a relatively quiet 12-year-old girl, and their other three children were rambunctious boys of ages 10, 8, and 6 respectively. Ayman had worked as an engineer for much of his life before I met him, but he had lost his job early in the pandemic. Unable to find formal work, he ran an informal maintenance business from a small office space near his home, storing supplies around the home wherever he could find space.

Though Ayman made some money on the side through this work, with his job as an engineer lost, most of the family's income came from people like me: foreign students studying Arabic that the family hosted through a local language institute. Layla worked in the home: taking care of their four children, cleaning their apartment, and cooking for both the family and the students they hosted. I lived in a one-bedroom, one-bathroom apartment separated from that of Ayman's family by a concrete wall that had seemingly been added as an afterthought. The door to my apartment exited into the family's driveway, where the children could be found playing from sunrise to sunset. The family home was in the neighborhood of Al-Jubeiha, an area in the north of Amman home to a number of popular restaurants, cafés, and shopping centers as well as several universities. Ayman often bragged to me about the cooler weather there, caused by the neighborhood sitting atop a hill near the outskirts of the city. Through Ayman and his family, I met a number of their relatives and friends, as well as shop owners and employees in the area around Al-Jubeiha. Ayman's family also frequently included me on weekend family outings, bringing me to restaurants, parks, and museums throughout the city.

My second participant group came from my time working as a Data and Research Fellow at the Collateral Repair Project (CRP). CRP is a nongovernmental organization with two offices in Amman: one in the impoverished neighborhood and former Palestinian refugee camp of Hashemi Shamali in East Amman and the other in the *wasat al-balad* (downtown) of the city.

Incorporated as a 501(c)(3) nonprofit in the United States for donation purposes, CRP describes itself as “a grassroots effort to bring much-needed assistance to refugees and other victims of war and conflict – those commonly referred to as ‘collateral damage’” (Collateral Repair Project). CRP primarily provides financial assistance – in the forms of emergency cash and food vouchers – and educational classes to refugees who have left the camps and live in the city of Amman. Although these efforts focus primarily on Syrian and Iraqi refugees, CRP also works with smaller populations of Yemeni, Sudanese, Somali, and Palestinian refugees, in addition to impoverished Jordanians. CRP brought me into their organization as a researcher because they were interested in better understanding the impacts of the COVID-19 pandemic on their community members. They tasked me with surveying and interviewing a diverse subset of their beneficiaries. I also taught a beginner-level English for a class of approximately 10 – about half Jordanian and half refugee – over Google Meet.

Through my time working at CRP, I grew close to many of my coworkers. As an organization, CRP workers are split fairly evenly among three groups: Jordanians, refugees, and “expats.” These groups serve a wide range of roles in the organization from volunteers to interns to full-time employees. The Jordanians who work there tend to come from relatively high socioeconomic classes, and the “expats” consist of a wide mix of relatively well-off Americans, Europeans, and Australians who have moved to Jordan for relationships, studies, and a number of other reasons. Much of my time spent outside of CRP and away from Ayman’s family was spent with friends I made through CRP. Groups of current and former CRP workers in Amman run in relatively tight circles that meet often. These relationships brought me into restaurants and stores in Hashemi Shamali during working hours and around the relatively wealthy neighborhoods of Jabal Lwebdeih, Jabal Amman, and Abdoun in West Amman outside of work. They also brought me into spaces of leisure around the city, from soccer matches to pool halls to hammams.

In terms of my own role as the research instrument, I am a 25-year-old, white, heterosexual, cisgender man who spent most of his life in the metropolitan area of Columbia, South Carolina. My family was upper middle class growing up, and I work as a graduate student now. I am an advanced Arabic speaker who previously lived, studied, and worked for nine months in Amman prior to the COVID-19 pandemic. My positionality and relative privilege frame the ways in which people interacted with me in Amman and the lens through which I conducted my research. I am passionate about issues of health care access and migrant rights, issues that I sought to explore through my research in Amman from the early formulations of this work. Outside of my relationships with Ayman's family and people associated with CRP, I spent much of my time navigating Amman, traversing the city by foot, taxi, and bus. I also visited a number of cafés, restaurants, and stores on my own, both for the sake of my research and out of personal interest.

As a supplement to participant observation and as part of my role at CRP, a coworker and I launched an online survey for CRP community members living in Amman to take on the ways in which they perceived and were impacted by the pandemic. We received partial results from 223 individuals and completed results from 136. Of the 136 people who completed the online survey, 36 answered that they would be willing to talk more about their experiences with the pandemic in a follow-up interview and provided a phone number to reach them at. I was able to reach 26 of these participants by phone, conducting semi-structured interviews with them over approximately 30 minutes on the impacts of the pandemic in their daily lives. 24 of these interviews were in Arabic, and two were in English. An English translation of the interview guide used across these phone calls can be found in Appendix A.

Finally, I conducted an analysis of publicly available documents from the Jordanian government and news media relating to the pandemic and the responses to it. I used Jordanian government press releases, social media pages, and apps to examine the ways in which actors in

the government framed and discussed topics relating to the pandemic. I also analyzed documents from external organizations, including international agencies and news media, to consider Western discourse of the COVID-19 pandemic in Jordan.

It is worth noting that none of my participants ever discussed direct experiences with COVID-19 over the course of my research. Perhaps none of them had experienced the disease firsthand, or if some had contracted the virus, perhaps these individuals did not feel that this experience was as relevant as other difficulties they had faced during pandemic. Still, this means that the focus of this thesis is more on life in the shadow of COVID-19, altered tremendously by efforts taken to avoid and combat the virus, than it is about the experiences of the many who lived with, suffered from, and died of COVID-19.

Chapter Outline

In the following chapters, I examine the COVID-19 Spectacle and its lived everyday impacts in Amman, Jordan, shedding light on both a global sense of shared pandemic experience and the ways in which inequalities at a variety of scales differentiated such experiences. In Chapter 2, I consider the ways in which the Jordanian government represented its COVID-19 policies and responses through narratives of equality, “oneness,” and nationalism and the ways in which Western news sources presented Jordan as a country “on the brink.” I then take a closer look at the government’s practices of discipline and surveillance to ensure these policies in Chapter 3, with a particular eye towards police control and self-surveillance of curfews and mask wearing, exploring how such practices were often implemented unevenly.

In Chapter 4, I examine the ways in which both businesses and individuals altered their everyday practices in order to “stay safe” from COVID-19 and how such practices shifted as the pandemic wore on. I then take a closer look at the impacts of practices of “makeshift safety” on the daily transportation of many in Amman alongside the Jordanian government’s opening of its

new Bus Rapid Transit system in the midst of the pandemic in Chapter 5. In Chapter 6, I explore the ways in which both the government and individuals sought to access COVID-19 vaccines and perceptions of such efforts. I conclude in Chapter 7 by considering the “post-pandemic” implications of the Jordanian government’s interventions and the changes to everyday life in the name of combatting the spread of COVID-19 alongside growing anxieties in Amman that there may never be a “post-pandemic.”

CHAPTER 2

“OUR SUCCESS IS IN OUR COMMITMENT:” GOVERNMENT NARRATIVES OF COVID-19 IN JORDAN

As I stepped off my flight into the Queen Alia International Airport (QAIA) the night of May 17, 2021, other passengers pushed past me, eager to claim their place in the long line ahead. A Jordanian military officer, dressed in full uniform, was the first face I saw after stepping out of the jet bridge. He barked orders at the people in line ahead of me, telling them to ready their paperwork and not cut in line. Behind him, rope barriers circled back and forth, as nearly a hundred people waited to be called on.

At the end of the line stood a woman garbed in blue disposable scrubs and a surgical cap. A pair of goggles was strapped to her forehead, and she pulled her mask below her mouth to shout, “Have your QR code ready for the PCR.” At the time, the Jordanian government was requiring all passengers – vaccinated or not – to take a COVID-19 test in the airport immediately upon arrival. The QR code was scanned as evidence that you had paid the 20 JD (28 USD) fee for the test. The woman held up an example form and pointed to the QR code on it.

Yellow stickers lined the walls of the hallway, reading, “Keep a safe distance” with an image of two men with 2 meters between them. Circles on the floor along the line indicated the intended distance for physical distancing, but they were seemingly ignored and unenforced as passengers packed in as tightly as possible. The speakers of the airport cycled between English and Arabic, repeating “Maintain physical distancing, and always wear a protective mask.” Around me, my fellow passengers all had masks on, but many had them pulled down under their

nose or mouth. The woman behind me wore a cloth mask with the words “STAY SAFE” embroidered on in English.

As I reached the front of the line, I saw a series of individual testing booths ahead. Each booth was essentially sealed with just enough space for the employee to sit inside with the testing equipment and a laptop. The glass shield on the front side of the booth had two holes: one at waist level to scan the QR code through and one at head level to conduct the test through. I was directed to one such booth for my COVID-19 test. The man inside scanned my QR code and took my passport, placing a white sticker on its back. He then reached through the top hole, quickly swabbing the inside of one of my nostrils. After this, the man pulled down his mask and asked me about what I was planning to do while in Jordan. As I continued down the hallway, a man at a desk quickly checked to ensure I had the white sticker on my passport.

As I entered customs and immigration, a new booth had been erected since I had last visited Jordan. A large sign at its top described it as the “Ministry of Health and Wellness Tourism Desk,” but the booth sat empty. Hand sanitizer stations dotted the airport with the phrases “Keeping Yourself Healthy, Keeping Everyone Healthy” and “QAIA Cares.” Stickers on trash cans instructed passengers to “Dispose of used masks and gloves in designated waste bins.” Adjacent seats were blocked “For Your Health and Safety.” Larger signs hung around the airport with images telling passengers to “Maintain 2M Distance from Others,” “Sanitize Hands Every 30 Minutes,” and “Always Wear a Mask and Gloves.” At the bottom of each such sign, was the warning “Subject to Legal Liability.”

During my three months in Amman, nowhere were COVID-19 regulations taken as seriously as in the airport. This was likely in part because of perceptions of airports as spaces of perceived risk and mixing, with people arriving from outside places. It was perhaps also because of the airport’s symbolic value as a representation of the Jordanian government and its response

to COVID-19. For foreigners visiting Jordan, the airport was likely to be their first impression of the country, as it was for me, and the government wanted to create certain narratives about the pandemic in Jordan. Phrases like “QAIA Cares” and “For Your Health and Safety” placed the government’s COVID-19 policies in a framework of morality, advertising its responses as just. The phrase “Keeping Yourself Healthy, Keeping Everyone Healthy” and behavioral demands of passengers represented calls to action for the airport passengers, ones that are of course still “Subject to Legal Liability.”

In this chapter, I explore representations of the Jordanian government, its policies, and its people throughout the COVID-19 pandemic. I focus, first, on the government’s narratives of equality and “oneness” regarding its pandemic response, despite the ways in which such narratives ignored existing structural inequalities exacerbated by responses to the pandemic. Next, I consider the ways in which the Jordanian government called its people to action to fight the COVID-19 pandemic, alongside how such calls tied into the government’s attempts to create a unified national identity. These “emphatic and grandiose” policies and discourses at the national scale reflect the macrolevel of the COVID-19 Spectacle, resulting in impacts at the scale of the individual which will be the focus of later chapters. It is worth noting – as with many aspects of the COVID-19 Spectacle in Jordan – that much of the rhetoric pushed by actors in the Jordanian government in regard to the COVID-19 pandemic was not unique; governments and corporations around the world frequently framed their responses as ones of care and unity.

Still, government discourses in the context of COVID-19 in Jordan expressed an interesting contrast. Despite the many ways in which the population of Jordan could be imagined as distinctly not “one,” actors in the government drew on language of “oneness” in their conceptualizations of biopolitics and individualized calls to action in an attempt at a form of nationalistic statemaking. I conclude this chapter by considering how these frameworks differed from Western representations of Jordan and the Jordanian government’s responses to the

pandemic. Western sources often framed Jordan as a country on the brink of collapse through Orientalist language of instability, despite the many commonalities of experience Jordan shared with states around the world.

“We are All like One”: Government Narratives of Equality

I propped my back up against the wall, placing a pillow between myself and the concrete behind me. I stretched out my legs and covered them with my blanket as I pulled up my list of phone numbers for the day. Because of the pandemic, I had been conducted many of my interviews over the phone. I punched in the number of one of my survey respondents, knowing little more about her than the survey answers she had provided. I knew that she was a 34-year-old refugee from Sudan living in Amman, and I knew a handful of her opinions on the pandemic and the government’s responses to it.

The first step was to make it to the phone ringing. Some survey respondents had provided numbers that were either fake or no longer worked, despite answering that they would be willing to talk more about their experiences with the COVID-19 pandemic in an interview. When I was met with the low ring of the phone connecting, I breathed a first sigh of relief. Next, the respondent needed to pick up. After a couple of rings, she did. “Hello! My name is Patrick McKenzie. I am calling because you said in a survey about the impacts of COVID-19 that you would be willing to speak more about your experiences in an interview,” I described in Arabic. I continued, explaining the purpose of my research and answering any questions she had, before ensuring one more time that she was willing to participate.

“Great! For my first question, do you feel that you have experienced the pandemic differently as a refugee than a Jordanian might have?”

“No. *Kulna zay wahid*,” she responded firmly, roughly translating to the statement, “We are all like one.” I was surprised by her answer. Most of the refugees I had spoken with up until

then had answered, “Of course,” before diving into some of the reasons they felt that way. However, as my phone interviews continued, I found that her sentiment was not uncommon. 9 of the 26 refugees who I interviewed similarly answered that everyone had experienced the pandemic the same in Jordan, with nearly identical language. This held true even as many later discussed their struggles with issues unique to refugees in the country, such as a legal inability to work. As my interviews continued, I wondered where this notion of “oneness,” in which certain refugees were quick to point out inequalities they faced but hesitant to relate them the pandemic, might have originated from.

In many respects, the Jordanian population is particularly not “one.” Jordan is a country of approximately 10 million people (Nazer & Tuffaha, 2017). Of these, 2.2 million are Palestinian refugees registered with the United Nations Relief and Works Agency (UNRWA), of whom most – though not all – have full Jordanian citizenship (UNRWA, 2019). However, many claim that the proportion of people with Palestinian heritage in Jordan is substantially higher than the number of refugees reported by the UNRWA. The most often cited statistic in conversation is that nearly half of all Jordanians are of Palestinian descent. It is common for individuals and families to identify themselves in conversation as either “Jordanian-Jordanian” or “Palestinian-Jordanian.” Yet, tensions still exist between these groups. On a taxi ride during my first time in Amman, a German friend asked the driver if he was “Jordanian-Jordanian” or “Palestinian-Jordanian.” The driver reached into the crack between the seat in his car and brandished a pistol, holding it in the air. “I’m Jordanian-Jordanian. I have this for Palestinians,” he replied passionately. While such a harsh stance is uncommon, Jordanians who are less comfortable with the presence of Palestinians often cite a time known as “Black September,” described as an attempted coup by Palestinians against the Jordanian government in 1970.

In addition to the large number of people in Jordan who identify as Palestinians, at times framing themselves as refugees and at other times not, an additional 750,000 refugees registered

with the United Nations High Commissioner for Refugees (UNHCR) live in Jordan. Of these refugees, the vast majority - 655,000 - are from Syria. Jordan is also home to significant populations of Iraqi, Yemeni, and Sudanese refugees. 83 percent of refugees registered with the UNHCR live outside of refugee camps in urban areas like Amman, most of whose health care needs remain largely unmet (UNHCR, 2019; Nazer and Tuffaha, 2017). As with Palestinians, tensions exist between Jordanians and refugees. I have had frequent conversations with Jordanians in many contexts about their feelings about the poor state of the Jordanian economy. While most blame government corruption for at least part of these issues, some have expressed their concerns that the government has invested too many resources into supporting refugees and not enough into supporting its own people. Such a perspective is not unique to Jordan; concerns of migrants taking resources and jobs are common in much of the world.

Beyond differences of national identity and citizenship, large class disparities exist among the Jordanian population. Though income inequality in Jordan as a whole – based on Gini coefficients – is lower than in most countries with similar GDPs and is substantially lower than in the United States and United Kingdom, considerable differences exist between demographic groups (UNDP, 2015). Among the governorates in Jordan, Amman is the most socioeconomically unequal. Income inequality in Amman is associated with lower education level, younger head of household age, and larger family size (UNDP, 2015). Moreover, the COVID-19 pandemic greatly exacerbated Jordan's existing unemployment issues. In early 2021, 25% of the population was unemployed. During this period, youth unemployment rates reached as high as 48%, and women's participation in the country's labor force fell to only 14% (World Bank, 2021a).

From my experience, upper-class Jordanians live substantially different everyday lives from their lower- and middle-class counterparts. Upper-class Jordanians that I have known frequently traveled and lived outside of the country, often studying in private schools throughout their childhood and attending university in Europe or the United States. They had luxurious

homes and habits, and they rarely struggled to find work. On the other hand, middle- and lower-class Jordanian friends of mine were often unemployed, bouncing between short-term and informal work that paid little. For many of them, the costs of housing and food posed substantial challenges, holidays and celebrations required bank loans, and most were only able to leave the country once on their pilgrimages to Mecca (also often funded through loans). Disparities in day-to-day life are widespread in Jordan, and the economy and unemployment are enormous concerns for almost everyone I have known there.

Given the many ways in which the Jordanian population is often not conceived as “one,” I was surprised to find that many refugees voiced their experiences with the pandemic as such. Perhaps such notions originated from the Jordanian government’s efforts to push narratives of equality, particularly for refugees, in its early messaging of the pandemic. Jordan made international headlines as one of the first countries to start vaccinating refugees against the COVID-19 pandemic. In response, UN High Commissioner for Refugees Filippo Grandi stated, “Once again Jordan has shown exemplary leadership and solidarity in hosting refugees. The country has included refugees in every aspect of the public health response to the pandemic, including the national vaccination campaign, proving how it should be done to keep everyone safe” (UNHCR, 2021). A humanitarian NGO’s magazine similarly placed Jordan on a pedestal for its “leadership” in vaccinating refugees, arguing that “Jordan set another first by creating a vaccination center within one of the largest refugee camps in the country” (Nayes, 2021).

The UNHCR Jordan Representative Dominik Bartsch further argued that the success of the organization’s vaccination campaign in Jordan was “very much connected to the government’s decision to include all persons on Jordanian territory – nationals and refugees,” with the aim “to leave no one behind” (Aldroubi, 2021). In an article by UNICEF in *Forbes*, a nurse working for the Jordanian Ministry of Health is similarly quoted arguing for equal opportunity vaccination, “We all live together regardless of our nationality, and when the virus

spreads, it doesn't distinguish between refugees and Jordanians" (Hart, 2021). She continued, "That is why our work is so important – it is for the protection of everyone in Jordan" (Hart, 2021). The Jordanian Minister of Health similarly framed the government's vaccination campaign as targeting "the most vulnerable populations" (WHO, 2021). In response to receiving World Bank funding to promote COVID-19 vaccine access, the Minister of Planning and International Cooperation argued that the funds would be useful for the government's efforts to promote "early, climate-resilient, and inclusive recovery" from the pandemic (World Bank, 2021b).

Yet, the Jordanian government's discourse of equality in its responses to the COVID-19 pandemic was not limited to its vaccination campaign alone. In the early months of the pandemic, the government often framed pandemic response as a joint effort undertaken by everyone in Jordan. On World Health Day in 2020 – during the first lockdown – the government posted a video to Facebook in which nurses at the Prince Hamza Hospital repeated the phrase "*Al-urdun a'waa*" (Jordan is stronger). The video was captioned, "For the dear Jordanian people, a thank you as large as the homeland and our hearts are with you, heroes." This video framed the lockdown as a sacrifice being undertaken equally by the Jordanian people – and by proxy others in Jordan – in an effort to combat the pandemic. In a video posted to the Prime Ministry of Jordan's Instagram page, Prime Minister Omar Al-Razzaz is asked by a reporter about the expected economic impacts of the pandemic. He responds, "As we were transparent in announcing the numbers and cases of the coronavirus, we will announce with the same transparency about numbers, economic indicators and tough choices." Drawing on the COVID-19 Spectacle as evidence of transparency, the statement implies an equality of access to all information that government possesses, be it case-related or economic, framing the Jordanian public as equal participants in the pandemic response.

Moreover, the Jordanian government often framed its pandemic responses as inclusive, for both refugees and vulnerable Jordanians. For example, in response to Jordan receiving an

additional \$290 million from the World Bank to provide cash support to vulnerable households and workers affected by the pandemic, the Minister of Planning and International Cooperation stated, “The Government of Jordan is carrying out large social protection programs to reduce the impact the COVID-19 crisis is having on the most vulnerable Jordanians,” which this financing would strengthen in turn (ReliefWeb, 2021). I encountered similar arguments when asking Jordanian friends of mine about access to COVID-19 testing in Jordan. My friends would frequently point to the price of these PCR tests – capped at 35 JD (50 USD) by the government, which they imagined as low – as evidence of government efforts towards inclusive pandemic response. In the next breath, they would often compare these prices to those found in other countries, particularly the United States, with PCR tests costing over a hundred of dollars.

Claims that framed the Jordanian government as equal and inclusive in its pandemic responses were reflective of Foucauldian biopolitics, in which a state’s claims to legitimacy and power become based on its ability to “make live” for its population (Lemke, 2011). Under this justification, governments gather systematic knowledge about their populations and implement targeted interventions at the population level to increase the well-being of segments of their population, often at the expense of other segments (Lakoff, 2017). In the context of the pandemic, actors in the Jordanian government drew on narratives of their interventions and the COVID-19 Spectacle as helping to “make live” for all in Jordan, emphasizing efforts to include the vulnerable. Yet, biopolitical narratives of equality and inclusivity in government interventions ignored existing structural inequalities exacerbated by the pandemic, a sentiment expressed by many I spoke with in Amman.

Returning to my initial example, 17 of the 26 refugees I interviewed felt that they had faced substantial hardships during the pandemic because of their status as a refugee in Jordan. Moreover, in my interviews, I frequently asked refugees and Jordanians how the Jordanian government had been helpful in adapting to the pandemic. The most common answer I received

by far was that the government had not been helpful at all. As one Jordanian woman told me, “There was no help from the government, no programs at all.” My participants frequently spoke about the ways in which their circumstances had disadvantaged them during the pandemic, with no help from the supposedly equitable and inclusive government responses. A Palestinian man I spoke with, for example, told me about the hardships he faced during the lockdown as the government cut off his salary as a teacher. Friends of his were similarly fired from their work without protection by the government. Moreover, early in the lockdown when people in Amman were still not allowed to use their cars to grocery shop, he had to walk nearly five kilometers to the nearest bakery to buy food. Though this is just one example, the inequities of responses to the COVID-19 pandemic in Jordan will be explored in greater depth in the coming chapters.

The Jordanian government’s rhetoric of equality in pandemic response also pushed it to hold its own members accountable for their own violations of pandemic policies. In March 2021, the Jordanian government was hit with a series of such scandals. The Jordanian Ministers of the Interior and of Justice, two of the highest-level officials in the cabinet in charge of enforcing pandemic rules, were caught attending a banquet in a restaurant that violated COVID-19 restrictions at the time (Oweis, 2021). In response, Prime Minister Bisher al-Khasaweh – who the king had appointed in October 2020 to restore public trust through pledges of curbing government corruption – fired the two (Al-Khalidi, 2021b). The next week, oxygen supplies ran out in a government-run hospital in As-Salt, causing the deaths of nine COVID-19 patients as medical staff failed to act (Al-Khalidi, 2021c, 2021d). Prime Minister al-Khasawneh responded by firing Minister of Health Nazir Obeidat, who stated that he took “full moral responsibility” for the deaths (Omari, 2021a).

Despite this firing, however, protests spread throughout Jordan. Hundreds defied the nightly curfew and in As-Salt, Amman, Irbid, Karak, and Aqaba, with many chanting “Down with the government. We don’t fear coronavirus” (Al-Khalidi, 2021c). In turn, King Abdullah II

made a public visit to the hospital, with phone footage shared across social media showing him angrily scolding the hospital director, saying, “How could such a thing happen? This is unacceptable” (Omari, 2021a). The king ordered the hospital director to submit his resignation, and the government suspended the head of health services for the Balqaa province as well (Omari, 2021a). Prime Minister al-Khasaweh responded with a public statement on television, saying that “The anger definitely hit all of us. The anger regarding this government mixed with shame because of this fault” (Oweis, 2021). During that appearance, al-Khasaweh continued, “What happened is a huge and flagrant mistake, unjustified and unacceptable,” stating that “the government alone assumes full responsibility for what happened” (Omari, 2021a). Further implications and narratives of this incident will be explored in the sections to come.

In December 2021, five senior health officials – including the hospital director – were sentenced to three years in jail for the deaths caused by this incident (Al-Khalidi, 2021e). Only two weeks later, another doctor was arrested while on duty for working while infected with COVID-19. The doctor was described as “flouting coronavirus precautionary measures” and “endangering the health of other people” (Al Amir, 2021). The firing of high-level ministers and the arrests of these health officials evidence the ways in which government narratives of equality under COVID-19 responses pushed the government to publicly punish those who violated such restrictions, even from positions of power. The spectacle of such acts reinforces government discourse of equality and inclusivity, furthering the belief that “all are like one.” The framing as all people in Jordan as equals under pandemic responses in turn justified government efforts to individualize the public health response, placing the burden and blame on the Jordanian people.

Burden and Blame: The Individualization of Pandemic Public Health

My friends and I stepped out of a chain wings restaurant, the honking horns and roaring engines of traffic filling our ears. The bright lights of the bustling and wealthy restaurant district of

Abdoun held back the darkness of the night. Stuffed from dinner, we huddled in a circle and chatted as we waited for our respective Ubers to head home. Across the street, I spotted a billboard depicting COVID-19 safety precautions, half obscured by the leaves of the tree in front of it. I quickly pulled out my phone, snapped a picture, and slipped my phone back into my pocket. I noticed that my friends had become silent, and I turned to be met with quizzical looks on their faces. “Did you just take a photo of that billboard?” a Jordanian friend of mine asked. I had grown so used to taking photos of any COVID-19 sign I saw that I had forgotten that it might look a bit strange. I laughed and explained that it was part of my research; I thought that there was something interesting going on in the language people used to describe the pandemic. “Well, what do you think is interesting about this one?” he inquired.

“I don’t know yet,” I replied, “I’m just taking pictures of everything I can for now so that I have it later.” The conversation shifted to another topic, and I looked back at the billboard. What was interesting about it? At first glance, it seemed relatively standard. There were infographics showing physical distancing, hand washing, mask wearing, and avoiding large gatherings. The only words were along a banner at the top in a tiny font, almost illegible from where I stood across the street. In Arabic, it read, “The epidemic is not over. Our success is in our commitment.” Next to this, was a logo I did not recognize that simply read, “*Elak w feed.*” I would later learn that “Elak w feed” was the name of a joint awareness campaign, launched with the cooperation of the Jordanian Ministry of Health. The name was meant to convey the campaign’s goal of sharing important information relating to the pandemic while also sounding like the word “COVID” – in Arabic pronounced with an “f” instead of a “v” and with an elongated “i” – when said quickly. As the Ministry of Health described on its website, the campaign was designed to “encourage the adoption of healthy behaviors among children, adolescents and parents, in order to reduce the spread of disease and prevent it” through three main pillars: news, information, and action (Ministry of Health, 2021b).

“Elak w feed” was only one of many awareness campaigns launched by the Jordanian government over the course of the pandemic with the goal of changing the behaviors of the country’s population. Such campaigns, which worked to place the burden of stopping the spread of the COVID-19 pandemic on individuals, were consistently included in posts and infographics on the official Instagram of the Prime Ministry of Jordan. The first of many such posts came on April 3, 2020, with a post in Arabic that translated “Do your duty, #Stay_At_Home” and a caption that read, “We can all do our duty.” A month later, another post came that read, “Standing more than 2 meters apart means standing the face of the sickness and eliminating it,” accompanied by an image of two men wearing masks and chatting at a distance with the shadows of superheroes with billowing capes. A few weeks later, with the first Eid during the pandemic, the Prime Ministry of Jordan released a series of posts relating to celebrating “Eid from afar,” calling it “the right of your neighbors.” The most aggressive of these posts showed an icon of a call from a woman over a video chat with the words, “If you love her, celebrate her from afar.”

As the summer continued and cases declined in Jordan, the Prime Ministry responded by posting an infographic of two men pushing an arrow, representing the number of COVID-19 cases, with the skyline of Amman in the background. One man is wearing a mask, pushing the arrow away from the dangerous red and yellow zones and into the new, safer blue zone. The other man is not wearing a mask and is pushing the arrow in the opposite direction, clearly straining the man with the mask. Around this image, the post reads, “We have not finished yet. #Our_Success_Is_In_Our_Commitment,” representing the first use I noted of the phrase from the billboard I saw in Abdoun. The next day, the Prime Ministry of Jordan posted a series of infographics with the heading, “We have not finished yet” alongside images of COVID-19 precautions and the hashtag “#Our_Success_Is_In_Our_Commitment_To_All_Of_Us.” In the first of this series, these images surrounded a man wearing a mask with the subheading “Protect yourself.” In the next, they surrounded a toolbox wearing a mask with the subheading “Protect

your work.” Another featured an image of a house-shaped key with the subheading “Protect your home,” and the last had Amman’s landmark blue mosque with the subheading “Protect your mosque,” both adorned with masks.

The same week in June 2020, the Prime Ministry of Jordan made its first posts about a new application named AMAN, which means “Safety.” The app was developed by a group of “tech-savvy volunteers” named the COVID-19 JOTECH COMMUNITY and was intended for contact tracing, tracking user locations and notifying them if they came near someone who later tested positive for COVID-19 (Kayed, 2020). Though no one ever checked for me, some websites still listed installing the app as a requirement for passengers on planes to enter Jordan when I arrived. The first post regarding the AMAN app on this Instagram page depicts the words “Wear a mask” in the shape of a face mask with the subheading “Stay understanding and stay secure and safe,” deliberately ending on the Arabic word *aman*. The next post similarly shows two men standing two meters apart with the subheading “Keep a safe distance,” again ending on the word *aman*. The captions of both posts call for readers to “definitely download the AMAN app.”

Months later, to again encourage Jordanians to install the AMAN app, the Prime Ministry of Jordan Instagram page posted another series of infographics. Three of these infographics depicted standard images showing and telling people to wash their hands, wear masks, and maintain social distancing; the fourth, however, showed a phone with the AMAN app logo on it and the text “Download the AMAN app in order to keep everyone safe.” A final image puts the four infographics together with the text “To ensure you protect yourself and others from the coronavirus, follow these steps.” Days later, the final post on the Prime Ministry’s Instagram page about the AMAN app depicts a neon caution sign with the caption, “Infection chains are broken by the right preventive methods. Wear a mask. Keep a safe distance. Wash your hands well. Download the AMAN app.” Interestingly, the launch of this second campaign to encourage Jordanians to download the AMAN app coincided with continuing largescale protests in Jordan.

Following a nationwide strike in September 2019, the Jordanian Teachers' Syndicate had negotiated a pay increase for teachers in the public sector. However, because of the COVID-19 pandemic, the Jordanian government decided to freeze all public sector pay increases until the end of 2020 (Mimoune, 2020). In response, the Jordanian Teachers' Syndicate announced plans for another strike in July 2020. The government responded to these plans by arresting 13 board members of the Syndicate's governing council and ordering a two-year closure of the Syndicate headquarters and all of its branches across Jordan. In turn, teachers protested the closure of the Syndicate but were met with public displays of force, internet blackouts, and further arrests (Mimoune, 2020). Jordanian authorities also instituted a gag order to prevent journalists from reporting on either the initial arrests or the subsequent protests, resulting in the monitoring and arrests of journalists as well. United Nations experts called on the Jordanian government to reverse these actions, describing the situation as alarming and a violation of freedom of expression (UN News, 2020).

The protests continued into September 2020, with participants demanding the release of those arrested, until the government instituted a nationwide ban on large gatherings through Defense Order 16. The Prime Ministry of Jordan accompanied the announcement of this defense order with another series of Instagram posts. On September 19, 2020, the account posted an infographic with a background showing a large crowd and the following caption:

Violation of Defense Order 16 can increase the probability of greater injuries. Do not be a cause of the spread of the infection. Everyone who holds a gathering in violation of Defense Order 16 is punished by imprisonment from three months to a year or a fine of not less than 1000 dinars and not more than 3000 dinars. Everyone who is present or participates in any of the gatherings referred to by Defense Order 16, which passes attendance numbers over the allowed amount will be punished by a fine of 100 dinars.

Posts the following day reiterated these points, emphasizing the punishments for large gatherings. Alongside further threats of fines, these posts included the language “When we commit to Defense Orders 11 and 16, we all contribute to limiting the spread of the pandemic” and “Let’s protect ourselves by avoiding large gatherings.”

Importantly, rhetoric that placed both the burden of and blame for pandemic responses on individuals in Jordan was not limited to the Instagram page of the Prime Ministry of Jordan. In response to the hospital deaths from oxygen shortage and subsequent protests in March 2021 discussed earlier, King Abdullah II described spiking infection rates as “frightening” and said that he was “saddened” by how the country was now struggling to curb the latest outbreak (Al-Khalidi, 2021f). The Interior Minister more directly linked the protests to these rising cases on television, saying, “Right of expression is safeguarded but gatherings at this time increase infections” (Al-Khalidi, 2021f). Similarly, in response to rising case numbers in late July 2021, a member of the Jordanian National Epidemic Committee criticized Jordanians for not following COVID-19 safety precautions during the Eid, saying “There have been scenes of people not wearing masks at all... Many people visited each other and attended weddings without following health measures” (Xinhua, 2021b). Both instances represent cases of government officials using the COVID-19 Spectacle to blame Jordanians for the issues they.

Another app developed jointly by the Ministry of Health further frames pandemic response as an onus of the individual. The app “Sehtak,” literally translating to “your health,” is an informational and awareness-based app that delivers daily updates on COVID-19 statistics and provides resources to learn more about the virus and the responses to it. The tagline of the app, present right under its name, is “With awareness, we defeat corona.” As part of the app’s awareness-raising resources, it links to a series of videos from the summer of 2020 developed by the Jordanian government to inform the public. One such video opens with an image of dominos falling. Those that have fallen have an image of the virus on them while those that have yet to fall

depict people. The dominoes with people on them are protected by a single hand that has stopped the chain. Over this image, text calls on the Jordanian people to be that hand and use preventive measures to stop the spread of the virus. Another video follows a man named Majd on his trip to the supermarket. In it, he is depicted as rude and inconsiderate as he ignores the cashier asking him to follow COVID-19 safety precautions by pulling up his mask and wearing gloves. With each mistake Majd makes, a buzzer sounds accompanied by a red “X.” The video ends with a narrator saying, “The virus is still here.”

Such advertising materials and calls for changes to individual behavior by actors in the Jordanian government as part of the COVID-19 Spectacle were reflective of broader trends since the 1980s across a wide swath of medical circumstances towards the individualization of public health. Though public health initiatives aim to combat population-level issues, their rhetoric often remains distinctly focused on individual behavior change, obscuring larger discussions of important structural factors at play (Waggoner, 2013). For example, Waggoner (2013) argues that – in the context of preconception care initiatives – the individualization of public health acted to reframe adverse birth outcomes and health disparities as issues of personal responsibility. The intention of my argument here is not to say that individual behaviors were not important in the context of the COVID-19 pandemic; behavioral changes like mask wearing and physical distancing at the individual level were without a doubt significant in reducing the spread of the virus. Yet, focusing solely on individual behaviors allowed governments – both in Jordan and around the world – to ignore structural vulnerabilities that were simultaneously present, such as the differential impacts of lockdowns and the differential risk of exposure to COVID-19 based on employment and socioeconomic class.

“Your Homeland Needs You:” Statemaking and Pandemic Nationalism

“We’re going to the tank museum today. Do you want to come?” Ayman asked me, as I stepped out of my apartment on a warm Friday morning. I happily accepted his invitation and found myself packed in between his three sons on the way a few hours later. I had never heard of the museum before and had little idea what to expect. We turned a corner and were suddenly greeted by a massive complex of glass and concrete formed into sharp angles. Tanks and flags lined the way to the front door. It was the largest museum I had seen in Jordan by far. As we approached the gate, I expected the guard to turn us away. I had tried to visit a number of museums in Amman so far that summer, and all had been closed because of the pandemic. Darat Al-Funun, an art museum in downtown Amman that people often worked at, had a sign taped to its main entrance that said the following in both English and Arabic:

In line with the measures issued by the Prime Ministry to prevent the spread of the coronavirus, including to avoid large public gatherings, Darat al-Funun closes its doors to the public from Monday, March 16, 2020, until further notice. We wish you good health, and keep safe.

Similarly, the View Amman Exhibition, a museum dedicated to the history and development of the city, had the following taped over the sign that listed its open hours, “Dear visitors, the exhibit is closed starting today 3/15/2020 and for further notice. Based on the decision of the Council of Ministers and for public health safety.”

I looked expectantly at the guard, waiting for him to deliver the news that the museum was closed. Instead, he gestured us through a metal detector and welcomed us into the complex. The boys immediately sprinted to the nearest tank, with the oldest quickly climbing to the top. Ayman beamed with pride and ran over. “Take his picture! Take his picture!” he shouted to me. Before we entered the museum, I had taken nearly 50 photos of each of the three boys posing on

the various tanks outside. This was the happiest I had seen Ayman or his sons that summer, and I was excited to share this moment with them.

As we stepped into the museum, we put on our masks, but I was surprised to find no signage even mentioning the pandemic, a very rare occurrence among enclosed private or public spaces in Amman. The museum formed roughly a loop, depicting important military moments throughout Jordan's recent history. Behind the tanks of different eras, descriptions on plaques and the walls described the fight against the Ottoman Empire and the Arabization of the Jordanian military. Ayman would encourage the boys to climb under the ropes of the exhibits for more photos, pretending to scold them whenever an employee would complain. We soon reached the first of two main exhibits in the museum: the Battle of Karama. Patriotic music swelled as we entered; it was a massive room with life-size mannequins of soldiers fighting the Israeli military, accompanied of course by the tanks they used. Ayman's oldest son excitedly described the battle as "Jordan's greatest victory." As we exited this room, we entered the central atrium of the museum: a helicopter hanging above us and a jeep in front of us. The walls encircling the atrium were filled with military garb and memorabilia, all depicting King Abdullah II during his time in the Jordanian military. Ayman excitedly asked for a picture of the family in front of the exhibit.

As I snapped photo after photo of Ayman and his children until one satisfied him, I thought about the purpose of the museum. Why was it the only one open during the pandemic? Why was it seemingly funded and maintained substantially more than other museums in Amman? One explanation of this phenomenon might be the role of war in statemaking. For Weber (1946), the state and violence are inherently intertwined, going so far as to define the state as that which "claims the monopoly of the legitimate use of physical force" (p. 4). On the other hand, Tilly (1985) argues that states are more akin to protection rackets, suggesting that "war makes states" in the sense that states create violence in order to justify their own existence. From either perspective, warmaking plays an essential role in statemaking. During my Arabic classes in

Jordan prior to the pandemic, I had once needed to ask Jordanians on the street what the greatest moment in Jordanian history was. While some said Jordan's independence, most said the Battle of Karameh. War is central to the production of a Jordanian sense of national identity, and the Royal Tank Museum is a tool to encourage that production.

Yet, Jordanian national identity is complex. "Black September" – the 1970 civil war between the Jordanian military and the Palestinian Liberation Organization – for example, resulted in many Palestinian casualties and the destruction of Palestinian camps in Jordan at the time. Its legacies have resulted in lasting systematic discrimination against Palestinian-Jordanians (Culcasi, 2016). In an attempt to encourage Jordanians to unite under a common identity, King Abdullah II launched a government advertising campaign known as "Jordan First" in 2002 (Culcasi, 2016). The campaign sought to shift national discourse away from its previous focus on the Arab world and Palestine and towards a focus solely on Jordan as a state. In 2006, a follow-up campaign was launched with the similar goal of alleviating tensions and bringing about national unity called, "We Are All Jordan" (Culcasi, 2016). Culcasi (2016) suggests that these campaigns were largely ignored but not forgotten.

Actors in the Jordanian government seemingly envisioned the COVID-19 pandemic as another opportunity to further the production of a Jordanian national identity, and they did so through narratives of pandemic responses as part of a war against COVID-19. The Instagram of the Prime Ministry of Jordan was again a site of such rhetoric. On World Health Day in 2020, for example, a post depicted three health care workers in full protective garb in front of a map of Jordan. The start of the caption read, "We send our regards to all health workers who are on the front line of defense in the face of the novel virus pandemic." The caption went on to call these workers "unknown soldiers working in hospitals and laboratories, who work to preserve our safety," further cementing the narrative of war. It ended by asking Jordanians to write letters for health care workers, thanking them for their service. The first such letter, written by the Prime

Minister, is included with the post. Another post quoted Prime Minister Al-Razzaz praising the epidemiological survey teams, saying, “You are in the front trench to defend citizen health, and we are proud of you.”

Yet, narratives of war were not reserved for health care workers alone. In May 2020, the Prime Ministry of Jordan called for Jordanians to stay at home through an Instagram post. It reads, “Your homeland needs you, help your country and stay home.” These words sit in front of a map of Jordan. In smaller font below, the post continues, “Protect yourself, protect others.” Similarly, as I stepped off a bus in one of the most trafficked circles in Amman, I spotted a billboard placed under a line of Jordanian flags. The billboard read, “*al-shabab al-amjad*,” roughly translating to “the glorified youth.” Next to these words, photos of five young people form the shape of Jordan. One is seemingly a health care worker wearing an N95 mask and a full body, protective white suit that obscures all identifying features. A woman wears a disposable surgical mask, a hijab, and scrubs. A man wears a surgical mask, a hard hat, and goggles, seemingly depicting a construction worker. The remaining two people are a woman and a young boy; the woman is wearing dress clothes and the boy is seemingly in a scouting uniform, with both smiling and not wearing masks. The implication of the billboard seems to be that all people in Jordan are important to the country’s pandemic response, all of them are “the glorified youth.”

Moreover, the phrase “*al-shabab al-amjad*” begins a stanza in the Royal Anthem of Jordan. The stanza reads, “The glorified youth / Are your devoted soldiers / Their resolve will never subside / And die away / Because from you / They learn perseverance” (National Anthem). Written in 1946, the “you” in the Jordanian national anthem refers to the “King of the Arabs,” today King Abdullah II (National Anthem). By drawing on this phrasing, this billboard connects those combating COVID-19 to the “devoted soldiers” of the anthem, implicitly praising them – and in turn the Jordanian people – for “resolve” and “perseverance” in the face of the pandemic. The logo in the bottom corner of the billboard is that of the Greater Amman Municipality, but the

billboard itself speaks to a greater nationalism of Jordan, further framing the responses to the pandemic as a form of warmaking and thus statemaking.

“On the Brink:” Western News Discourse of the Pandemic in Jordan

While representations of the COVID-19 pandemic from actors in the Jordanian government framed pandemic responses as statemaking practices of nationalistic duty and protection in a war against the pandemic, Western media largely did the opposite, relying on Orientalist tropes to frame Jordan as an unstable country on the brink of collapse. An article published by the U.S.-based think tank Middle East Institute was titled “Could COVID-19 push Jordan to the edge?” In it, only weeks after the first confirmed COVID-19 cases in Jordan, the author describes Jordan’s economy as “floundering” and “fragile” and its COVID-19 restrictions as too harsh. He suggests that, while the Jordanian people may support these restrictions for now, this support represents only “momentary amity” that is unlikely to endure (Al-Ajlouni, 2020).

Yet, Jordan received relatively little coverage from Western media sources following the article by the Middle East Institute, likely in part because the country maintained relatively low case counts. In his landmark book *Orientalism*, Said (1978) suggests that Western depictions of the “Orient” have largely framed the region as a discursive Other: backwards and uncivilized. Such depictions have emerged and gained legitimacy from the hegemony of the West, rooted in notions of European superiority and born out of Western political interests. The languages and concepts embedded in these interests and beliefs bleed into how the West imagines and represents the Middle East (Said, 1978). Tropes of Middle Eastern “backwardness” were present in the Middle East Institute’s early coverage of the COVID-19 pandemic in Jordan. Yet, the early success of the Jordanian government following the publication of this article perhaps provided little additional fodder for an Orientalist framing of Jordan, particularly as many Western countries struggled to contain the virus.

Moreover, the lack of media coverage regarding Jordan's relative success reflects what Briggs (2004) calls the "political economy of public discourse," in which certain narratives and understandings of disease outbreaks are elevated while others are erased. In the case of the COVID-19 pandemic, early privileged discourses were often evocative images of suffering and data that carried the implication – as Sontag (2003) suggests in the context of the modern hyper-saturation of images of suffering – that suffering cannot be stopped, inviting us to be spectators to the inevitable. When it became apparent that Jordan's early pandemic experience would neither fit Orientalist tropes nor provide distant images of suffering, media attention turned elsewhere. Yet, in March 2021, as new developments allowed the potential for such discourses to reemerge, media focus shifted to Jordan.

Following the firing of the Jordanian ministers of the interior and of justice for attending a banquet against COVID-19 violations, an article published by *Reuters* described this firing as occurring "amid rising discontent over worsening economic conditions and curbs on public freedoms under emergency laws" (Al-Khalidi, 2021g). Moreover, it tied the seemingly unrelated incident to Prime Minister Bisher al-Khasaweh's desire to "accelerate IMF-guided reforms," reforms which the article describes as "crucial to economic recovery in Jordan from the blow of the coronavirus pandemic" (Al-Khalidi, 2021g). The article further suggests that Jordan's commitment to IMF reforms thus far was what had allowed the country to "maintain stable sovereign ratings" during the pandemic, and it points out the IMF's praise for the Jordanian Finance Minister Mohammad Al-Ississ for his handling of the Jordanian economy during the pandemic (Al-Khalidi, 2021g).

One week later, as protests erupted across Jordan in response to the hospital deaths discussed earlier, more foreign news sources took interest in Jordan. In late March, for example, *Jewish News Syndicate* posted an article entitled, "COVID-19 and economic crisis have Jordan on the brink" (Menachem, 2021). The article describes the protests as threatening "the stability of the

Kingdom,” arguing that the country “urgently needs health and economic assistance” (Menachem, 2021). The article proceeds to say, “Jordan cannot cope with the coronavirus crisis,” blaming the economic situation on Syrian refugees and rising case numbers on “the government’s failure to close its land borders with Syria and Iraq” (Menachem, 2021). Though as an Israel-focused news source *Jewish News Syndicate* might approach such an article from a particular perspective, this framing soon became commonplace among other sources. Days later, *Reuters* published another article, describing Jordan’s cemeteries and hospitals as overwhelmed due to increasing cases. The article describes how public trust in the Jordanian government’s public health service was at a “record low” due to the “gross negligence” of the hospital incident. The article concludes by stating, “Anger over the crisis, which has pushed unemployment to record 24%, sent hundreds of demonstrators on to the streets” (Al-Khalidi, 2021h).

However, Western media truly turned its attention towards Jordan on April 3, 2021. On this day, Prince Hamzah bin Hussein – the half-brother of King Abdullah II who was removed as crown prince in 2004 – broadcast a video in English to *BBC*, declaring that he had been placed under house arrest and that other officials had been detained (Said et al., 2021). In this broadcast, Prince Hamzah suggested that the house arrest was an attempt to silence him, and he criticized the Jordanian government and implicitly King Abdullah II, stating, “This country has become stymied in corruption, in nepotism, and in misrule” (Said et al., 2021). Jordanian authorities, on the other hand, asserted that they were investigating a foreign-backed attempt to destabilize the country. In its initial article breaking the story, *The Wall Street Journal* described Jordan as a “key partner in U.S. security efforts” in the Middle East and important to “Israel’s stability,” a framing of Jordan that would become common in the week to come (Said et al., 2021). The next day, *The Wall Street Journal* published a follow-up article, framing the situation as a “rift within the royal family” which “threatened to upend politics in this critical U.S. Middle Eastern ally” (Said and Malsin, 2021). The article goes on to cast doubt on assertions by Jordan authorities of a

foreign-backed plot based on the lack of arrests involving the military, stating “The arrests could be part of an attempt to generate a perceived threat to keep Jordan on the radar” to keep the support and focus of its allies like the U.S. and Saudi Arabia (Said and Malsin, 2021).

A day later, Jared Malsin – an author on the latter *Wall Street Journal* piece – was interviewed by *NPR*. Malsin used the interview to again downplay the possibility of the involvement of a foreign entity in the situation. He stated that diplomats were “skeptical of the government’s narrative,” instead framing the arrests as a crackdown on dissent (Inskeep and King, 2021). Malsin described Prince Hamzah as “an embodiment of the kind of discontent that you’re seeing in Jordan right now” based on the economy and pandemic, concluding that the arrests are “really an expression of those internal tensions” (Inskeep and King, 2021). Through this framing, Western media sources transformed the Jordanian government’s claims of a foreign-backed plot into a “royal rift” with Prince Hamzah on the side of the Jordanian people. In turn, Western media sources identified the hospital incident as the reason for this “royal rift.” A *Reuters* article published on April 8, for example, was entitled “The sudden visit to COVID victims’ families that sparked Jordan’s royal rift.” In it, the author describes how Prince Hamzah visited the families of the patients who died after the hospital ran out of oxygen before Prince Hussein did the same, “upstaging” his “younger rival for the throne” (Al-Khalidi, 2021i). This caused Jordanian authorities to “accuse him of involvement in activities aimed at destabilizing the country” (Al-Khalidi, 2021i). Though Prince Hamzah pledged his allegiance to King Abdullah II days after the initial house arrest, the article suggests that the event “has shaken the country’s reputation as a stable country in a volatile region” (Al-Khalidi, 2021i).

However, *The Guardian* published an article a little over a month later, entitled “Did Jordan’s closest allies plot to unseat its king?” that cast doubt on this assessment. This article, instead, suggests that the U.S. Embassy told the Jordanian General Intelligence Directorate that Prince Hamzah was attempting to sow dissent as part of a larger plot by the United States and

Saudi Arabia (Chulov and Safi, 2021). The authors allege that Jordan's defiance of President Trump's "Deal of the Century" had angered Jared Kushner and Prince Mohammed bin Salman, leading them to sow dissent against King Abdullah II through Prince Hamzah and other contacts in Jordan. The article quotes a regional intelligence source, saying "The upshot is that Trump lost and it all fell over" (Chulov and Safi, 2021). While it is impossible to verify one story over the other, the article in *The Guardian* provided a substantially different perspective from the articles that came before, supporting the Jordanian authorities' initial claims of a foreign-backed plot rather than reframing the event as a "royal rift."

Yet, when the Heritage Foundation published a report months later describing the events surrounding Prince Hamzah's arrest, the foundation framed their takeaways based on the first narrative, even while alluding to the latter. Written as a set of takeaways for President Biden ahead of his first meeting with King Abdullah II, the author argues that "growing regional instability makes Jordan's bilateral relationship with the US more important now than ever," describing Jordan as "a critical U.S. partner in a tumultuous region" (Robinson, 2021). In a section entitled "The calm before the storm?" the author points out how the Jordanian people are "increasingly frustrated" because of socioeconomic conditions worsened by the pandemic. The report argues that Jordan has historically maintained stability because of "tribal support and a united royal family," both of which have been called into question by Prince Hamzah's "coup attempt" (Robinson, 2021). In response to these concerns, the Heritage Foundation suggests that President Biden should focus his conversation with King Abdullah II on promoting economic freedom, deterring Iranian interference, reducing Israeli-Palestinian tensions, and mitigating the impacts of COVID-19. Regarding the impacts of COVID-19, the author suggests, "America's adversaries will use the chaos of COVID-19 to divide the United States from its partners, sow division and disinformation, and exert greater influence over Jordan's young, vulnerable population" (Robinson, 2021).

This report shares much in common with that of the Middle East Institute in March 2020. It focuses heavily on the potential dangers that Jordan's "weak" economy and the COVID-19 pandemic pose to the stability of the Jordanian government, a concern only because of the United States' use for Jordan as an ally in the Middle East. In turn, it suggests economic and political reforms that seemingly have little to do with what stirred the protests and sedition on which these reforms are justified, completely ignoring the potential role of the United States itself in these matters. Like most Western news sources that reported on Jordan during the pandemic, both the report's analyses and suggestions are based on Orientalist perspectives in which Jordan is "on the brink" of collapse, with only the United States and other Western countries to save it.

Conclusions

In my conversations in Jordan, I never met anyone who described Jordan as "on the brink" in the ways that Western news sources insisted it must be. People frequently complained about the economy, the pandemic, and corruption, but rarely did people believe that such complaints were part of a greater push towards "instability." If anything, I encountered the opposite sentiment. On a car ride home from work one day, a Jordanian friend of mine brought up the Arab Spring, "The atmosphere of Amman was electric in those days," he told me, "People were ready for change. It was all anyone could talk about. Today, it feels like everyone has just given up." While the protests in Jordan over the course of the pandemic suggest that my friend may have been exaggerating – or that the people pushing for change may have shifted – his perspective stood in stark contrast to Western media representations of Jordan as a country one bad day from collapse.

Moreover, his perspective contrasted that of statemaking and nationalism that actors in the Jordanian government attempted to create. To my friend, the pandemic response was not a roaring success that showcased Jordan's "oneness" and the perseverance of its people; it represented reluctant submission and acceptance. Yet, these representations of pandemic response

were not unique to Jordan. Many governments crafted narratives of equality and called their citizens to action in the name of protecting themselves and others from the pandemic. Similarly, citizens of many states responded to COVID-19 restrictions with anger and protests, but few claimed that the United Kingdom or Germany were “on the brink” for such events. Thus, representations of and by the Jordanian government fell at a unique intersection of nationalistic statemaking and equality on the one hand and Orientalist instability on the other, with each vying for attention and legitimacy within the greater COVID-19 Spectacle.

CHAPTER 3

POLICING A VIRUS: UNEQUAL ENFORCEMENT OF PANDEMIC SURVEILLANCE

It was a cool summer night as I approached the gate of the largest soccer stadium in Amman. I was joined by three friends of mine: a Jordanian, an American, and an Australian. As we approached the military officer stationed at the gate, we readied our phones to show him our tickets. He turned to my Jordanian friend and quickly said in Arabic, “This gate isn’t for you. You need to go around to the other side.” After a couple minutes of back and forth, we learned that this was the entrance for VIPs, who had their own section in the stadium for this game. By the time we finished chatting with the officer, it was 8:00 pm: 30 minutes before the game began. We started the nearly 45-minute walk around the fence of the stadium to the back entrance.

As we walked along the sidewalk, we passed three murals spray-painted on the wall: a globe wearing a mask, two Jordanians wearing masks, and a person in a hazmat suit holding a personified COVID-19 virus molecule. Below these images were the words “Stay Safe, Stay Strong” in English. As we neared the entrance for non-VIPs, we passed vans parked on the side of the road selling team flags and shirts. When we finally arrived at the correct gate, we were greeted by more uniformed officers next to daunting military vehicles. The officers scanned my ticket and checked my temperature with a temperature gun, then allowed me to pass. After only a few hundred feet, I encountered another military checkpoint, at which my ticket was checked again alongside my proof of vaccination. I went through three more military checkpoints, having my ticket scanned at each, before entering the stadium. These checkpoints included one additional vaccination check, two identification checks, and one a full-body search.

The Jordanian government had recently reopened in-person attendance for its national soccer games to anyone who had received their first dose of a COVID-19 vaccine more than 21 days prior to the game or anyone who had received two doses. The Facebook post describing the reopening procedures said that tickets would be sold exclusively online upon reopening “for the safety of our dear fans” and to “promote social distancing measures.” The ticket website showed physically distanced seats across the stadium with at least one empty seat between each person at 5 JD, about 7 USD, each. Upon seeing the announcement, I rallied my three friends to attend the upcoming game between Al Faisaly and Al Ramtha.

As my friends and I stepped into the stadium, the bright lights shining on the field filled my vision. As I glanced around, I noticed that all but one section of the stadium ahead of us was completely empty. I guessed that this section must be for the VIPs. I turned around and saw the section we had entered completely packed, with so few empty seats that my friends and I had difficulty finding four together for us to sit in. All promises of physical distancing had immediately vanished upon entering the stadium, and – because the stadium was outside – there was no requirement for people to wear masks. When my friends and I attempted to sit in one of neighboring empty sections, the guards that lined the stairs stopped us and pointed us towards the few empty seats in the other section. I can only suspect that attendees were packed into this section for ease of cleaning the station, but such a layout directly contradicted the assigned and distanced seats for which we had initially bought tickets.

We took our seats a few minutes after the game had started. As the packed crowd stood and shouted in celebration of Al Faisaly’s first goal, I was struck by three aspects of the security and surveillance of the game. I first contemplated the security contradictions that the Jordanian government had implemented to host a “safe” soccer game in the midst of the pandemic. While my vaccination record had been heavily scrutinized twice before I was allowed to enter the stadium, physical distancing in the stadium was not only not required but actively prevented.

Next, I was struck by the ways in which COVID-19 security and surveillance had seemingly been seamlessly integrated into existing notions and practices of security. Military officers who would previously have only scanned tickets, checked identifications, and conducted body searches added vaccination checks to their tasks, blending notions of government protection from terrorism with protection from COVID-19.

However, I was perhaps most struck by the difference in treatment in these security procedures between my Jordanian friend and my two non-Jordanian friends. When we arrived, my Jordanian friend and I shared one ticket document, while my American and Australian friends shared another. They passed through the militarized checkpoints without ever having their vaccination records checked. When my American friend had forgotten to bring any form of identification, the officer waved him through without hesitation. When we went through full-body searches, the officers apologized to my non-Jordanian friends and I for the formality. On the other hand, despite the fact that we arrived as a group, my Jordanian friend received no such apologies for his search. Both he and I – I suspect because we shared a ticket document – had our vaccination records and identifications checked thoroughly twice. These differences in treatment illustrate the ways in which seemingly equal surveillance and disciplinary mechanisms were applied unequally in Amman throughout the pandemic.

In this chapter, I explore the implementation of discipline and surveillance techniques by the Jordanian government during the COVID-19 pandemic, and how this implementation shaped the perceptions of pandemic responses held by people living in Amman. The COVID-19 pandemic provided the Jordanian government – and many governments around the world – with the opportunity to extend existing techniques of population control and to develop new techniques under the justification of the COVID-19 Spectacle. Looking particularly at these extensions in the contexts of lockdown, curfews, and mask wearing in Amman, I argue that the Jordanian government extended its efforts of control not only through enforcement of such

policies by police and military officers but also through the self-surveillance of many in Amman. However, these extensions of control were not applied equally across Amman; those with statuses of privilege often did not feel or experience such policies in the same ways as those without. I conclude by considering how such discipline and surveillance mechanisms operated in distinctly unequal ways, targeting Jordanians of lower socioeconomic status while largely ignoring – or being ignored by – wealthier Jordanians.

Problems with the Police: Surveillance Experiences in Amman

The vapors of the shisha and electronic cigarettes clouded the cooled air as we gathered on couches around a small table of nuts and candies on the patio of an apartment in the upscale neighborhood of Abdoun. It was early in my time in Amman, and I had accompanied my host family to visit Layla's sister. Layla was Ayman's wife, and she was excited for me to meet her extended family. An older man approached the couch I sat on and thudded down next to me. He turned to me and in flawless English asked how I was doing. Ayman quickly turned to him and scoldingly said, "No English! He wants to practice his Arabic."

After we made our introductions, the man addressed Ayman, "I heard you had a problem with the police." Ayman shook his head, obviously frustrated, and burst into story. He and a friend had been standing by the street in front of the friend's apartment, chatting and drinking tea, when a police car rolled by. The officer stepped out of the car and approached the two. He scolded them for not wearing masks and warned them that next time he would fine them.

The man interrupted, "If your friend was a government employee, there would have been no problem." Ayman responded with a laugh of agreement, and the man began a story of his own. He had similarly felt harassed by the police for not wearing a mask in the street around his apartment. For almost 15 minutes, the two ranted about their interactions with police throughout the pandemic, frustrated by the inconsistencies of treatment they had faced. Throughout this

conversation, they spoke of masks not as a tool for combatting the COVID-19 pandemic but as a requirement to avoid police interactions.

This connection extended beyond Ayman and Layla's family in Amman, even bleeding into the ways in which businesses framed their own mask policies. One afternoon, for example Ayman and I drove to the outskirts of Amman in search of a new set of dishes for the family kitchen. We first stopped at a place with the name American Goods Store. As we entered, I first noticed a box of disposable masks and a bottle of hand sanitizer by the door. From my periphery, I then spotted a small sign, cut out of cardboard and dangling from the roof with scribbled Arabic handwriting that read, "Do not enter without a mask" in small white letters. Below this, in a larger red font were simply the words "Police Control."

A café in Jabal Lwebdeih, popular with many of my Jordanian friends, similarly taped a printed sheet of paper to their front door. A small photo of a disposable mask sat in the bottom left corner, and the paper read, first in Arabic and then English, "In line with defense orders, entry is prohibited without wearing your mask." Such signs similarly framed mask wearing as a practice to prevent disciplinary action by the police or government, rather than as a practice for individual or community safety. In the next chapter, I further explore the ways in which various businesses and organizations represented and enforced COVID-19 regulations in Amman.

Yet, police enforcement of pandemic practices was not limited to mask wearing; lockdowns and curfews across the pandemic faced similar policing measures. In March 2020, at only 69 confirmed cases of COVID-19 in Jordan, the government declared a state of emergency and ordered the army to seal off the city of Amman, placing residents under total lockdown with no permitted ability to leave their homes. Two days later, the government expanded this lockdown nationwide, deploying the army across the country to enforce it (Mimoun, 2020). After another two days, the inability for many to access food and medicine caused authorities to

relax these measures slightly, allowing people to walk to their nearest grocery stores and pharmacies and to travel in cases of medical emergency. Such restrictions remained in place for two months – until May 2020 – when the nationwide lockdown was lifted but a nightly curfew remained in place (Mimoune, 2020).

One evening, Ayman and I sat next to each other on the worn couch in his living room, watching the news and scrolling through social media on our respective phones. After a moment, Ayman leaned over, holding his phone screen out so I could see his photos. He scrolled through his library until he reached the video he was looking for. With a large grin, he started the video. In it, Ayman loosed a loud whistle over a patch of empty desert in front of him. One by one, stray dogs of all shapes and breeds emerged from the sand and debris around him, with only their exposed ribs and dusty fur in common. In the video, Ayman tossed small chunks of meat and bread to each dog. Some hung around, looking to him for more while others quickly skittered off. “At first there were 8,” he told me, “Soon, there were over 120. They would come from all over.”

At the time, Ayman held an engineering job near the Queen Alia International Airport, and he used to take his lunch breaks in this dusty field each day. Before he left for work, he would collect whatever extra food he could from home, and at work, he would gather extra scraps from his coworkers to feed to the stray dogs. When COVID-19 reached Jordan and the government implemented a nationwide lockdown, Ayman quickly lost his job. For months, people in Amman were only allowed to leave their apartments to walk to the nearest grocery stores, bakeries, and pharmacies without a special government permit. Without his job, Ayman was unable to acquire a permit to even drive his van. He called the police over and over, begging them to let him return to the field to feed these stray dogs, but each time they denied his permit, telling Ayman that he might unknowingly spread the virus to a new part of the city through such a trip.

When the government ended the lockdown and Ayman was again allowed to drive, he quickly returned to that dusty patch of desert with a new bag of scraps. He again recorded a video of himself whistling and feeding the dogs, but this time there were only four. Ayman's remorse was palpable, both in the latter video and as he told me this story. When I asked Ayman why he had started feeding the dogs in the first place, he explained it to me as a religious act of charity, the same reason he gave food and water to the stray cats around his apartment. As we chatted, Ayman's remorse quickly turned to frustration, as he argued that the police had essentially killed those dogs.

Even with the lockdown gone, the nightly curfew remained in place. When I arrived in Amman, no one was allowed outside their homes from 11:00 pm until 6:00 am, a policy Ayman explained carefully to me on my first night. Given the intense heat of summer afternoons in Amman, many Jordanians take brief naps during the day and are most active at night. Large swaths of daily life, ranging from grocery store visits to social activities, are common well past 11:00 pm. With declining cases and increasing frustration from many, the Jordanian government soon pushed the curfew back to 12:00 am. Neither curfews nor lockdowns were unique to Jordan; cities, provinces, and countries around the world considered and implemented such policies early in the pandemic. Yet, the longevity of Jordan's curfew was substantial. The Jordanian government did not lift the curfew for any until July 2021, and even then, the curfew was only lifted for the vaccinated. During my time in Amman, many were skeptical of the reasons for the curfew. From the perspectives of many I spoke with in Amman, the nightly curfew was less a tool of disease prevention than a tool of population control.

The histories of disease outbreak and increasing government control are deeply interwoven. In the years following the 1348 Black Death, Italian city-states developed some of the first tools of disease surveillance to combat the plague. During this time, Venice and Florence established the first boards of health, evolving into permanent government positions with the

authority to restrict travel and trade and isolate infected individuals, eventually becoming early building blocks of the administrative apparatus of the modern European state (de Waal, 2020). At the end of the 19th century, the use of disease surveillance and interventions during a cholera outbreak in Hamburg by Robert Koch – the medical scientist placed in charge of protecting the German empire from infectious diseases – similarly contributed to the centralization of the German state (de Waal, 2020). More recently, Donaldson and Wood (2004), in their analysis of the 2001 foot and mouth disease epidemic in the United Kingdom, suggest that the government used surveillance practices to construct territories to control humans in order to act on a nonhuman virus. Caduff (2020) likewise argues that the COVID-19 pandemic contributed to the normalization of extreme measures of government control.

At their core, such arguments consider the ways in which disease outbreaks can legitimize the extension of practices of government population control, concerns expressed by many in Amman in the context of the COVID-19 pandemic. In this way, though the government had justified the curfew as necessary through the COVID-19 Spectacle, it had failed to convince many. Still, one does not need to be convinced by the spectacle to be impacted by it. Though the nightly curfew eventually came to an end for the vaccinated in July 2021, friends of mine prior to that often mused about whether or not the curfew would become a permanent feature of life in Amman. Implicit in such worries were the role of the police in enforcing the curfew. Yet, the police could not be everywhere at once; they could not catch every curfew violator. Instead, the curfew was often enforced by self-surveillance.

“But It’s Past Curfew:” Self-Surveillance in the Name of Public Health

I pulled up a plastic lawn chair next to Ayman during one of my first weeks back in Amman. His manicured grape vines hung over us in his driveway, and through the vines, a few of the brightest stars outcompeted the lights surrounding Ayman’s apartment. I bounced my leg nervously as I

reached for a conversation topic, trying to get back into the swing of speaking Arabic. Forgetting the word for trash, I asked Ayman something along the lines of, “Where should I put the things in my apartment that I do not want or need?” When my question was met with confusion, I ran into my apartment and grabbed a full grocery bag of wrappers and receipts. “This,” I clarified.

“Ah,” Ayman replied, “Kareem!” Kareem bolted out of his family’s apartment. Ayman’s eldest son, Kareem was a ball of fire who was always giddy to teach me about Amman. “Show Patrick where to take the trash.”

Kareem froze, “But it’s past curfew, *baba*.” At the time, the Jordanian government had implemented a nationwide 11:00 pm curfew to combat the COVID-19 pandemic. It was 11:45 pm, though I had thought little of this when asking Ayman my initial question.

“Go quickly,” Ayman answered sternly. With that, Kareem took the trash bag from me in one hand and took my hand with his other.

As we left the gates of the driveway, Kareem’s voice quivered, “We need to be very quiet. There could be police.” At his direction, we sprinted from car to car, ducking behind each so that Kareem could peek out and scan the street ahead. After only a couple minutes, we turned a corner, and I spotted the large dumpster a few hundred feet ahead. Kareem rushed to and from the dumpster, throwing my trash in at the first possible moment. We quickly returned to the driveway, upon which Kareem breathed a heavy sigh of relief.

For the remainder of my three-month stay with Ayman’s family, I never saw any sign of police presence on the streets surrounding their apartment, day or night. Still, for Ayman’s family, the Jordanian government’s response to the pandemic was intimately tied to enforcement and surveillance by the police. Lockdowns, curfews, and mask wearing were often understood and explained to me on the basis of their potential punishments for noncompliance, rather than their potential benefits to curb the spread of COVID-19. Taking out the trash 45 minutes past

curfew was seen as risky – though not so risky as to wait until morning – by both Ayman and Kareem because of the potential for police response, not the potential for COVID-19 infection.

Yet, in this case, it was neither the police nor other actors of the government who pushed Ayman and Kareem to follow the curfew, it was themselves. This self-surveillance was motivated by the unknown: the possibility that a police officer could catch them, even as officers seemed rare in their neighborhood. To explain such practices of control, Foucault (1995) draws on the metaphor of Bentham’s panopticon: a prison with a central tower in which the guards can observe all prisoners at once, but the prisoners cannot observe each other or the guards. He suggests that the unknowable but ever-present possibility of observation forces the prisoners into a state of constant and conscious visibility, making the prisoners act as their own guards and allowing power to function automatically (Foucault, 1995). Couch et al. (2020) liken the extension of government surveillance techniques during the COVID-19 pandemic to Foucault’s panopticon, arguing that many accepted, embraced, and actively participated in new levels of surveillance on the basis of the importance of health and fears of infection. Though Ayman and Kareem did not embrace the curfew, nor did they believe it was necessary to prevent the spread of the pandemic, they nonetheless participated in it, surveilling themselves and each other.

Similarly, on a sweltering afternoon early in my time in Amman, Kareem asked me to walk with him to the grocery store a couple blocks away to buy ice cream.

“Do you have your mask with you?” Kareem asked. I replied with a nod of confirmation. “Good. Put it on. The police will stop you and fine you if you are not wearing a mask, even in the street. It is only okay to not wear one in the house or in the car. Anywhere else, you need your mask.”

I listened to Kareem carefully, following his instructions in the weeks that came. Yet, as the summer continued, I noticed that many others did not wear masks in the street. Gradually, I

relaxed my own mask wearing outdoors. Days before I left Amman, perhaps nostalgic for the early summer, Kareem invited me to get ice cream again.

“Do you have your mask?” Kareem asked, in much the same way as when we began our first walk. I pulled my mask from my pocket, flashing it in front of him. Then, I returned it to my pocket, anticipating putting it on right before we entered the store, but Kareem furrowed his eyebrows in frustration as I did so. “Put it on. The police will stop you, even on this short walk. I don’t have to wear one because I’m a kid, but you would get fined. The fine was 20 JD before; now it’s 60 JD, over a 10 *qirsh* mask.”

I was surprised by Kareem’s impassioned response. I had grown lax about wearing a mask outside over the summer, and I had been passed by police without being stopped before without a mask. My own self-surveillance had faded, but his had seemingly not wavered over the prior three months. One could explain this difference as a matter of risk tolerance, but I think it is more likely a difference of positionality. As a white American living in Amman, I was afforded a level of privilege and leniency that made me far less likely to face police harassment, like Ayman and his relatives had described. In this way, though the Jordanian government had extended its control through its responses to the pandemic via the self-surveillance of individuals among its population, this extension was not equal.

Rules for Thee, Not for Me: Privileged Surveillance Experiences

Five of us sat in the living room of my coworker’s apartment in Jabal Lwebdeih, the almost muted noise of the television providing background static between shared laughs and embarrassing stories. It was early in the summer, and this was one my first times meeting up with my soon-to-be closest friend group in Amman. Introduced to the group by a coworker from CRP, I had been nervous earlier in the night when we met for dinner, but they had quickly welcomed me. Over the evening, I learned a bit more about each of them. That night, the group consisted of

two Americans and two Jordanians. The American man and woman were both working at CRP at the time. One of the Jordanian men also worked for CRP while the other was dating the American woman. Both Jordanians came from wealthy families, and both had spent significant time traveling and studying outside of Jordan. As the night grew later, I glanced down at my phone and a jolt of panic ran through my body as I saw the time: 10:15 pm.

“I need to call an Uber right now,” I said as I jumped to my feet.

“What’s the rush?” one of the Jordanians asked.

“Curfew,” I responded, “I live in Al-Jubeiha. If I don’t leave right now, I won’t make it in time.” At a low-traffic time, an Uber from Jabal Lwebdeih to Al-Jubeiha would only take around 20 minutes, but the 11:00 pm curfew at the time brought traffic in Amman to a near standstill each night.

“Don’t worry about it. I’ll drive you,” he replied. I thanked him and carried on chatting until I glanced down at my phone again: 10:45 pm.

“We should probably get going now,” I said nervously.

As we said our goodbyes and headed out towards my neighborhood, my friend could see my anxiousness. Without prompting, he turned to me and said, “Look, you don’t need to worry about the curfew. As long as you’re home by midnight, no one will bother you.” I was immediately relieved, happy to know that the curfew was not as strict as I had imagined.

My friend dropped me off at the driveway to my apartment complex at 11:15 pm; just like he had said, no one had stopped us or given us any trouble. As I stepped into the driveway, Ayman stepped out from behind his van. His face washed over with relief as he quickly asked me if everything was okay. He had been pacing the driveway since curfew began, fearing that I had been stopped by police. He was relieved when I told him that I had had no such issues and that

my friend had driven me home, but he warned me starkly that I should take the curfew very seriously and not be late again.

To ease Ayman's worries, I made sure to return to the apartment before curfew each night, up until the Jordanian government ended the curfew for the vaccinated. Yet, the difference between Ayman's and my friend's perspectives of the curfew was striking. For Ayman, who had had many difficult encounters with the police throughout the pandemic, I suspect that the curfew represented another opportunity for police harassment, one which it was best to mitigate entirely. On the other hand, my friend imagined the curfew as little more than a formality, a rule put in place to show that the government was doing "something," but which was essentially unenforced before the late night. This stark difference in perspectives came, at least in part, from the different strata of society the two occupy in Amman. The upscale neighborhood that my friend lived in, alongside his family's wealth and status, sheltered him from the police harassment that Ayman frequently faced.

Similarly, my status as an American living in Amman provided me with certain privileges in my encounters with the police. Only a couple weeks after Ayman and the man from the story earlier shared their stories of police harassment, I was walking down a busy street in Amman, heading towards a café to meet with a friend. With no one near me on the sidewalk, I peeled off my mask to catch some fresh air, the scorching summer sun having soaked my mask with sweat. Without realizing it, I soon passed in front of the Jordanian House of Representatives, with armed military officers guarding the gates. I made eye contact with one, and he wordlessly pointed to his mask. I quickly nodded in response and put mine back on. At the time, I thought little of this encounter. Days later, a TikTok video appeared on my feed of a white, American man describing how his privilege means that he never gets bothered by the police about mask wearing while many of his Jordanian friends do. The video's comments, a mix of Arabic and English, showed widespread agreement with the man's feelings and shared similar stories. It is

not altogether surprising that different COVID-19 rules applied to white “expats” in Jordan; upper- and middle-class “expats” in the Middle East often not only avoid the negative impacts of race and class stratification but actively benefit from them (Vora, 2012). Still, it is worth considering how those officers might have treated Ayman had he been in my place.

Businesses similarly faced uneven enforcement of COVID-19 regulations. When I first returned to Jordan, the Jordanian government required businesses to close by 10:00 pm to encourage everyone to be home by the 11:00 pm curfew. While exceptions existed to this rule – restaurants with delivery drivers were able to continue delivering food – I frequently saw individual businesses staying open until 11:00 pm. One pharmacy near my apartment complex in Al-Jubeiha, for example, was almost always open when I passed by it on my way home while the others around it closed at the designated time. Moreover, Ayman often complained that COVID-19 regulations went largely unenforced outside of Amman. For example, Ayman had family in the city of As-Salt, and according to him, most businesses there would not close until 10:30 or 11:00 pm, even when the curfew had been earlier at 10:00 pm.

In mid-July, my friends and I decided to watch the European Championship finals between England and Italy. One friend called around and found that the Irish pub Dubliners was planning to show the game. As a pub located in the upscale neighborhood of Sweifieh, Dubliners catered to a largely Western and wealthier audience. As midnight passed, I scanned the pub; while the government had lifted the curfew for vaccinated individuals, businesses were still required to close by midnight at the time. Though the servers began cleaning the bar and floors, they made no moves to push people out, staying open until the game ended at nearly 1:00 am. As with privileged individuals, privileged businesses – many of whom like Dubliners cater to primarily white “expat” clientele – were able either avoid or ignore COVID-19 regulations that most followed. Perhaps both these individuals and businesses felt confident that they could either

avoid punishment or afford the fines should they encounter the police, or perhaps they felt confident that they would not encounter the police at all.

Conclusions

As my friends and I cheered from the stands of the soccer stadium, the large clock on the scoreboard flashed with the remaining time: “00:00.” The penalty kicks ended without an additional goal, and Al Faisaly won 1-0. The crowd roared with excitement, with some leading chants and others bashing on drums or waving flags with the team’s crest. As I made my way out of the stadium, the same military officers who had inspected my credentials and searched my person guided me towards the exit. By the time my friends and I stepped out onto the street, it was a few minutes past 11:00 pm. “Looks like we’re late for curfew,” one of my friends joked.

The government had ended the nightly curfew for the vaccinated only a couple weeks prior. We stood in the silence of that joke for a minute, and I imagine my friends – like me – were contemplating how strange it felt to not have a curfew. I had only lived with the curfew for less than two months, and yet I felt that it had profoundly affected my daily life. Every social activity, every trip to the grocery store, they all had to be planned with a specific ending time in mind. An ending time that occasionally changed with little to no warning. My friends had lived with the curfew since the lockdowns ended, more than a year at that point. Curfew policies that constituted and were constituted by the COVID-19 Spectacle had reshaped the daily lives of many in Amman, bleeding into the when and where of all nighttime activities prior to the curfew’s removal.

Relishing the opportunity and fearing that rising case counts could bring back the curfew at any moment, I chose to walk home from the stadium. Over the course of this walk – a little more than an hour and a half in total – I passed families, couples, groups of friends, all walking and chatting, enjoying the coolness of the air when the days were so hot. I had no way of

knowing whether or not the people I passed were vaccinated. In theory, those not vaccinated were breaking curfew. In practice, I never heard of anyone being asked to prove their vaccination status in this context. I could not help but feel that things were somehow returning to normal, even as the threat of COVID-19 still loomed with news of the spreading delta variant.

On September 1, 2021, the Jordanian government fully removed its nightly curfew, and for the first time since March 2020, there was no COVID-19 lockdown in Jordan (Omari, 2021b). It is impossible, at this point, to say if the curfew will return, but – given its deep unpopularity in Jordan – it seems unlikely. For many in Amman, the curfew was emblematic of the Jordanian government’s attempts to control its population through surveillance and discipline in the name of protecting its people from the spread of COVID-19. As one man said in response to the curfew’s final lifting, “Curfew was not effective in containing COVID-19. The virus does not go to bed at midnight,” a joke I often heard near-identical versions of when people discussed the curfew (Omari, 2021b). Regardless of the effectiveness of the curfew and other surveillance measures implemented by the Jordanian government, such policies powerfully impacted the daily lives of many living in Amman. While these measures in theory applied to all equally, the privileged were often able to avoid or ignore their consequences. While surveillant government responses shaped many of the everyday practices of people living in Amman, others were shaped by businesses and individual opinions regarding the virus. The following chapter examines the complex lives of such practices.

CHAPTER 4

“EVERYTHING IS HARD NOW:” EVERYDAY PRACTICES IN UNCERTAIN TIMES

Ayman’s van sputtered to a halt as we approached a crowd of nearly a hundred men blocking the street, only blocks away from our apartment complex. It was 1:11 pm on a Friday early in the summer. Speakers on the minaret blasted the voice of the neighborhood mosque’s imam as he led the crowd in Friday prayer. The men stood, most on top of prayer mats but some simply on the street, facing towards Mecca. Ayman quickly threw the van in park and leapt out, rushing to find a spot in the crowd to pray. When the speakers quieted, the crowd bowed and pressed their heads to their mats, or to the street for those – like Ayman – without mats.

While Ayman prayed, I stayed in the van, looking around at the crowd. Through the open doors of the mosque, I could see a room full of individuals standing and kneeling in rows with physically distanced space between them. In the street, most of the crowd seemed to be wearing masks, but many of these masks were pulled down either under the nose or under the mouth. At 1:15 pm, the Friday prayer finished. Slowly, the men in the crowd stood up, folded up their mats, and scattered in many directions around the neighborhood. Ayman returned to the van and restarted the engine.

When I asked Ayman why so many people were praying in the streets instead of the mosque, he told me that it was because of COVID-19 regulations. As he described it, only half of the people attending prayer were allowed to enter the mosque, yet this was not a set number. For example, if 100 people came to pray, 50 could enter the mosque, but if 1,000 came, 500 would be able to enter. Such regulations had caused complications for his worship. Before the pandemic, it

was possible to perform *wudu* at the mosque, but these facilities had closed because of COVID-19. Ayman had also previously not needed to bring a prayer mat with him since the carpet of the mosque was clean. He expressed concerns as well that, should one person in the mosque catch COVID-19, it would spread throughout the neighborhood.

Such concerns caused Ayman to pray in the mosque less often than he would like. In the time I knew Ayman, he normally only attended Friday prayer at the mosque, but he often reminisced about times before the pandemic when he went more often. “I wish that I could go more,” he would tell me, “But everything is hard now.” In this way, Ayman’s experience with his neighborhood mosque was emblematic of the everyday experiences of many in Amman during the pandemic. People were forced to shift their daily practices, for some in ways they preferred and for others in ways they did not.

In this chapter, I examine the shifting of everyday practices in the name of staying safe during the COVID-19 pandemic at three sites: the business, the home, and the body. I begin by examining the often-spectacular policies set in place by private businesses to prevent the spread of COVID-19 as well as the ways customers and employees alike navigated these policies. I argue that businesses in Amman used COVID-19 signs and policies framed by the greater COVID-19 Spectacle to produce what Rajak (2011) calls “theaters of virtue” that acted to manufacture consensus and derail criticism. Next, I consider how such concepts and imaginings of the pandemic translated into the space of the home for many in Amman. I argue that many in Amman – and refugees in particular – faced structural violence in this space, in part brought on by the Jordanian government’s COVID-19 policies that exacerbated existing inequalities.

I conclude by reflecting on how these same imaginings transformed into changes – or lack thereof – in bodily practice and individual behavior among those living in Amman. In the space of the body, the handshake transformed into a discernible and symbolic gesture of trust,

used both implicitly and explicitly to signal belief that the other person was “safe.” It is again worth noting that many of the experiences of people in Amman discussed are not unique to the context of Jordan. Businesses, homes, and bodies were reshaped and reinterpreted in similar ways around the world.

Making the “Unsafe” Safe: Business Approaches to Pandemic Precautions

Only a few weeks after returning to Amman, I stepped out of my apartment on a warm weekend morning and was quickly greeted by Ayman, “Can you come with me? I need help.”

“Of course! Where are we going?” I replied.

A little less than an hour later, Ayman’s van pulled to a stop outside a one-room shop in a longer strip simply named “Printing Store.” Before we stepped out of the van Ayman turned to me and explained, “I need help translating papers for my business.” He handed me a small flyer with his name, a logo of a man with a toolbox, and a series of maintenance tasks in Arabic. “This is my work, and I want to make a second one of these in English,” he told me. I confirmed that I would happily help, and Ayman and I put on our masks, popped open our respective doors, and stepped out onto the busy street. As we approached the entrance to the shop, I looked through the windows. The shop was little more than a single aisle leading up to a desk with an employee. To the right of the aisle sat a row of office computers and to the left a series of printers of various sizes. Taped to the window next to the door was a small sheet of paper with a photo of a mask; in Arabic, it read, “Applying the defense order, we apologize for not serving anyone who is not wearing a mask.”

As we stepped through the door, Ayman began chatting with the employee behind the desk, telling him what we were there to do. While they negotiated prices, I took a closer look at the store around me. To my left, immediately next to the door, was a small box of disposable surgical masks resting atop one of many printers. A sheet of paper was taped above the box with

the line, “Valued customers, please commit to wearing a mask. The cost of a mask is 0.25 dinars.” Another two sheets of paper were taped to a shelf above the computers. The first showed a photo of Spider-Man from a recent movie, with a surgical mask haphazardly photoshopped over the face of his costume. The second was another sign explaining the store’s COVID-19 policies. It read, “Dear valued customers, our goal is your safety, not your inconvenience. We apologize for not serving anyone who does not comply with the safety rules (the mask and gloves) according to Defense Order 11.”

Though most businesses in Amman featured a sign of some form indicating their COVID-19 policies, few featured so many in such a confined space; it was difficult to turn in the small shop and not have at least one sign within your view. On this first visit, the employee wore a mask but no gloves, and there were no other customers in the store. Yet, Ayman and I returned to this printing shop many times, sometimes to print new copies of the flyers we put together that day, other times to design or translate new flyers for his work. Gradually, mask wearing became less and less common in the store. On our last visit together, in early July, the employee behind the desk had fully abandoned his own mask. Of the two customers typing away on computers, one had no mask on, and the other wore his mask below his nose, pulling it down to speak to the employee. Though the enforcement of the COVID-19 policies in the store had clearly shifted, the signs all remained.

Over the summer of 2021, I visited a wide range of businesses around Amman, including but not limited to cafés, restaurants, supermarkets, and malls. While the vast majority of these businesses hung signs indicating the need to follow certain COVID-19 precautions within their premises – most often mask wearing – the forms and extents of enforcement for these policies varied wildly between businesses. Despite the common presence of signs instructing people to wear gloves, for example, I almost never saw anyone wearing them. Moreover, as the signs in the printing shop evidence, these businesses often used signs to justify their COVID-19 precautions.

In the case of the printing shop, the store requested that their customers “commit to wearing a mask,” calling on the individual action from the customers. At the same time, in providing masks at a low cost and saying that the policies existed for “your safety,” the shop framed itself as a responsible party invested in protecting its “valued customers.” Lastly, while these signs framed mask wearing in a positive light, they still cited the Jordanian government as the arbiter of such rules by mentioning the “defense order” twice. For businesses with signs addressing their COVID-19 policies, these three forms of framing were frequent motifs, at times individually and at times overlapping.

Looking first at businesses that primarily called their customers to action, such signs often moralized COVID-19 responses. A fashion store in the upscale Abdali Mall, for example, had a large sign outside its entrance that began, “Welcome back! We missed you. Let’s take care of each other by following the rules.” Beneath this, along with traditional COVID-19 precautions like physical distancing and avoiding large groups, were calls for customers to “pay without contact when possible” and to “be nice to each other and to our colleagues.” Similarly, a café in Jabal Amman, which permanently closed due to the pandemic but left its COVID-19 signs hanging, asked customers to “please wear your mask before you enter and while ordering” in both English and Arabic. A second sign on the door told customers to “show the contact tracing app AMAN on your mobile” when entering. A sticker at each entrance to the Galleria Mall in Sweifieh displayed an image of a mask with hearts, saying “When I wear my mask, I protect you. When you wear your mask, you protect me” and “Keep your health and their health by commitment,” adopting similar language to awareness campaigns by the Jordanian government.

Other businesses used signs to place the onus of COVID-19 policies on the business itself, often seemingly attempting to use this as a selling point to entice customers. A restaurant and bar in Jabal Amman, for example, featured a sign at the entrance that read, “To keep you safe, we’re limiting the number of customers in the restaurant at a time and there may be a wait.

Thanks so much for your patience!” A café in Jabal Lwebdeih featured small signs on each table with the lines, “This table has been sanitized” and “Not sure what to order yet? Scan QR code to view our menu,” emphasizing the café’s attempts to shift its own practices in response to the pandemic. A chain restaurant in Abdoun similarly included a long list of new requirements for their employees with the heading “Because we care” in both English and Arabic on an enormous poster at its entrance. The poster sat behind a small table with hand sanitizer labelled the “Sanitizing Station” and included policies like “Employees wearing gloves and face masks at all times” and “Measuring employees’ temperature daily.” Such signs represented attempts by businesses to frame themselves as safe – and perhaps safer than their competitors – in an effort to draw in customers.

This language differed substantially from businesses with signs that framed COVID-19 policies as existing only because of government requirements, pushing the onus of pandemic response on the government alone. A pool hall in Al-Jubeiha, for example had a torn sign at its entrance that featured a government crest at the top and read, “Defense Order 11 for the year 2020 issued pursuant to Defense Law 13 for the year 1992. The employees of all governmental and private establishments and all users or customers of these establishments shall abide by the following: wear gloves and masks.” Despite this sign, I never saw employees or customers of the pool hall wearing either, further indicating that such policies did not come from the business itself. I saw similar signs in supermarkets around Al-Jubeiha. These signs consistently featured a government crest at the top and framed mask wearing only as a requirement of Defense Order 11. Some also included the potential fines for both businesses and individuals for not following the policy. Mask wearing in these spaces was often hit or miss, with certain employees and customers following to varying extents. When Ayman and I went to a nearby supermarket for groceries, for example, the butcher wore his mask around his neck as he and Ayman chatted.

However, like printing shop, most businesses seemed to incorporate a mix of these framing devices. Another café in Jabal Lwebdeih, for example, posted signs on each wall of the business that read, “To guarantee your health and the health of users of the Institute, please respect the following health instructions” with additional signs setting café policies of “1 person per sofa, thank you!” A chain shawarma restaurant in Amman featured a sign on its front window that stated, “Following the defense order and for the sake of your safety, we request that our valued customers opt to wear masks and gloves before entering the store. Thank you,” drawing on all three framing devices within a single sentence. A bowling alley hosted in an international hotel similarly posted a sign that read, “As per Defense Law Number (11); For your safety, please put on your GLOVES and MASK.” Other businesses shifted the framing of their signs over the course of the pandemic. A chain café in Amman, for example, first posted a sign on its door with the Arabic words, “Please wear a mask to receive service inside,” putting the onus of requiring mask wearing on the business itself. Yet, later in the summer when I visited the same café, the sign had been replaced with one in English that read, “We’re committed to everyone’s well-being. Our employees are wearing face masks. We ask that you wear yours too. Thank you for your cooperation!” This new framing showcased both the business’ policies to protect its customers and requested – rather than required – that its customers do the same.

In discussing discourses of corporate social responsibility (CSR) among transnational corporations, Rajak (2011) argues that award ceremonies around CSR are highly visible “theaters of virtue” that serve to manufacture consensus and marginalize critique of such practices. The signs hung by businesses in Amman can be similarly imagined as “theaters of virtue.” The presentation of such signs represents a similar spectacle of sorts, drawing the reader into their logics. They frame the business as the unambiguous arbitrator of COVID-19 responses within that space, supporting this claim through the rhetoric the given business chooses to incorporate, empowered by the government, the business itself, and/or its customers. Images and colored fonts

are frequently used to draw one's eye to the sign first, and the sign leaves no space for negotiation or discussion. In this sense, the sign is able to produce the consensus of those its affects – whether that consensus is wanted or not – towards certain COVID-19 policies; like a theater, it is a unidirectional presentation, with no space left for disagreement. Such “theaters of virtue” acted to produce the COVID-19 Spectacle, with signs bringing the spectacle into the sights and minds of people in Amman in these businesses. At the same time, these theaters used the spectacle to further their own ends. For some businesses, this meant drawing on the spectacle as a form of advertisement; for others, it meant using the spectacle to redirect potential criticism towards the government.

Beyond signs, a variety of businesses in Amman implemented practices to make the “unsafe” safe. The Al Hussein Technical University, for example, featured a “sterilizing gate” at its entrance. Visitors were required to walk through this gate, being sprayed by presumably sterilizing chemicals, before entering and after leaving the university. A bank that Ayman and I visited in Al-Jubeiha, similarly hung signs that described how it had been “sterilized” against COVID-19 by a pest control company. The bank also used tape to prevent people from sitting in middle seats in an effort to ensure physical distancing. When Ayman was interested in buying a new television, the family and I visited an electronics store in Al-Jubeiha. When we entered, we were served coffee in disposable cups, with the employees pointing out that the disposable cups were meant to prevent the spread of COVID-19. Several chain restaurants that I visited with friends stationed employees at their entrances, holding boxes of disposable masks and denying entrance to anyone who refused to wear one. The Abdali Mall gave their existing security personnel temperature guns, scanning the wrists of those entering to ensure that no one had fevers. Similarly, at a chain restaurant in Al-Jubeiha, a temperature gun sat unused next to the entrance.

A chain falafel restaurant in Medina Riyadiya that I frequented during my previous time in Amman completely transformed its inside organization in response to the pandemic. Prior to the pandemic, I would enter through one door, follow the counter to the cashier ordering and paying along the way, and then leave through the door on the opposite side of the small restaurant. In response to the pandemic, however, the restaurant completely blocked off its main entrance, placing a large barrier in front of the door. With only the back door accessible, the restaurant moved the cash register to prevent customers from entering more than a few steps. Customers would, thus, order at the cash register and wait for their food outside until they were called, keeping customers away from both the food and workers inside.

Curious about how hammam's – public bathhouses found throughout the Middle East – might respond to the pandemic, two friends and I made our way to one Jabal Amman on a cool summer evening. As we approached the entrance, signs were posted along the wall of the building telling customers to wear masks, yet the employees in the lobby were wearing their masks around their necks. As we entered the changing room, another employee instructed us to take our masks off completely and leave them in a locker. As I stepped into the hammam itself, I was taken aback by the hot, steamy air. The steam rooms and saunas required us to gather in closely, breathing the same stifled air without a mask. Massages put employees and customers in close proximity, with neither party following any COVID-19 precautions. To some extent, such risks seem unavoidable in the context of a hammam; masks would be miserable and perhaps even unusable in such conditions, particularly for employees working long shifts. On the other hand, temperature checks or vaccine checks would be feasible before allowing a potential customer to enter, potentially protecting employees from exposure to the virus. Perhaps this hammam chose not to do so out of fear of reminding customers about COVID-19 before entering such a seemingly vulnerable space, or perhaps they simply did not consider such precautions priorities. Regardless, the hammam provided a stark contrast to the largescale changes many businesses in

Amman – including the chain falafel restaurant – undertook to protect their employees and customers in seemingly less “risky” spaces.

On the other hand, a space that took such precautions very seriously was the Collateral Repair Project (CRP), the refugee nongovernmental organization with whom I worked during my summer in Amman. I spent the first month of the summer communicating with my boss and coworkers largely over Skype call. At the time of my arrival in Amman, CRP had still not resumed any in-person activities. Instead, a few days per week, I would meet my direct supervisor and friend, an American working as a data officer at CRP, at a random café around Amman; we often traded back and forth based on who was closer to the most recent café. It was not until mid-June, approximately 15 months after the organization had initially closed its in-person offices for the pandemic, that CRP began slowly returning employees to its office in Hashemi Shamali. For the first few weeks, employees were assigned to come in on a specific day or two of the week based on their roles and supervisors, and at first, only the vaccinated were allowed to return.

On June 16, I stepped out of my Uber in front of the CRP building for the first time. As I approached the entrance, I was greeted happily by a guard who was one of my English students at the time. He beamed with excitement at getting the chance to meet me in person, and apologized as he told me, “Sorry. I have to check your temperature.” He lifted a temperature gun to my forehead and quickly waved me through as the screen flashed green. As I stepped into the courtyard, I was greeted by my American friend, and we headed upstairs to a tightly packed office with a handful of computers, tables, and chairs and one of the only consistently functioning air conditioning units in the building. My friend had been working at CRP for over a year now, yet it was his first day in the building too. As we sat down in chairs that would soon become all too familiar, we chatted about the organization’s mask policy. “I think we don’t need to wear masks in our office, but I’m not sure about in the hallways,” my friend said. Later that afternoon, I crossed the thin hallway to the bathroom, forgetting to don my mask. When I returned to my

office, one of the heads of the organization was waiting for me. He asked that I be more cognizant of my mask wearing, and I agreed. Over the coming weeks, more and more CRP employees would join our small office, reaching a peak of around five people present on any given day.

In late June, CRP hung its first COVID-19 sign. Though beneficiaries had not yet been allowed into the CRP building again, regardless of vaccination status, the sign was seemingly placed in numerous spots around the building in anticipation of their imminent return. In bold font at the top it read, “You are the trust in our necks!” an idiom that roughly means “You are entrusted with our lives!” Below this were four bullet points instructing beneficiaries on CRP’s COVID-19 policies. They stated in Arabic:

- Please comply fully with wearing gloves and masks and not shaking hands and social distancing.
- Please no turning on the air conditioner and replace it with fans and/or proper natural ventilation.
- Please leave a safe distance of 1 meter between you and between other people.
- Please leave the association immediately after finishing the activities and no staying the purpose of social communication.

Interestingly, none of these four bullet points seemingly applied to CRP employees. I never encountered anyone in CRP wearing gloves, and we did not wear masks in our office. We frequently used the air conditioner on hot days, sealing the windows in doing so. With five people in our small office, it was impossible to leave 1 meter between all of us, and much of the reason employees began coming to the CRP building was for social communication during work.

As CRP began allowing beneficiaries to come into the building in the following weeks, they were often restricted to the bottom floor, keeping them away from employees to reduce the risk of us catching COVID-19. In early August, CRP posted a second COVID-19 sign, this one

exclusively downstairs. I first spotted this sign on a bulletin board in main room, hanging under a painted photo of King Abdullah II. Hung under “Association Advertisements,” it read in Arabic, “Valued brothers and sisters, please all commit to wearing a mask inside everywhere under legal accountability. Thank you for your cooperation.” Above this text was an English logo with a picture of a mask and the text “No entry without a face mask.” After noticing this sign for the first time, I looked around the downstairs floor of the building. The new sign was in nearly every room open to beneficiaries, and it was even haphazardly taped to outside walls.

In this way, CRP seemingly operated two different COVID-19 policies. Employees were largely allowed to ignore COVID-19 restrictions, with the exception of wearing a mask in the hallways, while beneficiaries had seemingly strict COVID-19 guidelines to follow. In the conversations I had with other CRP employees, we were under the impression that the strict guidelines for beneficiaries largely existed to protect the employees. Perhaps tied into these differences were imaginings of CRP employees – many of whom were either Westerners or relatively well-off Jordanians – as somehow less likely to catch and spread COVID-19 than the refugees and impoverished Jordanians the organization served. Regardless, such actions by CRP were similar to many undertaken by businesses in Amman, directing a mixture of moralizing language of individual action and threat of government action into its policies towards beneficiaries. Moreover, such changes existed within a domain of many novel practices interested in making the “unsafe” safe the uncertain times of a pandemic.

Filling the Time of the Pandemic: Reshaping the Space of the Home

Ayman and I sat next to each other on the couch in his living room. The television blared loudly in the background, with the nightly news delivering the daily COVID-19 case counts. To me, however, the television was little more than white noise. I was staring at my phone, scrolling through the latest social media posts from my friends on Instagram. When I grew bored of those,

I switched to Facebook, then to Reddit. I glanced over at Ayman; he was scrolling through videos on Facebook. After a bit, he held out his phone, showing me a video of someone turning an old television into a lighting fixture. “I want to do that,” he said. We chatted a bit about the feasibility of such a project, then returned to our respective phones.

I later stumbled onto an album of photos from my cousin’s wedding on Facebook. I turned to Ayman and held out my phone, saying, “Look! My cousin got married.” We again chatted briefly about weddings in the United States and Jordan and about the difficulties of weddings during the pandemic, then we returned to our phones yet again. I glanced over at Ayman’s daughter – his eldest child. She was holding the family iPad, playing Roblox. With no electronic devices left to occupy them, Ayman’s three sons were running frantically around the living room, switching quickly between games of Jenga and wrestling. Every now and then, one of the boys would be too rough, and they would shout to Ayman for attention. He would lightly scold the offender and return to his phone. Ayman’s wife Layla would use this time to briefly get away from the noise and demands of the children, sitting in a back office by herself where she smoked shisha and talked on the phone with friends and family. This was our nightly routine for much of the summer. On some nights, one of the boys would have the iPad, or Ayman would let them borrow his phone, but the noteworthiness of these small changes reflects just how consistent these nights were. Over a year into the COVID-19 pandemic, electronic devices had become more and more of a focus and escape.

I chatted with Ayman and his wife Layla about this often. Ayman had lost his job because of the pandemic, and schools had been closed since March 2020. For over a year, the family had shared a single living room, with only occasional reasons to leave. It was hard for both of them to occupy the children consistently for such a long time, and they found themselves frequently frustrated. They set up ways to get away temporarily. Ayman rented a storage space a few blocks away for maintenance supplies that he converted into a partial office for himself

during the day. Layla portioned off the back office in the house in the evenings. The struggles they faced with their family dynamics and relationships during the pandemic were not unlike those of many families around the world. The pandemic reorganized and redefined the space of the home in ways that felt trapping to some and liberating to others.

I often found myself feeling trapped by the pandemic, both during my time in Jordan and before. Over the summer, I averaged eight to twelve hours of screen time on my phone per day, a statistic that saddened me a bit each week when my phone notified me of it. On a normal week, I spent more than 20 hours listening to podcasts and over six hours on TikTok and Reddit. I found myself thinking more and more about my own relationship with the internet and my phone, and I felt that my reliance on these as distractions had only escalated over the course of the pandemic. Even on the low end of my averages – at eight hours per day of screen time – that represented half of my time awake. During my alone time in my apartment, I found myself bored by just a single distraction; I would play games at the same time as listening to podcasts to ensure that no moment went unfilled. I also picked up new hobbies to fill the time that I was not on my phone. I practiced making different types of tea and drawing some of my experiences. Even with so much time, I found it difficult to keep the space of my apartment clean. Empty water bottles were strewn across the floor; clothes that had been dry for over a week hung from the rafters of my apartment. When the sheet slipped off my bed, I would go days or even weeks sleeping on the plastic cover that protected the mattress. All of this is to say that the pandemic substantially reshaped the ways in which I interacted with the space of the home, as it did for Ayman's family and for so many others.

With the schools closed in Amman since March 2020, the Jordanian government opted to host online classes for children in the country. Yet, these classes required an electronic device and a stable internet connection to access. At times, Layla would express her concerns to me about the children's online schooling. In their household, with two cell phones and one iPad, it was difficult

to coordinate online classes for their four school-age children. This problem was made worse by the fact that Ayman and Layla often needed their own phones during the day. Layla also worried that her children were not actually learning as well through online classes, a sentiment shared by many parents I spoke with in Amman. In my interviews with CRP community members, I asked about the ways in which parents felt that education had been affected by the pandemic, with many reiterating Layla's concerns. One Iraqi woman told me, "With the schools online, my daughter is not taking the information in. She is not learning a lot." Another Iraqi woman said, "There was no education for children during the pandemic. Zero. The school was closed, and students did not study at all." A Yemeni woman and an Iraqi man both expressed similar difficulties as Layla in terms of device access for their children as well. The Yemeni woman told me, "We only have one phone, and we have five kids in classes. They had to take classes online, and internet costs money and is hard to get." The Iraqi man similarly said, "It is forbidden for kids to go to school. They are not learning the information now. They are using electronics and the internet all day. We have six people using one computer and phone, and our internet is limited."

Though Ayman ran an informal maintenance business, we often chatted about his difficulties without work. Having lost his job as an engineer at the start of the pandemic, he often seemed insecure in his lack of formal work, at times calling his maintenance jobs work and at other times snapping at me if I described them as such, responding, "I do not have work." The CRP community members that I interviewed often similarly experienced a lack of work. When I asked how work had been impacted by the pandemic, many responded with a phrase I heard from Ayman often, "*maa fii shughal*" (there is no work). As one Jordanian woman explained to me, "There is no work because of COVID. I have no income, and I need money to pay for electricity." A Syrian man felt similarly, "I lost my job. Now, when I look for a new job, I can't find anything because everything closed in Jordan. After COVID companies shrunk substantially, going from 100 employees to 50 or 25." Other refugees often pointed out the legal inability of

refugees to work in Jordan, though some – including likely that Syrian man – are able to find work informally. As an Iraqi man told me, “Frankly, refugees are unable to work in Jordan, so the pandemic had no impact there.”

The lack of work experienced by many pushed some people in Amman to go into debt during the pandemic. One day, towards the end of my time in Amman as I was relaxing in my apartment, Ayman brought a stranger over to tour it. After he left, I asked Ayman if the man was interested in renting the apartment after me. Ayman replied, “No. He is from the bank. I want to get a loan.” When I asked Ayman what he wanted the loan for, he responded, “I want to prepare my office, and I want to buy a new car, but I don’t have any money.” Similarly, in my interviews with CRP community members when I asked about the impacts of the pandemic on debt, a Syrian man told me, “There was no work, so I had to take loans. I would go hungry otherwise.” A Palestinian man who had his salary reduced because of his job as a teacher expressed similar concerns, saying, “Everything became more expensive than before. The only way to survive was to go to banks or ask family and friends for money to live.” Though Ayman did not need to seek loans out of fears of surviving or going hungry, in large part – as he told me – because of the rent I paid for my apartment, he too felt that he was forced to seek loans because of his lack of work and lack of money.

For refugees receiving support from nongovernment organizations, most organizations did not have the infrastructure or plans to maintain their services during lockdowns. When I asked the Director of Emergency Assistance at CRP how the organization had changed during the pandemic, he was quick to point out this fact. CRP, on the other hand, contacted individual grocery stores near their beneficiaries and essentially created a system of IOUs in order to continue their food voucher distributions. The director beamed with pride as he described this system to me and emphasized how difficult and time-consuming it first was. It is thus

unsurprising that CRP was seemingly the exception in finding a way to continue this support through lockdowns.

Though I already discussed some of the struggles Ayman and his family faced in their relationships with each other because of the pandemic, it is worth mentioning that these feelings were often complicated. The pride and love that Ayman and Layla had for their children were evident, and there were many moments they shared with their children that might not have been possible without the pandemic. When the boys feared that their pet turtle had accidentally ended up in the trash, Ayman dug through the nearby dumpster for hours searching for it, though he sadly never found it. There were evenings in which Ayman, his four children, and I would play games in the driveway together, and he put in incredible effort to ensure these games were safe, fair, and fun for all of them. Similarly, when I asked CRP community members about the impacts of the pandemic on their relationships with their family, I often received mixed and complicated responses. As one Sudanese woman told me, “Because of the lack of work and online school, the father and kids have all been in the house. Some relationships are better and some worse because I am seeing them all day every day in the house.” More positively, a Jordanian woman answered, “My relationship was strong during COVID. Before I had to work, so there was not a strong relationship. Because of COVID, I had more time to spend with the kids, and we’ve learned things about each other.”

Yet, the complex dynamics of lockdown also made some family relationships difficult outside of the household. As one Palestinian man told me, “I live in Amman. My family lives in Zarqa. I was not allowed to go to Zarqa. My father doesn’t work, and he needs money. I could not give him money to buy food.” Similarly, beginning with the initial lockdown, the UNHCR head office in Amman shut down. After lockdowns ended, the office continued to be closed to in-person visits without a prior appointment at least until I left Amman. I spoke with a Syrian man about his struggles with the UNHCR during the pandemic. According to him, if a refugee’s

UNHCR card expires in Jordan, you cannot go to a health center. His UNHCR card had expired in July 2021. He scheduled an appointment and met with a UNHCR employee on July 20 but – nearly a month later – had still not heard from anyone. “Every month, I take my parents to the health center to get their medicine,” he told me, “Now, in August, I can’t take them because my UNHCR card is expired.” He told me that other refugees he knew had waited three to four months and still had not received their renewed UNHCR card, and the UNHCR had provided them no explanation for these delays. With the head office closed, all he could do was continue calling and hope for an answer.

Each of these factors – and many more – in turn shaped the ways in which the pandemic impacted the mental health of many in Amman. My relationship with my own mental health in Amman was complicated. I started a new antidepressant medication at the start of my summer, so I was dealing with that alongside the stress of meeting new people, starting a new job, and conducting research all at the same time. I had moments that were very difficult, yet I also felt able to be social again for the first time since the pandemic began. The CRP community members who I spoke with similarly spoke to the difficulties they had faced in terms of their mental health during the pandemic. Some tied those mental health struggles directly to the factors discussed prior. For example, an Egyptian woman told me, “There are many problems in the house. There is not enough food. My kids are in the house. There is no work. So, of course, there are mental health problems.” Many also connected their struggles to the lockdown. As one Iraqi man said, “The lockdown was like jail, so it had the same effects on mental health.” Another Palestinian man similarly stated, “When you can’t move from your home and can’t communicate with everybody, it is bad for your mental health. You can’t have any social interaction.” Lastly, an Iraqi woman told me, “My baby could get sick. I can’t go see soccer. I can’t do anything. Everything is no, no, no, COVID-19.”

How then do we explain the suffering in the space of the home faced by many in Amman and the differences between these experiences of suffering? As Galtung (1969) first posited, such suffering can still be imagined as a form of violence. As he proposed, suffering in which harm is not caused by an immediate actor is structural violence (Galtung, 1969). Farmer (2003) argues that structural violence targets those at the “axes of oppression,” namely those that face racism, sexism, and poverty, among others. Yet, this suffering does not appear from nothing; it is intertwined with the actions of the powerful (Farmer, 2003). Through this lens, the suffering of many in Amman who faced difficulties housing and feeding themselves and their families can be imagined as a product of structural violence, with the agency of these individuals constrained by many of the pandemic responses implemented by the Jordanian government. This was particularly true for refugees, whose lack of citizenship placed them along an additional “axis of oppression,” as government policies targeting refugees before the pandemic (e.g., a legal inability to work) heightened the suffering many faced during the pandemic.

In my interviews with CRP community members, I also asked about the things that helped them adapt to and get through the pandemic. One of the most consistent answers was CRP’s English classes. As one Iraqi woman said, “The online programs were good. They filled time while I was stuck in the house. They were very helpful and very nice.” Another Iraqi woman said that the most helpful support she received during the pandemic were “English classes for me, and my children could watch them to learn.” A Sudanese woman similarly stated, “All of us were in our houses. There was no sickness in our family, thank God. CRP taught English classes to fill the time. It gave us something to do, which was good.”

I taught one of CRP’s Beginner English classes over the summer, and I heard similar feedback from my students. Our classes were hosted over Google Meet, likely presenting some of the same issues that people discussed in terms of online schooling. Still, many were thankful for the opportunity to do something that felt productive in their spare time, and I walked away feeling

the same way about teaching the class. I grew close to many of my students, and I was sad to say goodbye on our last day. Each of us joined the class from our respective homes, finding a way to fill the time of the pandemic. The impacts of the COVID-19 pandemic on home practices were powerful for many, altering our relationships with and uses of the space of the home through changes to education, work, debt, family relationships, and mental health in complex and intersecting ways.

“It’s Okay with You:” COVID-19 Distance and Bodily Practice

“My brother is having an aqiqah for his daughter tomorrow. Do you want to come with me?” Ayman asked me one evening in mid-June, as we sat on the couch in his living room chatting.

“Sure! What’s an aqiqah?” I replied.

“It is an animal sacrifice for the birth of a child. It is normally done on the seventh day after the birth, but my brother had to delay it until now because of COVID. My whole family will be there, so you can meet everyone,” he explained.

Ayman’s van braked in front of an apartment complex much like the one we lived in, a little bit farther outside of Amman but still within Al-Jubeiha. As we pulled to a stop, his three sons leaped out, sprinting towards the stairs to race to the apartment. I stayed close to Ayman, unsure what to expect. As we stepped into Ayman’s brother’s apartment, I was immediately struck by its enormous size. The apartment was two stories, with a living room and kitchen on the first floor that seemed to stretch the entire length of the building. Ayman’s brother greeted us each with a firm handshake. We chatted briefly about what I was doing in Amman and how I liked the city. Then, he directed Ayman and I upstairs. Though we were the first guests to arrive, one by one more of Ayman’s brothers poured in, with the men joining us upstairs. As each guest entered, they would shake each person’s hands. The brothers I had met before greeted me as a friend, and those I had not introduced themselves to me. Over the course of an hour, the room

filled until there were no seats or couches left, with some of the younger boys relegated to the floor or other pieces of furniture. There were over 20 people in this room alone and likely well over 40 in the apartment including the women and children downstairs.

The couches and seats crowded around a small table. Between each couch sat a shisha. As we settled into our seats, the eldest brothers began heating coals. Before long, many of the brothers and their relatives were passing pipes back and forth, holding onto a given pipe only long enough to take a quick pull of vapor. A few of the men – including Ayman – sat back, electing to use their own personal vapes instead. The younger boys largely ignored their parents, stealing sodas from the coolers around the room and chatting casually with each other. I bounced back and forth between conversations, with some seemingly curious about my presence and others more interested in catching up with their relatives. Soon after all the introductions were made and everyone settled in, one of the boys spotted a delivery van outside of the apartment complex. One by one, Ayman’s sons and some of the other boys sprinted down the stairs to grab the food. After only a few minutes, they carried up an enormous plate of mansef: the Jordanian national dish of rice, pine nuts, and lamb. Others carried in smaller dishes of fermented yogurt. These dishes were placed on the small center table.

As the table was being set up, each person made their way to the bathroom to wash their hands. Soon after, the meal began. Each person was handed a spoon, but most chose to forego its use; mansef is traditionally eaten by hand. One of the brothers poured the fermented yogurt across the dish, and it quickly became a free for all. I initially reached into the dish with the spoon I had been handed before I was stopped by Ayman’s oldest son, Kareem. “That’s not how you eat mansef,” he said, “Look!” Kareem reached into the mansef, grabbing a handful of rice, lamb, and nuts that was soaked with the yogurt. He used the yogurt to clump the ingredients together in a small ball, then ate the ball from his hand, narrating the process to me as he did so. Kareem then looked to me expectantly, providing feedback as I made my first ball. “That’s too small. You

need more rice,” he commented, as I dug back into the dish following his instructions. He beamed with excitement as I took my first bite from the ball I had made. “That’s how you eat mansef.” Over the next thirty minutes, people traded seats, rotating around the mansef to get at the parts they wanted most, stepping back once they had had their fill. With their hunger sated, a few more of Ayman’s relatives took interest in me.

“We can’t call you Patrick,” one of Ayman’s brothers told me, “It sounds strange.”

“What will you name your first son?” another brother chimed in.

“My fiancée and I have talked about the name Theodore,” I replied. I was met with a roar of laughs from the crowd.

“You let your fiancée choose your son’s name? You’re a sheep,” the brother replied, pointing to the scraps of the mansef left in front of us, “Abu Theodore sounds just as strange. What about Abu Muhammad? Muhammad is a blessed name that brings good fortune.” The brothers laughed heartily again in response to this. Over the course of the next few hours, a different brother or son would call out, “Abu Muhammad” until I responded, causing another uproar of laughter. After three hours, Ayman began to say his goodbyes. His brothers jokingly criticized him for leaving early, and he countered by saying that everyone else had just shown up late.

As we made our way out of the apartment, I began to reflect on the aqiqah as a whole. Surrounded by family, COVID-19 precautions had gone completely out the window. Ayman, who was vigilant about mask wearing in public spaces, had readily left his mask off, sitting close to, shaking hands with, and sharing food with nearly 20 other people. I had been similarly quick to forget about such precautions when surrounded by the welcoming kindness and scalding jokes of Ayman’s family. The aqiqah was reflective of a larger trend I noticed with bodily practice

during the pandemic in Jordan, and perhaps everywhere; people were quick to trust their family and friends, considering them less “risky” in terms of spreading COVID-19.

Ayman and his family kept a series of disposable surgical masks on the key holder by the front door. When a mask was lost or got worn out, everyone in the family knew that the box of spares was in the cabinet above the fridge. Before we left the apartment, Ayman always double checked with his sons and me, “Do you have your mask?” He was often unsatisfied with my answer until I pulled my mask from my pocket to show him. In the countless shops Ayman and I visited together, he never hesitated to put on his mask before entering, even in places where every other person was not wearing one. He was frankly more careful about mask wearing than I was, and he taught his children to maintain the same vigilance. Ayman’s daughter proudly wore a specialty cloth mask, embroidered in a Bedouin pattern common among Jordanian souvenirs. When Ayman’s oldest son and I would walk to the grocery store together, his son would similarly insist that I show him my mask before leaving, and he would often tell me to put on my mask before we even crossed the street the grocery store was on. I do not know if Ayman felt nervous about COVID-19 at the aqiqah; if so, he never told me so. Still, it is interesting that someone so vigilant about mask wearing in other parts of his life would be willing to forego one for his family’s celebration.

In the weeks following the aqiqah, I found myself reflecting on my own mask wearing philosophy. When I had first arrived in Amman, I had worn a mask anytime I stepped outside of Ayman’s or my apartment. I wore a mask at all times as I walked down the street, as I rode in public transportation, and as I entered stores. As I began to make friends in Amman, I found myself wearing my mask less and less around them. I also soon became more comfortable with not wearing a mask in restaurants and cafés, even after I finished my food or drink. As the summer in Amman grew hotter, I found myself sweating through my mask outside. I first started pulling it down to catch breaths occasionally, then only pulled it up as someone passed me on the

sidewalk, before ultimately choosing to fully abandon the mask when outside. There was an interesting logic behind these decisions for me. Some of it was based on the current information I knew about the virus, such as the fact that transmission rates were substantially lower outside. Yet, I did not change my habits as I learned that information. Instead, that information wore me down slowly over time, with the discomfort of mask wearing eventually convincing me that my actions would be “safe.” I suspect that many others went through similarly complex and perhaps contradictory pathways of reasoning. One evening while walking home, for example, I passed a family of three; the man and boy were not wearing masks while the woman was. In Amman’s downtown, I would occasionally people watch to try to understand mask wearing patterns. Towards the end of the summer, only about a third of people wore their masks outside in the area, yet I could not identify a pattern visually in who did and did not. It was common to see different habits within a single group, with a man without a mask chatting with another man wearing one. There was a seeming randomness to the bodily practice of mask wearing.

Similarly, soon after my arrival, Ayman explained to me that the handshake had been replaced with the fist bump in Jordan in an effort to combat the pandemic. Despite this statement, repeated by not only Ayman but many others I spoke with, I only ever received a single fist bump. In the weeks before CRP allowed employees to return to the office, my American supervisor wanted to introduce me to an Iraqi refugee and friend of his that ran CRP’s IT, Omar. My supervisor and I met at a chain restaurant in Jabal Amman one afternoon, and Omar joined us after a short while. As Omar sat down across from me, he immediately extended his fist. We exchanged a fist bump and continued our introductions without comment. Omar and I became fast friends over the summer. Forced to flee Iraq after briefly sheltering U.S. soldiers in his garden, Omar had lived in Amman for many years. When CRP returned to work in person, he was one of the five that joined our office.

On the other hand, other people I met in Amman were quick to reference the fist bump as a seeming demonstration of trust in me in foregoing it. When I met one of Ayman's brothers in my second week in Amman, for example, he immediately reached out and gave me a handshake while saying, "We shouldn't shake hands anymore, but it's okay with you." Similarly, I visited a former employer of mine in Amman in the midst of the summer. As I entered the office, the man who greeted visitors immediately greeted me with a handshake while reminiscing on my time with the office. My former boss then stepped out of his office and joked, "We need to keep appropriate distance, or no distance in this case" as he opened his arms for a hug. Such greetings share an acknowledgement of what is "proper" or "safe," along with an active choice to defy that based on an existing relationship with the person being greeted.

Body culture studies argue that the human body is a key site of political, social, cultural, and economic contestation (Hancock et al., 2000). One focus of body culture studies is that of bodily practice. Through the example of gestures in Cairo, Elyachar (2011) asserts that bodily practice can take forms that are both easily discernible and symbolic, like many religious practices, and forms that are subtle and difficult to describe, like how someone carries themselves while walking. In both cases, bodily practices are communicative of identity, status, and beliefs (Elyachar, 2011). In the context of disease outbreaks, bodily practices at times shift. During early Ebola outbreaks in Uganda and the Congo in the 1990s and 2000s, for example, shaking hands was seen as dangerous and was at times banned by the respective national governments because of its potential to spread Ebola. In response, community members in the two nations developed alternative greetings of bumping elbows and snapping fingers, respectively (Hewlett & Hewlett, 2005). During the COVID-19 pandemic in Amman, fist bumps were encouraged in a way reflective of changes to bodily practice during the early Ebola outbreaks. Yet, such practices were not universal. The handshake instead became a discernible and symbolic bodily practice, used as a gesture to display both implicit and explicit trust. The significance of such a gesture is

inherently spectacular, pushing the other person to frame a simple handshake or fist bump within the larger context of the pandemic.

Conclusions

On a cool evening in the middle of the summer, Ayman invited me to accompany him and his oldest son Kareem on a trip to the barber. They teased me on the drive over about my long hair, suggesting that I should get a haircut too and debating how I might look with a buzz cut. As Ayman parked the van, he turned to Kareem and I and said, “We have to wear a mask inside.” We quickly donned our masks and followed Ayman inside. Three black couches lined the far wall, angled slightly towards a television showing a live feed of the Ka’bah. The other wall was lined with mirrors and three barber chairs. One barber was already working on a client while the other chatted with a couple of men on the couch. None of them were wearing masks. I took a seat on the couch next to Kareem as the barber guided Ayman into a chair. On either arm of the couch sat a box of disposable face masks and a container of hand sanitizer. The barber asked Ayman to remove his mask for the haircut and soon began to buzz the sides of Ayman’s hair. As I waited, I listened to the conversation between the other barber and his client. Though I only caught the end of their conversation, they seemed to be complaining about COVID-19 regulations. The barber shrugged off the regulations, saying, “Corona is finished.”

Though I rarely heard others express this sentiment so explicitly, the conditions of the signs of certain businesses seemingly said the same. A café in Jabal Lwebdeih featured a torn and faded sheet of paper taped to the front door, with parts of its text illegible from damage. Piecing together the missing letters, it read, “Safety First. COVID-19 Safe Zone” and below that, “This site is inspected for compliance with Health and Safety measures by the special committees of the Ministry of Tourism and Antiquities.” Inside, the employees no longer even wore masks. Another restaurant and bar in Jabal Lwebdeih featured a large sticker on its outer wall. At some point, the

sticker read, “Face mask required at all times” in a circle around an image of a face wearing a mask. By the time I first passed this business, the sticker had peeled and curled in on itself, leaving only the words “Face mask” and “-imes” visible. The employees I saw inside were similarly not wearing masks.

The interaction at the barber shop and the aging signs each reflect the ways in which COVID-19 imaginations and in turn practices shifted over time for many. Though businesses may have enforced COVID-19 precautions early in the pandemic, time wore away at the vigilance of many. While some sought to make the “unsafe” safe, others sought to return to everyday life before the pandemic. While the changes to the everyday practices of businesses, homes, and bodies were not always negative, they were almost always substantial. Though I felt the barber’s assessment that “Corona is finished” was too hasty, it posed the question: When will Corona be finished? How do we balance conceptions of “risk” and “normalcy” in our everyday lives? Will we ever be able to return to the everyday practices prior to the pandemic? If so, when? Such questions lack a single answer, but it too often feels like the answer is a never-ending “soon.”

On my night before last in Amman, Ayman called me and asked me to come back to the apartment as soon as I could. I arrived to see a long table in the driveway with a wide variety of foods along its length; Ayman and his family had put together an enormous dinner for me. Ayman had grilled an array of different meats, and Layla had made a series of some of my favorite dips. Ayman’s mother and one of his brothers had also come to say goodbye. As we chatted and ate, I noticed that only Ayman’s mother was at first wearing a mask. Over the course of the evening, however, she slowly removed it, moving it first below her chin and then leaving it in her chair. Ayman’s children brought out a tray of cantaloupe to share for dessert, and we shared stories of some of the silly moments we had shared over the summer.

At the end of the night, I exchanged hugs with each person at the dinner. I was touched by the gesture and spent the rest of the night reflecting on what an incredible host family they had been. There is an interesting emotional and social distance created by the bodily practices of COVID-19, like masks and fist bumps. Perhaps that distance is tied to ways in which these precautions draw attention to the possibility of disease and sickness; perhaps it is simply rooted in the ways in which these practices differ from what is “normal.” In either case, there was not a moment that night when I considered sharing fist bumps with Ayman’s family instead of hugs.

CHAPTER 5

MAKESHIFT SAFETY: SHARING THE SPACE OF PUBLIC TRANSPORT

On a sweltering afternoon, I ducked into the shadows of my apartment complex, waiting for my driver to arrive. I glanced down at my phone, and the Uber app informed me that my driver was wearing a face mask and had a plastic divider to help prevent the spread of COVID-19. A few minutes later, a silver Ford Fusion pulled up, and the driver cracked his window. “*Batrick?*” he asked. I nodded in reply and walked around the car to the back right seat, farthest from the driver.

As I opened the door and take my seat, I asked “How are you?”

“*Alhamdulillah,*” he responded softly, taking off without another word. The heat of late summer stifled the air in the car despite the struggles of the car’s the AC, and the late afternoon sun shone through the window. I almost instinctually took note of the driver’s blue disposable surgeon’s mask that he had strapped around his chin, leaving his mouth and nose uncovered.

After a few minutes in stand-still Amman traffic, the driver turned on the radio. “*Ilbis kamamatak,*” crackled out in the break between songs, translating to “Wear your mask.” I tugged on the ear loops of mine, adjusting its position slightly as I glanced up at the dashboard display. The station read, “102.1 HALA,” as the speaker continued, asking the people of Amman to wear their masks to protect their own health and the health of others. Between the driver and I was a see-through plastic sheet, held in place by a few pieces of tape around the front seats. Perhaps this sheet once separated the driver from his passengers, but it had now folded in on itself, with its top resting roughly at chest height. At the sheet’s connections with the front passenger seat, a small

bottle of hand sanitizer was taped to its face. When we arrived at my destination, I exited with a quiet “Thank you,” his lack of response in stark contrast to the many boisterous taxi rides I had in Amman before the pandemic.

In this chapter, I consider the daily pandemic experiences of many in Amman with three modes of transportation: taxis, coaster buses, and the Bus Rapid Transit. These modes of transportation – largely catering to different audiences – attempted to create “makeshift safety” to varying extents, based on both the driver’s personal preferences and those of their employers. Such differences provide an interesting subject for comparison in one of the most important everyday spaces for those living in Amman without a car. I begin by exploring how the pandemic powerfully shifted the space of the taxi, altering both its physical and cultural aspects. I argue that the COVID-19 brought with it changes to the everyday relationships of driving and “passenger” in taxis, pushing such interactions away from their prior host-guest dynamics.

I then examine how such changes occurred across other forms of transportation, particularly affecting coaster buses and the opening of the government’s new Bus Rapid Transit in Amman. I contend that the pandemic created a negative “affective atmosphere” in coaster buses for many, breeding feelings of distrust and worries of potential sickness within such a tightly packed space. In light of this, with the launch of a new bus system in Amman – intended by the Jordanian government to act as a symbol of state power and progress – the government took steps to deemphasize COVID-19 and the associated precautions against it. In this context, the COVID-19 Spectacle, normally given precedence by the Jordanian government, became a nuisance to the state.

Physical and Figurative Barriers: Taxi Interactions in a Pandemic

“Men, you should try to always sit in the front seat of taxis. It is considered rude to sit in the back,” the lecturer explained, a stock photo of a yellow taxi projected on the wall behind him. He

continued, “For women, it is normal to sit in the back for safety purposes.” It was the summer of 2019, well before the first known cases of COVID-19, and I was sitting in a small classroom at the Qasid Arabic Institute in Amman. I had arrived in the city for the first time late the night before, and having barely spoken a word to anyone in the country, I had rolled out of bed early that morning to attend the institute’s “Orientation Day” for new students. I took quick note of the taxi instructions but thought little of them at the time.

Later that week, in one of my early Arabic classes, another American student asked our instructor why it was considered rude for men to sit in the back of taxis. She replied, “It’s about respect. It shows that you view the driver as another human being.” With few other public transportation options, particularly outside of the set routes of coaster buses, taxis became my main mode of transportation in Amman for the nine months I lived there studying Arabic. Sitting in the front seat of those taxis was soon as automatic as opening the door, and conversations with the driver were a routine part of that experience. Before my male roommate and I would hail a taxi or call an Uber, we always jokingly debated back and forth over who would take the front seat.

“Well, I’m paying for this one, so I get the back seat,” I would say.

“You got the back seat last time!” he would shoot back.

More often than not, these halfhearted debates would boil down to a game of rock paper scissors: loser takes the front seat. The front seat was not a punishment because of its proximity to the driver or the nature of interactions with the driver – I have fond memories of many of taxi conversations during that time in Amman – but because we were still early and nervous in our Arabic language skills. I can remember often asking drivers to repeat themselves three or four times and still only catching bits and pieces out of their stories. Yet, even though the two of us could easily have sat in the back of any taxi, we never considered this; it would be rude.

As I passed through customs in May 2021 and entered arrivals at the Queen Alia International Airport, I expected to be bombarded by taxi drivers, each equipped with English price charts, vying for the chance to charge an obvious foreigner a little more than the ride might normally cost. Instead, the lobby was uncannily quiet, with only a few families waiting eagerly to catch a glance of their relatives or friends stepping through the automatic doors. I approached the taxi stall at the airport without being approached once. The stall quickly called a driver, and within a few minutes, we had arrived at his car. He opened the door to the back right seat for me, and I shuffled in with a strange sense of unease. Hand sanitizer and tissues rested on the seat next to me, and a firm plastic shield separated the driver and me, with only a small hole at waist height to pass change through. We exchanged few words in the hour drive to my apartment.

This first taxi ride was emblematic of the majority of both taxi and Uber rides I took during my three months of fieldwork. During this time, I chose to always sit in the back right seat, as far from the driver as possible, in an effort to create as safe of a distance as possible in such an enclosed space. The Uber app similarly requested that all passengers sit in the back seats, and many drivers enforced – or at least seemed to prefer – this seating arrangement, though prior to the pandemic, it was customary for men to sit in the front seats of Ubers as well. In Amman, Uber drivers often have more expensive and newer cars, at times using air conditioning instead of rolling down the windows for ventilation. Ubers also normally cost 1-2 JDs more than street taxis, making Ubers a somewhat “premium” alternative to taxis, reflected in the context of the pandemic by the advertised safety precautions in the app. My first week back, I attempted to enter an Uber from the door behind the driver, intending to scoot across to the farthest seat. He quickly stopped me before I could and asked me to walk around to the farthest door, seemingly uncomfortable with the thought that I might sit behind him despite plastic sheet between us.

In examining the dynamics of driving and “passenger” in the United Kingdom, Laurier et al. (2008) suggest that journeys in cars represent routine and understudied spaces for

everyday talk and activity. They argue that, in commuting relationships, drivers act as hosts for their passengers, becoming temporarily responsible for the welfare and comfort of their guests in limited ways. In turn, the confinement and proximity of the car push its occupants to speak, concretizing hospitality through inquiring and listening to personal news and opinions (Laurier et al., 2008). Though these observations emerge from the context of more long-term relationships between regular commuters, there are interesting overlaps in notions of hosting and hospitality present in the context of taxis in Amman. Prior to the COVID-19 pandemic, such hospitality was often expressed through conversation with male passengers, as Laurier et al. (2008) discuss. However, the pandemic altered this practice; literal and metaphorical barriers were erected between the driver and passenger. Such barriers could be viewed as a transformation of hospitality, protecting the safety of the passenger from the virus, but the accompanying reduced conversation and interaction made it feel to me more like an action of distrust.

The vast majority of both taxi and Uber drivers hung plastic barriers between the front and back seats, yet these barriers took many forms. Some chose the firm plastic shield of my first driver while others only a loose sheet of plastic. Some included holes or gaps to pass change through while others preferred to handle monetary exchanges through the window, perhaps trying not to leave even a crack inside the car for the virus to slip through. One such sheet was even a dark brown pleather, providing an almost limousine-like feel to the back seat, with only a thin, clear stripe at eye level. Others improvised their plastic sheets, with one such driver clothes-pinning a plastic tarp to the roof of his car and closing it in the cracks of the doors. One driver's plastic sheet had advertisements for a local energy drink printed across it while another placed a large sticker on his plastic shield that read in Arabic, "Glory and Praise be to Allah, Glory be to Allah the Great." For especially hot summer days, some drivers cut holes in their plastic sheets to let air conditioning through or even chose to roll their plastic sheets up, removing the barrier

between driver and passenger. Still others had no barrier at all. Even in something as simple as a taxi plastic barrier, drivers found unique and personal ways to navigate COVID-19 precautions.

Uber drivers wanting to take extra precautions – or perhaps fearing negative ratings from passengers who might want them – often kept masks, hand sanitizer, and tissues in the back seats for their passengers. The Uber app was quick to advertise such amenities, listing them under the statement, “Your driver has identified the following actions they have taken to prioritize the safety of riders like you.” From my experience, taxis rarely did the same, and while most had plastic barriers of some form, they were more likely to be falling down or torn. This was perhaps reflective of the additional pressures Uber drivers face to ensure their passengers feel safe through the rating system that sustains their livelihoods (Chan, 2019). Still, while most taxi and Uber drivers took some precautions to prevent the spread of COVID-19, very few took all possible precautions; drivers often seemed to pick and choose the precautions that they perhaps felt were most effective or easiest to integrate into their daily working conditions.

As the summer pressed on, I noticed fewer and fewer of my drivers wearing masks, the length of the pandemic and low case numbers perhaps making it difficult to be vigilant in the stifling Amman heat of a car stuck in traffic. I found that, when Uber drivers noticed me wearing a mask, they were normally quick to put one on. Standard taxi drivers who chose not to wear masks, on the other hand, seemed largely uninterested in whether or not I wore one. This difference is again perhaps reflective of the impact a ratings-based system of employment plays in the everyday decisions of Uber drivers, be they in Amman or elsewhere (Chan, 2019). One Uber driver quickly put on his mask as I entered his car wearing mine, but halfway through the ride, as we sat in standstill traffic under the sweltering sun, he ripped his mask from his face, drying the sweat from his face on his shirt. He took a few deep breaths, savoring the air outside of the mask, glanced back at me for a moment, and then returned it to his face without saying a word. Had I taken off my mask as well, I doubt he would have put his back on. For Uber and taxi

drivers who chose not to wear their masks, they normally kept them accessible. I often saw these masks wrapped around car keys, dangling from rearview mirrors, or resting in empty front seats.

Perhaps the change I noticed most in my day-to-day taxi rides, however, was the lack of conversation. Sitting in the back seat prevented easy eye contact with the driver, and we were often separated by plastic. I rarely exchanged more than few words with my drivers. I tried to begin each ride with a quick “Hello! How are you?” and usually received little more than a muffled platitude and a question about where I was going in response. When we reached my destination, we exchanged brief thanks and parted ways. In contrast, I still have a handful of phone numbers of taxi drivers saved from my first time in Amman, given in case I should ever need help or want to share a meal. I learned much about Jordan through taxi rides then, making the silence and radio static I encountered in taxis over the summer of 2021 especially striking. When one driver asked me what I was doing in Amman and we talked briefly, I wrote in my field notes that evening that he had “chatted with me more than most.”

Though I used to jokingly beg my roommate to let me sit in the back seat when I previously lived in Jordan, I found myself missing the front seat over the summer. I felt unable to connect with my drivers in the ways I had before, and I often spent taxi rides doing little more than scrolling through social media on my phone. To me, it felt as though something had been lost in the change; I have no idea if my drivers felt the same way. I suspect some celebrated the chance to work in silence or talk on the phone with their friends and family instead of feeling the need to entertain a stranger. Still, others likely missed the chance to share that moment of connection. As the summer wore on, drivers began stopping with the passenger door next to me instead of the back, and I noticed more and more men in other taxis sitting in the front seats, removing both the physical and figurative barriers between themselves and their driver. Though I never took this step, at times I looked longingly at those who did.

You and Your 20 Closest Friends: Coaster Buses and COVID-19 Fatigue

“You should be able to take the coaster buses here and back home. They run up and down the main street every few minutes,” my new boss explained. It was late 2019. I had moved to Amman for the first time only a few months earlier and was excited for the first day of my internship at the University of Jordan. “It should only cost 40 *qirsh* or so. Don’t pay any more than that,” he instructed me. I had watched the coaster buses pass down Queen Alia Street many times since I had arrived in Amman, but they had seemed unapproachable to me. They stopped only for a moment, a man hanging out the window shouting their major destinations at the top of his lungs. The side of the bus had only a large, yellow sticker with the starting and ending destinations of the route in Arabic, the stops and paths only accessible by hearsay. It took me a week from chatting with my boss to work up the courage to wave one of the buses down.

“*Jami’a! Sweileh! Jami’a! Sweileh!*” a man shouted as he stepped off the bus for a moment, ushering a few people onboard in front of the mall.

“*Jami’a ar-ra’isi?*” I asked sheepishly, repeating the phrase my boss had told me to indicate my stop at the main gate of the university. The man silently outstretched his arm in response, gesturing for me to enter the bus. As I stepped on, I was immediately struck by both the crowdedness and heat of the bus. Cracked windows and black curtains did what little they could to deflect the heat of summer in Amman. Of the 21 available passenger seats on the bus, all but one were already full. I took the last one, my legs pressing into the fake leather and metal of the seat in front of me. As the bus rolled away from curb, I looked anxiously around to see if anyone had taken note of me; no one had. Most people stared out the window or at their phones, paying little mind to their fellow passengers.

The man who had previously ushered me onto the bus walked over to my seat and extended his hand. I passed him a 1 JD bill, and he wordlessly placed 60 *qirsh* in change into my

hand and walked away. A few minutes later, he shouted the name of the next stop, “*Al-dustur! Al-dustur!*” A woman on the bus raised her hand, and the bus came to screeching halt, allowing her to get off. “*Al-mustashfa! Al-mustashfa!*” the man shouted next. No one got off at this stop, but the man quickly guided a small crowd of people onto the bus. He gestured for me and the man next to me to move so that two women who just boarded could sit.

I did so, looking around the bus for where I was supposed to sit then. Instead, the remaining men grabbed onto one of the two metal bars bolted along the ceiling and braced themselves; I did the same. As the bus took off again, the force threw me into another passenger nearby. I apologized profusely and braced myself again against the bar, using more strength this time. With effort and focus, I was able to bounce around only in the aisle, not bothering the passengers around me. I stood like for what felt like an eternity, as the bus slowly made its way through the traffic of one of the busiest streets in Amman. A wave of relief washed over me when the man turned around and shouted, “*Jami’a ar-ra’isi! Jami’a ar-ra’isi!*”

I shot my hand into the air and responded, “Me!” The driver slammed on the brakes again, nearly sending me toppling to the floor as he stopped outside the gates to the university. When I stepped off the bus, I was an anxious wreck, my right arm sore from gripping the metal bar and my dress clothes soaked with sweat. My heart raced with the exhilaration of having successfully done something completely unfamiliar. From that day on, I took coaster buses to and from my internship, riding them to five to six times per week for the next six months. The stress and exhilaration quickly faded, and they became little more than another form of transportation to navigate Amman, though only for the routes I knew.

When I returned to Amman for my research, I knew that I wanted to see how coaster buses had changed – or not changed – in response to the COVID-19 pandemic. I remembered them as these tightly packed spaces of public transportation that were essential to the daily lives

of many in Amman. Physical distancing, for example, would be impossible in such a small and cramped space, particularly when the buses were often filled to the point of many having to stand for the duration of the ride. Perhaps because of this, when I first arrived, I saw very few coaster buses on the streets. When I asked people why that might be, they often replied that most of the buses were not running because of the pandemic but offered little explanation beyond this. For those in Amman who relied on these coaster buses for transportation, such a change was likely harmful to their mobility, potentially limiting them to spaces within walking distance or requiring them to pay for more expensive taxis instead.

Still, not everyone in Amman relied on coaster buses. When I had grabbed dinner with a wealthier Jordanian friend in the United States before leaving for Amman, he was shocked when I mentioned that I had ridden them often. “Aren’t those dangerous?” he asked concernedly. Though he grew up in Amman, he had never known someone who had ridden one. Similarly, during my research, I rarely met anyone else who took them regularly. Most middle class and wealthier Jordanians exclusively drove their cars, and most of my Western friends preferred taxis. The coaster buses along the routes I rode seemed to be most often taken by Jordanian university students and low-wage workers, demographics different from most of my other participants.

I took my first coaster bus during my research in early June from Al-Dakhliya Circle to the University of Jordan, from which my apartment was about a 40-minute walk. As I waved down the coaster bus, with a man leaning out the window shouting, “*Jami’a! Sweileh! Jami’a! Sweileh!*” much like the first time I stepped onto one, I was unsure what to expect. The black curtains of the coaster bus windows were taut, revealing little about the people inside. As I stepped on, I quickly realized that I was the only passenger on the bus, a phenomenon I had never witnessed before. As we pulled away and the man approached me to pay, I saw his disposable face mask, not being worn or on his person, tied to the door of the coaster bus. The driver was similarly not wearing a mask, but he had hung a large plastic curtain between the front two seats

and the rest of the bus. This curtain could be pulled and tied closed, creating a barrier much like the plastic sheets in many taxis, but in this case, it had been left open. The two chatted happily, paying me little mind as we rode to my stop without picking up another passenger.

A few days later, I hopped onto another coaster bus ride towards Al-Dakhliya Circle with only three other passengers. Over the ride, the coaster bus picked up more passengers, reaching 12 at its peak. Yet, 12 passengers were still fewer than I had ever encountered during my previous time in Amman. This bus featured another large plastic screen between the front seats and passengers, this one closed off except for a small, arm-sized hole to pass money through. During this ride, all the passengers save for one wore a mask, though some left their noses uncovered. By the next week, I began to see more and more coaster buses, and the coaster buses I rode became fuller and fuller. On one bus ride, the driver waited until every seat was filled before leaving, with the money collector stepping into the street and shouting “Four! Four!” to say that there were only four seats left open. Mask wearing among passengers was more mixed on this ride, with some taking their masks off as the bus grew hotter waiting. In this coaster bus – and all others I rode over the summer – neither the driver nor money collector ever put on a mask.

Near the end of my time in Amman, I boarded my first coaster bus since before the pandemic that was packed full. Every seat was taken, and five men were already standing in the aisle, gripping the metal bars that ran the bus’s length; I became the sixth man in this line. There was no plastic sheet or curtain separating the driver on this bus, and only three out of the 26 other passengers were wearing masks. Two more passengers had their masks wrapped around their necks. As I stumbled around the aisle while the bus rapidly braked and accelerated through traffic, I thought about how many people had likely touched that metal bar before me and how long it had likely been since that bar had been cleaned, a thought – brought on by the pandemic – that I had never had in my many previous months of riding coaster buses.

As I looked around at the almost complete lack of masks on the bus, in stark contrast to the almost fully masked bus rides just weeks before, I felt that I was witnessing a turning point of some form in many Jordanian's perceptions of COVID-19. Mask wearing had not been required in coaster buses before; I had still never seen a driver or money collector wear a mask, so why had passengers stopped wearing them now? The pattern held true over the remainder of my time that summer, with very few wearing masks on coaster buses from that point forward. On my last coaster bus ride to the airport in mid-August, I even added to my field notes, "one man got on properly wearing a mask," with this occurrence being so rare at that point that I found it noteworthy.

The coaster bus thus represented an interesting space in which to imagine and observe COVID-19 mask wearing behavior. The heat of the summer in Amman made the bus an incredibly uncomfortable space in which to wear masks, and masks were seemingly fully unrequired and unenforced in them. Passengers were often tightly packed in with closed or barely cracked windows. People constantly entered and exited the bus, with sometimes 30 people on at once. There would almost always be a stranger next to you and standing above you, assuming you had a seat. In these ways, the coaster bus represented nearly the epitome of a risky space for COVID-19 spread and exposure. The lack of COVID-19 responses in such a space, thus, represented the limits of the COVID-19 Spectacle; the coaster bus was a space the spectacle seemingly failed to penetrate in spite of the bus's riskiness.

Bissell (2010) suggests that, while public transportation is often an isolating experience, it is rarely experienced in isolation from other people. Instead, we submit ourselves to "being with" a collective of often strangers. He goes on to argue that the "affective atmospheres" of public transportation have the capacity to both bring people together and push them apart (Bissell, 2010). COVID-19 transformed the space of the coaster bus into one which – at least from my perspective – had a powerfully negative "affective atmosphere." The proximity and crowdedness

of the bus made disease spread between passengers an ever-present possibility in a way that felt much more visceral than prior to the pandemic. Physical barriers erected on the bus provided perhaps some protection for the driver but none between passengers. When a passenger would have even a single cough inside the bus, I found myself shifting nervously and glancing at them, and I noticed others on the bus doing the same. In this way the “affective atmosphere” became one of distrust and suspicion. Who might be sick? Who might be putting me at risk?

As one of the only consistent forms of public transportation – and the cheapest – in Amman, many likely had few other options than to take coaster buses around the city, with the only possible method for protection in the moment being mask wearing. Yet, as the summer wore on, seemingly more people rode these buses and fewer of them wore masks. Those who continued to wear masks largely used disposable surgical masks or cloth, with very few using N95s. Changes in mask wearing habits were not related to a drop in COVID-19 cases in the country or city, which stayed relatively stable over the period, but perhaps came as a result of COVID-19 fatigue: the feeling that the pandemic might never end slowly wearing away at people’s desire to wear masks and heightening people’s feelings of discomfort in them. It is in the context of such COVID-19 fatigue that the Jordanian government launched its new public transportation system: the Bus Rapid Transit.

“Amman Gets Public Buses, at Long Last:” Launching the Bus Rapid Transit

“It’s faster than every car on the road! It’s even faster than a cheetah!” Kareem shouted at me as I entered the apartment.

“What is?” I responded.

“*Al-baS al-sari’a!*” he shouted back, literally translating to the rapid bus. It was late July, and every news channel in Amman was talking about the launch of the city’s Bus Rapid Transit

(BRT) system that day. As I sat on the couch watching the news, Kareem and Ayman passionately debated the technology of the bus system.

“When the bus stops, the traffic lights change from red to green,” Ayman explained

“There’s no way. How could it do that?” Kareem probed.

“It’s just like you have in America, right?” Ayman asked, turning to me enthusiastically.

I responded by saying that some places in America have bus systems like that, but my city had nothing that nice. After a bit, Ayman switched subjects, detailing the family’s plan to ride the BRT end to end on Friday of that week. Ayman happily invited me to join them at the time, though this ride ultimately never took place.

On the government website dedicated to the BRT, the system was described as made up of “large-capacity buses that operate on dedicated tracks” (Greater Amman Municipality, 2022). The government had high hopes for the project, saying it “will be the centerpiece of a fully-integrated hierarchical public transportation network” (Greater Amman Municipality, 2022). Alongside the basic description of the BRT, the website provides tabs showing “Global examples” and “International Studies” of the BRT project. The first of these tabs provides links to an English YouTube video from the National Association of Urban Transports Companies (NTU) Brazil entitled “BRT – the future of urban transportation” and an English TED Talk by Jaime Lerner on a BRT system in Curitiba, Brazil. The second tab features links to three brief articles published by the project on examples of BRT systems in Guangzhou, Bogota, and Istanbul (Greater Amman Municipality, 2022).

Moreover, officials claimed that the project would be “accessible to all, whatever their social, financial, or cultural status is” and that access would be “facilitated for the most vulnerable groups of society” (Dupire, 2018). Through these depictions of the BRT, the Jordanian government attempted to create a vision of the project as one of modernization and

accessibility, with the support of international expertise and examples from around the world. The project was meant to be a political win for the government, a counter to statements like one published by *The National* in response to its finished construction with the title “Amman gets public buses, at long last.” In it, a reader from Bosnia and Herzegovina stated, “Finally, I couldn’t believe that a capital has no public transportation” (*The National*, 2021).

Still, the BRT project has faced substantial controversy over its lifetime. Construction of the BRT began in 2009, funded by a \$166 million loan from the French Development Agency to the Greater Amman Municipality. Only two years later, construction was suspended over doubts of its benefits and, according to the governmental Audit Bureau, “fundamental inconsistencies in decisions relating to bidding” (al-Rawashdeh, 2012). The project did not restart until 2015, at which point the Jordanian government declared that it had cleared corruption suspicions (Tabazah, 2018). Since then, the BRT has taken years of slow construction to complete, with dedicated bus lanes sitting empty. In an article by *The Jordan Times*, one resident of Amman described the BRT as “a joke,” stating, “While we hear promises about this modern, super fast bus, all we see is money being spent and nothing happening” (Dupire, 2018).

I experienced similar feelings when I first lived in Amman. When I talked about the empty bus lanes, Jordanian and Western friends of mine alike would joke that it might “be open in another ten years.” I was surprised, on my first taxi ride down Queen Rania Street after returning to Amman, when I saw how much progress had been made during the COVID-19 pandemic. In an area that had previously had no construction, the government had built new dedicated bus lanes with escalators and bridges across at each stop. It seems likely that the pandemic itself provided the opportunity for this construction, given the reduced traffic along one of Amman’s busiest roads during lockdowns.

When the BRT began its first days of operation, only one of its two intended lines had opened: from Sweileh to the Jordan Museum on the edge of the *wasat al-balad* (downtown). To encourage people to try the bus, the government set the price of a ride at only 1 *qirsh* – or 0.01 USD – for its first two weeks, with the plan to raise the price once this period ended. The early days of the BRT were rocky; the previously unoccupied bus lanes often used by pedestrians and other drivers had suddenly become occupied by fast-moving buses. For those first few days, bus accidents became a frequent topic of conversation. Yet, what was not a topic of conversation regarding the opening of the BRT was COVID-19. The pandemic went largely undiscussed across news and government discourse of the BRT, with the government trying to encourage people to ride the bus. In one of the only mentions of COVID-19 in the bus’s launch, the Jordanian Prime Minister Bisher Al-Khasawneh, after doing a trial run of the bus route, “stressed the importance of bus users adhering to public health and safety procedures and ensuring that bus drivers receive the coronavirus vaccine” (Jordan Times, 2021).

Excited by the potential for a faster way to my apartment and curious about the undiscussed COVID-19 procedures being implemented by the BRT, I walked from my friend’s apartment downtown to the Jordan Museum bus station on August 2, a week after the bus launched. As the automatic doors slid open, I was hit by a blast of cool air from air-conditioned interior. The reflective, tiled floors and floor-to-ceiling windows encasing the building provided a vision of the “modernity” that the city wanted the BRT to represent. Immediately in front of the entrance sat a reception desk, with large plastic shields surrounding it, an unmasked employee behind them selling bus cards.

As I turned to step into line, I was struck by how many people were there; more than a hundred people wrapped back and forth in the empty lobby. Physical distancing was nonexistent as people crammed in to try to reach the bus as quickly as possible, and most people were either wearing masks around their chins or not wearing masks at all. There were no signs or warnings

about COVID-19 in or around the building. Employees protecting the order and sanctity of the line made no moves to enforce COVID-19 procedures. The atmosphere of the line was anxious, with some excited to ride the bus and others obviously frustrated by the line. Children ran up and down the line, doing cartwheels and playing games while waiting. I waited in line for 15 minutes before I reached the exit to board.

The bus was a dark red with an image of the Amman skyline plastered on its sign. As an employee waved me through to step on, I pulled out my phone, paying by scanning a QR code in the Amman Bus app. As I walked down the aisle of the bus, shiny and clean in a way that only a brand-new bus can be, I noticed that there were signs about not eating or drinking on the bus but no signs about COVID-19. Given the presence of signs about COVID-19 and mask wearing in nearly every building in the city, it seemed likely that a purposeful decision was made by the government to not include such signs in the station or buses. The bus driver and most of the passengers alike were not wearing masks on the bus and faced no complaints from the employees that waved us in. Similarly, there was no enforced physical distancing on the bus; an employee counted off the seats until each one was filled before the bus could leave.

Early in the pandemic, governments around the world implemented a number of strategies to reduce or “make safe” public transportation systems. Istanbul, for example, increased its routine cleanings for its public transit systems and installed disinfectants at over 40 bus rapid transit stations (Null and Smith, 2020). Both individuals and governments also sought alternatives to public transportation in an effort to reduce the spread of COVID-19. Over the first three weeks of March, Istanbul witnessed a 50% decrease in public transit ridership, and New York City Mayor Bill de Blasio called on city residents to “bike or walk to work if you can” (Null and Smith, 2020). My sister and her partner live in New York City. Feeling uncomfortable with sharing the space of the city’s subway during the pandemic, they bought a car together. While

such a purchase was reflective of a level of privilege in their ability to do so, it was also reflective of broader trends of avoiding public transportation by any means possible at the time.

With the BRT first opening well after these examples and at a time of relatively low case counts in Jordan, it is perhaps not surprising that the Jordanian government did not attempt to implement strict COVID-19 policies on the bus or in its stations. As Yazıcı (2013) suggests, systems of public transportation, including highways and buses, are more than simple infrastructure; they reflect symbolic attempts to elicit notions of state power, modernity, and progress. Given the controversies surrounding the BRT's long construction, the government may have feared that strict COVID-19 precautions would result in diminished early ridership, given the reminder of the pandemic such precautions brought and the frustrations many in Amman had with such precautions. Images of empty buses and stations at the launch of the BRT would be unlikely to symbolize state power or progress for many. The risks of such an image transformed the COVID-19 Spectacle from a source of state power to a potential nuisance. With these two spectacles of state power perceived as at odds, actors in the Jordanian government gave precedence to the BRT, deemphasizing the COVID-19 Spectacle.

As I waited for the bus to fill, I overheard the men in front of me complaining frustratedly about the bus, "*Aish al-baS al-sari'a? Al-taxi asra'a,*" roughly "What rapid bus? A taxi is faster." The next time I took the rapid bus, I heard similar complaints about the wait in line. Though the line was shorter this time, with only around 75 people, the air conditioning was no longer operating, making the station brutally hot. Sweat dripped down my back as I waited, and I again heard people mock the bus's name, sarcastically repeating, "*Al-baS al-sari'a.*" Perhaps it was after hearing similar complaints from friends that Ayman chose not to take his family on their Friday trip, or perhaps he grew nervous because of the accidents on the news. In either case, the launch of the BRT – meant to be a political win for the government in a time of frustration – was instead met with complaints by many.

Moreover, despite the Jordanian government's often strong and restrictive efforts to combat the COVID-19 pandemic in other instances, the government made a seemingly purposeful choice to deemphasize the pandemic in the space of the BRT. Such a decision stood in stark contrast to the government's spectacular rhetoric and operation in other spaces, particularly the airport, even at the same time. Perhaps this distinction came from the differing intentions of the spaces. The bus station and system, unlike the airport, was likely not intended for nor expecting frequent use by foreign visitors, so the image that the government wanted to project might differ. Another possible explanation might involve the domestic controversy that the BRT had faced. The Jordanian government had faced over a decade of criticism from Jordanians regarding the BRT, and many Jordanians strongly disliked wearing masks. Perhaps the government was attempting to avoid associating the BRT with further controversy by tying it into the government's COVID-19 responses. Regardless, the lack of such enforcement represented an interesting shift in the pandemic logic and practice of the Jordanian government.

Conclusions

Public transportation – be it taxis, coaster buses, or the BRT – represents a unique space of everyday interaction. It is a space shared by individuals in a temporary economic and social relationship that brings with it certain expectations. Prior to the pandemic, taxi drivers in Amman expected a level of respect and social interaction with men through sitting in the front seat while women often took the back seat out of concern for their safety from harassment by drivers. In light of the COVID-19 pandemic, imaginations of safety pushed men to the back seats as well, and many drivers attempted to implement interventions – like plastic shields and face masks – that would keep both them and their passengers safe. Yet, as the pandemic wore on, such interventions often fell to the wayside.

Coaster buses, on the other hand, represent a less intimate and more anonymous space of interaction. There are often little more than a few words exchanged between the driver and their passengers. Passengers are jostled around and made to stand without particular concern for their safety. As coaster buses returned to operation during the pandemic, little attention was similarly paid to the role of COVID-19 for passengers in such spaces. Drivers made no efforts to enforce mask wearing among passengers, and the only safety interventions were plastic shields for the protection of the driver. In turn, coaster buses in Amman became quintessential risky spaces for the spread of COVID-19, but few to no alternatives existed in the city for those without the economic means to consistently take taxis or drive.

The BRT is even farther removed in its relationship with its passengers. Drivers – sealed off in separate boxes – have no interactions with their passengers. Payments are handled by the scan of a QR code or card; exiting is handled by the push of a button. Decisions regarding COVID-19 safety likely rested in the hands of actors in the Jordanian government, who seemingly chose to ignore such precautions to avoid further controversy and unpopularity among many Jordanians. In each case, the operators of these forms of public transportation attempted to create “makeshift safety” through small changes to everyday practices. Yet, the extents of these attempts varied dramatically, both at scale of the system and the individual. Through the differences in practices between individual drivers and between forms of public transportation, abstract concepts of safety inequity and risk tolerance manifested into physical forms, shaping the forms of public transportation people in Amman were able to take and the ways in which they took them.

CHAPTER 6

“VACCINATE ME, I AM HUNGRY:” COVID-19 VACCINE ACCESS AND CHOICE

I narrowed my eyes to avoid the bright reflections of sunlight off the white, concrete buildings around me as I emerged from the shade and air conditioning of a chain shawarma restaurant in Jabal Lwebdeih. My friend Omar and I had just spent nearly two hours catching up, and I had an online English class to teach shortly. I pulled my mask off and made my way towards the nearest coaster bus stop. As I did so, a small piece of graffiti stood out in the corner of my vision, plastered in all black on the side of an apartment complex. It showed a fist raised, grasping a syringe with the needle pointing upwards. Around the image were the words *T3mnii ju3aan*, literally “Feed me, I am hungry.” Unsure of the image’s intended message, I quickly snapped a photo and continued my walk.

When I returned to my apartment that night, I showed the image to Ayman and asked him what he thought it meant. He explained to me that *T3mnii* was a play on words, it could mean both “Feed me” and “Vaccinate me.” Ayman suggested that the graffiti was demanding that the government provide greater access to COVID-19 vaccines. Yet, this notion of being “hungry” perhaps also reflected a yearning for something fundamental and basic. In this way, this artist’s call for vaccines was also a biopolitical call for the government to provide and protect life for its people.

The Jordanian government opened registration for COVID-19 vaccines in December 2020 and officially began its national COVID-19 vaccination plan in January 2021 (Al-Khalidi, 2021a; Xinhua, 2021a). This vaccination plan stated that anyone living in Jordan, including

refugees and asylum seekers, was entitled to receive the vaccine free of charge, making Jordan one of the first countries to start vaccinating refugees (UNHCR, 2021). The Jordanian government prioritized vaccinations based on age, work sector, and preexisting conditions, though it is worth noting that only 4% of the Jordanian population is over the age of 65, and 33% are under the age of 15 (World Bank, 2020). By April, the Jordanian government had approved five COVID-19 vaccines for use: Pfizer, AstraZeneca, Sinopharm, Johnson & Johnson, and Sputnik V (Roya News, 2021).

When I arrived in Jordan, 800,000 of the approximately 10 million people living in the country had received their first dose of a COVID-19 vaccine, and 286,000 had received two doses. When I left three months later, those numbers had risen to 3.2 million and 2.5 million, respectively. However, vaccine dose administration rates began declining in Jordan from the end of June, and – by January 2022 – these numbers remained at only 4.5 million and 4.1 million, respectively (Ritchie et al., 2021). Among the people I spoke with, Sinopharm and Pfizer were the most common vaccines, with relatively few people receiving AstraZeneca. During my three months of fieldwork, I never met anyone who had received – or been offered – the Johnson & Johnson or Sputnik V vaccines.

In this chapter, I explore questions of vaccine access and choice in Jordan during the COVID-19 pandemic. I look, first, at the state of Jordan's access to vaccines and how the government negotiated its strategic position and international interests to receive vaccines, despite being a country in the Global South of only 10 million. I argue that international access to COVID-19 vaccines followed similar patterns to bilateral aid, providing poorer states with access to life-saving doses based largely on their perceived usefulness to wealthier countries in the Global North. I then examine individual access to vaccines in Amman, Jordan, alongside individual perceptions of vaccine brands and expressions of agency in vaccine choice. Drawing on Sumba's (2021) *necropolitics at large*, I consider the ways in which vaccine access within

individual states reflected negligence to the fatal implications of inequality for some, much like at the international scale. I then reflect on the rhetorical similarities between discussions of vaccine brand choice and contraceptive choice. I conclude by considering efforts by the Jordanian government to make the vaccine “mandatory” in an attempt to improve declining vaccination rates. Lastly, I explore the “political etiologies” of COVID-19 vaccines in Amman, considering the ways in which state efforts to encourage the vaccine as part of the larger COVID-19 Spectacle became symbolically embroiled in perceptions of the vaccines themselves.

The Benefits of Being an Ally: How Jordan Acquired Vaccines Doses

On my way to catch the bus, I often walked past one of the government’s vaccination sites at the University of Jordan. As I approached the university on foot, small signs lined the fence, simply labelled *markz al-t3Tiim*, or “vaccination center” with a small arrow pointing towards the gate. At the entrance stood a large white banner with “Center for Vaccination against the Novel Coronavirus” plastered in Arabic on its face and smaller lettering providing the site name. The center consisted of a parking lot with 10 white tents in a line, each slightly more than the width of a car with metal fences blocking the tents that were closed for the day. The vaccination site was rarely open during the days and times that I walked by it, normally little more than an empty parking lot with the gate closed and a guard watching over it.

On one of the few days that the vaccination site was open as I passed, I took a moment to watch the process. A single line of cars stretched out of the parking lot and down the busy street, with cars loudly blaring their horns to get around what essentially became a closed lane for those not waiting to get vaccinated. One by one, the guard at the gate would point the car at the front of the line in the direction of one of only a few staffed white tents. The driver would pull into the white tent, receive their vaccine dose in the car, and circle back out of the lot and into the busy street. The entire process took only a matter of minutes. As I peered through the fence, watching

the needles containing these doses emerge from obscured containers, I imagined the thousands of miles those doses likely traveled, and I wondered about the politics of how they ended up in this parking lot.

Perhaps these doses had come from the United States in a shipment of 500,000 Pfizer vaccine doses to Jordan in July 2021. The United States had provided these doses via a “direct arrangement with Jordan.” A U.S. official speaking of this effort – and countering claims of vaccine diplomacy – stated, “We are sharing these doses not to secure favors or extract concessions... We are doing this with the singular objective of saving lives” (AFP, 2021). At the same time, the U.S. Embassy in Amman called the doses a “gift from Pres. Biden and the U.S. government” in a tweet, stating that it “reflects the importance of our bilateral relationship” (Petra, 2021b). These statements reflect an interesting contradiction, framing the global distribution of COVID-19 vaccine doses as simultaneously politically neutral and potent. In the context of Jordan, the latter seems more likely.

Jordan’s success in accessing COVID-19 vaccine doses was particularly surprising because so many other countries in the Global South struggled to access COVID-19 vaccine doses due to vaccine nationalism (Katz et al., 2021). When COVID-19 vaccines first arrived, countries across the Global North quickly entered bilateral deals with the manufacturers to secure their own supplies. Canada, for example, purchased enough vaccine doses to vaccinate their entire population nine times. The United States, the European Union, the United Kingdom, Australia, and Japan similarly secured the supplies to vaccinate their populations between two and eight times over (Hassoun, 2021). What, then, of the many poorer countries – like Jordan – left out of these early discussions and agreements? For these countries, the WHO and G7 created the COVID-19 Vaccines Global Access (COVAX) program to supply vaccine doses to low- and middle-income countries.

However, COVAX still relied on the donations of these wealthier countries, with initial plans to vaccinate only 20% of participating countries by the end of 2021 (Katz et al., 2021). It was not until June 2021 that the United States, for example, announced plans to share its excess doses with the rest of the world. In this announcement, the U.S. stated that it would share 80 million “U.S. vaccine doses,” 75% of which would be through COVAX and 25% directly with “countries in need.” Of the initial 25 million doses to be shared, the U.S. government targeted 6 million toward “regional priorities and partner recipients,” of which Jordan was one (White House, 2021). Through the “soft power” of donating life-saving vaccine doses to strategic partners and allies first, these doses were still able to serve the interests of the wealthier countries that donated them.

Compared to many countries in the Global South, Jordan was relatively successful at receiving early doses precisely because of its strategic usefulness to powerful countries in the Global North. Jordan received priority vaccine doses from the United States due to the government’s longstanding role as a strategic ally to the United States in the Middle East and from the European Union because of the country’s role as a host for Syrian refugees. Focusing first on the United States, in an article from the Bureau of Near Eastern Affairs (2020) on bilateral assistance, for example, the U.S. government highlights its appreciation for “the leadership role that Jordan plays in advancing peace and moderation in the region,” citing the Jordanian government’s efforts to oppose terrorism and “assist wider U.S. interests” in the region (Bureau of Near Eastern Affairs, 2020). Moreover, the article argues:

In light of ongoing regional unrest, as well as global disruptions stemming from the COVID-19 pandemic, the United States has helped Jordan maintain its stability and prosperity through economic and military assistance and through close political cooperation (Bureau of Near Eastern Affairs, 2020).

It is from this perspective that the U.S. government proudly describes itself as “Jordan’s single largest provider of bilateral assistance, providing more than \$1.5 billion in 2020” alongside \$35.4 million in assistance for Jordan’s COVID-19 response (Bureau of Near Eastern Affairs, 2020). Such statements provide evidence for why Jordan may have received priority for these doses.

Similarly, for the European Union, Jordan represents a “safe haven for refugees since the start of the Syria crisis in 2011” (European Commission, 2021). Importantly, this “safe haven” exists outside of and far from the borders of the EU itself, as Europe has become increasingly hostile to accepting refugees and asylum seekers (Hyndman & Mountz, 2008). In turn, the EU frames itself as “a significant aid contributor,” providing 3.2 billion euros in assistance to Jordan “since the beginning of Syrian crisis.” In 2021, the EU provided an additional 17 million euros in humanitarian assistance to “help Jordan tackle the consequences of the COVID-19 pandemic” (European Commission, 2021). It is in the context of this strategic position that Jordan was able to receive its first doses from COVAX in March: 144,000 doses of AstraZeneca (WHO, 2021).

At the same time, COVAX provided the Jordanian government with 8 million euros through its “Jordan Health Programme for Syrian Refugees and Vulnerable Jordanians” (WHO, 2021). The Jordanian government received its second batch of COVAX vaccines in April 2021 and what was anticipated to be its third and final batch of AstraZeneca doses through COVAX in June, funded by the EU’s Syria Trust Fund. At the time, the Jordanian Minister of Health stated that Jordan was “among the first countries in the Middle East and Africa to receive its third batch of vaccines via the COVAX initiative” (Petra, 2021a). However, only one month later, Jordan received another 40,950 vaccine doses through COVAX, again with explicit note of funding by the EU Syria Trust Fund, bringing the total number of vaccine doses delivered to Jordan by COVAX up to 477,750 (EU Neighbors, 2021).

It is likely that the Jordanian government's role as a strategic ally to the Global North positioned the country to receive doses from COVAX so early in the process, among the first countries in the Middle East and Africa. It comes as no surprise that such supplies were funded by programs explicitly tied to refugees, as keeping refugees out of Europe is the primary strategic role of Jordan from the perspective of the EU. Moreover, it is strange that, only one month after Jordan became among the first countries to receive its "final" batch of COVAX vaccines, it received an additional batch funded by the EU Syria Trust Fund. Such complex political dynamics again speak to the dynamics of bilateral aid, in which vaccine doses and associated funding are – at least in part – based on a state's ability to serve the interests of the state originally possessing the doses.

Yet, the dynamics present in the acquisition and distribution of COVID-19 vaccines are not unique to this pandemic; they can be traced back to longer histories of bilateral aid, both in the context of disease and otherwise. In 2009, for example, a new strain of H1N1 threatened to cause a devastating global pandemic. With the WHO declaration of "full pandemic" on June 11, many North American and European governments automatically activated advance-purchase agreements for millions of doses of pandemic influenza vaccines under the assumption that global supplies would be limited (Lakoff, 2017). As H1N1 spread without the feared death rates, however, these countries attempted to renegotiate their agreements and to unload their excess vaccine doses on poorer countries in the Global South, countries with limited to no access to these doses when H1N1 was believed to be catastrophic (Lakoff, 2017).

Looking beyond new biomedical technologies like vaccines, in *The Wretched of the Earth*, Fanon (1963) argues that formerly colonized states who signed bilateral agreements with their former colonizers during the Cold War were, in turn, transformed merely from formerly colonized territories into economically dependent countries. He continues, "The former colonizer, which has kept intact and, in some cases, reinforced its colonial marketing channels, agrees to

inject small doses into the independent nation's budget in order to sustain it" (Fanon, 1963, p. 55). Yet, because of this relationship, the formerly colonized state is unable to escape its dependence on the colonizer. As Fanon (1963) posits, the small doses of wealth that these states vie for originate from their own former exploitation as colonies; as he states, "Europe's well-being and progress were built with the sweat and corpses of blacks, Arabs, Indians, and Asians" (p. 53).

In *Rule of Experts*, Mitchell (2002) expresses similar concerns with the role of USAID in Egypt, arguing that the agency "operated, more or less successfully, as a form of state support to the American corporate sector, while working in Egypt to dismantle state supports" (p. 240). All the while, the discourse of USAID pretended to operate independently of Egyptian politics, at the rational, detached level of "policy" (Mitchell, 2002). In this way, the hoarding of life-saving vaccine doses by wealthy countries, only to be distributed later along lines of strategic benefit, reflected similar relationships of economic dependence and exploitation. Through the seemingly neutral discourse of "policy," unequal distribution of vaccines at the international scale became framed as an act of benevolence. Though the government of Jordan was able to utilize this relationship to its benefit in receiving priority vaccine access, states with less "strategic" relationships with wealthy countries in the Global North faced greater difficulties in accessing such technologies.

Thus, despite being a relatively poor country outside of the Global North, Jordan was able to use its position as a strategic partner with both the United States and the European Union to navigate the difficulties of receiving sufficient COVID-19 vaccine doses. Receiving priority for doses directly from the United States due to the "bilateral relationship" between the two states and receiving priority for COVAX doses because of Jordan's role as host for Syrian refugees. It is worth noting, however, that at the same time COVAX was providing Jordan with AstraZeneca doses in early 2021, many European nations had suspended the use of the same vaccine due to

health concerns, a point which I will explore later in this chapter in more depth. Jordan's access to vaccines from the Global North based on its "use" to those countries is reflective of the continuing dynamics of bilateral aid, allocating access to life-saving vaccines for these populations based on their abilities to serve the Global North. Still, the Jordanian government receiving these doses was only the first step of the vaccination process; next, the government had to distribute these vaccines to individuals within its borders.

The Bureaucracies of Vaccination: Trying to Get the Shot

As the Jordanian Ministry of Health's vaccine registration website loads, the coat of arms of Jordan flashes across the screen. The Jordanian coat of arms is then relegated to a banner at the top, accompanied by "Ministry of Health, Hashemite Kingdom of Jordan," and an option to switch between the English and Arabic languages. Immediately below are two large green buttons: "Start Registration" and "Enquiry." Below that, the "Vaccination Instructions" are broken down into five steps: Registration, Appointment Notification, On Your Appointment Date, Vaccination Certificate, and Report Adverse Events. The registration step, completed on this webpage, requires the user to enter their Jordanian National Number (if Jordanian) or the Personal Number assigned to all noncitizens by the Jordanian government upon first entry into the country (if non-Jordanian); the registration then fills in the user's personal information based on the number provided. Users are asked to enter their governorate, business sector, chronic diseases, and mobile number. After the user authenticates their mobile number, they are registered to receive the vaccine (Ministry of Health, 2021c).

The user then waits to receive an appointment notification on their phone. This notification provides details of the appointment based on the user's "eligibility and priority." According to Ministry of Health's website, these priorities are assigned automatically based on "risk, benefit, and justice, depending on such factors as age, work sectors, chronic diseases, and

others” (Ministry of Health, 2021c). The ministry provides no further details on the definitions of these criteria, perhaps leaving them purposefully vague to allow easier changes to distribution priority. From the people I spoke with, the wait time to receive a notification ranged from a matter of weeks to months. One Syrian woman, for example, registered for the vaccine in December 2020 and did not receive her first dose until June 2021, while others of similar ages both registered for and received their vaccines in May 2021.

On the user’s appointment date, they are asked to arrive shortly before the appointment time and to bring with them their National ID (for Jordanians) or passport (for non-Jordanians) alongside proof of their priority access, e.g., a professional ID for their work sector or medical reports of chronic diseases (Ministry of Health, 2021c). These appointments take place at vaccine sites, like the one described earlier. When the user receives the “necessary vaccine doses,” they will receive a text message with a link to their vaccination certificate, which is only provided electronically. The website asks them to save this link for future reference. Lastly, the user receives a text message with a link to report any side effects. The government website notes alongside this step that the “COVID-19 vaccines used in this campaign are safe” and explains that this step exists only because “regulations mandate a reporting mechanism for suspected side effects” (Ministry of Health, 2021c). The presence of both iconography and language of the Jordanian government at each step of this process emphasized the government’s attempts to link itself with the COVID-19 Spectacle, here as the life-saving solution to the pandemic.

A thick green border followed by a thin gold line encompasses the electronic vaccination certificate. The top of the certificate is adorned by a somewhat blurry image of the Jordanian crest of arms and the words “Ministry of Health, Hashemite Kingdom of Jordan.” The top right corner has a circular, blue stamp with the same words and the top left a QR code that can be scanned to prove the authenticity of the certificate. Under these rests the title: “COVID-19 Vaccination Certification.” With the left side in English and the right in Arabic, the certificate for non-

Jordanians lists the recipient's personal Jordanian number, passport number, nationality, name, date of birth, and reference number. A table at the bottom of the certificate provides the details of the vaccine itself. For each dose, the dose number, vaccine brand, lot number, date, and healthcare center are provided from right to left. Most people I knew kept their vaccination certificate readily available on their phone, in case they needed to quickly prove their status, as I did when I entered a soccer match (Chapter 4). Other places that legally required vaccination certificates gave them nothing more than a cursory glance, and still others did not check at all.

Although the registration website launched in December 2020, by the beginning of the Jordanian vaccination program in January 2021, only 200,000 people had registered to receive a vaccine (Middle East Eye, 2021). After the first month of the vaccination program, only about 150,000 doses had been administered, and only 400,000 people had registered to receive the vaccine (Al-Khalidi, 2021a). In turn, the Jordanian government partnered with external organizations to advertise the registration process. As I scrolled through TikTok in my downtime in Amman, for example, I frequently encountered a promoted advertisement by UNICEF Jordan. In Arabic, the ad walked the viewer through how they could register for a COVID-19 vaccine on their phone using the government website.

By the time I arrived in Jordan, campaigns to inform the public on how to register for the vaccine had seemingly been successful, at least among refugees in Amman. Through surveys with the Collateral Repair Project (CRP), I found that most CRP community members – representing largely urban, impoverished refugees – knew how to register for the vaccine. Moreover, of those who did not know how to register for the vaccine, most did not want to receive the vaccine anyway. However, there were still a few refugees I spoke with who both wanted the vaccine and did not know how to register. For these refugees, CRP planned to provide instructions on how to use the registration website. That said, it is worth noting that CRP

community members may represent a more privileged class compared to many refugees in Jordan because they live in urban Amman and are perhaps self-selected in their access to CRP.

Many Jordanians and refugees alike viewed the vaccine registration and distribution process as one of equality and oneness. As one Iraqi woman said, “Thank god, the vaccine is equally available to everyone.” When I would ask people with the vaccine how the process had been, they most often described it as easy, and the only consistent complaints that I encountered were about wait times and vaccine brands. Still, some refugees felt that they had faced difficulties in this process because of their refugee status. For example, one Iraqi man told me, “It has been harder for refugees to get vaccinated, especially in the beginning.” Among those who held this belief, most struggled to provide specific examples of such difficulties. Others faced registration or vaccination inequalities that they could easily articulate.

One such example came from Muhammad, a young Palestinian man. In an early CRP survey about the impacts of COVID-19, Muhammad had stated that he would be willing to do a follow-up interview over the phone and had left a phone number. When I called his number, he was quick to answer. As I asked him about his connection to CRP, he immediately switched from Arabic to fluent English, recognizing my own limitations. I was surprised when he responded to my question with one of his own, “What is CRP?” After describing the organization, he said that he might have gotten help from them or taken a class with them at some point, but that was not what he wanted to talk about.

Muhammad had taken CRP’s survey, regardless of how he found it, because he wanted to talk about the unique administrative hardships faced by many Palestinian refugees in Jordan during the pandemic. He spoke – uninterrupted – for nearly 40 minutes, telling me about his story and that of his father. As Muhammad told me, he had been able to register for and receive the vaccine because his wife was Jordanian. However, his 70-year-old father – who was originally

from Palestine – could not. According to him, the Jordanian government had refused to give his father a residence card when he first came to Jordan, so the government would not recognize his status as a refugee. As such, Muhammad’s father had only a Palestinian Authority passport for external use, but – without a residence card – his father was prohibited from registering for the vaccine.

After months of conversations with government authorities, they asked Muhammad’s father to pay a fine of 1.5 JD (approximately 2 USD) per day since he had last entered Jordan in 2014 before he could receive an identification with which to register for the vaccine. This is the same fine charged to tourists who overstay their visas in Jordan. Muhammad’s father, unable to afford this fine, instead approached the UNRWA – the UN agency dedicated to Palestinian refugees – for a vaccine, who in turn redirected him to the same government registration process. Muhammad argued that this was the case for more than just his own father. As he told me, “There are so many refugees, living in Jordan but originally from Palestine, that don’t have the vaccine yet because Jordan has refused to give them residence cards.”

Though I only ever spoke to Muhammad over the phone, he provided me with valuable insight into the often-conflicting bureaucracies that many Palestinian refugees faced during the pandemic. Access to a COVID-19 vaccine was based first on access to a personal Jordanian number. In this way, the Jordanian government’s own bureaucracy was hurting its goal of increased vaccinations. Moreover, I suspect that these bureaucratic issues extended beyond Palestinian refugees. I frequently heard stories of frustration about the UNHCR, which serves non-Palestinian refugees in Jordan, from refugees at CRP whose UNHCR numbers had expired during the pandemic. With the UNHCR office closed, there was nothing these refugees could do to renew these numbers, and expired numbers at least prevented people from visiting their families in the hospital. In rural spaces in which these identification numbers may be in less frequent use, I suspect that such issues might be even more widespread.

In response to Foucauldian biopolitics, which emphasizes the contemporary state's role in "making live" for its population, Mbembe (2019) argues that the state's role in "making die" is still just as present, with governments employing necropower in order to render certain groups disposable. In response to the uneven distribution of COVID-19 vaccines at the international scale, Sumba (2021) proposes the concept of *necropolitics at large*, which – rather than relying on weapons and annihilation as Mbembe suggests – is instead based on "negligence, acquiescence, and utter disregard for the fatal implications of global inequality" (p. 48). While Sumba (2021) applies *necropolitics at large* at the international scale of vaccine access discussed prior, this framework is similarly visible within individual states in the government programs intended to distribute these same vaccines, in Jordan and elsewhere. The inability of Muhammad's father to access the vaccine based on his immigration status provides one such example, in which the government's vaccination system resigned him to be unable to access a life-saving vaccine, purely out of negligence for those without identification numbers.

Yet, there were also opportunities for some in Jordan to navigate around the government's vaccination framework. One such opportunity was provided to CRP employees early in the summer. At the time, many CRP employees had registered for the vaccine through the government website months prior but had not yet been called on to receive it. Thus, when the Norwegian Refugee Council (NRC) – another foreign NGO that works with refugees in Amman – offered to let CRP employees get vaccinated, many were quick to volunteer. This was a one-time opportunity, requiring advanced sign-up. In some ways, such an event was reflective of the abilities of Westerners and Western organizations to navigate COVID-19 vaccinations more easily. At the same time, given the diversity of CRP's staff – with a relatively equal mix of Westerners, Jordanians, and refugees – the NRC's offer also represented a chance for both Jordanians and refugees to take agency over their own vaccinations and avoid the government registration and wait processes. The brand of these vaccines was unknown to CRP employees

until they arrived at the NRC vaccination site, at which time they learned they would be receiving Sinopharm, a fact which pleased some and disappointed others. In the next section, I explore further perceptions of COVID-19 vaccine brands and expressions of agency in navigating the government vaccination campaign.

Vaccine Brands and Expressions of Agency

It was lunchtime on my first day in the CRP office. We crammed around a small plastic table in the central courtyard, passing around bread, kababs, and tabbouleh to celebrate the first day that anyone had been allowed to come in in over a year. The bright summer sun sweltered above us as it neared midday; we gulped down plastic cups of water to evade the heat's worst effects. As I reached for another cup, our boss excitedly declared that he had received his second dose of the Pfizer vaccine earlier that week.

Abdul, a Sudanese refugee who had worked at CRP for many years, chimed in, "I have been trying to get Pfizer for weeks, but they have been out. I won't get any other." Said, a Jordanian, replied that he was finally able to get the AstraZeneca vaccine a couple weeks ago. Abdul responded with a low, drawn-out "Oh," as a stiff silence descended over the group, with many seemingly lost in thought at merely the idea of receiving AstraZeneca. The silence was only broken when another person jumped in, adding that they had been able to get the Pfizer vaccine as well.

I mentioned that I had actually gotten the Moderna vaccine in the United States before coming to Jordan. There was confusion among a few of my coworkers who had not heard of it, but someone quickly jumped in and said that it was "like Pfizer" – perhaps talking about its status as an mRNA vaccine or perhaps simply meaning that it was "good" – but only for Americans, assuaging their curiosity. As we continued around the circle, everyone chimed in, seemingly without hesitation. The other five people at the table had either received the Sinopharm or Pfizer

vaccine or had registered on the government website but were still waiting to get called on for the vaccine. There were no reactions of surprise or confusion to any of these. Once we finished our meal, we returned to work, and the day carried on.

At the end of the workday, as I stood on the street attempting to hail a taxi, Said walked over and offered me a ride home. On the way, he returned to the conversation from lunch, “I think that AstraZeneca is just as good as the others,” he argued passionately, as if back at that small plastic table talking to Abdul. He expressed his frustration at the response of discomfort he had received by merely mentioning that he had gotten AstraZeneca. His comments implied that this was not the first time he had garnered that reaction.

This conversation about vaccine brands at CRP was not unique during my time in Amman; vaccine brands were a frequent topic of discussion. Many casually chatted about which brand they had received and their opinions of the efficacy and safety of that and other brands. In the case of Said, he felt frustrated by the negative responses he received for having the AstraZeneca vaccine despite his belief that it was as safe as any other. On the other hand, Abdul was expressing his own agency within the framework of the government’s vaccination process through his refusal receive any brand other than Pfizer. As Abdul described, the Jordanian government’s stocks of the Pfizer vaccine were out, and he would wait until they acquired more before getting vaccinated because he felt the Pfizer vaccine was both safer and more effective. An Iraqi woman I spoke to similarly described wanting to get the vaccine as soon as possible but only being willing to get Pfizer, so she too was waiting for it to become available again.

However, knowing that the government did not announce the vaccine brand for a given vaccination site ahead of time, it was unclear to me what it meant to “wait” for the Pfizer vaccine. I gained this insight from Omar, my Iraqi refugee friend. Like Abdul and the Iraqi woman, Omar refused to receive any vaccine that was not Pfizer. When I asked him how he knew which vaccine

a given appointment would have, he told me, “I didn’t know until I got there.” After being notified that he was able to receive the vaccine, Omar had registered for a vaccination site and time. When he arrived, he asked the worker providing the vaccine which brand they were giving that day. After the employee told him that it was AstraZeneca, Omar immediately left.

When he got home, Omar scheduled a second vaccine appointment at a different site, saying that he was unable to attend the first. Omar again went to this site at the time of his appointment and was offered the AstraZeneca vaccine. He similarly refused the vaccine, left, and scheduled a third appointment at a third site. When Omar arrived at this appointment, the worker offered him the Pfizer vaccine, and he gladly took it. At the time of my conversation with Omar, he had just gotten his first dose and was eagerly awaiting his second, secure in the knowledge that he would be able to easily get Pfizer this time as the government had committed to giving second doses in the same vaccine as the first. As he told me, he had experienced no side effects from the Pfizer vaccine because of his “good immune system.” When I asked Omar why he had put in so much effort to avoid the AstraZeneca vaccine, he quickly replied, “Because of the blood clots and its reputation.”

When the AstraZeneca COVID-19 vaccine came out, the company described it as the “vaccine for the world,” charging one-tenth of the price of other vaccines and quickly licensing its production to other manufacturers around the globe. AstraZeneca became the main source of vaccines for the COVAX program, making it the primary – and often only – vaccine option available in many poorer countries (Beaubien, 2021). However, just as Jordan received its first shipment of the AstraZeneca vaccine through the COVAX program in March 2021, nine European countries – including Germany, Italy, and France – suspended the use of the vaccine over concerns that it might cause blood clots (Al Jazeera, 2021). At the time, there had been 37 reports of blood clots out of the 17 million people vaccinated with AstraZeneca in the EU and the

UK. Despite these suspensions, the EMA at the time suggested that this rate seemed “not to be higher than that seen in the general population” (Jordans, 2021).

Soon after, the EMA stated that the AstraZeneca vaccine was “safe and effective in preventing COVID-19 and its benefits outweigh its risks,” causing most European countries to resume its use. Although the agency argued that the vaccine “likely reduces the risk of thrombotic incidents overall” because blood clots are associated with COVID-19, they still could not “rule out definitively a link” between the vaccine and blood clots. At the same time, many medical experts in Europe criticized the political decisions to suspend the use of AstraZeneca, arguing that the suspensions would cast doubt on the safety of the vaccines despite the greater, known risks of COVID-19 (Michaels, 2021). Even after the EMA’s recommendation, Norway suspended the use of AstraZeneca entirely, and in May 2021, Canada announced that it would almost entirely shift away from the vaccine (Beaubien, 2021).

However, the impacts of the AstraZeneca vaccine’s controversies were not limited to the Global North. In March 2021, the Democratic Republic of the Congo, Thailand, and Indonesia, for example, were among the countries to temporarily suspend the use of the vaccine due to concerns of blood clots (Al Jazeera, 2021). Moreover, these controversies – alongside the vaccine’s lower efficacy rate and decreased efficacy against newer variants – spread the belief that the AstraZeneca vaccine was a second-tier product among many in the Global South. In Uganda, for example, Rose Wakikona – a lawyer with the Center for Health, Human Rights, and Development – described the AstraZeneca vaccine as “the best [the WHO] could negotiate for us,” stating that Ugandans had no other choice but to use the vaccine because “no one has offered us any other options. None whatsoever” (Beaubien, 2021).

It is in this context that Abdul’s remark of discomfort at and Omar’s insistent avoidance of the AstraZeneca vaccine become clearer. Many who I spoke with in Amman felt similarly that

the AstraZeneca vaccine was dangerous. Despite the resumption of the vaccine's use in much of Europe only days after its suspension, the perception of the vaccine as unsafe had stuck, and many were willing to sacrifice, by scheduling and attending three separate vaccine appointments in the case of Omar or by remaining temporarily unvaccinated in the case of Abdul, to avoid the AstraZeneca vaccine. Indeed, one of my first conversations when I arrived in Amman was about AstraZeneca's blood clots. As I checked in to my hotel, the owner bragged to me about how all hotel workers in Jordan were required to be vaccinated because they would be interacting with tourists. He proudly told me that he had already received both doses of the Pfizer vaccine, and in the next breath told me that he was suspicious of the AstraZeneca vaccine because of its propensity to cause blood clots.

The perspectives of vaccine brands that I encountered in Amman shared much in common with literature relating to choices of a seemingly disparate pharmaceutical intervention: contraception. In a literature review of existing qualitative research around the topic, Alspaugh et al. (2020) examine women's perceptions, beliefs, and attitudes surrounding contraception. They argue that contraceptive beliefs and practices are inextricably linked to the discourses and relations of power that women are embedded in. Moreover, they consider the ways in which individual women's language, subjectivity, and agency shape their own contraceptive choices (Alspaugh et al., 2020). Their findings show striking similarities with the decisions many in Amman – and around the world – made regarding COVID-19 vaccines. For example, Alspaugh et al. (2020) suggest that women often expressed distrust in certain contraceptive methods based on their perceptions of the efficacy and safety of those methods, using language often inconsistent with scientific consensus. Moreover, for many women, contraceptive use and control acted as expressions of individual agency, allowing women to resist existing relations of power between them and both their partners and health care providers (Alspaugh et al., 2020). For many in

Amman, like Omar, choice in vaccine brand followed similar patterns, suggesting the importance of language and agency, especially, in this context.

Among many Americans and Europeans that I spoke with in Jordan, the Sinopharm vaccine was viewed through a similar lens of suspicion. One American working at CRP, for example, attended the NRC vaccination opportunity because it was convenient, and he had hoped that they would provide the Pfizer vaccine. Though he still took the vaccine, he was disappointed when he discovered that they were receiving Sinopharm, and he would occasionally joke after that about the possible long-term consequences of Sinopharm that he might face. On the other hand, few Jordanians or refugees seemed to doubt the safety of the Sinopharm vaccine. Among the people I spoke with, most had slight preferences for the Pfizer vaccine, but no one expressed safety concerns about Sinopharm in the same vein as AstraZeneca. The most doubt in the safety of Sinopharm that I witnessed came from a Syrian woman I spoke with, who had received the Sinopharm vaccine and told me, “There was no problem with it, thank God. I do not know if one vaccine is better than another. I am not sure if it is 100% safe and effective, but I still took it.” Yet, even this comment is not necessarily about Sinopharm, as much as the COVID-19 vaccine process.

It is worth considering, then, from where perceptions of these brands emerge. No one I spoke with ever cited statistics regarding the efficacy or safety of these vaccines. Many considered AstraZeneca a dangerous and second-tier vaccine because of a one-week suspension of its use in a handful of countries in Europe, despite the quick resumption and continued use of the vaccine in the vast majority of those countries. On the other hand, many seemed to view Pfizer as the vaccine of choice for the Global North, giving it more weight and legitimacy. When I would mention to people that I had been vaccinated in the United States before coming to Jordan, many would immediately assume that I had gotten the Pfizer vaccine, despite that fact

that I had actually received the Moderna vaccine, and people who knew of Moderna viewed it as “another Pfizer.”

While people I spoke with in Amman described the Pfizer, AstraZeneca, and Moderna vaccines by the company that produced them in Arabic and English alike, this was not the case for the Sinopharm vaccine. Outside of official government documents, I never heard someone refer to Sinopharm by its name in Arabic. Instead, it was exclusively called *al-Sinii*, roughly “the Chinese one.” This is perhaps solely reflective of the fact that Sinopharm is more easily tied to a national identity than Pfizer or AstraZeneca. Yet, it may also reflect differences in how people imagine both China and Chinese products. During my time in Jordan, I frequently encountered the belief that American- and European-made products were superior to those from other regions, particularly China. It is perhaps this belief that led many I spoke with to have slight preferences for Pfizer over Sinopharm, often citing beliefs that Sinopharm was slightly less effective, though no less safe. I also occasionally encountered xenophobia from Jordanians directed at Chinese migrants. While I am certain that these are not the ideas conjured by calling the Sinopharm vaccine *al-Sinii* in Arabic for many, I am struck by the linguistic difference between it and the other vaccines.

In addition to the perceived differences in vaccines brands among individuals, there were also tangible implications for the lives of many based on the brand they received. Ayman had received the Sinopharm vaccine before I arrived in Amman and was happy with it. In his opinion, all of the vaccines were similarly safe and effective, and any perceived differences were only based on politics. As the summer approached its end, Ayman and I discussed trying to visit his brother in Budapest together, a trip he had never felt comfortable taking before because of his lack of fluency in English. As I planned the trip, however, I realized that Ayman would not be allowed to fly into Europe because the EMA had not authorized the Sinopharm vaccine. As I disappointedly told Ayman this, he replied that it was the same with Saudi Arabia. He had wanted

to make an *'Umrah*, a pilgrimage to Mecca outside of the dates of the *Hajj*, after getting vaccinated but similarly learned that he would not be allowed in with the Sinopharm vaccine. In these ways, the perceptions of these vaccine brands became tangible, with distinct political implications for many like Ayman, and expressions of agency in vaccine choice were important for more than health.

Making the Vaccine “Mandatory”

As I rode with Ayman in his van to the grocery store towards the middle of the summer, I glanced up at a blue lanyard hanging from his rearview mirror. I had been living with Ayman for two months and had never seen him wear a lanyard. When I asked Ayman what it was, he first replied with only a large grin as he pulled it down and handed it to me. “Look!” he exclaimed. At the base of the lanyard was a small rectangle of laminated paper. One side was blank, but the other had a copy of Ayman’s vaccine certificate printed on it. The font was small, to the point of being nearly illegible, but according to Ayman the QR code still worked.

I asked Ayman if he had gotten it for work. “It is not only for work,” he replied, “It is for entering any place that requires vaccines.” At that point in my fieldwork, I had never been asked for proof of vaccination, and by the time I returned from Amman, only a soccer match and the airport would ever ask. Though Ayman provided me with no examples of places that he needed his vaccine certificate for, I suspect that he needed it frequently, both because of his pride in his lanyard when he first got it and because he wore it every day for over a month. When Ayman was home, the lanyard adopted an almost permanent position on the key holder by the front door, right under his mask. Each time he left the apartment, he would instinctually reach for both.

Ayman offered many times to have one made for me. As he explained, it was a custom design the first time, but now the print shop would be able to make one easily for me for only a couple dinar. What I found most curious about Ayman’s lanyard was that I never saw anyone else

wear something similar. Being asked to show proof of vaccination was an infrequent occurrence for most people who I spoke with, and when it did happen, many just had a screenshot or link to their certificate saved on their phone that would suffice. In many ways, Ayman's lanyard represented the reach and everyday impacts of the COVID-19 Spectacle through the Jordanian government's attempts to make the vaccine feel "mandatory" – in the sense that it was necessary to return to everyday life – without explicitly requiring it by law.

As the daily vaccination rate began to decrease, the Jordanian government attempted to wield reopening procedures as a tool to encourage vaccinations. The nightly curfew was first lifted for only those who could prove they were vaccinated. Gyms, museums, and soccer games returned for those with at least one dose of the vaccine. A printed sheet of paper taped on a pillar in a downtown café stated in an enormous Arabic font, "It is prohibited to give shisha to those who have not taken the first dose of the COVID-19 vaccine and for whom 21 days have not passed since taking the dose." A much smaller font tucked into the bottom left corner of the same sheet read, "By order of the Ministry of Health." Soon after the government implemented these measures, Ayman created and began wearing his vaccine certificate lanyard. Though Ayman stopped wearing his lanyard later that summer, it remained on the key holder by the door, accessible at any time. When I asked him why he had chosen to stop wearing it, he did not give me an explanation.

As these measures failed to substantially increase vaccination rates, the government implemented stricter measures. Public sector employees who were not fully vaccinated became required to provide two negative COVID-19 tests per week, and the government stopped issuing and renewing work and residency permits for those who were not fully vaccinated. Though it is difficult to know which measures were most effective at making the vaccine feel mandatory, such measures did prove effective. Ayman's lanyard provides evidence of the day-to-day impact of such measures, causing him to feel the need to be able readily prove his vaccination status at a

moment's notice. Moreover, as I talked with community members at CRP who had gotten vaccinated about why they had chosen to do so, these mandates were the impetus for some. When I asked one Syrian man this question, for example, he replied "Because it is mandatory." Similarly, a Jordanian woman told me that she had gotten vaccinated because she went for a job interview, and they wanted to see proof of vaccination.

The connections many in Amman made between the COVID-19 vaccine and the Jordanian government are reflective of what Hamdy (2008) calls "political etiologies" of disease. Hamdy (2008) suggests that poor kidney-disease patients in Egypt often understand and experience their illness within the larger sociopolitical contexts of the country, seeing the breakdown of their kidneys as a direct outcome of the breakdown of the welfare state. Similarly, in Amman, many understood the COVID-19 vaccine through the government's efforts to encourage people to receive it; in a sense, the state and the treatment became one. The COVID-19 vaccine no longer was a life-saving treatment that the government was pushing; it became symbolically connected to and understood through the lens of efforts to make it "mandatory," a process encouraged by the government's production of the COVID-19 Spectacle. Similarly, vaccine brands became one with the states in which they were developed intertwining perceptions of governance with that of vaccine effectiveness and safety.

Still, most CRP members that I spoke with about why they had chosen to get the vaccine did not cite ideas of the vaccine being required or mandatory. Instead, many mentioned that they had gotten vaccinated to "not have to fear the virus" or for "the good of society." Many mothers gave their children's safety as the primary reason they got vaccinated, and one woman cited fears that her diabetes would make the virus worse for her if she was not vaccinated. When I asked CRP community members who did not want to be vaccinated about their reasoning, many cited health conditions that they believed prevented them from getting the vaccine, including anemia and vascular health conditions. Some mothers suggested that they wanted the vaccine as soon as

possible but could not get it until their children finished breastfeeding. Still others argued that the vaccine was pointless since they already followed COVID-19 precautions, like wearing a mask and physical distancing, so they were already keeping safe. That said, of the 26 CRP community members I interviewed, 16 were vaccinated, a proportion nearly double that of the national population at the time.

For both those who had received the vaccine and those who did not want the vaccine, I encountered arguments based largely on their own safety and the safety of their family. While the government's efforts to encourage vaccination created impressions among some that the vaccine was either legally or essentially mandatory, they perhaps did little to assuage the concerns of safety those that did not want the vaccine expressed.

Conclusions

Returning to the graffiti that I saw on the wall of the apartment complex in Jabal Lwebdeih, the artist's message was deceptively simple: "Vaccinate me, I am hungry." While it might seem straightforward for a government to provide its population with vaccines, the reality in Jordan was far more complex, in part due to intersections of vaccine access and choice. It was difficult for a country in the Global South to access COVID-19 vaccines when countries in the Global North had advance-purchase agreements and bought stocks larger than what was needed to vaccinate their populations. Yet, the Jordanian government, though limited in its vaccine access by its country's wealth and influence as a postcolonial state, was able to navigate the strategic role it plays for the United States and the European Union to gain earlier priority shipments of vaccine doses.

Furthermore, it was difficult to distribute those vaccines within Jordan in an equitable manner. The Jordanian government pushed narratives of oneness and equality regarding vaccine access for all who live in Jordan. While these narratives rang true for some, others struggled with

and felt excluded from the vaccination process. Some were able to “skip the line” for vaccines, gaining early access to vaccinations through their connections to Western organizations like CRP. For the rural and impoverished, however, online-only systems made vaccine access potentially difficult and government bureaucracies denied access to vaccines for certain Palestinian refugees like Muhammad’s father.

Moreover, it was difficult for the Jordanian government to navigate the vaccine desires of individuals in its population, with many – like Abdul and Omar – circumventing the government’s vaccination system in the name of brand choice. In the face of individuals choosing not to be vaccinated, the Jordanian government attempted to make the vaccine “mandatory” to return to everyday life, gradually removing restrictions from the vaccinated and placing greater restrictions on the unvaccinated. In these ways, vaccine access and choice posed challenges for the Jordanian government as it attempted to answer the call of its “hungry” population by providing lifesaving COVID-19 vaccines.

CHAPTER 7

CONCLUSION

What Lasts in the Post-Pandemic?

It was two days before I left Amman and returned home. I wanted to spend the next day with Ayman and his family, so my friends and I had planned a trip up to a brewery just outside of Amman to celebrate and say our goodbyes. As we made it back to Amman, we stopped at the apartment of my Jordanian friend in the neighborhood of Tla' Al-Ali.

“Do you want me to take you home?” he asked, “It’s no trouble at all.”

“Nah. I think I want to walk. Walking always helps clear my head,” I replied.

I had made this walk from my friend’s apartment a couple of times before. I knew that it took about two hours, crossing both busy streets and quiet residential neighborhoods. Some nights I had made the walk because I wanted to save the \$5 Uber cost. Others, like this night, I wanted to plug into some music and reflect on my time in Amman. The air was brisk that night; the worst heat of the summer had already passed. During my walk, I spotted a crumpled up disposable surgical mask, resting in the corner formed by the edge of sidewalk and the start of the street. As in many cities around the world, litter is not an unusual sight in Amman. Wealthier friends of mine – Jordanians and Westerners alike – often complained about the constant presence of litter. Others, like Ayman and his sons, seemed unphased by it, even actively littering at times when a trash can was not readily available. All of this is to say that litter was already very much a part of the cityscape of Amman prior the pandemic. It was a part of daily life, and if one looked, they would find it readily.

What surprised me about the crumpled mask was not that it was there but that it looked so clean. Though it was crumpled along the side of the road, I could see no traces of dirt on it; the mask easily could have been left there only minutes prior. As my walk continued, I tried to keep an eye out for littered masks. Over the next five minutes, I spotted another five. Over the next hour, I spotted about thirty. The masks came in a variety of types, from N95s to surgical masks to cloth. They came in a variety of conditions as well; some looked as though had been almost carefully placed flatly on the ground while others were crumpled or torn. Yet, very few of them still seemed to be dirty. I snapped photos of the most artistically posed masks I passed, thinking that they might provide a poignant background for a future presentation.

Then, I began to wonder about these masks. How long had they been there? How long would they be there? How long might it take for these masks to degrade? What will happen to the masks on the keyholder in Ayman's kitchen, and the box above his fridge? What of the mask a taxi driver dangled from his rearview mirror? What of the mask I kept crumpled in the bottom in the bottom of my backpack? Where will these masks be in ten years? Many will be thrown in the trash, but will families keep a few stashed away just in case? Perhaps these masks will move slowly from the keyholders, rearview mirrors, and backpacks to rarely accessed drawers around the home, tucked away and hidden from sight but not fully gone. In their management and maintenance of these disorderly materials (Stamatopoulou-Robbins, 2020), how will people engage with disposed of masks? Long after people stop wearing masks to protect from COVID-19, they will hang around these city streets as a reminder. Ten years from now, what will Ayman or I think when we find a mask in the drawer or see one littered on the side of the street? For now, they are distinctly recognizable, bringing with them specific memories and ideas of the pandemic. Will they still be then?

What of the other everyday changes caused by the pandemic? How long will actors in the Jordanian government push and rely on the COVID-19 Spectacle, asking the Jordanian people for

their commitment? How long will businesses use their own COVID-19 responses to advertise their services? How long will the surveilling and mandating of health behaviors that put people at risk of the virus persist? What of those suffering from the virus itself, facing long-lasting symptoms or the grief of having lost a loved one? The answers to such questions are inherently complex and multifaceted, and the continued study of such impacts will be important long after the COVID-19 pandemic comes to an end.

Is There a Post-Pandemic?

At the brewery, two nights before I left Amman, my Jordanian friend turned to me and said, “You’re the expert. Do you think the world will ever go back to normal, or will we just have strings of lockdowns and curfews between new strains?”

“I’m definitely no expert, and I don’t know. There always seems to be hope that the pandemic will end *soon*, but it never seems to end,” I replied.

My friend’s question represented a stark change of tone. Over the summer, he had always been one to look for the positives in any situation, pushing people – sometimes a little too much – to live in the moment and enjoy themselves. To hear him worry about such things was disconcerting for me. Over the summer, I went through phases in which I lost hope of the world ever returning to “normalcy” and phases in which I believed “normalcy” was right around the corner. For my friend to express such anxieties meant that similar thoughts were likely going through his mind. It was a trend I noticed beyond just him, as the pandemic wore on, more and more people seemed to lose hope that life might improve. Though I never asked him, I can only imagine that such anxieties were only worsened by the emergence of the Omicron strain months later. I know that I felt that way at least.

I spent the next day with Ayman and his family. In the mid-afternoon, Ayman and I sat on lawn chairs in the driveway, sharing a small bowl of pumpkin seeds. Layla soon brought out a

dish of mansef for us to share. As we rolled balls of rice, meat, and fermented yogurt, Ayman turned to me with a clear look of worry and said, “The news is talking about this new virus in Africa, Marburg. They say it will be the next COVID. What do you think?”

I did my best to reassure Ayman, telling him what little I knew about the history of the Marburg virus. I explained that the virus itself was not new, even if there was a new outbreak. I also told him that I suspected it would be dangerous and difficult – given its relatively high mortality rates – within the areas it spread but that historically its outbreaks had been rather geographically contained. “I think that COVID has spread so well in part because it is less deadly, so you probably won’t need to worry about Marburg in Jordan,” I told Ayman.

Yet, after telling Ayman this, I also reflected on my early thoughts regarding this pandemic. In late February 2020, as I was nearing the end of my studies in Jordan, an American friend reached out, texting me, “Hey. How are you? Is coronavirus rampant in Jordan? The mainstream news isn’t really covering it.”

I responded, “Nah. Jordan shut it down. There have been no cases, and everyone is screened upon entering the country.”

My friend then joked about how masks were selling out already, sarcastically adding, “Because the mask is gonna save you,” followed by three emojis of eyes rolled up. At the time, many major health organizations and governments were recommending people not wear masks to preserve them for health care workers.

I replied to my friend’s text, “I mean it definitely wouldn’t hurt. Luckily the virus isn’t too bad symptoms-wise. It just spreads like crazy.” We then casually debated back and forth on to what extent the United States would be impacted by the virus. I was concerned that the U.S. health care system would discourage people from taking sick days, causing it to potentially spread rapidly; she assumed that, if cases were going to explode in the United States, they already

would have by then. I ended the conversation on a with a text that I can only laugh at in retrospect: “We’ll see, but even worst case I doubt it’ll be too bad. Just like a really bad flu year.”

Of course, I had learned much in the nearly one and a half years between sending those texts and chatting with Ayman, going from having little concern about the pandemic to dedicating my thesis research to studying its impacts. It is with these lessons in mind that I felt a twinge of guilt as I reassured Ayman about the Marburg virus. What if I was wrong? What if the Marburg virus did become the next pandemic?

Layla soon changed the conversation topic, cutting through the anxiety building in my chest around my answers. “Tomorrow is the first day of in-person school for the kids since COVID started,” she said, “I’m sad that you’ll miss it, but I think it will go back online again after about a month.” It had been more than one and a half years since the children had seen the inside of a school building, more than one and a half years since they had seen their friends and teachers in person. Still, Layla could not even express excitement for her children returning to school without couching it in the possibility – or likelihood as she saw it – that it would be over before long. COVID-19 anxieties cut across my last conversations in Amman, with Jordanians worrying about both the future of this pandemic and the possibility of the next pandemic.

Such anxieties reflect the tensions of pandemic aftermath. In the wake of 9/11, Carby (2002) suggested that new ideological constructions of the United States emerged, contradictory though they were, and that such constructions threatened to destroy the essence of the United States that existed before. With the departure of a controversial mining company in a village in Ecuador, Kneas (2018) considers the ways in which community members actively avoided discussion of the topic in their everyday lives. On the other hand, Frankfurter (2019) argues that health care practice was transformed in a clinic in the post-Ebola Kissi Triangle, shifting from primarily a site of care to one of disease surveillance in the hope of preventing a future outbreak.

Examinations of the many forms of aftermath suggest that the trajectory of post-pandemic life is still unclear. What new and contradictory ideological constructions might emerge from the pandemic? Might pandemic fears become taboo matters of conversation best left unvoiced, or might they become constant focuses of attention, transforming the operations of day-to-day life? Yet, the anxieties discussed here differ from those above in that they reflect concerns that there will be no pandemic aftermath. Early in the pandemic, people often used the phrase “new normal” to describe precautions and restrictions implemented to reduce the spread of COVID-19, yet these anxieties reflect a different understanding of the “new normal,” a liminal state that threatens to become permanent. I cannot speak to the truth in these anxieties; I share them myself, but they speak to the ways in which the pandemic has reshaped conceptualizations of the future for many.

Goodbye, Amman

As evening approached on my last day in Amman, I reached into my packed suitcase and pulled out a piece of stationery and a pen, and I began to write. I thanked Ayman and his family for their hospitality and friendship. I told them about my struggles with loneliness during my previous time in Amman and the ways in which my connection to them had completely erased that feeling this time. With tears in my eyes, I wrote that I hoped to see them again soon, and I thanked them one last time, signing my letter “Patrick (Abu Muhammad) McKenzie.” Soon after I finished my letter, it was time for me to say goodbye. We exchanged hugs and promises to keep in touch. As I passed Layla the letter and the keys to my apartment, she passed me a sandwich and a cup of tea for the road. Seeing that I was wearing sweatpants, Ayman and Layla worried that someone might try to take my phone or passport. Kareem sprinted inside and brought me a fanny pack to ensure that this would not be the case. As my Uber pulled up to the driveway of the apartment, we exchanged a last set of hugs, and Ayman grabbed my suitcase and placed it in the trunk of the car, telling my Uber driver to be careful with me.

I donned my mask as the driver did the same and stepped into the Uber. Though there was no plastic sheet or shield, I chose to sit in the back. I waved out the window as the car pulled away. As we approached a busier road, the driver rolled up the windows and turned on the air conditioning. It was a short ride to the Tabarbour bus station, during which the driver and I did not exchange a word. I said a quiet, “Thank you,” as I stepped out of the car. I hopped from the Uber into one of the coaster buses that runs to the airport each hour. I noted the plastic sheet separating the driver from the rest of the bus, though I had to reach through a small hole in it to pay him. He wore a mask but had pulled it down below his chin. As the end of the hour approached, more people climbed aboard the bus. Of the other passengers, only one man wore his mask properly; the rest wore their masks around their chin or carried them in their hands. I spent the hourlong bus ride to the airport reflecting on how it felt to leave Amman again. Last time, I had scrambled to purchase a plane ticket and leave before the COVID-19 border closures. Instead of panicked, I felt simultaneously happy and sad this time. I was excited to return to my fiancée, family, and friends in the U.S., but I was sad to leave behind the friends I had made over the summer, with little assurance that I would see many of them again.

As I stepped off the bus at the entrance to the airport, I was greeted by three massive lines to enter, stretching almost to the road. As I joined the closest of these lines, I noticed how tightly packed it was, with little room to even turn around, and how – though almost everyone had a mask with them – most were wearing their masks around their chins. Halfway through the line, as I first stepped into the airport building itself, I passed a large television on my left. Between advertisements for tourism and perfumes, the television would flash to some of the same airport signs I saw when I arrived in May. First, an image of a man wearing a mask, captioned, “Always wear a mask.” In small red font below was the extra line “In compliance with the Defense Orders, entry without a face mask is strictly prohibited.” Next, an image of a hand sanitizer bottle flashed on the screen with only the caption “Hand sanitizer.” Lastly, an image of two men with two

meters between them appeared with the caption “Maintain 2M distance from others,” before the television returned to advertisements. In the corners of each of these COVID-19 signs were the same slogans as before, “Keeping Yourself Healthy, Keeping Everyone Healthy” and “QAIA Cares.” As I walked further inside, worn stickers on the ground displayed footprints encouraging passengers to “Please queue here” and “Maintain physical distancing.” These stickers went largely ignored by the line around them, though most pulled up their masks as they entered.

The first line ended with showing my passport and scanning my bag before approaching the ticket counters. From there, I stood in an additional line to get my tickets, another to go through passport control, and a final line to go through security. These lines were similarly long and similarly tightly packed. As I passed through security into the departure terminal, I noted that both sides of the airport were open for the first time this summer. I also noticed the presence of more English and seemingly more foreigners with backpacking backpacks. It seemed as though tourism was returning to Jordan, after Amman had felt largely devoid of tourists over the summer. An airline employee briefly checked my PCR test at the ticket counter. As I waited for my flight to begin boarding, I stretched out on an empty bench, set an alarm, and napped. Around two in the morning, the speaker at the desk crackled to life, “All passengers may now board Austrian Airlines Flight 854 to Vienna.”

REFERENCES

- AFP (2021). US sends half million Covid vaccines to Jordan. *France24*.
<https://www.france24.com/en/live-news/20210715-us-sends-half-million-covid-vaccines-to-jordan>.
- Al-Ajlouni, L. (2020). Could COVID-19 push Jordan to the edge. *Middle East Institute*.
<https://www.mei.edu/publications/could-covid-19-push-jordan-edge>.
- Al Amir, K. (2021). Jordan: COVID-19 infected doctor arrested for being on duty. *Gulf News*. <https://gulfnews.com/world/mena/jordan-covid-19-infected-doctor-arrested-for-being-on-duty-1.84539965>.
- Aldroubi, M. (2021). Jordan vaccinates nearly a third of eligible refugees against Covid-19. *The National*. <https://www.thenationalnews.com/mena/jordan/jordan-vaccinates-nearly-a-third-of-eligible-refugees-against-covid-19-1.1231123>.
- Al-Khalidi, S. (2020). Jordan's monarch dissolves parliament in preparation for November election. *Reuters*. <https://www.reuters.com/article/us-jordan-parliament-royal-decree/jordans-monarch-dissolves-parliament-in-preparation-for-november-election-idUSKBN26I0PF>.
- Al-Khalidi, S. (2021a). Jordan says COVID-19 vaccination drive to accelerate in coming weeks. *Reuters*. <https://www.reuters.com/article/health-coronavirus-jordan-int/jordan-says-covid-19-vaccination-drive-to-accelerate-in-coming-weeks-idUSKBN2AP2VG>.

Al-Khalidi, S. (2021b). Protests erupt in Jordan after COVID-19 hospital deaths scandal.

Reuters. <https://www.reuters.com/article/health-coronavirus-jordan-protests/protests-erupt-in-jordan-after-covid-19-hospital-deaths-scandal-idUSL8N2LC0SC>.

Al-Khalidi, S. (2021c). Jordan uses tear gas to clamp down on anti-lockdown protestors.

Reuters. <https://www.reuters.com/article/us-health-coronavirus-jordan-protests/jordan-uses-tear-gas-to-clamp-down-on-anti-lockdown-protesters-idUSKBN2B800B>.

Al-Khalidi, S. (2021d). Jordan police detain scores of activists, break up protests.

Reuters. <https://www.reuters.com/article/jordan-protests-int/jordan-police-detain-scores-of-activists-break-up-protests-idUSKBN2BG37N>.

Al-Khalidi, S. (2021e). Jordan court jails health officials over COVID-19 deaths. *Reuters*.

<https://www.reuters.com/world/middle-east/jordan-court-jails-health-officials-over-covid-19-oxygen-deaths-2021-12-05/>.

Al-Khalidi, S. (2021f). Jordan reports highest daily tally of COVID-19 cases. *Reuters*.

<https://www.reuters.com/article/health-coronavirus-jordan-int/jordan-reports-highest-daily-tally-of-covid-19-cases-idUSKBN2B71Z2>.

Al-Khalidi, S. (2021g). Jordan's PM reshuffles cabinet to accelerate reforms. *Reuters*.

<https://www.reuters.com/article/us-jordan-government-reshuffle/jordans-pm-reshuffles-cabinet-to-accelerate-reforms-idUSKBN2AZ0FF>.

Al-Khalidi, S. (2021h). Jordan cemetery struggles amid COVID-19 surge. *Reuters*.

<https://www.reuters.com/world/middle-east/jordan-cemetery-struggles-amid-covid-19-surge-2021-03-24/>.

- Al-Khalidi, S. (2021i). The sudden visit to COVID victims' families that sparked Jordan's royal rift. *Reuters*. <https://www.reuters.com/article/us-jordan-security-royals-rift-insight/the-sudden-visit-to-covid-victims-families-that-sparked-jordans-royal-rift-idUSKBN2BV374>.
- Al Jazeera (2020). Jordan holds parliamentary elections amid coronavirus surge. *Al Jazeera*. <https://www.aljazeera.com/news/2020/11/10/jordan-holds-parliamentary-elections-amid-coronavirus-surge>.
- Al Jazeera (2021). Which countries have stopped using the AstraZeneca vaccine? *Al Jazeera*. <https://www.aljazeera.com/news/2021/3/15/which-countries-have-halted-use-of-astrazenecas-covid-vaccine>.
- Alqutob, R., Al Nsour, M., Tarawneh, M. R., Ajlouni, M., Khader, Y., Aqel, I., Kharabsheh, S., and Obeidat, N. (2020). COVID-19 crisis in Jordan: Response, scenarios, strategies, and recommendations. *JMR Public Health and Surveillance*, 6(3), DOI: 10.2196/19332.
- al-Rawashdeh, I. (2012). "The A to Z Tragedy of the Rapid Bus Project." *Arab Reporters for Investigative Journalism*. <https://en.arij.net/investigation/the-a-to-z-tragedy-of-the-rapid-bus-project/>.
- Alspaugh, A., Barroso, J., Reibel, M., and Phillips, S. (2020). Women's contraceptive perceptions, beliefs, and attitudes: An integrative review of qualitative research. *Journal of Midwifery & Women's Health*, 65, 64-84.
- Angers, J. and Machtmes, K. (2005). An Ethnographic-Case Study of Beliefs, Context Factors, and Practices of Teachers Integrating Technology. *The Qualitative Report*, 10(4), 771-794.

- Beaubien, J. (2021). It's the vaccine that's lost a lot of trust. But AstraZeneca still has its fans. *NPR*.
<https://www.npr.org/sections/goatsandsoda/2021/06/01/1002067808/astrozenecas-rocky-rollout-the-woes-of-the-vaccine-of-the-world>.
- Bieber, F. (2020). Global nationalism in times of the COVID-19 pandemic. *Nationalities Papers*, 1-13.
- Bissell, D. (2010). Passenger mobilities: affective atmospheres and the sociality of public transport. *Environment and Planning D: Society and Space*, 28, 270-289.
- Bureau of Near Eastern Affairs (2020). U.S. Relations with Jordan: Bilateral Relations Factsheet. *U.S. Department of State*. <https://www.state.gov/u-s-relations-with-jordan/>.
- Briggs, C. (2004). Theorizing Modernity Conspiratorially: Science, Scale, and the Political Economy of Public Discourse in Explanations of a Cholera Epidemic. *American Ethnologist*, 31(2), 164-187.
- Brown, S.-E., & Pearson, Z. (2020). Human sacrifices, not heroes: U.S. essential workers and the COVID-19 pandemic. *Society for the Anthropology of Work*.
- Caduff, C. (2020). What Went Wrong: Corona and the World after the Full Stop. *Medical Anthropology Quarterly*, 34(4), 467-487.
- Carby, H. V. (2002). Aftermath. *Souls*, 4(1), 28-31.
- Catungal, J. P. (2020). Essential workers and the cultural politics of appreciation: Sonic, visual, and mediated geographies of public gratitude in the time of COVID-19. *Cultural Geographies*, 1-6.

- CDC (2021). Underlying medical conditions associated with high risk for severe COVID-19: Information for providers. *CDC*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>.
- Chan, N. K. (2019). The rating game: The discipline of Uber's user-generated ratings. *Surveillance & Society*, 17(1/2), 183-190.
- Chulov, M. and Safi, M. (2021). Did Jordan's closest allies plot to unseat its king? *Guardian*. <https://www.theguardian.com/world/2021/may/26/did-jordans-closest-allies-plot-to-unseat-its-king>.
- Collateral Repair Project. *Collateral Repair Project*.
<https://www.collateralrepairproject.org>
- Couch, D. K., Robinson, P., & Komesaroff, P. A. (2020). Covid-19 – Extending Surveillance and the Panopticon. *Journal of Bioethical Inquiry*, 17, 809-814.
- Culcasi, K. (2010). Constructing and naturalizing the Middle East. *Geographical Review*, 100(4), 583-597.
- Culcasi, K. (2016). Warm nationalism: Mapping and imagining the Jordanian nation. *Political Geography*, 54, 7-20.
- De Genova, N. (2013). Spectacles of migrant 'illegality': the scene of exclusion, the obscene of inclusion. *Ethnic & Racial Studies*, 36(7), 1180-1198.
- De Genova, N. and Roy, A. (2020). Practices of illegalisation. *Antipode*, 52(2), 352-364.
- de Waal, A. (2020). New pathogen, old politics. *Boston Review*.
<http://bostonreview.net/science-nature/alex-de-waal-new-pathogen-old-politics>.

- Donaldson, A., & Wood, D. (2004). Surveilling strange materialities: categorisation in the evolving geographies of FMD biosecurity. *Environment and Planning D: Society and Space*, 22, 373-391.
- Dong, E., Du, H., & Gardner, L. (2021). An interactive web-based dashboard to track COVID-19 in real time. *The Lancet Infectious Diseases*, 20(5), 533-534. DOI: 10.1016/S1473-3099(20)30120-1.
- Dupire, C. (2018). “GAM ‘understands’ skepticism over BRT, promises delivery, full access for all.” *The Jordan Times*. <https://www.jordantimes.com/news/local/gam-understands'-scepticism-over-brt-promises-delivery-full-access-all>.
- Elyachar, J. (2011). The political economy of movement and gesture in Cairo. *Journal of the Royal Anthropological Institute*, 17, 82-99.
- Ennis-McMillan, M. C. and Hedges, K. (2020). Pandemic perspectives: Responding to COVID-19. *Open Anthropology*, 8(1).
- EU Neighbors (2021). Jordan receives a new shipment of COVID19 vaccines from COVAX facility. *EU Neighbors South*. <https://www.euneighbours.eu/en/south/stay-informed/news/jordan-receives-new-shipment-covid19-vaccines-covax-facility>.
- European Commission (2021). Jordan Factsheet. *European Civil Protection and Humanitarian Aid Operations*. https://ec.europa.eu/echo/where/middle-east/jordan_en.
- Fanon, F. (1963). On violence. *The Wretched of the Earth*. Grove Press.

- Farmer, P. (2003). On suffering and structural violence: Social and economic rights in the global era. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*, p. 29-50.
- Farmer, P. (2006). *AIDS and Accusation: Haiti and the Geography of Blame*. University of California Press.
- Finn, J. C., Pope, C. K., & Sarduy, Y. G. (2020). Covid-19 in Latin America. *Journal of Latin American Geography*, 19(3), 167-176.
- Foucault, M. (1995). Panopticism. *Discipline and Punish*. New York: Vintage Books. p. 1-12.
- Franch-Pardo, I., Napoletano, B. M., Rosete-Verges, F., & Billa, L. (2020). Spatial analysis and GIS in the study of COVID-19. A review. *Science of the Total Environment*, 739, 140033.
- Frankfurter, Raphael. 2019. "Conjuring Biosecurity in the Post-Ebola Kissi Triangle: The Magic of Paperwork in a Frontier Clinic." *Medical Anthropology Quarterly*, 100(0): 1-22.
- Fuentes, A. (2020). A (bio)anthropological view of the COVID-19 era midstream: Beyond the infection. *Anthropology Now*, 12(1), 24-32.
- Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research*, 6(3), p. 167-191.
- Greater Amman Municipality (2022). "The Bus Rapid Transit (BRT) Project." *Greater Amman Municipality*. <http://www.ammanbrt.jo>.
- Hamdy, S. F. (2008). When the state and your kidneys fail: Political etiologies in an Egyptian dialysis ward. *American Ethnologist*, 35(4), 553-569.

- Hancock, P., Hughes, B., Jagger, E., Paterson, K., Russell, R., Tulle-Winton, E., and Tyler, M. (2000). *The body, culture, and society: An introduction*. Philadelphia, PA: Open University Press.
- Hardy, L. J. (2020). Connection, contagion, and COVID-19. *Medical Anthropology*, 39(8), 655-659.
- Hart, M. (2021). UNICEF helps refugees get their fair shot at COVID-19 vaccines. *Forbes*. <https://www.forbes.com/sites/unicefusa/2021/06/15/unicef-helps-refugees-get-their-fair-shot-at-covid-19-vaccines/?sh=739b83ef1de6>.
- Hassoun, N. (2021). Against vaccine nationalism. *Journal of Medical Ethics*. <http://dx.doi.org/10.1136/medethics-2020-107193>
- Hewlett, B. L. and Hewlett, B. S. (2005). Providing care and facing death: Nursing during Ebola outbreaks in Central Africa. *Journal of Transcultural Nursing*, 16(4), 289-297.
- Hyndman, J. and Mountz, A. (2008). Another brick in the wall? Neo-refoulment and the externalization of asylum by Australia and Europe. *Government and Opposition*, 43(2), 249-269.
- Inhorn, M. C. and Sargent, C. F. (2006). Introduction to Medical Anthropology in the Muslim World. *Medical Anthropology Quarterly*, 20(1), 1-11.
- Inskeep, S. and King, N. (2021). News brief: U.S. COVID status, Ga. voting law, plot foiled in Jordan. *NPR*. <https://www.npr.org/2021/04/05/984353102/morning-news-brief>.
- Joralemon, D. (2017). *Exploring Medical Anthropology: Fourth Edition*. New York, New York: Routledge.

- Jordan Times (2021). "BRT commences trial run with PM onboard." *The Jordan Times*.
<http://www.jordantimes.com/news/local/brt-commences-trial-run-pm-onboard>.
- Jordans, F. (2021). Major European nations suspend use of AstraZeneca vaccine. *AP News*. <https://apnews.com/article/germany-suspends-astrazeneca-vaccine-blood-clotting-0ab2c4fe13370c96c873e896387eb92f>.
- Kao, K. and Karmel, E. J. (2020). The pandemic compromised Jordan's parliamentary elections. *The Washington Post*.
<https://www.washingtonpost.com/politics/2020/11/20/pandemic-compromised-jordans-parliamentary-elections/>.
- Katila, J., Gan, Y., & Goodwin, M. H. (2020). Interaction rituals and 'social distancing': New haptic trajectories and touching from a distance in the time of COVID-19. *Discourse Studies*, 22(4), 418-440.
- Katz, I. T., Weintraub, R., Bekker, L. and Brandt, A. M. (2021). From vaccine nationalism to vaccine equity – Finding a path forward. *The New England Journal of Medicine*, 384, 1281-1283.
- Kayed, M. (2020). AMAN app speeds up coronavirus contact tracing. *Jordan Times*.
<https://www.jordantimes.com/news/local/aman-app-speeds-coronavirus-contact-tracing>.
- Klingberg, T. (2020). More than viral: outsiders, Others, and the illusions of COVID-19. *Eurasian Geography and Economics*, 61(4-5), 362-373.
- Kneas, D. (2018). Emergence and aftermath: The (un)becoming of resources and identities in Northwestern Ecuador. *American Anthropologist*, 120(4), 752-764.

- Lakoff, A. (2017). *Unprepared: Global Health in a Time of Emergency*. Oakland, California: University of California Press.
- LaMotte, S. & Mascarenhas, L. (2020). 'Silent spreaders' may be responsible for half of Covid-19 cases, study finds. *CNN*.
<https://www.cnn.com/2020/07/07/health/covid-19-silent-spreaders-wellness/index.html>.
- Laurier, E., Lorimer, H., Brown, D., Jones, O., Juhlin, O., Noble, A., Perry, M., Pica, D., Sormani, P., Strebel, I., Swan, L., Taylor, A. S., Watts, L., & Weilenmann, A. (2008). Driving and "passenger": Notes on the ordinary organization of car travel. *Mobilities*, 3(1), 1-23.
- Lemke, T. (2011). *Biopolitics: An Advanced Introduction*. New York: New York University Press, p. 1-52.
- Levine, S. and Manderson, L. (2021). Proxemics, COVID-19, and the ethics of care in South Africa. *Cultural Anthropology*, 36(3), 391-399.
- Lock, M. & Scheper-Hughes, N. (1990). A Critical-Interpretative Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent. In *Medical Anthropology: Contemporary Theory and Method*. T. M. Johnson, and C. F. Sargent, eds., p. 47-72. Westport, CT: Praeger.
- Love, S. & Wu, L. (2020). Are we in the same boat? Ethnographic lessons of sheltering in place from international seafarers and Algerian *harraga* in the age of global pandemic. *Anthropology Now*, 12(1), 55-65.
- Lyerly, A. D., Mitchell, L. M., Armstrong, E. M., Harris, L. H., Kukla, R., Kupperman, M., Little, M. O. (2009). Risk and the Pregnant Body. *Hastings Center Report*.

- Mahase, E. (2020). COVID-19: WHO declares pandemic because of “alarming levels” of spread, severity, and inaction. *BMJ*, 368:m1036.
- Manderson, L. & Levine, S. (2020). COVID-19, risk, fear, fall-out. *Medical Anthropology*, 39(5), 367-370.
- Mbembe, A. (2019). Necropolitics. *Necropolitics*. Duke University Press.
- Menachem, Y. B. (2021). COVID-19 and economic crisis have Jordan on the brink. *Jewish News Syndicate*. <https://www.jns.org/opinion/covid-19-and-economic-crisis-have-jordan-on-the-brink/>.
- Michaels, D. (2021). AstraZeneca’s Covid-19 vaccine cleared by EU after blood-clot concerns. *The Wall Street Journal*. <https://www.wsj.com/articles/astrazenecas-covid-19-vaccine-is-cleared-by-europe-after-blood-clot-concerns-11616083845>.
- Middle East Eye (2021). Covid-19: Jordan urges participation as vaccination programme begins. *Middle East Eye*. <https://www.middleeasteye.net/news/jordan-covid-vaccine-programme-begins-urges-participation>.
- Mimoune, N. B. (2020). Policy and institutional responses to COVID-10 in the Middle East and North Africa: Jordan. *Brookings Doha Center*. <https://www.brookings.edu/wp-content/uploads/2020/12/MENA-Covid-19-Survey-Jordan-12-20-.pdf>.
- Ministry of Health (2021a) COVID-19 Statistical report – Jordan. *Ministry of Health*. <https://corona.moh.gov.jo/en>.
- Ministry of Health (2021b). The national campaign (Elak w feed). *Ministry of Health*. <https://corona.moh.gov.jo/en/page/1038/ElakFeed>.

- Ministry of Health (2021c). Vaccination Instructions. *Ministry of Health*.
<https://vaccine.jo/cvms/>.
- Mitchell, T. (2002). The Object of Development. *Rule of Experts: Egypt, Techno-Politics, Modernity*. University of California Press.
- National (2021). “No parent should have to go through this.” *The National: Feedback*.
<https://www.thenationalnews.com/opinion/feedback/2021/09/02/no-parent-should-have-to-go-through-this/>.
- National Anthem. *King Abdullah II Official Website*.
<https://kingabdullah.jo/en/page/about-jordan/national-anthem>.
- Nayes, J. (2021). The countries vaccinating refugees against COVID-19. *Borgen Magazine*. <https://www.borgenmagazine.com/vaccinating-refugees/>.
- Nazer, L. H. & Tuffaha, H. (2017). Health care and pharmacy practice in Jordan. *Canadian Journal of Hospital Pharmacy*, 70(2), 150-155.
- Null, S. and Smith, H. (2020). COVID-19 could affect cities for years. Here are 4 ways they’re coping now. *World Resources Institute*.
<https://www.wri.org/insights/covid-19-could-affect-cities-years-here-are-4-ways-theyre-coping-now>.
- Omari, R. (2021a). Seven COVID patients die after oxygen fails at Jordan hospital. *Arab News*. <https://www.arabnews.com/node/1824776/middle-east>.
- Omari, R. (2021b). Jordanian COVID-19 curfews removed from midnight. *Arab News*.
<https://www.arabnews.com/node/1920481/middle-east>.

- Oweis, K. Y. (2021). Jordan's interior and justice ministers fired after breaking coronavirus rules. *The National*. <https://www.thenationalnews.com/mena/jordan-s-interior-and-justice-ministers-fired-after-breaking-coronavirus-rules-1.1174543>.
- Patchin, P. M. (2020). Thresholds of empire: Women, biosecurity, and the Zika chemical vector program in Puerto Rico. *Annals of the AAG*, 110(4), 967-982.
- Petra (2021a). Jordan receives final batch of AstraZeneca vaccine under COVAX. *Jordan News Agency*.
https://petra.gov.jo/Include/InnerPage.jsp?ID=35111&lang=en&name=en_news.
- Petra (2021b). U.S. sends half a million doses of Pfizer to Jordan. *Jordan News Agency*.
https://petra.gov.jo/Include/InnerPage.jsp?ID=36156&lang=en&name=en_news.
- Rajak, D. (2011). Theatres of virtue: Collaboration, consensus, and the social life of corporate social responsibility. *Journal of Global and Historical Anthropology*, 60, 9-20.
- ReliefWeb. (2021). US\$290 Million in Additional Financing to Support Vulnerable Households and Workers Affected by COVID-19 in Jordan. *ReliefWeb*.
<https://reliefweb.int/report/jordan/us290-million-additional-financing-support-vulnerable-households-and-workers-affected>.
- Ritchie, H., Mathieu, E., Rodés-Guirao, L., Appel, C., Giattino, C., Ortiz-Ospina, E., Hasell, J., Macdonald, B., Beltekian, D., and Roser, M. (2020). Coronavirus Pandemic (COVID-19). *OurWorldInData.org*.
<https://ourworldindata.org/coronavirus>.

- Robinson, N. (2021). White House meeting with King of Jordan needs strong bilateral agenda. *Heritage Foundation*. <https://www.heritage.org/middle-east/report/white-house-meeting-king-jordan-needs-strong-bilateral-agenda>.
- Rouse, C. M. (2021). Necropolitics versus biopolitics: Spatialization, white privilege, and visibility during a pandemic. *Cultural Anthropology*, 36(3), 360-367.
- Roya News (2021). Over one million registered to receive COVID-19 vaccines in Jordan: Crisis Cell. *Roya News*. <https://en.royanews.tv/news/26775/2021-04-04>.
- Said, E. (1978). *Orientalism*. New York, New York: Random House, Inc.
- Said, S. Kalin, S., and Faucon, B. (2021). Jordan's Prince Hamzah asserts 'misrule' as allies arrested. *Wall Street Journal*. <https://www.wsj.com/articles/jordan-arrests-officials-as-part-of-security-investigations-according-to-state-media-11617483361>.
- Said, S. and Malsin, J. (2021). Jordan's government accuses king's half-brother of role in plot to destabilize the country. *Wall Street Journal*. <https://www.wsj.com/articles/jordans-government-accuses-kings-half-brother-of-role-in-plot-to-destabilize-the-country-11617553351>.
- Searle, A. & Turnbull, J. (2020). Resurgent natures? More-than-human perspectives on COVID-19. *Dialogues in Human Geography*, 10(2), 291-295.
- Smith, K. N. (2020). Texas Salon Owner's Case Recalls the Story of 'Typhoid Mary.' *Forbes*. <https://www.forbes.com/sites/kionasmith/2020/05/09/texas-salon-owners-case-recalls-the-story-of-typhoid-mary/?sh=1266fda6367d>.
- Sontag, S. (2003). *Regarding the Pain of Others*. Penguin Books.

- Stamatopoulou-Robbins, S. (2020). *Waste Siege: The Life of Infrastructure in Palestine*. Stanford University Press.
- Strong, T. (2021). The end of intimacy. *Cultural Anthropology*, 36(3), 381-390.
- Strong, T., Trnka, S., and Wynn, L. L. (2021). “L’ enfer, c’est les autres”: Proximity as an ethical problem during COVID-19. *Cultural Anthropology*, 36(3), 341-349.
- Sumba, E. O. (2021). Necropolitics at large: pandemic politics and the coloniality of the global access gap. *Critical Studies on Security*, 1, 48-52.
- Tabazah, S. (2018). “Ammanis only use public transport for 5 per cent of their daily trips – GAM.” *The Jordan Times*. <http://www.jordantimes.com/news/local/ammanis-only-use-public-transport-5-cent-their-daily-trips---gam>.
- Team, V. and Manderson, L. (2020). How COVID-19 reveals structures of vulnerability. *Medical Anthropology*, 39(8), 671-674.
- Tessler, H., Choi, M., & Kao, G. (2020). The anxiety of being Asian American: Hate crimes and negative biases during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45, pp. 636-646.
- Tilly, C. (1985). War-making and state making as organized crime. *Bringing the State Back In*, p. 169-191.
- Trnka, S. (2021). Be kind: Negotiating ethical proximities in Aotearoa/New Zealand during COVID-19. *Cultural Anthropology*, 36(3), 368-380.
- UNDP (2015). Socio-economic inequality in Jordan report. *UNDP*. <https://www.jo.undp.org/content/jordan/en/home/library/poverty/socio-economic-inequality-in-jordan-report.html>.

UNHCR (2019). UNHCR continues to support refugees in Jordan throughout 2019.

UNHCR. <https://www.unhcr.org/jo/12449-unhcr-continues-to-support-refugees-in-jordan-throughout-2019.html>

UNHCR (2021). Refugees receive COVID-19 vaccinations in Jordan. *UNHCR*.

<https://www.unhcr.org/en-us/news/press/2021/1/5ffffe614/refugees-receive-covid-19-vaccinations-jordan.html>.

UN News (2020). Jordan: Closing teachers' union, detaining officials, 'serious' rights violations. *UN News*. <https://news.un.org/en/story/2020/08/1070632>.

UNRWA (2019). Where we work. *UNRWA*. <https://www.unrwa.org/where-we-work/jordan>.

Vora, N. (2012). Free speech and civil discourse: Producing expats, locals, and migrants in the UAE English-language blogosphere. *Journal of the Royal Anthropological Institute*, 18, 787-807.

Waggoner, M. (2013). Motherhood Preconceived: The Emergence of the Preconception Health and Health Care Initiative. *Journal of Health Politics, Policy, and Law*, 38(2), 345-371.

Wald, P. (2008). *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Durham: Duke University Press.

Weber, M. (1946). Politics as vocation. *From Max Weber: Essays in Sociology*, p. 77-86. Oxford: Routledge.

White House (2021). Fact sheet: Biden-Harris administration unveils strategy for global vaccine sharing, announcing allocation for the first 25 million doses to be shared globally. *White House Statement and Releases*.

- <https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/03/fact-sheet-biden-harris-administration-unveils-strategy-for-global-vaccine-sharing-announcing-allocation-plan-for-the-first-25-million-doses-to-be-shared-globally/>.
- WHO (2021). First shipment of European Union-funded COVID-19 vaccines from COVAX Facility arrives in Jordan. *World Health Organization – Jordan*.
<http://www.emro.who.int/jor/jordan-news/first-shipment-of-european-union-funded-covid-19-vaccines-from-covax-facility-arrives-in-jordan.html>.
- Wolf, J. (2007). Is Breast Really Best? Risk and Total Motherhood in the National Breastfeeding Awareness Campaign. *Journal of Health Politics, Policy, and Law*, 32(4), 595-622.
- World Bank (2020). Population ages – Jordan. *The World Bank*.
<https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?end=2020&locations=JO&start=1960&view=chart>.
- World Bank (2021a). Where We Work: Jordan. *World Bank*.
<https://www.worldbank.org/en/country/jordan/overview#1>.
- World Bank (2021b). US\$63.75 Million Additional Financing to Support COVID-19 Vaccination in Jordan. *World Bank*. <https://www.worldbank.org/en/news/press-release/2021/06/23/us-63-75-million-additional-financing-to-support-covid-19-vaccination-in-jordan>.
- Wynn, L. L. (2021). The pandemic imaginerie: Infectious bodies and military-police theater in Australia. *Cultural Anthropology*, 36(3), 350-359.
- Xinhua (2021a). Jordan receives 1st batch of COVID-19 vaccines purchased from China. *Xinhua*. http://www.xinhuanet.com/english/2021-04/05/c_139858662.htm.

Xinhua. (2021b). Roundup: COVID-19 worry remains as Eid al-Adha holiday boosts Jordan's businesses. *Xinhua*. http://www.xinhuanet.com/english/2021-07/25/c_1310085124.htm.

Yazıcı, B. (2013). Towards an anthropology of traffic: A ride through class hierarchies on Istanbul's roadways. *Ethnos*, 78(4), 515-542.

APPENDIX A

INTERVIEW QUESTIONS

The following list of questions was used as an outline for the interview questions with CRP community members over the phone. Where appropriate, the interviewees were asked to expand upon their answers.

1. Do you feel like you have experienced the pandemic differently as a refugee than a Jordanian might have? Why or why not? (If a refugee)
2. Why did you choose to get the COVID-19 vaccine? (If vaccinated)
3. What led you to get the vaccine when you did? (If vaccinated)
4. Why do you want to or not want to be vaccinated (If not vaccinated)
5. Which of the following aspects of your life were strongly impacted by the pandemic.

In what ways? (Choose all that apply)

- Ability to work or find a job
- Amount of debt
- Stability of housing
- Relationship with family
- Relationship with friends
- Ability to attend community events
- Children's education (if applicable)
- Diet
- Ability to Exercise

- Mental Health

6. Were any of the following particularly helpful or not helpful in adapting to the pandemic? In what ways? (Choose all that apply)

- Your Family
- Your Friends
- Government Programs
- CRP
- Other NGOs
- Your Mosque or Church

7. Is there anything else that you would like to talk about in terms of how the COVID-19 pandemic has impacted you?