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1 Introduction

From the temple murals in Bagan to the church fresco in Europe, visualization has been a vehicle of managing public health since time immemorial and it has a vital place in the governance of the current pandemic too. As importantly, governance is a field of actions, practices and activities, of which visualization constitutes a significant part, carried out by state and non-state actors, health professionals and lay persons, with the aim to directly or indirectly improve the management of pandemic. In other words, the governance of covid-19 is not monopolized by state actors and health professionals. Community and civil society too play as significant a part. Meanwhile, the general public are not merely targets of governance. As indicated in many parts of the world in the current pandemic, the general public are also actors who actively participate in governing and overseeing the conduct of their counterparts.

Even though pandemic visualization is a general trend globally, each country has its idiosyncrasies. Two years into the pandemic, Malaysia has gone through several waves of covid-19, with the latest one associated with the highly transmissible Omicron variant, and three rounds of nationwide lockdown since 2020. This essay is an exploratory attempt to capture and contemplate pandemic visualizing in Malaysia, while covid-19 outbreak is still unfolding. As a tool of governance, covid-19 visualization comes in various forms, including projection model, mapping, body marking, photographic representation and visual narratives. One form often prevails over the other as the pandemic evolves and new situation arises. More importantly, images of pandemic contain more than evidentiary character. This essay views pandemic images not merely as objects that reflect truths and facts, but as intermediaries that are endowed with meanings, while being deployed to communicate certain social perspectives, construct certain ideas of medicine and science, and structure the way(s) audience see reality (Cooter & Stein 2010; Engelmann 2018; Ehring 1994; Hattori 2011; Imada 2017; Jordanova 1990).

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2   Mapping and Color Coding: Making Invisible Infection Risk Visible

The most notable visualization during this pandemic is the coronavirus transmission projection model developed by a UK mathematical biologist Neil Ferguson, who used it to press the UK authorities to impose lockdown and to "flatten the curve." Unlike the laissez-faire approach in the UK, Malaysia's government took a swift response to the second wave, associated with the mega assembly of Tablighi Jama'at[1] in mid March 2020, by imposing a nationwide total lockdown. The lockdown was imposed immediately after a political coup, dubbed by the media as Sheraton Move, which erupted in the 2018 mandated ruling coalition *Pakatan Harapan* (Alliance of Hope) and caused its own disintegration. As the new government was formed without going through motion of confidence in the parliament, the imposition of lockdown and other restrictive public health measures inevitably evoked suspicion that Agambenian state of exception was ushered in to suspend political activities that might question the new government's legitimacy (Azmil and Por 2021). What was urgently needed was any tool that can be deployed to persuade people to stay at home. Against this backdrop, the Health Director General Noor Hisham Abdullah appropriated the projection model and the "flattening the curve" tagline to explain to the general public the importance of observing precautionary measures to avoid overwhelming the public healthcare system. The usefulness of the visual model lies in its clarity which connects the viewers to a possible disastrous scenario – a collapsed public health system overwhelmed with covid-19 positive bodies – which is avoidable if every individual reduces non-essential activities and observes public health measures (*Malay Mail*, 2 April 2020). Two months after the first nationwide lockdown, which lasted from mid March to mid May 2020, daily confirmed cases were brought down from 300 per day to single digit per day. Nonetheless, the success would not have been possible without a largely compliant population.

In past epidemics, mappings were already adopted for a wide range of different purposes, including exploring and confirming an outbreak, propagating an idea and fear mongering, and for communication, persuasion and prevention (Monmonier 2010). In the current pandemic, mapping has been widely deployed too to visualize the geographical diffusion of coronavirus. Yet, this factual cartographic representation of covid-19 can be misleading. For example, the Ministry of Health color coded the country's various administrative districts based on infection rate in each district. During partial lockdown, people from green zones (with zero cases) were forbidden from crossing over to the red zones (with 41 cases and above) and vice versa. While district borders can be easily identified on a map and color coding can facilitate communication, this practice does not match people's everyday life experience. There are no physical fences dividing administrative districts, the green zone classification gave people who live near the border a false sense of security. Moreover, what is meaningful and practical for public health and communication purposes can be dehumanizing from a human-centered perspective. While some administrative districts were too vast and it was economically impractical to fence

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[1]A transnational Islamic missionary group, organized a mass assembly in Kuala Lumpur, from 27 Feb-1 Mar 2020, which coincided with the two-week leadership vacuum when a political coup was unfolding in the ruling coalition.

them off, the government did enclose smaller zones under Enhanced Movement Control Order – areas detected with a large cluster – with barbed wire and securitized these areas with armed forces (*New Straits Times*, 28 June 2020). Fencing and securitizing had the undesirable impact of stigmatizing and traumatizing people who lived in and near those areas. It immediately brought back the unpleasant historical memory of the 12-year counter-communist Malayan Emergency (1948–1960), when people's everyday living spaces were divided into white zone (communists free) and black zone (communists infiltrated). Those living in the militarized black zones, which were enclosed with two layers of barbed wire fence, were subject to surveillance and body searches on daily basis (Tan Teng Phee 2020). While the anti-communist operation was intended to produce patriotic and loyal subjects by identifying, punishing and excluding the unpatriotic ones, the public health zoning during this pandemic was to segregate potentially contaminated and contagious subjects.

Across societies, color coding is commonly applied not only to spaces, like administrative districts and hospital, for managing risk of infection, it is also deployed to identify humans, especially in-patients, with color uniform so as they can be easily differentiated from health personnel. Labeling human bodies outside a hospital setting is, however, a new practice emerging out of covid-19 pandemic.

Since the first wave of covid-19 outbreak, people under quarantine, in hospital or at home, were mandated to wear wristbands, which came in multiple colors (*The Edge*, 15 June 2020). Both coronavirus and the risk of infection are not immediately visible to human eyes. Labeling human bodies with wrist bands renders the risk of infection visible and governable. Yet, the wrist band immediately produced a visible and potentially contagious subject in the sight of the public, who were called upon by the health authority to be a public health overseer. Driven by fear of contagion and by rage, many among the general public cooperated very well with the authorities and participated in the witch hunt against people with wrist bands who were found wandering in public spaces or those who were perceived as an immediate threat to the community's health (*Malay Mail*, 21 July 2020). As argued by Michel Foucault, both visibility and transparency are technology of power (Gordon 1980). The convenience of the smart phone facilitates the theatricality of witch hunting as people could upload and share photos of quarantine violators easily on social media. This is in contrast with the practice in Hong Kong, Taiwan, South Korea and Singapore, where electronic wristbands were deployed, without involving the general public, to track the movement of quarantined subjects. The usefulness of electronic wristbands lies not in its visibility, but its connection with GPS. However, the practicality of electronic wristbands was often challenged in places with poor internet connection. On a side note, leprosy, a lowly communicable disease visible to human eyes due to disfigurement, makes a contrast with covid-19. A bell was instead used to aurally alarm people in the streets that a leprosy patient was approaching during medieval Europe.

While the clinical practice of putting a wrist band on a high-risk group embodied the dialectics between invisibility and visibility, the acts of witch hunting revealed the tension between maintaining public health and stigmatization, and also the questions of effectiveness between imposing compulsory quarantine and allowing self-quarantine. There are no easy answers to these tensions and questions.

During the Omicron wave in February–March 2022, 79 percent of the population already received two doses of vaccine and over half had booster shot, yet daily confirmed cases recorded five digits per day and cumulative cases reached 4 million or nearly 13 percent of the population on 25 March 2022. However, over 98 percent positive cases were of mild symptoms. As the risk of infection was so diffused now and the symptoms generally milder, the authorities replaced active contact tracing with self-reporting and centralized quarantine with home isolation, and shortened quarantine duration to seven days, while preparing to transition into endemic phase (*The Star*, 25 March 2022). The definition of close contact too changed, and the deployment of wrist bands now deemed impractical and it was no longer mandatory for home quarantine subjects to wear one. Some people who tested positive even refused to report to the Ministry of Health so as not to be inconvenienced by the seven-day home quarantine order.[2]

3   Shifting Targets of Visualization and Stigmatization

Malaysia has a long history of relying heavily on a "precarious" and "disposable" migrant workforce with a high turnover rate to run its wheels of commerce and industry. According to official statistics, the population of migrant workers was about 2.3 million before the pandemic, but social researchers claim that the actual number is more than double if undocumented workers are counted, equivalent to about 15 percent of the local population (See Lee and Khor 2018; *Malaysiakini,* 27 April 2020). While most migrant workers lived in cramped housing out of sight of the general public, a significant number of them lived among the local community.[3] As a whole, they were socially invisible until being scapegoated for the pandemic. During the first nationwide lockdown, from 18 March to 11 May 2020, strong xenophobic sentiments were unleashed when a boat filled with over 200 Rohingya refugees was intercepted near Langkawi Island in early April 2020 (*Reuters*, 23 May 2020). Around the same time, outbreaks that involved migrant workers were detected in several construction sites in Klang Valley and widely reported by the media. Despite calls for protecting migrant workers, the authorities instead conduct a large scale *Op Benteng* (Fortress Operation) to raid, round up, detain and deport thousands (*Malay Mail*, 30 December 2020). This operation became a *theater* of state sovereignty, and fueled racism and stigmatization against the precarious migrant community, who now replaced members of Tablighi Jama'at as the target of popular rage. Viewership was not limited to people who were present at the sites of operations, but also spectators who viewed the photos of raids and visuals of migrant workers being sprayed with disinfectant on popular media. As noted by the medical historian Mark Honigsbaum (2018), a pandemic is often "a vehicle for stigma" and "a motor for outrage." Nonetheless, as much as these visuals trigger xenophobic responses, they also invited protests. Progressive segments of the society made use of hashtag #MigranJugaManusia (migrants are human too) to present human stories of migrants and criticize the authorities for dehumanizing migrants. Migrant rights activists also

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[2]Random conversation with acquaintances.
[3]Loh and Hsu (2020) reveal that improvement of congested dwellings and urban housings as method of reducing infection rate was at the centre of debate during its outbreak in British Malaya a century earlier. Yet it was never implemented due to lack of funding. It seems that the lesson is never learned.

warned that raiding undocumented migrant workers was likely to push them further into hiding, which would run counter to the government's earlier promise to vaccinate them (*Free Malaysia Today*, 12 June 2021).

The case of migrant lives reveals the multiple contradictory meanings of (in)visibility. In certain context, *invisibility* is often associated with *marginalization* and *oppression*. In response to this, social activists deploy the narrative of *visibility* as a strategy to highlight the significance or obscured aspects of marginalized community, such as publicizing the contribution of migrants or the talents of ethnic minorities (de Vries 2016; Rusaslina Idrus 2021). Nonetheless, *invisibility* can also denote *protecting privacy*, *blending in* and *being unnoticeable for good*, while *visibility* may be a strategy to shame, to blame and to govern, often deployed to stigmatize or to demonize individuals from a certain marginalized community with the label of another other-sized group, such as "calling migrants out as sex workers," "labelling migrants as a sick and contagious community" etc. The extent negative portrayal of migrants and covid-19 positive people would result in stigmatization of both groups depends on the availability of counter narrative, such as hashtag #MigranJugaManusia. As importantly, unlike the AIDS epidemics, which coincided with moral politics against gay community in the US (Engelmann 2018), the target of social stigmatization in Malaysia's covid-19 pandemic shifts from one community to another, depending on situation that arises. At the early stage of outbreak, Chinese nationals were the first to be targeted, followed by Tablighi Jama'at, refugees and later migrant workers. The diffusion of infection is as crucial in determining the degree of stigmatization. The more diffused infection is, as in the Omicron wave, the less likely contracting covid-19 will result in being stigmatized. However, as cogently argued by Cooter and Stein (2010: 173), the effects of images are too complicated to gauge and generalize, because "fear and anxiety, like pain, are not 'natural,' transhistorical phenomena but reactions culturally shaped and publicly registered, as well as, in the case of diseases, conditioned by real or fantasized epidemiological memory."

4 Multiple Genres of Visual Narratives of the Pandemic

In mid 2021, the Delta variant was ravaging, causing a five-digit daily increase for nearly three months, from 13 July to 2 October 2021. With nearly 9 percent of the entire population infected, people became desensitized to the rising number of confirmed cases and death tolls. The projection model now lost its power to trigger in people impulse to jointly flatten the curve. Both the health authority and media turned to using photographs and visual storytelling to educate and remind the public about the pandemic instead.

There are at least six notable genres of pandemic photographs, not forgetting that there could be more. The first genre supports the narrative of suffering, pain and despair as one gets infected. These photos are often taken in hospital wards with a focus on intubated sick bodies, some lying in isolation, some surrounded by bed-ridden patients in equally serious condition or by health workers in full protective gear. A photo says a thousand words. These visuals serve as proof of the "intensely individualized pain and suffering that is so difficult to communicate" (Lynteris & Prince 2016).

Another genre centers on patients who have already recovered, symbolizing overcoming sickness, victory over suffering, resilience and hope (*Berita Harian*, 24 August 2020). There are also photographs of overworked and exhausted health staffs that visually narrate their dedication, exhaustion, sacrifice and the overstrained public health infrastructure. The most unsettling are images of morgues and public health adjusted funeral rites and burial sites, which portray the solemnness of death, grief, and permanent separation between the living and their loved ones, the most feared result of infection (*Malaysiakini,* 28 May 2021). These photographs not only serve as evidence of pandemic, they allow readers to remotely witness suffering, pain, isolation, exhaustion, sacrifice, loss, death and permanent separation from a distance. Health staffs and media were not the only people who produced these narratives, people who volunteered as undertakers, who lost their loved ones and those recovered from the infection too participated in this collective visual narrativization of the pandemic. These visual and textual narratives are widely circulated on the social media, in the hope that their prophylactic and demonstrative faculties will serve as a reminder to their readers the social and personal consequences of not keeping safe from covid-19.

Just as the pandemic situation worsened in mid 2021, it coincided with rapid vaccine rollout, which signaled a potential moment of hope and pandemic exit. A corner for selfie was arranged in all vaccination stations. People who had taken their shots were encouraged to take a selfie with a pre-designed frame and "I am vaccinated" tagline. The general public became active producers of propagandic public health photographs when they shared these selfies on social media to encourage more people to get inoculated.

The last genre takes the form of online memorial, detached from medical gaze and public health narratives. Run by a group of volunteers, the "Covid-19 Memorial Malaysia" website was set up to remember and honor those who lost their battles against Covid-19 in Malaysia. The photos show a small fragment of the deceased's lives before passing, they are not viewed as sick body or contaminated subject in this virtual memorial space for mourning and grieving, but as someone fondly remembered and loved by their family members, friends and neighbors.

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