

“The Count Is Never the Real Count, Part One”

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The difference in the death totals from yesterday (April 14) to today is 1,846. That number stood out to me, I knew that number, and I looked it up, there it was. The recorded number of deaths in Hurricane Katrina 1,836, 10 fewer than the COVID-19 toll from yesterday. Why is my mind full of these numbers? Because I study disasters, and disasters have for a long time, and certainly since we’ve entered the era of the modern state, been recorded in death tallies and dollar counts.

With COVID-19 the performance of the Dow Jones Industrial Average has emerged as a key number day by day. But if one takes an even cursory look behind the numbers we find the errors in our counting—the arbitrary time frames drawn around the period of counting, the innumerable problems of co-morbidities (what actually killed a person?), and the new issues we seem to be facing with COVID-19, people being clinically diagnosed in some countries—like South Korea and Singapore, allowing a more accurate picture of the disaster—versus countries like the United States where the counting is proceeding in fits and starts, unevenly, across the nation. As I’ve come to say as a short hand, the count is never the real count. This isn’t a new problem—one of the darkest moments in Stanley Kubrick’s cold war masterpiece *Dr. Strangelove* is the impassioned speech that George C. Scott as General Buck Turgidson makes for a full out atomic attack against the Soviet Union, predicting acceptable losses for the United States—10 to 20 million killed tops. The optimism of it, the dark humor and irrationality of it, has reminded me of the wild to and fro of predictions in the United States from a somehow acceptable 60,000 deaths to a less acceptable 100,000 deaths, to a cataclysmic

2,000,000 deaths. What realities exist between those numbers? I've started to think we should move past such measures to begin thinking we should measure trauma instead. Or maybe fear—the cold war racked up huge totals in fear! Or, to turn it inside out, we could perhaps even come up with a measurement of care—how much care is generated and expended around a disaster?

How do we think about risk, what's acceptable, and what isn't—how do we drag what we learn from one era of disasters into another? And who is making these decisions anyway? (Discussion with sociologist Lee Clarke follows)