

Public Health After the Pandemic: Unpacking (Bio-)Morality

International Workshop, Vienna, April 1-2, 2027

Call for Papers

The international workshop “Public Health After the Pandemic: Unpacking (Bio-)Morality” seeks to open a space for reflections on public health. Taking place approximately five years after the declared end of the COVID-19 pandemic, the workshop is motivated by the traces that the pandemic has left on public health and on how we engage with it. It puts public health morality—or (bio-)morality—center stage, calling for contributions that engage with the morality sustaining public health and that explore whose lives— and which forms of life—public health comes to care for.

PUBLIC HEALTH AFTER THE PANDEMIC

Disease outbreaks leave enduring traces that continue to shape public health long after they are officially declared over (Duclos et al. 2024; Gomez-Temesio 2018; Muinde et al. 2026; Vargha 2016). The COVID-19 pandemic exemplifies this with particular force.

The COVID-19 pandemic disrupted lives, livelihoods, and biosocial ties. It killed millions of people and left many grieving without the possibility of a farewell. It exposed fault lines in whose lives were protected and whose were not (Fassin and Fourcade 2021). It also left many people living with chronic illness, exhaustion, and other forms of injury. These traces did not disappear with the end of the emergency declaration (Muinde et al. 2026).

The pandemic also disrupted “forms of life” (Fischer 2003; Rose 2006; Fassin 2018) and forms of living. During the pandemic, health authorities in several countries suspended liberties and freedoms in order to protect the health of the population, while authorities elsewhere largely chose to ignore the virus. In many countries, pandemic governance was accompanied by technological experiments and forms of protest and resistance.

In its aftermath, the pandemic left enduring traces on the distribution of responsibilities between public health authorities, private actors, and citizens and publics. Some practices, such as the monitoring and surveilling of viral circulations, were maintained; other practices disappeared. And in many places, the grammar with which public health practices are imagined, problematized, or justified in public changed—bearing the traces of the COVID-19 pandemic.

The multiple “afterlives” (Muinde et al. 2026) of the pandemic demonstrate that it cannot simply be unseen or unlived; it continues to shape the conditions under which public health is experienced and lived, problematized and contested, and imagined and prepared for—at regional, national, global, and planetary scales. **These traces motivate this international workshop and its call for contributions to think through public health after the pandemic—putting the moralities sustaining public health practices, policies, and institutions center stage. While the pandemic is this workshop's point of departure, we welcome contributions that engage with public health more broadly, including in relation to other public health issues, crises, and emergencies.**

UNPACKING MORALITIES

The pandemic intensified long-standing epistemic, moral, and political questions at the heart of public health. It made visible that public health practices are deeply tied to often competing moralities. These may be understood as “public health moralities,” by which we refer to the assumptions, imaginations, valuations, and justifications through which public health problems and their target populations are defined, imagined, and governed. The pandemic also showed that such moralities are inextricably linked to conceptions of human health, life, and wellbeing (Fassin 2009, 2018; Rose 2001, 2006; Jasanoff 2011, 2020)—the “bio” in its broad variety of configurations and forms. Decisions about which and whose lives count as “at risk,” and which and whose forms of life need to be protected and secured in the governance of a disease outbreak, are simultaneously epistemic, moral, and political decisions. So too are decisions about which futures are worth imagining and preparing for, and which pasts are worth remembering. They all presuppose and enact notions of health, life, wellbeing, of the good life and good lives, and—perhaps—of humanity and humanness. Public health moralities are therefore also always bio-moralities (Metzler and Aarden 2026).

UNPACKING (BIO-)MORALITIES AFTER THE PANDEMIC

This workshop puts moralities sustaining public health—and their related conceptions of health, life, wellbeing, humanity, and humanness—center stage, and seeks to unpack them along three axes: their temporalities, geographies, and technologies. It asks how such moralities are produced, stabilized, contested, and transformed.

This call invites contributions that examine the (bio-)moralities sustaining public health practices before, during, and after the pandemic—in the wake of COVID-19 or other disease outbreaks—as well as in relation to other public health issues, crises, and emergencies.

AXES

We are specifically interested in contributions that unpack public health moralities and their notions of health, life, wellbeing, and humanness along three interrelated axes:

- **Public health moralities and their temporalities:** Public health moralities have temporalities (Vargha 2016; Lakoff 2015, 2024). The “afterlives” of epidemics are bounded in administrative and epidemiological time, yet their traces are not (Gomez-Temesio 2018). The designation of an “after” is itself already a moral act—one that may render invisible those still living with consequences others have declared resolved. Public health, moreover, is often directed toward the future (Caduff 2020; Lakoff 2024). **Thus, we invite contributions that examine public health moralities along their temporalities, e.g., by asking how public health moralities are inscribed in the selective ways pasts are remembered, present lives are cared for, and futures are imagined and prepared for.**
- **Public health moralities and their geographies:** Public health moralities also have geographies that are tied to unequal valuations of lives, forms of life, and forms of living. The very notion of an “after” carries a geographical dimension: it tends to be legible primarily to those living in zones of relative privilege, for whom epidemic disease outbreaks are an exception rather than a structuring condition of everyday life. Similarly, the boundaries between differently imagined scales of the “public” in public health—from public health to global health to planetary health—denote moral boundaries and hierarchies: between countries and people, and between human life and more-than-human life (Hindmarch and Hillier 2023). **We therefore invite contributions that unpack the geographies of public health moralities and the inequities they sustain or contest.**
- **Public health moralities and their technologies and infrastructures:** Public health moralities do not exist in abstraction—they are shaped by, and embedded in, practices, institutions, technologies, and infrastructures. Monitoring, surveilling, and modeling necessitate infrastructures that materialize public health moralities in concrete form. During COVID-19, this became unusually visible: contact-tracing apps, dashboards, and sequencing infrastructures all carried more or less explicit answers to questions about whose lives counted, whose data could be collected, and whose risks were deemed worth calculating. Yet this is not specific to COVID-19. The infrastructures of public health always encode moral visions: which populations require intervention, which futures are worth protecting, and which pasts can be safely forgotten. **We invite contributions that examine the moral dimensions of public health technologies or that explore how public health moralities are materialized in infrastructures.**

QUESTIONS

Possible **questions** include, but are not limited to:

Public health matters, lives, and forms of living

- What moral assumptions are embedded in public health practices, categories, technologies and infrastructures?
- How do public health practices value some lives, futures, populations, environments, or forms of life over others?
- What notions of health, life, wellbeing, responsibility, vulnerability, and humanness are built into public health practices, categories, technologies, and infrastructures?

Memory, temporality, and crisis

- How are past disease outbreaks remembered, forgotten, institutionalized, or rendered irrelevant?
- Which (and whose) futures do public health technologies, models, dashboards, surveillance systems, or infrastructures imagine?
- What methodological challenges arise when studying public health practices after, during, or between crises?

Geographies, technologies, and infrastructures

- How do public health practices produce, stabilize, or contest moral geographies of health, risk, vulnerability, and responsibility?
- Which loci of intervention do public health practices imagine and enact?
- How are distinctions between local, national, global, and planetary health enacted as moral distinctions between differently valued lives, populations, environments, and futures? Which geographies of care underpin the “public” in public health?
- How are public health moralities materialized in and shaped by technologies and infrastructures?
- How do infrastructures of public health make some lives and harms visible while rendering others difficult to perceive, measure, care for, or remember?

WORKSHOP FORMAT AND SUBMISSION DETAILS

We welcome contributions from science and technology studies, anthropology, political science, public health ethics, global health, and adjacent fields. **Contributions may engage empirically with specific cases, develop conceptual arguments, or reflect on methodologies.**

We welcome abstracts of up to 250 words, accompanied by a short author biography of up to 100 words. Please submit your abstract and biography by November 30, 2026, to biomoralities@kl.ac.at. Notifications of acceptance will be sent by December 15, 2026.

The workshop will take place in person at the University of Vienna on April 1–2, 2027, and will be conducted in English.

Accepted participants will be asked to circulate an extended abstract of 1,500–3,000 words by March 12, 2027, in advance of the workshop in order to facilitate engaged discussion.

ORGANIZERS

This workshop is organized by the “Testing (Bio-)Governance” project, which is funded by the Austrian Science Fund (FWF). The organizing team brings together members of the project at KLU Krems (Mara Köhler, Paul Just, Ingrid Metzler) and the University of Klagenfurt (Erik Aarden, Jana Kunschitz, Victoria Meklin); colleagues from the Department of Biomedical Ethics and Public Health Ethics at KLU Krems (Keerthi Dubbala and Julia Aschauer-Gegner); and Katharina T. Paul (Political Science, University of Vienna).

REFERENCES

- Caduff, Carlo. 2020. “What Went Wrong: Corona and the World after the Full Stop.” *Medical Anthropology Quarterly* 34 (4): 467–87. <https://doi.org/10.1111/maq.12599>.
- Duclos, Vincent, N. Hélène Sawadogo, and Hamidou Sanou. 2024. “‘We Are Not Done’: Reclaiming Care after Mobile Health in Burkina Faso.” *Anthropology & Medicine* 31 (3): 281–96. <https://doi.org/10.1080/13648470.2024.2378735>.
- Fassin, Didier. 2009. “Another Politics of Life Is Possible.” *Theory, Culture & Society* 26 (5): 44–60. <https://doi.org/10.1177/0263276409106349>.
- Fassin, Didier. 2018. *Life: A Critical User’s Manual*. Polity.
- Fassin, Didier, and Marion Fourcade. 2021. *Pandemic Exposures: Economy and Society in the Time of Coronavirus*. HAU Books.

- Fischer, Michael M. J. 2003. *Emergent Forms of Life and the Anthropological Voice*. Duke University Press. <https://www.dukeupress.edu/Emergent-Forms-of-Life-and-the-Anthropological-Voice>.
- Gomez-Temesio, Veronica. 2018. "Outliving Death: Ebola, Zombies, and the Politics of Saving Lives." *American Anthropologist* 120 (4): 738–51. <https://doi.org/10.1111/aman.13126>.
- Hindmarch, Suzanne, and Sean Hillier. 2023. "Reimagining Global Health: From Decolonisation to Indigenization." *Global Public Health* 18 (1): 2092183. <https://doi.org/10.1080/17441692.2022.2092183>.
- Jasanoff, Sheila. 2011. "Introduction: Rewriting Life, Reframing Rights." In *Reframing Rights. Bioconstitutionalism in the Genetic Age*, edited by Sheila Jasanoff. MIT Press.
- Jasanoff, Sheila. 2020. "Pathologies of Liberty." *Cahiers Droit, Sciences & Technologies*, no. 11 (November): 11. <https://doi.org/10.4000/cdst.2982>.
- Lakoff, Andrew. 2015. "Real-Time Biopolitics: The Actuary and the Sentinel in Global Public Health." *Economy and Society* 44 (1): 40–59. <https://doi.org/10.1080/03085147.2014.983833>.
- Lakoff, Andrew. 2024. *Planning for the Wrong Pandemic. Covid-19 and the Limits of Expert Knowledge*. Polity Press.
- Metzler, Ingrid, and Erik Aarden. 2026. "Following Technologies, Understanding Governance: A Bio-Moralities Approach to Emerging Reproductive Genetic Technologies." In *A Research Agenda for Biomedicine and Society*. Edward Elgar Publishing. <https://www.elgaronline.com/edcollchap-oa/book/9781035325511/chapter6.xml>.
- Muinde, Jacinta Victoria S., Paul Wenzel Geissler, and Ruth Jane Prince. 2026. "'Corona Is Over': Temporalities and Material Afterlives of the Covid-19 Pandemic in Kenya." *Medical Anthropology* 0 (0): 1–18. <https://doi.org/10.1080/01459740.2026.2710415>.
- Rose, Nikolas. 2001. "The Politics of Life Itself." *Theory, Culture & Society* 18 (6): 1–30. <https://doi.org/10.1177/02632760122052020>.
- Rose, Nikolas. 2006. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton University Press.
- Vargha, Dora. 2016. "After the End of Disease: Rethinking the Epidemic Narrative." *Somatosphere*, May 17. <https://somatosphere.com/2016/after-the-end-of-disease-rethinking-the-epidemic-narrative.html/>.