**‘Slow research’ in the time of COVID**

**Dr. Shubha Ranganathan**

Associate Professor

Department of Liberal Arts

Indian Institute of Technology Hyderabad

Ph: +91 9440190255

[shubha@la.iith.ac.in](mailto:shubha@la.iith.ac.in)

**Abstract**

This commentary reflects on what it means to do public health and social science research in a post-COVID world. Given the global urgency brought on by the pandemic, it appears as if any kind of non-COVID research has become redundant or meaningless. Yet, in many ways, the pandemic has highlighted the need to go back to many of the old lessons in the social sciences and public health. Here, I draw on the concept of ‘slow research’ in global health to foreground some of these principles – the need to pay attention to local contexts and particularities, the importance of time to savour the complexity of findings, and the need to think beyond global agendas that seek quick findings and globally scalable solutions and focus on what is socially relevant in different local contexts. While not cast in opposition to rapid research, slow research is an important alternative, particularly in pandemic times.

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What does it mean to do public health and social science research in a post-COVID world? How do we understand what we even mean by the term ‘research’ anymore, at a time when the focus seems to be solely on everything ‘essential’ / solely on the bare ‘essentials’. At a time when COVID-19 has become the primary lens through which all of reality is experienced, academics everywhere are talking about everything COVID. It appears as if all other research work in progress or under plan has been dropped in order to take on the research challenges posed by the pandemic. Thus, biomedical researchers seem to be invested in the development of drugs, vaccines, or ventilators; epidemiologists, statisticians, virologists, and others are modelling the path of the virus across the globe; economists are measuring and speculating about the impact on economies, livelihoods, and markets; psychologists are contemplating on the mental health and psychological ramifications of the pandemic; anthropologists and sociologists are considering how media exposure, as well as judgements of risk, uncertainty and fear impact people’s notions of health, illness, and disease. Every new day brings forth not just new research findings in our daily capsules of health news, but also information about webinars on COVID-19, calls for COVID-19 research projects, resources for ‘teaching the virus’ in the classroom, not to speak of the dramatic surge in COVID-19 published material. Academic journals seem to be intent on publishing anything related to COVID-19, on occasion even without peer-review. The pace of these developments is reflective of the collective heightened urgency about making sense of the pandemic in whatever way possible.

It is as if all non-COVID research has suddenly receded backstage, ashamed of its meaningless existence at a time of worldwide crisis. In some ways, this is perhaps not a bad thing, for it is making us sit up and question everything that we knew about the world and about the social. If a global pandemic that, within a span of a few months, has dramatically transformed our everyday lives, work, families, and social relations does not also impact the way we think about research, then we have to ask ourselves serious questions about the relevance of social science research at all.

And yet, perhaps it is also time to ponder about what does all this mean for the way in which we carry out public health and social science research in a post-COVID world. Are we increasingly moving towards a research culture of rapid research on current topics, seeking to obtain quick findings of worldwide relevance? What does this mean for ‘slow research’, and indeed, for the slow science movement overall? In their article on the need for a new movement of slow research in the field of global health, Adams, Burke and Whitmarsh (2014) emphasize the importance and value of pauses in social science research, pauses which enable us to appreciate the complexity of the moment. Drawing from the slow food movement, as well as from the slow science movement in Europe, they emphasize the need for undertaking research without being burdened by the pressures of producing quick results that have significant global impact. As they point out, “In academic and activist fields of global health today, we are all being asked to be productive in ways that create a sense of having to do more and to do it faster, to multitask for survival in a global workplace, to always be thinking of the next big thing, to scale up and implement, often even before we have completed our tasks at hand.” (p. 180). In turn, these pressures mean that we only engage in research on issues which are deemed relevant globally, which can be scaled up unproblematically, and on topics that will capture the attention of global funding institutions. Yet, without paying attention to local contexts and particularities, there is little relevance that social science research can have on public health policy and practice.

For instance, in the case of the COVID pandemic, it is already becoming clear that there are variations across the global North and South, in terms of the impact of the pandemic and its after-effects. Thus, some global health scholars like Richard Cash and Vikram Patel have argued that most of the measures which have been rolled out in many nations to address the pandemic, such as lockdowns, reliance on high-cost testing, and emphasis on tertiary hospital care are technical solutions that might make sense in global North contexts but have little relevance in resource-constrained global South settings. Instead, they maintain, it is important for communities and nations in the global South to resume normal activities with adequate precautions in order to prevent economic and health crises much worse than the pandemic (Cash and Patel, 2020). On the other hand, based on his personal experience of becoming infected with COVID-19, the virologist Peter Piot, director of the London School of Hygiene & Tropical Medicine, swears for the need to take the virus seriously and invest in developing a vaccine, without which, according to him, there is little hope for humanity (Draulans, 2020).

There are several examples of such divergent views, which begin to make sense when one looks at the contexts and settings from which they emerge. Given that the impact of the virus is so variable across the UK and India, it is not surprising that a disease that is capable of producing an emergency scenario in the UK might turn out to be only one among multiple competing threats to good health and survival in India. That is where it becomes important to focus on the local variations and particularities, something that can only be achieved by investing time and care in communities. Despite the pressure to measure and speak the language of numbers, which have high authoritative power in the field of global health (Adams, 2016), it is also important to recognize the value of long-term, in-depth, qualitative research – slow research.

Importantly, Adams, Burke and Whitmarsh (2014) clarify that slow research is not in opposition to rapid research. Clearly, there are important crises brought on by the pandemic which demand urgent solutions. At the same time, they point out that rapid research is fast becoming the new normal, and this is what requires pause for reflection. The irony here is that while, in many ways, the pandemic was meant to slow us down, and there were initial indications of this ‘slowing down’ taking place, it now seems to be doing the opposite. We seem to have gotten back on track, with online teaching, video conferences, webinars, and working on new COVID-19 research grants and proposals.

And what of these new research ideas? The paradox is that while all non-COVID research seems irrelevant in the current scenario, in many ways, the COVID situation is highlighting that it is actually the long-standing lessons of the social sciences that are increasingly relevant – the importance of transparency in governance, the role of media in shaping our health notions, the structural inequalities in class, gender, and race that impact health, the global threats of climate change – one could go on. While cutting-edge biomedical research is urgently required, clearly, the devastating impact of the pandemic and its aftereffects have much to do with the social and cultural contexts of health and illness. The pandemic is giving us a crash course on all these issues.

Where does that leave us? We are at a point where we have no way of determining any end dates to the pandemic; we have no idea when (and if) the pandemic will ‘end’. Perhaps it will not pass but only change things forever; perhaps we will move towards a different kind of normal, but at this point of time we have no reference of what that may look like. Yet, even if it forever changes everything about the world as we know it, it may be worthwhile to pause for a moment and reflect on the significance of the COVID moment, before (or even while) jumping unthinkingly on the COVID research bandwagon. As outlined in the slow science manifesto online, “Science needs time to think. Science needs time to read, and time to fail.” The question is, whether we are willing to take out that time.

**References**

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