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Memorializing Malady: The Many Layers of Post-Pandemic Memorials

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Abstract: A community often relies on memorials as a physical manifestation of their stance on a significantly fortunate event or even a traumatic one – despite the constant debate on dedicating a certain number of resources and effort to memorialize the latter, given the destructive effects it causes in our daily life. This debate is even more relevant in light of the global COVID-19 pandemic. This paper analyzed several examples of post-pandemic memorials, the historical and scientific contexts, as well as the varying attitudes of communities surrounding them. These analyses will refer to prior studies on the roles of memorials and monuments within the construction of memory and history, as well as the natural responses to grief and loss based on Freud’s 1917 essay “Mourning and Melancholia”. This paper emphasizes on how pandemics – particularly the current one – changes lifestyles and the way communities occupy public and domestic spaces, as well as where memorials stand in this transformed architectural field.

Keywords: post-pandemic memorials; mourning; memory; national image

1. Introduction

The tremendous impact that the COVID-19 pandemic brought has turned this global outbreak into an important mark in our history, drastically transforming the way we live and occupy space. Despite the difficulties that they have caused, pandemics (and other unfortunate occurrences in history) have often triggered many efforts of reminiscence, which sometimes appear in a physical form such as memorials that commemorate the victims or show gratitude for overcoming such adversities. However, remembering past difficulties may be counter-productive in certain contexts. Given the moral and material losses caused by diseases or disasters, dedicating a certain number of resources to commemorate such misfortunes naturally seems less impactful than other concrete efforts, such as figuring out housing problems for disaster victims¹⁾ or formulating a prioritization system for mitigation procedures¹⁾.

This paper aims to discuss the reception of pandemic and post-pandemic memorials in societies by looking into their roles, whether it is as a memory, a part of history, or even neither of the two. It is worth considering the aspects of time and space, especially since the context and settings that surround these events will naturally change with the evolution of science, societal norms, and the relevance of other concepts such as religions.

2. Literature study

A memorial can act as a “memory machine”, which is where memories are codified and produced into a variety of forms, whether they are heritage and preservation of landscapes and built environments, or even digital archives³⁾, thus including monuments or other commemorating spaces inside said category. However, it is worth establishing the meaning of memory (and history) and possible responses to these concepts before the discussion moves towards their preserving devices.

2.1 Constructing a pandemic as a memory and a part of history

History is defined as a part of the past that can only be accessed through representations in texts or other media; it does not vividly exist in a certain community’s minds since it no longer occurs nor holds the same relevance in such community’s time³⁾. On the other hand, memory is a part of the past that still lingers in a community’s minds since it still holds its relevance and can still be experienced (or at least its aftermaths are still noticeable) during the timespan in question³⁾. Memories and traditions – specifically since the twentieth century – have been regarded as a concept that contains bias and narratives which are influenced by (and influencing) people’s perspectives⁴⁾.

A pandemic (especially due to its global scale) counts as a remembered time, which is a concept closely tied to

collective memory, as well as preservation and annihilation of its parts³). The existence of memorials is regarded as the main factor that prevents the erasure of such memory³). However, a pandemic can cease to be memories and become a part of history over time, when it no longer remains inside the collectively direct remembrance. As a part of history, a pandemic can become a reminder of the advancement in health-related technology, or how resilient a surviving community has been. Besides, when a pandemic is successfully overcome, it becomes less scarring over time, unlike other unfortunate historical events such as past battles, wars, race-based or religion-based conflicts, or struggles against colonization, where the root of the memory still holds a certain level of significance among the present and future due to nationalism and sense of belonging towards a certain religion, race, or ethnic group.

2.2 Mourning, melancholia, malady, and memorials

On the subject of pandemics as a form of unfortunate events, Freud had posited two possible manners in which humans respond to the loss of a love object: mourning and melancholia. In an essay titled after the previous phrase, Freud argues that mourning and melancholia have different processes and results.

On the one hand, Freud describes mourning as allowing oneself to naturally acknowledge – which indicates consciousness – pain, while simultaneously and gradually process it into a more positive behavior⁵). In her article, Tammy Clewell (2004) said that mourning “entails a kind of ‘hyperremembering’, a process of obsessive recollection during which the survivor resuscitates the existence of the lost other in the space of the psyche, replacing an actual absence with an imaginary presence⁶”. However, this process is healthy and finite – in a sense that it does not prolong the grief nor further inhibit one’s activities and interests in the outside world⁵).

On the other hand, Freud argues that melancholia is a stagnant state that might sprout from repressed and unsolved grief which gets pushed behind into one’s unconsciousness, thus making them unable to mindfully identify, understand, and process it, so that it remains as an intrusion in their mind⁵). Melancholia might affect how one processes more losses in the long run, in a way that makes them generalize all feelings of grief into shame, guilt, or other destructive emotions. Consequently, they end up projecting their destructive emotions onto themselves⁵).

Processing grief through mourning can take many forms, such as verbalizing it into words (spoken or written) or even relying on physical objects or remembrance. In a chapter about the 1918 flu pandemic, Maria Luisa Lima and José Manuel Sobral (2020) argue that engaging the public in remembering an event can be done by incorporating it into everyday conversations, normalizing the act of accessing its archives, establishing

a ritual, or creating a physical memorial⁷).

2.3 Memorializing a pandemic as an ongoing event

Based on the previous subsections, a commemoration does not have to wait until the pandemic subsides. It can also be necessary even when the recovery process of a pandemic (or other tragic events) is still well underway. This applies in contexts where a community needs a physical object or space to collectively manage feelings of loss, fear, or other forms of trauma, thus providing themselves with new optimism⁴). This is where memorials act as a place of memory or a place that manifests a narrative of memory.

Narratives of memory are intangible aspects that affect how memory is portrayed and perceived⁴). A narrative is a reflection of people or parties who are involved around it, whose perspectives, judgments, and interests may affect it⁸) to varying extents. In the context of a post-pandemic memorial, narratives of memory can come from various motives. A nation’s leader may build one as an encouragement for their people to rise from misfortune by reminding them of their past glory⁴). A privileged group can also have the means to organize a memorial to build their images, persuade influential parties, or gain their own influence⁹).

Besides examining the motives of the parties who create a memorial, it is equally important to consider the people who will view it, particularly regarding its occasionally inherent ties to tourism. Consequently, narratives of memory may impact the public’s perception of a memorial and inevitably affect the way they navigate the loss caused by the pandemic. This is where power has its significance over the creation and reception of memorials, which can appear in political, cultural, or even religious contexts.

2.4 How diseases dramatically transformed designs

Discussions of post-pandemic memorials have a deep-rooted relation to designs of public spaces. Therefore, it is just as crucial to consider the physical and socio-economic damages of a pandemic, besides reflecting upon its psychological and political impacts. Since its beginning in early 2020, the COVID-19 pandemic has taken over four million lives¹⁰), according to a worldwide survey conducted by Worldometer in late July 2021. Knowing its severity, countries across the world have established (and constantly revised) measures and constant campaigns¹¹) to regulate people’s lives according to the new health and safety protocols. Due to its rapid contamination within a close distance, there have been many attempts to raise people’s awareness on the importance of maintaining a safe social distance, thus significantly reducing the number of gatherings in a certain size of groups, particularly in confined spaces¹¹). People have been strongly advised to work and learn from home, except for essential workers such as people in healthcare or other crucial services.

While studies and the popular media discuss about lifestyle changes of the healthy citizens, patients and healthcare workers are the most affected by the spatial challenges caused by COVID-19. Patients who quarantine in hospitals or makeshift healthcare centers had to redefine their concept of domestic space, while healthcare workers have been struggling with the limited resources and energy, thus prompting multiple studies on responsive design and energy transformation¹².

Besides the falling demand for communal workspaces and the rising need for healthcare centers, the architectural field also experienced other kinds of shifts in the direction of popular design trends, such as the rise of self-sufficient neighborhoods which reduce the need for long-distance travel. Generally, the similarity between these trends is the search for a more efficient, resilience, cost-effective, and sustainable lifestyle. This pandemic has also raised a new set of standards that changed how we judge the livability of our cities. For instance, the 2021 Global Livability Index by the Economist Intelligence Unit (EIU) has named Auckland, New Zealand as the most livable city of the year for its tight borders which “have allowed residents to live relatively normal lives” during the COVID-19 pandemic¹³.

This is a reflection of the previous diseases that our world has witnessed in the past. On the scale of domestic spaces, the discovery of miasmatic theory in the mid-1800s had led to the improvement of ventilation¹⁴. About thirty years later, John Snow’s discovery about the contamination of germs in the consumed water – and in other daily objects had revolutionized the material and design of furniture, appliances, and even clothing articles¹⁴. The advancements of pathology and epidemiology in the late 1800s also drastically transformed the way we organize space, and most importantly, the establishment of a more hygienic lifestyle¹⁴. Everything has to be – to certain degrees – resistant to the accumulation of dirt and dust, and if they are not, they need to be easily cleaned and maintained¹⁴. There also has been a newfound need for some sort of a transitional space where people can free themselves of the outside dirt, which is defined as a matter out of place, before entering a clean interior space where dirt is not supposed to exist in¹⁵.

In the early 1900s, a survey by British sociologist Seebohm Rowntree showed a correlation between the presence of sanitation facilities, the cleanliness of a home, and the quality of life among working-class families in York, England – which undoubtedly has a lot to do with health¹⁶. Shortly after, the government at the time designed a housing relocation program for such families based on health considerations, which includes the provision of decent ventilation and natural lighting, adequate outdoor space for physical activities, as well as bathing facilities which previously had not been widely accessible for all economy classes¹⁶.

The bubonic plague that peaked around the late 1800s to early 1900s also prompted a series of building-related studies that continued in the 1950s and even the 2000s. A WHO study by Robert Pollitzer (1954) formulated several “rat-proofing” methods, all of which introduced building materials, measurements, construction techniques, maintenance procedures, and sanitation systems¹⁷. These methods were designed to hinder the invasion of rodents and fleas, which consequently prevented the spread of pest bacteria¹⁷. For example, Pollitzer (1954) recommended giving spaces between articles of furniture and the walls and floors for easier inspection and more frequent cleaning¹⁷. Javanese traditional houses were preferably constructed out of properly sealed bamboo poles or even wooden beams to prevent fleas and bacteria from breeding in the hollows of the bamboo poles¹⁷. People in Northwest Uganda were advised not to sleep on the floor and occasionally pour boiling water on the floors of their houses, rice storages, and huts to stop the breeding of fleas and bacteria¹⁸.

On a larger scale, the bubonic plague caused a massive improvement in the Renaissance urban design, such as the changing size and configuration of living spaces, as well as the opening of large public spaces¹⁹. The modernist architecture of the twentieth century also served as a spatial response to infectious diseases¹⁹, following the advancement of pathology in the previous century, by catering to overcrowded cities through better waste management and actions towards slums¹⁹.

2.5 Summary

Despite the more purposeful tendencies of post-COVID architecture, there are several competitions on post-pandemic memorial designs, albeit still receiving mixed responses from experts and everyday people. Given its inherently non-essential and impractical nature, COVID-19 memorials and monuments may not align to the newly updated design inclinations, specifically since the pandemic has not ended at the time that this paper was being written. On top of that, the tourism aspect of monuments may defeat the purpose of COVID safety guidelines, which highly depend on the limitation of activities outside people’s homes and the prevention of large crowds.

There are two possible angles to the arguments about post-pandemic memorials. On the one hand, the material loss caused by the pandemic calls for an immediate, tangibly impactful approach in design. On the other hand, this loss has also affected the society psychologically²⁰. For example, circulation through spaces, interpersonal interactions, and activities play a significant role in the construction of one’s spatial memory²¹. Therefore, any changes in these aspects – particularly negative changes – can take a toll on one’s day-to-day life. This facet of loss cannot necessarily be overlooked because it might potentially deter a society’s socio-economic advancement

as well, given the disruption in everyday activities. This is where monuments and memorials can fill the gap, by addressing the way pandemics are constructed in people's memory, both collectively and individually. By helping society manage the emotional damage of traumatic events in a non-destructive (or even productive) way, monuments can catalyze their recovery process.

It is also worth noting that everyone goes through the process of mourning and melancholia, and construct memories with varying ways, rates, intensities, and patterns – which is expected when dealing with any discomfort^{22, 23}). Therefore, it is important to ensure that a memorial is designed thoughtfully so that it can reach out to its surrounding society on a personal level.

3. Methodology

The matter that this paper tries to discuss came from many debates over the post-COVID memorials that have been built or proposed since 2020, specifically how narratives of memory can play various parts in determining the memorials' appropriateness for our current post-pandemic setting. To put the analysis into perspective, the discussion will begin by reflecting on how previous societies created and regarded the memorials of plagues that had spread in the past.

The discussion takes examples from various forms of post-pandemic memorials in various places, particularly ones that had gained a relatively significant amount of responses nationwide or even worldwide. The sample cases vary in related event and location, hence providing the analysis with a diversity of socio-cultural, political, and spiritual contexts.

This paper will base its discussion on mainly qualitative data that describe post-pandemic memorials according to these aspects:

1. Form, whether it is a space or landmark specifically designed to commemorate the discussed pandemics, memorializing events that utilized certain public spaces, or combinations of both;
2. Time, based on how the gap or overlap between the emergence of these memorials and the period of the pandemics affect the public's reaction, as well as the current and upcoming situations;
3. Attitude towards public and private spaces, based on how it serves the community as a form of public space and how the community regards it (whether as a collective or as individuals); and
4. How it contributes to collective memory.

4. Discussion

4.1 Underlying context behind the forgotten post-pandemic monuments

A post-pandemic memorial may gain an unexpectedly underwhelming reception in society if another unfortunate occurrence takes place at the same time. For instance, monuments that commemorated the 1918 – 1919 flu pandemic are significantly fewer than those of World War I (1914-1918)²⁴), which happened to occur at intersected timespans. In the US, statues of American soldiers designed by M. Viquesney even got mass-produced and scattered across the states in parks, town squares, and other public spaces²⁵). Despite being obscured by World War I; the 1918 pandemic actually caused a larger number of deaths than the war did, at up to 100 million versus 20 million²⁶). There are a few possible layers to this phenomenon, where the amount of effort put into commemorating either occurrence often goes hand in hand with the level and form of sentiment that the community holds towards them.

Firstly, it was a product of nationalist and religious views that were relevant at the time. War casualties seemed to have gained a higher level of respect for selflessly – and consciously – sacrificing their lives to defend their nation, whereas a person infected with a disease lost their life for reasons that had not been known at the time²⁴). On top of that, given the barely developed knowledge on pathology in the early twentieth century, the past societies still tended to view diseases (and disasters) as a punishment from God for committing sins²⁴).

Secondly, pride and traditional views on masculinity also played a part in this phenomenon. Dying as a patriot in the war was a symbol of strength, whereas dying from flu simply showed weakness. Even for a soldier that survived the war, dying from a disease that he took home made him seem unmanly, according to Catharine Arnold, the author of *Pandemic 1918: Eyewitness Accounts from the Greatest Medical Holocaust in Modern History*²⁷). It was also easier to honor a family member who died on the battlefield than to remember a loved one battling an illness in a state that was perceived as – to put it bluntly – unattractive²⁷). The closest example of a memorial for the infected WWI soldiers is the ones dedicated to all casualties that include those who died from the flu²⁵).

Lastly, it was simply more difficult to properly process a new global crisis before the ongoing one even ended, given the preexisting scarcity in daily necessities, economic crises, and incomplete families whose members had to serve in the war²⁵). The number of victims was indeed larger with the flu, but the shock factor may have been undermined by the status quo.

This shows how such a memorial may have different receptions based on whether they are viewed as a memory or as a part of history, which affects the relationship with the community surrounding it. In earlier generations – where an event still counted as a memory, a less respectful attitude towards the survivors and patients of a disease is commonly shown. On the other hand, more recent and educated generations might

be able to show more respect and empathy towards an event as a part of history. This is due to the knowledge that some diseases can prey upon a large variety of people in a society, regardless of their identities and backgrounds – despite the undeniable existence of some people in our current society who still regard diseases (and disasters) as taboo. Reflecting on our current time, the COVID-19 pandemic may possibly gain more significant attention and respect, despite other political and cultural issues going on across the globe at the same time. This is a consequence of its worldwide scale and its widespread effects in nearly all aspects of life.

4.2 How past memorials help societies mourn similar new plagues

Just as the religious norms viewed past diseases as a consequence of committing sins, the freedom from diseases was often understood as a work of a higher power. Therefore, some post-pandemic monuments were built adjacent to churches or resembling components of a church, due to their role as a symbol of gratitude. One famous example is the Plague Column which celebrated the end of the bubonic plague in 1679 Vienna, with figures of the Holy Trinity at its peak and King Leopold I at its base²⁸). This shows how much religion – also, in this case, the ruling government – had an impact in the making of post-pandemic monuments, whether it affects the construction of philosophical meaning or even the funding of such monuments²⁹).

Interestingly, in light of this current COVID-19 pandemic, the locals have been making visits to this monument to pray for protection. A similar phenomenon is also evident in South Goa, India, where a 1918 pandemic column built by Portuguese colonizers had remained abandoned and even collapsed before the locals rebuilt and reopened it with a simple ceremony³⁰). Locals claimed to have not been previously aware of its existence³⁰), and now that they are going through another pandemic, this monument became a physical space where they can pray and leave their offerings. This shows how past mourning phases – in this case, ones that are aided by physical memorials – can sometimes serve as a comfort zone to revert to when similar losses inevitably happen in the future.

4.3 Memorials as an attempt to save an image

As previously discussed, memorials can serve as a physical device that helps a community's mourning phase, where they can process their loss and possibly see silver linings in it or reminisce their former glory to gain back their optimism. In the case of the COVID-19 pandemic, the Wuhan government's approach was creating an exhibition that displayed the documented process of battling the spread of the virus. Held in an exhibition hall that previously – and not so coincidentally – served as a temporary hospital for COVID-19 patients³¹), this exhibition displayed

thousands of items, consisting of mostly pictures, and scattered with videos, installations, typographies, and hi-tech interactive artworks³²). Many popular items included the displayed equipment used in treating COVID-19 patients and engineering vehicles that served during the construction of COVID-19 emergency facilities.

More importantly, this exhibition showed gratitude and appreciation towards the healthcare workers, military troops, and all the other parties involved in keeping the citizens safe during the lockdown. For example, there were photographs of prominent healthcare experts, an installation consisting of statues clad in protective gears against a backdrop full of Chinese characters, statues of soldiers, as well as an interactive display that simulated the heat and discomfort of wearing the paramedics' protective suits³²). This exhibition also showed gratitude towards the countries that sent material and financial help towards the Chinese government, by honoring them through the displayed items.

Despite being held while the pandemic still showed no signs of ending soon, this exhibition met generally positive responses from locals, since it celebrated the end of lockdown and the significant efforts to dramatically reduce the number of cases. This exhibition also largely prided on its ability to stay within the health and safety measures since it accepted “only” 3,000 daily visitors into its 1,445-square-meter venue³³) and maintained strict mask rules.

However, Wuhan's case has an extra layer to it, given the world's perception and stigma towards this city as the first location where Coronavirus infection was discovered³⁴) – US President Donald Trump's multiple mentions of the “Chinese virus”³⁵) were a prime example. Despite its racist undertone, this is nothing new, since the history of the 1918 pandemic seemed to consist of countries passing the “blame” around. It was fairly popularized as the Spanish Flu – not because it originated in Spain, but because the highest number of cases were reported in Spain³⁶). Interestingly, according to Kenneth Davis, many nations chose to name it after foreign countries²⁷). For example, it was called the Naples (Italian) Soldier in Spanish, the Russian Pest in German, and the Chinese Fever in Russian²⁷).

Therefore, many studies – despite their debated validity – that suggest the existence of the virus in other countries before it was discovered in Wuhan have been heavily popularized in China³⁴). This was reflected in the exhibition's overall tone, which constructed its brand as a gesture of gratitude for the country's strength instead of gratefulness for overcoming a disaster³⁴). Nationalism was prominent, with many portraits of President Xi Jinping and texts that praised his competence in tackling down the virus³⁴).

4.4 How the creation of memorials should align with the recovery from the pandemic

Another factor that contributes to the reception of a

post-pandemic memorial in a community is the relation between recovering from the pandemic and creating the memorial itself. Generally, building such monuments – whether it commemorates a pandemic or any other unfortunate event – can come across as tone-deaf when the effects of the adversity itself have not been fully resolved by the authority. It might be a popular opinion that allocating time, energy, and funding for memorials are unnecessary while we are still experiencing a strain in public services³⁷⁾, businesses and families are still suffering from monetary crises – and most importantly, when the infectious disease itself is still present and actively mutating.

As mentioned before, some memorials are closely tied with tourism. A particular colorful, selfie-spot COVID-19 memorial in Pekanbaru, Indonesia, is no exception. Shaped like a “cartoonized” sculpture of the virus itself, the manager of the tourism park where this memorial was built intended it to help reduce people’s fear of the disease and live more carefully instead³⁸⁾. Despite their claims of maintaining the health protocols, the intent to increase tourism itself while the pandemic is still raging in Indonesia did not contribute to the eradication of COVID-19, and undoubtedly shows a capitalistic tone.

Contrastingly, in some cases, a COVID-19 memorial can instead receive positive feedbacks and participation from the community even while the pandemic is still going strong, for helping them heal from their loss³⁹⁾. This is evident in Detroit Memorial Day, a project in which Mayor Mike Duggan commissioned the city’s Arts and Culture Director Rochelle Riley to accumulate and display pictures of COVID-19 victims⁴⁰⁾. This project gained a high level of respect from families and friends of the victims for acknowledging them and giving them a proper way to humanize and mourn the victims despite not being able to hold funeral services⁴⁰⁾.

Despite the Pekanbaru memorial (which is only one example of other similar phenomena), Indonesia also has other COVID-19 memorials that are more sensible and effective. A simple piece of evidence is the one built in Jatinegara, East Jakarta. Consisting of a casket propped on top of a pedestal, this humble memorial reminds people to be more aware of the dangers of disobeying COVID-19 health and safety protocols. Additionally, this memorial is also intended to be informative, despite the absence of fancy digital screens. Instead, it has a letter board containing the numbers of daily COVID infections and deaths in Jakarta, fixed on the front side of its pedestal, updated manually by the local authority.

Nevertheless, it is worth noting that the latter two memorials were not created at the expense of the recovery process, both in the financial aspect and other specific aspects. Firstly, these particular memorials were relatively simpler in scale, with budgets that are considerably less significant than the cost of handling the pandemic itself. Secondly, their intents show a more humanistic value, instead of a capitalistic one. Another

aspect to be considered is how the stakeholders and creators orchestrated the community’s participation in the memorial, in a manner that does not necessarily attract crowds. In other words, they did not significantly hinder the process of recovering from the pandemic itself.

5. Conclusion

Memorials that are designed to commemorate pandemics can appear in different levels of appropriateness, thus earning them varying responses. The manner that communities regard them highly depends on whether such pandemic is still considered as a fresh and relevant memory or as a mere part of history. It is also worth considering the current religious and societal norms, and even gender roles that were relevant at the time of the pandemic.

There are some cases where pandemic memorials can serve as a healing tool for the local community, helping them overcome feelings of loss and trauma while the pandemic is still continuing. This kind of memorial provides a safe way to honor the deceased victims without attracting crowds, which can deter the recovery process of the COVID-19 pandemic. Memorials can also serve as a reminder and a source of knowledge during the pandemic, by providing the community with relevant information. Some nations or communities can benefit from memorials that help them restore their image and optimism after a pandemic since diseases are often associated with weakness or generally frowned upon. In other words, just as the destruction of a memory-containing object could also destroy the memory itself⁴¹⁾, the construction of a physical object – with positive intention and execution – can help build a fond memory within itself.

In its tourism-related nature, a memorial can of course promote communal participations, which is beneficial for the community’s psychological wellbeing and eventually their economic recovery as well⁴²⁾. However, the local community and the authorities – and private sectors – need to keep in mind that any form of communal activities need to be conducted within the advised COVID-19 safety measures, as well as environmentally responsible⁴³⁾. Additionally, despite the potentially limited means to provide a physical touristic experience, a well-executed memorial can earn its society a positive publicity, which will help them recover morally and materially.

Resources and funding also play an important part in creating an appropriate COVID-19 memorial, since this global outbreak deserves the more significant portion of our means and efforts to resolve it altogether. However, it is crucial to justify the creation of COVID-19 memorials – or any other post-pandemic and post-disaster memorials in the future – by intending them to catalyze the recovery process of communities, thus accelerating their journey back to the previously productive life.

This paper aims to discuss the appropriateness levels

and boundaries regarding post-pandemic memorials. However, there are still opportunities for more comprehensive discussions about top-down approaches – or even specific bottom-up approaches – to create an impactful post-pandemic memorial.

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