Pandemic in a Globalised World: Slovenian Perspectives

Rajko MURŠIČ

Department of Ethnology and Cultural Anthropology

Faculty of Arts, University of Ljubljana (Slovenia)

Abstract

Contributing yet another paper to the myriad of scientific and scholarly articles about the Covid-19 pandemic, this paper presents a short global and local overview of the world situation after Covid-19 from the perspective of Slovenia. It begins with issues where, during the pandemic, global and local meet and proceed with detection and reflection of the situation at the time of writing, i.e. the summer of 2020, when the pandemic is far from being under control, especially in the (wild?) West. Only as much as necessary, the paper presents the Slovenian part of the story: what really matters is to understand the pandemic as global. Medicalisation and state repression are the key issues discussed in the text.

Keywords: Covid-19, pandemic, Slovenia, globalisation, state repression, medicalisation

1. Slovenia and SARS-CoV-2

In late February, when Covid-19 dramatically hit Northern Italy, we were waiting for the first confirmed case in Slovenia. It happened on March 4, after the end of the winter school break. Among the first infected were a couple of medical doctors, returning from skiing in the Italian Alps. At that time, the public was fighting to understand exponential equations, but still trying to behave as normal. Nevertheless, in a couple of days, on Friday, March 12, Slovenia declared an epidemic. At that time, a month after the resignation of the former prime minister, the Slovenian parliament elected a new government that held an immediate crisis session during the night between March 13 and 14, and announced its war against the virus. I am not joking, they indeed established a national headquarters to fight the coronavirus, and at the same time held their inaugural meeting behind.

After continuous threatening news, and a rather typical coronavirus lockdown, with reasonably successful prevention of its spreading in the population (with the exception of some cases of elderly people in retirement homes), on the last day of May, the same government celebrated the official end of the epidemic with a demonstration flight of American F-16 and Slovene military propeller Pilatuses over the Slovenian sky.

Despite experiencing several days with practically no newly detected infections in May, the virus was actually never beaten. During and after the vacations, in July and August, it returned. At the end of August the infection rate again reached the numbers as detected during the most critical weeks in March and April at the peak of the epidemic. However, the authorities this time did not re-declare an epidemic, claiming that people should learn how to live with the virus. Slovenia is, contrary to New Zealand/Aotearoa, not an island, so they say. It is part of the European Union and the Western world, whatever that actually means, so the country has to adjust. But the epidemic is global, i.e. pandemic.

2. Globalising governance

More than half a year after its appearance, we are facing the question if the new coronavirus is our destiny, a destiny for all humanity. Hopefully, it is still possible to claim that it is not so, at least not necessarily so (see End Coronavirus 2020; Ryan 2020). Humanity, at the existing level of technological sophistication (cf. WHO 2020) and general natural knowledge should be able to eliminate it in reasonable time. However, general social development is obviously insufficient to do anything more radical than urgent lockdowns in nation-states. This is indeed paradoxical, since we live in a globalised world and it is absolutely impossible to act in isolation from the rest of the world (even if there are countries like North Korea). If anything, SARS-CoV-2 revealed weakness of international cooperation and national policies.

If we can learn anything from the pandemic, it is that only countries with a higher level of responsibility, or even empathy, towards the ordinary people – not the elites – may run a successful policy to eliminate the virus. New Zealand/Aotearoa is a very rare example. As a matter of fact, besides the more autocratic Asian countries (China, Vietnam, Malaysia, Singapore), some seemingly marginal and forgotten

countries would act much more responsibly in comparison to the 'advanced' ones, e.g., countries like Mongolia or Namibia.

However, the only global organisation, which should be taken seriously, the World Health Organization (WHO), is being attacked from many sides, especially from the countries with the worst response to the pandemic, like the USA, and exposed as not having any factual, i.e. legal power. These are extremely important issues, since world trade contracts prioritise international courts and legal contracts over national ones. But not so in global public health.

We now know that globalisation is not only uneven in the world, consisting of the well-developed West, semi-developed East and under-developed South. It is also uneven regarding its various cultural, moral and political sectors, within and trans-nationally, especially in global ideoscapes (Appadurai 1990). Inherited inequalities in the world are now globalised, with rising levels of new global inequalities and stronger hierarchies in regimes of global activities.

The World Health Organization is obviously extremely weak, at least in comparison to military alliances like NATO, while on the other hand, during the pandemic, global trade has practically remained intact. Human rights issues are easily suspended in 'sovereign' countries without global institutions to prevent its suspension. If anything, we now know that nation-states still exercise brute power over their peoples. Although in the existing global situation individual countries are no more sovereign, especially economically, and thus have weak sovereigns (Appadurai 2020: 221), but they do have power over their people. World leaders are now governors and not sovereigns, but the question nevertheless remains, who controls globalisation. Experts? Bureaucracies? The wealthiest? Artificial intelligence? In the health crises it seems that experts and politicians indeed have a say.

3. Medicalisation of everyday life

What came out of the coronavirus pandemic is additional medicalisation of modern societies (see, for example, Šimenc 2014). The English phrase 'social distance' reveals it in its essence. While the spreading of the virus is entirely a cultural and social matter (the virus spreads with human activities, which means it is 'alive' only

due to the social life of people), responses around the world define the pandemic solely in medical terms. Due to social aspects in spreading pathogens in general, not only this virus, no epidemiology team should be complete without engaging anthropologists and other social scientists. Even though the spreading of the virus itself is a rather typical social phenomena, there are only a few, very few social scientists engaged in an advisory capacity to, or actually part of, epidemic teams.

Contact tracing is exactly a challenge for anthropologists – but authorities see only doctors as able do the job, at least in Slovenia. Speaking of anthropologists, the rare exception is Pina Sadar, an anthropological expert in the ad-hoc UK governmental group for Covid-19 protection of the elderly in retirement homes (Mrevlje 2020), who otherwise works as an advisor to the British government on issues of equality.

There are, of course, many studies done on the spreading of the virus, but not one, at least to my knowledge, was based on ethnography, or at least direct observation of real human behaviour. Predominant researchers on the spreading of the virus are thus virologists, immunologists and infectologists. It means that medical doctors now control societies and give advice on human behaviour.

The most exposed aspect in medicalisation is waiting for a vaccine and the preparation of people to "live with the virus" in the "new normality" acting in accordance with the rules prescribed by health authorities. Very likely, the vaccine will not bring a permanent solution. In the best case, it will be effective only temporarily, and the process of a permanent medical-repressive 'fight' against the virus will continue.

4. Militarisation and new techniques of surveillance and control

The third important issue in regard to the pandemic is militarisation of the states in 'fighting' the virus. Repressive forces that before were aimed to control marginal parts of societies, which was defined as criminality, are now widespread and survey ordinary people, very often with private guards, especially in public spaces, e.g. shopping malls and shops. But there is much more here than just militaristic jargon. It is essentially the exposure of existing nation states as centres of power, as authoritarian systems of violence and oppression. The most 'democratic' countries use(d) their armed forces and police the same way as the

most autocratic ones: to control the population with pure force, physical force as well as force of legislation and penalties. State apparatus exposed its essence: it is violence, not solidarity. Systemic coercion has been the essence of governing during the pandemic. This actually is what the states, the nation states, are.

Politics established on manipulation of fear is now becoming global, under the banner of fighting communism, drugs, and terrorism it is now entering a new phase: fighting the pandemic. The main model of the politics of fear is its effectivity. When a person does not know when and how his or her everyday life might become threatened, and authorities are constantly providing information about prevention of eventual harm, he or she will accept any politics that will offer salvation. The result of the permanent production of "the surplus of threat" (Massumi 2010) is public acceptance of repression. And more repression, and more. Militarisation of the police, and militarisation of civic institutions, like public health, are logical outcomes – again and again confirmed at general elections.

5. Economy and crisis

There are, nevertheless, many questions open and unanswered. Is the second wave of the epidemic in individual countries indeed inevitable? Or, is the summer explosion in some South-Eastern European countries perhaps already the second wave? It seems that economic calculations in saving tourism brought more problems than solutions, although for the most part the spread of the virus was not related to tourism, i.e. in some countries with no access to the sea, like North Macedonia, Serbia and Kosovo.

Another issue is the economy. Prevalent opinion is that due to economic restrictions during the lockdown, economic crisis is inevitable. But is it indeed so? Projections of expected reactions to the epidemics, as anticipated in national legislations and tested many times by the World Health Organization, are that after a considerable economic fall an equivalent rise comes after the epidemics. Sometimes, it may even serve as a stimulus for further economic activities and expansion. Nevertheless, the predominant planning, policy making, starts with fighting the economic crisis before it actually happens; it will most likely become a self-fulfilling prophesy.

6. Social life in general and music life in particular

Performing arts and social activities, like dance and partying, were the most severely hit. Public gatherings, the essence of socialness, are now under restrictions for half a year, and it seems it will remain so indefinitely. It is not only unbearable for theatre and music venues, but for society in general. Human touch is so basic, such an important act of human living that society might change in its very essence if it remains forbidden or unwanted. The only solution for the cultural sector of society to operate normally is the elimination of the virus from society. Only after elimination of the virus will there be concerts and parties, and we will be able to mosh again. All of which is possible after only a short period of strict lock-down; two months suffice, we already know it.

Live music and other performing arts were hit the most. If there was a burst of motivation songs and videos spreading on social media during the initial phase of the pandemic (see, for example, Global Coronavirus Playlist 2020), music life later turned to prevention of organised music events. The live music industry is still under severe restrictions, if not totally banned, all around the world, and the resulting situation, meaning prevention of working, is global as well (see, for example, We Make Events 2020; Music helps 2020; Glynn 2020).

Online concerts did provide some urgent music information, and even experience (United We Stream 2020; Billboard Staff 2020), but for the majority of music lovers, this surrogate form does not work the same as a live music event. Music and sound environments profoundly changed (Kyto 2020); the only issue is that we cannot know if it will be permanent.

What might become permanent though, is repression, especially if a musician in the eyes of the authorities does the wrong thing at the wrong moment (Algeria 2020).

7. Who capitalises on the corona-crisis?

Finally, the last issue worth reflection is capitalisation of the corona-crisis. There are many sectors of society which are capitalising on their importance in the corona-crisis: the IT industry (web-based platforms), pharmaceutical industry, medical industry, surveillance industry, online services and science and

development industry. All these industries, and many others, sell 'solutions' – but mostly at the cost of socialness. Here, I will add science and scholarship as a problem and not the solution.

In 2020, in Slovenia, and similarly in the EU and other European countries, a lot of money went into Covid-related research. It is difficult to estimate numbers, but in the case of Slovenia it is very close to the usual annual expenditure of the National Research Agency for basic research. The national research of infection (see Maver Vodičar et al. In press) alone, testing a representative sample of 1,300 people, spent more money than four, three-year long basic research projects. Needless to say, policy-funded research did not bring results as anticipated by politicians, so the information from the initial estimate that a little over 3% of the population was already infected, was, almost three months later, corrected to less than 1%. I will use the term 'science industry' to make it clear. Scientists and scholars are gaining a lot from the corona-crisis. The production of research articles increased so dramatically that nobody can have any idea of the numbers. If you ask Google Scholar to search for academic literature on Covid-19, it gives you 1,290,000 results (August, 2020). Even if a quarter of them are indeed important academic works, there is no one on this Earth who can read them all. We are even incapable of reading all the 2020 production of scholarly articles on Covid-19 in our own fields of research. In anthropology, for example, practically every important journal has or will publish works on Covid-19. Social Anthropology, for example, in the latest issue (Social Anthropology 2020, vol. 28, issue 2, August 2020), published more than 200 short interventions by anthropologists across the globe; again, it is not possible to read all this even in one's own narrow field of specialisation. Considering the exponentially rising number of Covid-19 related publications, we are obviously approaching hyper-inflation rates, which means that overall scientific and scholarly production might decrease in value.

This is how science is actually becoming pseudoscience, and how it is losing its social tissue: readers and commenters, testers and critiques. Instead of cross-disciplinary learning (between medical doctors and anthropologists, when we are dealing with specificities of the virus spreading in particular communities and social circumstances, and vice versa), we are facing the building of higher cross-disciplinary boundaries than ever. Medicine and pharmacy, plus microbiology are the winners, despite their very limited success in preventing the spread of the

disease. Nevertheless, despite the obvious fact that we need experts in particular fields, it comes out that we need more profound criticisms of those fields, not from within, as is the situation now with peer review processes, but from outside as well. Why should public health be limited to medical doctors, or economy to economists? The need to have experts in policy is now clearer than ever, as well as the urgent need for science communicators in mass media, who may, and should, communicate to the public in order to avoid deviations in both public policies and public responses.

We are now in the position of being overwhelmed with information, the production of knowledge and expertise that nobody can handle. And what do people do when they are facing 'powers' beyond their reach? Either practice magic or behave irrationally, finding escape in denial. Perhaps this is actually the policy to control the masses in an uneven world.

In the long term, we have only two options: either to enforce sanitary regimes under which the virus is under relative control and we have to learn how to live with it, or to accept a strategy of eliminating it from populations and eradicating it from the planet.

8. Conclusion: Solidarity beyond the mess

During the lockdown, the tempo of everyday life slowed down. Instead of synchronising people again, it caused new divisions. While the poor had to hide their surviving activities from the authorities, the rich entered new spheres of reality behind their golden walls. It came out that basically, people need a shelter, necessary supplies and some basic communication means. But above all, they need other people, social contact, fun, enjoyment. They can survive without it for a while, but not permanently. It came out in the Balkans with unexpectedly high rising levels of infection immediately after the end of the lockdown. Relatives and friends started visiting each other and organising parties. Partying is much more important and essential for human societies than is usually considered. And at the very basic level people do behave in solidarity, they are willing to improvise and they activate systems of self-help.

There was not much solidarity exposed during the pandemic. In the EU, it was Italy that was hit the most. The other member states, and the European Commission, did not help much. We remember dramatic news about doctors and the military from Russia and Cuba, plus medical assistance from China, to help. And if there was no solidarity in the most critical moments in February and March, we would expect to have at least some coordination in activities afterwards. No, some core European countries even started to prevent other countries from using facilities (airports) to provide medical equipment from China (since the most developed countries do not produce essential items like masks and respirators anymore). Ethically speaking, the European Union failed completely. The only thing they mobilised for was the redistribution of money.

Nevertheless, among ordinary people, huge sentiments of solidarity came afront, they did actually help each other in the worst moments and situations. They did understand how to take care of others, and how dependent they were on others.

In countries with the highest level of social inequality, we may expect the establishment of new kinds of horizontal solidarity – not necessarily class solidarity but solidarities of a kind. In the future, it will transform the perception of their common reality. So, even if there was practically no systemic solidarity, many kinds of spontaneous solidarity emerged within the states, and far beyond. Behind the veil of official accusations, ordinary people understood the efforts of other ordinary people around the world to prevent the spreading of the virus. It was in real life, not online.

Whatever comes next, in science and scholarship, as well as in daily life and in all kinds of interaction and global flows, we desperately need much more co-operation, solidarity and mutual trust in this world. The alternative to global solidarity is unnecessary deaths, state repression and widening gaps between the poor and the rich. In that light, we have to, finally, question capitalism itself: if capitalism as a global system is not capable of providing a social environment that can prevent the spread of such a virus globally, what is the future of capitalism?

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