360° Series

360° Series

Fair Observer

How Will COVID-19

Change Our World?

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How Will COVID-19 Change Our World?

Atul Singh
June 26, 2020

Editor's Note: These are unprecedented times. A global pandemic has changed life as we know it. In recent months, we have examined the crisis through political, economic and social lenses, publishing articles from around the world. The result is three 360° series.

As the world fights the coronavirus pandemic, a new chapter in history is about to begin. This 360° context article explains the global impact of COVID-19.

COVID-19, the disease caused by the novel coronavirus known as SARS-CoV-2, has unleashed a terrifying pandemic. Originating in China, the coronavirus has spread rapidly around the world and has killed nearly half a million people to date.

In humans, coronaviruses cause respiratory tract infections, such as the mild common cold as well as the dangerous severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS). SARS-CoV-2 is the deadliest and most contagious coronavirus so far. No vaccines or antiviral drugs can, so far, prevent or effectively treat COVID-19 infections.

The Story of COVID-19
Scientists tell us that COVID-19 is a classic example of cross-species transmission. Simply put, this means viruses that jump from one species to another. The consensus is that the new coronavirus first appeared in a market in Wuhan where fresh fruits and vegetables are sold along with live fish, birds and animals. The virus is understood to have jumped from a bat to another animal and then to humans.

Wuhan is the capital of Hubei province. With 11 million people, it is the most populous city in central China. Here, the Han River flows into the mighty Yangtze. It is a major manufacturing and transportation hub. With "over 350 research institutes, 1,656 hi-tech enterprises, numerous enterprise incubators and investments from 230 Fortune Global 500 firms," Wuhan is extremely well-connected globally.

It is no surprise that the virus spread easily from here to other Chinese cities and then to the rest of the world. On January 3, China reported 44 cases of COVID-19, with 11 in critical condition. Within weeks, this number exploded. First, other countries in Asia were affected. Then, the coronavirus reached Italy and then other European countries. Finally, it descended on the United States, where President Donald Trump belatedly declared a national emergency on March 13, before going on to attack South America.

Soon, country after country went into lockdown as the disease spread. Authorities have reacted in such a draconian manner because the virus appears to spread so easily. While data is still being accumulated and processed, some studies seem to suggests that as many as 80% of those infected may be asymptomatic carriers, meaning they unknowingly pass on the disease to others. Many experience only mild symptoms that are similar to the common cold and recover without any special treatment. They too are carriers of the disease.

For some people, though, COVID-19 is extremely dangerous. Older people and those with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness, including pneumonia. Some do not survive.

Confirmed cases are estimated to be only the tip of the iceberg. Many go unreported. Testing is still low even in many developed countries. In the developing world, it is lower still. The real number of those who have contracted COVID-19 is unknown, as is the number of total deaths, with

many occurring in the community setting or without adequate testing.

Why Does COVID-19 Matter?

There have been pandemics before. During World War I, H1N1 viruses with genes of avian origin caused a deadly influenza. The 1918-19 Spanish flu pandemic affected an estimated 500 million people, a third of the then-global population of 1.5 billion. At least 50 million, a staggering 10% of those infected, might have died, while some estimates reach as high as 100 million.

Pandemics like HIV/AIDS, SARS, MERS, Ebola, Zika, avian and swine flu have also occurred in the recent past. The 2009 swine flu, caused by a novel H1N1 virus, was particularly contagious. An estimated 60.8 million cases, over 274,000 hospitalizations and nearly 12,500 deaths occurred in the US alone. Globally, more than half a million might have died of this H1N1 virus. A key research paper calculated that between 11% to 21% of the global population, up to a billion people, might have been affected.

COVID-19 is the most dangerous pandemic since the Spanish flu. First, according to Tedros Adhanom Ghebreyesus, the head of the World Health Organization, the new coronavirus is "10 times deadlier than the 2009 flu pandemic." The COVID-19 pandemic demonstrates that, even in the richest economies on the planet, humans are still humans. Zoonotic infections, diseases that spread from other species to humans, are on the rise. Two-thirds of the 335 new infectious diseases scientists have identified since 1940 originate in wildlife, particularly bats. With COVID-19 highlighting acute human vulnerability, infectious diseases and public health are fairly and squarely in the public eye.

Second, COVID-19 is likely to change the nature of the state just as the Black Death did in 14th-century Europe. Political leaders have imposed quarantines, travel bans and unprecedented lockdowns. Executive power has expanded exponentially. Many fear that after the pandemic ends, these extraordinary emergency powers will become staple features of illiberalism.

Third, COVID-19 is dismantling the post-World War II order and its institutions. Donald Trump has called COVID-19 the "Chinese virus," and the US State Department has pushed for the G7 to call it the "Wuhan virus." This has ratcheted up US-China tensions. The US president has also halted funding to the WHO for what he considers to be a too-cozy relationship with China. Competition, not cooperation, seems to be the order of the day, and international institutions are weakening dramatically. Countries are competing for equipment and medicines. They are racing each other to come up with a vaccine. Companies are doing the same.

Fourth, COVID-19 has caused the biggest economic earthquake since the Great Depression of 1929. The free flow of goods, services and people has come to a halt. Supply chains stand disrupted. Demand has dried up. Deficits, debt and unemployment have exploded. Hundreds of millions of people are not working across the world. No financial model factored in COVID-19, and a financial crisis of historic proportions looms ahead.

Fifth, COVID-19 puts the environment in sharp focus. In cities around the world, the air is cleaner, the skies bluer and the birds chirpier. It is now obvious that the world could be a more pleasant place to live if pollution were just a bit lower. If things go back to normal after the pandemic ends, climate change will continue to wreak havoc on an immensely complex ecological system. This threatens to unleash bacterial and viral infections that currently lie dormant in tissue and cells or under now-melting permafrost. Both environmental scenarios are much more tangible than before.

Finally, COVID-19 is having profoundly incalculable effects on society. On the one hand, solidarity is increasing, with many people helping neighbors and displaying kindness to strangers. On the other hand, some are being victimized. Racism against Asians and other minorities is on the rise in the West and elsewhere, as is

antagonism against anyone seen as spreading the disease, as is the case with African expats in China. Domestic abuse has drastically increased not only in poor countries like India and Pakistan, but also in richer ones like the United Kingdom and France.

Interesting trends are emerging. Because more than half the world's population has been forced to largely stay at home, working remotely is on the rise, and many classes have shifted online. Restaurants have closed. Some people are eating more healthily, but most are not. In the US, alcohol and marijuana sales are up, as is the consumption of television, gaming and pornography. In poor countries, people are struggling to put food on the table are and living in hunger or in fear of it.

All of these factors will leave long-lasting effects on the social fabric. COVID-19 is creating a new world the full contours of which will take a while to reveal themselves.

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How Effective Is China's Response to the Coronavirus Outbreak?

Maa Zhi Hong
February 4, 2020

When it comes to the handling of the coronavirus outbreak, it is clear that China has learned its lessons from the 2003 SARS epidemic.

J ust a month into the start of the new decade, the world is faced with one of the worst public health crises in recent years. Since its initial emergence in the city of Wuhan in early December 2019, a new coronavirus has spread rapidly from Hubei province to the whole of China and other parts of the world. According to the latest statistics, the virus has officially infected more than 20,000 people, leaving over 425 dead so far.

It has taken this strain less than two months to surpass the 2003 severe acute respiratory syndrome (SARS) outbreak in terms of the number of affected patients. By the time the SARS epidemic was officially declared to be over in 2004, there were 8,098 reported cases of infection and 774 deaths. It is safe to say that this virus is more infectious, although the death toll has yet to exceed SARS.

For example, one MarketWatch article used World Health Organization (WHO) statistics to assert that "SARS had a fatality rate of 9.6% compared to coronavirus fatality rate of 2.2%, but that may change." The WHO has declared a global health emergency, but it has yet to declare the virus a global pandemic.

Government Response
Compared to the SARS epidemic, it is clear that the way in which China has responded to this virus is a major departure from its posture back in 2003. It is clear that Beijing has learned its lessons.

This time, the Chinese government informed the World Health Organization on December 31 about the new virus which had been identified on December 26. Despite delays, this is a clear contrast to the SARS crisis when the Chinese government did not report the virus to the WHO until four months after the first case was detected. Back then, the Chinese government was forced to disclose the information only after a doctor decided blew the whistle on what was really happening on the ground in China. By that point, the virus had spread across the world, and many avoidable deaths had occurred.

In this current crisis, China shared the genetic sequence of the Wuhan virus very early on at the start of the outbreak to assist with the development of a vaccine. This has greatly aided the world's efforts to understand and contain this

virus. This is a big contrast to SARS, when China only shared the sequence on March 24, 2003 — a good five months after the initial breakout in November 2002.

Granted, the critics are right that China has continued to conceal information about the Wuhan virus from the rest of the world. Many in China have expressed skepticism about the information they receive from state television and speculated that the real situation is far worse than what it has been reported. According to The Washington Post, the Chinese authorities knew that "something was amiss" as early as December 26, and have not only failed to inform the public about the possible epidemic, but actively attempted to suppress information about the disease leaking out to prevent panic.

Draconian Measures

China's President Xi Jinping has taken a direct role in coordinating the response to the crisis. State television has been broadcasting footage of the president holding meetings with top officials to demonstrate the central government's commitment to control the outbreak. Xi has created a response group, headed by Premier Li Keqiang.

The Chinese government has acted quickly by shutting the seafood market in Wuhan, which has been blamed for being the source of the outbreak of the virus. All commercial flights in and out of Wuhan have been suspended until further notice. A blanket travel ban is imposed on the city of 11 million, and the entire disease-stricken Hubei province is technically sealed off from the rest of the country. More than 50 million people in the province have been effectively quarantined, and two mega hospitals were being built to house the coronavirus patients, one of which has already opened its doors after just 10 days of construction.

The people of Wuhan, Huanggang, Ezhou, Chibi, Xiantao, Qianjiang, Zhijiang and Lichuan are banned from traveling to other parts of China. This is equivalent to banning the people of New York, Los Angeles, Chicago, Washington, DC, and other major US cities from traveling to other parts of the United States.

The Chinese capital Beijing has also suspended railway services to Wuhan in a failed bid to prevent the infection from reaching the political heart of the country. It has also banned overseas travel by Chinese tour groups to stem the spread of the disease. These draconian measures reflect on the strength of China's unique authoritarian system, thanks to which the leadership is able to take steps that would be impossible in other countries.

These measures have caused major disruptions to the people living in the sealed-off areas. Stories of those desperately trying to leave the quarantined cities for medical treatment have started surfacing on the internet. The story of a Chinese woman begging the police to allow her cancer-stricken daughter to leave a village in Hubei province to get treatment is sure to be one of many.

Basic necessities and fresh supplies like eggs and milk have run out in many parts of the sealed-off zones. Many foreigners living in Wuhan have turned to social media to seek help from the outside world, posting photos of deserted streets and markets. Many have also posted that they are running short of food supplies and fear starvation if they do not receive assistance in time. Foreign governments, including Singapore, Britain and Japan, managed to airlift their citizens out of Wuhan by getting permission from the Chinese authorities.

Are these measures effective? On the surface, they seem to have been successful in containing the spread of the infection, as the majority of the cases remain confined to the city of Wuhan and Hubei province. However, the infection toll continues to rise rapidly on a daily basis, a result of around 5 million people having left Wuhan for other parts of China before the city was sealed off. The disease incubation period is two weeks, during which the person is contagious even if feeling perfectly healthy. Had the tough measures

not been put in place, the situation would have likely been far worse.

Why Now?
Many may ask why the measures are being put in place now and not during the SARS outbreak. Firstly, it has got to do with the fact that this crisis is a personal one for President Xi. Since coming to power in 2012, Xi has accumulated so much power that he is practically in charge of every major matter within the country. The Communist Party's long-standing collective leadership system remains in name only, with power concentrated in President Xi's hands.

Hence, how China reacts to this crisis will have a major bearing for his reputation and long-term political future. If China fumbles in its response to the current crisis, Xi will have nobody to blame but himself, as every major decision requires his personal approval. He needs to come out of this crisis relatively unscathed in order to secure the legitimacy to stay in power beyond 2022.

Secondly, the extreme measures taken by the Chinese government and the wider world in a way is a recognition of China's dramatic transformation since 2002. Back in 2002, China was yet to become the world's second largest economy, and GDP per capita was $1,148; by 2018, per capita GDP has reached $9,770. The huge increase in the disposable income of the Chinese people has fueled a boom in the number of Chinese nationals traveling overseas. According to some estimates, in 2018, Chinese people made nearly 150 million overseas trips. Thus, over the years since 2002, China has become the biggest source of tourists for many countries such as Singapore, Vietnam and Malaysia.

As a result, the potential for the spread of the coronavirus from China to the outside world has strengthened dramatically compared to 2002, as China's interaction with the outside world has increased dramatically. This has necessitated a tougher response from Beijing to contain the crisis.

At the same time, scarred by the SARS experience, countries like Singapore and the US have imposed tight travel restrictions on Chinese nationals in a bid to stem the spread of the virus. A number of articles in reputable outlets like The New York Times or the Nikkei Asian Review have been tainted by strong Sinophobia, and a growing number of racist incidents against Chinese nationals have been reported from around the world.

A Global Problem
So what can we expect moving forward? The world should be prepared for the outbreak to continue for some time. It is not an issue that will fade away in the next few months. With broad measures imposed by China and the wider world to contain the outbreak, we can expect an economic slowdown in China and other parts of the world.

China's economy, which has taken a beating from the trade war with the United States, can be expected to slow down even further. This will have negative repercussions for the rest of the world, as China has become a much more significant player on the global stage.

In tourism-reliant countries like Singapore, which has narrowly avoided a recession in 2019, the outbreak is expected to tip the economy into a recession.

Numerous questions have and will continue to be raised throughout this crisis and after it ends. But one thing is for sure: The coronavirus is a reminder to all of us that we live in a much smaller, globalized world. What happens in one part of the planet will impact all of it.

This is why international cooperation is critical to tackling this crisis effectively. It is no longer China's problem alone. The Wuhan coronavirus is today a global crisis for all to solve.

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China's Influence Dampens International Response to Coronavirus Outbreak

Daniel Wagner
February 24, 2020

China's influence at the WHO — and the WHO's susceptibility to being influenced by Beijing — are putting lives at risk around the globe.

China has not exactly had difficulty projecting its power within the existing system of multilateral organizations. A Chinese national is now in charge of four of the 15 specialized agencies of the United Nations: the Food and Agriculture Organization, the International Civil Aviation Organization, the UN Industrial Development Organization and the International Telecommunication Union. By comparison, a French national leads two specialized agencies, the International Monetary Fund and the UN Educational, Scientific and Cultural Organization; the United Kingdom leads one, the International Labor Organization; and the US leads the World Bank Group, UN Children's Fund and the World Food Program.

The US contributed between 22% and 28% of the UN's various agency budgets in 2018. By contrast, China contributed just 8% of the UN's regular budget from 2016 to 2018, which will rise to approximately 12% by 2021. So why does China have more leadership roles and receive more recognition for its smaller contributions? Unlike China, US contributions have been large, consistent and taken for granted by other member states. Unlike the US, China rarely demands budgetary restraint or reforms that inconvenience the UN or member states, which may account for at least part of its appeal.

It is also worth noting that China has not hesitated to use its veto power at the UN, even on issues that other nations find particularly sensitive. China has used its vote to block Security Council resolutions 12 times since 1971. All but three of those vetoes have occurred since 2007 and served to prevent Security Council action against such states as Myanmar, Syria, Venezuela and Zimbabwe.

Since 2013, China has become increasingly assertive in UN human rights institutions, promoting its own interpretation of international norms and mechanisms. Beijing appears to be interested in expanding its influence within the UN, not because it supports the organization's founding principles, but rather to alter UN programs and policies in ways that will benefit Chinese priorities in the future.

Raising Eyebrows

The same appears to be true with the World Health Organization. Earlier this month, the WHO director general, Tedros Adhanom Ghebreyesus, sat next to President Xi Jinping in Beijing and offered effusive praise for Xi's and the Chinese Communist Party's (CCP) transparency and management of the COVID-19 outbreak. This is despite the fact that the Chinese government initially tried to hide the outbreak from its people and the rest of the world as the virus spiraled out of control, and criticized numerous other governments for trying to prevent its spread beyond China's borders by cutting off travel to and from the country.

Quite apart from the many concerns that have been expressed about the wisdom and efficacy of the WHO following its poor response to the West African Ebola crisis in 2014-17, Ghebreyesus' eyebrow-raising public statements about the Chinese government's response to COVID-19 raise questions about both his and the organization's own transparency and allegiances. According to the WHO's website, its total funding is just over $6 billion. The US is the largest national contributor to the WHO's budget, at approximately 15%. The next largest national contributor is the UK, at about 7%.

By contrast, Chinese funding of the WHO jumped 58% between 2014 and 2019, from $12

million to $19 million, which amounts to just 0.23% of the agency's budget. That has not stopped Beijing from exerting influence and punching well above its weight at the WHO.

A Chatham House report has noted that the WHO is highly politicized and bureaucratic, and is dominated by medical staff seeking medical solutions to what are often social and economic problems, and are often too timid to approach controversial issues, too overstretched and too slow to adapt to change. If any multilateral body needs to be nimble and sure-footed, it is the WHO, which relies on its member states to provide the essential data necessary to make critical decisions impacting the lives of millions of people around the world. Given its current performance and that during the SARS outbreak in 2002-03, relying on Beijing to provide that information is a particularly dangerous proposition.

Tightrope Walking

The fact that the Ethiopian government is Marxist, that Ghebreyesus has served as its health minister, that China is Ethiopia's largest foreign investor and that Beijing plans to build new headquarters for the African Centers for Disease Control and Prevention in Addis Ababa has apparently prompted Ghebreyesus to walk a tightrope between requesting accurate and timely information from Beijing versus upsetting Xi and the CCP. Doing so is potentially imperiling the lives of tens or hundreds of thousands of people around the world. Ethiopian Airways continues to fly to Beijing.

During the SARS epidemic, the Chinese government did not report the outbreak for months and refused to provide access to WHO experts. The WHO did not declare a global health emergency for COVID-19 until January 30, nearly two months after the outbreak began and 10 days after it had been confirmed that human-to-human contact was a source of infection. It still has not declared the virus a global health pandemic despite the fact that it has spread to more than two dozen countries, with serious recent spikes in South Korea, Japan and now Italy.

Beijing's influence at the UN prevented Taiwan from becoming a UN member state, and its influence in the WHO has prevented Taipei from becoming a member of the organization. That not only potentially imperils the health of 23 million Taiwanese citizens, but also the more than 50 million foreigners who travel to or from Taiwan each year.

The Chinese government's influence in a variety of multilateral organizations, whether the UN, the WHO or multilateral development banks, is putting at risk the concepts of good governance and the rule of law. Its influence at the WHO — and the WHO's susceptibility to being influenced by Beijing — are ultimately putting many lives at risk around the globe.

It is incumbent upon these organizations to recognize the gaps, inconsistencies and flaws that make them susceptible to such influence and to do something meaningful about it. Regrettably, at this time of great need, the world cannot rely on either China or the WHO to act based on transparency and accurate information. The world's other governments will have to rely on themselves for that.

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Coronavirus Outbreak Exacerbates Italy's Political Divisions

Valerio Alfonso Bruno
February 27, 2020

Faced with a public health emergency, Italy is missing the opportunity to exhibit a sense of national cohesion — its Achilles' heel since unification in 1861.

On February 21, Italy woke up to reports of the country's first case of COVID-19: a 38- year-old manager from Codogno, a small town located roughly 55 kilometers southeast of Milan. Six days later, the cases of the new coronavirus that originated in Wuhan, in China's Hubei province in December last year, are up to 528, with 14 dead, making Italy's the third-largest outbreak outside China and South Korea, with 78,514 and 1,766 cases respectively at the time of writing. The bulk of coronavirus cases are so far concentrated in northern Italy, in particular in the regions of Lombardy, Veneto and Emilia Romagna.

The initial reaction by the Italian authorities came in the form of scattered orders. The first decision concerned the creation of a "zona rossa," a red zone around the 10 municipalities in Lombardy, close to Codogno and Vo' Euganeo in Veneto, where the outbreak took place, encompassing nearly 50,000 people. Those areas were put under strict quarantine, with a sanitary cordon enforced by the police and the Italian army. Universities in Veneto, followed by Lombardy, decided to close their doors for one week on February 22, and the next morning came the decision to close all schools in Lombardy, Veneto, Emilia Romagna and Piemonte.

Across Lombardy and other northern regions, all social activity was limited, and cafes, bars, cinemas, theaters, gyms, etc., closed. Important events such as the Venice Carnival and the Milan Fashion Week were canceled, while football matches and other sporting tournaments were postponed. While central and southern Italy saw no significant variation to the daily routine, some regions like Molise and Basilicata, along with some local municipalities, opened emergency registers requesting travelers from northern Italy to observe a two-week quarantine.

Untimely Political Controversies

The exceptional circumstances related to the sudden health emergency in northern Italy did not prevent political controversies from igniting. Italian Prime Minister Giuseppe Conte accused the leader of the League party, Matteo Salvini, of lacking political responsibility, being the only member of the opposition refusing to be in contact with the government during the crisis.

Salvini had previously accused Conte and the whole Italian executive of having underestimated and miscalculated the risks related to COVID-19, using the outbreak as an opportunity for political campaigning. As reported by The Guardian, Salvini said: "The government has underestimated the coronavirus. Allowing the migrants to land from Africa, where the presence of the virus was confirmed, is irresponsible."

Political confrontation was not limited to Salvini, however. When Conte had suggested the possibility that something could have gone wrong during the initial management of the emergency at the hospital in Codogno, the governor of the Lombardy region, Attilio Fontana, who is a member of the League party, accused the prime minister of ungenerously making Lombardy a scapegoat for the mistakes made by the government. Conte also had to face an embarrassing lack of coordination across the country, announcing that he might take on the special powers normally vested in the regions in order to ensure a prompt and organized response to the emergency.

Another element of harsh political confrontation was the possibility of closing Italy's borders, as suggested, among others, by Salvini and the leader of France's National Rally, Marine Le Pen. However, the European Union

clearly opposed the idea of temporarily halting the free movement of people in the Schengen area, labeling it as unnecessary.

Economic Costs

The economic impact of the coronavirus outbreak on the already fragile Italian economy will be considerable. The Lombardy and Veneto regions are Italy's most productive, and an important part of their economy is based on tourism, exhibitions and big events like the Milan Fashion Week, the Venice Carnival and the Salone del Mobile. The added costs of the closure of social venues will be a big hit to their cities' budgets.

The New York Times headline reads, "Coronavirus Stalls Milan, Italy's Economic Engine," while Sole 24 Ore, Italy's most reputable financial publication, warns: "The biggest fear is that Milan and high-performing northern Italy may end up being paralyzed by the virus. The two clusters of the infection, Lombardia and Veneto, make up more than 30% of the Italian GDP. According to Istat, the national institute of statistics, Lombardy alone accounts for more than 22% of national GDP (390 billion euros out of 1.7 trillion euros) while Veneto accounts for more than 9% (163 billion euros). Lombardia is home of more than 900,000 firms and its export topped 127 billion euros in 2018, a +5,2% year by year increase."

The Italian government is already considering economic and fiscal measures to support the areas more severely hit by the outbreak, and it is highly probable that the European Union will offer Italy a hand. The vice president of the European Commission, Valdis Dombrovskis, said on Tuesday that the commission will be "flexible" with Italy and other member states affected by the coronavirus outbreak when it comes to meeting their fiscal targets.

While other countries come together in the face of emergency, Italy is missing the opportunity to exhibit a sense of national cohesion — its Achilles' heel since unification in 1861. The country looks to be in a state of chaos, once again politically polarized and socially divided into opposite teams: Salvini versus Conte, the central executive versus the regions, the north versus the south.

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The British Government Is About to Fail on Coronavirus

Rupert Hodder
March 9, 2020

The UK government has responded to the coronavirus outbreak with a perverse and callous pride.

Boris Johnson, the British prime minister who fancies himself a reincarnation of Winston Churchill, who talks of wars and battle plans and war rooms, and who has been pictured wearing something akin to a boiler suit, presides over studied inaction when it comes to the country's coronavirus outbreak. Johnson and his chief medical officer, a phlegmatic Professor Chris Whitty, are determined to keep the economy running and to interfere in people's lives as little as possible.

The motive is ideological, though they claim their strategy is fixed in science and fact. The remarkable successes witnessed in China and the vital lessons to be learned from its experience are simply being ignored. Speaking on the BBC's Today Programme on February 28, Jeremy Hunt, the former health secretary, put it in more palatable terms: Being a "mature" democracy means that Britain's government does not need to act like China's.

Business as Usual

A point which he and many others in Britain seem to have forgotten is that in China most

families have elderly relatives living with them. If the coronavirus strikes, younger people will see their parents and grandparents suffer and, in all too many cases, die. Empathy, sympathy and common humanity more than any other consideration explain China's willingness to sacrifice economic growth rather than the old and the vulnerable.

In Britain, elderly relatives are mostly put out of sight and left out of mind. It's hard to tell how many avoidable deaths will be needed before younger people realize that it is their own elderly relatives who are being sacrificed. But only then, I fear, will the government and its medical advisers abandon the perverse and callous pride they take in putting economy and normality first, and in avoiding the decisions and expenditure which in China have saved hundreds of thousands of lives.

For now, people in the UK are being told to wash their hands frequently and for at least 20 seconds on each occasion. They are told to blow their noses into tissue and bin it. They are told not to touch their faces. They are told to stay at home if they are unwell. This will slow up the inevitable spread of the virus and buy time, though for what is unclear. Neither schools, universities nor places of work — including Parliament — will close. Trains and buses will stick to their routines. Under no circumstances will cities be closed off and their populations quarantined in their homes.

Even as the number of cases grows, "the vast majority of people in this country" can and should go about their business as usual. Food supplies to the supermarkets will be maintained. The police will continue to police and the fire service will fight fires, although their priorities may change. The National Health Service will delay non-urgent care. If teachers are sick, larger classes will be permitted. If schools do have to close, it will be as a last resort and only in the event of a major epidemic, in which case grandparents — whose age puts them most at risk — will be asked to look after children who have all the while been kept in class passing the virus amongst themselves. If doctors and nurses fall by the wayside, retired colleagues and unqualified students will be recruited. People over 70 — except, presumably retired doctors, nurses and teachers — will be banned from attending large gatherings.

Younger people who volunteer to work in whatever capacity is needed to fill the gaps left in public services will have their jobs kept for them for a month. Small businesses will receive financial help. Research into the virus will be stepped up.

So confident is it, Downing Street has even overruled the Department of Health and decided not to remain part of the Early Warning and Response System through which members of the European Union coordinate cross-border action to prevent, control or mitigate pandemics. At the same time, 99% of UK doctors surveyed said the country was unprepared for the outbreak; just 8 of 1,618 shared the government's optimism.

Normality at Whatever Cost
Normality is to be preserved, no matter what. People are told that the chances of any one person catching the virus are small. This may well be true for me or you, but someone will catch it. And for as long as each of us feels that the chances of infection remain small, the number of cases and deaths will mount. People are told that there will be "excess" deaths as if each death is merely a death foretold — a death moved from one accounting period to a marginally earlier one. People are told the mortality rate will be less than 1%, a figure based on the expectation that there are many more people with the virus than reported.

Meanwhile, the figure given by the World Health Organization (WHO) is 3.4%, a number that is holding up not just in China but in other major outbreaks around the world. The truth is no one will know what the death rate is until long after the outbreak has subsided. Yet the British government has already decided what "fact" it wants to put its faith in.

It is often said that only fools learn from their own experience. In Boris Johnson, we have the worst of fools. But he and his entourage — for that is what the government has become — will not even have that excuse, for they have been warned again and again about their lack of preparedness and the vacuity of their plans. "Act now, pull out all the stops, and learn from China," cries out the WHO.

"Negligent" and "ridiculous" is how many GPs (general practitioners, in the UK the first port of call for people who feel unwell) describe the government's response. There are insufficient beds and health workers even at the best of times, and beds for the critically ill and ventilators are in even shorter supply. The clown and his court are fully culpable for what is about to happen.

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One Antidote to Coronavirus: More Multilateralism

Gary Grappo
March 30, 2020

Never before in history has mankind been better positioned than today to confront a health challenge like the coronavirus and its economic effects.

With nearly every government and populace around the world now mobilized to combat the coronavirus pandemic, the sort of broad-based international coordination often seen in previous global crises remains glaringly absent, and it's holding us back from a solution. The reasons for this lack of overarching collaboration and coordination may be several, but one stands out starkly: the United States. The world's wealthiest and most technologically advanced nation is focused almost exclusively on itself.

This is because of one man: President Donald Trump. Mr. Trump is an avowed unilateralist, as per his "America First" pledge uttered throughout his presidential campaign and repeated frequently when speaking to his supporters. That approach is hurting America as much as the rest of the world.

Strength in Numbers

Under previous US presidents dating back the Franklin Roosevelt, America took the lead to rally the global community against threats, whether to international security, the global economy or world health. It was George W. Bush who led the worldwide community against the threat of international terrorism following 9/11 and against HIV/Aids in Africa. He and his successor, Barack Obama, gathered nations large and small to mount a global effort to stanch the hemorrhaging of the global economy during the 2008-09 financial crisis, and Obama rallied the international community again in response to the 2014-16 Ebola epidemic.

In these and so many other global challenges of the last 75 years, American leaders in both the White House and Congress understood that even with all of its resources, the US could not take them on by itself. But without the leadership of the world's richest and most powerful nation, the efforts of other countries would also fall short.

Working together, however, the world was able to overcome crises that in a previous era would have devastated nations and economies and left millions either dead or destitute. Never before in history has mankind been better positioned than today to confront a health challenge like the coronavirus and its economic effects. Yet, in surveying the landscape, no coordinated international undertaking appears evident. That is holding us back.

What's Missing

First, where is the global task force charged with monitoring the disease and advising on best practices? To be sure, separate agencies, like the

World Health Organization (WHO) or national agencies, such as US Centers for Disease Control and Prevention, have tried to take on some of those tasks. But a single, internationally empowered clearinghouse, perhaps endorsed through a UN Security Council resolution, would make responses by nations so much more effective. Such an organization would also make coordination of aid appeals more effective and actions to meet them more responsive.

Since the outbreak of the coronavirus in the US, Congress has passed and the president signed three major bills to help individual Americans, businesses and hospitals and health-care workers contend with the health and economic fallout of the pandemic. The last bill, signed on March 27 by President Trump, provides more than $2.2 trillion in relief to the country as well as modest funding for lesser developed nations. To put it into perspective, that's 47% of the entire US federal budget for 2020.

One wishes, however, that elements of this legislation would have had the broader perspective of the global effort. For example, in its commendable effort to support research and development into the coronavirus and possible treatments, cures and a vaccine, factoring in what other nations may be able to contribute would have been useful. Furthermore, in a global pandemic, even the best of efforts on the part of the US will come to naught without other nations similarly mobilizing, within appropriate and relevant resource constraints, to address the crisis.

A second area in which a multilateral approach might prove effective is research on the virus and the development of a vaccine. Individual scientists, researchers and institutions around the world have mobilized in a massive undertaking to learn all they can about the coronavirus and ultimately identify a vaccine. Most of them doubtlessly have their own formal and informal networks for sharing data and work results in order to take advantage of the latest developments.

Nevertheless, integrating the appropriate experts within an international coordinating task force not only would facilitate their work but also the allocation of global financial and scientific resources. In addition, when a vaccine is finally discovered, which it will be, ensuring that it is quickly produced on a mass scale in order to immediately vaccinate some 60% to 80% of the world's population — scientists are still uncertain what percentage would require vaccinating to effectively prevent the coronavirus from spreading — will be imperative. International coordination will be essential for that undertaking.

Future Virus Hotspots

A third area requiring coordinated international efforts is aiding lesser developed nations, countries in conflict — Libya, Syria, Yemen, Afghanistan, etc. — and refugees and internally displaced peoples around the world, a figure that exceeds 70 million as per the UN Refugee Agency. Wealthier nations will eventually be able to eradicate the coronavirus from their midst, but until the needs of smaller, less wealthy nations and stateless and homeless populations are protected, the entire planet remains vulnerable. If developed countries like China, Italy, Spain and the US are experiencing the horrific losses and economic strains seen to date, the number of victims in these other nations will be exponentially greater without adequate and effective international aid and support.

Working with China, Europe, Japan and other advanced nations, the US ought to be leading the global response to the coronavirus called for by King Salman of Saudi Arabia, speaking as chair of the G20 recently. Instead, China and the US have been trading insults or blaming one another, with Trump referring to the "Chinese virus," his secretary of state calling it "Wuhan virus," and China blaming the outbreak on a US plot to weaken China.

Leadership is most in need at this juncture if the world is to prevail over the coronavirus. Donald Trump, who rarely takes responsibility

for anything unless it becomes a success, is unfit for that leadership role. But without the US leading and promoting collaboration and cooperation, can any global effort succeed or even get off the ground?

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Why Are Mexico and Brazil So Slow in Reacting to COVID-19?

Lenin Cavalcanti Guerra
April 1, 2020

Most governments around the world have taken the spread of the coronavirus seriously, with Brazil and Mexico as notable exceptions.

The COVID-19 pandemic has placed almost the entire world on lockdown. The current crisis is often compared to historic events such as the two World Wars, the Spanish flu pandemic of 1918 or 9/11. The worst-case modeling of the spread of the novel coronavirus predicts millions of deaths on top of immeasurable economic consequences across the globe.

World leaders have adopted different approaches toward the outbreak. There were fast and robust measures, like in South Korea, dubious posturing, like in the United States, and delayed action — the more common pattern the world over. Most countries have highlighted the importance of containing the spread of the virus, with Brazil and Mexico being notable exceptions.

"Little Flu"
Mexico's center-left president, Andres Manuel Lopez Obrador, has adopted a moderate tone in the face of the pandemic. Mexico has been late to introduce social distancing. On March 11, the

World Health Organization classified COVID-19 as a pandemic, provoking thousands of cancellations of sporting and cultural events worldwide. However, on the weekend of March 14, 140,000 people in Mexico City attended the Vive Latino, a musical festival headlined by Guns'n'Roses. On March 15, there were more than 169,000 cases and 6,500 deaths caused by the coronavirus around the world; Mexico had 56 cases and no deaths.

One could say that at that point, the situation was not bad enough for severe measures. But even after that, the Mexican president has continued to adopt a business-as-usual attitude. On March 22, Lopez Obrador encouraged people to go restaurants and keep the economy running: "Do not panic, and please do not stop going out." It is only when the number of cases in the country surpassed 800 that the president changed his attitude. Assuming a more severe tone, he has been asking people to stay at home as long as possible to avoid overwhelming the health system.

On March 30, Mexico's government finally declared a health emergency, prohibiting gatherings of more than 50 people, tightening actions already taken by several individual mayors and governors. Mexico City, for example, closed gyms, cinemas, night clubs, sports centers and other public spaces on March 23, when the city reached 45 cases.

But even this incompetent delay pales in comparison to that of Brazil's president, Jair Bolsonaro. Days after a trip to the United States, during which Bolosnaro met with President Donald Trump, his press secretary, who flew in the same plane, tested positive for COVID-19. Three days later, Bolsonaro walked out to greet a crowd that had gathered in front of his residence to shake hundreds of hands, knowing that he could have the virus. The president said he would be with the people "in health or sickness."

Criticized by the Brazilian authorities, Bolsonaro doubled down and made an official public statement on radio and TV referring to the disease as a "little flu" or a "little cold," calling

on people to return to normality immediately, including reopening schools, suggesting that only older people and those with preexisting conditions should be isolated. The move was a political one, emphasizing the importance of keeping the economy working and pandering to his most fervent followers as well as to the country's poor, who will be most affected by the quarantine measures.

There is, without doubt, concern about the economic consequences for those who work in the informal sector, small business owners and employees. Following in the footsteps of governments around the world, on March 16 Brazil announced the intention to inject some $ 30 billion into the economy, with $17 billion to help the most vulnerable, $12 billion to support companies and keep jobs, and $ 1 billion dedicated to directly fighting the virus. The parliament has also allowed extra expenditures. There is a fear that if the virus spreads to the densely-populated favelas, the consequences could be catastrophic.

But despite these measures by his own government, Bolsonaro launched a social media campaign, "Brazil can't stop," which was suspended on March 28 by a federal judge after receiving massive criticism from various authorities, including former political allies. The following day, the president visited a market on the outskirts of Brasilia, talking to vendors and supporters in a bid to encourage economic activity. This time he wasn't shaking hands or hugging people, but neither did the president observe the recommendations from his own ministry of health, causing Twitter to remove the video of the event as violating safety guidelines on COVID-19.

Coronavirus Denial Movement

Bolsonaro has been labeled the leader of the "coronavirus-denial movement" and has lost political allies due to his extreme approach, especially as the numbers of infections and deaths continue to grow. On March 31, Brazil had 5,717 cases and 201 deaths. Several states like São Paulo and Rio de Janeiro have declared a state of emergency. Mexico still has a relatively low number of cases. On March 31, the country had 1,215 infections, resulting in 29 deaths.

In the last days, both countries have seen a sharp increase in COVID-19 cases, indicating that an escalation is likely to happen in the near future. Compared to Italy, which currently has the highest mortality figures globally, Brazil and Mexico have even larger populations (210 and 130 million, respectively), many densely populated urban centers and, as we saw, attempts to maintain regular life for as long as possible. Although the similarities are scary, 21% of Italy's population is over 65 years of age — the group most at risk from COVID-19 — whereas in Brazil the number is 8.6% and 7.2% in Mexico, giving hope that the disease will not reach an equally high death rate there.

Another component of concern is geographic. Mexico has a vast border with the United States, which is now the epicenter of the pandemic. Just a few days ago, Mexicans wearing masks and carrying "Stay at Home" signs demanded the closure of the border with the US. Brazil's neighbor, Venezuela, is equally problematic. The Bolivarian Republic is experiencing a humanitarian and economic crisis that has caused the exodus of more than 4,6 million people in the last years, mainly to neighboring Colombia, Peru and Ecuador.

Information regarding the number of infections and deaths coming from the embattled government of Nicolas Maduro is unreliable, but reports widely show a lack of hospital beds, masks, essential medicines and ventilators in a health-care system already on the brink after years of crisis. A skyrocketing in the number of cases here could have a significant impact on Brazil, which saw a wave of refugees from Venezuela at the end of 2018.

Facing an enemy like COVID-19 requires cooperation among political actors. The troubled political environment in both Mexico and Brazil, marked by acute polarization, could delay urgent measures needed to adequately respond to a

possible worsening of the health crisis. Taking into account the delay in applying unified measures to contain the outbreak, both countries will likely see the worst of the crisis unfold over the next several months.

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Can the WHO Restore Credibility After Its Handling of the COVID-19 Pandemic?

Hans-Georg Betz
April 22, 2020

The fallout from the coronavirus pandemic suggests that the WHO will have to revisit its response to the crisis once it is finally over.

A few days ago, President Donald Trump came out and announced that the United States was suspending its funding of the World Health Organization (WHO). Among the main reasons for his decision, Trump cited the WHO's "mismanaging" of the spread of the epidemic and its heavy pro-China slant. The United States is the most important contributor to the WHO's budget, way ahead of China, Japan and Germany. The end of American contributions would deprive the WHO of a fifth of its funds.

Trump's announcement provoked a global outcry and widespread condemnation. The Guardian called it "an extraordinary act of moral abdication and international vandalism at a time when the world desperately needs to find means of working together to combat an unprecedented global threat." UN Secretary General Antonio Guterres was more measured, noting that "now is the time for unity and for the international community to work together in solidarity to stop

this virus and its shattering consequences." Leaders of EU countries were swift in coming out in support of the WHO, pledging they would do whatever they could to support its efforts to deal with the crisis.

The response is understandable, but also misleading. To be sure, Trump's anti-WHO campaign is largely intended to deflect from his own abysmal response to the crisis. For weeks, his administration wasted precious time to prepare the United States for what was bound to come. For weeks, the president belittled and trivialized the extent of the threat, claiming that the United States was fully prepared to deal with its impact.

As it turned out, it was not, and Trump should be held fully responsible for what he said — and failed to do. As should be all of his toadies and acolytes in Congress and the right-wing media who went out of their way to dismiss COVID-19 as a "hoax" fabricated by the liberal media and the Democrats in order to damage the president. As it turned out, COVID-19 was anything but a hoax, and if anybody did damage the president's image, it was Trump himself.

Beijing's Bidding
All of these things are public knowledge. Yet when it comes to the WHO, Trump, unfortunately, has a point. As the German news magazine Der Spiegel has recently pointed out, the WHO is hardly the impartial organization one would expect — as the magazine puts it, the WHO has a "China problem." Under its general secretary, Tedros Adhanom Ghebreyesus of Ethiopia, the WHO appears to have become less impartial — and more politicized — than one would expect from an international body. According to Der Spiegel, in the first weeks after the outbreak of the epidemic in Wuhan, the WHO systematically played down its potential extent, largely, one might suspect, in line with Beijing's concerns about the impact of a crisis on its economy and, particularly, export trade.

In late January, for instance, the organization's official website stated that it

advised "that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic." A week or so later, the secretary general of the WHO went on record charging that there "was no need for measures that unnecessarily interfere with international travel and trade." These are hardly recommendations that fall into the prerogatives of the WHO. Worse, it has opened the organization vulnerable to the not entirely unreasonable charge that it was doing Beijing's bidding.

This appears to have allowed Trump to claim that the WHO objected to his January 31 decision to impose a travel ban on flights from and to China. In fact, there never appears to have been any official objection on the part of the WHO — given that the US was one among a number of countries, such as Italy, to impose similar travel restrictions.

This does not mean that the grievances advanced by Trump are not without merit. As the major contributor to the WHO's annual budget, the United States deserves to be taken seriously, its concerns recognized and respected. As Der Spiegel points out, under Tedros's predecessor, Gro Harlem Brundtland of Norway, the WHO's relationship with China was significantly more confrontational. In 2002, at the beginning of the SARS outbreak, Brundtland publicly chastised the Chinese authorities for having failed to inform the WHO about the outbreak in a timely fashion.

Eighteen years later, the head of the WHO effusively praised China for its response to the COVID-19 crisis without even mentioning Beijing's initial suppressing of the information. By then, the virus had already been spread by Chinese tourists in Europe and North America, and by European and North American travelers returning home from China. (The first instances of confirmed COVID-19 infections in Italy were detected at the end of December: two Chinese tourists in Rome and one Italian minor returning from a visit to China to Veneto). In the weeks that followed, the epidemic spread to large parts of northern Italy, Spain, Switzerland and Germany, as well as northern California and the state of New York.

None of this is necessarily the fault of the WHO. European authorities proved as unprepared and, quite frankly, callous and irresponsible as their counterparts in the United States. In Italy, for instance, in late February, the leader of the governing left-wing Democratic Party, Nicola Zingaretti, invited young people in Milan to an aperitivo and a pizza dinner in support of the party's "Milano non si ferma" (Milan does not stop) initiative. At the time, there were about 400 confirmed cases in Italy. A few days later, Zingaretti announced that he had contracted the virus. He ultimately recovered.

Impact of Globalization
Few political leaders fully appreciated the impact of globalization, which has allowed the rapid spread of the virus. Yet Europeans should not have been surprised. After all, the Black Death, which took a terrible toll on large parts of Europe's population in the mid-1300s, was intricately linked to the expanding trade routes that linked Asia with Europe along the Silk Road. The plague was introduced to Europe by Genovese traders from their outpost in Caffa on the shores of the Black Sea. From there, they unwittingly spread it to ports along both sides of the Mediterranean Sea.

By the time the good citizens of Marseilles got a glimpse of the horror, it was too late. The disease then traveled up north, spreading across the continent. A few years later, millions of people had died from the disease, wiping out entire villages and towns — an estimated one-third of Europe's population.

For the inhabitants of Bergamo, one of the hotspots of COVID-19 in northern Italy, 14th-century history is a bit more than a "distant mirror" considering the death toll exerted by the current disease. As late as the end of February, Italian authorities urged tourists and business people to come to Italy, assuring them that it was perfectly safe. A few days later, Italy was

subjected to a lockdown after a dramatic surge in deaths caused by the disease.

None of this is the fault of the WHO. The WHO, like everybody else, obviously was caught unprepared by the speed and extent with which the epidemic would spread across the globe. It should, however, be faulted for two things.

First, for its more than cautious and accommodating take on what was happening in China. There can be no doubt that at the beginning of the outbreak in Wuhan, for whatever reasons, local and national Chinese authorities did everything to hush it up. It was only when the news could no longer be suppressed that they did everything to contain its potential impact. The WHO played along: Instead of asking for clarification with respect to the delay, the WHO's general secretary praised the belated response of Chinese authorities.

Second, and even more seriously, the WHO has been more than reluctant to acknowledge the central importance of protective face masks in containing the spread of the virus. By now, it is well established that face masks are useful primarily because they reduce the likelihood that somebody without symptoms unwittingly transmits the virus. Yet for weeks, the WHO recommended that only those sick with COVID-19 or caring for someone who is sick should wear masks. In fact, a top WHO official claimed at the time that there was "no specific evidence to suggest that the wearing of masks by the mass population has any potential benefit. In fact, there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly."

A few weeks later, a growing number of countries, such as Austria, made the easing of the lockdown contingent on the wearing of masks. Others, such as Switzerland and Germany, are likely to follow, if only to get their economies back on track. To be sure, the WHO's recommendation was based less on the potential benefits of wearing masks than on the fact that in most countries, there were no masks to be had — at least for the general public.

Even health-sector leaders like Switzerland had long ago ceased to produce basic equipment such as protective masks for the simple reason that is was no longer profitable. Given the reality that a sufficient number of masks was generally only available to medical staff, there was a reasonable fear that ordinary people would "hoard" whatever was still to be had — as they certainly did with toilet paper — thus depriving medical personnel of vital equipment. At the same time, however, the WHO's recommendation undermined its own reputation when national governments started to reverse course and advocated, if not mandated, the use of protective masks for ordinary citizens in public spaces.

Fundamental Challenge

What all of this suggests is that the WHO is faced with a fundamental challenge of how to reconcile the fact that most of its funds come from advanced industrial countries — the US, Japan, Germany — but its mandate is global, addressing primarily the needs of the poor south. Here, the WHO is hardly unique. International cooperation depends to a large degree on the willingness of the rich north to share a part of its wealth with those less fortunate.

The recent history of the European Union shows that international cooperation remains challenging. Greece in the years following 2008 or Italy today are reminders that solidarity, even among partners in Europe, is a scarce commodity. In the end, national interests tend to prevail over common ideals. Countries that contribute a lion's share of the common budget have a tendency to want to be in control. From this perspective, Trump's visceral decision to suspend payments to the WHO is perfectly reasonable, even if it goes against basic moral sensitivities.

The fallout from the current crisis suggests that after it is finally over, the WHO will have to revisit its response to the coronavirus pandemic. But so too will most Western countries, which, unlike Taiwan, South Korea and Singapore, were

completely unprepared for it. As a recent article in The Telegraph noted, the latter were prepared because they had followed earlier recommendations by the WHO. These were countries that in 2003 had been exposed to the SARS epidemic. Scarred by the experience, they looked to the WHO for advice on how to meet such an emergency. It is to be hoped that the experience of the current crisis will convince countries in Europe and overseas to not only avail themselves of the expertise the WHO clearly has to offer but also follow its recommendations.

This, however, presupposes that the WHO is able to restore its credibility and overall image, which have suffered considerably over the past several months. If the current crisis has shown one thing, it is the dire need for an institution that is competent, impartial and effective enough to serve as a focal point of gathering information from, and distributing information to, member states and can act as a center of coordination of the various individual initiatives and innovations provoked by a crisis.

The shock provoked by Trump's rash action and the response by the rest of the world community in support of the WHO are important steps in the right direction. As The Telegraph notes, given its intellectual resources and expertise, the WHO is uniquely positioned to fulfill an essential role — provided there is a willingness on the part of individual states to cooperate in a crisis and heed the WHO's recommendations.

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Will COVID-19 Alter the Global Order?

Joel Blankenship
April 27, 2020

The COVID-19 pandemic, enabled by the technological prowess of surveillance, could develop into an alarming international trend contributing to the detriment of liberty worldwide.

Fear, in the globalized sense of the word, had largely dissipated ever since the height of the Cold War, when the world stood by as the two superpowers stared each other down with nuclear weapons. Largely absent since the days of brinkmanship seen during the Berlin Airlift and the Cuban Missile Crisis, the world has been spared such widespread terror, with a few regional exceptions in recent decades.

Fear had knocked on the door of the United States with the attacks on September 11, 2001, which led to the global war on terror and the globalized expansion of power that the country retains to this day. However, outside of select groups, the lives of everyday citizens were largely unchanged as a result of the wars in Iraq and Afghanistan, as characterized by one Marine in Iraq quoted as saying, "We're at war, America's at the mall."

Infected Leviathan

With the COVID-19 pandemic, this lack of fear across society has evaporated in the span of a few weeks. In the United States alone, almost 55,000 are now dead due to the virus itself, tens of millions are unemployed, and all levels of government are in crisis as they respond to the biggest pandemic since the Spanish influenza of 1918. The coronavirus pandemic is the biggest test of America's sociopolitical institutions since World War II. How the country succeeds — or fails — will shape public perception of threat for

years, as has happened as a result of Soviet nuclear menace and the terrorist attacks of the early 2000s.

This crisis will reorder how the most powerful country on earth deploys its state capacities to prioritizes self-preservation. The US military, for decades the center of state capacity, has become more so as part of the war on terror, with the defense and intelligence communities taking on increased responsibility in sectors traditionally affiliated with other agencies within the US government, such as the State Department or United States Agency for International Development.

As the federal government wains in its public-health response, states and mayors have been protagonists in containing — or failing to contain — the spread of COVID-19 as evidenced by the state-by-state variation of the response. From downplaying the severity of the virus and the pitfalls at the Centers for Disease Control to the quick depletion of the emergency stockpiles of medical personal protective equipment (PPE), the federal government has been caught alarmingly unprepared for this crisis.

The results thus far are extremely worrisome, with some projections warning of possibly worse scenarios. In an escalating cycle, rage at the bureaucracy's inability to mobilize could lead to its inability to respond to a possible second wave of the pandemic or other international incidents that may occur as a fallout of COVID-19. It is, however, worthwhile considering the second-order effects of this crisis and how they will affect today's world.

Opportunism and Revisionism

Seizing the opportunity offered by the global crisis, revisionist powers are already taking advantage of the COVID-19 pandemic for their own gain. The Chinese state already introduced, via its extensive propaganda system, a narrative casting the United States as a belligerent actor that "brought the epidemic to Wuhan." Left unsaid is that the Chinese state had censored

medical professionals from reporting on the new virus, many of whom died trying to contain it.

Lijian Zhao, the spokesman for the Chinese Foreign Ministry, has been the regime's key figure in this effort. Simultaneously, China has sought to use its foreign policy to take advantage of the pandemic by providing supplies to nations in crisis and position itself as a reliable humanitarian partner.

Similarly, illiberal democracies, which had proliferated in the wake of the economic crisis of 2008, have sought to use this crisis to their advantage to tighten their grip on power. Most prominently, on March 30, Hungary's parliament granted Prime Minister Viktor Orban vast emergency powers by which he can now suspend laws. Other nations, such as Israel, have activated similar authoritarian measures. In this context, it is possible that states with waning democratic processes will continue to leverage quarantine measures and other extraordinary powers to reshape their states' governments, especially given the public's current willingness to tolerate such a narrowing of civil liberties. The expansion of the surveillance state under the pretext of tracking the virus is perhaps the best example of this dangerous opportunism.

Geopolitically, COVID-19 could be a catalyst triggering the reversal of the globalizing trend that has characterized the last three decades but that has also come under increased criticism in recent years. For instance, the critical shortage of medical PPE, which can be traced to the decline of trade exacerbated by ongoing trade wars, could lead to a return to manufacturing nationalism by many governments. Just as troubling is the lack of international coordination and the rise of bellicose rhetoric as governments seek to assign blame to others rather than work together to address the global scarcity of resources.

This rapid escalation of tensions between world powers could lead to the decline of the world's trade networks that have underscored global prosperity since 1945. In future elections, we will certainly see the pandemic leveraged as an argument for nationalizing sections of the

global economy, which is grounds for some concerns about interstate conflict.

The Economic Toll

Financially and economically, world governments learned some lessons from the 2008 global financial crisis, which underline that a larger economic stimulus at the forefront is more useful than delayed action. As such, the US Federal Reserve has opened up its credit swap lines, allowing foreign central banks to stay afloat, and is deploying quantitative easing to main market liquidity. While many comparisons have been drawn to 2008, our current crisis is unique in that aggregate demand has basically disappeared in certain industries, such as tourism, entertainment and travel.

The $2-trillion CARES stimulus bill is the largest relief package ever passed by the US Congress. There are, however, indications at this point that this package is not enough and that the socio-economic impact on the global economy will have ramifications long after quarantine orders are lifted. In this unique downturn, small businesses and families are feeling the sharp consequences of a decade of stagnant wages, which have resulted in workers not having enough savings to last them more than a few weeks.

Simultaneously, the small-business loan program established via the CARES Act has already exhausted its funds. Though large corporations are still able to secure lines of credit from the Department of the Treasury and the Federal Reserve, the United States is a country of entrepreneurs where small and midsize businesses employ the majority of the national workforce. At this point, unemployment numbers, unfortunately, speak for themselves. Austerity politics and political gridlock have already fostered a climate of inaction in Washington. However, insufficient coordination between the federal government and the states will only throw the US into further disarray. Similar to the rise of the Tea Party as a response to government policies in the wake of the 2008

financial crisis, backlash to state-sanctioned quarantines has already prompted protests from the militant right. A state-by- state opening up could further throw America into chaos, especially as testing remains low.

On the global stage, an increasingly nationalistic China will likely take advantage of the United States' choice to withdraw funding from the World Health Organization, as it has with a number of other international initiatives. The Chinese state has already shown a willingness to assist states regardless of their human rights records or autocratic tendencies. Bolstered by fear, autocratic regimes may proliferate in the wake of human casualties and economic wreckage caused by the coronavirus. Pandemics have historically been shown to bring changes in the power of the state. This pandemic, enabled by the technological prowess of surveillance, could well develop into an alarming international trend contributing to the detriment of liberty worldwide.

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COVID-19 Arrives in Refugee Camps

Phil Cole
May 18, 2020

Experts have been sounding warnings that the spread of COVID-19 to refugee camps was inevitable and that the consequences could be catastrophic.

The news on May 14 that two Rohingya refugees have tested positive for the coronavirus in the densely-populated camps in Cox's Bazar, Bangladesh, is chilling for those who have been drawing attention to the vulnerability of refugees and other displaced

people to the COVID-19 pandemic. It follows similar news from South Sudan and Greece: On May 11, the UN Refugee Agency (UNHCR), reported that two people had tested positive in Juba, where two camps host around 29,600 displaced people, while the Greek Migration Ministry has confirmed two cases on Lesbos. Dr. Shamim Jahan, Save the Children's health director in Bangladesh, warned: "Now that the virus has entered the world's largest refugee settlement in Cox's Bazar we are looking at the very real prospect that thousands of people may die from Covid-19."

Medical experts, refugee agencies and activists have been sounding the warning that this was inevitable, and that the consequences could be catastrophic. And they have called for urgent action to protect displaced people wherever they are and whatever their status. For example, Lancet Migration, a global collaboration between The Lancet medical journal and researchers, implementers and others working in the field of migration and health, issued a global statement on COVID-19 and people on the move, arguing that all "should be explicitly included in the responses to the coronavirus 2019 pandemic."

They call for migrants and refugees to be transferred from overcrowded reception, transit and detention facilities to safer living conditions; the suspension of deportations; relocation and reunification for unaccompanied minors; clear and transparent communication including for migrant populations; and strategies to counter racism, xenophobia and discrimination.

Increasing Dehumanization
These measures are urgently required, but the extent of political hostility to unauthorized migrants — and, in many countries, the public hostility — mean that even such basic steps remain a remote possibility. The fact is that, despite their modesty, they represent a fundamental transformation of the politics of displacement. Natalia Cintra, Jean Grugel and Pia Riggirozzi point out that the concerns around the impact of COVID-19 on displaced people in terms of their health reveal how difficult their situation already is: "COVID-19 is not disrupting their otherwise 'normal' lives, so much as increasing their dehumanization still further."

The fact is the world is locked into an international system of confinement of refugees, asylum seekers and other migrants that reinforces this dehumanization, a system in which they are identified as a problem that must be contained, even repulsed. For many of them, that system is not only oppressive but also highly dangerous and often fatal, as the Missing Migrants Project, which keeps a grim record of migrant fatalities throughout the world, lays bare.

COVID-19 is an additional threat to the lives of refugees, but in a system which refuses to recognize their full humanity, they will continue to be exposed to that threat in ways those of us confined within our own homes, with access to food, water, soap and health care, if we need it, cannot imagine. The pandemic adds a new level of precarity to their already extremely precarious lives.

Anyone paying attention to what was happening in the camps and elsewhere knew this was coming. Louisa Brooke-Holland, a defense policy analyst at the UK House of Commons Library, warned in an April 9 briefing paper that refugee camps are especially vulnerable to serious outbreaks of COVID-19 because "they are high density settlements with poor access to water and sanitation and limited health services, and because the camps rely on host communities who themselves have limited means." Her report focuses on the Rohingya in Cox's Bazaar, where 850,000 refugees live in "highly congested conditions" in 34 camps, in a host community of 440,000 people and large numbers of aid workers.

Hygiene and sanitation facilities are inadequate and social distancing is not an option. According to Brooke-Holland, Cox's Bazaar "lacks facilities to provide intensive care treatment, oxygen supplies and adequate Personal Protective Equipment (PPE) for health workers," with the British Medical Journal warning in

March that the nearest testing facilities are 400 kilometers away in Dhaka.

Effectively Detained

According to Human Rights Watch (HRW), around 128,000 Rohingya are "effectively detained" in government camps in Myanmar itself: "Most are trapped in dangerously overcrowded camps with severely substandard healthcare and inadequate access to clean water, sanitation, and other essential services. Many displaced people have underlying medical conditions and chronic diseases, putting them at high risk of suffering serious effects from the virus."

In Rakhine state, around 130,000 Muslims, mostly ethnic Rohingya, have been confined in open-air detention camps since 2012, and there are 107,000 internally displaced persons in camps in Kachin and northern Shan states, displaced by fighting between the Myanmar military and ethnic armed groups. They lack access to health care, shelter, clean water, sanitation and food because of government restrictions on humanitarian aid.

There are similar challenges for displaced people around the world. The main concerns are for those living in encampments or being held in detention centers of some sort. Writing in The Lancet in March, Hans Henri P. Kluge, Zsuzsanna Jakab, Josef Bartovic, Veronica D'Anna and Santino Severoni comment that camps can present a severe health risk, with inadequate and overcrowded accommodation and lack of basic amenities like clean running water and soap, and poor access to health care, including adequate information. Basic public health measures, such as social distancing and self-isolation, are not possible or extremely difficult, and so "the concern about an outbreak of COVID-19 in the camps cannot be overstated."

And it is not just the camps that are a concern. Migrants and refugees are also vulnerable in wider communities, "over-represented among the homeless population in most member states — a growing trend in EU-15 and border and transit countries," according to the authors.

Victims of Deterrence

The European Union's policies of deterring unauthorized migration are threatening to undermine responses to COVID-19. Sally Hargreaves and her co-authors wrote in the British Medical Journal in March that these policies have led to "displaced migrants living in camps, reception centres, and private and public detention facilities within and around Europe's borders — all victims of European policies of deterrence to stop uncontrolled migration." They are living in "appalling conditions" and lack access to food, water and health care. The overcrowding and poor hygiene in the many migrant camps around the Mediterranean increase vulnerability not only to COVID-19, but to other infectious diseases such as varicella, measles and hepatitis A.

Reporting on the experiences of refugees in Uganda, the country which hosts 1.35 million UN-registered refugees, the largest population in the world, Lucy Hovil and Vittorio Capici describe the situation as highly worrying: "They live in overcrowded conditions and there is insufficient access to hygiene supplies. This makes basic measures to stem to spreads of the coronavirus such as social distancing and hand-washing, difficult." Many of them rely on aid, but the World Food Programme revealed a 30% reduction to the relief it distributes to refugees and asylum seekers in Uganda in April. Also, many international staff have left the field to self-isolate in their home nations, and the emergency measures put in place by UNHCR have had little impact. Not all refugees in Uganda are in camps, having decided to move to towns and cities where they have more opportunities to earn a livelihood, choosing this option over official assistance. But these urban refugees also face challenges given their uncertain legal status and increasing food prices.

Refugees attempting to flee instability in the Democratic Republic of Congo or South Sudan

and claim sanctuary in Uganda are also facing difficulties as Uganda has closed its borders and suspended asylum claims. Jan Egeland, secretary general of the Norwegian Refugee Council, notes that border closures in Africa have left people fleeing danger unable to reach sanctuary. Kenya, Ethiopia and Uganda have almost entirely closed formal crossings, effectively shutting down refugee transit centers. According to Egelund, "Refugees are being left in limbo."

The 5.6 million Syrian refugees and the 6.6 million people internally displaced in Syria face similar challenges. The Atlantic Council's Pinar Dost reports that most at risk are the more than 900,000 people who fled Idlib and Aleppo to the Turkish border in December 2019, following a Syrian government offensive. "In living conditions where often the most basic needs are unmet, it will be extremely difficult to prevent the disease from spreading among displaced Syrians unless serious measures are taken," writes Post.

Other Dimensions

There is also a gender dimension to COVID-19's impact. Natalia Cintra and her co-writers draw attention to the situation of displaced women and girls in Latin America. The danger here is that the pandemic "may well deprive displaced women and girls of the essential protection services they depend on and exacerbate the risks they already face to their wellbeing and lives."

Refugees and asylum seekers face challenges in Global North states as well as in the Global South. Destitution affects many asylum seekers in the United Kingdom because of limited access to public funds and exclusion from the right to work. Lubnaa Joomun comments for Refugee Research Online that because of these limits, many end up living in substandard accommodation, and "those forced to live in such appalling conditions, which fail to meet even basic human needs, become susceptible to infection."

Those confined in the UK's immigration detention centers are at great risk as well, "unable to follow the government's instructions to socially distance," according to Rudy Schulkind, writing in Open Democracy. "Hygiene is poor and cleaning products are scarce."

Elsewhere in Europe, the default position on refugees and asylum seekers is to keep them locked up so that, as measures are eased, they are left behind. Human Rights Watch reports that while the Greek government began easing lockdown measures in May, allowing people to leave their homes without authorization, asylum seekers and migrants remain confined, sometimes in overcrowded reception centers. There has also been a failure by the Greek authorities to take basic steps to protect people held in the centers by addressing overcrowding, lack of health care, lack of access to adequate water, sanitation and hygiene products like soap. According to HRW, as of May 6, the camps on the Greek islands were six times over their capacity.

The Greek government announced on May 10 that such centers would remain under lockdown at least until May 21. The two positive cases of COVID-19 detected on Lesbos on May 12 have led some to call for the camps to be evacuated as a matter of urgency. Dimitra Kalogeropoulou, International Rescue Committee country director for Greece, told The Guardian: "Refugees living in camps have limited ways of protecting themselves from the coronavirus; if it does reach the camps, the severe overcrowding and absence of proper sanitation mean that it will spread rapidly. It is essential that the camps are decongested … [and] those most at risk are evacuated."

The lives of displaced people are already filled with precarity, and yet in the face of this, states continue to make their world more dangerous by placing new obstacles in their way as they attempt to flee persecution, conflict, disaster and extreme poverty. If we are to join them in their struggle against this new threat from COVID-19, we must join them in their struggle against an entire global system that imposes danger across all dimensions of their lives. However remote the

possibility of the transformation of that system might seem, the pandemic reinforces its urgency.

This urgency is shown by the fact that when the first version of this article was written on May 13, no cases of COVID-19 had been reported from refugee camps or other settlements for displaced people, but that has changed dramatically in a few days, and events will develop rapidly and, it seems, for the worse.

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Has COVID-19 Launched a New Era of Deadly Pandemics?

I.P. Singh & Atul Singh
May 19, 2020

Environmental devastation threatens to unleash new zoonotic diseases as well as long-dormant bacteria and viruses to deadly effect.

There are many theories as to how COVID-19 began. Some of them are plausible, others are nonsensical. US President Donald Trump and Secretary of State Mike Pompeo have done their bit to fan such theories. Many in the world believe that the new coronavirus, SARS-CoV-2, was either released deliberately or leaked from a biological laboratory in Wuhan. On Fair Observer, three writers have three different points of view.

Daniel Wagner argues that horseshoe bats, the source of SARS-CoV-2, are not native to the Wuhan area. More importantly, they were not sold in the Wuhan seafood market, the place many scientists hold to be the source of the first infection. Importantly, both the Wuhan Institute of Virology and the Wuhan Center for Disease Control and Prevention had conducted research on horseshoe bats. So, the virus could have escaped from a laboratory and caused the COVID-19 pandemic.

Peter Isackson points out that Wagner is relying on circumstantial evidence. He quotes Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, who takes the view that all signs indicate SARS-CoV-2 "evolved in nature and then jumped species." It is highly unlikely that the virus could have escaped a laboratory. Isackson reminds readers that blaming a foreign power is an old game. The Americans have played it as well as anyone else. In the 1950s, J. Edgar Hoover and Joe McCarthy blamed communists for many of America's ills. That distrust of communism remains. As a communist country, China is now the new Soviet Union. For many Americans, it is a national imperative to cut this evil power down to size.

John Feffer also counters the argument Wagner, Trump and Pompeo peddle. As he admits, "China could indeed be a great deal more transparent about its statistics, the origins of the virus and its response to the pandemic." However, Trump and Pompeo have a vested interest in blaming China. It distracts voters from their monumental incompetence and allows them to pose as gallant patriots fighting a sinister rival. Trump has already claimed that China was raping the US and unleashed a trade war on the Middle Kingdom. He is portraying himself as the only one with cojones to take on the red fire-breathing dragon. So, he has a simple message: "To stop China, you have to stop Joe Biden."

How Did COVID-19 Begin?
Most scientists hold COVID-19 is a classic example of cross-species transmission. A research paper in the Journal of Medical Virology examined the evidence to conclude that SARS-CoV-2 jumped from bats to pangolins to human beings at the seafood wholesale seafood market in Wuhan. In this wet market, many animals, including marmots, hedgehogs, frogs, snakes, bats, birds, poultry and other farm animals were also sold.

Pangolins are endangered scaly anteaters. Eating or trading them is illegal, yet they are one of the most trafficked mammals in the world. In China and Vietnam, pangolin meat is considered a delicacy, and its scales are supposed to have medicinal properties. Based on reported seizures, between 2011 and 2013, nearly 117 million pangolins were estimated to have been killed. Importantly, experts believe that seizures represent as little as 10% of the actual illegal pangolin trade.

The seafood market in Wuhan had several species in close proximity, making it a petri dish for new disease. Such wet markets are a key reason why "China has been the epicenter of emerging and re-emerging viral infections." In the last 20 years, several viral diseases have emerged out of China, including the 1997 avian influenza, the 2003 severe acute respiratory syndrome (SARS) and the 2010 severe fever with thrombocytopenia syndrome (SFTS). COVID-19 is part of a recurring pattern. Some scientists are unsure that pangolins were the intermediary animal. Yet most are convinced that an intermediary was involved. The theory that the virus jumped directly from bats to humans in a laboratory has few takers among serious scientists.

The paper tells us that the Wuhan Municipal Health Commission (WMHC) reported 27 cases of viral pneumonia with seven critically ill on December 12, 2019. Most COVID-19 timelines begin from December 31 because the Chinese authorities initially downplayed the outbreak. Only on the last day of 2019 did Chinese authorities admit that they were treating dozens of cases of pneumonia of unknown cause.

On January 3, WMHC reported 44 cases with 11 in critical condition. Two days later, on January 5, the number of cases increased to 59, with seven critically ill. It turned out that the viral pneumonia outbreak was not caused by severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East Respiratory Syndrome coronavirus (MERS-CoV), influenza virus or adenovirus. On January 7, Chinese authorities isolated SARS-CoV-2, the new type of coronavirus. Four days later, on January 11, the country reported the first death. On January 12, Chinese scientists publicly shared the genetic sequence of COVID-19.

It is absolutely certain that the virus originated in China as did many others in the recent past. Yet the evidence indicates that this is part of a pattern. The Chinese penchant for eating exotic meats and keeping many species in close proximity in their wet markets triggered this pandemic. It seems habits and conditions endemic to China, not mala fide intention or gross negligence on the part of a laboratory, triggered this pandemic.

What Do Past Pandemics Tell Us?

Epidemics have been the invisible killers of history. For the last 1,500 years, plague has continuously ravaged the world. It usually emanated from Africa or Asia and then spread to Europe and America thanks to globetrotting merchants. For instance, the Black Death wiped out up to one-third of the European population between 1334 and 1372. Plague kept returning intermittently until as recently as 1879.

In the early years, people thought of epidemics as divine wrath. To placate the angry deity, the people "cast out the supposed sinners, be they prostitutes, Jews, religious dissenters, foreigners, lepers, beggars, or accused witches." They prayed at holy shrines and performed penitence. They sought intercessions through saints.

Not all relief came from religion. Through trial and error, cities figured out responses to epidemics. Bureaucrats, police and military authorities worked closely to isolate the ill in pest-houses or lock them up in their homes. They isolated the population with sanitary cordons "to prevent the inflow of disease-carrying people and goods." Venice became the first city to quarantine ships and their crews. The word "quarantine" itself comes from the Italian *quaranta*, meaning "40," and refers to the Biblical importance of the number in rituals of

purification, like Lent. It is fair to say that the early anti-plague policies played a key role in the emergence of the modern state.

During World War I, H1N1 viruses with genes of avian origin caused an influenza that the US Centers for Disease Control and Prevention (CDC) deems "the most severe pandemic in recent history." This 1918 pandemic lasted until 1920 and has become known in history as the Spanish flu. At that time, Spain was a neutral country. It had stayed out of the war and did not censor its press unlike France, the UK and the US that swept the bad news under the carpet. Since Spain became the first country to report the pandemic, it acquired the eponymous misnomer. This pandemic affected an estimated 500 million people, a third of the then global population of 1.5 billion. The CDC estimates that 50 million died and reports that mortality was particularly high for those in the 20-40 age group. A well-known 2006 research paper, "1918 Influenza: the Mother of All Pandemics," by Jeffrey Taubenberger and David Morens, explains that the pandemic came in three waves, of which the last two were more deadly. Unlike the previous 1889 influenza epidemic that was spread over three years, the 1918 H1N1 viruses had "the unprecedented ability to generate rapidly successive pandemic waves."

These viruses were isolated "first from pigs and shortly thereafter from humans." The origin of the pandemic continues to be debated. John Barry traces it to a farm in Kansas, the virologist John Oxford to a British troop staging and hospital camp in France and a third claim to northern China. Oxford's thesis is regarded as the most credible. The British ran "15 or so hospitals" with 20,000 beds at Étaples. As the Germans launched chemical attacks, thousands of troops passed through the camp every day, the number rising to 100,000 at times. Villages supplied food, including pigs and poultry. In both Kansas and Étaples, the H1N1 virus jumped from birds to pigs to humans. British troops soon took the disease home and to the rest of the British Empire. Within six weeks of two troop ships docking in Cape Town, 300,000 South Africans were dead. Another troop transport brought the deadly flu to Mumbai. It spread like wildfire, killing an estimated 17 to 18 million Indians, about 6% of the population, as undernourished people living in cramped, unhygienic conditions proved particularly vulnerable. More women died than men. The 48-year-old Mahatma Gandhi fell ill too but was lucky enough to survive.

Premature Hubris

At the time, there was no vaccine to protect against influenza infection and no antibiotics to treat secondary bacterial infections. Isolation, quarantine, good personal hygiene, use of disinfectants and limitations of public gatherings were applied unevenly. Although the pandemic began in Europe, the colonies ended up paying a heavier price.

For a few decades, the world escaped such a terrible pandemic. Vigorous vaccination programs and public health measures helped curb polio, typhoid, cholera, and even measles, which almost vanished in the West. This heady success made Harvard and Yale close their infectious disease departments by the 1970s. That hubris proved premature. Soon HIV/AIDS, SARS, MERS, Ebola, Zika, and avian and swine flu emerged.

Just like the 1918 pandemic, the 2009 swine flu was caused by a novel H1N1 virus. It emerged first in Mexico, was detected first in the US and quickly spread throughout the world. The CDC estimated 60.8 million cases, over 274,000 hospitalizations and nearly 12,500 deaths in the US alone. Globally, more than half a million might have died of the 2009 H1N1 virus. A key research paper calculated 11%-21% of the global population, up to a billion people, might have been affected.

The 2009 H1N1 virus proved less deadly than its 1918 predecessors but it served a warning that a global pandemic might be in the offing. Numerous experts sounded the alarm. Michael Osterholm, an American scientist from Minnesota, spent the last decade warning about a

global pandemic and even co-authored a popular book on the subject. Stephen Morse, a professor at Columbia University, argued that humans were vulnerable "to new zoonotic health threats." Simply put, zoonotic diseases are those that can be transmitted from animals to humans.

In a 2012 paper in The Lancet, Morse and his co-authors found that "the frequency with which new pathogens emerge is increasing." Since 1940, 400 emerging infectious diseases have been identified. Of these, 60% are zoonotic. They tend to emerge in geographical regions or places where people, wildlife and livestock jostle interface closely. It is important to note that these emerging infectious diseases correlate "strongly with human population density."

Morse and his fellow scientists hypothesize that the rise in zoonotic diseases is "driven by largely anthropogenic changes, such as the expansion of agriculture, travel routes, and trade, and changes in land use." In other words, human changes to the environment are increasing risks of pandemics. Places with high human density and wildlife diversity are likely to be the next emerging zoonoses, the so-called hotspots of new infectious diseases. China with its huge population and exotic animals in its wet markets is the biggest hotspot. Africa with its fast-growing population and pressure on wildlife habitats is another one. So is the Amazon, where human encroachment is increasing risks of new disease.

What Does the Future Hold?
It took millions if not billions of years for immensely complex ecological systems to evolve. Population explosion, pollution and destruction of natural habitats are wreaking havoc on these systems. Climate change is posing a new threat. It is melting frozen permafrost soils. This is releasing ancient viruses and bacteria that have remained dormant in cold storage for thousands of years.

Most people do not realize that frozen permafrost soil is the perfect place for microbes and viruses to remain alive for very long periods of time. It is cold, dark and has no oxygen. In fact, some bacteria could even last a million years. Pathogenic viruses, including those that caused global epidemics, stay alive for long periods as well. The temperature in the Arctic Circle is rising three times faster than in the rest of the world. As Jasmin Fox-Skelly writes for the BBC, this melting ice "could potentially open a Pandora's box of diseases."

For centuries, people and animals have been buried in permafrost. They died of a host of diseases such as the 1918 influenza, smallpox and bubonic plague. In a 2011 paper, Boris Revic and Marina Podolnaya argued that "the vectors of deadly infections of the 18th and 19th centuries may come back, especially near the cemeteries where the victims of these infections were buried." A classic example of this possibility is a Siberian town on the banks of Kolyma River. In the 1890s, 40% of its population died of smallpox. The dead were buried under the upper layer of permafrost on the banks of the river. Now, the river's floodwaters are eroding its banks. The melting of the permafrost has speeded up this process. The risk of smallpox returning to Siberia, Russia and the rest of the world is increasing.

Scientists warn about another major risk. Extinct hominin species like Neanderthals and Denisovans settled in Siberia. They lived, sickened and died here for thousands of years. Naturally, they suffered from many diseases, bacterial and viral. Their remains from 30,000-40,000 years ago that have long remained under the permafrost are now starting to pop up. The risk that we could catch a virus from a long-extinct Neanderthal is going up by the day.

Pathogens cut off from humans are emerging not only from melting permafrost but also other places. In 2017, scientists "extracted long-dormant microbes from inside the famous giant crystals of the Naica mountain caves in Mexico — and revived them." Even older bacteria have been found in the Lechuguilla Cave in New Mexico, 1,000 feet underground. They had been

hidden from the earth's surface for over 4 million years.

It turns out that many of these ancient bacteria are resistant to antibiotics. The microbes in New Mexico had "somehow become resistant to 18 types of antibiotics," including some considered to be a "last resort" for fighting infections. In a related phenomenon, a 2011 study found that bacteria found in 30,000-year-old permafrost in the Beringian region between Russia and Canada was resistant to beta-lactam, tetracycline and glycopeptide antibiotics. This suggests that some of these ancient microbes could cause deadly pandemics. Our immune systems are unprepared for it and our existing drugs are unlikely to work.

Even as new diseases spread from unlikely places, existing ones could increase their footprint. As the earth warms, colder northern countries might start suffering from "southern" diseases like malaria, cholera and dengue fever. Extensive use of antibiotics over the decades in both domesticated animals and humans is making once-treatable infections difficult to cure. Over time, it has weakened human systems and strengthened pathogens. The risk of antibiotic-resistant infections has turned serious and global.

At the heart of the matter is a simple phenomenon: Humans have played god for far too long. They have recklessly abused the environment they live in. Unless humans change the way they live, nature will extract its own sweet revenge in a recurring wave of pandemics before too long.

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COVID-19 Casts a Shadow Over Swedish Exceptionalism

Mette Wiggen
May 21, 2020

Sweden's leftist coalition has taken an authoritarian approach to the COVID-19 pandemic that is more suited to governments on the far right.

Sweden has dealt with the global COVID-19 pandemic very differently from the other Nordic countries. All but Sweden are led by women. The female prime ministers in Denmark, Norway and Finland closed down their countries in the middle of March and have dealt with the pandemic in an open, inclusive and democratic way you would expect in more equal societies with universal welfare states and high levels of solidarity and social responsibility. It was, therefore, a surprise to many that Sweden's leftist coalition took an authoritarian approach more suited to governments on the far right.

Prime Minister Stefan Löfven decided not to impose a lockdown but to simply advise the public on social distancing and to close high schools and universities. The Swedish government hoped that high levels of trust in politicians would be enough to make people behave responsibly, removing the need for emergency legislation. The strategy has certainly not been successful when it comes to saving lives: Sweden's death rate per million for the past seven days has been higher than Belgium, the UK, Italy and Spain.

Initially, it seemed like the Swedish government was trying to resist calls from the radical right to close borders, with the far-right Sweden Democrats (SD) trying to blame immigrants and refugees for the spreading pandemic. SD called for mass testing, while its members and local politicians were ridiculing the

high proportion of deaths among Swedish Somalis.

The government's approach soon started to look more like a laissez-faire strategy to achieve so-called "herd immunity" — the idea that allowing a high proportion of the population to catch the virus would lead to the building up of antibody resistance in wider society — and to minimize damage to the economy rather than to stave off racism and xenophobia. With a mortality rate of more than 10 times that of the Nordic neighbors and a third of nursing homes in Stockholm infected, many argue the price has been too high. Some scientists use words like "catastrophe" and a "massacre" to describe the impact of the government's strategy.

Survival of the Fittest

Despite strategies taken by most political leaders globally and in neighboring countries, Löfven relies on advice from the Public Health Agency, led by the civil servant and state epidemiologist Anders Tegnell. Löfven, of the Social Democratic Party (SAP), leads a minority coalition with the Greens that needs support in parliament from the Center Party, the Liberals and the Left Party. Critics say the government thought it couldn't stop the virus so it decided instead to let people die and "save" the economy.

The death toll in Sweden has been climbing rapidly and at a much sharper rate than in other Nordic countries. This is especially true among the elderly — the very group the government said it wanted to protect. The death rate in nursing homes has alarmed health workers who fear they are probably responsible for infecting the residents as they don't self-isolate and don't wear personal protective equipment. Health workers and scientists not only criticize the government's strategy but also doubt they have enough expertise to understand how the virus spreads.

However, Tegnell hasn't budged, stating as late as 18 May in an interview on BBC World Service's "Hard Talk" that "in Sweden we don't wear facemasks — in Sweden we stay at home when we are sick." This is at odds with many other countries where the authorities have recognized that face masks could limit the spread of the virus. It also seems obvious that volunteering to work from home is no option for many workers who are dependent on public transport where there is no policing of physical distancing.

Many inside Sweden are highly critical of the government's strategy. On April 14, a letter signed by 22 leading scientists demanded that the politicians intervened to save lives where the Public Health Agency had failed. The experts are concerned about the lack of leadership as well as expertise. It is well known that many COVID-19 carriers are asymptomatic, which leads to rapid spread and poses danger to the elderly and those deemed extremely vulnerable due to preexisting conditions. The letter caused a storm, warning the death toll in Sweden would soon be comparable to Italy's. Some of the experts have later accepted that assumption was a mistake and that one should compare with the other Nordic countries and try and find a dialogue and a solution rather than escalate the debate.

But this Darwinian survival of the fittest strategy has been popular. Löfven's support in the polls has risen from 22.6% to nearly 28% in one month, whilst the Sweden Democrats, who polled at 30% in November and looked likely to become the biggest party in the country, are now down to 20.8%. It is interesting but not surprising that the increasingly neoliberal SAP should be adopting policies more fitting for those espousing radical-right ideology. The approach has paralyzed the SD, who are struggling for attention in the shadows of the government. As Lena Mellin points out in Aftonbladet, "The Sweden Democrats survive on dissatisfaction and distrust, that doesn't work right now."

Women Lead

As some of the international press has focused on successful strategies in countries led by women both on the left and the right, it is ironic that the only country in the Nordic region not led by a woman is Sweden. As many countries led by men

are doing well in this pandemic, leadership styles probably have more to do with state feminism rather than gender. More equal societies are more likely to elect women leaders, and the Nordic countries are benefiting from that.

In Denmark, Mette Fredriksen took the lead, and others followed suit, with quarantine for people arriving from abroad, lockdown measures and testing. Fredriksen, from the Social Democratic Party, leads the minority government and relies on support from the other left-wing parties — Socialist People's Party, the Red Green Alliance, and the Social-Liberal Party — to legislate.

Fredriksen's firm handling of the crisis has saved lives and earned her a position in a league of other women leaders who have acted swiftly, responsibly, and with empathy and authority: Tsai Ing-wen in Taiwan, Jacinda Ardern in New Zealand and Angela Merkel in Germany. In Norway, Prime Minister Erna Solberg, from the Conservative Party-led coalition, also introduced quarantine measures, international and domestic travel bans, closed universities, schools, nurseries and nonessential shops as well as promptly introduced testing.

In Iceland, the government led by Katrin Jakobsdottir offers free coronavirus testing to everybody, and the proportion of people screened is five times that of South Korea, which is seen as an international success story in tackling this crisis. In Finland, Sanna Marin has engaged social media influencers to spread information about the pandemic and reach people who don't read the mainstream press. This intelligent approach, executed with empathy and clear communication, stands in stark contrast to those of US President Donald Trump and Brazil's Jair Bolsonaro, who openly discriminate against women and minority politicians, and dismiss both science and expert advice on handling the pandemic.

Paid Off

Leaders in the Nordic countries disagree with the Swedish approach and are unwilling to risk lives.

They have been very clear and honest in communicating with a diverse public about the approaches they have taken. The women have managed to do so in a non-authoritarian manner without falling into the trap of using the language of war. They have stressed that this pandemic is very dangerous and needs to be taken seriously, and that they understand it is difficult — especially for the children. Fredriksen and Solberg even hold press conferences for children where they can ask questions, and their answers are clear and reassuring.

The strategy seems to have paid off in both Norway and Denmark, with both countries starting to lift the lockdown. Norway reopened nurseries from April 20 and schools on May 4, while over the 1,630-kilometer-long border with Sweden, nurseries and primary schools have been open all along. The death toll in Sweden on May 21 stands at 3,831, compared to 234 in Norway. Norway has 5.5 million inhabitants and Sweden has 10.2 million. The difference is stark no matter how — and whom — you count.

To an outsider, it is difficult to understand why the Swedish government has taken such a brutal, neoliberal approach and seems to blatantly prioritize the economy over protecting people's lives. Most of the Sweden Democrats' criticism of the government comes across like the voice of reason. Demanding mass testing, a lockdown and compulsory facemasks for health workers is not easily identified as radical-right policy suggestions. Given that there is little clarity from the authorities when it comes to guidelines — which the SD keeps asking for — there does not seem to be a niche here for the far right to exploit.

The SD's problem right now is that too many mainstream experts and politicians in Sweden and abroad, and even the World Health Organization, agree on the effectiveness of lockdown measures and mass testing. It will be interesting to see if the support for the SAP's reactionary policy will continue and from where the opposition might emerge, if not from the radical right. The SAP's approach has occupied

and normalized a territory that has been at the core of radical-right ideology — immigration as well as fear and security politics — so for the SD to win back support it will have to move so far to the right that it would surely fall from the Overton window of what is acceptable in Sweden.

Like Margaret Thatcher's 1978 comments that the British people fear they might be "rather swamped by people of a different culture," the SAP has successfully managed to contain and manage xenophobic and authoritarian leanings, outbidding a radical right competitor with hard-right promises.

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COVID-19 Contact Tracing: A Wolf in Sheep's Clothing?

Claire Downing
June 10, 2020

Contact tracing may not only be dangerous in its scope and potential to abuse consumers' private data, but may also be unnecessary.

As the world continues to grapple with the implications of the COVID-19 crisis, including mass infection and death, a global economic downturn and the stigmatization of minority communities, the rush to reopen and "get back to work" weighs hard on world leaders. Along with vaccine development, contact tracing has been touted as a necessary tool to help stop the spread of the virus. But for many minority communities across the globe as well as data privacy advocates, the promise of contact tracing is met with trepidation. While contact tracing and other forms of surveillance may seem like a panacea, a pandemic is not the time to grant the private sector and governments further reason to abuse civil liberties.

As a public health tool employed in crises such as Ebola and others, contact tracing is designed to track the people with whom a person infected with COVID-19 or another infectious disease may have come into contact, and thereby slow the spread of the disease. While there are some general questions about how effective contact tracing can be, there are also several specific and troubling data and rights-related risks that contract tracing poses.

Our Data
First, big tech companies like Apple and Google have offered to build out their contact tracing capabilities but have thus far refused to share this information with health officials, thereby rendering the efforts largely useless for public health purposes. Yet these efforts let the companies continue to collect a massive amount of personal and private data, and they are no stranger to criticism and lawsuits over their handling of said data. It is reasonable to ask what the companies will be doing with this data if and when the coronavirus pandemic is under control.

Second, some lesser-known companies' efforts at contact tracing apps have gone the opposite direction, that is to partner directly with state governments in the US, and health officials on digital contact tracing efforts and sharing public health data. Yet these faulty apps are collecting users' data in an insecure manner. A company that created a contact tracing app for North and South Dakota, for example, is now being accused of going against its own privacy policy because its app allows data to be shared with outside vendors including Foursquare and Bugfender, neither of which appear to be working on contact tracing themselves, thereby opening the door for companies to use the transferred data for marketing or other non-health-related efforts.

Third, as a recent CNN article outlines, the steady slide into mass collection of consumers' private details has accelerated post-9/11, but

contact tracing and other forms of digital surveillance risk would involve a different level of intimacy, that of accessing our social and health histories. Not only should we not trust big data with this information, but it is not unreasonable to assume that this information could be weaponized not only by autocratic governments but democratic ones, too. For example, given the Trump administration's politicization of public health information and authorities, including the Centers for Disease Control and the White House Coronavirus Task Force, it is reasonable to be wary of entities like these having increased access to the public's personal health data.

If one thinks that sounding the alarm about contact tracing is a bridge too far, consider the other "reforms" that governments have been pushing through during the COVID-19 crisis, likely betting that their respective citizenry will be too focused on the pandemic to care about the sweeping powers that some world leaders and legislatures are amassing, largely under the radar.

The US Senate has been quietly pushing extensions to the PATRIOT Act, the vast post-9/11 law that not only changed the way that government could surveil its citizens under the pretext of counterterrorism but continues to be a major flashpoint for minority rights groups who point to issues of targeted surveillance of Arabs and Muslims. Meanwhile, China is trying to ram through a national security law that would clamp down on dissent in Hong Kong. Over in Russia, the government is using problematic facial recognition software to crack down on quarantine violators.

Successful Contact Tracing

With all of these concerns, what is to be done? First, public health officials should consider abandoning high-tech contact tracing efforts altogether. In theory, successful contact tracing does not need to involve sophisticated technology like Bluetooth or tracking bracelets. Therefore, current and floated contact tracing efforts, ones that rely on high-tech solutions and the involvement of tech giants, may not only be dangerous in their scope and potential to abuse consumers' private data, but also may be unnecessary. Germany, for example, which has seen relatively few coronavirus cases per capita as compared with other European countries, uses a low-tech but successful approach mainly involving simple phone calls.

Second, in this time of solidarity, there is also an opportunity for those concerned with attacks on free expression and privacy to join with human rights advocates to stop private companies and government entities from further descending into unnecessary and potentially damaging surveillance. In the US, for example, reigning in big tech is often a bipartisan effort, and libertarian lawmakers have historically expressed concern about the government's expansion of surveillance powers.

Two such examples stand out for replication elsewhere. Several US senators and representatives recently introduced the Public Health Emergency Privacy Act, which seeks to protect the data collected through COVID-19 contact tracing efforts or more generally during a public health emergency from being used or shared for other than their intended use. Additionally, the European Union, while underscoring the need for robust digital tools to combat the coronavirus, has also urged member states to abide by the EU's fairly strict data privacy protocols such as the General Data Protection Regulation.

While it is unlikely that autocratic states will champion legislation or regulations like those mentioned in the US and EU contexts, other democratic states must adopt similar commitments and legislation before private, health-related data gets into the wrong hands. Further, like the Public Health Emergency Privacy Act, it is imperative that any other data protection legislation introduced must apply to both corporations and governments, to prevent both misuse of data and targeting of minorities and dissenters.

From China's surveillance of the Uighur minority to the US government's weaponization of the PATRIOT Act against Arab and Muslim Americans, there is ample pretext for both the private sector and governments to abuse consumer data and public trust under the guise of national security or public health. But the COVID-19 pandemic is terrifying enough. Activists, public servants and elected officials who care about data privacy and human rights should make sure that this public health crisis is not used as a ploy to further erode citizens' rights, protections and safety.

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Herd Immunity May Be Our Best Hope

Daniel Wagner & Mark Eckley
July 6, 2020

Herd immunity is an option that should be seriously considered by the world's governments as a safe and effective vaccine could be many years away — and may not be achieved at all.

S ince the start of the COVID-19 pandemic, analysts have been opining about when a vaccine may be discovered and become widely available. Many suggest that it is simply a matter of time, given how many organizations around the world are busy racing to find a cure. But that assumption could well be fallacious. After all, there is no vaccine for HIV, SARS or any other coronavirus, including the elusive common cold. In the case of HIV, that remains the case even after the US and many other governments have spent billions of dollars trying to produce a vaccine. Why would this virus prove to be any different?

For a sense of perspective, the fastest existing record for developing a vaccine occurred for mumps. The mumps virus was first isolated in 1945; by 1948, an inactivated vaccine had been developed, but with short-term effectiveness. It was not until 1967 that a long-term vaccine became available. The average amount of time required to discover, test and approve a vaccine is 10 to 20 years. Given this, why would anyone presume that a COVID-19 vaccine will not only be discovered, but tested, approved and mass-produced in billions of doses in the next year? That is not going to happen. Currently, levels of mass production of vaccines occur in millions of doses, not billions. The world's drug manufacturers are not even capable of doing that.

There are presently 274 treatments — including 171 novel vaccines — being tested across the world to combat the coronavirus. Unfortunately, that may not improve the likelihood of success in a short time frame. Given the durability of the first wave of the virus and an impending second wave, achieving herd immunity may be the only realistic solution. The objective of herd immunity is to limit the ability of an infection to spread by making the majority of a population immune through exposure to it. In so doing, individuals with mild cases of an infectious disease mount an immune response that protects them from future infections by the same or related agents.

Epidemiology protocols require significant testing of a virus in a population to determine levels of reproduction accurately. In March of this year, scientists from Leicester University and the Chinese University of Hong Kong calculated that 70% of the population would need to be infected to achieve herd immunity against COVID-19. Implementing quarantines, practicing social distancing and regularly changing face masks alters the basic reproduction number by limiting transmission events, which can reduce the threshold for herd immunity.

The fact that some US states that were saturated with COVID-19 cases early on in the pandemic successfully flattened their curves for intensive care occupancy, and deaths implied that herd immunity may already have been in the process of becoming established. But America's subsequent collective failure to institute widespread testing and contact tracing — as has been done in numerous other countries — has meant that its ability to more accurately determine true levels of infection remain extremely limited. Given current infection levels, contract tracing is now impossible.

The existence of multiple strains of COVID-19 in circulation further complicates America's and the world's ability to achieve herd immunity. The S strain is rapidly spreading, but with milder symptoms than the more widely spread G strain that has savaged Europe and the US. Whether productive immunity can be achieved in individuals exposed to milder strains, and whether immunity to any strain of the virus is permanent or temporary, are among the questions that remain to be answered.

The truth is, much remains unknown about this virus and will probably remain unknown for many months or even years to come. What is clear, however, is that six months after it began to spread around the world in earnest, this virus is out of control, in the US and globally. It is now completely unrealistic to imagine that America or the world will be able to successfully contain its spread, short of a total lockdown of the global economy, termination of all global travel, mandatory global stay-at-home orders and 100% compliance with wearing face masks and sterilizing hands multiple times per day. Even if that were possible, doing so would take many more months. That is obviously not going to happen.

So, we are left with herd immunity and viable treatments as the world's only realistic near-term solution. Sweden has been roundly criticized and shunned by its neighbors for embracing herd immunity at the outset of the pandemic. It has paid a price for having done so based on

accelerated infection and death rates. But while the jury will remain out for some time to come about the wisdom of having done so, Sweden may prove to have been ahead of the curve in its approach. Herd immunity is an option that should be seriously considered by the world's governments for a safe and effective vaccine could be many years away — and may not be achieved at all.

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Clean Water Is Crucial in the Fight Against COVID-19

Gary Buswell
September 14, 2020

The issues of clean water access and global water security were around long before we had even heard of the coronavirus, but the pandemic has thrown a new light onto them.

The thousands of islands dotted around the Pacific Ocean managed to stave off devastating coronavirus infections during the early stages of the pandemic while much of the rest of the world struggled. However, many of the main countries in the region are now reporting problems of rising caseloads that are threatening to overwhelm the already-fragile health systems.

While the Pacific region is still recording lower infection rates than the rest of the world, countries such as Papua New Guinea, Guam and French Polynesia have all reported surges in the past couple of months. Whereas many of the islands were virtually coronavirus-free until as late as May, they were reporting a combined total of over 2,500 infections and 19 deaths by the end

of August. The problem is that the Pacific has one particular risk factor that leaves it especially vulnerable to the spread of COVID-19: It has the lowest rate of access to clean water anywhere in the world.

Where Can I Wash My Hands?

Only 55% of the largely rural islanders in the Pacific nations have access to basic drinking water facilities, while 70% don't have access to basic sanitation. This puts the region below sub-Saharan Africa in terms of clean water access and is one of the reasons why it is the worst-scoring global region on the 2019 World Risk Index. Poor sanitation is well known to be linked to the transmission of many deadly diseases such as cholera, typhoid and polio. Lack of access to clean running water also presents barriers to carrying out basic preventative hygiene measures when it comes to COVID-19. From the start, the World Health Organization (WHO) emphasized the necessity of regular handwashing to prevent the spread of the virus.

Water access problems have been identified as a contributing factor in the spread of COVID-19, not just in the Pacific but elsewhere, with poor quality water supplies at risk of chemical contamination exacerbating problems. But lack of adequate sanitary hygiene poses a potentially more serious risk when it comes to combating the coronavirus. Research being carried out by environmental biologists at the University of Stirling suggests that the virus could be spread through untreated wastewater and sewage.

Professor Richard Quilliam, who is leading a £1.85-million ($2.4 million) study into the transmission of viruses and bacteria in water-based environments, said: "It has recently been confirmed that the virus can also be found in human faeces — up to 33 days after the patient has tested negative for the respiratory symptoms of COVID-19." Professor Quilliam's paper referenced examples of the severe acute respiratory syndrome (SARS-CoV-1), which is closely linked to COVID-19, being detected in hospital sewage systems in China back in 2003.

Faulty sewage pipelines were also implicated in the rapid spread of SARS-CoV-1 through Hong Kong apartment blocks in 2003, which led to 329 infections and 42 deaths.

Although there is so far limited research into the persistence of COVID-19 in aqueous environments, other coronaviruses are believed to survive in sewage for up to 14 days. Furthermore, there is evidence of COVID-19 surviving in wastewater and sewage systems. Back in February, traces of COVID-19 were discovered in the bathroom of an unused apartment in Guangzhou, China, leading researchers to believe that it had traveled through drain pipes. The novel coronavirus has also been found in sewage samples in places such as Paris and Queensland.

The dangers this could present to developing countries attempting to control the spread of COVID-19 are obvious. Many of these countries already experience high death rates from diseases that are rife amid poor sanitation, have health systems and facilities that already struggle to cope with existing pressures and have higher percentages of their populations vulnerable to the worst effects of COVID-19. Zimbabwe, for example, is one country still recovering from recent fatal cholera outbreaks caused by bacteria-infected water supplies. The country is now battling to contain a spreading coronavirus pandemic without adequate clean water.

Worldwide Measures

But it's not just poorer nations that are at risk. Even wealthier countries have millions of people who are struggling to get access to clean and affordable tap water. In the United States, approximately 67 million people could be at risk of having their running water supply affected as coronavirus moratoriums on disconnections come to an end in several states. The US already has the worst COVID-19 death and infection totals in the world, as well as one of the highest death rates. Exposing millions of households to water poverty is likely to make things much worse.

Diseases and viruses thrive where there is no clean running water supply. With the world

facing up to a potential global water shortage crisis in the coming decades, it's going to give epidemiologists plenty to chew over when it comes to the ongoing battle against COVID-19 and any future developing coronavirus strains.

Investments

While things such as bottled water and purification tablets can provide short-term solutions, this pandemic has highlighted how important it is to make drastic investments in improving water infrastructure around the world. The UN has already estimated that $6.7 trillion needs to be spent globally on water infrastructure by 2030. This includes not just the provision of basic sanitation in the most deprived countries but on worldwide measures such as better irrigation and industrial water practices to cut down on waste, as well as improved water recycling and reuse to try and avert a future crisis.

The issues of clean water access and global water security were around long before we'd even heard of the coronavirus, but the pandemic has thrown a new light onto them and reminded us of their importance. It's crucial that action is taken sooner rather than later, not just for impoverished communities in the Pacific and other developing parts of the world, but for us all.

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Amidst the Pandemic, Central and Eastern Europe Witnesses an Erosion of Democracy

Katherine Kondor
December 10, 2020

Is the COVID-19 pandemic emboldening the rise of illiberal politics in certain parts of the region?

Nearly a year since the start of the COVID-19 pandemic, its effects on people's lives, countries' economies and health care around the world are becoming clearer. In some Central and Eastern European countries, however, this pandemic has had repercussions in another crucial area: democracy. This begs the question of whether the COVID-19 pandemic is emboldening the rise of illiberal politics in certain parts of the region. Indeed, the US-based Freedom House concluded earlier this year that Hungary and Serbia are no longer democracies but are "in a 'grey zone' between democracies and pure autocracies."

One democratic process affected by the COVID-19 pandemic around the world was elections. Indeed, according to the International Institute for Democracy and Electoral Assistance, elections have been canceled or postponed in at least 67 nations around the globe. Central and Eastern Europe was no exception. Serbia's parliamentary election, originally set for April 26, was postponed by two months even though it was boycotted by much of the opposition due to the steady decline of democracy and media freedom in the country, resulting in a turnout of less than 50%.

The controversial election secured another term for President Aleksandar Vucic with over 60% of the vote, granting his Serbian Progressive Party 190 seats in the country's 250-seat parliament. As a result of the election and in-person voting, while the rest of Europe is now in

its second wave of the pandemic, Serbia is now in its third.

Leading up to the elections in Poland, the right-wing Law and Justice (PiS) party proposed a change to the constitution to postpone the election for two years due to the pandemic, automatically extending President Andrzej Duda's term in office. In the end, elections were held in June and July, with Duda narrowly beating the opposition Civic Platform's candidate.

Beyond elections, the pandemic has been used to mask legal and constitutional changes in the region. In Hungary, Viktor Orban's government first passed the Authorization Act during the first wave of the pandemic, effectively giving the prime minister the power to rule by decree. The government's first action was to pass a law mandating that transgender people only be recognized by their sex at birth. The government also announced that disseminating "fake news" about the pandemic or the government's response to it was a crime punishable by up to five years in prison.

As a result, although no one has yet been charged under the new laws, several people were arrested and detained after criticizing the government on social media, which some commentators likened to being picked up by the notorious black cars driven by the secret police during the communist era.

In November, as the country entered its second wave of the pandemic, the Orban government announced the Second Authorization Act for a period of 90 days. The following day, proposed amendments to the constitution were announced that would make it mandatory for children to be raised amid "Christian cultural values," defining the mother as female and the father as male, as well as prohibiting changing gender after birth. These amendments bar same-sex couples from adopting, but single parents can request an exemption through special ministerial permission.

Additionally, one minute before midnight on the day before new curfew measures went into effect, the government proposed a change to the election law, making it impossible for coalitions to contest elections, effectively wiping out the opposition.

At the same time that Hungary adopted its first Authorization Act, Poland adopted the Act on Special Solutions Related to the Prevention, Counteracting and Combating of COVID-19, which was ultimately used by the Polish government and PiS to limit social dialogue. A few weeks later, the "Stop Abortion" bill was enacted by the Polish parliament. Already among the strictest abortion laws in Europe, the high court's October ruling that it was unconstitutional to abort a fetus with congenital defects effectively banned all abortions, bar in the case of incest, rape or a danger to the mother's health.

This new ruling was met with mass protests around the country, even spreading to church services in the devoutly Catholic Poland and seeing as many as 100,000 people on the streets of the capital Warsaw. This attack on women's health was also met by a push to leave the European treaty on violence against women, known as the Istanbul Convention, citing that it is "harmful" for children to be taught about gender in schools. Hungary refused to ratify the treaty in May, stating that it promotes "destructive gender ideologies" and "illegal migration."

It is likely that what the world is seeing in these countries is what Ozan Varol calls "stealth authoritarianism" that "serves as a way to protect and entrench power when direct repression is not a viable option," with the ultimate goal of creating a one-party state. The pandemic seems to be helping authoritarian leaders to secure their grip on power. In Serbia, Vucic gained popularity during the first wave and, even after criticism from the opposition and supporters alike, Orban maintained his popularity in Hungary, as shown in a recent Závecz Research poll.

Findings from interviews carried out as part of a project, Illiberal Turn, funded by the Economic & Social Research Council, suggest that while people were predominantly supportive of democracy in the months before the pandemic,

some of those interviewed in Hungary, Poland and Serbia during the first wave in the spring seemed to have a change of heart, expressing more sympathies toward authoritarian forms of government. This trend is worrying, as it shows the potential effects that crisis can have on democratic values. These abuses of power in Central and Eastern Europe cannot be ignored. It is crucial to pay attention to how these times of crisis can further exacerbate the already existing illiberal tendencies across the region.

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