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# Coronavirus Contemplations\*

Azmi Bishara

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Coronavirus Contemplations:

Series: *Essays*

10 May 2020

Azmi Bishara

General Director and Member of the Board of Directors of the Arab Center for Research and Policy Studies. Dr Bishara is a researcher and writer with numerous books and publications on political thought, social theory and philosophy, as well as some literary works. He taught philosophy and cultural studies at Birzeit University from 1986 to 1996, and was involved in the establishment of research centers in Palestine including the Palestinian Institute for the Study of Democracy (Muwatin) and the Mada al-Carmel Center for Applied Social Research.

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The Arab Center for Research and Policy Studies

Al-Tarfa Street, Wadi Al Banat

Al-Dayaen, Qatar

PO Box 10277, Doha

+974 4035 4111

[www.dohainstitute.org](http://www.dohainstitute.org)

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## I: On Life as We Know It

Having realised in our housebound isolation that this year there will be no spring for us – telling ourselves that this is at least better than losing whatever remains of our sunset years, that to forgo the gentle vernal breeze for one year is at least easier than gasping helplessly for air or begging that death release us from slow asphyxiation, nameless and alone in some makeshift hospital – we have begun to wonder when life might possibly return to normal. But was there anything ‘normal’ about the life we were living before? What was ‘normal’ about our ‘normal lives’?

Are we really ready to return to a ‘normal life’ where it is not Coronavirus but civil war in Syria, Yemen or Libya that dominates the headlines alongside the proclamations of tinpot sectarians, the machinations of petty warlords or the antics of vacuous celebrities? That is, of course, when there is nothing new to say on the US elections; when the Trumpian gestalt of self-confident teenage narcissism and swivel-eyed anti-intellectualism that today characterises many leaders from Brazil to the Philippines has fallen temporarily silent; when Putinism’s alliances with the populist right in east and west, with Assad and with Netanyahu, have produced nothing newsworthy; and when it is a slow day for racist bigotry and that particular form of nihilistic political violence against civilians that we refer to as ‘terrorism’.

This is not the intended meaning. What people mean is the minute details of life as they know it – details that they sorely need to return to, and which some of them miss dearly, depending on their circumstances. Making ends meet, trying to make a living, and embracing loved ones; grumbling about everyday problems in the office or on the commute, moving up the career ladder, or taking joy in small victories at work; meeting friends and commiserating and joking together, setting the world to rights and enraging at politicians, whether genuinely or more often just to pass the time; being seen by doctors and finding the money for medication – and not worrying about the possible risk to the people and things close to us, or having to wonder whether we ourselves might unwittingly be placing those around us in danger. All right, then – perhaps it would be better to say ‘life as we know it’.

There is no going back to a ‘normal’ life. Human memory is incapable of retrieving a ‘normal’ moment. But there is nothing wrong with assembling a putative ‘normal’ in opposition to the ‘abnormal’ that we are experiencing, and fighting for it on that basis despite the fact that it is as constructed as anything else. To act in the name of ideals can be productive: in the human world – luckily for us – conflicts not only take place between competing interests, greed and will to power, but also between different ethical conceptions of how to live together. These different conceptions in turn may give rise to different conceptions of interest.

The current collective longing for a return to day-to-day life, life as we know it, is in reality a healthy desire to move past the state of exception under which all humanity is now living – the state of shared fear. Politicians have lost the luxury of their favourite expression; their ‘concern’. They are as scared as the rest of us, and if like addicts they continue to use it, it is perhaps only to express

their ‘concerns’ regarding fear itself. The epidemic has intersected with globalisation – in short, it has itself been globalised not only “pandemized”. The state of emergency is no longer a local affair, the fact that it is still states that declare these emergencies notwithstanding; a global *état de siège* prevails, accompanied by a keen individual sense of danger. This danger, this anxiety, hangs over everyone. People cannot behave towards it as they have previous grave political events – wars, hurricanes, famines – in other parts of the world, thinking about it when they feel like it and ignoring it when they do not. The measures taken to fight the epidemic affect them. They feel that the virus is targeting them personally, and as such, they are not mere passive objects: they contribute directly to the atmosphere of fear, panic and hope, and to the confusion around how to deal with the epidemic. And this might well be the first time that every media outlet in the world has run the same headline story on a daily basis for months.

Thinking about the fate of humanity in a time of plague cannot be separated from concern for loved ones and speculation about the fate of those with whom you have lost contact. ‘Humanity’, ‘the world’, ‘the human race’ – these are no longer abstract concepts. You are genuinely and specifically interested in conditions in every single country, whether near or far. You want to know about the measures being taken and how different societies are behaving in the face of the epidemic. The figures that now concern you are the number of cases and the number of deaths. You engross yourself in these figures and closely follow their peaks and troughs. They haunt your conversations, your worries and your day-to-day thoughts. The plague may come upon you at any moment: you are a deer in its headlights. You are constantly in death’s presence. Death is not selective: it can strike anyone. And since it can strike *anyone*, it is *everyone’s* concern. The epidemic and the measures taken to combat it have obliterated the distinction between the public and private spheres. And other important issues – and likewise other deaths – have been pushed to the sidelines.

Fear and uncertainty restrict freedom of action in exactly the same way as inevitabilities and necessities. There is an epidemic that we do not know how to deal with, which controls us and our behaviour. Perhaps biology, epidemiology or virology will set us free – a treatment, or a vaccine. The knowledge of natural inevitabilities is an important rule of human freedom: there is no freedom in nature. But we can sometimes become slaves to a belief that we can conquer nature or influence it from the ‘outside’, leading us into folly.

As things stand, the Coronavirus test is of no help to the person taking it, but does help the collective – specifically those close to you. Unlike most preventative measures, you don’t do it for your benefit but so that you can protect those around you from the virus.

In any case, you take the test. If the results come back negative, this does not mean that you will not be infected later. And if they come back positive and you are asymptomatic, you will have to sit at home hoping that you didn’t infect anyone before you knew that you are “positive” and wait until you recover or develop symptoms, in which case you will spend every second, perhaps every millisecond, following their ups and downs from moment to moment. If you recover it is not at all



certain that you will not become ill again, and if you do not recover and are sent to hospital, then it is not at all certain that they will be able to treat you. Uncertainty hems us in on all sides, which cannot but mean anxiety and exhaustion, whether conscious or otherwise. But tests nonetheless remain crucial, and everybody wants to be tested so that they can help control the virus's spread, so that those who are infected do not wander freely among the public as if wearing suicide vests.

Some philosophers have described this constant worry that you might harm others as 'moral fatigue'. But this worry is invariably accompanied by a fear that you might yourself *be harmed by* others. You are simultaneously and ineluctably afraid for yourself and for others. Nobody is doing anybody else a favour. And while it is certainly exhausting, it is wrong to describe it as moral fatigue. This term was developed for different conditions, and its contrived use here is no more than a fruitless psychological exercise. Perhaps we should call it 'anxiousness fatigue' instead.

From another perspective, this new inseparability of the global and the individual has made humans far more aware of their direct relationship to their humanity. This is perhaps the most 'normal' or 'natural' thing to have happened to us for a long time. Individuals are sensing their humanity in and of itself; their simultaneous helplessness in the face of nature; the state of uncertainty and the attendant predictions, hopes and fears – above all else the fear of the unknown and for loved ones and hope that others will be safe – and the waiting for others' efforts to bear fruit; and the desire to do something to help. Is there anything more 'normal' or 'natural' than that?

All this talk of 'nature' brings to mind the philosophical 'state of nature', which some imagine as a paradise lost and others as a hell of anarchy and constant war where it is every man for himself; these visions of the state of nature are the foundation on which differing conceptions of how society and state should function are built. But the state of nature is a pure fantasy: so long as humanity has existed we have done so in social groupings in order to guarantee food, security and shelter. It is more useful to think about our *human* nature than the *state* of nature. The state of nature is no more than an intellectual exercise allowing us to think about the meaning of organised society and the role of the state.

Fear of the unknown and a tendency to cling to hope are part of our human nature just as much as reason, thought and the capacity for speech, as are self-interest and the instinct to survive, altruism and the desire for recognition. The struggle to survive drives attempts to overcome powerlessness in the face of nature and uncertainty, whether using reason, knowledge, imagination or mysticism. And just as human nature is capable of producing hate, envy or be covetousness, it also generates solidarity with and attachment to others, love, and the desire to be loved.

In our isolation we find ourselves alone with our humanity, our fears, and our solidarity with others. We listen closely to ourselves, and discover that we are in fact multiple selves, multiple voices in one self. Our solitude may be lonely and still very crowded, we may discover a rich internal dreamworld of elliptical and interwoven places, people, stories and times, moments of similarity as we form new relationships with the world, moments of immanence between the self and death. But in



every interaction with outside influences we also find our prejudices and jealousy, our pride and selfishness and our desire for revenge rearing their ugly heads, jostling for position with our love and sympathy and empathy for others – that is, our ability to imagine ourselves in their position, confronting problems, choices and moral dilemmas.

Fear of death is not simply a matter of instinctive love of life but also of our love for those around us, our fear of losing them and of loss more generally, it is the pain of the parting the separation. Love is the finest of the human emotions, and the foundation of life as it deserves to be lived.

## II: On Theory for Theory's Sake

I am not a great fan of those philosophers who have taken advantage of the more attentive, less distracted captive audience provided by current circumstances to pontificate to them on the meaning of death. Death from coronavirus has no meaning. In fact, death in general has no meaning. Moreover, neither does life in general. It is more productive for an individual to think about the meaning of his life, and not about *the meaning of life* – and, furthermore, to ask what the lives of others mean to him, and how valuable they are to him. Here you will find answers that determine your personality, or a personality that determines your answers, in good times and bad, for better or for worse, in sickness and in health – epidemics included.

I likewise have little sympathy for those who engage in angry historical comparisons between plagues and epidemics at different times across history outside their historical context (that is to say, *ahistorical* comparisons), and nothing but frustration and exhaustion for the various types of rumourmongers (as great a difference as there is between them and the former group). Nor does the brisk trade in fast food thoughts-for-the-day (delivery free for the whole coronavirus season!) do much for me. My thoughts are with the doctors, nurses cleaning staff and other hospital employees on the front line and those working in agriculture, or factories, or power plants, or utility companies – and yes, with the police and the security forces (just this once!) and the media, at least those who are doing their jobs properly. And with the volunteers who are doing good, whether by providing succour to the needy, by serving society in general in vital institutions, or in the many other ways that people are helping out. And I cannot take my mind off those with other serious illnesses, who in a time of coronavirus (an illness which will tolerate no competitor) will be reluctant to be open about their suffering or even to call the doctor when they are in pain – and will be very hesitant indeed about going to the hospital when they are hit by a bad bout, either for fear of being infected or because they worry no-one will have time for their problems.

Some of us are going to learn how important service and factory workers really are – workers who this society of stratified status and economic inequality normally has little respect for. Will our newfound respect last once the plague is gone? Those who I am talking about have always needed these workers, but it is only during the coronavirus epidemic that they have begun to think about them and meet them, because while others stay at home these workers cannot.



Nature is complicated and the human world even more so. Humans live and change in, through, and with innumerable contradictions. The jobbing philosophers of coronavirus season transform every detail into a prediction and proceed easily from cherry-picked detail to a general theory. They are the soothsayers of the day, the masters of secrets and visions and ideas and fates – and if the cherries they picked had been different they could have reached different conclusions. This sort of philosophy – or thought-for-the-day-ism masquerading as philosophy – is entirely superfluous. Sometimes they accuse modernity, sometimes neoliberalism – or religiosity, irreligiosity, democracy or totalitarianism – as though the epidemic simply confirms their existing beliefs and provides an opportunity to express their anger. But it is an epidemic. Epidemics have occurred throughout history and under political regimes of all kinds. There are others that continue to take many lives in Africa, including the HIV/AIDS epidemic. There may be different approaches, and there is nothing wrong with discussing different state responses. But states are not the cause of coronavirus, and neither is the international system responsible for its spread.

In times of disaster intellectuals like to use attention-grabbing titles like ‘the Gulf War that never happened’ or ‘the invention of an epidemic’ to carve out a space for themselves. When you read the article, however, you are unlikely to find anything new except the title itself.

Numerous indeed are the ‘prophets of rage’, who blame even this epidemic on development and modern lifestyles. Development can be held responsible for environmental issues and global warming, for the devastation of modern warfare, for gluttonous overconsumption of all kinds – and even for the mental illnesses and sense of alienation that individuals feel in modern society, for high blood pressure, diabetes and cholesterol. And it can be held responsible for the *neglect* of epidemics in Africa. Pick one – it’s a long list! But epidemics themselves are not on it.

Civilisations throughout history have experienced lethal epidemics of unimaginable fierceness (the black death, typhus, measles, polio, cholera, yellow fever – the list goes on), many before the invention of modern medicine or science or even societies organised into states. The great plague of the 14th century – the first to leave behind detailed historical records – swept across Europe as far as the Black Sea before finding its way to the Mamluk-ruled Levant, carried not by trains or planes but by flies, fleas and rats. Like a divine punishment it cut down swathes of terrified people – including conjurers and fortune-tellers, whose lives it took as unceremoniously as anyone else’s. It left behind cities empty and silent but for the whistling of the wind, stripping whole regions of their populations; in many cases there was no-one left to bury the dead.

Today epidemics are rarer and less devastating. We have science and medicine to thank for this, as well as the existence of states capable of taking preventative measures and who should be held responsible for not being prepared and not taking scientists’ alerts seriously, and many other interrelated factors: development, production, living conditions, and changing hygiene habits. The population of the world has grown and its life expectancy increased in direct correlation with social and economic development. Infant mortality has fallen and nutrition and medicine have improved.



Some may also consider these to be negative developments, but that is another question entirely. Much will depend on science's response to viruses' capacity to adapt to the human immune system, and vice-versa. Think of how many times the flu virus has mutated, and of the unceasing efforts to develop new vaccines against it. Flu (for example), and the coronavirus family more broadly, may well become humanity's greatest enemy: these viruses are always taking on new guises. The Covid-19 or SARS-CoV-2 virus seems to be particularly "small", simple structured and exceptionally elusive.

It does not take a lethal epidemic to know that in human-nature, interaction and human relationships, there is no alternative to rational thought and humanist ethics, whether before or after the epidemic, as well as a more humble relationship with the natural world. Scientific logic is based on man mastering his environment and discovering its rules so he can turn them to his own advantage (to produce a coronavirus vaccine, for example). But we have to recognise that our control over nature is not that of an occupying power on foreign soil: we are part of nature and subject to its rules, and we cannot control it from outside. That is a fantasy. The "belief" in this hypothesis is essential for environment and climate, global warming as an exigent manifestation of it. It is essential for public health policy, and perhaps even to infrastructure and industrial planning, which affect our whole way of life. But I doubt it will concern any epidemiologist or bacteriologist investigating the virus's RNA or protein structure or trying to determine whether an RNA or inactivated vaccine would be better. There are no philosophical questions here that those rushing to grace us with their 'philosophical' opinions or hastily conducting interviews in order to compile them into bestsellers can answer. But they still go on talking. Perhaps this is a simple fear of missing out on grand events, a fear of being silent.

You follow the experiments of scientists looking for vaccines or treatments in different countries or on different continents and await the results. Those who label researchers and scientists infidels are awaiting those same results – just as they happily make use of industrial products manufactured in the West or in east Asia in their daily lives, or use communications technology or social media platforms developed in the West and owned by Western companies to condemn Western societies while declaring the superiority of their culture. The rupture between thought and practice will carry on; the cognitive dissonance thesis doesn't work in the case of closed ideologies. Dealing with the epidemic will not change this.

Why did some philosophers turn their ire on modernity even before health organisations and states had had time to react publicly? Is everything that happens in our time the product of modernity? What is the relevance of modernity to coronavirus? It has nothing to do with its genome, its protein structure, its RNA or its infectiousness. The leaps of viruses from wildlife to humans through intermediate hosts (given that the thesis is true, as it seems most likely to be) can't be a modern phenomenon. The virus is *new*, but it is not *modern*. What is modern is crowded cities that accelerate the spread of an epidemic, mass tourism and travel, the response to the pandemic, its reproduction as a media and social phenomenon, even as a political phenomenon insofar as concerns the role of the state (in contrast to the pandemics of the past).



The media, live broadcasting, the internet – all these factors have produced a certain homogeneity of time around the globe. People experience the same events at the same time even if they do not understand them in the same way. The presence of experts, analysts, doctors and scientists or WHO communiques helps create a unified understanding of the phenomenon, using the same terms – translated in the blink of an eye to the world's many languages.

The thing that is particularly 'modern' about the epidemic is this production of simultaneity. The resulting proximity of worries and concerns contributes to the imagining of a vast community, 'humanity'. This does not necessarily mean the generation of new ethical values or that these values give precedence to 'human' belonging over all other identities. Although the terminological underpinnings of this idea are no longer mere abstractions – and have in fact become the basis of a vast living experiment in which we are all participants – many factors will continue transforming cultural, ethnic and religious difference from simple diversity into conflict and hostility.

States emphasized their borders, some states allowed only citizens back to the country. Palestinians carrying Lebanese travel documents were not allowed to board in a plane carrying Lebanese nationals back from the Emirates. The Corona moment in history is an opportunity for political leaders to practice humanity and to silence racism, and, they will be surprised, most people will be on the right side.

Unlike the great depression, the causes of which were obscure for most people, every person knows well that Covid-19 is an epidemic that could make every human being a potential victim. It shouldn't be as easy to turn fears into rage and divert it against the other (minorities, enemy states etc.) as happened in the 1930s. It shouldn't be an easy task for Trump and his likes in our world if enough reasonable people speak out and condemn such attempts in a consistent and uncompromising manner.

Many of those who like to engage in public eureka moments have 'suddenly' discovered the insignificance of man: how hollow his glory and might have proven when confronted by a virus invisible to the naked eye (as though before coronavirus other illnesses were somehow visible)! This sort of talk is hardly new. A veritable downpour of it follows every unexpected or accidental death: 'life is a joke', 'man is nothing', 'how powerless we are compared to nature', 'how insignificant we are compared to the Almighty.'

But humanity's glory, the value of human life and of how humans approach life, cannot be measured by how quickly human bodies succumb to a virus. Nor is this evidence of the glory of the Creator: there is much better evidence than this, most importantly humanity itself as creatures made in God's image (Genesis). God's glory appears not in man's insignificance but in man's own glory; not in the virus's victory over man but in his victory over the virus. After all, the famous verse tells us that heaven and earth both refused the 'trusteeship' (*amana*) granted by God that man accepted.<sup>(1)</sup>

Man dying from a virus is a matter of biology; the value of his life and his greatness or otherwise belong to another realm beyond the reach of epidemics and viruses made from organic material.

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1 'We offered the Trust to the heavens, the earth, and the mountains, yet they refused to undertake it and were afraid of it; mankind undertook it— they have always been inept and foolish' (Al-Ahzab 72). Exegetes differ on how to interpret the Trust, but regardless of its exact meaning it is a divine trust that despite humanity's failings it took upon itself after the heavens and the earth had refused it.



Conscious, moral man asks himself what his life is worth whenever he is anxious. During an epidemic it is more important to think about prevention and recovery, individual and human survival. This is not a philosophical matter.

### III Fear:

The difference between people's attitude in the Corona era and how they have dealt with previous crises is a collective sense of fear cutting across borders between countries and continents, a fear produced by uncertainty during the anticipation of mortal danger: collective and simultaneous fear and expectation.

A surprise death does not scare us because it takes us by surprise: we never have to confront it face to face to start with, and the whole thing ends without an encounter of this kind ever taking place. But living in the shadow of mortal danger whose presence we are aware of (whether visible or invisible to the naked eye) is necessarily stressful and anxiety-inducing, even if the looming threat does not ultimately lead to death. The effectiveness of a horror film does not depend on surprises but on using the power of suggestion, background music, sounds, silence and cinematography to produce a sense that something horrible is going to happen. This is why we feel so 'on edge' when we watch horror films. It is not the shock but rather the opposite — the fearful apprehension. What we are currently experiencing is not a matter of the seriousness of the virus but the feeling of dread that it produces. The threat is eyeing you up just as he eyes up those around you; it chooses its victims at random.

Then there is the fear of other people, of things around you, of everything. A new word has entered popular use in Arabic — *astuh* ('surfaces'). Who would ever have dreamt of using this word so often outside a physics lesson? Now all of us have to think twice whenever we touch the 'surface' of an object because the virus can go on living there for hours — and if you want the real detail, you can easily find dubious figures telling you exactly how long it can survive on any given material. And we are forced to think about unconscious movements like touching our faces. This requires constant sensory vigilance. But even as our senses are constantly vigilant, they are failing: the threat cannot be seen, heard or smelled. And who among us has not responded to this constant subconscious confusion — which often overflows into the realm of the conscious — by asking ourselves: 'have I got it?' 'Am I spreading it without realising?'

This justified fear is a 'psychological virus'. Some may be able to alleviate its effects by thinking rationally about probability and taking all reasonable precautions. Others escape by occupying themselves with whatever they find meaningful. And a third group seems to enjoy the fear and the stress — and sometimes to get a kick out of scaring others or stirring up domestic disputes.

Ultimately this is a problem that we have to learn to live with, a fear that we have to confront with the greatest possible rationality, morality, sympathy, kindness and mutual understanding until such time as a solution is found. Some also use humour to deal with the stress. There is a saying



commonly misattributed to Ibn Khaldun (why, I couldn't say): 'when you see people who make many jokes during times of disaster, know that misery has ground them down, that they are a people who have suffered neglect, enslavement and hardship, like those who are dragged to their deaths while drunk.' Even if Ibn Khaldun had said it, I wouldn't be able to agree with him. People who tell a lot of jokes during disasters are creating a subconscious defence mechanism that helps them deal with the stress. And where physical immunity fails to beat the virus of the body, psychological immunity can at least beat the virus of the mind.

Some like to make comparisons in order to downplay the threat posed by the epidemic or promote the adoption of a herd immunity strategy. One French doctor has noted that car accidents kill more people than Covid-19. This may well be true; car accidents are a global menace. But there are already measures in place against accidents of this kind – an endless list of instructions developed over time. And even if you do everything right, that might not save you from others' drunkenness, mistakes, or even from simple bad luck. Car accidents are man-made, while the virus is not. And so long as there is no treatment or vaccine, then human action will have no influence on the virus's effect – only on how it spreads.

## IV: Physical distancing, distance and politeness

Even before the epidemic there were many reasons to reconsider our way of life. The virus's genetic code is not the product of people's lifestyles. Past plagues were likewise able to tear through societies and leap from continent to continent. But there are many compelling reasons to slow down the pace of life, to turn down the pressure and to think about quality before quantity. Those who have developed a newfound penchant for philosophy tell us that sitting at home will teach us how. Well, they should wait a little while, until sitting at home itself starts to be a source of pressure and other undesirable social, familial and psychological problems that I won't go into here – the rise in domestic violence, for example. They should wait until it takes its toll on workers who haven't been able to work and won't be able to provide for their families.<sup>(2)</sup>

Sitting at home is crucial to checking the spread of infection, and some people want to find the benefit, to make it a source of moral lessons. But there are no theories to be gleaned from the peculiar details of the movie scene that we are currently living through. We might learn something useful about how people behave under pressure or the importance of the survival instinct as opposed to the moral instinct (as human identity), and some might conclude that human beings act very similarly when confronting the same threat. But does this mean accepting the moral principle of equality? Not necessarily. I hope so, but this is neither a scientific conclusion nor a prediction.

There are certain unified behaviours that the epidemic has foisted on us everywhere, all of them related to the now global concept of 'social distancing'. Today everyone thinks of the benefits of

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<sup>2</sup> This text was originally written in Arabic early in the crisis. It is now clear that they didn't have to wait long.

washing their hands, individuals' responsibility to the community, and the responsibility of the state as purely domestic matters. Many of us have become experts in simplified science, while other sections of society are still looking for metaphysical explanations. Masks have become a sort of global uniform. And businesses who take advantage of many people's aversion to uniformity and uniforms are planning to satisfy their need for diversity by producing a vast array of masks, while in the meantime individuals are working hard to vary the styles of the masks they wear.

Social distancing is a neologism referring to maintaining distance between human bodies in order to prevent the spread of infection. I have to admit that I can't understand why the term 'physical' or 'personal' distancing wasn't used instead. Why 'social'? In any case, the term is established now and there isn't much we can do about it. Even outside a time of epidemic, maintaining distance between individuals is no bad thing: excessive contact constitutes an undesirable imposition of the self on the other, a violation of his privacy. Even in overcrowded cities some people never get used to the uncomfortable physical proximity of commuter buses and crowds and are surprised that others are able to; finally, giving up on physical defence of it, they try to separate themselves from their personal space mentally, ignoring the constant physical violations of this space from all sides.

Societies that respect individuals' privacy avoid physical contact even as an expression of appreciation or affection; in such societies, the excessive tactility seen among young people is no more than a form of rebellion against parents' coldness. Keeping your distance became such an important part of behaviour that it became a substitute for politeness and cultivation – as though politeness means distance between individuals. You can no longer easily tell which came first: physical distance or emotional distance – that is, this social standoffishness that may be the price of individual privacy. Getting the whole package – warmth, familiarity, affection *and* personal privacy – seems to be difficult. But not impossible.

What *is* impossible, however, is maintaining the distance necessary to preserve autonomy while simultaneously being able to express affection and friendship without suppressing its physical manifestations. This can't work if we are forced to spend the whole day fighting a multi-front war of attrition to defend every last inch of our autonomy – multi-front because this autonomy is not only violated by touch. Our ears might be forced to tolerate others' musical tastes, the clamouring of crowds or the honking of horns; society might intervene in a family's lives or a family in those of its adult children. Here we can meaningfully talk about social distancing to combat social busybodyism and forcing your tastes onto others. I doubt this problem can be solved by social distancing or masks or even by working from home via video conference.

Embracing others is a human need. It's not only about *expressing* emotion, but also about *receiving* it: a hug is not simply symbolic but one of the few ways in which body can correspond to soul. Doing without it means doing without a part of your humanity. But shaking hands is just a greeting – originally a sign that a deal had been concluded or a contract sign. There are plenty of other physical gestures with which we can greet someone. Handshakes may never be as common again after this



crisis. But hugs will absolutely return. I doubt anybody misses shaking hands with anybody – but many of us long for the day when we will be able to hug family and friends again, and lovers feel the inability to hold one another very sharply. And let's not forget the hugs we exchange at the funeral of a friend or relative. Many of us have been unable to say our final goodbyes to loved ones in recent times or have only been able to comfort others from afar.

Some aspects of epidemic life may prove lasting once the crisis is over. The effectiveness and the benefits of working from home are now clear and companies are sure to develop techniques more sophisticated than we can possibly imagine now to allow their employees to carry on doing so. It's obvious that remote meetings are shorter and more efficient than meetings conducted around a table. And distance learning will no doubt change the way that schools and universities teach even in peacetime – even in countries and societies whose infrastructure is as yet unprepared for these accelerating developments, and for individuals who lack the necessary skills to deal with them. Having previously been the province of digital universities and one or two other institutions here and there, distance learning is now becoming a much more comprehensive social phenomenon.

Most people will still have to work in factories, fields, retail facilities, streets and railways, not to mention hospitals. Many people have to go out to work during a pandemic, even in sectors not defined as vital, because work is vital for them and their families.

## V: Coronavirus – the Great Leveller?

The words 'stay at home' have replaced all the other repeated pleasantries conventional in traditional Arab greetings – 'how are you?', 'how's your health?' These pleasantries, although crucial, were never meant as real questions: usually there was no expectation of an answer. But 'stay at home' is something else. It encourages your interlocutor to worry, to suffer real psychological worry – to engage in a piecemeal yet obsessive effort to disinfect himself and his possessions that he'd be sure to laugh at if he saw it on film, a pantomime of anxiety and involuntary behaviour of a kind verging on cliché.

You think constantly about disinfectant. What have you disinfected? What did you forget? Before what? After what? And what's the use of all this disinfectant anyway if you haven't disinfected your glasses in a whole two weeks? Only one thing distracts you: your failure to make touching your face into a *voluntary* rather than involuntary action, your failure to notice that you are about to do it before you do it. Whenever you think about it, some spot on your face – a different one each time – starts to itch insistently. The more obstinately you refuse to touch your face, the more insistent it becomes, until nothing can possibly save you except getting up, disinfecting your hands and taking bitter revenge on the itch. That's assuming you don't touch your face involuntarily ten or more times on your way to the soap.

For the first time in human history, staying at home has become a communal responsibility – its own stand-alone contribution to the public good. Before it was a sign of a failing – laziness or introversion



– or that you were unemployed. Now it's become a virtue, the height of human effort and innovation. And this is only one of the strange realities of this new age.

The world has seen plagues and catastrophes before. But we have never seen people staying at home in this way – the streets and squares of cities all over the world simultaneously empty. This is a new and entirely modern phenomenon.

Note that most of the guides, recommendations and advice offered in TV shows or on social media about how to use your time and make staying home a “constructive” and easy endeavour are designed for upper middle class small families in nice apartments or terraced houses.

The call to stay at home recalls the millions of people who would love to comply but who have no homes to go to. And it should also remind you that there are many different types of ‘home’ – from palaces to cottages to apartments with and without balconies – and many different sizes of family. There is a difference between a large family stuck in a cramped two-room apartment and a small family in a spacious villa that allows each individual privacy despite them living together. It's been said that coronavirus renders everyone equal. This may be true biologically. But even here there are very different levels of treatment available in intensive care that may affect the virus's impact except in extreme cases. The death rate isn't just a matter of age and underlying conditions. It also depends on how attentive the care is, how many doctors and beds there are available, how many hospitals and ICUs – and how well equipped they are.

The epidemic treats workers or small business owners who have listened to instructions and stayed at home – despite their existential fear that they won't be able to feed their family next month – very differently from those who have job security yet not sure until when it will last, and those who are carefully following stock market fluctuations from home.

Neither is distance learning – now set to become a key part of education as a whole – the same for all learners or classes: it depends on an internet that is unavailable or expensive for many and whose speed and reliability differs from country to country. At least as things stand distance learning is far from egalitarian. It reproduces disparities within and between societies. It does not solve gaps in education investment, staff shortages, or varying quality of teachers, curricula and pedagogical methods.

Unlike wars and other violent catastrophes, where (at least as a general rule) men remain superior to women, epidemics – like other familial and domestic problems – typically reveal how weak men really are and their inability to cope. Women, meanwhile, show their powers of perseverance. People are currently stuck at home – a woman's domain in most societies. Moreover, there are women still working outside, providing for their families even as they carry on doing domestic labour. Shopping for daily necessities is also typically the lot of women (at least anecdotally – I don't have any data to support this). Will the crisis push women up the social ladder? There is no definitive answer. In some cases financial pressures and overcrowded homes have led to an increase in domestic violence. But many men may come out of this crisis with a much greater appreciation for women, and many



women with greater self-confidence. In any case, women were already moving forward and closing the gap with men – a process that has accelerated more than ever before in the last few decades.

The elderly are not dependent on or a burden on anyone. They have worked throughout their lives to build countries, societies and generations young and old – including that same small minority that complain about their elders and treat them as a burden. Those for whom human affection is not enough of an incentive to care for elderly family members might be reminded that even in their own callous terms looking after the old is not charity but a matter of debt – giving them their fair dues after all they have done throughout their lives. This is a debt that younger generations cannot possibly hope to repay whatever they do. Treating the elderly as a burden is an unforgivable behaviour that can only be made up for by the work of thousands of the thousands of young people worldwide who volunteer to help them. There is a younger, more moral generation who promise a better world to come.

The experiences of the elderly in care homes during this epidemic will return this issue to the spotlight. Is it really reasonable for old age to be subject to the whims of the market? Most US care homes, for example, are profit-making enterprises. It is clear that they lack the moral responsibility and ability to care for the elderly required by an epidemic so fatal to this generation in particular.

Some feminist thinkers of the late 20th century dissatisfied with the ‘abstract principles’ of justice ethics proposed instead the idea of care ethics. I have always felt that the latter does not replace the former but rather complements it. In times like these it is easy to see the importance of a care ethics based not on general principles derived from the values of equality and freedom but on sympathy and the desire to find solutions to problems rooted in concern for another’s suffering. The principles of justice are not enough in a time of unexpected crisis. And they have little to say when individuals find themselves powerless in the face of hardship.

**Given all this talk of pandemics, it might be worth remembering some facts about HIV/AIDS:**

In the 1990s people in East and West were deeply concerned with the HIV/AIDS epidemic – concerning a virus transmissible through blood and sexual fluids but which has nonetheless taken the lives of millions. HIV became the subject of literature, art and cinema, as well as myths and rumours dwarfing those surrounding coronavirus. For a while having it was branded morally suspicious, to the point that some were scared to admit their diagnosis and those that did were considered brave because of its association with the taboo of homosexuality. In the West this period has been put to rest, but in the East it is still very much with us, despite the fact that it is now well-established that the virus can be transmitted through hospital blood transfusions or other means. It is now also clear that it is possible to be a carrier, and thereby infect others, without becoming ill, and there is a long list of other complicating factors. Many of those infected have suffered and continue to suffer with immune deficiencies. But it is getting hold of a treatment that allows their bodies to coexist with the virus that is their greatest challenge today. And the media doesn’t have much time for them, because more than 80 per cent of the cases are in Africa and the Asia Pacific (two thirds of them in Africa alone)



From the beginning of the epidemic through to 2018, 74.9 million people have been infected with HIV. Around 32 million people have died from the virus or from everyday illnesses made fatal by the autoimmune deficiency that it causes. The number of deaths has fallen by some 55% since the epidemic's peak: in 2018 some 770,000 people around the world died from AIDS-related illnesses compared to 1.7 million in 2004. According to the WHO, Africa is still the worst-affected region: one in every 25 adults (3.9% of the African population) is infected with the virus, account for around two thirds of cases worldwide.<sup>(3)</sup> And global interest in the pandemic has clearly diminished – not only because of the discovery of a treatment, but also because the virus has retreated in North America, where in the 80s and 90s it was the subject of much public anxiety. Nowadays it is limited to the global south, particularly Africa. AIDS drugs produced in the global north are consumed in the south. Figure 1 shows the number of people living with AIDS, the number of new infections and the number of deaths by region as provided in the latest published statistics.

**Figure 1: Regional AIDS data, 2018<sup>(4)</sup>**

	People living with HIV (end of 2018)	% of total cases in the world	New HIV infections 2018	% of total cases in the world	AIDS-related deaths 2018	% of total cases in the world
<b>Eastern and Southern Africa</b>	<b>20.6 million</b> [18.2 – 23.2 million]	54.4	<b>800 000</b> [620 000 – 1.0 million]	47.1	<b>310 000</b> [230 000 – 400 000]	40.3
<b>Asia and the Pacific</b>	<b>5.9 million</b> [5.1 – 7.1 million]	15.6	<b>310 000</b> [270 000 – 380 000]	18.2	<b>200 000</b> [160 000 – 290 000]	26.0
<b>Western and Central Africa</b>	<b>5.0 million</b> [4.0 – 6.3 million]	13.2	<b>280 000</b> [180 000 – 420 000]	16.5	<b>160 000</b> [110 000 – 230 000]	20.8

<sup>3</sup> “The Global HIV/AIDS Epidemic,” HIV.gov, accessed on 17/4/2020, at: <https://bit.ly/2ynH0q2>; “Global Health Observatory (GHO) data,” World Health Organization, accessed on 17/4/2020, at: <https://bit.ly/34Lnksv>; “Fact Sheet – World Aids Day 2019,” UNAIDS, accessed on 17/4/2020, at: <https://bit.ly/3bg8H2M>

<sup>4</sup> Figures are estimates of total cases. For example, the total number of AIDS cases from the beginning of the epidemic through to 2018 falls between 58.3 and 98.1 million people.



	People living with HIV (end of 2018)	% of total cases in the world	New HIV infections 2018	% of total cases in the world	AIDS-related deaths 2018	% of total cases in the world
<b>The Caribbean</b>	<b>340 000</b> [290 000 – 390 000]	0.9	<b>16 000</b> [11 000 – 24 000]	0.9	<b>6 700</b> [5100 – 9100]	8.7
<b>Eastern Europe and Central Asia</b>	<b>1.7 million</b> [1.5 – 1.9 million]	4.5	<b>150 000</b> [140 000 – 160 000]	8.8	<b>38 000</b> [28 000 – 48 000]	4.9
<b>Latin America</b>	<b>1.9 million</b> [1.6 – 2.4 million]	5.0	<b>100 000</b> [79 000 – 130 000]	5.9	<b>35 000</b> [25 000 – 46 000]	4.5
<b>Western and Central Europe and North America</b>	<b>2.2 million</b> [1.9 – 2.4 million]	5.8	<b>68 000</b> [58 000 – 77 000]	4.0	<b>13 000</b> [9400 – 16 000]	1.7
<b>Middle East and North Africa</b>	<b>240 000</b> [160 000 – 390 000]	0.6	<b>20 000</b> [8500 – 40 000]	1.2	<b>8 400</b> [4800 – 14 000]	1.1
<b>Global Totals</b>	<b>37.9 million</b> [32.7 – 44.0 million]		<b>1.7 million</b> [1.4 – 2.3 million]		<b>770 000</b> [570 000 – 1.1 million]	

## VI: On the ‘Front Line’

Hospitals are in a state of emergency. Medical professionals are risking their lives to fight the epidemic. To describe this state of affairs, it has become common to refer to hospitals as ‘the front line’ of the epidemic – that is, the most dangerous place to be. This is a central part of the popular rituals by which medical staff are honoured and celebrated; medical professionals themselves

hope that this newfound respect will be reflected by public health policy. The crisis has made the difference between public and private sector hospitals very clear: it is the former that have served as the front line and have accomplished great things, especially in countries in which medicine is not simply another means of getting rich.

The soldiers fighting on this 'front line' use all sorts of techniques and are experimenting with various drugs originally intended for a range of illnesses. There are nonetheless differences in results: care and attention make a difference, in some cases between life and death – even during an epidemic in which there is as yet no established treatment. Medical professionals are facing the same risks, complaining of the same shortage of ventilators and PPE, and have been seeing their families only rarely over the long weeks since the crisis began; this is transforming them into something of a new global subculture. If this subculture organises itself then it is sure to have an effect on public policy.

I usually think of hospitals as a place where even the most ardently dignified are forced to give up their much-valued autonomy and personal space in order to be free first of pain and then of illness. From the moment you decide to go into hospital, which is after all *your* decision, this trade-off becomes inevitable. Once you have 'voluntarily' handed over your body to the doctors there is no use in resisting. Hospitals are not a space for the exercise of personal autonomy. Despite the great developments made with regard to respect for patients' desires, the general rule is still that if someone decides to check himself into a hospital, he has implicitly recognised the authority of the medical profession. In a hospital 'emergency' (and note the similarity to the 'state of emergency' imposed by states) saving the patient is more important than respecting his desires. Much legislation has been put in place to deal with these situations and delineate possible exceptions.

Much has been written about hospitals as an institution, including procedures – which often become an end in themselves – policies and polemics. There is politics even in hospitals. I'm not interested here in reviewing all that has been written on the hospital as a space for the categorisation of the sick and the healthy, the role this process has played as a technology of control, the way patients' bodies have been treated as objects and not selves, or any of the other enlightening works on the history of medical science and professional practice. These points no longer apply to medicine in general. There have been great advances, not only in medical science itself but in its *humanity* and its *ethics*, its ability to recognise its mistakes and its willingness to be held accountable. The same applies to medical legislation, particularly in democratic countries. The number of hospital beds or doctors per capita is now a measure of countries' advancement and human development.

Why do we trust doctors? Because treating a patient in order to cure, or, if a cure is not possible, to reduce their suffering is not a matter of individual doctors' ethics; they are part of the job description. The physician himself, his domestic problems, his personal morals and political stances – these are irrelevant, and even if he cannot entirely escape them, he is expected to leave them at the hospital door. The patient in this case is a human body and not an individual with a personality (religion, nationality, colour, family, class). And the patient himself does not see the doctor through the normal



social or political lenses: it is not his ethnicity, religion or ideology that are important but his years of experience, his education and his scientific knowledge. A physician who fails to do everything in his power to treat a patient is no longer a physician. And some doctors have taken this route before by becoming mere experts in the human body as an object of control, agreeing to work in detention centres or prisons to further unjust political agendas, or carrying out experiments on detainees.

You might find it disturbing how “casually” some doctors deal with suffering and illness after their long years of experience and exposure. But you know in your innermost thoughts that, as disturbing as it is, this may also be what puts you at your ease – that their professionalism and skill are not measured by their apparent indifference but by their ability to diagnose and treat illness. A very personable doctor may well be fairly useless medically, while his less sensitive colleague may be very skilled indeed – focusing on curing you and not on keeping you happy. Bodily suffering forces you to accept this, even if you might in your heart of hearts prefer a doctor who is both skilled and polite (good manners cost nothing). Sometimes, too, the opposite can be true: doctors may wish for a more polite and personable patient.

Subjecting medicine to profit by making hospitals into businesses and clinics into medical services emporia has a negative effect on the profession itself if doctors do not hold fast to its principles – if the law cannot effectively regulate this process and the society-organised-as-state fails to provide quality care (i.e. correct treatment aiming for recovery under appropriate conditions) to those patients who cannot afford to compete for treatment in a marketplace of supply and demand.

Modern hospitals bring together doctors and nurses of all colours and creeds. They are among the largest employers of professional immigrants. The ethnic and religious mixture present in hospitals, the diversity within the profession, is a shining beacon of modern human civilisation. In the West we often find the immigrant identity of doctors being positively emphasised, particularly in cases where they have lost their lives while working to save Covid-19 patients. This emphasis may be useful as far as public opinion is concerned, particularly inasmuch as it embarrasses anti-immigrant and racist voices of all kinds, but it does raise the question – does an immigrant have to be a doctor for their contribution to the economy and society to be valued? Why do they have to be *outstanding* to be accepted as a human being of equal value?

There are countries (even advanced countries) that would be unable to provide healthcare to their inhabitants without immigrants (nurses, doctors, cleaning staff). There are also rentier states without enough medical staff, whose citizens may be willing to see their children working as doctors but will not accept them becoming nurses – never mind cleaners, without whom no public facilities, least of all hospitals, would be able to operate. You can’t help but find it bewildering that in some of these countries, which rely so heavily on immigrant labour, there is a vocal minority complaining about providing foreign workers with healthcare.

In Portugal the government has decided that as regards coronavirus, immigrants (even illegal immigrants) are to be treated the same as citizens – something that should never have been in

question. This was a sensible decision. In any case, it is a doctor's job to treat people wherever they can regardless of government decisions.

On 6 April 2020, the British Prime Minister Boris Johnson was taken to hospital after being diagnosed with coronavirus 10 days earlier. He did not fall ill because of the British government's relaxed attitude to the epidemic in its early days – viruses do not seek revenge on those that underestimate them. But his insouciance as PM, as the ultimate voice in public policy, is passively responsible for many others falling ill – others who might have avoided infection if the UK had introduced stricter measures as soon as coronavirus was declared a global pandemic.

Since the Thatcher era, the NHS has suffered from neglect. Many subsequent governments have been inclined towards total or partial privatisation. Neglect of the public sector (health and education) typically involves depriving it of money, good governance and close oversight of corruption. Complaints regarding the sums of 'taxpayers' money' that it receives are intended to undermine its legitimacy and justify privatising it. Now everyone is lining up to praise the NHS, including Johnson himself when he was discharged from hospital (despite having been accused as recently as November 2019 of trying to sell it to the US). This should serve as a lesson to other countries, including Arab countries.

The free competition permitted by free societies and the market economy underpins a great deal of intellectual, scientific and industrial innovation. But one of its negative aspects (if it is not subordinated to other values) is its commodification of human health. This applies to investment in new medicines and vaccines: the desire to profit from this kind of investment is one of the major impediments to the development of a SARS vaccine (and if work on a SARS-1 vaccine had continued it would have been much easier to develop one for SARS-2, i.e. coronavirus) – just as it has been a major impediment to the development of cancer treatments. Capitalist investment focuses on the most widely used medicines and vaccines – those that guarantee a rapid return. There is a race to develop a coronavirus vaccine because it attracts investment from concerned countries for social health reasons unrelated to profit, but also because everyone will need to be vaccinated, possibly on an annual basis, and there is thus no doubt that it will be profitable.

The natural sciences have developed ever more quickly and innovatively, and the best healthcare has appeared in developed capitalist countries. This doesn't mean providing the best health services to the public at large. That would require several conditions to be met – the presence of a public health sector, free treatment, and public policy that does not subordinate people's health to the laws of the marketplace. Only a few developed countries that insist on free treatment and invest in an expansive public health service meet these conditions. Some developing countries have health services of this kind, but although anything is better than nothing, they suffer from medical shortcomings, provide limited services, and are often badly administered and unaccountable. The great challenge is to achieve the best of both worlds.

Pandemic preparedness is usually limited, like preparedness for natural disasters. But it could be better if state institutions were less short-sighted and if they listened to scientists and experts.



Alongside private sector initiative and innovation, confronting a pandemic requires the sort of major investment in research and organisational capacity that no private sector can ever provide no matter how developed it is.

## VII: The International System

On 8 April 2020 – as humanity as a whole were following minute by minute the facts and figures tracing the spread of coronavirus – the Organisation for the Prohibition of Chemical Weapons released a report finding the Syrian regime directly responsible for the use of sarin and chlorine gas in an attack on the town of Latamneh. This was the first time that such a report had alluded directly to the perpetrator. The Security Council did convene, but no resolutions were passed and despite the report originating with a neutral international organisation it received very little attention. The timing of its publication does not make the crimes committed any less horrific. Nor can it in fact be blamed for the disinterest of the so-called ‘international community’, which had already turned its back on the sufferings of the Syrian people long before the pandemic. Coronavirus cannot, at least, be accused of covering up crimes against humanity!

Throughout history outbreaks of disease have brought wars to a halt. The first reports of the Peloponnesian War describe Athens on the brink of victory before their fortunes were suddenly reversed by a plague (some have suggested *the* plague, although there is no way of knowing). The ‘Spanish flu’ (which may well have originated in overcrowded British encampments in France or even in the United States) helped bring the First World War to an end. But Khalifa Haftar (does anyone have the energy, at this moment in time, to think about such a person?) has little time for coronavirus and certainly doesn’t consider it a good enough reason to stop shelling Tripoli. Nor do the various parties to the conflict in Yemen seem very concerned by the disease. ISIS continues to attack targets here and there, and Egyptian planes are still bombing Sinai. And there has been no end to the Syrian regime’s war against its people. It plans to defeat the virus as it has ‘defeated’ the ‘terrorist infestation’ – or perhaps it will ‘reserve the right to respond’, or choose to respond ‘in the right place and at the right time’ as it famously does in the case of the constant Israeli incursions into its territory. Anything can happen in a region sick in both body and soul.

In one sense then life as we know it has carried on, keeping to normal its rules and rhythm. Nothing has changed. All that is different is that it is now operating in the shadows, placed at the end of the news bulletin because nobody can stand to hear about anything but the pandemic. The US elections set to take place in November 2020 still drive everything Donald Trump says and does; the topics of his statements may have changed but their motivations and aims have not. The same applies to China’s aspirations to global economic hegemony and its new silk road. Coronavirus is no more than a new theatre in which battles of propaganda and export can be fought.

People do not sit down and work out new global systems in the aftermath of crises because the experience of catastrophe makes them wiser. That’s just not how things happen. Nonetheless, a great

deal has been written about how the international system will change after coronavirus. When such pieces talk about the global system, they usually mean not the truly *global* but the *international* system: their vision does not extend, for example, to environmental balance between man and nature. Let's think about this for a moment. Will coronavirus really change the logic according to which international relations operate – that is, the balance of interests and of power? Will states really become more rational, moral, or both, because of the pandemic? I doubt it. Such a thing has never happened before, and there is no reason that it would start to happen now.

Major historical crises produce new measures and systems that may last for a while, but which are eventually lost to the hurly-burly of interest, priority and 'thinking outside the box'. What did humanity gain from the First World War? It was followed only twenty years later by another even more ferocious war, a war in which nuclear weapons (towards the end of the conflict) replaced the chemical weapons banned during its predecessor. World War II produced the welfare state – and the economic depression that contributed to the rise of Fascism and Nazism, the crisis of capitalism in the 1930s and the emergence of the post-war 'Communist threat' certainly influenced this development. But the economic neoliberalism hegemonic since the end of the 1970s has imposed an economic principle wrongly attributed to liberalism (to which it is quite alien, since it places freedom and equality in direct opposition), – to wit, that for the state to intervene in order to redress social grievances is an attack on freedom. It is as if the Great Depression never happened at all, as if the state's interventions were a luxury and not a necessity crucial to check the market's irrationality and avoid its consequences.

The international system is thus willing to be tolerant of crimes against humanity where – under different circumstances – they were once a reason to make war. Everything depends on interest and the balance of power. Ethnic cleansing has returned in Myanmar as if it never happened in the Balkans; random strikes, crimes against humanity and chemical weapons in Syria as though we had never seen similar atrocities in Grozny and Rwanda. Colonialism continues in Palestine despite decolonisation – including the dismantling of the Apartheid, as if we have learnt nothing from South Africa.

I hope that people in general will become more rational and more moral, and that this will influence politics and perhaps the nature of political regimes (but not necessarily their relations with one another). But this is a hope, not a prediction, and one which coincides with Trump freezing funding to the WHO.

Many people have been entertaining themselves with thought experiments surrounding the leadership of post-coronavirus international system. Their impressionistic ideas draw heavily on the way that different countries are dealing with the pandemic. It thus occurred to me that I might be able to put forward some ideas that could help to play this game less impressionistically and in a way that more closely reflects reality.

Even if we put aside the nature of its political system and the attractiveness of different lifestyles, a major state is not measured simply by its economy in the sense of GDP but also by its military





capabilities;<sup>5)</sup> its willingness to bankroll its leadership position through subsidies to other states, funding international organisations etc; its capacity for innovative development of productive forces; the role of science in production; human development indices; and its education, knowledge base and innovativeness. All this is to say that it is not a matter simply of the size of a country's economy but also of its constituent parts. There is a difference between countries that rely on manufacturing for export, exploiting the ready availability of cheap labour and using imported technologies, and the countries that are driving the development of productive forces in technology and science.

**Figure 2: Comparative data on the US, China and EU countries**

Country	GNI per capita adjusted for PPP (in dollars) <sup>(6)</sup>	GNI PPP (in trillions of dollars) <sup>(7)</sup>	Military expenditure (billions of dollars) <sup>(8)</sup>	Military expenditure as a percentage of GDP <sup>(9)</sup>	High-technology exports as a percentage of manufactured exports <sup>(10)</sup>	Health sector spending as a percentage of GDP <sup>(11)</sup>	Ranking in Global Health Security Index <sup>(12)</sup>	Ranking in Global Education Index <sup>(13)</sup>	Ranking in Global Human Development Index <sup>(14)</sup>
Year (most recent data)	2018	2018	2018	2018	2018	2016	2019	2018	2018
USA	63,690	20.84	649.0	3.2	18.90	17.1	1	12	15
China	18,170	25.30	250.0	1.9	30.89 (2017)	5	30	110	85

5 Particularly if it is able to fund it easily without budgetary strains, unlike those that dogged the Soviet Union – if the economy is large, and military industry becomes a simultaneous driver of invention, development and production in the civilian manufacturing sector, as has happened in the USA.

6 The World Bank, *GNI per capita, PPP (current international \$)*, accessed on 09/04/2020, at: <http://bit.ly/2LXKLn6>

7 The World Bank, *GNI, PPP (current international \$)*, accessed on 09/04/2020, at: <https://bit.ly/2Xk1QkE>

8 “Trends in World Military Expenditure, 2018,” Stockholm International Peace Research Institute (SIPRI) (April 2019), p. 2, accessed on 09/04/2020, at: <https://bit.ly/2xWuKwx>

9 Ibid.

10 The World Bank, *High-technology exports (% of manufactured exports)*, accessed on 09/04/2020, at: <https://bit.ly/3aTUwAg>

11 “Current health expenditure (% of GDP),” Human Development Reports (HDR), United Nations Development Programme (UNDP), accessed on 09/04/2020, at: <https://bit.ly/2XqIXO3>

12 This index measures how sufficient and robust health sector is to treat the sick and protect health workers, which includes the following subcategories: 1) health capacity in clinics, hospitals and community care centres, 2) medical countermeasures and personnel deployment, 3) healthcare access, 4) communications with healthcare workers during a public health emergency, 5) infection control practices and availability of equipment, 6) capacity to test and approve new medical countermeasures. See: “2019 Global Health Security Index,” Global Health Security Index, accessed on 09/04/2020, at: <https://www.ghsindex.org/>

13 United Nations Development Programme (UNDP), Human Development Reports (HDR), *Education Index*, accessed on 09/04/2020, at: <http://bit.ly/2Q72WtM>

14 United Nations Development Programme (UNDP), *Human Development Index (HDI)*, accessed on 09/04/2020, at: <http://bit.ly/2phJxdz>



Country	GNI per capita adjusted for PPP (in dollars) <sup>(6)</sup>	GNI PPP (in trillions of dollars) <sup>(7)</sup>	Military expenditure (billions of dollars) <sup>(8)</sup>	Military expenditure as a percentage of GDP <sup>(9)</sup>	High-technology exports as a percentage of manufactured exports <sup>(10)</sup>	Health sector spending as a percentage of GDP <sup>(11)</sup>	Ranking in Global Health Security Index <sup>(12)</sup>	Ranking in Global Education Index <sup>(13)</sup>	Ranking in Global Human Development Index <sup>(14)</sup>
Year (most recent data)	2018	2018	2018	2018	2018	2016	2019	2018	2018
EU	43,714	22.43	249.3 <sup>(15)</sup>	1.4 <sup>(16)</sup>	16.27	--	--	--	--
UK	45,350	3.02	50.0	1.8	22.30	9.8	11	8	15
France	46,360	3.11	63.8	2.3	25.92	11.5	8	41	26
Germany	54,560	4.52	49.5	1.2	15.74	11.1	22	1	4
Italy	42,290	2.56	27.8	1.3	7.79	8.9	45	49	29
Spain	39,800	1.86	18.2	1.3	7.19	9	12	36	25

It seems that the world is about to see structural changes both social and economic. Some of our daily rituals are set to change. Hand sanitiser is likely to be a part of our lives for the foreseeable future. The countries of the world will be more aware of the danger of pandemics. This may well produce international legislation setting forth rules delineating how countries should deal with threats to public health on a global scale and how they should make sure they are well-supplied with the strategic equipment required by times of crisis. But the logic of interstate relations will not change. Nor will the current trend towards a multipolar world.

## VIII: Comparing Countries' Responses to the Virus

Politicising pandemics and using them to support one political position or another is a mixture of ignorance and a lack of conscience. One example of this particular mixture is the stark divisions around coronavirus along particular political axes – the praise for the ‘Socialist’ China (in reality a capitalist authoritarian dictatorship – the best of both worlds) and the attacks on capitalist democracies like Italy, Spain or the United Kingdom.

<sup>15</sup> “Defence Data 2017-2018: Key Findings and Analysis,” European Defence Agency, p. 2, accessed on 4/9/2020, at: <https://bit.ly/2UUJPHZ>

<sup>16</sup> Ibid.



The Chinese government is credited with acting quickly to take control of the situation and check the spread of the virus within China. We should not forget that China has vast resources unavailable to other countries, or how easy it is for the Chinese government to issue orders and control its population. The almost military discipline and unquestioning obedience characteristic of authoritarian systems, in this case, become a ‘virtue’ – despite the fact that China took a long time indeed to announce the spread of the virus or warn others of the danger. One popular theory, unproven but defended by a Nobel prize-winning French scientist, says that the virus may have originated in a virological research laboratory in the city of Wuhan itself. And it is not just the presence of such a laboratory that has invited these suspicions.

Since the 1990s China’s great leap forward and its accelerating economic development – including raising millions out of an endless cycle of poverty and starvation at the mercy of seasonal famines – have won the admiration of many, especially in developing countries. China, having once been a third world country, has now joined the ranks of the great powers; it has the largest economy in the world in terms of GNI based on purchasing power parity (PPP) and the second in terms of GNI as of 2018. But it is nonetheless very strange how insistently some go on about a new world order led by China, particularly when they impute a ‘humanist’ quality to this imagined new order. Where have these people got the idea that China is more ‘humanist’ in its foreign relations? We’re talking about a country governed by a brutal capitalism with no concern for human rights or for the environment – a capitalism closer to that which prevailed in the nineteenth century. China itself does not pretend to represent humanist values, even ideologically. And it is interested above all else in economic hegemony; it has no desire to pay the costs of global political leadership.

China is an authoritarian regime with vague ethnonationalist inclinations. In cooperation with Putin’s Russia, it has manufactured and exported the idea that democracy, like human rights, is an (imported) Western idea that does not suit other civilisations. Moreover, any future international system is certain to be multipolar – and as is the case now, the extent to which it is ‘humanist’ will be the subject of much debate, struggle and sacrifice.

In current discussions two trends overlap: criticising (and admiring) China for its initial cover-up of the epidemic and its suppression of any attempt to make it public (which nonetheless made it no better at fighting the epidemic than Taiwan, South Korea or Singapore), and a critique of neoliberalism made implicitly by people everywhere because it concerns their health. The risks of pandemics can only be confronted using public health policies and investments that place human health above the laws of the market or supply and demand (the same should apply to education and elderly care). This requires a high degree of economic growth and a GNP allowing extensive spending on human development. Growth can exist without social justice – indeed, under neoliberal policies growth can simply widen the wealth gap. But distributive social justice accompanied by a capacity for investment in education and health cannot take place without growth producing a high per capita income – that is, GNP divided by the population.

In developed countries the pandemic has thrown into stark relief the failings of neoliberal policies hostile to the welfare state – the same policies that produced right wing populism. By obeying the order to stay at home and protect their health, millions have lost their jobs and incomes.

Democratic countries did not take the pandemic seriously enough at first. This is a point against them and not in their favour. But their unwillingness to impose lockdowns and controls on the lives of their citizens, and their initial reliance on appeals and advice rather than orders or other obstacles, are among the distinguishing features of the better ‘quality of life’ enjoyed in such societies under normal circumstances. A democratic regime’s value is not measured by how good it is in a crisis – unlike people, including leaders, whose true colours are often revealed by disasters or emergencies. In any case, this will teach democracies the importance of being prepared for situations like this. Neoliberal policies opposed to state involvement in welfare have undoubtedly impacted spending on health and medical research.

The countries of northern Europe have provided different models of dealing with the crisis. In these countries the public health sector is still strong. Many of those making comparisons forget that the high death rate in North Italy is attributed not only to delays in taking action or insufficient preparedness but also to the higher average age and the large number of elderly people particularly vulnerable to complications from the virus. An older population is a sign of an economically and medically developed area.

Capitalism exists in Russia and China just as it exists in the USA and Europe, but the political and intellectual liberties allowing for free expression and innovation exist only in democracies. The same applies to the transparent release of pandemic statistics, being held accountable for their credibility, and the right to examine this credibility. Taxpayers in democratic states will not tolerate governments whose data lacks credibility. The ability to express all this is a feature of democracies and not of countries like China, Russia, Iran or Syria.

Measures taken by any country to confront coronavirus encourage similar measures by other countries; nobody is going to reinvent the preventative wheel in the absence of a vaccine or a treatment, and as such global schools of thought have emerged on how to deal with the virus. The media, curiously, is given to contrasting two extreme cases – China and Italy (lately overtaken by the UK) – just as it does in politics or sport. Some express their admiration for China, whose long cover-up contributed to the spread of the virus, while paying very little attention to the more successful South Korean model (which only the WHO seems to be interested in). And everyone pretends to have forgotten that the economic price paid by China to lock down a single province of 60 million people while the rest of the country went on working and producing (a model followed initially by Italy when it imposed a lockdown in northern regions of the country) cannot be compared with the price of shutting down *everything* elsewhere.

Those countries that do not possess the same resources as the USA or Europe – or, for that matter, China, South Korea or Singapore – have limited options: they must do whatever they can to prevent



infection via lockdowns or other means, relying on citizens' awareness and sense of solidarity until such time as some other country discovers a vaccine. But will they really do everything they can?

## IX: Trump

Times of crisis bring out the best in some people while fear suppresses it in others. But there are some who have no 'best' to show to start with. One of these people is President Donald Trump. Having initially ignored and dismissed the pandemic with preening machismo, he is now terrified at the prospect of losing votes and has been forced to take action – but only by exploiting fear of coronavirus to foment xenophobia (against China) and engaging in childish competitions with the Europeans (who is the best, who is the fastest). Even if a treatment for coronavirus is found, Donald Trump will remain incurable.

The virus originated in China, but this does not justify Trump's use of the term 'Chinese virus': it is not Chinese but biological (the same applies to the continued use of 'Spanish flu' for the early 20th-century pandemic which did not originate in Spain in any case). But China's decision to conceal the virus for a period of weeks did help it to spread outside the country – and it went further, punishing the doctor who warned of the danger.

You're sitting at home in the USA (or wherever you may be), worrying about the pandemic and a thousand other questions that it has raised about your future. But you can still find it in you to feel infuriated by a person like Trump, who by some mysterious force has become president of a country – ruling during a pandemic, no less – but who makes it clear with every word that comes out of his mouth that he considers himself the only worthwhile topic of conversation (followed at some distance by stock market performance, a topic he knows nothing about but nonetheless takes great pleasure in talking about).

On 4 April 2020, the *New York Times* reported that between the moment in early January that the Chinese government ended its cover-up and informed the WHO that it was facing an epidemic and the point at which the US started to take steps to fight the virus, more than 430,000 travellers arrived in US airports from China – with 40,000 arriving even after direct flights were suspended.<sup>(17)</sup> This is Trump's responsibility, not China's.

Trump's state of denial was the product of his fear that the public might find out the truth about the pandemic and the effect that the necessary measures would have on the economy and the broad atmosphere of 'optimism' during an election year. As I have been writing, Trump has once again been harping on his anxieties about the stoppage of the economy, calling for its 'reopening', fomenting rebellion against Democratic governors who disagree with him and describing armed protesters opposing lockdown measures as 'responsible'.

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<sup>17</sup> Steve Eder et al., "430,000 People Have Traveled from China to U.S. Since Coronavirus Surfaced," *The New York Times*, 04/04/2020, accessed on 18/04/2020, at: <https://nyti.ms/2x1LnMv>

Hollywood has made many disaster films. Some feature state governors and mayors who conceal the danger or suppress the signs that something catastrophic might be coming despite experts' warnings. In order to avoid causing panic or undermining economic projects, they massively exacerbate the crisis when it comes. Perhaps Trump has seen these films but only remembers handsome scientists falling in love with beautiful experts and coming together to save humanity at the last minute.

On 15 April 2020, the *Washington Post* reported that Trump's name was to appear on the US treasury checks sent to 70 million US citizens to compensate for lost earnings during the pandemic – as though they were royal gestures of magnanimity, as though the money were coming out of his own pocket. Nothing like this has ever happened before in US history.

Trump has an embarrassingly high number of low qualities. But he did not invent the use of malaria medication to treat coronavirus patients. This treatment had already been in use in a number of countries (as a treatment aid, not as a preventative) before he heard about it. And just because Trump is promoting it doesn't mean that his opponents should dismiss an experimental treatment so readily. All treatments of corona virus victims are actually trial and error. There is a paternalistic tone to many liberals' attitudes – the same condescending tone adopted against people who want closures to be lifted because they have to work in order to eat, the same tone that made it so easy for populism to be used against them.

I'd like to note here that it was Sudanese doctors who were among the first to say that antimalarials might help to treat coronavirus until a vaccine is created. Some mocked them and others paid them no attention. But when French doctors said the same thing – and Trump followed suit – it started to be taken seriously. But the Sudanese doctors were ignored, perhaps because they were Sudanese, or Africans. As was made clear by the recent suggestions of two French doctors, Africa which is still considered by some of their colleagues as a continent fit only to serve as a laboratory for new vaccines.

## X: On the Return of the State

There has been a curious rediscovery of the importance of the state, a strange declaration of its 'return' or 'ascendancy'. Had the state disappeared, or gone away, before the pandemic? Those who confidently claimed that globalisation had defeated the state because its terminology and concepts are its antithesis or its enemy have had a rude awakening. The developments of the last two decades could have shown them that this was not the case: while globalisation of capital exports and consumerist, cultural and digital globalisation have indeed been on the rise – and globalisation of communications and transport – the same applies to the influence and position of the state. Dozens of new countries have arisen under globalism in Central Asia, Eastern Europe and the Balkans; more recently, the UK has withdrawn from the European Union. It is now clear that even as globalisation has produced a new *global* culture, it has simultaneously given new life to local and ethnonational cultures and identities.



Globalisation has not done away with the state or with nationality. In fact, under globalisation, *new* states have formed and *new* nationalisms have been produced from ethnic difference.

The state that monopolises the legitimate use of violence, that creates and enforces law, that adjudicates disputes, that issues ID cards and birth certificates, that sets budgets and raises taxes – this is the same state that fought wars and gained new strength and influence, that made use of globalised technology to develop its ability to conduct surveillance, discipline and control the local population. It is the same state that political forces fight tooth and nail to take control of, the same state that produces the political and economic news that people follow so closely and anxiously. It takes pride of place not only in the media but also in dinner-table discussions. Is it only now, with coronavirus, that it has become important – by closing the borders and imposing a lockdown?

The romantic souls that see in all this some dramatic change are strange indeed. Carl Schmitt, an interbellum German jurist, saw its ability to impose a state of emergency as the defining feature of the state. In my most recent book (*What Is Populism?*), I argued that this definition is an abstract one because it is based not on the rule but on the exception – something that made Schmitt particularly attractive to the Nazis. It is my contention that any definition of the state should be based on the *rule*, i.e. its function in normal times, and only thereafter the state of exception – and not vice versa. In the post-virus era we may well see a political debate on the relative ranking of state functions, inspired by the conditions created by the pandemic and its economic and social consequences.

In times of crisis people look to the state because it is society organised in its sovereign form, because it is the sole legitimate authority capable of announcing curfews or distributing rations, setting budgets or mobilising the army, calling up reserves, issuing orders and declaring emergencies. For this reason – and for many other reasons too – people seek to define the powers of the state when there is no emergency and prevent it from acting arbitrarily even when a state of emergency is in place. This is nothing new.

Closing borders does not in itself indicate that a new national chauvinism has arrived or that the state's power is increasing. States that are not ready to fight pandemics have no other choice: passive prevention by means of lockdown is the main weapon available to them. Neighbourhoods, cities, buildings and houses have also been locked down. The largest area that a state is capable of controlling access to in order to prevent the spread of infection is that delineated by its political borders. This has nothing to do with inhumanity or racism – unlike the refusal to treat certain patients or “foreigners” *within* the borders of a state on racial grounds, for example.

Even those who had announced the death of the state and the various theorists of ‘post-ism’ are now saying that it has returned during the pandemic. In crises people look to the state. It is the point of reference in times of disaster – natural and otherwise – and the sole organised framework capable of taking comprehensive and enforceable measures.

State borders become the main point of reference in distinguishing ‘us’ from ‘them’. You are most interested in how many cases there are, how many people are under quarantine and how many are being treated within a particular state – the number of tests conducted, the number of recovered patients, the number of beds and ventilators available in the country in which you live. And *blame* and *criticism* focus on exactly the same numbers.

Everyone expects the state to act, and it is the state that will be blamed for acting or not acting – to the point that it becomes difficult to work out how to distinguish steps taken against the pandemic. Are they really the result of careful planning? Or are they the product of an inability to do anything else? Or is it just doing something in response to public pressure?

But the pandemic also shows how *relative* borders are and the modest resources states actually command. States rely on each other in order to fight the pandemic.

States are going to have to think seriously about how long lockdowns should last. The closure of public facilities and businesses that seem at first glance ‘non-vital’ will inevitably impact on those that are still operating. There are likely to be problems with supporting and supplying vital facilities, including healthcare facilities. This is without going into the effects on the macro level of economy, which is another story entirely. I’m talking about the direct and immediate effect on people’s lives – exactly what the lockdown measures are intended to protect.

## XI: Conspiracy, Rumour, Racism

The problem with ‘conspiracy theories’ begins with the name. They are not theories but a sort of fantastical thinking that explains every phenomenon with a story – precisely like legends.

Conspiracies exist. They happen within and outside the realm of politics, in peace and in war. They will continue to exist so long as political and economic actors make secret plans unexpected by another party in order to beat or score points against them or bring about a result that benefits them while harming the other party. But a ‘conspiracy theory’ attributes any phenomenon that the true believer is himself incapable of explaining, or tends to look for machination even in social or natural phenomena (such as coronavirus), a conspiracy authored by a group that, in his eyes, embodies true evil. Conspiracy stories thus typically show two opposing parties, one of which accuses the other of responsibility for something they both consider an atrocity (but which the other is assumed to have no compunctions about). And if you cast doubt on whether this putative conspiracy exists, it is easy to accuse you of making excuses for the evil party, as if you are suggesting that he would never commit an evil act.

The conspiracy, in this case, is hidden; it is discovered through ‘likely scenarios’, stories woven together narratively and not logically, and all without any proof. The Arab revolutions thus became a conspiracy in the eyes of Arab regimes and their intellectuals: the conspirators, of course, are





'hostile states' whose identity changes depending on the country that is the victim of this ostensible conspiracy. ISIS likewise became the product of an Iranian, Saudi or US conspiracy (depending on who was making the accusations).

Evidence is little use in refuting a conspiracy, because any evidence you might marshal against it can easily serve as evidence of attempts to cover it up. When the pandemic began to spread stories focused on a US conspiracy against China; this soon transformed into a US conspiracy against China and Iran (according to Supreme Leader Khamenei himself and Muqtada al-Sadr in Iraq – not just eccentric journalists and writers). This was followed by talk of a Chinese conspiracy against the West. Even if it were proven that the virus originated in a Chinese laboratory and that it was designed or manufactured, this wouldn't mean that it was the product of a conspiracy. In India some Hindu newspapers have accused Muslims of spreading the virus, with Muslims then being attacked in the streets; curiously enough, the attackers rarely seem to worry that they will be infected by their victims. An official Bahraini source has accused Iran of launching a biological attack on the island country and has claimed that the virus is Iranian-made and manufactured. The list goes on and on. Finally, one US journalist writing in the *Wall Street Journal* has insisted on gathering all of the ridiculous nonsense that has been written accusing Jews of a 'coronavirus conspiracy' to beat China and Iran after their failure to do so politically or militarily in a single article. He ends his piece by thanking God that Israel exists to protect Jews from anti-Semites of this kind.

Many lies, rumours and curious ideas about the origins of the virus have been disseminated. By this point they have become recognisable types, and you know what you should read and what you should avoid even glancing at. There are clinical obsessives desperate for attention and recognition who get what they need by sharing doctored photos and spreading rumours. Not even an epidemic can 'cure' their particular illness.

CNN has introduced an anti-rumour ad that appears between programmes, made up of short, punchy sentences: "In a time of uncertainty, facts provide clarity. In a time of anxiety, facts comfort. In a time of misinformation, facts correct. In a time of division, facts unite. In a time of crisis, facts matter most." This short text encapsulates the optimism of 18th-century Enlightenment philosophy – the belief that 'the truth shall set you free'. But a long time has passed since the 18th century. We now know that this is not necessarily true – that facts might not be a source of comfort or unity, and that alone they cannot set us free. But there is no alternative. We have to hold on to facts as the basis of rational thought in order to reach correct conclusions. How they are *used* is another matter altogether which has nothing to do with the facts *per se* or even with rational thought *per se*. This is a much bigger question I won't go into here. But CNN's optimism – despite its lack of any scientific basis – is legitimate and justified because it is intentional, part of a deliberate effort to fight back against rumour and fantasy. The aim is to influence people in the right direction. The CNN problem lies elsewhere: enlightened campaigning can easily morph into paternalism.

Quality media may not fall into the trap of cheap propaganda – but even quality media is at the mercy of viewing figures. There is no basis, for example, to the claim that mass graves have been dug



for coronavirus victims on Hart Island near to New York. The picture showing a line of coffins buried in a shallow trench is not new: this is where municipal authorities have typically buried the remains of homeless people of ‘unknown identity’ or with ‘no known relatives’. This is a tragic phenomenon in itself. But the media insists on republishing these images with the claim and then denial that they are the mass graves of coronavirus – so that it doesn’t miss the chance to catch people’s attention during the pandemic.

Even serious media outlets are only making a superficial pretence at objectivity when they publish stories that the writers themselves know very well to be false, leaving it to relevant parties to refute it. Sometimes the story may involve genuine incitement against a particular person – and proves far more memorable for viewers than the accompanying denial. If a story is simply false or fabricated and the editor knows this, then it is not *news* to start with, and should not be published even if accompanied by a denial. Its publication has an ulterior motive. It is only stories which seem likely to be true but which it is impossible despite great effort to confirm that should be published with a denial or a disclaimer. But false allegations are not news but fabrication, even if the target of the allegation is allowed a right of reply.

It is only natural that a pandemic should re-energise another phenomenon that social media has made highly infectious: the plague of ‘vocal ignorance’. Freedom of expression does not mean that rational interpretations of the pandemic and how it is being confronted should be treated the same as unwitting ignorance and superstitious interpretations of crises or other social problems more broadly.

Some States are now having to deal with the consequences of encouraging ignorant and irrational understandings of the world and neglecting human development – including education – in their development plans. They are having to ask citizens to rely on their data and their news, to follow their instructions, to avoid panic, to stand in an orderly line to receive disinfectant or food rations.

Neglecting epidemics of poverty, ignorance or superstition makes dealing with a virus at the moment of crisis more complicated and makes the human cost higher. Is it not strange to see the state repeatedly seeking the help of religious leaders, pedagogy experts and scientists to convince people that the virus is lethal and that the falsehoods surrounding it are neither scientific nor religious? The governments in these countries are fighting a multi-front war, and one front is its own tolerance of ignorance and irrationality.

Indian PM Narendra Modi (a close friend of Trump and Netanyahu) called for a national candlelit vigil to be held across the country in an attempt to ‘brighten the darkness’ of coronavirus. Perhaps – I have no idea – a particular class of people responded to this call. But we have also seen many other scenes from India – scenes of slum dwellers driving out medical teams who had come to conduct tests or to provide medical guidance with sticks and stones. It is said that they believe the medical teams themselves are causing coronavirus. Perhaps they prefer not to know, or perhaps they know that they won’t receive treatment in any case but may in fact be banned from working and go hungry as a result (in order to protect the inhabitants of richer neighbourhoods). Or perhaps they genuinely do



think that the medical teams intend to harm them. I've thought of hundreds of possible explanations for this behaviour. But in any case, the epidemics of poverty, ignorance and classism in countries like India indisputably dwarf coronavirus.

The scenes from India, considered to be the world's largest democracy because of its population of over 1.3 billion people, remind us that it is really the democracy of elite classes made up, probably, of around 50 million people, and that in this strange democracy a policeman is still able to make large groups of citizens prostrate themselves in the streets and thrash them with his truncheon (or more creatively his cricket bat). This is the same India that has such a rapidly developing high tech sector, that exports scientists to the USA, launches satellites, produces vast quantities of iron as well as other industrial products, has a joint nuclear programme with Israel, and which provides tech support for Western industries of all kinds.

When fear of the unknown – especially that involving death and the myths that sprout up around it – comes together with chauvinistic loyalty for the small community, it can sometimes reach the point of absurdity. Marginalised local communities are always at risk of becoming victims who look like agents. Ignorance and solidarity against the unknown can turn fear into anger against any available and 'well-known' target. I recently read a strange but unsurprising news story<sup>(18)</sup> (a common combination these days) on clashes between locals and security forces in the Egyptian village of Shubra el-Bahw. Village residents attempted to prevent the burial of a local doctor who had died of Covid-19 in the quarantine hospital in Alexandria.

Those local communities that are driven mad even by the prospect of burying those who have died of the illness – and the broadcasters on non-local media who fight phony wars on the virus with lists of local dishes they claim possess an almost magical ability to cure the virus – of the exact time, place and context in which science and reason can be marginalised to this extent.

Parts of the Egyptian media have been busy churning out a 24-hour clown show on the epidemic, its effects, its origins and how it can be treated with a sort of conventional machismo. There is a particular sort of smile characteristic of broadcasters who believe that their country alone has local delicacies. But there is also a distinct whiff of malevolent complicity with shortcomings in public health policy. Playing down the problem and reducing the issue to folk remedies frees the state and its health apparatus from a substantial audience that might well be convinced of it.

In the past responsibility for the plague was often laid at the door of 'evil' in the form of witches or secret practitioners of magic. Supposed 'witches' were tried and burnt at the stake to set minds at ease and 'root out evil'. Epidemics were likewise often characterised as divine punishment for disobeying the Creator's commandments. Since time immemorial the 'other' has been accused of carrying illnesses; there are innumerable examples of this throughout history.

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<sup>18</sup> "Locals in two Egyptian villages refuse to bury the body of a doctor who died of coronavirus; Dar al-Ifta' responds", *Alaraby Aljadeed*, 11/04/2020, accessed on 18/04/2020, at: <https://bit.ly/2RQ6KCj>.

In India, Muslims have been accused of deliberately spreading the pandemic. One cartoon depicted a Muslim man (based on his outfit) with a coronavirus molecule for a head.

In Beirut this combination of backwardness and racism took a different form. On 13 April the right-wing newspaper *Al Joumhouria* – famous for its antipathy towards Palestinian and Syrian refugees and, when necessary, anyone else – published a cartoon commemorating the beginning of the Lebanese Civil War; while the first of the two panels, titled '13 April 2020', showed a coronavirus molecule, the second – '13 April 1975' – depicted a coronavirus molecule wearing a Palestinian keffiyeh. Palestinians are depicted as a virus. The pandemic has nothing to do with this racist's racism; it is no more than an opportunity to give it expression. By this point racism's tendency to cast the other as a 'plague' or a 'cancer' or as other illnesses that evoke collective fear is an unimaginative cliché.

In the second week of April, various newspapers published detailed reports of discriminatory treatment suffered by Africans in some Chinese cities, including eviction and quarantines based on skin colour. The Chinese government was forced to act after certain African countries submitted official complaints about what was happening.

## XII: Celebrities

In times of societal crisis that directly affect individuals' daily lives, the psychological space accessed by those referred to as 'celebrities' narrows. 'Celebrities' is often translated into Arabic as *nujum* – 'stars' – which is not quite correct. 'Stars' refers to those celebrities who became famous for a particular reason, and while it is often used for famous artists, sportspeople etc, while scientists (including those who discovered antibiotics and those who will discover the coronavirus vaccine) rarely become stars or even celebrities. And while 'celebrities' may include those stars who became famous for 'some reason', they are not celebrities for this 'some reason' but because they are famous (or celebrated) – with or without reason. This is a particularly superficial kind of fame, fame that dissolves on contact with reason. The most precise translation into Arabic would be – 'those who are celebrated for being famous'. This is celebration of fame in itself.

Everyone has the right to express their opinion. But this is an abstract right without meaning if the person exercising this right doesn't know what they're talking about, or is talking aimlessly, or is motivated by nothing more than a desire to exploit this right because they don't know how to shut up. In any case, they will express their opinion – probably without noticing the harm caused because it is quite limited: someone who isn't famous, who isn't a celebrity, will not be the object of any particular attention, and in the ideal scenario their comments will be disputed and contested by those around them. The problem, however, is that some of those who are famous-for-being-famous – that is, without having made any meaningful contribution in life other than their meaningless fame (meaningless, that is, except as far as those who consider fame itself meaningful) – have earned money and (usually ephemeral) status simply by being famous. And with money and fame they have



developed an enviable self-confidence that allows them to hold forth and sometimes even to piously advise the rest of us on politics, art, medicine, or vaccinology. And although what they say is usually tailored to win the admiration of a particular target audience – that is, to win fame – when it is spontaneous it nonetheless cannot hide what shallow, superficial bores they are. Sometimes, in fact, it can expose a certain plebeian loutishness, undoing in a moment of unguarded speech the efforts of dozens of publicists and make-up artists. People may be able to tolerate this in normal times as an inevitable part of modern life, irritating though it may be.

But whatever nonsense celebrities come out with in times of pandemic or war – when people have enough to deal with as it is – whatever allusions they might make, will be received with a deep exhaustion and fall immediately *out* of the context and *into* the dustbin in which used masks and gloves are deposited. Nobody has the patience to deal with their inanity. Their best option is to use lockdown as an excuse to be quiet. They do exist. Yes, we know that, and there is no need for them to prove their existence. The problem is that they believe that the moment they stop trending they will stop existing. And it may be difficult to convince them otherwise, because they are right. Some of them have been volunteering (providing a perfect photo opportunity), which is at least better than talking. And if they keep quiet, they might genuinely learn a lesson from the experience.

It is very nice when artists have a minimum degree of culture and education alongside fine voices, acting skills or instrumental talent. In such cases it may be useful for the artist to take advantage of their fame to say something of value to society or to their teenage fans. Unfortunately, however, these things rarely come together. This doesn't mean we enjoy their performances any less. A truly cultured artist is a quiet, modest type who recognises that what he knows best is his artistic contributions and whose culture appears in the elegance of his art. The most vacuous artists, on the other hand, love to talk – especially about things that they know nothing about. Ignorant people are very self-confident. If they become famous this self-confidence becomes pride and it is no longer possible to stop them from publicising their ignorant, racist and prejudiced opinions, opinions that often reveal a mixture of stupidity and vulgar loutishness. One actress – I'd never heard of her before and don't want to mention her name now – recently suggested that the coronavirus vaccine should be tested on prisoners in Saudi Arabia (as though Saudi were leading the charge on development of a vaccine), particularly prisoners held on 'security' charges (which mostly means political prisoners), "instead of rats". Is there any way of dissuading the media from showing interest in what these people 'think', and from competing with social media instead of guiding and rationalising it – especially given that the most celebrated people in the Corona era are those who deliver food, who are keeping the internet up and running, who are directly involved in mitigating the effects of the crisis?

## XIII: Economy on Hold

A multifaceted global debate is currently going on about economics and health. This debate is truly transnational. Ideas are being exchanged in a truly unprecedented way between politicians, experts, journalists and businessmen as well as the employees and small business owners hurt by the virus. From the comfort of their own homes everyone is telling us what they think. This is a strange, novel phenomenon. And I believe it has positive aspects.

In popular discourse – as yet it has not been articulated as a political programme – support for the welfare state is resurgent. The problem is that the social-democratic forces that traditionally acted as its standard-bearers have grown weak and have come to an accommodation with neoliberalism. If these parties do not resume their historical role then the welfare state may return in a very different form.

Another issue may arise that by is by no means incompatible with the welfare state but which under current conditions, thanks to the influence of demagoguery, may appear to serve Trump, the populist right and those sections of the left opposed to globalisation. This crisis is sure to have reminded many countries of the dangers of offshoring all traditional industry to countries where labour is cheap and importing inexpensively rather than producing more expensively. Being forced to import masks, ventilators and other key equipment has shown them that it is crucial to maintain this and other strategically important manufacturing industries within their borders, even if this means putting up customs barriers. And this may – at least temporarily – play in the anti-globalists' favour. But world trade and exchange will continue, maybe more intensively. There can be no self-sufficiency, neither in economy nor in science and technology, and hopefully not in culture.

There is another good reason for taking this step: the need to create an economic balance between 'traditional' and high-tech industries in developed capitalist countries. The numbers show that the high-tech economy increases wealth concentration and widens the income gap. A third reason is more long-term. Ethnonationalist populism is on the rise among workers: offshoring of industry is suppressing wages in those industrial jobs that continue to exist, as well as being an affront to national pride. This may change after the crisis. The east Asian countries recognise this, and are proving remarkably cooperative in exporting light goods, like masks and medical equipment, during the crisis – so that importing doesn't feel like a burden on the consumer, and in order to bolster the globalisation on which their economies rest.

With the herd immunity method now seen as a form of Social Darwinism – despite the fact that it is simply a passive approach to epidemics inherited from the ancient past, or is simple survival of the fittest, i.e. natural Darwinism – everyone now emphasises that the priority is keeping people healthy. The likes of Trump and Johnson have always favoured an approach that doesn't affect economic growth, but have bowed before the pressure of public opinion, experts and the opposition. Nonetheless, we can no longer ignore the issue of the economy. What might happen if lockdowns remain in place longer than they should? What we have at the moment is not an economic crisis



but a suspended economy – what we might call, creatively, an ‘economy on hold’ (I don’t think this term is in wide usage). This can only work temporarily. If the issue is not addressed through global discussion – and not by individual measures – then we may be facing an economic depression with catastrophic social and political consequences that I will not go into in depth here.

Subsidizing businesses on hold can only be temporary and cannot principally solve the problem of supplies and other economic activities needed or the reproduction of human and social life.

And even a gradual reopening of production or services will be impossible without first laying the groundwork by taking two steps. The first is making it possible for everyone to avoid spreading the virus, enshrining prevention in law, and intensifying oversight of its implementation. The second is systematically ramping up testing to discover as many cases as possible and investigating their network of contacts as well as identifying cases of other serious illnesses to establish who is unable to return to ‘normal life’. I cannot understand how it is that some countries are looking to return to ‘normality’ without putting these processes in place.

The problem in poor or so-called ‘developing’ countries is that they are unable to do either of these two things without international financial support. Nor can they make the necessary money available to support the private sector and subsidise those who have been laid off or furloughed until the crisis passes. At the same time, they do not have the capacity to cope with a massive influx of patients into hospitals if life goes back to normal.

In some countries, for economic reasons, quarantine and lockdown will gradually become more selective, becoming restricted to those at higher risk of complications and those who have been in close contact with infected persons. But this will first require intensifying testing and maintaining lockdown.

A vaccine or a cure would solve the greater part of the problem (although neither is a sure bet) but producing and distributing them fairly and at low prices will require international cooperation starting from now. In my view no vaccine that may be produced will totally protect us from the illness, and the search for a cure must continue. If the illness cannot be stopped from entering the body, then then the rational target should be treatment, at least to stop it from harming it or affecting the vital organs.

There is some progress in the testing of existing drugs intended for other viruses using immunology and comparative virology, trial and error. We don’t yet know much about how effective the plasma of recently recovered patients is in treating the disease, there are weak and strong antibodies. This is all important until such time as a vaccine is discovered. But the most important tool to fight the illness is still prevention and quarantine as well as increasing the number of tests conducted.

It may be that humanity will come out of this troubled period safe and with the fewest losses possible, and that we will learn a few lessons along the way. Some of us have suffered, some lost their beloved, and some had the opportunity to work, help and mitigate the suffering of others, some had to work from home and spend more time with their families, to read more and think more. Some of us have



learnt how important those working to reduce the suffering of others really are. And many of us have learnt to confront challenges with empathy, solidarity and kindness. I hope that states learn that it is crucial to invest in things that may not be of immediate return until before the next elections and that do not produce profit: developing the infrastructure to quickly produce vaccines for the future pandemics that are sure to come (it is simply a matter of when); and preparing hospitals and medical staff and stockpiles for disasters like this one as well as other unforeseen problems like those related to pollution. And I hope, too, that we will learn that humanity has far more commonalities than it does differences, and that we are – in many senses – in the same boat. But anyone who expects the world, states, humans to change radically after the pandemic is likely to be disappointed. He can say what he thinks is right, act upon it, and hope.