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COVID19 and Redefining Human Security

Edited by Nergis Canefe

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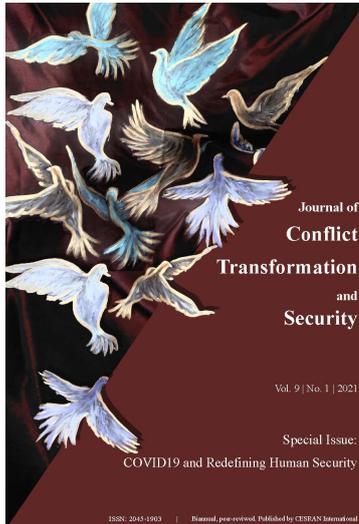
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Editor's Introduction to the Special Issue on COVID 19 and Redefining Human Security

Nergis Canefe - Co-editor

The COVID-19 pandemic has had a vast array of social, economic and legal implications, necessitating us to critically revisit the notion of human security. In addition to political and civil rights such as liberty and privacy being curtailed in relation to public health measures, social, economic and legal responses to the pandemic continue to have a far greater impact upon populations who are marginalized, who are on the move, as well as displaced communities and refugees, in radically unequal ways. The dimensions of specific populations' subjectification to unequal measures are related to their nationality, legal status, race, gender, disability, vulnerability and social class. In particular, interventions and resort to extreme measures cause further hardship in the plight of temporary and migrant workers, asylum seekers, internally displaced peoples under COVID-19 governance regimes.

In order to deepen the public understanding of the socio-political and economic dimensions of the current crisis related to the COVID 19 Pandemic in a global context, this special issue of JCTS addresses:

- Global differences in public access to healthcare;
- The situation in conflict zones, refugee camps, border areas, marginalized communities concerning the differential effects of the Pandemic;
- Exclusion of vulnerable communities, non-status peoples, minorities and precarious labour from the networks of protection put in place in relation to the Pandemic;
- Comparative analyses of social justice issues associated with COVID 19;
- Global forms of precarity that this Pandemic makes more visible;
- Regional and national effects of health care cuts or insufficient access to publicly funded medicine;
- Long-term implications of the Pandemic on our perception of human security.

The special issue includes three full articles, a commentary, and a lengthy interview. The proliferation of narratives on COVID 19 measures makes it much harder to make sense of the prevailing cacophony and to engage in critical reflections to such an unstable landscape of policy, politics and law, as pointed out by our authors. As an alternative to this chaotic and panic-ridden environment, the authors contributing to our special issue discuss how they see COVID affecting specific communities in relation to the larger society as well as developments in their area/region of research in relation to the global context. The contributions as a whole also identify potential transformative outcomes arising from the Pandemic, and share with us the ongoing work required to build those outcomes. As such, we invite our readers to think above and beyond the politics of exigency that continues to silence critical debate on uses and abuses of power in the name of redefining human security under pandemic conditions as part of the global response to COVID 19.

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Choosing The Wrong Path: The (Non) Response of Bolsonaro's Government to COVID-19 in Brazil and Its Consequences for The Brazilian International Image

Andre Sena*

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ABSTRACT

The outbreak of the COVID-19 pandemic declared by the World Health Organization (WHO) in March 2020, was perceived with skepticism and distrust by Brazilian President Jair Messias Bolsonaro. Between March and July of this year the Brazilian governmental institutions proved to be not only inefficient, but also irresponsible in its attempts to combat the epidemiological pandemic. With public statements that claimed that COVID-19 was a media exaggeration, collective hysteria, or an international Chinese conspiracy, the president of the republic and members of his government struggled to take concrete actions to protect the population. Disqualifying the WHO's recommendations and promoting Hydroxychloroquine as a medical treatment instead, the government would lead the country to a dramatic situation approaching 100,000 dead and 3,000,000 infected by the end of July. The present article seeks to map out and analyze the behavior of the Brazilian government between the months of March through July, by measuring the main factors that contributed to the current Brazilian situation and its contributions to the country's image on the international scene, spawned by accusations against President Bolsonaro for crimes against humanity at the International Criminal Court in The Hague in July 2020.

Keywords: Covid-19, Bolsonaro Administration, Pandemics, Prevention, International Politics

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“The main enemy of the powerful, though hidden as all that is false and fragile, is none other than their own power”

(Augusto Monterroso – The Rest is Silence)

Introduction: a general overview of the Brazilian republican political history between 1989-2018

The Brazilian re-democratization process started in 1985 with the arrival of what political historians called the “New Republic”. After 21 years of a constitutional exception regime that from 1964 onwards became a military dictatorship, the country resumed its democratic normalcy by announcing a new constituent national assembly and direct elections for the presidency of the republic, which would take place in 1989.

Between the end of the 1980s and 1994, the country would go through numerous economic and political crises, especially hyperinflation that reached 1000%, following the impeachment of President Fernando Collor de Melo, in the following decade. With the fall of Collor, his vice-president Itamar Franco tried the double maneuver of creating a government of national unity, while at the same time, seeking a new economic model based on a culture of fiscal responsibility. The policy of monetary and fiscal stability and the attempt at inflationary control generated in 1994 the greatest economic reform that Brazil has undergone since the foundation of the republic in the 19th century: The Plan Real.¹

Conceived by Fernando Henrique Cardoso, then Minister of the Economy, the initial success of the implemented economic measures would end up producing power relations of a new type in Brazil, which can be designated by the formation of two political eras that would be deeply impacting: the Era FHC (1995- 2003) and the Lula Era (2003-2010).

Regarding the relationship built between the Brazilian Social Democracy Party (PSDB) and the

Workers Party (PT) to the present day, the 1994 election can be seen as the first antagonistic moment between the parties and their members in the political scenario / Brazilian supporter. Previously approximated, as during the drafting of the 1988 Constitution (the PSDB had not been founded until that moment, but we can think, according to the study by Kinzo (1989), the position of the party from its future founders and members) and the election of 1989, it was from the government of Itamar Franco, from the Party of the Brazilian Democratic Movement (PMDB), and evidently during the presidential election of 1994 that the antagonistic disputes between the parties and their members started, which continues until the today at various institutional levels, such as within the National Congress.²

This period produced in Brazil the emergence of two majority political blocs: the first, consolidated in power by Fernando Henrique Cardoso, had as its decision center the Party of Brazilian Social Democracy (PSDB), originally center-left oriented, which gradually became a more center/right wing force in the country. The administration of Fernando Henrique Cardoso tried to combine a progressive model in the field of Human Rights with the approval of important projects in the area, such as the National Human Rights Program I and II, while in the economic field it sought the privatization of important state companies, unpopular measures of economic austerity and wage reductions for the working class.

The Lula Era was a critical and forceful response to the PSDB's power project, bringing the Workers' Party (PT) and the left political forces to power in Brazil in 2003. Luis Inácio Lula da Silva, the elected President, one of the most important figures in Brazilian trade unionism was the symbol of important changes that would come to the country. The arrival of a leftist bloc to power in Brazil was also

¹ See BATISTA. O Plano Real à luz da Experiência Mexicana e Argentina (Plan Real compared with the Mexican and Argentinian Experience). Estud. av. vol.10 no.28 São Paulo Sept./Dec. 1996

² See FREITAS. O Primeiro Grande Antagonismo entre PSDB e PT (The first serious antagonism between PSDB and PT) Opin. Publica vol.24 no.3 Campinas set./dez. 2018, P. 549

unprecedented in its political history in 114 years of republic. The traditional political oligarchies in Brazil have alternated in power in a more or less uniform way until then, with some populism upsets and an attempt at fundamental reforms perpetrated by the military coup of 1964. The year 2003 in fact inaugurated a new political phase of Brazilian democracy.

Several factors that led to the decline of the Lula era and the rise of a new type of conservatism in Brazil. Key to understanding the process that brought Jair Messias Bolsonaro to power in 2019, lies in the political and economic challenges faced by Lula's successor, President Dilma Vanja Rousseff, who ruled Brazil from 2011 until her fall by impeachment in 2016.

Democratically elected in 2010, Dilma Rousseff represented the continuity of the Workers' Party and its unprecedented reformist agenda in power. At the same time, it symbolized the democratic modernization of the country with the arrival for the first time of a woman in the highest national office. However, the crises that Dilma would have to face would be countless, without the economic comfort generated by the Lula years in the country, with a rising unemployment rate, a problem that was never in fact solved by any government of the New Republic. Added to this are important accusations of corruption that hit the Brazilian political class as a whole, especially the Workers' Party since 2005, and which produced criminal investigation operations never before seen in Brazil. The corruption scandals that occurred in the Lula Era radically haunted the presidency of Dilma Rousseff, leading to popular protests of a wide scope in 2013/2014, deepening an institutional crisis that would lead to her fall two years later.

With "great surprise" is show observers actually described their own reaction to the unexpected intensity and resilience of street protests. Framed as unpredictable, uncontrollable and spontaneous, the popular outcry was generally averse to formal encroachment from the organized left or right. Although a historical inability of conservative parties – now in the

opposition – to mobilize the youth probably contributed to their leader lessness, popular protests were directed at federal, state, and municipal governments of all ideological hues.³

Bolsonaro would come to power in 2019 after Michel Temer's buffer presidency, which led the formal political transition between 2016 and the 2018 presidential elections. Scorned by leftist forces, stunned by Dilma Rousseff's impeachment, Michel Temer was tolerated by the forces of the conservative right-wing bloc that currently govern Brazil.

Bolsonaro's Administration: From 2019 to the outbreak of COVID-19 global pandemics in 2020

2019 marks the beginning of Jair Bolsonaro's administration. Brazil was deeply divided between the broad base that had elected the president, and those who tried to prevent his election by seeking a compromise solution between the left that proved impossible to be held. While the different Brazilian political right-wing forces have formed a consensus around Bolsonaro's candidacy, the left has not been able to come together. The cohesion of the first around a single candidacy was due to a number of factors of sociological, behavioral but also economic nature.⁴

Bolsonaro initiated his tenure after having been elected by a wide base of evangelicals, who had been organizing and expanding their areas of influence in Brazil since the 1990s. Additional support came from a deeply displeased and resentful traditional middle class (different from other middle strata recently produced in the Lula Era) not only with the loss of economic power due to past crises, but also refractory to the progressive and inclusive agenda of the Lula and Dilma years. In addition, other sectors that are less

³ See D'ANDREA. 2013 Protests in Brazil: The Kite and the Byte in New Forms of Popular Mobilization. *Anthropological Quarterly*. Social Thought and Commentary Collection, Volume 87, #3, Summer 2014, p.937.

⁴ See SILVA. "Bolsonaro's New Chapter of Neoliberalism in Brazil." <https://jacobinmag.com/2019/12/jair-bolsonaro-brazil-neoliberalism-guedes-carvalho> (Accessed 7 July 2020)

important but still very active in the pro-Bolsonaro mobilization were decisive in his election, such as the emergence of an unprecedented popular and urban mobilization of groups identified with conservative and neoliberal ideas at the same time.⁵ The regional vote of the poorest states in the northeastern region of the country has not been able to prevent the election of a right-wing government for Brazil.

The country was assumed by Bolsonaro with the hazy promise of economic recovery, especially about resuming growth from job creation. The neoliberal perspective assumed in the electoral campaign became clearer from the decisions made by the Minister of Economy, Paulo Guedes, an ultraliberal primer, who promised the business community minimum regulations that haunted the working class with the suspension of several of their labor rights with the intention to “flexibilize” the relationship between capital and labor.

To satisfy his diverse and multifaceted conservative electoral base, Bolsonaro permanently fired the Minister of Culture, and demoted him to secretary of state. Accused of being a space of wide circulation of ideas and policies associated with the left, Marxism and several other ideological fantasies that permeated the imagination of Bolsonaro's voters, the dismantling of the Ministry of Culture was the perfect symbol of the new political era that emerged in the country. Feminism, the fight against racism and the LGBTQ+ community's agenda were seen as an attempt by previous governments to reshape the country and eradicate its traditional social and cultural landscape. Homophobia, misogyny, and racism naturally came to be relativized and, in some cases, even tolerated under the aegis of “freedom of expression”.⁶

Internationally, Bolsonaro openly declared his alignment with two countries and their presidents: Donald Trump's United States and

of Benjamin Netanyahu's Israel. In a profound reformulation of the central framework of the Ministry of Foreign Affairs, the figure of a new Brazilian chancellor, Ernesto Araújo appeared, with the function of making the agenda of a *Bolsonarist* foreign policy, and the search for equally conservative allies in Europe, such as Hungary and Poland. Naturally, this Brazilian alignment strained relations with countries or blocs considered natural rivals of the United States, mainly the People's Republic of China, and Brazil's ally, the Bolivarian Republic of Venezuela.

The new configuration, both domestically and internationally, will have a profound influence on the decision making and the performance of the Bolsonaro government when in early 2020 the outbreak of the COVID-19 pandemic. For this reason, this brief Brazilian historical-political report was considered necessary for the reader to better comprehend, in later sections of this paper, the main features of the current Brazilian government in relation to the internal and external scenario with regard to the pandemic problem.

March-June 2020: an odd and impressionist reaction to a global pandemic

Brazil has a serious epidemiological history. In its recent history, tropical scourges of a viral nature such as Dengue, Zika Virus and Chikungunya have been devastating in the main Brazilian metropolises. Especially in the summer, these epidemics can cause the death of a significant number of people, caused by outbreaks of hemorrhagic dengue, or will permanently disable a considerable number of citizens. The Zika Virus infected a large population of babies with microcephaly a decade ago, mainly in the northeastern region of the country.

This history of viral diseases of an epidemiological nature probably helped to forge a relatively skeptical social and collective attitude towards the outbreak of the COVID-19 pandemic in the country. The general response of the Brazilian social fabric in February did not correspond to the alarm that was seen in other urban communities around the globe. This factor was probably decisive in reinforcing and legitimizing the Bolsonaro government's relative disregard for the problem at the beginning of the pandemic.

⁵ See LIMA. “Bolsonaro and the rise of the Far-Right Neoliberalism in Brazil.” <https://alusta.uta.fi/2018/12/03/bolsonaro-and-the-rise-of-far-right-neoliberalism-in-brazil> (Accessed 8 July 2020)

⁶ See ROCHA. “Brazilian Culture: in the Survival Mode.” <https://cmds.ceu.edu/article/2020-03-26/brazilian-culture-survival-mode> (Accessed 14 July 2020)

Although legislation regarding measures with which to tackle COVID-19 has been in place in the country since February 7, 2020, i.e. before the epidemic was officially recognized in the country, President Jair Bolsonaro has given little importance to it. In fact, he is one of the few world leaders who refuse to recognize the threat constituted by the virus. There are numerous articles in the media repeating his public statements against the measures implemented in the states and municipalities and encouraging his followers on social media sites to disobey the social distancing recommendations.⁷

Without a clear statement from the Ministry of Health in mid-January, it was up to the executive branch to address the reactions that preceded the statement released by the WHO on March 11, 2020 confirming the existence of a global pandemic crisis. In one of his most serious proclamations the day before, Jair Bolsonaro said that the phenomenon constituted only a small crisis, claiming that it could also be a fantasy manufactured by the media. The president stated that "We have at the moment a crisis, a small crisis. In my opinion this issue (of coronavirus) is much more a fantasy. It is not all that serious as the mainstream media propagates", disregarding any opinion originated from the medical community. Brazilian or international. This statement actually accompanies a logic of denial and indifference in relation to the problem of COVID-19, which had already been made public by the president in previous speeches, especially between February 27 and March 9, where at different times Bolsonaro publicly said that the severity of the virus was being overestimated, with no reason to panic, while diluting the potential scourge in Brazil by claiming that "the whole world would be suffering".⁸

⁷ See AQUINO EML et al. Social distancing measures to control the COVID-19 pandemic: potential impact and challenges in Brazil. *Ciênc. saúde coletiva* vol.25 supl.1, Rio de Janeiro, June 2020 p. 2430

⁸ See VANNUCHI. "A pandemia de COVID-19 segundo Bolsonaro: da "gripezinha" ao "e daí?" (The pandemics

It is not possible to disregard these statements as they have concretely contributed to two referrals in Brazil: a tacit acceptance of a great deal of the Brazilian population of Bolsonaro's arguments and at the same time a certain immobility of the Ministry of Health in the face of the first developments of the pandemic in the country, when the death toll in China already exceeded 5,000 people. This acquiescence relation between the discourse of political authorities and population behavior in Brazil has its origins in the episodes of populism and authoritarianism that profoundly marked Brazilian republican political history. The "voice of the leader" has a deep weight in the national conscience, marked by a *caudillist* heritage that contributed in the beginning of the 20th century to the construction of the Brazilian republican national project.

Although showing the main elements of populism, Bolsonaro's discourse does not score high on the populism scale, mainly because his speech also contains patriotic and nationalist traits inconsistent with his populism. These elements are not necessarily incompatible with populism; it is possible to identify subtypes of populism that derive from interactions between these discourses.⁹

The President's continued denial of the dangers a global pandemic posed to Brazil, had a toxic effect on public. Between the statement by the WHO on March 11 until the end of April, there will be no change in the government's tone regarding the perception of the pandemic problem. On 28 April, Bolsonaro said to the Brazilian press: "There is a pandemic. So what? I'm sorry. What do you want me to do? I am a Messiah [referring to his middle name], but I do not perform miracles".¹⁰

according to Bolsonaro: from "the little flu" to the "so what?")
<https://noticias.uol.com.br/colunas/camilovannuchi/2020/04/30/a-pandemia-de-covid-19-segundo-bolsonaro-da-gripezinha-ao-e-dai.htm> (Access 15 July 2020)

⁹ See TAMAKI&FUKS. Populism in Brazil's 2018 General Elections: an Analysis of Bolsonaro's Campaign Speeches. *Lua Nova* no.109, São Paulo, Jan./Apr. 2020, p.117

¹⁰ See VANNUCHI. "A pandemia de COVID-19 segundo Bolsonaro: da "gripezinha" ao "e daí?". (The pandemics

The Bolsonaro government's neoliberal economic policy was decisive in transforming these statements into concrete guidelines in the conduct of the pandemic in Brazil.¹¹ Having as a guiding economic principle of government the reduction of the role of the State in the economy, the valorization of free trade and the free market as a regulatory force in economic relations and as a vector of prosperity, the Minister of Economy, Paulo Guedes hinted that a reaction effectively serious in the face of the pandemic would cause an unprecedented economic catastrophe in the country and postpone the positive economic results promised by the government since Bolsonaro's inauguration.

While the political side of Bolsonaro's administration has been marked by staggering confusion, the economic side has been dominated by Finance Minister Paulo Guedes, a minor "Chicago Boy" in General Pinochet's Chile and a banker and occasional academic in Brazil. His main priority is to dismantle Brazil's progressive pension system in order to introduce another one based on individual accounts, minimal redistribution between generations or classes, and tough restrictions upon drawing on pension income. His proposal is so restrictive that most low earners with unstable jobs will never achieve the contributions threshold required to claim benefits while the rich will tend to choose private pensions offering more flexible conditions and uncapped returns. At a further remove are the privatization "of everything" (starting with the country's airports and parts of Petrobras) and, finally, tax reform introducing a less progressive system. Under authoritarian neoliberalism, Brazil's economy, society, and political

system are in a perilous state; the democratic 1988 Constitution is frayed if not mortally wounded, and there is no clear path back to economic growth and political stability.¹²

One of the first targets of the Minister of Economy was the recommendation made by the WHO on the need to practice social distancing. At the end of March 2020, Paulo Guedes publicly declared that social "isolation" would lead to a natural disorganization of the Brazilian productive system and would be the main cause of freezing the entire national economy. Admitting that he was not sure about the health issues related to the COVID-19 pandemic, the minister's argument posed a dilemma to the Brazilian society, presented as a false debate: it will be necessary to choose between economic prosperity or public health.¹³

President Bolsonaro immediately backed his minister's arguments, consolidating the image of a government that understood that the market was preceded the dangers of a global pandemic; the resources to support a country that had been in an economic downturn since previous governments were too scarce, and the paralysis of trade, companies and services could lead the country into a recession. This neoliberal interpretation proposed by the government perfectly matched Bolsonaro's initial message that the pandemic could be a simple fantasy, or an exaggeration from the international community.

As a complement to these fallacious arguments from the government, a sinister political rhetoric began to appear in early April 2020 that questioned data from the international scientific community and the WHO itself.¹⁴ Despite the exponential growth of confirmed cases between March and May, in a curve that

according to Bolsonaro: from "the little flu" to the "so what?") <https://noticias.uol.com.br/colunas/camilovannuchi/2020/04/30/a-pandemia-de-covid-19-segundo-bolsonaro-da-gripezinha-ao-e-dai.htm> (Access 15 July 2020)

¹¹ See EDWARDS. "Bolsonaro's radical neo-liberal offensive in Brazil." <https://eyesonlatinamerica.com/2019/04/24/bolsonaro-s-radical-neo-liberal-offensive-in-brazil/> (Access July 16 2020)

¹² See SAAD-FILHO. *Varieties of Neoliberalism in Brazil (2003–2019)*. Sage Journals. *Latin American Perspectives*. Volume: 47, issue: 1, November-January, 2019-2020, p.22.

¹³ RFI. "Brazil risks 'economic collapse' over virus lockdown: minister Paulo Guedes." <https://www.rfi.fr/en/wires/20200508-brazil-risks-economic-collapse-over-virus-lockdown-minister> (Access 15 July 2020)

¹⁴ FRASER. "How Anti-Science Attitudes Have Impacted the Coronavirus Pandemic in Brazil" <https://www.scientificamerican.com/article/how-anti-science-attitudes-have-impacted-the-coronavirus-pandemic-in-brazil/> (Access 18 July 2020)

rose from 1.200 to 80.000¹⁵ people in about two months, Bolsonaro insisted on the idea that a coronavirus infection would be nothing more than a mild flu, putting himself personally in the media as a kind of personal proof of his arguments. The president of the republic affirmed that because he had a biological historic of athletic physique, he would hardly be affected by the virus, confusing public opinion, in an attitude of open scorn before the population.¹⁶

The government's attempt to disqualify international data and institutions began to intensify in April 2020 in two perspectives: initially the recommendations of the WHO were questioned by Bolsonaro, bringing embarrassment to the government's Minister of Health, Luiz Henrique Mandetta, who would later be fired by the president. In addition to its critics on the WHO recommendations on social distance, the government now perceived the closing of schools and the need for quarantine practices and the permanence of people in their homes as an exaggeration. The president personally challenged these international guidelines by making countless public appearances, calling on his supporters to go to the streets, shaking hands with his sympathizers and allowing himself to be photographed in public alongside groups of people; a clear attitude of questioning the directives of the WHO and those from his own government's timid health ministry.

Secondly, the very essence of the WHO as an international organization came under scrutiny by President Bolsonaro. Between April and May 2020 the government used social networks like Twitter to publicize rumors of an alleged WHO subservience to international powers, particularly the People's Republic of China. Accusing the organization of working according to an "ideological basis," In June,

Bolsonaro threatened to leave the organization if it did not back down on social distance policies. One of the government's tactics to continue its criticism of WHO consisted of the argument that the international organization posed a threat to Brazilian sovereignty, insofar as its guidelines could translate into a kind of intervention in the domestic conduct of Brazilian politics and economy. "If the WHO does not withdraw from being a political and partisan organization, we will consider leaving it", declared Bolsonaro on June 5, 2020. This behavior by the Brazilian government would be further aggravated by statements of a frankly conspiratorial tone from the country's foreign relations chancellor Ernesto Araujo. The minister would declare that an intrinsic relationship between the global pandemic of COVID-19 and the foreign policy of "Communist China" existed.

Bolsonaro government's anti-communist paranoia: the Chinese issue

Trade and economic relations between Brazil and China have been growing exponentially since the late 1970s, with the Asian power entry into the World Trade Organization. The predictions made by the government of President Itamar Franco that China would be one of the main Brazilian trading partners in the 21st century was already confirmed in its first decades, especially during the years when the Brazil was ruled by the Workers' Party. Based on a commercially pragmatic logic, the commercial approach between the two countries was stimulated in the context of an economic diplomacy that sought partners beyond the United States and the European Union. The *South-South Diplomacy*, implemented in the Lula era, also sought to strengthen ties with the African continent, South America, the Caribbean and other peripheral actors in the international system.

Lula's national and international program represented a turn to the left in terms of the political models of the 1990s. Until then, it had been required policy to promote alignment of the country's policies with the neoliberal program of the Washington Consensus (do Carmo and Pecequilo 2012). By contrast, Lula's government looked to strengthen the country's role in

¹⁵ See Corona Virus Resource Center. John Hopkins University Medicine. <https://coronavirus.jhu.edu/map.html> (Access 16 July 2020)

¹⁶ See PHILLIPS. "Bolsonaro says he 'wouldn't feel anything' if infected with Covid-19 and attacks state lockdowns." <https://www.theguardian.com/world/2020/mar/25/bolsonaro-brazil-wouldnt-feel-anything-covid-19-attack-state-lockdowns>. (Access 16 July 2020)

international arenas, effecting a transition from a model based on economic credibility toward one of “autonomy through diversification” (Vigevani and Cepaluni 2007) and a greater role in the setting of international norms. Although the Ministry of External Relations (MRE, also known as *Itamaraty*) tried to strengthen Brazil’s soft power, Lula simultaneously called in his speeches for the democratization of global decision-making bodies.¹⁷

The emergence of Brazil in to the international arena was based on the conception of a *logistic State* aimed to forge a global Brazilian leadership, which consisted of a priority of the Lula administration. This necessary strategy involved multilateralism and the expansion of relations between the State and the Third Sector at domestic and international levels, as well as the search for new models of regional integration.

The regional integration becomes, in the 21st century, an instrument of support to Brazilian globalist call. This is accomplished through the influence on the international scene in order to transform the rules of order and through more robust links of global interdependence, particularly through the outward expansion of Brazilian companies. The integration preserves, however, as perennial, the function to maintain and cultivate the climate of political understanding in South America, perhaps in Latin America, since its neighbors constitute a strategic reserve needed for the global goal to be achieved.¹⁸

All these years (2003-2016) of building a foreign policy based on what some Brazilian experts called *autonomy for participation*,

¹⁷ See CASTRO. Brazil’s South-South Foreign Policy Post-Lula. Where Does Africa Fit In? *Afrique Contemporaine*. Volume 248, Issue 4, 2013, p. 248

¹⁸ See CERVO. “The Foreign Policy of Brazil.” *Austral: Brazilian Journal of Strategy & International Relations*. v.1, n.2, Jul-Dec 2012, pp. 12-13.

diversification and development have been superficially and even grossly misrepresented by the Bolsonaro government. The efforts of decades undertaken by Brazilian commercial diplomacy and by formulators of the country’s foreign policy were interpreted as being at the service of an obscure project of power by the international left, a foreign policy of ideological alignment and a markedly socialist slant, resurrecting a caricature buzzword of the most nebulous years of the Cold War.

With the arrival of the global pandemic, the People’s Republic of China would be the main target of the government and its conspiratorial delusions. The Brazilian Chancellor Ernesto Araújo, endeavored to formulate a narrative that accused China of being responsible for the pandemic in an effort to destabilize the world’s economy.

In a ministerial meeting convened by President Bolsonaro on April 22, 2020, the Brazilian chancellor referred to the coronavirus as the “Commievirus”¹⁹, setting a markedly anti-communist and inaccurate tone in future government tours of the pandemic and pointing to China’s dual role in the issue: firstly, the production of the pandemic itself, and secondly, in the collaboration between China and the WHO, working to support Chinese hegemonic interests around the Globe. The suspicion propagated by Bolsonaro campaign speeches in 2018, criticizing Brazilian foreign policy towards countries such as Cuba, Venezuela and Iran, now assumed the character of an official government discourse concerning the pandemic of COVID-19, electing China as the enemy of the moment. Donald Trump’s statements about the Chinese origin of the virus²⁰ served as a legitimate support for the Brazilian chancellery’s arguments.

Publicly denouncing China, one of Brazil’s most important international trading partners, as

¹⁹ See KALOUT. “Bolsonaro’s Failed Diplomacy Leaves Brazil Isolated as Pandemic Rages. Ideological fixation has been a diplomatic and public health disaster.” <https://foreignpolicy.com/2020/07/07/bolsonaro-failed-diplomacy-brazil-isolated-coronavirus> (Access 18 July 2020)

²⁰ See CHIU. “Trump has no qualms about calling coronavirus the ‘Chinese Virus.’ That’s a dangerous attitude, experts say.” <https://www.washingtonpost.com/nation/2020/03/20/coronavirus-trump-chinese-virus> (Access 18 July 2020)

the country that devised a communist plan for world domination, Ernesto Araújo sent the country's public opinion a message of distrust about the actual existence of the pandemic, which to some extent contributed to authorize a certain social behavior of a significant part of the Brazilian urban population in relation to the problem;²¹ it also started a noisy questioning of popular sectors that support the government about the need for measures recommended by the WHO, such as social distance and the real necessity of quarantine procedures.

In his personal blog, *Metapolítica 17*, the Brazilian foreign minister commenting on the book *Virus*, written by Slavoj Žižek, makes his point regarding the role of WHO as a Chinese instrument and mere puppet, in the disorganization of national sovereignties and in favor of Chinese economic and political interests.

It does not escape Žižek, of course, the value that the WHO has at this moment for the cause of denationalization, one of the assumptions of communism. Transferring national powers to WHO, under the pretext (never proven!) That a centralized international body is more efficient in dealing with problems than countries acting individually, is only the first step in building planetary communist solidarity. Following the same model, power must also be transferred to other organizations, each in its own domain. Žižek does not specify it, but he probably has in mind a global industrial policy being dictated by UNIDO, a global educational program controlled by UNESCO and so on.²²

²¹ See NEWSWISE. *Bolsonaro's Attitude to Coronavirus Increases 'Risky Behaviour' in Brazil.*

https://www.newswise.com/coronavirus/bolsonaro-s-attitude-to-coronavirus-increases-risky-behaviour-in-brazil-study/?article_id=731070 (Access 18 July 2020)

²² See ARAUJO. "Chegou o Comunavírus. O corona vírus nos faz despertar novamente para o pesadelo comunista." (The commie virus is here. Coronna virus makes us once again alert against the communist nightmare). <https://www.metapoliticabrasil.com/post/chegou-o-comunav%C3%ADrus> (Access 18 July 2020)

In addition to causing growing discomfort among the Chinese diplomatic staff installed in Brasilia and causing tensions between Brazilian companies that are partners with Chinese industrial corporations, the Bolsonaro government's statements via the Ministry of Foreign Affairs disguised a permanent government inaction in terms of public health in the fight against the scourge of COVID-19. The government's authoritarian neoliberal perception that the economy cannot be stopped by the pandemic, the president's personal attitudes when appearing at public events and calling on his supporters to appear in the streets, plus the government's interactive anti-communist paranoia would have as a complement the tacit alignment of the Bolsonaro's administration to that of the Donald Trump administration.

The issue of American alignment: Bolsonaro and Trump

The election of Donald Trump had a very important impact on the then presidential candidate Jair Messias Bolsonaro. A neo-conservative turn in the United States, in response to years of progressive liberal politics in the Obama era, was the perfect electoral road map for the same phenomenon - with its local peculiarities - to reproduce the phenomenon in Brazil. Bolsonaro was an enthusiast of the Trump administration from the very first moment, and his political entourage made it very clear that an alignment with the United States was the first step in deconstructing the Brazilian foreign policy of Presidents Lula da Silva and Dilma Rousseff.

The main justification for this alignment was based on economic reasons. A more robust approach to the United States could strengthen the Brazilian trade balance on the international stage.²³ The opposite happened; the consequences of the rapprochement with the Trump administration have been at least

²³ See NETO et al. "US-Brazil trade and FDI: Enhancing the bilateral economic relationship. A new chapter for US-Brazil relations."

<https://www.atlanticcouncil.org/in-depth-research-reports/us-brazil-trade-and-fdi-enhancing-the-bilateral-economic-relationship/#intro> (Access 19 July 2020)

economically reversed: a 37% reduction in exports compared to 2019. The president of the Brazilian Foreign Trade Association (AEB) José Augusto de Castro warned in July 2020 that an approach to the United States by Donald Trump and his protectionist economic policy could never replace Brazil's trade relations with China, especially in commodity exports to the Asian country.²⁴

Thus only arguments of a political nature were left to justify the necessary alignment of Bolsonaro's government with the Trump administration. The anti-communist rhetoric of the Brazilian government emerges at that moment as the main justification for this approach, insofar as the *Bolsonarist* diplomacy announced a Brazilian foreign policy "without ideological bias", and in line with international powers that were in tune with the national values of the "new Brazil".

There are no doubts that the ideological context of Bolsonaro's rise facilitates his policy of diplomatic alignment with the United States. From the very outset, Bolsonaro has made a big deal of his admiration for the United States. During a campaign rally for the Brazilian diaspora in Miami, he saluted the American flag while his supporters chanted "USA! USA!". Furthermore, he has on many occasions professed his fascination with Donald Trump. "I look to Trump as a role model". The US president has responded in kind. Upon learning of Bolsonaro's win, Trump called to congratulate his new colleague effusively, while John Bolton, the National Security Advisor, hailed Bolsonaro as good news, going on to praise him as a "like-minded" leader. Steve Bannon endorsed the new president of Brazil as a leading figure in

the current right-wing, transnational populist wave.²⁵

With the COVID-19 pandemic declared in March 2020, the Brazilian government immediately sought to reproduce Donald Trump's performance in several aspects. The critical stance towards China gained strength with Trump's statements about the Chinese origin of the virus; the criticisms that the Brazilian government made to WHO at the beginning of the pandemic sought resonance in Trump's own position regarding the organization. However, the dynamics of the US government in relation to COVID-19 moved at its own pace, with changing positions in relation to treatments, therapies and social practices, such as isolation or the use of masks. The American's own dynamics on all these matters proved to be difficult for the Brazilian government to follow.

The United States' position on hydroxychloroquine is a striking example of this issue. At first, Trump recommended hydroxychloroquine as a therapeutic measure, then later denounced it, but not without having sent 2,000,000 samples of the medicine to Brazil, without any scientific proof of its effectiveness.²⁶

While the government wasted time and energy taking a stand against international communism, China's hegemonic claims, and seeking alignment with the United States without any critical filter, the numbers of COVID-19 cases and death rates in the country increased from May 2020 in a geometric progression that took the country from 1,300 cases notified in April to the astronomical number of 3,000,000 people with the virus in late July of the same year.²⁷

²⁴ See HESSEL. "Alinhamento do Brasil aos EUA não favoreceu balança comercial brasileira." (Brazil's alignment with the USA did not favor Brazilian trade balance).

https://www.correiobraziliense.com.br/app/noticia/economia/2020/07/20/internas_economia,873532/alinhamento-do-brasil-aos-eua-nao-favoreceu-balanca-brasileira.shtml (Access 19 July 2020)

²⁵ See SPEKTOR&FASOLIN. "Brazil and the United States: Will President Bolsonaro Bandwagon?" <https://www.e-ir.info/2018/11/15/brazil-and-the-united-states-will-president-bolsonaro-bandwagon/> (Access 19 July 2020)

²⁶ See SPETALNIK. "U.S. sends Brazil 2.000.000 doses of hydroxychloroquine, drug touted by Trump." <https://www.reuters.com/article/us-health-coronavirus-usa-brazil/u-s-sends-brazil-2-million-doses-of-hydroxychloroquine-drug-touted-by-trump-idUSKBN2370RU> (Access 19 July 2020)

²⁷ See Corona Virus Resource Center. John Hopkins University Medicine. <https://coronavirus.jhu.edu/map.html> (Access 22 July 2020)

With government ministers insisting on treatment with hydroxychloroquine, as was the case for the Minister of Women, Family and Human Rights Damara Alves, the government produced an increasingly tense relationship between the Executive, the government's allies and the Ministry of Health increasingly intimidated by the President of the Republic public declarations. Two health ministers were dismissed in just one semester. After a whole month of conflicts with Jair Bolsonaro, Health Minister Carlos Mandetta left office in April 2020, due to disagreements with the president over the need for social distancing practices and the use of hydroxychloroquine.

The same would happen with his successor, Nelson Teich, who would resign in less than a month in office.²⁸ This time the divergences with the President revolved around a decree signed by Bolsonaro authorizing the opening of gyms and beauty salons in the country, and an immediate flexibility to open schools and commercial establishments. The instability of the Ministry of Health, together with the confusing messages by the Brazilian government regarding the impacts of the COVID-19 pandemic, leadership to control the virus was relegated to state governors. Governors of important states like Rio de Janeiro and São Paulo have become fierce strongholds of opposition to the federal government regarding the response to COVID-19.

Denounced in The Hague: genocide and crimes against humanity

The international image of Brazilian president, Jair Bolsonaro, has been under scrutiny since the election of 2018 presidential election. His reputation as a candidate of the extreme right, his authoritarian, homophobic and truculent personal style were elements that became the regular image of the new government. On January 1, 2019 Bolsonaro stated that the country was considering its withdrawal from important international agreements such as the Paris Agreements. Furthermore, the

²⁸ See PHILLIPS. "Brazil loses second health minister less than a month as COVID-19 deaths rise." <https://www.theguardian.com/world/2020/may/15/brazil-health-minister-nelson-teich-resigns> (Access 22 July 2020)

exponential increase in fires in the Amazon rainforest, the inability to manage the problem with Venezuelan refugees in the country and indispositions of all sorts with the European Union, deteriorated the country's image on the international stage.

The COVID-19 Pandemic made the Brazilian international situation even more serious due to the Bolsonaro government's inability to respond to the urgency and seriousness of the problem. Increasing numbers of contagion and fatalities, which at the beginning of August, according to forecasts, will exceed 100,000 dead; the inability to create a unified response to the scourge, producing a deep dissent between the federal government and state governors and Bolsonaro's ministers' paranoid insistence on Pandemic as a Chinese problem and the World Health Organization as an ideologically subordinated international institution, were factors that led the president of the republic to be reported to the International Criminal Court in The Hague in late July, under the charge of genocide and crime against humanity.

The complaint was filed by a union coalition of more than one million health workers in Brazil, with the support of several international entities.²⁹ This attitude adds to a repertoire of at least 35 other complaints formally made against the Brazilian government to the United Nations in 2019. In the case of the complaint to the Court of The Hague, Bolsonaro is accused of negligence and omission in relation to the COVID-19 pandemic in a detailed 64 pages report submitted to the attorney general of the Court Fatou Bensouda.³⁰

This is the fourth complaint against Bolonaro in The Hague. The complaint made on July 26, 2020 should be upheld by the International Criminal Court and submitted to a preliminary assessment for Bolsonaro to be effectively prosecuted. The terms of the petition denounce

²⁹ See UNI GLOBAL UNION. "International Criminal Court case claims Brazilian government's COVID-19 response is a crime against humanity." <https://www.uniglobalunion.org/news/international-criminal-court-case-claims-brazilian-governments-covid-19-response-a-crime> (Access 31 July 2020)

³⁰ See MARQUES et al. https://uniglobalunion.org/sites/default/files/imce/english_denuncia_presidente_icc_final.pdf (Access 31 July 2020)

elements such as denialism in the face of the COVID-19 pandemic, incitement to public agglomerations by the President of the Republic, inefficiency in public health policies, inaction in combating the pandemic in Brazil, and the exposure to COVID-19 of ethnically vulnerable populations, such as traditional indigenous communities. It is definitely a severe blow to a government, whose international image was already severely damaged in 2019.

Conclusions

Since the first moment of the outbreak of the COVID-19 in Brazil, the government of Jair Messias Bolsonaro has shown negligence in the preparations and effective actions to combat the epidemic and to flatten a possible upward curve in the country. The statement by the WHO in March 2020 declaring COVID-19 a global pandemic, was viewed by the Bolsonaro's government with skepticism and distrust, confirmed by the several public and official statements made by the president of the republic himself.

The recommendations by the WHO were disqualified by the government, which knee-capped the efforts of the Ministry of Health to promote any popular awareness campaigns that would lead people to practice social distancing and take other preventive measures. Contradicting WHO and the stance of several government officials from other countries, Bolsonaro insisted on public appearances, without the use of a mask and with intense physical interaction with his supporters between the months of March and June 2020, leading to a relativization of the need for isolation and inducing the public to reproduce the president's behavior.

Taking effective action to combat the COVID-19 pandemic implied the objective recognition of the seriousness of the problem, which did not occur in the government, nor with the expressive increase in cases of contagion and deaths that in August 2020 will reach more than 100,000 victims. The government preferred to spread a relativistic and conspiratorial discourse holding China responsible for the problem and placing international organizations like the WHO

under suspicion. Internally, in addition to the federal government's clear inaction in combating the pandemic, Jair Bolsonaro dismissed between April and May 2020 two ministers of health for trying to follow WHO recommendations and opposing the immediate opening of commercial and educational establishments in the country.

With the exponential increase of victims of COVID-19 between the months of May and June 2020, a significant part of the Brazilian medical community, health professionals and civil society entities such as unions denounced President Jair Bolsonaro to the International Criminal Court for genocide and crimes against humanity. In effect, the inefficiency and neglect of the Brazilian government has contributed greatly not only to leading Brazil to a humanitarian public health drama unprecedented in its history, but also to further weakening its image before the international community.

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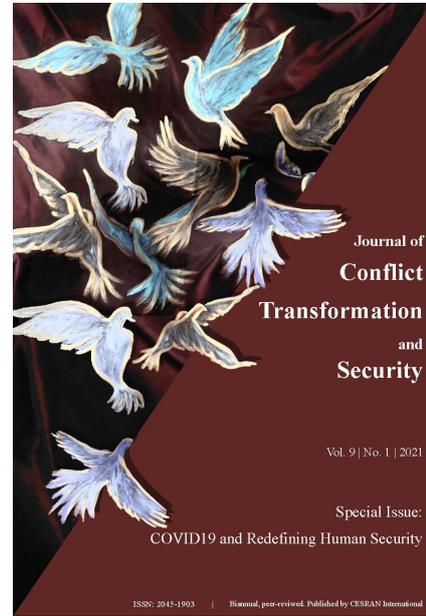
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COVID-19 in Complacent Canada

Howard Adelman*

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ABSTRACT

This paper argues that the management of the COVID-19 pandemic had severe repercussions for human security. Defined as an invisible enemy, different responses by select governments reveal the differential impact of the pandemic both on law and social norms. Specifically, the paper compares the management of the pandemic in Taiwan, South Korea and Vietnam as opposed to Canada.

Keywords: *Management of Covid-19; Government Responses; Taiwan; South Korea; Vietnam; Rates of Testing; Vaccination; in-Hospital Deaths; Crisis Measures*

Biographical Note: *Howard Adelman is a Canadian philosopher and former university professor. He retired as Professor Emeritus of Philosophy at York University in 2003. He was the founder and director of York's Centre for Refugee Studies. He was editor of Canada's flagship journal *Refuge* for ten years, and since his retirement he has received several honorary university and governmental appointments in Canada and abroad. He has penned 23 books and over hundred academic articles, as well as numerous government reports and policy papers.*

Introduction

What does a virus have to do with conflict and transformation? When it is connected with a pandemic, it is a human security issue. Further, the forms of governance of states impact significantly on the disruptions and deaths that result. They also divide states and societies in destructive ways. Therefore, management of a pandemic is as critical to human security as any human conflict so it is no surprise that political leaders describe themselves as at war with an invisible enemy. If an epidemic or a pandemic is a security threat, defending against that threat is a matter of human security. Threats to states not only include the armed forces of other states or terrorists. The threat may be a microscopic agent. As it turns out, COVID-19 has proven to be the most dangerous threat since the flu pandemic of 1918.

Internationally, the most glaring socio-political difference revealed by the COVID-19 pandemic is the vast range in the number of cases of infection and death rates among various governments at the national level. What do these differences have to tell us about governance at that level in dealing with human security issues? COVID-19 has perhaps had a greater effect than other phenomenon in recent years on revealing deep differences in the management of our political arenas that go well beyond discussions of whether a country is democratic or authoritarian. Further, we do well to attend to the details of the impact of COVID-19, not only for managing health care in our societies, but in the governance of society more generally.

The impact has been on both law and social norms, social structures and modes of communication. How can governance be both accountable and effective, prudent and far seeing in a context of general ignorance about the dangers faced? Have lessons been learned and will they have a lasting impact on the way our societies manage themselves?

These are large questions. This paper is just a probe, a way of opening up the discussion. An effort to compare modes of governance to results in the COVID-19 crisis that would be comprehensive is well beyond the scope of this paper. Instead, the focus will be on Canada considered generally to be a well-governed

modern state – a peaceable kingdom. How did Canadian governing institutions respond to the crisis? Three countries in the Far East are used as foils – Taiwan, South Korea and Vietnam.

Undertaking comparisons of this scope and nature is questionable. Countries vary so greatly in population size and density and in their stages of economic development. Further, calculating the rates of infection and mortality per one million inhabitants is questionable on other grounds. Actual figures can vary from official figures because counts are based on testing and rates of testing vary considerably. The number of actual cases in a country is going to be higher than official figures show, with testing rates also varying dramatically. Many countries count in-hospital deaths and largely neglect home deaths. Variables include the number of physicians and hospital beds per 1,000 members of the population, vaccination rates for those over 65, the age distribution, the population density, smoking rate, and the poverty gap. Thus, even in one country, according to epidemiologists, in mid-May the Statistics Canada report on the impact of the disease in Canada was too limited and lacking in data to be useful.¹

But this is not primarily a study of comparative rates of success and failure except in gross terms. Rather, it is a study of the governance of one generally highly respected country related to its governance in dealing with a human security threat when that governance structure was faced with an extreme challenge such as the COVID-19 pandemic.

On the Public Health Agency of Canada website, it reads that, “On March 11, 2020, the World Health Organization (WHO) assessed COVID-19 as a pandemic.” The site also noted that, “Canada has a strong history of pandemic planning and is an international leader on this front.”² However, leadership in planning is not leadership in taking action. Further, waiting weeks, even months, to follow WHO in declaring the pandemic may be both a

¹ “The impact of COVID-19 on the gig economy: Short- and long,” 20 May 2020.

www150.statcan.gc.ca/45280001202000100021

² “Coronavirus disease (COVID-19): Outbreak update - Canada.ca,” 11 March 2020. <https://www150.statcan.gc.ca/n1/en/catalogue/45280001202000100021>

demonstration of the lack of action leadership and one of the reasons for that inaction.

The site continues. “Along with public health authorities at all levels of government across the country), (we) have been working together to ensure that our preparedness and response measures are appropriate and adaptable, based on the latest science and the evolving situation.” Within this perfect example of bureaucratism can be located another explanation for Canada’s tardy and inadequate response to the COVID-19 crisis. Preparedness and response measures and references to “appropriateness” (to what?) and “adaptability” (to what?) provide other clues. Why not, “actions and initiatives necessary to minimize the negative impact of the pandemic”?

The advice in mid-March was simply, “avoid non-essential travel outside Canada until further notice.” I want to demonstrate that Canada’s response to the crisis was seriously inadequate by using three Far Eastern countries as foils and then documenting the character of the Canadian response. I will then try to explore the possible links between Canadian governance norms and standards of governance, and the failures to ensure the safety of all Canadians as a top priority.

South Korea, Taiwan and Vietnam

These countries all acted quickly, did not wait for WHO signals, and generally launched broad and innovative testing methods (drive-through testing sites in South Korea).³ The speed of initiative and thoroughness of action of the South Koreans was noteworthy. By the end of January, South Korea had developed successful tests for the coronavirus.

South Korea quarantined infected patients. They used GPS data on cell phones and credit card information to undertake tracing of contacts and to alert those contacts; citizens of any known COVID-19 case within 100 meters were notified. Identified infected individuals were required to go into isolation in government shelters and could be fined if they did not comply. This prevented widespread community transmission. On the other hand, and most notably, these countries did not

employ dramatic shut-down measures. Though South Korea practiced, it did not enforce physical distancing. Schools reopened on 13 May.

South Korea’s Ministry of Health kept the citizenry fully informed every step of the way, both the steps being taken and the reasons for them. Further, the government trusted the public to comply. And the people did. Citizens stayed home because it was the responsible thing to do. They washed hands. They wore masks. They kept their distance. Finally, South Korea has a powerful civic ethos and memory. The people remembered MERS. They remembered SARS. They knew that everyone in society was in the same fight. They collectively vaccinate to follow the government’s lead and fully cooperated in the effort to fight the pandemic, though religious sects repeatedly undermined government efforts, not only in collecting together, but in adopting harmful methods of treatment, such as spraying salt water into the mouths of parishioners.⁴

According to Johns Hopkins University, by 10 May, South Korea had only 256 deaths out of over 10,000 cases.⁵ South Korea reported many days with zero cases. With contact tracing, 34 newly discovered cases were all tied to three nightclubs and bars in the Itaewon district of Seoul and confirmed by the Korea Centers for Disease Control and Prevention (KCDC). Seoul immediately ordered the closure of all bars and nightclubs in the area.⁶ South Korea with a

⁴ In late February, there was a sudden jump in cases. “Patient 31” had participated in a Shincheonji Church of Jesus the Temple of the Tabernacle of the Testimony Church in Daegu which taught that illness was a result of sin. Stupid politicians are not the only source of ignorance. Of 4,400 followers of the church, 544 contracted the disease by mid-February and by the third week, 1,261 of 9,336 parishioners were tested positive. There were 245,000 members of the church and all were ordered forcibly tested.

⁵ Johns Hopkins University 10 May 2020 COVID-19 Deaths News.

<https://ca.search.yahoo.com/search?fr=mcafee&type=D211CA739G0&p=Johns+Hopkins+University+10+May+2020+COVID-19+Deaths+News>

⁶ A 29-year old male who had visited five nightclubs in the area on 1 May tested positive. It is estimated that he had contact with 1,500 others. Contact tracing became intense and eventually 54 cases, 43 nightclub patrons and 11 acquaintances of the owners. were traced to the event. However, there are bound to be others if only because the Itaewon bar establishments cater to the lesbian, gay,

³ On 16 January 2020, South Korean biotech executive, Chun Jong-yoon, directed his lab to develop detection kits.

population of 51,269,185 had 10,822 cases and only 256 deaths, or an infection rate of .02%.

Taiwan, a country of 23.6 million, is closer to China than South Korea, only 81 miles from the mainland. It receives 2.7 million visitors a year from China and 1.25 million of its citizens work or reside in China. Taiwan is relatively densely populated, 651 inhabitants per square kilometer. One might have expected the country to have a very high rate of infection. In fact, it probably has one of the best records on earth. As of 5 May 2020, it has had only five deaths. Taiwan has had less than 500 cases, the majority imported.

Taiwan has had an excellent centralized system of disease control since the SARS outbreak in 2004. Data is collected and integrated using not only national health care statistics, but migration and customs figures. Further, a command centre determines policy – the national Health Command Center (NHCC) of the Taiwan Center for Disease Control (TCDC), the agency of the Ministry of Health and Welfare of the Republic of China (Taiwan). It is charged with combatting the threat of communicable diseases and had an excellent practice run with the 2009 swine flu pandemic. Further, it is not just an information collection and analysis agency nor one that simply proposes alternative policies; it has the authority to coordinate country-wide efforts to combat threats of communicable diseases and can enlist personnel and whole departments in its efforts. From the very beginning, TCDC was off and running to collect information and determine the health challenge Taiwan was facing.

Taiwanese authorities also took steps to ensure the country had the required PPE equipment (personnel protective equipment), including respiratory protective devices in stock in sufficient quantities. PPE equipment included facemasks, gloves, isolation gowns, eye protection, N95 masks, powered air purifying and elastomeric respirators and ventilators. By the end of March, mask production had reached 13 million.

bisexual, transgender and queer communities. Clientele and hate speech against LGBTQ people remained rampant. There is little incentive for disclosure. However, what appeared to be the possibility of a new wave turned out to be a single hotspot.

Taiwan closed off travel, but, like South Korea, there was no wide scale lockdown. Schools delayed opening and businesses kept open during the pandemic. Taiwan did not order its population to shelter in place. Instead, its inspection and surveillance strategies were specific and targeted. Isolation and quarantine were strictly enforced. Masks became *de rigour*. Most of all, Taiwan was totally open and transparent with its citizens, keeping them fully informed of each step and the rationale.

Vietnam bordered on China yet it also had an exceptional record in fighting the virus. But it is neither a democracy nor a prosperous country like South Korea or Taiwan. It is both an authoritarian and a developing state. With 96 million people, it had almost twice the population of South Korea and four times that of Taiwan. Its medical and hospital system was not well-developed. In 2018, there were only 8.6 doctors per ten thousand inhabitants in Vietnam compared to 25.4 in Canada and 23.3 in South Korea.⁷

However, Vietnam had had no deaths and less than 300 cases. In its first case of a Chinese man, Vietnamese physicians immediately described the coagulopathic and antiphospholipid antibodies developed in the 69-year-old, his son and a third identified case; this was the first report of human-to-human transmission outside China. The Vietnam Ministry of Health immediately established 40 mobile emergency response teams on stand-by to help detect, quarantine and trace contacts of suspected cases. Vietnamese leaders even quarantined the whole village of 10,000 of Son Loi, dividing the village into groups of 50 or so households for close monitoring. Vietnam adopted a guerilla warfare approach to dealing with hot spots.

“The Covid-19 outbreak is a stark reminder of the ongoing challenge of emerging and re-emerging infectious pathogens and the need for constant surveillance, prompt diagnosis, and robust research to understand the basic biology of new organisms and our

⁷ Countries ranked by Physicians (per 1,000 people) www.indexmundi.com/facts/indicators/SH.MED.PHYS.ZS/rankings

susceptibilities to them, as well as to develop effective countermeasures.”⁸

Centralizing information, policy and decision-making was the first key peg in the tale of success. This capacity was accompanied by swift action. On 31 December 2019, TCDC initiated inspection of inbound flights from Wuhan, China. April was the turnaround month with nationwide isolation ordered from the beginning to mid-month, but by the 23 April, the social isolation rule was lifted and restaurants and schools began to be re-opened. At the same time, arrivals from abroad continued to be quarantined for 14 days.

The strategy was not secret. Fast action. Effective action. Social distancing, limited testing and extensive tracing. Swift, strict and focused responses. The political leadership was effective in implementation, communication and gaining the people’s trust.

Canada

Canada attracts little attention in assessing the quality of its response because it is located next to the United States with a record of cases and deaths about twice that of Canada’s. Just past mid-May, Canada had 77,000 cases of COVID-19 with 5,782 deaths. America had 1,520,000 cases and 89,932 deaths.⁹ By the end of the month, the case load was over 1.7 million and there were more than 100,000 deaths. The U.S. has a population of 328.2 million people while Canada’s has only 37.6 million. That means that, comparatively on a per person basis, Canada has suffered about half as much from the pandemic as the U.S.

Mid-May	U.S.	Canada
Population	328,200,000	37,600,000
COVID-19 cases	1,520,000	77,000
Cases per 1,000	46	20
COVID-19 deaths	89,932	5,782
Deaths per 100,000	27	15

⁸ Anthony Fauci, H. Clifford Lane and Robert Redfield, *New England Journal of Medicine*, March 2020.

⁹ Provisional Death Counts for Coronavirus Disease (COVID-19) www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

Further, the records of many European countries are far worse as well with a 12% mortality rate in Italy and 9-10% in Britain, France and Spain, although countries like Germany and Greece have a much better record. In comparison, what we generally know of Canada is the following:

- Canadian capacity for testing remained low
- Canada had a relatively high level of health care to deal with the disease
- Yet, Canadian testing was initiated late, was narrow in focus and could not be considered aggressive.

Although the total number of tests administered, infections, hospitalizations, intensive care patients, and deaths are all key indicators of the impact of the disease, the best indicator is the rate of change in these numbers, especially mortality and hospitalization rates; they provide more context, nuance and balance.

On the other hand, in my accounts on Taiwan (more than half of Canada’s population), South Korea (1.5 times Canada’s population), and Vietnam (2.5 times Canada’s population), the number of cases over almost the same period, was 302 and 288 from Taiwan and Vietnam respectively and 10,000 in South Korea (versus 77,000 in Canada), while the number of deaths respectively were 5 and 0 with 288 in South Korea (versus 5,782 in Canada). There is no comparison between Taiwan and Vietnam compared to Canada. Even South Korea has been far more successful in handling the pandemic. It is only when Canada is compared to the United States that the Canadian record looks reasonably good.

Why the difference between Canada and the USA? Some of the reasons are obvious. Canada was led by a reasonably articulate leader who paid attention to scientists. America was and is led by a bully and a buffoon. By and large, on this issue, in Canada, the ruling party and the opposition generally saw eye-to-eye. Conservative premiers were as rational as the federal prime minister. In addition, the United States has a raucous large minority opposed to government. The Canadian public generally trusts government. Most importantly, Canada

has a universal health system revered by Canadians; America does not.

But the differences go much deeper. The American political right has a distrust of not only government, but of what it refers to as the deep state. As a result, there has been a much deeper hollowing out of government in America. The resulting chronic structural weaknesses and underinvestment in governance, compounded by Republican Party hostility to a federal bureaucracy, has meant that the capacity of the government to respond adequately to a health crisis has been severely compromised.

Further, the American media has also made a difference. Daily, the media¹⁰ are caught up in Donald Trump's antics and media distractions, treating his performances as news. Instead of covering the president as a performer, he is covered as a politician when he is simply a corrupt narcissist who is often downright stupid. Except, the American press remains generally obsequious to the office even when the occupant of that office is a fool, all in the name of "objectivity"; the media avoids pressing a case of manslaughter as a result of negligence.

But none of this tells us why Canada, relative to the Asian country performances already described, has performed so badly. Was Canada fast off the mark and, if not, why not? Did Canada develop a national strategy and a centralized authoritative agency to deal with the crisis? How did Canada handle the issue of providing adequate protective gear for its health professionals? What did Canada do about testing and about tracing in all its dimensions? Why did Canada opt for an almost total emphasis on a lockdown and a stress on distancing and isolation? What has Canada done to advance treatment and a protective vaccine?

Some Historical Background

At the end of December, the Wuhan Municipal Health Commission in China reported a cluster of cases of pneumonia and soon identified a unique virus. The World Health Organization (WHO) went on an emergency footing. At the

¹⁰ Yes, Trump's Twitter threats against Democrats are a "distraction... www.salon.com/2020/05/28/yes-trumps-twitter-threats...

beginning of January as the news of the pandemic was creeping out of China, and the day after the U.S. Centers for Disease Control and Prevention (CDC) had already created an "incident management system" and issued a travel notice for travelers from Wuhan, Hubei province, the Canadian media was understandably focused on the 63 Canadians among the 176 people killed when Ukrainian International Airlines flight UIA 752 was shot out of the sky by the Iranian military after the plane took off from Tehran Airport on 8 January 2020.

However, the existence of a possible very virulent virus was already extant. On 4 January, the head of the University of Hong Kong's Centre for Infection, Ho Pak-eung, insisted that the city implement the strictest possible monitoring system for a mainland mystery new viral pneumonia expecting a surge in cases during the upcoming Chinese New Year. The Singapore Ministry of Health on 4 January reported the first suspected case of the "mystery Wuhan virus" in Singapore, involving a three-year-old girl from China who had traveled to Wuhan. On 7 January, the U.S. Centers for Disease Control and Prevention (CDC) had already created an "incident management system" and issued a travel notice for travelers to Wuhan, Hubei province.

Quite aside from the disease threat, given Canada's major concern with human rights, media interest in Canada could have been expected since there were reports that China was silencing its scientists. Chinese authorities censored the hashtag #WuhanSARS. They began investigating anyone who was allegedly spreading misleading information about the outbreak on social media. On 10 January 2020, Li Wenliang, a Chinese ophthalmologist and coronavirus whistleblower, started having symptoms of a dry cough. He was summoned to the Wuhan Public Security Bureau and forced to sign an official confession promising to cease spreading false "rumors" regarding the coronavirus.¹¹ On 12 January 2020, he started having a fever and was admitted to the hospital

¹¹ "We solemnly warn you: If you keep being stubborn, with such impertinence, and continue this illegal activity, you will be brought to justice—is that understood?" Li signed. "Yes, I understand." The Chinese doctor who tried to warn others about coronavirus - ...www.bbc.com/news/world-asia-china-51364382

on 14 January 2020. He died on 7 February. Only then did the Canadian press take notice.

Why in mid-January was the Canadian media preoccupied with whether the Queen in Britain would allow Prince Harry and Meghan Markle to live part time in Canada while reporting nothing about the virus? On 5 January, WHO had already published its first Disease Outbreak News for the world community on the new virus named novel coronavirus-infected pneumonia (NCIP), although, as yet, there was no risk assessment. By 10 January, WHO had issued a technical package of guidelines to countries on how to detect, test and manage potential cases. Based on experience with SARS and MERS and known modes of transmission of respiratory viruses, the guidelines covered infection and prevention controls to protect health workers, recommending droplet and contact precautions when caring for patients, and airborne precautions for aerosol generating procedures. Two days later, China published and shared the genetic sequence of COVID-19.

On 14 January, based on the experience with SARS and MERS, WHO's technical team suggested that among the 41 confirmed cases, some limited human-to-human transmission of the coronavirus, mainly through family members, could be expected. WHO warned that there was a risk of a possible wider outbreak. In Canada, a small specialized military intelligence unit (MEDINT) began producing warnings and analyses.¹² There was no indication that the intelligence reports were widely distributed within government at the time. I could find no evidence that these reports were distributed to the media.

America was much further ahead. On 3 January, Dr. George Gao from China was on vacation in the U.S. with his family and briefed US CDC Director Dr. Robert Redfield, on the severity of the virus. Redfield was rattled. By contrast, in Canada, other "more serious" items appeared in the press which in retrospect are the height of irony. Boeing very reluctantly stopped its production of the 737 Max jet testing – and probably saved billions. Trump appeared before the World Economic Forum in Davos

calling climate change advocates "prophets of doom" while he celebrated American oil and gas production that would soon enough result in over-production and a drastic drop in prices. Meanwhile, the Canadian government had won its case before the Supreme Court against B.C.'s rejection of pipeline expansion.

By the time President Trump's impeachment trial had opened in Congress on 22 January, two days earlier the U.S. had confirmed its first cases of COVID-19, then called the Wuhan coronavirus. While Canada was preventing Meng Wanzhou of Huawei's return to China and holding her for possible extradition to the U.S., the U.S. Centers for Disease Control and Prevention had an emergency response system and activated it. American authorities were advised to step up airport health screenings and Trump stopped flights from China.

On 22 January, the World Health Organization (WHO) convened an Emergency Committee to assess whether the outbreak constituted a public health emergency of international concern. By 30 January 2020, after a meeting in China to better understand the context and international implications as well as exchange information, upon their return, the Executive Committee of WHO reconvened and advised the Director-General that the coronavirus outbreak constituted a Public Health Emergency of International Concern with 7,818 confirmed cases, dubbing the risk assessment very high for China and high for the rest of the world. By then at very least, Canada should have stood up and taken notice. American administrative initiatives, meanwhile, were being undermined by the political administration.

By the time of Trump's impeachment, and after 300 confirmed diagnoses and 6 deaths had been reported in China, the Chinese cover-up of the spread of a new coronavirus ended. On 21 January, the Communist Party's Central Political and Legal Commission called for the public to be kept informed and warned that deception could "turn a controllable natural disaster into a man-made disaster."¹³ In the U.S., on the day the impeachment trial began, Dr. Anthony Fauci, America's foremost

¹² Canadian military intelligence unit issued warning about Wuhan... www.cbc.ca/news/politics/coronavirus-pandemic-covid...

¹³ New China virus: Warning against cover-up as number of cases www.bbc.com/news/world-asia-china-51185836

infectious disease expert, gave a video news report on Voice of America.

Data was quickly accumulating on the rapid spread of the disease, human-to-human transmission and a rapidly increasing rate of transmission. China shut down Wuhan with a total quarantine on 23 January and suspended its public transportation. But while the American experts were issuing alerts, at the Davos Forum, Trump assured everyone that America had the problem under control and that "its going to be just fine."¹⁴

The sense of the enhanced riskiness of this disease was growing by leaps and bounds. On 24 January, in *Lancet*, Chinese scientists established that people could be symptom free for a few days after being infected, thereby greatly increasing the rate of infection. Personal Protective Equipment (PPE) was strongly recommended for front line health workers. The disease had spread to Thailand, Australia, Malaysia, Sri Lanka, Japan and Singapore when Canada reported its first case in Toronto on 25 January.

Governments should have been in panic mode. Gabriel Leung, Dean of the University of Hong Kong medical school, a world expert on SARS and viruses, offered nowcasts and forecasts of the coronavirus projecting that the true number of coronavirus infections was likely 10 times more than the official reported numbers and that draconian measures were needed to slow the progress. He predicted that the number of infections would exponentially peak in late April or May when there could be up to 100,000 new infections per day. The disease had spread TO Austria, Romania, Ecuador, Fiji, Samoa, Poland, Mongolia, Switzerland, Germany, France, United Kingdom, Russia, Tibet, UAE, Brazil and who knew where else.

Professional officials in the U.S. were on top of the crisis with dire warnings from its intelligence agencies. Even Trump's acting chief of staff, Mick Mulvaney, initiated regular meetings and briefings on the virus. But Trump himself was dismissive. A senior medical adviser at the Department of Veterans Affairs, Dr. Carter Mecher, emailed public health

¹⁴ Donald Trump just gave the most incredible speech at Davos
www.telegraph.co.uk/politics/2020/01/21/donald-trump-just

experts in government and universities that, "The projected size of the outbreak already seems hard to believe."¹⁵ There was no equivalent level of action in Canada.

On 30 January, finally there was some substantive initiatives. Air Canada halted direct flights to China following the federal government's advisory to avoid non-essential travel to the mainland. In contrast, Peter Navarro, even as Trump downplayed the crisis, warned that the virus could evolve "into a full-blown pandemic, imperiling the lives of millions of Americans."¹⁶ Azar, Redfield and Fauci supported the travel ban because it could buy some time to put into place prevention and testing measures. Little did they know or recognize that the time bought in February would almost entirely be wasted.

Meanwhile, in Canada, an op-ed appeared fearing the transportation cut-off to China would disrupt our agricultural trade with China. And the Canadian Health Minister, Patty Hajdu, not Donald Trump, was reassuring Canadians at the end of January that the risk to Canadians remained low.¹⁷ David McKeown, former medical officer of health for Toronto, advised Torontonians not to "let the coronavirus mutate into an epidemic of fear and panic."¹⁸ Only on 29 January, did the House Committee on Health begin to discuss the threat.

Explaining Canada's Alacrity

James Somers ended his excellent article on how American engineers responded to the COVID-19 crisis, more particularly, the shortage of ventilators, with a quote from Michael Ryan, the executive director of health emergencies at WHO. Ryan stressed the

¹⁵ How experts were sounding alarm about coronavirus since January...
www.soundhealthandlastingwealth.com/health-news/how...2020-04-12

¹⁶ Maggie Hagerman, "Adviser Warned White House in January of Risks of a Pandemic," *New York Times*, 6 April 2020.

¹⁷ Risk of Chinese coronavirus to Canadians low, health minister... toronto.citynews.ca/2020/01/23/coronavirus-low-risk-canada-2020-01-23

¹⁸ "Evening Update: The latest on the coronavirus; Garneau to meet with families of Canadian MAX victims," S.R. Slobodian, *The Globe and Mail*, 23 January 2020.

importance of speed. "If you need to be right before you move, you will never win."¹⁹

Commentators noted with favour the speed at which Vietnam, Taiwan and even South Korea responded to the COVID-19 crisis as a critical explanation of why their infection and death rates were so low in this pandemic. Canada, in contrast, acted with alacrity. One reason given for the speed of the response of the Asian countries is their experience with SARS (Severe Acute Respiratory Syndrome) in 2003. As a result of lessons learned from that new coronavirus epidemic that emerged out of Foshan, Guangdong, China, preparations were put in place for the future.²⁰

As Christopher Kirchoff wrote in a recent issue of *Foreign Affairs*, "Ebola Should Have Immunized the United States to the Coronavirus."²¹ And even more acutely SARS in Canada, for Canada had its own SARS crisis. A Chinese woman returning from Hong Kong on 23 February 2003 died on 5 March. Eventually, 257 individuals in the Province of Ontario were infected.

The Asian states were determined never again to be caught unprepared. The COVID-19 crisis proved that they were not. Why was Canada seemingly caught unawares when it had its own terrible experience with SARS? Canada, too, had responded to the 2003 crisis with a provincial thorough investigation and a detailed report by Justice Archie Campbell; the federal government issued the Naylor Report.²²

The final report of the Ontario independent commission was completed in 2006 and the Minister of Health and Long-Term Care made it

¹⁹ "Breathing Room: Engineers take on the ventilator shortage," *The New Yorker*, 18 May 2020.

²⁰ The crisis in the ill-prepared Heping Hospital in Taiwan where the hospital was sealed off with 1,000 patients inside in response to the SARS scare in April 2003 was an example of a panic reaction when there was an absence of preparation. Vietnam had a similar fright. A Chinese-American, Johnny Chen, carried the SARS virus to Hanoi where, when in the French Hospital, he infected 38 members of the staff. He died on 13 March.

²¹ "Ebola Should Have Immunized the United States to the Coronavirus..." www.foreignaffairs.com/articles/2020-03-28/ebola-should.

²² The SARS Commission - Final Report, www.archives.gov.on.ca/en/e_records/sars/report, and A report of the National Advisory Committee on SARS and Public Health October 2003, www.canada.ca/en/public-health/services/reports...

public on 9 January 2007. The report documented how the SARS virus came into the Province of Ontario, spread and the inadequate response of the health authorities and recommended the need to isolate and quarantine, to test and track contacts, how to work on treatments and vaccines, but the greatest stress and emphasis of the report was on the measures needed to protect public and health workers. Quality tested masks, gowns and other protective equipment had to be purchased and stockpiled.

At the same time, a few racist Canadians attacked Canadians of Chinese ancestry. There were fears of domestic tensions with racist overtones. Attention was also given to the airlift to extract Canadians from Wuhan. At the same time, public health research was referred to as supporting the Government refusal to ban travel. The federal government has decided to follow the WHO's advice against travel bans. According to Health Minister Patty Hajdu on 17 February, "There isn't evidence' that they effectively contain viral outbreaks."²³ There were many distractions.

Imposing a total travel ban on China was viewed as contrary to both Canadian foreign policy and a source of stimulating anti-China sentiment. China, in turn, referred to Canada as a bulwark of calm in response to the crisis. Andre Picard in *The Globe and Mail* on 4 February²⁴ even questioned whether Canadians returning from Wuhan who were quarantined for 14 days at Canadian Forces Base Trenton needed to be. He had clearly not read the Campbell Report and, it turned out, few had. Picard advised, "Canada hasn't acted promptly, so at least it can do so smartly." He argued that medically, quarantine was unnecessary but politically essential. "Politicians and public health officials have to be seen acting, even if their actions are not especially useful."

However, the problem was not pretence, but that officials were not acting sufficiently quickly and implementing what had been learned from prior experience. As Dr. David Butler-Jones, Canada's first chief public health

²³ Coronavirus outbreak: Hajdu stresses shutting down borders over illness 'not effective at all,' *Global News*, 17 February 2020.

²⁴ Andre Picard, "Ontario's Health System is in Trouble."

officer and Deputy Minister of the Public Health Agency of Canada, wrote, in opposition to Picard, there was a dire need for public health specialists and expertise. “There are few things that focus the mind quite like the fear of contagion. With the emergence of a new coronavirus, the world is once again reminded of the outbreak of SARS in 2003.”²⁵

However, Butler-Jones insisted that, “Public health officials and governments across the country are responding quickly and diligently to the current outbreak, applying lessons from SARS.” If this were true, why the failure to introduce a travel ban? Why was there no systematic effort to document the poor state of our protective equipment and, more importantly, take action to redress the problem? Butler-Jones, while mentioning the Campbell Report, focussed on the federal Naylor Report response to the 2003 crisis which stressed communication, coordination and cooperation across jurisdictions. Was the bureaucracy more concerned with coordination and communication than taking action? Was it a matter of cultural values? While China, Taiwan and Vietnam were promoting dedication and sacrifice, Canadian officials were reassuring its citizens that there was little to worry about.

The Public Health Agency of Canada (PHAC) and Public Health Ontario were created in response to SARS in 2003 and that proved crucial in stopping the HiN1 pandemic in 2009. Since then, however, “many governments seem to have forgotten those lessons as changes since 2014 have diminished the capacity of public health to prepare for and respond to new and inevitable threats, as well as to carry out their mandate to protect and promote health and prevent illness and injury.”²⁶ Government offices have been fragmented and depleted. Generic public servants have replaced specialists. Economic management rather than resource expertise has been at the forefront.

However, changes in the make-up and organization of the Canadian civil service were not the only problems. For why were the

²⁵ “A forgotten lesson of SARS: The need for public health specialists and expertise,” *The Globe and Mail*, 3 February 2020.

²⁶ Op. cit.

experts complacent even in light of past evidence and reports? The University of Toronto by the end of the first week in February had established a steering committee of senior administrators and infectious disease experts who announced that, “the risk in Canada is low.” A more serious concern was stigmatization and discrimination.

There was another problem. Most observers attended to the economic crisis that followed the COVID-19 crisis. However, even before the crisis in early December, Statistics Canada revealed the loss of a staggering 71,200 jobs, the worst month since the Great Depression.²⁷ The monthly consumer confidence index slumped to its lowest reading in three years. The fear of a made-in-Canada recession became extant.

Canada faced a real firestorm – fear of an even greater impact on an already endangered economy, especially in the oil and gas sectors and in the tourist sector as the lucrative Chinese tourist industry (750,000 the previous year) died overnight. The fear was economic, not health. This was true internationally as well as locally.²⁸ “As the coronavirus’s effects on the economy continue to mount, political leaders and central bankers are starting to take action. This morning the finance ministers of the G7 countries issued a joint statement saying, “they would ‘use all appropriate policy tools’ to try to contain the virus and its effect on the economy. (The virus has jittered markets, slowed manufacturing in China and put a dent in international travel.)”²⁹

²⁷ “Economy lost 71,200 jobs in November, unemployment rate climbs to 5.9 per cent,” *The Canadian Press*, 6 December 2019.

²⁸ By 4 March, the U.S. Federal Reserve cut its interest rate by 50 basis points. The Bank of Canada quickly followed the American lead. Dozens of Canadian businesses included new disclosures in their financial reports that outlined the impact coronavirus could have on their operations and the growing risks that could affect profits. Media reports carried warnings of a coming coronavirus recession. Health reports from around the world enhanced the growing panic.

²⁹ Different countries had different approaches though all banks eased credit. By 4 March, the U.S. Federal Reserve cut its interest rates by 50 basis points. Canada quickly followed. At the same time, companies included provisions for serious losses in their quarterly financial statements. “Politics Briefing: Bankers, finance minister stake action on coronavirus,” Chris Hannay, *The Globe and Mail*, 3 March 2020 <https://www.theglobeandmail.com/politics/article-politics-briefing-bankers-finance-minister-stake-action-on/>

Isaac Bogoch, an infectious-disease specialist and physician with the University of Toronto, advised that. “Travellers need to be aware of where they are going, how they are getting there and know the latest [travel] restrictions, but they don’t need to cancel trips or stop thinking about future ones. Canadian tourists consoled themselves: the decreased volume of tourists was a godsend as we encountered smaller lineups, less traffic and easier access to everything.”³⁰

Where was the real crisis in Canada located? – the Wet’suwet’en blockades that had brought the rail transportation system to an effective halt. Bruce Aylward, a renowned Canadian epidemiologist who led a team of experts to China to study the novel coronavirus on behalf of the World Health Organization, was still living in an echo chamber in which Canadians did not or would not listen to his insistence that an aggressive approach to managing and treating the disease was needed. By the end of February, Canadians began to fear that the new virus was past the point of being contained as Italy began collapsing both in terms of public health and in terms of its economy.

A Shift in Perspective

At the end of February, as the pandemic was about to assault Canada, there were still relatively few cases. However, epidemiologists saw what was coming. Instead of reassuring Canadians about the low risk, they now urged immediate action, including:

- Directives for walk-in clinics, policies on patient transfers and guidelines on the appropriate use of isolation rooms and masks.
- Large-scale tests of people who visited clinics and hospitals to determine if and when the virus starts spreading in Canada.
- Ensuring there are enough ventilators, an especially important treatment tool for people over the age of 65, who appear to experience the worst effects.

³⁰ Can you contract COVID-19 passing others on the sidewalk? Answers...
www.ctvnews.ca/health/coronavirus/can-you-contract-covid-19

Federal Health Minister Patty Hajdu changed her tune from reassurance to urging Canadians to prepare by ensuring they have an adequate supply of food and any prescription medications, and be vigilant about hand washing and staying at home when sick.

Why was Canada so complacent and passive as the COVID-19 crisis grew in January and came to world attention? Why did this complacency continue almost through all of February? We noted that the intelligence about contagious diseases had been tucked away in a small unit if the Defence Department. But defence itself *as a whole* had been grossly neglected. According to scholarly research, Canada was not only complacent about its security interests related to contagious diseases, but about all security matters, particularly those that arose in the Far East.³¹ The scholars concluded not simply that Canada was asleep at the switch, but that Canada was just not there. Canada was absent without leave. In other words, complacency in Canada was a trademark rather than an aberration.

Many factors combined to reinforce Canadian inertia. The lessons from SARS in 2002 had not been institutionalized. The Canadian administration had been hollowed out of expertise; administrators with a primary preoccupation with budgets replaced the experts. Stress was placed on cooperation and coordination rather than action and initiative. Canadian leaders feared Chinese and anti-China prejudice more than COVID-19. They were even more fearful of the already looming

³¹ In a commissioned research paper by the Canadian Department of Defence, “A mapping exercise of DND and CF activities related to Asia Pacific and Indo Pacific security, 1990-2015.” in a time when security concerns, diplomacy, and governance, non-state and state institution building, security concerns and dialogue, were all bywords, in a time when China was being acknowledged as a major full player in the region, and when Canadian soft as well as hard policy was pivoting to Asia, “there has been a noticeable *decline* (my italics) in the Canadian presence, never mind leadership.” By neglecting our interests and opportunities, we undermined Canada’s security interests now most apparently in the health field. Canada just does not, and did not, sustain or maintain its commitments even in areas central to our security concerns. The authors (David Dewitt, Mary Young, Alex Brouse and Jinelle Piereder) of the report in the article they published in *International Journal* in 2018 (Vol. 73:1, 5–32) entitled their piece, “AWOL: Canada’s defence policy and presence in the Asia Pacific.”

economic downturn and did not want to face the economic disaster that would result from the COVID-19 crisis. Diplomatic priorities with China in foreign policy also took priority. Initiative, entrepreneurship and action were effectively undercut until the crisis loomed like a huge monster before Canadian leaders.

Canadian health professionals had started issuing warnings. "Person-to-person spread of the coronavirus within Canada unrelated to travel to an outbreak region is inevitable," experts said as they called for more aggressive testing. "You can slow it down, but you can't stop it," said Gardam, chief of staff at Toronto's Humber River Hospital. "Local transmission is coming."³²

In Washington state, six died. Reports suggested the virus has been circulating for at least six weeks. There were fears that the virus would spread to British Columbia. Ontario initiated "pilot" sites testing patients with flu-like symptoms for COVID-19. By early March, there were 27 confirmed Canadian cases – 18 in Ontario, 8 in B.C. and 1 in Quebec. Canadians abroad, specifically ones on the cruise ship *Diamond Princess*, tested positive for the virus. Hope had been abandoned that health authorities could contain the epidemic. Isolation and separation, testing, and tracing, new treatments and a new vaccine would help mitigate, slow and eventually stop the disease. But the possible devastation was incredible. Harvard University epidemiologist, Marc Lipsitch, forecast that without adequate interventions, an infection rate of 20-60% might result. At a mortality rate of 1%, that would mean 30 million deaths.³³

The story had switched from complacency to near panic. On 7 March, B.C., Provincial Health Officer Dr. Bonnie Henry announced a COVID-19 outbreak at a long-term care home in North Vancouver after two residents were diagnosed with the virus. What a difference a week makes. As Thomas Homer-Dixon in a *Globe and Mail* op-ed observed, "What a difference seven days make. Shopping for groceries at a big box store

near Victoria during the last week of February, I found nothing amiss. Shelves were well-stocked, people's carts contained the regular assortment of necessities and goodies, and everyone seemed to be happily going about their daily lives. A week later, I stood in front of the same shelves, expecting to find them filled with the usual staples – flour, pulses, sugar and the like. But they'd been stripped bare. Now, shopping carts were groaning under giant bags of potatoes, stacks of packages of frozen chicken and large jugs of water. People kept their distance from each other in the aisles. No one was smiling."³⁴

Governance and COVID-19

Clearly, the way the states and sub-state units were managed to respond to the virus made a difference. Rules and norms structured, sustained and regulated the way the state and businesses delivered goods and services in the face of the threat. Further, as I have emphasized, the gap between accountability and performance was glaring in Canada. Different systems of governance had different priorities and different modes of action. Most glaring in Canada, was the discrepancy between the government's performance and how it was held responsible and accountable. Canadians generally took pride in the way their government performed but I have suggested that this was largely a by-product of America serving as the main measure of comparison.

Governance is about action. Canada was very slow to take initiatives – except perhaps in the area of creating welfare cushions for its citizens. Canada offered small businesses a wage subsidy of up to 75% to retain employees. The general priority was economics over collective health, not in terms of ensuring businesses could operate, but in terms of tackling economic insecurities. Manufacturing had been hit, the international travel market was devastated and small businesses were closed everywhere.

How would the virus be contained with the minimal effect on the economy? Given the very late start, hope had been abandoned that health authorities could contain the epidemic. Isolation and distancing or separation, testing and tracing, new treatments and a new vaccine would

³² "Coronavirus transmission inevitable in Canada, doctors say," Carly Weeks, *The Globe and Mail*, 2 March 2020.

³³ Harvey T.H. Chan School of Public Health, <https://www.hsph.harvard.edu/news/hsph-in-the-news/coronavirus-news-march-2020/>

³⁴ "Coronavirus will change the world. It might also lead to a better future," *The Globe and Mail*, 11 March 2020.

mitigate the pandemic. But testing was initiated very late and very sparingly. There was effectively no tracing. Finally, on 23 March the federal government announced a lockdown. On 25 March, the Province of Ontario announced its emergency plan.

However, Ontario's Bill 188, the Economic and Fiscal Outlook Act, primarily offered amendments to the Personal Health Information Protection law which focused on personal privacy when information was being collected. The largest provincial government allowed organizations to collect personal data only with permission and in a system to prevent unauthorized snooping. There would be no use of emails to determine everyone's location. And to issue warnings.

Governance determines value priorities. Canadian initiatives focused on the rights and welfare of individuals and not on the well-being of the community as a whole. There was no obligation to wear masks. A significant minority of Canadians believe that the requirement to wear a mask is an imposition on their individual freedom just as they once insisted that wearing a motorcycle helmet was as well. But wearing a mask is sensible and protects others. That is not difficult to grasp. Why should wearing a mask be a matter of individual volition? Because it offends our sense of independence and even masculinity? Because we do not want to be identified with "political correctness"? But the vast majority of Canadians and even Americans concur that wearing a face mask is a matter of public health rather than a matter of personal choice.

There were no fines for disobeying norms for gathering. There was no *enforced* quarantine. The possible devastation was incredible. Harvard University epidemiologist, Michael Lipsitch forecast that, without adequate interventions, an infection rate of 20-60% might result.³⁵ With a mortality rate of 1%, that would mean millions of deaths in the United States and Canada. Canadian interventions may have been inadequate and very late, but they played a significant role in mitigating the pandemic.

Privacy protection is fine. Negative freedom and protections against external controls are important. But what about positive freedom? What about ensuring collective safety and security? Was negative freedom a priority as a pandemic was about to take off and when "we were not doing well in all the efforts to mitigate the disease itself," when "testing was rare," when "there was no tracing of those who came in contact with a person diagnosed with the disease"? Most embarrassing of all was "the severe shortage of Personal Protective Equipment (PPE) for frontline health workers. For this was a matter of both personal and collective freedom." It is really a Wild West when it comes to buying medical supplies right now," Deputy Prime Minister Chrystia Freeland said. By the first of May, reports documented that Canada's emergency stockpile of personal protective gear was ill-prepared for the pandemic and constituted a fraction of what had been and what was still needed.³⁶

The death toll was often very concentrated. A large number of deaths were taking place in long term care facilities. "Nursing homes account for 81 percent of the country's COVID-19 deaths," according to Theresa Tam, Canada's chief public health officer. Other centres were meat packing plants. After Cargill closed the doors of one of its plants for two weeks because of a high rate of infections among its workers, when the plant was re-opened, less than half the workers were wearing masks. A week later, Cargill suspended operations at Chambly, Quebec when 10% of the workers there tested positive.

The problem is that Canada over April and May remained relatively complacent. David Fisman, a professor of epidemiology at the University of Toronto's Dalla Lana School of Public Health emphasized the necessity of testing aggressively as a key to a healthy province that could also enjoy a reasonably rapid economic recovery. When asked why the same discussion recurs over and over again, he responded, "I am completely baffled. I've expressed some frustration over the past couple of days with some of the contacts I do have with the province, saying I'm not playing this game

³⁵ Harvey T.H. Chan School of Public Health, <https://www.hsph.harvard.edu/news/hsph-in-the-news/coronavirus-news-march-2020/>

³⁶ "The federal agency did not have a target for the levels of personal protective gear it should maintain in the stockpile, did not know what level of stockpiles the provinces and territories had and did not advise lower-level governments about how much should be stockpiled." (*Globe and Mail*)

anymore. Various people reach out and ask for your opinion or ask for your work, and it disappears down a black hole.”³⁷ That pithily sums up what has happened from March through April and May.

The problem was clearly multifaceted. Canada acted too slowly. It had failed to institutionalize lessons learned from the SARS epidemic. The country stressed coordination and cooperation over initiative and action. Though not nearly as much as the U.S., the country had a culture which stressed negative freedoms over positive freedoms. But quite aside from its culture, Canada failed to inventory its PEP. Was that a result of the Canadian version of hollowing out the civil service under Prime Minister Harper? And why did the fear of racism loom so large when that was a minor sideshow? It seems clear that the culture of polite and moderate Canadians has its own problems when facing a crisis. Will Canada learn from COVID-19?

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Pandemic Through The Food System Lens

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ABSTRACT

This paper argues that social and political crises such as the coronavirus pandemic of 2019 show us the interconnections among many of the social, environmental and political problems we suffer. In the middle of a global public health crisis, the paper examines the linkages between poverty, working conditions, food insecurity, homelessness, poor health and climate change. Overall, this commentary piece looks at the relations between the coronavirus pandemic through the food system lens.

Keywords: Food Security, Poverty, Global Public Health Crisis, Food Insecurity, Food Systems

Biographical Note: Professor Mustafa Koc is a faculty member at Ryerson University, Toronto, Canada. His current research focuses on food security among refugees, food policy and civil society and immigration as well as diasporic foodways in Toronto. He has also been involved in various national and global debates on globalization, food security, and peace. Professor Koç is also a frequent commentator on social change and politics in Turkey.

Social and political crises such as the coronavirus pandemic of 2020, show us the interconnections among many of the social, environmental and political problems we suffer. In the middle of a global public health crisis, I am hoping that people can clearly see the linkages between poverty, working conditions, food insecurity, homelessness, poor health and climate change. In this paper I will look at the relation between the coronavirus pandemic through the food system lens.

The modern food system is the most productive, efficient and profitable food delivery form, since the advent of agriculture. It is now an estimated 8 trillion-dollar economy equal to 10 percent of the global GDP (Eliaz and Murphy, 2020). The global-industrial food system has commodified food and has been moving these commodities around the world where they can make the biggest profits. Its primary motivation is not the nourishment of people, providing decent working conditions for producers and workers or the health of the consumers, animals and the environment. Its critics question its sustainability and capacity to address the social, environmental and health problems that we are facing (Lmag, Millstone, Marsden, 2020; McMichael, 2020).

Today, nearly 1 billion people are struggling with hunger, while another 2 billion people suffer from health problems caused by malnutrition. Millions of unemployed, landless, poor, displaced people have to live with various chronic diseases as a result of unhealthy diets. The most profitable sectors of the food system such as chocolate, confectionery, soda drinks, snacks and fast food industries are behind the global health and environmental problems. Modern food system is a waste economy that neglects human health for profit, destroys produce that do not meet the standards for cosmetic reasons, fills oceans with micro-plastics, destroys tropical rain forests and natural biodiversity to turn oil seeds and grains into animal feed and bio-fuel.

Environmental pollution caused by modern agriculture, livestock and fisheries enterprises and long supply chains, poses serious threats to human, animal and environmental health. Soil, water and air pollution are at their highest levels. We have to use more fuel, more

chemicals and more poisons to produce more products. Global oligopolies reduce the bargaining power of small producers and developing countries, while also preventing measures to control environmental and community health risks and develop sustainable, independent agriculture and food policies. Habitat loss and decline in biodiversity, climate change, destruction of the ecosystem, destruction of meadows, pastures and forests, removal of regulatory arrangements with neoliberal practices and long supply chains create favorable conditions for the spread of pathogens such as viruses and bacteria. In the food sector in North America, COVID-19 cases have been highest among workers in meat processing plants, migrant farm workers, food retail and delivery workers (Schlosser, 2020).

Since the beginning of the 21st Century, we have been hearing about the threat of various viruses. Several of these such as Cholera, Ebola, Deng fever, Yellow fever and Zika were happening in far way lands in Africa, Asia or Caribbean and South America. Until the latest virus story, they seemed to cause less of a concern for the Western public with the exception of those who planned to visit some of these countries for business or leisure. We kept hearing about more viruses with names we could not decipher such as H1N1, H1N2, H2N1, H3N1, H2N3, H5N, H7N9, H7N3, H9N2 or SARS and MERS. They grabbed the attention of the media until their novelty would dissipate. Even HIV/AIDS that infected an estimated 76 million people around the world and killed about 33 million people between 1980s and 2019 was almost forgotten as it was mostly a threat for people of Sub-Saharan Africa.

American epidemiologist Rob Wallace in his book *Big Farms Make Big Flu*, says that “anyone who aims to understand why viruses are becoming more dangerous must investigate the industrial model of agriculture and, more specifically, livestock production. At present, few governments, and few scientists, are prepared to do so.” You cannot understand the source of these pandemics we have been experiencing for years without understanding the level of corporate concentration in the meat processing industry, the conditions of industrial farming and the effects it has on the animals and working conditions in processing

plants. Figuring out the source of the pandemic in bats or pangolins sold in a wild food market in Wuhan is quite a feat for epidemiologists. But what no one tells what happened to Smithfields, the biggest pork processor in the US, owned by the WH Group since 2013, owned as the Shuanghui Group at the time of the purchase for \$4,72 billion US. Smithfields has operations in the United Kingdom Poland, Romania, Germany, and Mexico. The Mexican facilities were in the news in 2009 accused of being the source of the swine flu pandemic (H1N1). A lawsuit claimed that the disease originated from one of the subsidiaries of Smithfield operating in the city of La Gloria. The swine flu killed close 400 people in Mexico.

Raised with industrial feeds and antibiotics, living with the stress of confined spaces, these industrial farms have been reported as time bombs.

The global food system and the agricultural commodity trading companies are all interconnected; Cargill, COFCO, ADM, Bunge, Wilmar and Louis Dreyfus control the lion's share of procuring, producing, processing, transporting, financing and trading grains, food, fibre, meat, livestock, and sugar globally (ETC, 2020: 15). From agricultural inputs to retailing, the agri-food sector is dominated by a few transnational corporations that get bigger by the day through mergers and consolidation. In 2018 the global market shares of four companies (CR4) in agrochemicals was 65%, animal pharmaceuticals 58%, seeds 50% and farm equipment 45% (Hendrickson et al, 2020). In the US, CR4 reaches to even higher levels where sometimes, the same company is dominating within multiple different sectors. In cold cereal (CR3) controls 83% of the market, soft drinks (CR4) 82%, soybean processing (CR4), 80%, beef processing (CR4) 73%, pork processing CR4 67%, and chicken processing CR4) 54% (ibid). In Canada more than 95 percent of beef comes from 3 plants owned by two companies: Cargill and JBS. The CR4 rate is used as an indicator of concentration level in a market, when the CR4 rate is above 40% that market is considered no longer competitive. This trend has been going up since the 1980s. For example, in 1975 the CR4 in corn seeds in the US was 59%, by 2015, the CR4 went up to 85% and two of these, DowDuPont and Bayer, alone controlled 78% of this market (IATP,

2020). Companies such as JBS, Tyson and Cargill are in the CR4 in more than one market such as broilers, turkeys, beef and pork slaughter. Farmers, and consumers are price takers in these oligopolistic markets.

Concentration in the food system is not just limited to corporate control of the input and output markets. Increasing concentration of land in the hands of fewer and fewer farmers, some of which are also owned by agri-business corporations also result in marginalization of smaller farmers, exploitation of farm workers and provide lesser choice for consumers. Feedlots that used to be owned by family farmers are increasingly controlled by meatpackers. Feedlots by JBS and Cargill can have over 18,000 cattle at a time (IATP, 2020). *Uneven Ground* (Nov. 2020), a report by the Land Inequality Initiative reported that 1% of farms that are integrated into the corporate food system operate more than 70% of the world's farmland. Over 80% of farms, in contrast are smallholdings that are generally excluded from global food chains. The report associates land inequality, with changes in agricultural practices, healthcare, and the spread of disease, pointing out that COVID-19 was the latest zoonotic disease to emerge from a combination of unsanitary animal farming and pressure on land and wildlife populations.

Coronavirus is a potential health threat for everyone, but the pandemic has been hurting primarily the most vulnerable among us; the elderly, the poor, the homeless, the indigenous peoples, racialized minorities and workers who had to work under unsafe working conditions. People living in overcrowded ghettos, in shanty towns, refugee camps, the malnourished have been the primary victims of viruses. As jobs disappeared due to business closures, especially in countries with no social programs to provide supports to the unemployed, food insecurity rates increased dramatically. Closing of school meal programs added an extra burden on families operating in the margins (Adams et al. 2020). Although closing of many of the institutional food outlets, such as university cafeterias created huge surpluses in the food system, inflexibility of the current structures of food chains that have been designed to feed institutions and households separately, and problems with just-in-time delivery systems resulted in dumping of

millions of litres of milk, tens of thousands of eggs, and produce to garbage instead of making them available to food banks (Jha, Parija, Alake, 2020). As we already know from past pandemics, it is often the poor, and the powerless who suffer the brunt of these disasters. One of the deadliest pandemics of the 20th Century, the 1918 Spanish flu killed an estimated 17-50 million people around the world. The Spanish flu killed an estimated 250,000 people in Britain, and 500-850,000 in the US. But in the British Raj in India, the death toll was estimated as 13.88 million (Chandra, Kuljanin and Wray, 2012).

The social consequences of the latest pandemic were as devastating as the effects of the virus. Pandemic is global, but the consequences are not evenly shared everywhere. In many parts of the World, wars and civil wars continue. UNHCR estimates that at least 79.5 million people around the world have been forced to flee their homes in 2019. Among them are nearly **26 million refugees**, around half of whom are under the age of 18. On April 21, 2020, the United Nations World Food Program announced that if emergency measures cannot be taken, there will be a famine next year and 265 million people will face acute food failure. Many countries are accumulating huge debts in their attempt to deal with economic slowdown due to the pandemic.

Closing of markets, restaurants and small businesses, shrinking of the tourism sector are a bigger threat for workers, small producers, artisans, artists, and the poor. Even those who continued to work, healthcare workers, workers in the food retail sector, migrant farm workers, workers in processing plants faced the biggest brunt of the pandemic. Many workers in processing plants, retail outlets had no choice but to continue to work even when they were just recovering from the virus.

Governments around the world have designated certain processes and jobs that are considered crucial for preserving life, health and basic societal functioning of essential services. Workers who deliver essential services and functions are expected to continue to do their jobs provided they have no symptoms of COVID-19 virus. While some of these are health care workers and government employees, still, many workers in the food

system are also considered as essential. As early as My 2020, Centre for Disease Control reported that in 115 meat and poultry processing facilities in 19 states 4,913 COVID-19 cases and 20 deaths were observed (Dyal, et al. 2020). Working on the assembly lines where social distancing rules could not be followed, sanitation rules are often violated, workers in the meat processing plants continued to suffer virus infections. In response to the rising meat processing plant closures due to coronavirus, on April 28, citing his authority under the Defense Production Act, President Trump declared an executive order that "it is important that processors of beef, pork, and poultry ('meat and poultry') in the food supply chain continue operating and fulfilling orders to ensure a continued supply of protein for Americans" (Grabel and Yeung, 2020). In an article titled, *America's Slaughterhouses Aren't Just Killing Animals*, Eric Schlosser was referring to a case by a worker at a Smithfield plant in Milan, Missouri who was demanding a court order to force the company to follow public health guidelines for coronavirus. On May 5, 2020, rejecting the case, Judge Kays said, "No one can guarantee health for essential workers—or even the general public—in the middle of this global pandemic" (Scholsser, 2020). Several news stories from the US, Canada, EU, Brazil indicate that these were not random events but systematic on a global scale (Dreyden 2020; Nack, 2020; Phillips, 2020).

One of the common problems was due to finding seasonal farm workers in many parts of the world. In the US, Canada, EU border closures and quarantine requirements set limitations on the numbers of seasonal farm workers who used to come from the global South and work in the farms in the North. Workers who could manage to come, soon find that they were confined to the farms they had to work. Living in overcrowded and unsanitary conditions, unable to keep distancing rules at work, and had very limited access to health care, farm workers were among the biggest victims of COVID-19 infections. A report by the University of California, Berkeley reported that California's agricultural workers had contracted COVID-19 at nearly three times the rate of other residents in the state. In Canada and the EU the death rates from COVID-19 reported to be higher in counties with large

populations of seasonal farmworkers. Workers in grocery stores, delivery workers of the mega gig industry were also among the workers suffering from COVID-19 (Seville and Kaplan, 2020). With huge unemployment, many people try to survive as just-in-time delivery workers, often risking their lives to reach their destinations in their bicycles or motorcycles around the world (Zhou, 2020). Delivery Platforms such as Uber Eats, GrubHub or DoorDash, are not only risking the lives of the precariat (Precarious proletariat) but also reported to be taking huge cuts reaching up to 30% from small restaurants who are trying to survive the pandemic (Cerullo, 2020).

Except the COVID-19 deaths, none of these problems I summarize in this review are unique to the pandemic. Food system's normal has been unjust, unhealthy, unsustainable. If COVID-19 did something, it provided further evidence that "the king has been naked" or normal was abnormal.

Search for Solutions:

To understand where we are heading require an awareness of how we came here. The neoliberal policies, that brought us to this point have attacked the concept of public good and creative commons. As agriculture and industry concentration accelerated, unions and civil society associations were suppressed, in the agri-food sector workers, producers and consumers were left at the mercy of global monopolies.

Similar destruction has rendered international governance institutions and mechanisms, especially the United Nations, inoperable. In April 2020, the US Administration cut the payments that it had to make to the World Health Organization in the midst of a global pandemic. Effective collaboration of all types of governance mechanisms, from local to national and international, is needed to get rid of this global stalemate. However, strategic competition between superpowers, market priorities of global oligopolies, conflicts between nation-states, hinder effective cooperation.

In many parts of the world the fear of disease is leading to the fear of others, to increasing isolationism, nativism and xenophobia. Pandemic, on the other hand is also showing

the need for global cooperation and solidarity. Only through a global sense of unity and solidarity we can overcome many of the problems we are facing, care for humans regardless of their race, ethnicity, religion and nationality, care for nature, and all life forms, instead of seeing them as "resources" to be exploited. Instead, we now live in a scary world of social isolation, with increasing restrictions on our mobility. We interact with each other through communication tools that are monitoring and recording our private conversations, collecting data on where we shop, who we contact and which web sites we visit. We read news that are provided to us by the algorithms of the corporations that get richer by monitoring and marketing our information. This is not the globalization we wished to have.

Crises periods are the best times to think about why we are here and to learn from our old mistakes. In recent years, we have been observing that many countries have developed national food policies or strategies to address food system problems. We can assume that these policy searches will intensify in the coming years. However, by looking at the past crises, I can imagine any critical insights we may gain during this crisis will likely to be forgotten, and sources of our problems would soon be celebrated as the problem solvers. Some of those who would not even consume canola oil because of the fear of GDOs are lining up for genetically engineered vaccines and are not even questioning how much money going to be spent to their producers with the hope that they will protect us from this virus.

In the struggle to find an effective vaccine against the coronavirus, world nations are competing to make deals with big Pharma. While the richest nations such as the United States, the European Union, Britain, Norway, Switzerland, Japan, Canada, Australia are lining up with big vaccine orders, they are also opposing a proposal made by India and South Africa to the World Trade Organization (WTO) to exempt member countries from enforcing some patents, trade secrets or pharmaceutical monopolies under the organization's agreement on trade-related intellectual property rights (TRIPS) to make these vaccines as universally accessible to save lives around the globe (Prabhala, Jayadev and Baker, 2020).

Already a report by Swiss bank UBS and accounting firm PwC indicated that between April and July 2020 the wealth of global billionaires increased by 27.5%. *Riding the Storm* report shows that increase was in double digits across every sector, with the highest in technology (36%) and health care (44%) sectors.

For the measures taken to be effective, trust in public institutions and governance mechanisms are needed and the principles of public sphere and social benefit should be respected (Bui et al. 2019). Advocates of food democracy and food sovereignty defend access to food as a basic human right, a sustainable agriculture and food system, protection of small and medium-sized enterprises from corporate pressures, and local and regional solutions and prioritizing human and environmental health in global agreements. And, of course, food sovereignty and food democracy cannot be possible without true sovereignty and democracy.

The report prepared by IPES-Food, the International Panel of Reliable Food Systems Experts in April 2020, states that "COVID-19 revealed the helplessness of global food systems against natural shocks". The proposed measures to be taken include the protection of people in need; building durable agro-ecological food systems, regional markets and short supply chains; establishing a new agreement between the state and civil society while regulating the deteriorating balance between economic power and public good; and the reform of international food governance mechanisms. In participatory democracies, effective policies require cooperation between institutions and the participation of private sector, producer and consumer cooperatives, unions, non-governmental organizations and democratic mass organizations.

We need flexible food and agriculture policies that consider not only material returns but also employment, local economic development, social welfare and nutritional requirements, and national, regional and global social priorities.

It is certain that in the struggle against these problems, we will not reach a place with short-term solutions such as food imports, with production and technological reductionism

that dominated the last century. A just, healthy and sustainable food system requires structural and long-term solutions. Food security is not an issue to be considered independently of other social problems and responsibilities such as health, environment, housing, transportation, economic development. For this reason, commissions consisting of universities, non-governmental organizations, chambers, tradesmen, producers, trade unions and industry representatives and management staff responsible for the implementation and supervision of laws and regulations on this issue are required.

The complex structure of the agriculture and food sector requires cross-sectional reforms in all sectors that shape economic and social life. We cannot imagine a sustainable food system without ecological agriculture and alternative clean energy resources. We cannot talk about food sovereignty without breaking the dominance of multinational monopolies and global finance. And food security cannot be possible without agriculture and land reforms, cooperative organizations and social welfare institutions without reassuring the functions of agriculture and land reforms, cooperative organizations and social welfare institutions are re-established, and public housing, public transportation and labor policies are reorganized for the benefit of the employees.

In order for these efforts to be successful, trust in public institutions and governance mechanisms and the principles of public sphere and social benefit must be respected. In participatory democracies, massive support of these positive developments cannot be possible without a democratic space.

The crisis we are experiencing is also a final warning for us to question the social problems we face and the development models we have implemented. It is impossible for us to establish a just, healthy and sustainable civilization without questioning increasing social inequality, environmental pollution, distorted urbanization, unplanned growth, wasteful consumer economy, capitalist mindset that sees nature and human labor as a resource to be exploited, reductionism that tries to solve all of our social problems with technology, and oppressive regimes that leave us no choice.

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COVID-19, Resistance, and Exclusion: Experiencing “Local Lockdowns” and Interpreting The Signposts of “Local Lockdowns” in Yogyakarta, Indonesia

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ABSTRACT

This paper looks at the experience of grassroots “local lockdown” in response to the COVID-19 pandemic in Yogyakarta, Indonesia. We ethnographically describe our experiences of a “local lockdown” and analyze the street signposts that accompanied the closure of roads and entrances into neighbourhoods. We argue that “local lockdowns” were a form of resistance to the belated response of the provincial and national government to the pandemic. The reading of the signposts shows that there was a tendency to exclude outsiders, which then gave way to comforting and caring messages that aimed to sustain the community resilience.

Keywords: COVID-19, local lockdown, signposts, Yogyakarta

Biographical Note: Masha Kardashevskaya is a PhD Candidate at the Department of Peace and Conflict Studies, University of Manitoba. Her research interests are inspired by her passion and curiosity about social movements, nonviolent social change, and the often-neglected roles of women in these. Since graduating with her MA, she has worked in various parts of South-East Asia focusing on protection of human rights defenders, peace education, women’s and indigenous peoples’ issues using both advocacy and popular education approaches. These experiences led to the development of her PhD research project that is focused on the role of women in social movements, environmental and indigenous politics, and nonviolence.

Introduction

COVID-19 presents a new social context globally due to the unprecedented experience of a global pandemic of this scale. As COVID-19 spread throughout the world, governments responded in various ways, some have implemented total lockdown, others have implemented the so-called partial lockdown. In Yogyakarta, due to the low number of cases reported, as well as the fear of an economic crisis (because its economy heavily depends upon domestic and international tourism), the city did not implement a total lockdown. However, the local neighborhoods implemented their own “local lockdowns”. Hand-written signposts accompanied these lockdowns carrying messages of care, humour, or threat. Most importantly, however, they indicated that only insiders are allowed to be within the neighborhood and outsiders are not welcome.

In this article we discuss the local lockdowns and the accompanying signposts in Yogyakarta. We use a mix of methodologies: newspaper articles review, ethnographic method of participant observation, photo documentation, and thematic analysis of the signposts. We have visually documented the local lockdown signposts and completed this stock with the open-access images we found in the media: online newspapers and social media, such as Instagram and Facebook.

We suggest that the local lockdowns were a form of resistance by the local communities towards the lack of a harsher implementation of a national/city-wide lockdown to prevent the spread of COVID-19 and limit the exposure of the residents of Yogyakarta. We do not know what the epidemiological implications are of these local lockdowns are to limit the spread of COVID-19, however, it increased the awareness of the local residents about the seriousness of the pandemic, limited human interaction at the local level, increased and encouraged the development of new habits, such as washing hands and wearing masks, and finally, it protected communities from violence and the rise of crime.

The reading of the signposts illustrated the diversity of thoughts and feelings that Yogyakarta residents experienced. These signposts articulated the love and care towards

family and the community, others included messages of hope that life will be back to normal when the pandemic is over. Some residents refused rent-seekers and debt collectors citing economic difficulties. Often, the messages were addressed towards women by men, suggesting that the owner of the public space is male. Some messages were addressed to other men in a friendly, unobjectifying manner. One of the dominant messages was the exclusion of outsiders who are seen as a threat to one’s home, and the residents’ view of their homes as a safe heaven. In a well-known tourist and student city, the *kampung* residents in Yogyakarta had to reframe and reformulate for themselves who belongs and who does not. The presence of the potential to exclude means that this tendency needs to be considered and addressed constructively and creatively as the residents of Yogyakarta learn to live in a post-COVID-19 world.

COVID-19: social exclusion, conflicts, and resistance

In this article we see the reaction of Yogyakarta residents to COVID-19 as representing a potential for resistance to the vertical and horizontal powers of the local government, and the inclination to exclude those whom they may consider as “others”. Health-related issues are one of the reasons for social exclusion. Within the context of COVID-19, there were several cases of discrimination and exclusion of Chinese and Asians throughout the world. In China itself, the residents of Hubei province were excluded and discriminated against (He et al 2020). In Japan and in Indonesia,¹ health workers experienced social exclusion due to their exposure to COVID-19 at the hospital (Honda 2020).

Social exclusion can often lead to social conflicts. In several parts of Indonesia, there were several vertical and horizontal conflicts due to COVID-19. One example is a conflict between street hawkers and security forces due to the enforcement of physical and social distancing (PSBB). Another example is a

¹ WE Online. “Dokter Sebut Sejumlah Perawat Dilarang Pulang karena Berpotensi Tularkan Corona.” *Warta Ekonomi*. March 25, 2020. Accessed July 15, 2020. <https://www.wartaekonomi.co.id/read277960/dokter-sebut-sejumlah-perawat-dilarang-pulang-karena-berpotensi-tularkan-corona>.

conflict between residents near a cemetery who refused the burial of COVID-19 victims in the neighbouring cemetery (Ansori 2020). The finance Minister Sri Mulyani estimates that there will be 5.2 million people unemployed and 3.78 million “new poor people” in Indonesia (Satya 2020). Satya (2020) argues that this rise of the “new poor people” may exacerbate the potential for social conflict due to the lack of the national preparedness for a pandemic of this scale and the lack of a “social net” for the vulnerable.

Resistance is often a conscious or unconscious response to power-over.² The continuum of resistance ranges from the hidden, unaware and unorganized “weapons of the weak” and “counter discourses”³ to rightful resistance, and nonviolent resistance that involves direct action, protests, and various other overt nonviolent campaigns to achieve an objective (Mittelman and Chin 2000; O’Brien and Li 2006; Scott 1985, 1990; Sharp 2005). More recently, within Peace and Conflict Studies, the question of culture and its role in conflict, violence, and peacebuilding are studied more extensively. Following Avruch and Black (2001), we see culture in the context of a conflict, “a prism through which conflict is perceived”. Violence as well as peace is also a complex, historical and a cultural phenomenon that can be understood and practiced in many ways (Roy, Burdick and Kriesberg 2010) (Dietrich and Sutzl 1997; Mac Ginty and Firchow 2016). We hypothesize that resistance is also a cultural phenomenon.⁴ Looking at conflict, peace and resistance through a cultural lens, we argue that “local lockdowns” in Yogyakarta during COVID-19 can be interpreted as a *resistance* against the inability of the Government of Yogyakarta to prevent

the spread of COVID-19 in anticipation of *Idul Fitri* (Eid al-Fitr)⁵.

The majority ethnic group in the city of Yogyakarta is the Javanese. Yogyakarta is a sultanate (*Kesultanan Ngayogyakarta Hadiningrat*) and is a territory known as the Special Region of Yogyakarta, where the head of the government is a lifetime position, The governor is the Sultan of Yogyakarta, Hamengkubowono X (HB X). Suseno (1988) explains that the Javanese adhere to an ethical system termed “ethics of harmony.” This means that the Javanese place harmony with others, nature, the supernatural and the self as the utmost importance for one’s being. This involves avoiding open conflicts, respecting others according to their social standing and not expressing one’s emotions openly. At the same time, however, the Javanese also have a sense of collective and individual justice and dignity. Social conflicts take place, although are often hidden (Ariani, 2006). Therefore, resistance is also more likely to be a hidden form of resistance rather than an open conflict. Although within the context of Yogyakarta there are cases of direct action, such as the case of the Kulon Progo farmers, who resisted the land grabbing for iron sand mining and for a new Yogyakarta international airport.⁶⁷ There are some traditional forms of protest that Yogyakartaans resort to within the context of vertical conflict, such as “*topo pepe*” – sitting down cross-legged in front of the *Kraton* (the Sultan palace).⁸ In the case of COVID-19, the

² Power can be understood both in negative and positive sense. In a negative sense power can turn into domination and oppression (“power-over”). In a positive sense, power can be shared (“power to” and “power with”) (Taylor and Beinstein Miller 1994, 1-17).

³ Power can be seen in our discourse and it can also resisted in our discourse: “discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it” (Foucault 1978, 101).

⁴ See Chabot and Vinthagen 2015 for a discussion on decolonization of resistance studies.

⁵ The highest migration flow in Indonesia is during the Ramadhan and a week after Eid. This migration rite is called *mudik - pemudik* (internal migrants) go back to their homeland (*kampung*) to celebrate the holy day with their families.

⁶ Yunas, Muhammad Gustirha. “Aksi Ribuan Petani Tolak Penambangan Pasir Besi di Kulon Progo.” *Liputan6.com*, April 1, 2019. Accessed on June 20, 2020.

<https://www.liputan6.com/news/read/3930755/aksi-ribuan-petani-tolak-penambangan-pasir-besi-di-kulon-progo>.

⁷ Suryana, Wahyu. “Gelombang Penolakan Bandara Kulon Progo Masih Bermunculan.” *Republika*. March 29, 2019. Accessed on June 20, 2020.

<https://nasional.republika.co.id/berita/nasional/daerah/pp3wpj459/gelombang-penolakan-bandara-kulon-progo-masih-bermunculan>.

⁸ Kusuma, Wijaya Kusuma. “Lapak Akan Digusur, 5 PKL Aksi “Topo Pepe” Di Depan Keraton Yogyakarta.” *Kompas*. November 11, 2019. Accessed on July 20, 2020. <https://regional.kompas.com/read/2019/11/11/220417>

belated and inappropriate response of the national and the local governments, Yogyakartaans chose to act and implement their own lockdowns independently. We see this as a form of resistance.

Looking at “local lockdowns” in Yogyakarta

The first cases of “unknown pneumonia” were reported on 31 December, 2020 by the Chinese government to the World Health Organization (WHO).⁹ This was followed by a local lockdown of Wuhan city in Hubei province of China starting from 23 January, 2020. The lockdown lasted for 76 days.¹⁰ The Wuhan-style total lockdown, to contain the “virus” now known as COVID-19, was adopted and implemented in different parts of the world, such as France and Italy. Partial lockdowns were implemented in several Asian countries, such as Malaysia and the Philippines.¹¹

Despite one of the major industries being tourism and the abundance of tourists from already COVID-affected countries, the first coronavirus cases in Indonesia were reported on 2 March 2020 in Depok area of Jakarta¹². As of 31 July 2020, there were 108,376 cases and 5,131 deaths. All of the provinces of Indonesia were affected by the novel coronavirus.¹³ In Yogyakarta, the first case was reported on 14

March 2020.¹⁴ As of 31 July, 2020, there were 610 confirmed cases of coronavirus in Yogyakarta.¹⁵ The cases have been rising since the residents opened up their neighbourhoods.

Government of Indonesia’s (GoI) response to COVID-19 pandemic was confusing and belated. It refused to implement a nation-wide or city-specific total or partial “lockdown” and instead, on 16 March 2020, advised Indonesians to “stay at home” and, for those who can, “work from home” (WFH)¹⁶. Later, responding to pressures from lower-level officials (mayors), the GoI suggested locally implementing a large-scale social distancing policy called PSBB (*Pembatasan Sosial Berskala Besar*) which is like a partial lockdown. Thus, in mid-April, cities, including Jakarta, applied PSBB practices. PSBB, in practical terms meant that schools, work and praying were all done from home, and no public gatherings were allowed, however, markets, shops, drugstores, banks, and other essential services remained open.¹⁷ Before the PSBB, several towns started implementing their own local lockdowns at the end of March. One of the first cities was the Central Javanese town of Tegal¹⁸.

In Yogyakarta, despite the rising levels of COVID-positive patients, the local government refused to implement the policy of PSBB arguing that one, it would destroy the economy

51/lapak-akan-digusur-5-pkl-aksi-topo-pepe-di-depan-keraton-yogyakarta?page=all#page5.

⁹ WHO. “Archived: WHO Timeline – COVID-19.” April 27, 2020. Accessed on June 20, 2020.

<https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>.

¹⁰ BBC. “Virus Corona: ‘Lockdown’ di Wuhan berakhir, warga bisa keluar kota pertama kali sejak Januari.” April 8, 2020. Accessed on June 20, 2020.

<https://www.bbc.com/indonesia/dunia-52209927>.

¹¹ Fachriansyah, Rizqi and Gemma Holliani Cahya. “Covid-19: Does Indonesia need a Lockdown? It depends on how you define it.” The Jakarta Post. March 19, 2020. Accessed on June 20, 2020.

<https://www.thejakartapost.com/news/2020/03/19/covid-19-does-indonesia-need-a-lockdown-it-depends-on-how-you-define-it.html>.

¹² Massola, James. “WHO concerned Indonesia appears to be coronavirus free.” The Sydney Morning Herald. February 5, 2020. Accessed on June 21, 2020.

<https://www.smh.com.au/world/asia/who-concerned-indonesia-appears-to-be-coronavirus-free-20200205-p53xjz.html>.

¹³ The Jakarta Post. “Indonesia’s latest official COVID-19 figures.” The Jakarta Post. July 31, 2020. Accessed July 31, 2020.

<https://www.thejakartapost.com/news/2020/03/23/indonesias-latest-covid-19-figures.html>.

¹⁴ Wijana, Eleonora Padmasta Ekaristi. “Balita di Jogja Positif Corona”. Suarajogja. March 15, 2020. Accessed June 21, 2020.

<https://jogja.suara.com/read/2020/03/15/140216/balita-a-di-jogja-positif-corona>.

¹⁵ Tribun Jogja. “Peta Sebaran 23 Kasus Baru COVID-19 di DIY: Kota Yogyakarta, Bantul, Sleman, Gunungkidul, Kulonprogo.” Tribun Jogja. July 31, 2020. Accessed July 31, 2020.

<https://jogja.tribunnews.com/2020/07/31/peta-sebaran-23-kasus-baru-covid-19-di-diy-kota-yogyakarta-bantul-sleman-gunungkidul-kulonprogo>.

¹⁶ Cahya, Gemma Holliani. “Stay home, President says.” The Jakarta Post. March 16, 2020. Accessed on June 21, 2020.

<https://www.thejakartapost.com/news/2020/03/16/stay-home-president-says.html>.

¹⁷ Debora, Yantina. “Update Corona Indonesia: Daftar 20 Wilayah yang Terapkan PSBB.” Tirto. April 21, 2020.

Accessed June 21, 2020. <https://tirto.id/update-corona-indonesia-daftar-20-wilayah-yang-terapkan-psbb-ePVK>.

¹⁸ Toher, Adrian Pratama. “Alasan Pemkot Tegal Terapkan Local Lockdown Darurat Covid-19.” Tirto. March 27, 2020. Accessed July 10, 2020.

<https://www.google.com/amp/s/amp.tirto.id/alasan-pemkot-tegal-terapkan-local-lockdown-darurat-covid-19-eH3M>.

of the city;¹⁹ two, that a strict policy of lockdown would not be beneficial and that its up to citizens themselves need to be aware and disciplined, control their own communities to make sure no outsiders come into their families and communities;²⁰ three, there was no evidence of community transmission nor an escalation of cases.²¹ The Governor announced “*tanggap darurat*” (an emergency response) on 20 March, 2020.²² “*Tanggap darurat*” is different from PSBB. PSBB is more restrictive of movement, allowing only for essential services to remain open, whereas “*tanggap darurat*” allows for all the shops, cinemas, amusement parks, tourism destinations and services to remain open but with minimal restrictions, such as, they are required to follow the health and sanitation protocol and social distancing measures with a visitor number limitation.

Despite the refusal of the local government to implement PSBB, neighbourhoods (*kampung*) in Yogyakarta started to enforce their local lockdowns. The local government refused these by suggesting that the communities in Yogyakarta needed to “calm down,” not “lockdown”.²³ Local lockdowns seem to have been initiated by the communities at the

RT/RW level (neighbourhood/community), whereas the government officials, including *lurah* (head of the urban village) and *camat* (head of the sub-district), refused this initiative.²⁴ Thus, local lockdowns in Yogyakarta were the bottom-level initiatives and were in opposition to the official policy of the provincial government.

In our *kampung*, for example, since the end of March, the villagers closed all the smaller roads leading into the village, except for the main road where they installed a small checkpoint made from bamboo, to monitor those who leave and visit the village. They also made a daily schedule of those who will guard the checkpoint *ronda* (community-based security night patrol). These guards were mostly men. Women were involved only when the men went to mosque for *Jumatan* (Friday prayer for Muslims).²⁵ The villagers brought snacks and coffee or tea to support these guarding teams. They installed a tank with running water for washing hands, set-up tables for snacks, hot drinks and disinfectants. One of the nearby houses installed a water dispenser to provide drinking water to the guards. The guards sometimes wore masks and sometimes did not. With time, this checkpoint post became the neighbourhood hangout place. The guards worked from early morning until late evening. At nighttime the gate closed, and no one could come in or go out.

Residents were required to open their car windows, disinfect their hands and the handles of their cars upon returning from outside. Those who rode motorbikes or scooters also stopped to make sure the guards recognized them as residents of the neighbourhood and disinfected their hands and handles. When an outsider came to the village, they inquired about who they were visiting and why, making visitors feel uneasy and uncomfortable entering the village. With time, due to these practices, many residents changed their

¹⁹ Wicaksono, Pribadi. “Sultan HB X: Kalau Yogya Lockdown, Ekonominya Hancur Nggak?”. *Tempo*. March 15, 2020. Accessed June 20, 2020.

<https://nasional.tempo.co/read/1319901/sultan-hb-x-kalau-yogya-lockdown-ekonominya-hancur-nggak/full&view=ok>.

²⁰ Priatmojo, Galih. “Sri Sultan Bakal Ambil Opsi PSBB untuk DIY, Ini Pertimbangannya.” *Suara Jogja*. May 15, 2020. Accessed June 21, 2020.

<https://jogja.suara.com/read/2020/05/15/163714/sri-sultan-bakal-ambil-opsi-psbb-untuk-diy-ini-pertimbangannya>.

²¹ Pertana, Pradito Rida. “Sultan HB X: Belum Waktunya Yogya Terapkan PSBB.” *Detik News*. April 15, 2020. Accessed June 21, 2020. <https://news.detik.com/berita-jawa-tengah/d-4969697/sultan-hb-x-belum-waktunya-yogya-terapkan-psbb>.

²² Hidayah, Kurniatul. “Sri Sultan HB X Tetapkan Status Tanggap Darurat Bencana Covid-19 di DIY, Ini Pertimbangannya.” *Tribun Jogja*. March 20, 2020. Accessed 21 June 2020.

<https://jogja.tribunnews.com/2020/03/20/sri-sultan-hb-x-tetapkan-status-tanggap-darurat-bencana-covid-19-di-diy-ini-pertimbangannya>.

²³ Setiawan, Silvy Dian. “Sultan: Yogyakarta Belum Lockdown, Tapi Calmdown.” *Republika*. March 23, 2020. Accessed 20 June 2020.

<https://republika.co.id/berita/q7muix377/sultan-yogyakarta-belum-lockdown-tapi-calmdown>.

²⁴ Pertana, Pradito Rida. “Ramai Soal Kampung di Kota Yogya ‘Lockdown’, Ini Kata Wawalkot.” *Detik News*. March 29, 2020. Accessed June 21, 2020.

<https://news.detik.com/berita-jawa-tengah/d-4957467/ramai-soal-kampung-di-kota-yogya-lockdown-ini-kata-wawalkot/2>.

²⁵ In our neighbourhood of Sanggrahan, villagers did not attend the mosque, while in the neighbouring *kampung*, men went to the mosque on Fridays.

shopping habits and relied more heavily on the local shop rather than on the market or the bigger grocery store. This local shop provided running water and soap for washing hands. Additionally, our neighbouring organic farmer's shop started to sell vegetables twice a week. People felt increasingly more uneasy traveling outside of their neighbourhoods to avoid going through the checkpoint. The checkpoint also made it easier for residents to refuse outside visitors. For example, in our experience, there were several instances when friends wanted to visit but we explained that our local neighbourhood was under a lockdown and, therefore, they could not visit. In a culture where it is hard to refuse a request from a friend, this provided a good excuse to ensure social and physical distancing practices.

The function of the checkpoint with time, took on additional purposes. In the beginning, the checkpoint was intended to limit human interaction and ensure social distancing practices. By mid-April, with many people losing their jobs, and the release of prisoners as prisons were a hot bed for spreading the virus, people feared there would be a rise of crime rates²⁶ therefore the checkpoint evolved to provide multiple facets of protection to the community. Towards the end of April, with the celebrations of *Idul Fitri* nearing and no discernable rise in criminality, the checkpoint returned to primarily focusing on ensuring social distancing practices.

The local lockdown in our village lasted from 20 March until the beginning of June. The Ramadhan month started on 23 April and lasted until 23 May 2020. Throughout the *Idul Fitri*, our neighbourhood was totally closed, nobody was allowed to leave the village except for farmers who work in their fields. We understood that this was the consensus of friends and families to ensure social distancing practices. *Idul Fitri* celebrations are major in Indonesia where traditionally family and friends visit and hold an Open House. Two weeks after *Idul Fitri* the checkpoint was dismantled and the signposts were removed.

²⁶ Sunartono. "Antisipasi Peningkatan Kriminal, PP DIY Siap Ikut Jaga Keamanan." *Harian Jogja*. April 25, 2020. Accessed June 21, 2020. <https://jogjapolitan.harianjogja.com/read/2020/04/25/510/1037693/antisipasi-peningkatan-kriminal-pp-diy-siap-ikut-jaga-keamanan>.

Thus, one may posit that the local lockdowns implemented by the neighbourhoods in Yogyakarta were initiated in resistance to the inaction of the provincial and national authorities. Locally, the lockdowns raised awareness to the residents of the seriousness of the pandemic, and served as a mechanism to limit human interaction. Which in turn, encouraged the development of new habits, such as washing hands and wearing masks. In Yogyakarta, the lockdowns were also in anticipation of the homecoming of the internal migrants (*pemudik*), who had been laid-off or were away visiting their families for the *Idul Fitri* celebrations.

Reading signposts

As we got used to this situation of a local lockdown, we decided to drive around the city to see whether there were other neighbourhoods that implemented their own lockdowns. We saw that many areas in Sleman and Bantul of Yogyakarta had done so. The roads were not only blocked with a gate made of bamboo and aluminum but were usually accompanied by texts (often hand-written), sometimes with visuals. We started to pay attention to these texts, became interested in the types of stories the messages tell, and documented them using our camera. Thus, we had 30 of our own photographic documentation of these signposts in the city, Bantul and Sleman regions of Yogyakarta and scanned 30 additional photographs we collected from the mass media and social media, such as Facebook and Instagram. We analyzed them thematically. The analysis of the signposts shows that there were several dominant messages that were conveyed by the villagers.

The majority of the documented signposts expressed the exclusion of outsiders. The outsiders were the online motorcycle taxi drivers, who were asked to stop at the checkpoint and not go into the village. Guests were asked not to come into the neighbourhood and those who must, such as the *pemudik*, were asked to report to the local authorities and isolate themselves for 14 days before interacting with the villagers. "*Bank plecit*"²⁷ or rent-seekers and debt collectors

²⁷ There are two kinds of rent-seekers in Yogyakarta: the first is those who lend cash to the villagers and the second

were asked to not come into the villages. This was communicated heavily in many signposts we have documented and conveyed a threatening message that if they were stubborn (*ngeyel*) and still came into the village to seek their rents, there would be repercussions. The smaller roads were blocked to make sure no outsiders used the village road as a shortcut and the signposts communicated that the villagers owned the roads. Some of the public spots were also closed, for example, one of the signposts communicated that the small lake used for fishing²⁸ was closed. Some of the other signposts specifically addressed the rituals that Indonesians perform during *Idul Fitri* celebrations, such as visiting one’s family members in the cemetery and hosting an open house for relatives and friends during the Holy Month. Outsiders were also excluded from popular destinations. For example, one of the signposts installed at the main entrance to the Tembi tourist village, read “we don’t care who you are, Tembi people just want to be healthy.”



Photo 1: A blocked road with a signpost reading: “There is PSBL (local lockdown). Guests from outsider are to report to the neighbourhood head.”

are those who come to sell things on credit to the small neighborhood shop owners.

²⁸ In the city of Yogyakarta there are several fishing spots that the fishing communities use and these normally can be accessed through a fee payment. These fishing spots may be a source of income for the local authorities.



Photo 2: Signposts on the side road: “Stay at home, COVID-19 is cruel, just like ex.”



Photo 3: A blocked road with a signpost reading: Lockdown. Rent-seekers... Still coming in, we will fight.



Photo 4: A fishing spot closed reading: “Sorry, it is closed. At this moment outsiders are forbidden to go fishing.”

Visuals used to communicate these messages were often threatening. For example, in one

area in Sleman, the visual of Arnold Schwarzenegger with a bazooka from the film “Terminator” was installed to humorously communicate this message to the outsiders. Some of the messages, however, explained that outsider exclusion was not a personal matter, rather a matter of life and death.

The next set of messages warned the villagers about the danger of COVID-19. For example, one of the messages compared COVID-19 with “*santet*” or black magic. Some of these then connected the danger and exclusion of outsiders to one’s love for the family and care for the community. One of the messages read: “Klebengan is on lockdown, love your family, stay at home”. In this way, they requested their neighbours to care for each other by ensuring they stay at home.



Photo 5: A blocked entrance into a neighbourhood with a checkpoint further down and Arnold Schwarzenegger’s life-size cardboard cutout with a bazooka.

Some signposts encouraged adopting new habits, such as washing hands, wearing masks, making healthy lifestyle choices, practicing social distancing protocols and reporting any outsiders to the authorities. Some of these were conveyed in a humorous manner. For example, one of the messages referred to the word “*ambyar*” to convey a message about washing hands thoroughly. Next to this sign, there was an image of Didi Kempot, a popular singer who is called the “Godfather of Broken Heart” because of his melancholic songs. He passed away in the middle of the pandemic on 5 May 2020. Fans of Didi Kempot are referred to as “*Sobat Ambyar*”, “*ambyar*” refers to fans of this singer romantic songs about a broken heart. Another message encouraged eating vegetables with wordplay - replacing

“lockdown” with “laukdaun.” The Indonesian diet normally consists of *lauk* (egg, fish, meat, tempeh, or tofu), vegetables, and rice. *Laukdaun*, then, on the one hand, is wordplay, referred to as “*plesetan*,” where the writer made a homophonic analogy between “lockdown” and “laukdaun.” On the other hand, it can also be interpreted as humorously referring to the economic difficulties that communities were facing due to the loss of jobs. In this case, it carries an empathic component and intends to comfort the residents to feel less sad that they now replaced their *lauk* with *daun* (vegetables, lit. leaves).

Signposts also communicated the kinds of feelings one associates with the impositions of a global pandemic, such as sadness, melancholia, anxiety, and hope. “My pocket is 0 percent,” and “Virus Corona when are you gonna leave? I don’t have money anymore, Rupiah 0” illustrated the economic challenges residents are grappling with due to COVID-19. The loneliness and limitations social distancing has on social events, such as weddings were depicted in signs that read “Stay at home? I am missing you.” Another was talking to the coronavirus as if it were a foreign girl who broke the writer’s heart and finished the line with saying that Indonesian girls can also break hearts, which another way of saying that COVID-19 originated from abroad. Along similar lines, one signpost read: Stay at home. Covid-19 is cruel, just like my ex.” Many messages suggested that when the coronavirus left, they will marry. Oftentimes, in Yogyakarta, people who marry come from different neighbourhoods. This statement depicts someone whose girlfriend lives in a different area. It is important to note that many of these analogies were likely composed by men expressing their sentiments towards women. Interestingly, very few messages were addressed towards other men and when they were, they assumed an equal status and talked as if they were talking to a friend. This could be seen in usage of such words as “*bung*” or “*dab*” (which translates into English as “dude”).

The reading of the signposts found in Yogyakarta demonstrates that the residents were defining anew what is home, who belongs and who does not. Most likely, those who stayed in throughout the lockdown were then

considered as belonging to the community, even if they were migrants. Through the messages we can conclude that expression of emotions was important not only to understand one's feelings but also to show solidarity, sympathy, and provide encouragement and strength to overcome the ordeal of social and physical isolation. We can see in the messages that the owner of the public space in Yogyakarta is often male.

In Yogyakarta, as the "local lockdowns" started to be implemented by the local communities, reading the exclusionary signposts, we thought that this shows that there is a high probability of a horizontal conflict between the "insiders" and "outsiders." However, as months passed, the opposite of social conflict happened in Yogyakarta: the neighbourhood residents initiated food-sharing, now known as "*canthelan*" – plastic bags full of vegetables or the basic necessities (such as, rice, sugar, tea, and other basic foods) were hung on the roadside to help those affected by COVID-19;²⁹ volunteers developed relationships with farmers affected by COVID-19 and helped them distribute their produce to customers; others have organized public kitchen to help the informal workers affected by the pandemic and the decrease of tourists into Yogyakarta.³⁰ There were also some who stigmatized and refused to extend rental contracts of health-workers,³¹ but most showed support.³² While we have seen numerous solidarity initiatives

²⁹ Puryani, Sri Cahyani Putri. "Aksi Kepedulian Sosial Melalui Gerakan Sayuran Gratis di Kampung Blunyahrejo Yogyakarta." *Tribun Jogja*. June 23, 2020. Accessed July 10, 2020.

<https://jogja.tribunnews.com/2020/06/23/aksi-kepedulian-sosial-melalui-gerakan-sayuran-gratis-di-kampung-blunyahrejo-yogyakarta>.

³⁰ Syambudi, Irwan. "Aksi Solidaritas Pandemi Corona: Dapur Umum Hingga Donasi Rp 50 Juta." *Tirto*. April 1, 2020. Accessed July 10, 2020. <https://tirto.id/aksi-solidaritas-pandemi-corona-dapur-umum-hingga-donasi-rp50-juta-ejVL>.

³¹ Iqbal, Muhammad. "Tangani Covid-19, Tenaga Medis di Yogya Dikucilkan Warga." *CNBC Indonesia*. April 08, 2020. Accessed July 10, 2020.

<https://www.cnbcindonesia.com/news/20200408130143-4-150590/tangani-covid-19-tenaga-medis-di-yogya-dikucilkan-warga>.

³² H, Yanuar. "Sebatang Coklat Cinta untuk Perawat dan Dokter Pasien Covid-19 di Yogyakarta." *Liputan 6*. April 13, 2020. Accessed 10 July, 2020. <https://www.liputan6.com/regional/read/4225723/sebatang-cokelat-cinta-untuk-perawat-dan-dokter-pasien-covid-19-di-yogyakarta>.

by the Yogyakartaans, we have not observed major vertical or horizontal conflicts in Yogyakarta. Therefore, we see "local lockdowns" more as resistance towards the lack of proper handling of the COVID-19 pandemic, rather than an intention to aggressively exclude outsiders, although the potential for violence was present throughout the "local lockdowns."

Conclusions

We may not know right now what the likely long-term impact the self-isolation experience will have, but we can guess from reading the signposts that people will be more place- and family-oriented and most people will continue to wash hands thoroughly and wear masks. Previous research in the beginning of the pandemic showed that there was a fear of social conflicts, however, no major social conflicts took place at this moment despite the presence of various economic and social problems in Yogyakarta. The efficiency of the implementation of "local lockdowns" can potentially deepen our understanding about the role of neighborhoods in management of health crises/pandemics, social conflicts, and social welfare in Indonesia. The challenges and the opportunities present can be studied further.

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INTERVIEW

Interview with Susan McGrath and Jennifer Hyndman

By Nergis Canefe

Nergis Canefe: *I would like to invite you to a conversation based on themes of law and justice in the context of the COVID 19 related global crisis as it affected and continues to differentially target refugees and forced migrants. What would be your general sense of what needs to be done in building sustainable systems, in reshaping social practices and imaginaries, and in creating new possibilities despite the pandemic conditions for the dispossessed and displaced of the world?*

While refugees and forced migrants have always faced difficulties in trying to re-establish themselves whether in camps or the urban centres of host states, COVID-19 has made these sites more dangerous and deadly.

Susan Lee McGrath is a Professor Emerita in the School of Social Work at York University and former director of York's Centre for Refugee Studies. Her work was recognized by the Social Sciences and Humanities Council with the 2015 Impact Award for Partnership. McGrath is also appointed a Member of the Order of Canada for her contributions to research and policy on refugee rights.

Jennifer Hyndman is a Professor and currently serves as Associate Vice-President of Research. She is also Past Director of the Centre for Refugee Studies at York. Hyndman's research focuses on 1) conflict, human displacement, and the geopolitics of humanitarian response and refugee protection; and 2) refugee settlement, participation and social inclusion in Canada.

COVID-19 accentuates power differential and vulnerabilities, so the poorest and those with the most precarious legal status and housing will be most adversely affected. Hence those displaced from their home countries, without permanent status in their state of refuge, will be most at risk. The vast majority of refugees live in protracted conditions of exile; there are a lot of different contexts of displacement: in camps, in cities where makeshift housing may be the only option. Those who can afford to rent will do so, but we know from existing research that overcrowding is common— a risk factor for COVID-19 if even one household member has to work outside the home. COVID exacerbates inequality, uncertainty, and likely death among those without homes and governments to protect them.

In his policy brief on COVID-19 and people on the move, UN Secretary General António Guterres identified three crises: health, protection, and socio-economic. With high population densities that can be 1,000 times that of the surrounding communities, refugee camps are often crowded, unsanitary with high levels of food-insecurity. In terms of protection, access to asylum for refugees is extremely limited with 99 countries not allowing asylum seekers to cross their closed borders. The result has been detention, forced returns, deportation with migrants stranded. Rising unemployment, loss of livelihoods, and declines in remittances have made life miserable for refugees and migrants. Over half of the refugees surveyed by UNHCR in Lebanon reported having lost their already meagre livelihoods and it is estimated that remittances will drop by a total of USD\$109 billion in 2020 due to COVID-19. Most refugee camps have

been locked down meaning the refugees are unable to pursue employment opportunities outside the camp. Camps are more like squalid jails. Secretary-General Guterres has called for a global response: “COVID-19 is menacing the whole of humanity – and so the whole of humanity must fight back. Individual country responses are not going to be enough”.

The pandemic has also caused what Canadian journalist Doug Saunders has described as the largest “reverse migration” in modern history – that is, a move from cities back to villages and rural areas. The hundreds of millions who live in dormitories or shared rooms or shacks, and who make up the lion’s share of labour in the world’s cities are returning to their villages as they lose their jobs because of COVID-19. In India, the vast exodus of poor urban labourers back to their originating villages – often hundreds of kilometres away – is the second largest mass migration in its history after the Partition of India in 1947 when 14 million were displaced. This exodus has no doubt contributed to the high incidence of COVID-19 in India.

Nergis Canefe: *Although this crisis foregrounds the present, it also allows us to look to the past and to the future. As scholars, we have a special role in re-imagining our societies and institutions. We can also contribute to a multi-faceted understanding of global crises, which opens new and different entry points to old problems. As an internationally recognized scholar and advocate of forced migration, what would be your suggestion for the younger generation of scholars working in this field in terms of how to approach such an unprecedented situation, which aggravated the difficulties faced by displaced populations to an unimagined level?*

Re-imagining the world of forced migration is a huge task. First, we must wrestle with the relevance and baggage of the international institutions we have to address the challenge. While the UNHCR is the best we have, it was born out of WWII conditions in Europe. Its three durable solutions have not changed, and yet we need to change to create change for those who have no access to these solutions,

namely return, local integration where they are, or resettlement to a third country like Canada.

Likewise, the competence and authority of the World Health Organization (WHO), the UN organization in charge of coordinating and monitoring health standards globally, have been challenged by COVID-19. As the only real international organization focused on health *across* world regions, it still – we think – plays a vital role in thinking about *international responses* in a moment when so many countries have retreated to their respective borders and politics. One example is the COVAX initiative, which aims to create an equitable distribution system for an eventual vaccine.

Academics have long been reimagining alternative visions to the dismal conditions of most refugees and forced migrants. Professor Jennifer Hyndman organized a workshop of international scholars in 2018 that resulted in a statement *Humane Mobility: A Manifesto for Change* signed by scholars from around the world. It is critical of the Global Compact on Refugees (GCR) that was subsequently adopted in December 2018 by the UN General Assembly as a framework for more predictable and equitable responsibility-sharing by states. The Manifesto criticizes the “exclusionary drafting and decision-making processes” that led to the GCR. It argues that mobility is caused by deep inequalities and violence as well as the militarized, racist, xenophobic and exclusionary responses to this displacement. It calls for refugees and forced migrants to be central to all decision-making processes, requiring a fundamental reordering of current global, regional and national migration governance norms, structures and practices.

Academics have also responded with a series of principles in response to COVID-19 and its impact on migrants. The Zolberg Institute on Migration and Mobility in collaboration with Colombia and Cornell Universities has issued a statement signed by over 1000 academics. They noted how many States have responded to the COVID-19 pandemic with harsh measures against migrants, refugees, and other displaced persons including: border closures, quarantines, expulsions, lock-downs of migrant worker communities and refugee camps, and exclusion from health and well-being

programs. They have proposed fourteen principles derived from international treaties and instruments, customary international law, decisions of UN treaty bodies, and guidelines widely accepted by the international community to guide State action, to assist international organizations, and to provide a basis for advocacy and education in response to the pandemic. They argue that COVID-19 is being used to suspend the rights of forced migrants and call for their rights under international law to be recognized including their right to health, protection, movement, labour rights of workers.

New and emerging scholars have been active in these collaborative advocacy strategies and are organizing themselves in the generation of knowledge. The network of Emerging Scholars and Practitioners on Migration Issues (ESPMI) encourages engagement and interaction between emerging scholars, practitioners, policymakers, journalists, artists, migrants, and all those involved in forced migration and refugee studies. Their aim is to encourage and develop meaningful work and professional connections, as well as to produce new research and new interest in these important issues. They have multiple strategies to engage with their peers and senior colleagues; they recently released the fourth edition of their online journal *Refugee Review*.

The International Association for the Study of Forced Migration (IASFM) brings together academics, practitioners and decision-makers working on forced migration issues. Under the current President, Professor Christina Clark-Kazak, it has developed a Research Code of Ethics to help protect the rights of refugees and issued a Statement against Xenophobic and Anti-refugee Discourse and Practice.

Nergis Canefe: *Concerning the issue of health, how does the condition of being displaced contribute to the racial and economic inequities in exposure and morbidity in the context of the COVID-19 pandemic response? Could you talk about the most marked regions where death and dispossession overlapped?*

As before, the poverty and displacement both deepen exposure to and death by COVID-19.

Strong leadership and governance in a poor state may help outcomes but less for people in precarious, crowded housing than for those with good incomes and secure housing.

As COVID has spread, advanced economies have become more insular focusing on the needs of their own residents and have spent \$11 trillion according to the Hon. Bob Rae of Canada who is now Canada's Ambassador to the United Nations and author of *A Global Crisis Requires a Global Response*. Much needed funds to support developing countries has not been forthcoming resulting in serious health and social consequences: food shortages reaching famine proportions, exponential increase in sexual and gender-based violence, and cuts to vaccination programs for diseases such as polio, measles, cholera and malaria. It is expected that there will be more deaths from these diseases than from COVID-19. There are serious concerns about access to the COVID-19 vaccine whenever it is produced and that "vaccine nationalism" will mean that it will not be available to low-income, developing countries for some time.

Rae reports that Latin America and the Caribbean is currently the global epicentre of the pandemic. The result has been a deterioration of basic needs, exacerbating existing inequalities, violence against women, food insecurity due to interrupted global supply chains, loss of income and climate change. There are 5.2 million Venezuelan refugees in the region. In Central America, there have been high instances of violence, extortion, rape and sexual assault, murder, and disappearances along the irregular migration route.

The largest refugee camp in Cox's Bazar in Bangladesh has a population of around one million Rohingya. The difficult humanitarian situation there (trauma, impact on women and girls, lack of education, the lack of access to meaningful economic opportunities, tensions between refugees and the host community, security challenges, intractability of the parties involved to address these issues) has deteriorated as a result of COVID-19. International law concerning refugees is relevant to the health and well-being of those displaced, such as the Rohingya in Bangladesh. Teemu Ruskola and Martin Jones both refer to

'legal orientalism' as an assessment of the law of countries considered 'other' (i.e. global South, of the Orient) as inferior. In this vein, Hyndman and Reynolds (2020) observe that states that are not signatories to the euro-centric 1951 Refugee Convention or its 1967 Protocol are likewise orientalized in a legal sense because they did not adopt this major treaty on refugee protection. They are largely excluded from the architecture and framework of the recent Global Compact on Refugees (GCR), and none of the Comprehensive Refugee Response Framework (CRRF) country cases for the GCR included a country outside the Convention and Protocol.

Moira camp on the island of Lesbos in Greece, the largest refugee camp in Europe, intended for 3,000 people had 13,000 by 2020. For months, the medical charity Doctors Without Borders had repeatedly called for the urgent evacuation of the Moira camp because of the overcrowding and poor conditions and concern about COVID-19. It reported that there was just one water tap for every 1,300 people and no soap available. There were concerns about the health of children. In March the camp was put under lockdown because of concerns about COVID-19. In early September, COVID was detected in the camp and this was followed by a fire that destroyed it. Local communities refused to accept the fleeing refugees; they were left sleeping in the open on the road without food. The presence of COVID-19 among some of the refugees is being used to justify keeping the entire refugee population isolated from the surrounding communities. There is a lot of fear and anger among the people of Lesbos and Greece but actions taken to control the spread of the virus must be consistent with international human rights.

There has been a completely inadequate response to the fire and humanitarian emergency by EU states. While 400 unaccompanied minors were moved to the continent, the focus is containing the refugees on Lesbos in a local closed camp. Despite the opposition of humanitarian actors and a demonstration by 3000 people in Berlin claiming "We have room" and condemning Moria as a "camp of shame", the new camp promises to be as bad or worse than the original. Europe is failing to meet its

responsibilities under international law to protect refugees.

Some regions are managing better than others. The large Dadaab camp in Kenya has reported relatively few cases of COVID although there are concerns that may change and the lock down of the camps that helped to discourage transmission has taken a toll on the mental health of the residents. The refugees have been mobilizing in response to the threat from the virus. In the Za'atari camp in Jordan, built in 2012 to house Syrian refugees, the women quickly started making soap from natural ingredients to help families protect themselves from COVID-19. The refugees are collaborating with researchers to produce reusable PPE for the camp and the local population in Jordan. Masks, shields and gowns are being made from locally available, low-cost materials that can be recycled thus creating jobs, reducing plastic and keeping people safe.

Nergis Canefe: *In your opinion, what is the role of international law and international institutions as well as INGOs in facilitating reparation of the suffering endured by people on the move during the pandemic? Could you provide us with some good news at all in terms of measures introduced or strategies developed since March 2020?*

There is not much good news. As others have noted, the pandemic has spread quickly given the connectivity among countries that defines the world order, but responses to COVID are decidedly national and distinct, depending on where one lives. The WHO has proven controversial to the US government of President Trump, but even setting those politics aside, an international organization – or even a treaty – has little efficacy in this moment when states are struggling to manage the spread of the virus by closing borders, both international and local, restricting the movements of their residents, and closing down public spaces and businesses. The sovereignty of states is boosted by COVID-19, and they try to maintain the trust of their electorates by keeping their people safe, or in the case of the US, duped that the pandemic is a

conspiracy, a biosecurity attack from China, or some other such strategy.

The geopolitical race among governments for a vaccine continues, but the response must also be multilateral involving INGOs, nation states, local governments and the engagement of refugee populations at each level of effort to address the impact of COVID-19. Academic researchers and research institutions have been providing analyses and direction along with UN leaders including the Secretary General and the High Commissioners of Human Rights and Refugees as noted elsewhere here.

The response to the global crisis of COVID-19 must be at once local, national and global as argued in the report by the Honourable Bob Rae as he concluded his term as Special Envoy of the Prime Minister of Canada on Humanitarian and Refugee Issues. Rae calls on the Canadian government to provide leadership in the response to the COVID-19 crisis with a series of recommendations including allocating additional resources as part of a broader effort by OECD economies to address the global, financial, social, and economic impacts. He calls for Canada to provide political leadership by creating complementary mechanisms for dialogue between major refugee-hosting states, major donor and resettlement countries, and refugee leaders to support the political dialogue necessary to draft and realize solutions with and for refugees. Canada's continued leadership in the resettlement of refugees including its model of private or community sponsorship remains important.

Canada is an early contributor to the WHO led initiative COVAX Advance Market Commitment which will use official development assistance funds to incentivize manufacturers to ensure sufficient global capacity is in place before vaccines are licensed. In theory, it will then procure vaccines and assist in delivery in low income and lower middle-income countries. Combined, these countries account for nearly half of the world's population. Nonetheless, the question of which countries will pay for this remains.

Brazilian researcher Jubilut notes that while special measures are of course needed to face the pandemic, these must take into account existing frameworks of protection (such as

international refugee law and international human rights law) to ensure that the least rights-intrusive options are chosen. She argues as others do that the needs of refugees must be balanced against the interests of States so that adequate measures against the pandemic can be secured at the same time as refugees are protected. Responses to the pandemic must not result in rights violations and/or increased vulnerability for an already vulnerable population.

Nergis Canefe: *In terms of geographies of displacement, we are all aware that the majority of the movement in terms of forced migration not only emanates from the Global South but also remains within the Global South. What kinds of challenges this phenomenon poses for the well-being and survival of displaced masses? Is this something nation-states could take care of themselves alone, which has become a de facto necessity due to measures isolation introduced by the pandemic?*

A leading Brazilian researcher Lilita Lyra Jubilut has documented the geographical challenges to refugee protection in the time of COVID. Refugees face increased protection issues in their country of origin, at the borders, and in countries of asylum. In their country of origin, refugees may face a greater risk of human rights violations and persecution with heightened discrimination and 'emergency' pandemic measures enabling crackdowns on democracy. At the same time, restrictions on freedom of movement may make it impossible for people to leave in search of asylum and border closures may prevent them from crossing in search of protection. In countries of asylum, refugees may face a number of challenges, including access to (adequate) refugee status determination procedures; documents; services (especially health care); livelihoods; and assistance/stimulus packages, and the fear of forced returns. As noted above, nation states are largely ill equipped to respond to the impact of COVID-19 on forced migration on their own. A multilateral institutional approach is needed that will simultaneously address local, national and global issues.

Nergis Canefe: *Could you talk about life in refugee camps at a global scale while COVID 19 continues to spread? Do you have any future projections regarding the treatment of refugee camps if the pandemic continues unabated? Will the camps become the new points of global perjury in terms of how we choose not to deal with human suffering?*

As noted above, conditions in the camps are generally deteriorating under COVID-19 and there is little evidence of a global commitment to turn the situation around. Of course, not all refugees live in camps, and much less visible dispossession and risk of getting COVID-19 may be occurring in cities harboring asylum seekers in precarious housing conditions. And

A recently released UNHCR report describes the COVID-19 pandemic as a 'force multiplier', increasing the needs of the displaced population, including refugees in many countries, while also making those needs more difficult to address.

Brazilian researcher Liliana Lyra Jubilut has written that as creations of the nation-state international architecture and one of the most vulnerable groups of people within it, refugees and forced migrants are among the most affected by the COVID-19 pandemic. Migrants, refugees, and other displaced persons have been excluded from programs adopted by States to secure the health and economic well-being of those within their borders. While there is no doubt that governments need to react swiftly and decisively to limit the spread of COVID-19, all measures must be "non-discriminatory, provided for by law, and be reasonable, proportionate and necessary to protect public health".

Jubilut calls for the international community to raise awareness to include refugees in responses to the pandemic, and to ensure that actions are designed and implemented in accordance with the most protective standards possible. She notes that the challenges to refugee protection in the time of COVID-19 are multilayered, affecting different territories and different actors of movement, thus impacting the geographies and subjects of refugeehood and of refugee protection. All of these challenges and variables need to be mapped

out and diagnosed in order to be addressed, so as to ensure the integral protection for refugees.

In September 2020, UNHCR reported that it had so far received just 49 per cent (US\$4.5 billion) of the \$9.1 billion required for its global operations in 2020. The consequences of this funding gap are particularly devastating in low- and middle-income countries, which currently host more than 85 per cent of the world's refugees. In many such countries, the pandemic has destabilized economies, exacerbated internal displacement and reduced access to asylum.

The underfunding is exacerbated if not promoted by increasing discrimination against refugees and forced migrants. In March 2020, Michelle Bachelet and Filippo Grandi, the UN High Commissioners for Human Rights and for Refugees respectively, expressed their concern over the proliferation of racism and xenophobia related to COVID-19 including harassment, hate speech, discriminatory stereotyping, and conspiracy theories.

They too identify the globalization of COVID-19, arguing that the health of every person is linked to the health of the most marginalized members of the community, that preventing the spread of the virus requires outreach to all, and ensuring equitable access to treatment. This means overcoming existing barriers to affordable, accessible health care, and tackling long-ingrained differential treatment based on income, gender, geography, race and ethnicity, religion or social status. There are serious concerns about the increase in gender-based violence.

Our capacity to ignore the human suffering in camps is facilitated by the lack of surveillance as INGOs are withdrawing their staff and the global media their journalists in the face of violence and COVID-19. The responses to the virus have resulted in increased isolation, insularism and nationalism that make it easier to ignore even the profound needs of others.

States are passing legislation that is inhumane and contrary to international statutes. About 4000 refugees granted visas to settle in Australia have remained stranded offshore since March, when Prime Minister Scott Morrison sealed the borders. The EU's

proposed new legislation to control migration, the Asylum and Migration Pact, demonstrates the lack of change in the underlying EU strategy on asylum and migration; it remains based on preventing arrivals regardless of protection needs and regardless of the consequences. Borders, detention and deportation remain the order of the day.

Susan Martin, the founding director of Georgetown's Institute for Studies in International Migration, has documented the US history in refugee resettlement with recommendations for a post-Trump administration. Under President Trump, travel bans, border closings and extreme vetting of refugee applications, have drastically reduced the number of refugees admitted to the country, with a ceiling of just 15,000 resettled refugees for 2020-21, down from more than 100,000 five years ago. Martin has provided a guide to the new government to rebuild the American refugee resettlement program.

BOOK REVIEW

Ibrahim Fraihat

Iran and Saudi Arabia: Taming a Chaotic conflict

Edinburgh: Edinburgh University Press, 2020) ISBN 978 14744 6619 6, 240 pp.

Given the nature of the conflict in the Middle East and contemporary events, this book is a timely and relevant analysis which informs and elucidates the problems of not only the drivers of conflict but also how conflict resolution might emerge in the landscape here. As the title suggests it is a chaotic conflict which extends beyond the boundaries of these nation states and strikes deep into the heart of Islamic practice and theology.

In the last decade since the beginning of the Arab Spring in 2011 there are clear signs that the conflict has escalated and particularly due to a proxy war being fought between Saudi Arabia and Iran in Yemen. In 2015 Abdrubbah Manosur Hadi, who had replaced the previous ruler of Yemen was forced to leave Yemen and now after 5 years of military stalemate in which Iran has supported the mainly Shia Houthi rebels and Saudi Arabi and its mainly Sunni Gulf allies have waged and intensive bombing campaign, there is a highly visible humanitarian disaster. By conservative estimates, at least 100, 000 people have died, 3.65 million have been displaced and the country appears in ruins. To describe the conflict as chaotic might be an understatement here. There is little end in sight and that is why such a book as Dr. Fraihat has written is a timely and important exercise in seeing how we can resolve the conflict.

The conflict between Saudi Arabia and Iran has been a long standing rivalry between two states that have represented to some extent the schism in the Middle Eastern Islamic world, a schism between Sunni and Shia denominations

of Islam that has often proved intractable and irreconcilable.

The book is structured into four main components. A history of Iran-Saudi rivalry and efforts to make peace; secondly looking at issues involved in the conflict. Thirdly there is an emphasis on how to manage the conflict and lastly what tools can we use and how can we try and resolve the conflict.

The process for the research was deeply rooted in interviews involving over sixty scholars and practitioners (people involved in policy making and experts) which provides for a state of the art review of how Saudi-Iran relations have been shaped since the US invasion of Iraq in 2003. This was of course an event that shaped the political, social and economic landscape of the Middle East and had ramifications well beyond the geographical region, problems that have not ended and show little sign of resolution in the near or long future of the region.

One of the many things I liked about the book, and a point the author makes succinctly, is that there are many good theoretical and content analyses of the conflict between the Saudi state and Iran, but few if any that go beyond to assess practical conflict resolution techniques and strategies. It goes deeper into the conflict resolution scenarios and ideas to prescribe how we can learn lessons from past efforts and move forward with integrated resolution and peacebuilding strategies.

Particularly interesting is Farhairs description of confidence building measures (CBM's) which

are actions involving attempts at building confidence without necessarily looking at the root causes of the conflict, a way of developing trust between the parties, thus making it easier in some ways to resolve conflicts. Trust of course is a huge difficulty between these two antagonists so these measures will prove important. Mutual assurances that regional hegemony is not on the cards from either party would be a great step forward but perhaps unrealistic in the present time. The idea as Farhah puts it is that CBM's are not an end in themselves but steps within the resolution process (pps. 100-106).

Dr. Fraihat is optimistic though that conflict can be resolved that tensions can be reduced and in the case of Saudi/Iran relations may not be as intractable as we assume. A strategic intervention he suggests could lay the groundwork for rapprochement and easing the conflict. The strategy for this is that peacebuilding can be effective if the countries involved adapt a three-prong strategy, which focuses on different levels: Government, track two diplomacy and grassroots efforts to procure peace and resolve the conflict

One of the things I like about the book is that its extremely clear and articulate in its goals and purpose. This book flows seamlessly from one argument/account to another. And to some extent it really is about taming what seems like a chaotic conflict by introducing conflict resolution terms and working in negotiations. If this book brings the two states closer to achieving this, then it will have been worth the effort. Peacebuilders and conflict resolution experts as well as the people of the region can learn much from the strategies that Dr. Farhah suggests.

Few conflicts in the Middle East have such potential for undermining the social and political stability found in the region than the Saudi-Iran conflict and the schisms found within Islam. This book has laid out the geopolitics of the conflict but also managed and successful to lay out a practical strategy for these states to overcome their differences. Such an ambitious goal is not only worthy but necessary if we are to see a long and enduring peace in the Middle East.

Professor Kenneth Christie

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ARTISTIC INTERVENTIONS

by Nergis Canefe

This series of paintings is a reflection on the continual loss of lives at borderlands, sea crossings and other landscapes rendered increasingly more invisible by the COVID-19 crisis. As pandemic measures increased leading to a strict ban on travel and border closures, the lives of those seeking asylum from persecution and systemic human rights abuses have become increasingly more precarious. And as governments deployed various apparatuses of security to govern the circulation of these presumably 'unruly' populations, the world's most vulnerable people have been reconstituted as security threats.

In this art-essay, I trace the results of such declaration of illegitimacy and criminalisation of asylum seeker bodies in the context of death and disappearance. Drawing on governmentality as a domain of security and inspired by Judith Butler's articulation of recognition, precariousness and grievability, I explore the subjectivities denied to the people lost in the midst of the pandemic panic and framed as non-entities.

By resorting to art in the form of etchings of human suffering, I hope to provide a transition between discursive and non-discursive practises that make up the social crafting of conditions for a flourishing life as well as its diminishment and ultimately, extinguishment. Ultimately, the lives of the asylum seekers during the pandemic are lives, and deaths, unrecognised in the violent frames of the 'global crisis'.







