

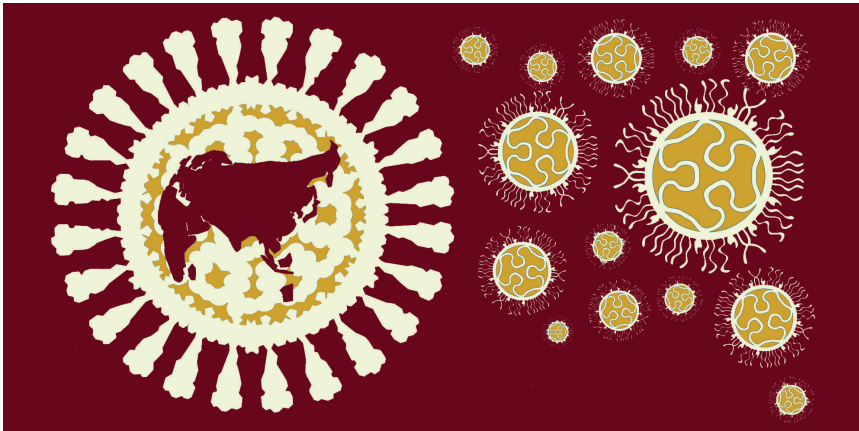
The COVID-19 Pandemic in Asia and Africa

Societal Implications, Narratives
on Media, Political Issues

edited by

Giorgio Milanetti, Marina Miranda, Marina Morbiducci

VOLUME II – SOCIETY AND INSTITUTIONS



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1. COVID-19, Public Narrations and Pilgrimages in Albania

Gianfranco Bria

Abstract

In April 2020, shortly after the outbreak of the pandemic, Albanian President Edi Rama launched the “war on COVID-19” (*Lufta me covid*) to protect the fragile national health system and to raise Albania to the forefront of the world in controlling the coronavirus. Religious authorities, recognised by the government, joined the fight against COVID, sharing the restrictive measures (lockdowns, closing places of worship, interrupting public rituals) and promoting the WHO’s anti-pandemic policy. These facts pertain on a purely normative and narrative level, in which political legitimisation strategies are intertwined with other public narratives and media-communication dynamics. An analysis of the real impact of restrictive health measures on the everyday lives of Albanians seems rather problematic. In this sense, this paper focuses on pilgrimages to understand the impact of security policies on Albanians’ behaviour and their reaction to them in terms of perceptions, respect and behaviour.

Keywords: COVID-19; Albania; Balkans; Pilgrimages; Religious practices.

1.1. The COVID-19 Pandemic in Albania

The healthcare system in Albania¹, as in other former Communist countries, is strongly influenced by the Soviet *Semashko* model², which involved little funding and investment in technology (Tomini et al. 2012). After the fall of the regime³, the new Constitution stated that all Albanians must receive health assistance. The healthcare system was organised by the State into three levels. The first provides for primary care, including health, hygiene, maternity and paediatric clinics, health education centres, local emergency rooms and rural hospitals. The second provides for diagnostic centres and polyclinics. The third involves medical research centres, including the university departments involved. However, despite investments in infrastructure and technology, the system remains deeply underdeveloped, especially in rural areas. The private sector is also underdeveloped, only covering dental care (Nuri, Tragakes 2002).

The main post-Communist reforms concerned the primary health care system, the financing of which was transferred to the health insurance institution created in 1994. However, the yield of health insurance remains quite low (Gazment et al. 2015). The health system is mostly financed by State transfers (48.5%), while the share of private and out-of-pocket expenditures is relatively high. Although citizens must be health insured by law, only 45% are recorded for State health-care. This happens due to the inefficiency of the insurance system, and the presence of a health system that accommodates private and out-of-pocket expenditures (Tomini et al. 2015). As a result, the capacity for

¹ Albania was a country comprised of three different religious denominations: Muslims, Catholic Christians, and Orthodox Christians. Although the population is predominantly Muslim, Islam is not the official religion; for Clayer (2007), three factors motivated this state secularism: first, Albanian nationalism, which was forged on an ethno-national rather than a religious basis; second, for the Bektashis, who formed a separate identity as a “third way” distinct from Islam and Christianity; third, the positivist ideas among the leaders of Albanian independence.

² The Semashko model is a single-payer healthcare system where healthcare is free for everyone, as it is funded from the national budget. The model is named after Nikolai Semashko (d. 1949), a Soviet People’s Commissar for Healthcare.

³ From 1945 to 1991, Albania was ruled by the Communist Party led by Enver Hoxha. Hoxha established a totalitarian regime that aimed to modernise Albania by mixing Communist ideology and nationalist rhetoric. Various reforms of industrialisation, schooling, urbanisation and women’s emancipation were implemented. A harsh anti-religious struggle was also conducted, which led to Albania being declared an atheist state in 1967.

health protection depends on the personal income level, thus allowing for inequity in health care, given the economic disparities in Albanian society. In the last decade, the Albanian government has increased investment in health, sometimes taking advantage of aid and recommendations from governmental and non-governmental organisations. Nevertheless, the health care system in Albania remains far below the average level of health care in the European Union (Ibid.).

Aware of its limitations, the Albanian government tried from the outset to prevent the spread of the COVID-19 pandemic on its territory as much as possible. Already in February 2020, when the health emergency was beginning to spread to Italy and then gradually to other European countries, the first preventive measures were taken. Skender Brataj, head of the National Medical Emergency Centre, announced protocols in the case that COVID-19 spread to Albania, explaining that citizens who suspected they had contracted the virus should call the national emergency number. He instructed all Albanian citizens from China, Singapore, Iran, South Korea or Italy to call the same number, so that a team of doctors in protective suits could escort them to a hospital to swab them, with all results sent to the public health institute. Ogerta Manastirliu, Minister of Health and Social Protection, met with the committee of technical experts and decided to increase his hospital budget by one million US dollars, to increase the stock of personal protective equipment. Brataj also announced the formation of a task force, stating that COVID-19 had not yet arrived in Albania ("Albanian Newsroom" 2020).

On 8 March, the first cases of COVID were confirmed. On the same day, the Council of Ministers stopped all flights and ferries to quarantined areas in northern Italy until 3 April, suspended all schools for a fortnight, ordered the cancellation of all large public gatherings, and asked sports federations to cancel scheduled matches. The Minister of Health announced that anyone entering Albania from quarantined areas would undergo medical checks and would have to stay in quarantine for 14 days. Sensing the worsening health situation in Italy, one of its main political and economic partners, the Albanian government promoted a firm policy to combat COVID. Firstly, it aimed to prevent the spread of the pandemic from affecting a rather fragile healthcare system. Secondly, the government intended to demonstrate to the international community that it was one of the champions of the fight against COVID-19, subverting the narrative of a country where the rules are little respected. For these

reasons, too, although the recorded contagions and deaths did not reach a really worrying level, Prime Minister Edi Rama gradually adopted very hard restrictive measures (“Tv Klan” 2020).

On 10 March, Prime Minister Edi Rama announced the lockdown of the entire country: the movement of vehicles and people was restricted to the bare minimum. Prevention and sanitation measures were imposed on the citizens, while connections to and from foreign countries were stopped. Public meeting places, such as bars, discos, gyms, were asked to close. The Prime Minister also ordered travellers from Italy and Greece to self-isolate. Massive patrols were established, which would arrest and sanction lockdown breakers. Army and police were involved in the patrols, which drove around the streets with loudspeakers. On 13 March, Edi Rama declared “war on COVID-19” (*Lufta me covid*). A 72-hour curfew was established, and the movement of vehicles and people was completely stopped. 70 checkpoints were set up across the country, and public places were closed altogether. This was followed by the adoption of “emergency legislation” whereby laws could be passed without prior parliamentary approval. Violators would be punished with fines of up to 40,000 euros. Trading in food that did not comply with the government’s specific safety regulations to prevent infection risked a fine of up to 83,000 (“YouTube” 2020).

On 29 March, again from a geopolitical perspective, Rama’s government sent a team of 30 doctors to Italy to help with the serious health crisis affecting the country (“Euronews” 2020). This measure, too, was intended to promote Albania’s international image as one of COVID’s enemy countries. The rhetoric of “war on COVID” aimed to highlight such an image, to improve Albania’s international credibility, as it was accused of having problems of corruption and organised crime. At the same time, sending the medical team was intended to strengthen ties with Italy, which remains among the country’s main international political and economic partners. The above should also be read from an EU perspective, as Albania, since 2014, has been granted the status of EU candidate country.

1.2. Involvement of Religious Authorities in the Fight against COVID-19

These restrictions obviously had a strong impact on several areas of people’s daily lives, in terms of sociability and execution of conventional routines. This also included religious life. Albania’s official

religious communities recognised and followed the government's regulatory anti-COVID measures. These religious communities are the Islamic Community of Albania, the Catholic Church, the Orthodox Church and finally the Bektashi Community. They are dependent on the government, as they are integrated into the State administration through the Commission of Cults, which supervises and monitors their activities (Cimbalo 2012). For that reason, they followed the government line, integrating and reproducing its narratives. As in other countries in the area, the Catholic and Orthodox Communities are organised, regulated and hierarchised in a clerical organisation. The Catholics are loyal to Rome, while the Orthodox Church enjoys its own autonomy, although the link with the Patriarchate of Constantinople remains. The Islamic Community of Albania, created in 1930, also forms a hierarchical, pro-government clerical organisation (Clayer 2003). The Bektashi Community is also established in the form of a hierarchical clerical organisation, which, however, identifies as a sect apart from Christianity and Sunni Islam⁴. The Sufi communities, who tried to organise themselves in the form of a federation in the inter-war period, are a separate matter. Communist secularisation⁵

⁴ This view is rooted in the 19th century, when the idea was spread that the Bektashi were "other Muslims", hence non-Turkish, in order to legitimise the integration of the Islamic community within the national project. Fostered by the Bektashi themselves, this idea was later subsumed into the Albanian independence struggle that culminated in the birth of Albania in 1913. Since the first post-unification conferences, the Bektashi aimed to reassert themselves as an independent religious community, equal to the Catholic, Sunni and Orthodox communities, claiming their own organisational and legal autonomy. This involved a hierarchy with the community secretary at the head, then the *dedebaba*, the *baba* and finally the dervish. Territorially, the community was organised into *giishates*, with the world headquarters in Tirana at the top. However, this organisation was re-established in the post-socialist era when several congresses sanctioned a new statute for the community.

⁵ In Albania, the Communist regime engaged in a strenuous struggle against any form of worship or religious practice. This struggle began in the early years of the regime, when a series of restrictive normative measures were adopted against religious properties and personnel. From the earliest years, the regime aimed to place all religious schools under its control, and the land reform deprived religious institutions of their property. In 1967, the government approved Decree 4236, which involved the confiscation and expropriation of the property of religious communities. Religious places were closed, confiscated or destroyed by the regime. Decree 4337 of November 1967 cancelled the legal status of religion. Hoxha's regime abolished all forms of worship in society and created the first officially atheist state in the world. In the years that followed, many religious leaders were arrested or killed, and all religious practice was severely repressed. Those who were suspected of praying were arrested and severely punished. The regime's control and espionage system worked efficiently in this regard (Karataš 2020).

harshly affected all Sufi orders, which in the post-socialist period were basically marginalised within the religious arena (Bria 2019).

Following the government guidelines, all these communities agreed to stop or limit all their activities during the COVID pandemic. The Albanian Orthodox Church announced on 12 March 2020 the suspension of all services until 3 April, with the exception of the Divine Liturgy on Sunday, where it encouraged followers to come for “healing” but keeping a distance from each other; the Church also encouraged believers to observe the rituals from home, with the Church radio station *Ngjallja* (Resurrection) broadcasting services, although the churches remained at the service of those who wished to celebrate personal prayer while keeping a distance from others (“Plus” 2020).

After the appearance of the first cases in Albania (on 8th March), the Catholic Bishops’ Conference of Albania issued a decree on 12 March 2020, banning all liturgical celebrations. The Catholic Church suspended all diocesan and parish activities, all liturgical celebrations including Holy Mass, all catechisms, parish, and diocesan activities. The Albanian Evangelical Church also broadcast services online (“Tema” 2020a). The Bektashi Community also suspended all religious activities in its *teqe*⁶ on 12th March (“Tema” 2020b). The Islamic Community of Albania⁷ announced on 11 March that all sermons, prayers and other activities, including *jummahs*⁸ and mosque gatherings, were cancelled, and told all believers to quarantine themselves and observe prayers at home in private, and strictly follow and observe the recommendations of the World Health Organisation (“Tpz” 2020).

The subordination of religious affairs to reasons of State and the welfare of the homeland is, however, inherent to the Albanian national project (Elbasani 2016; Elbasani, Puto 2017). According to the latter, religious affiliation is less important than national identity, which is based on ethnic and linguistic principles (Clayer 2007). This narrative, later sublimated and diffused in the Communist era, is subsumed in the institutional architecture of the Albanian State based on the principles of secularism. The Constitution states that Albania is an atheist

⁶ The *teqe*, in Turkish *tekke*, in Arabic *zāwiya*, is the space, often a building, where Sufis gather.

⁷ The *Komuniteti Mysliman i Shqipërisë* is an independent religious organisation of Sunni Muslims officially recognised by the Albanian state, existing since 24 February 1923.

⁸ The *jummah* (Arabic *Jumu'a*), or “Friday prayer”, is the name given to the communal prayer, known as *ṣalāt al-ḡuhr*, that Muslims perform every Friday, just after midday.

State (Cimbalo 2012). This reverberates in government policies, although this does not preclude religious themes from sometimes entering the public debate, sometimes instrumentalised by politicians. Nevertheless, this nationalist discourse is adopted by the religious communities, as a prerequisite for interacting with the State and gaining their own place within Albanian society.

For Islam, which does not envisage any form of clergy, this has implied domestication and securitisation, in order to be recognised by the Albanian State (Sulstarova 2006). However, it follows the tendency that Račius (2020) termed *churchification*, that is, that Islamic authorities take on a clerical institutional dimension (resembling a Church) in order to integrate within State institutions, adopting a securitarian (anti-radical), nationalist and Europeanist (pro-integrationist) orientation. This process would be acclaimed by government institutions but also accommodated by Islamic authorities in order to forge a “presentable and moderate” (ergo democratic) image of Islam (Račius 2020), defusing any possible radical and dangerous component⁹. It needs to foster inclusion within Western Europe and at the same time offer a virtuous cultural model to export. To be exportable and presentable, this model must take care, at least formally, of the gender issues. The Bektashi Community followed the same path, to become a kind of religious sect, like a third way between Islam and Christianity. The Bektashi Community has declared on several occasions that it embodies the nationalist, progressive and democratic values of the Albanian people (Bria 2022), making itself the bearer of Albanian spirituality. For these reasons, all religious communities respected the government line in the “war against COVID”.

Involvement in government claims was also substantiated by official community statements in support of the government’s restrictive measures and the national narrative. Through its official channels, the Catholic Church has, on several occasions, recommended compliance with the recommendations and standards laid down by the Albanian Ministry of Health, asking the population to remain united in the fight against COVID. On 2 April 2020, the Autocephalous Orthodox Church of Albania declared that

⁹ In this sense, every minority or alien component must be monitored and possibly marginalised, hence immigrant Muslims, therefore foreigners, are considered dangerous and radical.

in this difficult time that our country and the whole world are going through with COVID-19, it helped about 30 needy families in the city of Shkodra. It was not simply only for the Orthodox citizens and believers of Shkodra, but it was for all needy people without religious distinction. The Orthodox Church will always be close to people in need. With God's blessing, we will overcome this difficult time, because God's love and strength are much greater than a virus.

In the declaration of the Orthodox Church, religion is placed at the service of the citizen's welfare, so that "God is stronger than the virus" ("Ortodoxalbania" 2020).

The Islamic Community of Albania takes up the reason of State in full force in the fight against the virus:

All muftis and their staff are instructed to undertake public awareness campaigns and encourage all believers, especially the elderly and people with chronic illnesses, to perform religious rites in their homes. Cancellation of mass gatherings such as lectures, mosque classes, various activities and, depending on the danger in your area, Friday prayers are also cancelled. It is suggested that the five daily prayers be recited in a non-communal manner, while the call to prayer is given regularly in all mosques. Strict implementation of all suggestions and advice issued by the relevant authorities in our country and the World Health Organisation. We ask for the understanding of believers in respecting the measures taken, as the protection of life and health is a religious obligation for all believers ("Dosja" 2020).

In this note, protecting health becomes a religious obligation, and therefore State legislation is incorporated into religious advice. The Bektashi Community also took up all the recommendations of the Albanian Ministry of Health, explicitly asking the Albanian citizens to respect them. Here is the speech of the head of the Bektashi Community, Baba Edmond Brahimaj:

"Dear friends! We are following with natural human concern the developments related to the coronavirus pandemic, which unfortunately have become extremely aggravating [sic], when we all would like the opposite to happen.

Today the situation is much worse in the whole world, where 106 countries are affected, while Italy in particular has an extreme aggravation with over 5061 cases and about 233 deaths.

Evaluating:

- this very serious regional epidemiological situation;

- the fact that the situation in Italy has worsened by overcoming the “Red Zone”, with escalation throughout its territory with a high mortality of about 4.4%, and imposed very strong restrictive measures;
- a very fast increase of infected cases in Greece;
- the appearance of cases of coronavirus in other countries of our region that were unaffected;
- the information provided by the World Health Organization on the characteristics of this virus and the serious risks it poses;

I appeal: maximum strengthening of sanitary-epidemiological preventive measures;

1. Personal hygiene (washing hands often and not less than 20-30 seconds) and collective hygiene,
2. Do not collect unnecessarily in public places and in other environments,
3. Care for “hygiene of sneezing and coughing”,
4. Maintaining the wetness of the throat by occasional drinking of small amounts of water,
5. Various food, understood according to financial possibilities, rich in vitamins C, D, A,
6. The most important in not [sic] paying attention to not attending schools and job in case of clinical signs similar to flu (sneezing, cough, headache, fever),
7. 14-day self-isolation for persons coming from affected countries and with cases of community transmission of the disease, the map of which has been extended from China to Italy,
8. Contact the National Emergency Service with the number 127, if one has symptoms such as fever, sneezing and coughing, difficulty breathing, and not coming directly to the hospital,
9. Care for individuals over 65 years of age and for the regular treatment of chronic diseases that many of them have: chronic diseases of the heart, kidneys, liver, lungs (especially patients with COPD), joints, etc., as a group most at risk for complications from COVID-19 / Sars-Cov-2 infection,
10. Self-control and not panic for a situation of temporary transition of the epidemiological threat of the population... There is no concealment of reality and everyone will be informed, since the first case of isolation of this cause in Albania....

The battle for life is minorable [sic] and victorious. In it the wise, the willing and the white-hearted always come out. Together we will be able to overcome again the battle against COVID-19 / Sars-Cov-2. We pray to the Most High God of [sic] give us strength and will, to overcome these situations as gently as possible.

God bless Albania!

Amin!” (“Kryegjyshata Boterore Bektashiane” 2020).

1.3. The End of “the War against COVID-19”

As has been the case in other countries, the adoption of the lockdown and other restrictive measures has heavily impacted the Albanian socioeconomic situation. The reduction of internal and external mobility of goods and people, as well as the reduction of trade with other strategic regional partners, such as Italy and Greece, which were also in crisis, has led to an impoverishment of Albania's socioeconomic fabric. This has resulted in an economic recession, which the Albanian government has had to face on its own, apart from some support from NGOs and international governmental organisations, such as the World Bank. The economic recession, as well as growing discontent over the lockdowns, thus led to a gradual reopening, and a softening of the restrictive measures.

In April, Rama declared an end to the lockdown, and sanctioned the opening of businesses and public places. People were allowed to move freely within and outside the borders. Anyway, for the second wave of COVID-19, the Albanian government was unable to afford a second total lockdown. Prime Minister Edi Rama called on citizens to be careful and respect the measures against the spread of the virus:

If we do not do our duty, unfortunately this may come as it is coming in some countries. That is why it is important to keep the masks on indoors, to keep a distance, to wash your hands often (“Sot” 2020).

In January 2021 the vaccination campaign began, which was intended to vaccinate most Albanians. Unfortunately, the vaccination rate never exceeded 40 per cent in Albania. Throughout 2021, while not implementing a lockdown, the government – during the peaks of the various new pandemic waves – enacted highly symbolic restrictive measures, such as a curfew restricting movement from 10pm onwards at night. Various newspapers complained about poor compliance with social distancing, sanitisation and devices to limit contagion, such as masks and gloves. Because of this, the government introduced fines for violation of anti-COVID measures (“Xinhua” 2020). Another rather sensitive issue concerns the monitoring and counting of those infected with and dying from COVID-19 infection. Some newspapers have pointed out that the low recorded rate and stable fluctuations in infections suggest that many sick people were not diagnosed. This might suggest a certain aversion of the Albanians

to such restrictive measures, or the weakness and inefficiency of the Albanian government's control and monitoring systems and awareness-raising campaigns. Alternatively, it might suggest a mistrust on the part of the population towards the vaccination programme or a substantial indifference to or underestimation of the pandemic.

1.4. Pilgrimages in Albania

However, these facts pertain on a purely normative and narrative level, in which political legitimisation strategies are intertwined with other public narratives and media-communication dynamics. An analysis of the real impact of restrictive health measures on the everyday lives of Albanians seems rather problematic. In this sense, this paper focuses on pilgrimages to understand the impact of security policies on Albanians' behaviour and their reaction to them in terms of perceptions, normative respect and behaviour.

Pilgrimages are useful tools for analysing current socio-political trends, as they are a living organism, drawing substance from the social backgrounds in which they are performed (Coleman 2021; Eade 2015). In Albania they represent one of the most widespread religious practices, probably the main one. They embody the post-modern, see post-secular, religiosity of Albanians, which is individualised and heterogeneous, shaped by the positivist and atheistic legacy of Communism and the requirements of today's globalised modernity (Bria 2019). At the same time, they provide interesting information on an individual level and, as far as our case study is concerned, on bodily techniques. In fact, by implying very corporeal gestures and practices, they provide useful information about compliance with anti-COVID norms. Finally, the analysis of pilgrimages allows us to understand how the discourses of religious and/or political authorities might affect performers' practices. For that reason, the three most popular pilgrimage sites in Albania are taken into consideration: Mount Tomorr (*Mali i Tomorrit*), the tomb of Dervish Hatixhe in Tirana (*Teqja e Dervish Hatixhese*) and the Church of Saint Antony of Padua in Laç (*Kisha e Shna Ndout në Laç*). The attendance at these places will be analysed, as well as the pilgrims' compliance with anti-COVID health measures in two years, 2020 and 2021¹⁰. The chronological and spatial comparison

¹⁰ Data on which this work was based were collected during two ethnographic

aims to evaluate the degree to which the various discursive and regulatory regimes affect pilgrims' behaviour and pilgrimage practices.

1.5. Pilgrimages and Pilgrims in 2020

The pilgrimage to Mount Tomorr (*Mali i Tomorrit*) is one of the most popular and important pilgrimages in South-Eastern Europe. It is visited by thousands of Albanians who come to the mountain from 21 to 25 August to venerate the Ali Abbas'¹¹ shrine (Clayer 2017; Mentor 2015). The place is in fact connected to the Bektashis, who care for and manage it. However, the place is not only frequented by Bektashis, but also by Orthodox Christians, Catholics and Muslims in general. In fact, Tomorr, besides being one of the symbols of Albanian Bektashism, is also one of the symbols of the Albanian nation. The Bektashi community, in the post-socialist period, made Mount Tomorr one of the foundations of their traditional worship and simultaneously a landmark of Albanian nationality.

The pilgrimage roughly comprises two different stages. The first, intermediate, stage involves a route that can be travelled by car, which has the Bektashi *teqe* as its destination; the second, final, stage involves a walk, which has the mausoleum of Ali Abbas as its destination. The first route is much more frequented by families and groups of Albanians visiting there, whereas the mausoleum of Ali Abbas is mostly visited by particularly pious pilgrims. Around the Bektashi *teqe*, pilgrims usually perform the *kurban*¹², the sacrifice in honour of Ali Abbas. Often, it is possible to find farmers selling sheep, which are then punctually slaughtered and barbecued. The massive participation of Albanians means that a kind of local economy is created during the days of the pilgrimage.

In 2020, despite recommendations by the Albanian government, the pilgrimage was neither stopped nor interrupted by the Bektashi authorities. Baba Edmond Brahimaj, the head of the Bektashi Community, referring to the situation caused by COVID-19 and the measures

fieldwork trips in June and August 2021.

¹¹ Ali Abbas (d. 680) was the son of Ali and Fatima. He is said to have inherited Ali's boldness and bravery and is regarded as an ultimate paragon of courage and self-sacrifice.

¹² *Kurban* (Arabic, *qurbanī*), as referred to in Islamic law, is a ritual animal sacrifice of a livestock animal, usually ovine.

that had been taken, said that he did not believe there would be any infections and that people were praying for this evil to end.

God will give peace and love. We cannot stop people; they have love for God and goodness. COVID-19 measures have been taken; the area has been disinfected. People are in the wild and I don't think there will be infections. That is why we come and pray that this evil will end once and for all ("Shqiptarja" 2020).

In the same year, 2020, the pilgrimage to the Sanctuary of St. Anthony of Padua in Laç (*Kisha e Shna Ndout*), northern Albania, was made by many Albanians. The Sanctuary is one of the most visited religious places in South-Eastern Europe. The small church there, built and administered by Franciscans, is now an impressive place of worship frequented by Catholics, Muslims and Orthodox. Throughout the year, pilgrims from across the country, but also from Kosovo, visit the Sanctuary. On the 12th and 13th of each year, an official pilgrimage is held, which reaches its climax on the night of the 12th, when many thousands of Albanians sleep in the shrine seeking blessing and healing. However, again, a decrease in the number of participants was observed due to COVID-19 in 2020. The Catholic authorities nevertheless asked pilgrims who participated to respect the anti-COVID regulations. Aware of the risks, priests organised the activities of the pilgrimage, managing the order of the masses. The police tried to control the flow of people to avoid excessive crowding. Ambulances and doctors attended the pilgrimage throughout.

The tomb of Dervish Hatixhe (*Teqja e Dervish Hatixhese*) is one of the most visited Muslim places of worship in Albania. It is completely embedded in the urban fabric of Tirana (the Albanian capital) and is mainly visited by women. Unlike the first two shrines, the pilgrimage to the tomb of Hatixhe is not single-day focused, but has a constant, daily flow of pilgrims. Hatixhe's case is additionally distinctive insofar as she is the main, indeed the unique, Muslim female Saint whose tomb is being venerated in Albania, according to current fieldwork findings. Since the '90s, the managers of Hatixhe's tomb have welcomed crowds of people, especially women who went to ask for blessings and protection for their children who had emigrated abroad. Even today, they welcome visitors, especially women, but also young couples, and talk to them. Young couples usually talk about family

and fertility issues. Pilgrims are reassured that Hatixhe's holiness will protect them. Their religious backgrounds are heterogeneous: most of them said that they did not belong to any religion, albeit that their family was Bektashi or Muslim, while others said that they had Orthodox or Catholic heritage. During the pandemic, visits to the tomb were stopped by government measures. However, after the reopening, the flow of pilgrims gradually resumed, almost reaching the level of the pre-pandemic period.

The flow of pilgrims at these three places, which can be considered among Albania's main pilgrimage sites, indicates how the government measures, as well as the narrative of the "war on COVID" waged by the government, partially influenced the religious behaviour of pilgrims. During the lockdown, access was essentially forbidden; the relaxation of anti-COVID measures did not sanction a "free-for-all" but rather a gradual return to normality. In fact, though, measures such as masks and social distancing were only marginally adopted.

1.6. Pilgrimages and Pilgrims in 2021

In 2021, I had the opportunity to personally visit all three of these pilgrimage sites. During my fieldwork, I could see that the flow of pilgrims had now reached pre-COVID levels, even though the Albanian government still had anti-COVID measures in place, as well as a state of emergency. At the Ali Abbas' mausoleum, on Mount Tomorr, the flow of pilgrims was large. The pilgrims' cars had created very long queues. The celebrations were attended by thousands of Albanians, many of whom set out to perform the ritual *kurban*. Despite government health recommendations, hundreds of families and groups of people were eating at the same tables, even sharing plates and bowls. None of the kitchen staff wore face masks. The flow of people to the Bektashi *teqe* was large, with no respect for social distancing or masks. The pilgrims were oblivious to this: "Coronavirus cannot do anything to us so long as we are here in a sacred place that protects us"¹³. The words of this 50-year-old woman echo the conviction of many pilgrims in Tomorr, who believe in the sacred protection of the place. "I can't catch COVID, at the most they can heal!" says 40-year-old Elona¹⁴. She,

¹³ Interview, Tomorr, August 2021.

¹⁴ Interview, Tomorr, August 2021.

like others, is convinced that pilgrimage, as well as attendance at Tomorr, can on the contrary have beneficial and healing effects.

Similarly, in Laç, where in 2021 the flow of pilgrims reached the same pre-COVID levels. Thousands of Albanians slept the night in the square in front of St. Anthony's church, one attacked another. Street vendors sold roasted meat and other items that were eaten by the pilgrims, heedless of the anti-COVID hygiene measures. During the day, thousands of pilgrims gathered to hear mass and perform the ritual veneration of the statues and relics inside and outside the church. These were touched by thousands of pilgrims, regardless of all forms of hygienic protection and anti-COVID measures. On the contrary, many went to Laç in search of blessing and healing. When asked about the fear of COVID, a young man from Tirana reassured me: "COVID cannot spread here, it is a sacred place [...] St Anthony would not allow anyone to get sick here"¹⁵.

Similarly to Laç and Tomorr, the tomb of Dervish Hatixhe was also constantly visited by pilgrims. During the fieldwork, I observed about 50 visitors in two hours, practising veneration of the Saint's body and Bektashi images in different ways. They ranged from different gestures and movements to totally different ways of touching, kissing and praying to Hatixhe's body and Bektashi images. For example, some women circumambulate the tomb three times counter-clockwise, while others do it twice clockwise. Some women carry a photo of a loved one, usually the person for whom they are praying, and place it on Bektashi images or in the niche below it. Some symbolically turn the pages of the Quran in a quick and casual manner. These practices involved a promiscuity that conflicts with the sanitary regime that formally had to be respected. Again, when asked about the fear that they might spread the virus, several replied that "this is a sacred place, which protects people, therefore it would not be possible for the infection to spread"¹⁶.

1.7. Conclusions: Pilgrimages, Health and COVID-19

The government's prescriptions for social distancing, sanitisation and containment measures (the masks) were scarcely adopted by pilgrims in either 2020 or 2021. Rather, it seems that lockdown restrictions

¹⁵ Interview, Laç, June 2021.

¹⁶ Interview, Tirana, June 2021.

and the government's rhetoric of the war on COVID-19 reduced the flow of participants in 2020, while the following year – although the pandemic had not disappeared – the number of participants was the same as in the pre-COVID period. This cross-sectional data suggest that the movement's restrictive measures have had an influence on the religious behaviour of Albanians; however, those who participated in the pilgrimages seem to have been unaware of the anti-pandemic measures.

In Albania, the designation of a place as holy implies that it is beneficial and blessed, a site whose permanence can bless and heal people. During pilgrimages, it is common to meet people who are ill, even seriously ill, who are attending in order to be blessed and healed. However, the sanctity of a place derives from its embedded attachment to a holy figure, that is, to his or her body or relic. A holy man is usually defined as a *njeriu i mirë* ("good man"). The latter is the prevailing model of sanctity among Albanians, one that disregards denominational attributions. In this model, a person is holy not because he or she is Christian or Muslim, but because he or she possesses God-given holy and miraculous powers (Bria 2019). The all-encompassing features of *njeriu i mirë* express the idea that, in the Communist as in the post-Communist context, religious boundaries, although never completely forgotten, are less important than the sacred nature of such holy places, as the faithful prefer not to openly display their religious affiliation.

This model applies to all religious figures who can be compared with a similar pattern of holiness. Religious places are also perceived in terms of religious inclusiveness: they are often referred to as a *vend i shenjtë* ("holy place") or a *wakëf* (in Arabic *waqf*), regardless of their affiliation (de Rapper 2012). The ambiguous terms *vend i shenjtë* or *wakëf* are used to indicate even the church of St. Anthony, the Bek-tashi *teqe* in Tomorr and the tomb of Hatixhe. As mentioned earlier, it is the body or relic of the *njeriu i mirë* that sanctifies the place, acting as a metonymy in that it reconnects the pilgrim to a higher ontological order imbued with divine mercy and grace. This order gives the possibility of receiving healing and blessing, regardless of the earthly human condition. Pilgrims feel immune from the COVID-19 epidemic when they make the pilgrimage. This saving power is, however, perceived as not in antithesis with that of conventional medicine. They are seen as coadjutant, in the sense that the blessing of the pilgrimage supports, and does not replace, conventional medical care. It happens despite the Communist secularisation that had intended to combat

religion as the “opium of the people”. The harsh anti-religious struggle and atheistic propaganda of the regime de-institutionalised religion but did not completely erase the Albanians’ perception of the sacred. After the fall of the regime and the end of the religious ban, Albanians spontaneously began to make pilgrimages to holy places in search of healing and blessing. The places of that time are the same places of pilgrimage today, which, as mentioned, is one of the main expressions of Albanian religiosity.

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2. Authoritarianism Goes Pandemic? Symptoms from the Arab Region in the COVID-19 Era

Laura Guazzone

Abstract

Has the COVID-19 pandemic accelerated a pre-existing global drive toward expanding, consolidating, and renewing authoritarian regimes worldwide? The study analyses evidence coming from the 20 countries of the Arab region in the 2020-2022 period and interprets this evidence in the framework of the region's political and socio-economic contemporary history. Regional aggregated data and country-by-country analysis show that the political effects of the COVID-19 crisis have overall enabled incumbent authoritarian Arab regimes to reinforce their grip on weakened but untamed societies. Thus the COVID-19 pandemic reinforced authoritarian practices in Arab MENA countries and contributed to global authoritarianism.

Keywords: Arab countries; COVID-19; Authoritarianism; Social inequalities; Populism.

2.1. Authoritarianism and COVID Responses

The present study examines the hypothesis that the political effects of the COVID-19 pandemic have accelerated a pre-existing global drive toward the expansion, consolidation and renewal of authoritarian regimes (Lührmann; Lindberg 2019). In this context, the study analyses evidence in support of the starting hypothesis coming from the 20 countries of the Arab MENA region¹ in the 2020-2022 period and interprets this evidence

¹ The Arab MENA region comprises 20 countries: Algeria, Bahrain, Djibouti, Egypt,

in the framework of the political and socio-economic contemporary history of the region.

Research centres specialised in monitoring democracy status worldwide – such as the US Freedom House or the Swedish IDEA (IDEA 2022; Repucci, Slipowitz 2020; 2021), as well as an array of scholarly publications, have confirmed that State responses to COVID-19, namely freedom restrictions adopted to hinder the spread of the virus – such as lockdowns, curfews, and state of emergency – have led to widespread violations of democratic standards in all types of political regimes worldwide (Abouzzohour 2022; Edgell et al. 2021).

Analyses of the political effects of the pandemic renewed scholarly interest in the global drive towards authoritarianism that had been perceived in Western academia since the second decade of the 21st century (Diamond et al. 2016; Lührmann, Lindberg 2019) and led to re-conceptualize this swing as a “backsliding” of democracy *also* because of COVID-19 (V-Dem Institute 2020a; 2020b; Skaaning 2020).

However, it remains unclear whether there is a direct link between political regime type and the type of State responses to COVID-19 and its effects (Greer et al. 2021, pp. 617-618; Powers, Rayner 2021). For instance, some scholars argue that while some authoritarian countries tended to have lower COVID-19 deaths than their democratic counterparts in 2020 (before vaccination was available), the key determinant for this difference was higher testing capacity and not more coercive interventions (Annaka 2021).

Most importantly, State’s responses to COVID-19 were first dependent on each country’s model and capabilities for social policies, i.e., policies implemented to meet social needs for education, health, labour, and economic security. While the different models of social policies – community-based, redistributive, or productivist – depend on politics and economics as well as on culture (Lin, Chan 2015), the ability to implement any given model depends on the State’s institutional efficiency and architecture (e.g., centralism vs regionalism), but most notably on the State’s economic strength.

Evidence of that is that most countries – including Arab ones – used non-pharmaceutical interventions (NPIs) – such as masking or business closures – to tamp down the initial wave of the pandemic in 2020

Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen.

when vaccination was not yet available. However, during the subsequent waves, only high-income countries could sustain the ability to pay their citizens to stay home and their businesses to stay closed. The result was a tendency in many lower- and middle-income countries to one-time lockdowns, with drastic impositions of NPIs that did not require sophisticated public administration and enforcement, followed by a reduction of NPIs and resurgent infections (Greer et al. 2021, pp. 617-618). The Arab countries were no exception to this rule, and the most sweeping political effects of the pandemic materialised after the first wave waned, as will be detailed in what follows (see par. 2.5).

2.2. The Pandemic and Its Evolution in the Arab Middle East and North Africa Region

The socio-political situation of the countries of the Arab Middle East and North Africa region (henceforth: Arab MENA region) was already bleak before the pandemic. Since the 1990s, years of neo-liberal reforms have hard-hit Arab MENA countries' socio-economic conditions. By the first decades of the 21st century, the Arab MENA countries' policies of structural adjustments and privatisations of State economies had led to an ever-increasing poor stratum, a shrinking middle class, declining state services, crony capitalism, and the emergence of a minority of super-rich. Growing widespread frustration with this increasingly untenable situation came to a head in 2011 with the outbreak of popular Arab uprisings of the so-called "Arab Spring" in 2011-2012, demanding dignity, bread, and freedom for all (Haniyeh 2013).

As a result of the uprising, dictators fell in Tunisia, Libya, Egypt, and Yemen. However, their successors, or those who managed to stay in power, engineered a counter-wave of authoritarian renewal with the strong support of competing regional powers: Iran, Turkey and the oil-rich Peninsula countries (Allinson 2022). The international powers either ignored or exploited the conflicts and instability ensuing from these counter-revolutions, thus contributing to the war devastation experienced in Syria, Iraq, Yemen, and Libya. The regressive circumstances generated by armed conflict and authoritarian renewal created political and socio-economic conditions direr than in 2011, so much so that since 2019 popular protests have been rising again in many Arab MENA countries and most prominently in Algeria, Iraq, Jordan, Lebanon, the Palestinian Occupied Territories, Sudan, and Tunisia.

Given this pre-existing political context, it was very likely that the COVID-19 pandemic would have generated a perfect storm in the MENA, allowing for further authoritarian reinforcement, further impoverishment, and further weakening of civil society. And the predictability of this outcome was even more forcefully rooted in the pre-pandemic socio-economic weaknesses and inequalities of the Arab MENA countries.

As argued above, how the Arab States dealt with the pandemic reflected their diverse pre-COVID development contexts more than their political systems (UNDP 2022). In effect, regional capabilities range significantly: from the high-income oil-producing Peninsula countries, such as the United Arab Emirates (UAE) and Saudi Arabia, to middle-income countries, such as Jordan and Morocco, and low-income countries, which include most of the conflict-affected countries, such as Yemen and Syria. Thus, between-country income inequality in the Arab region is the highest in the world, with an average per capita GDP in current terms ranging from less than \$500 in Somalia and Sudan to about \$50,000 in Qatar. Also, domestically, i.e. within countries, the Arab States have some of the highest income inequalities in the world, with the top 10% of people in some countries accounting for almost 60% of pre-tax national income (World Bank 2020).

In 2019, just before the pandemic, about 29% of people in the Arab States were estimated to be poor, as defined by national poverty lines. Averages, however, hide details. The national poverty rate in Egypt rose from 25.2% during 2005–2010 to 32.5% during 2011–2017. Moreover, national poverty ratios increased dramatically in conflict-ridden countries such as Syria, Libya, and Yemen over the same period.

On top of all this, conflicts in Iraq, Libya, Palestine, Sudan, Syria, and Yemen have led to waves of human displacement, with 58% of the world's refugees now originating from the Arab region. Some 55.7 million people, including 26 million refugees and internally displaced persons, need humanitarian assistance. In this context, the Arab States struggled with high health inequality even before the COVID-19 pandemic. Many Arab countries had weak and fragmented healthcare systems, creating disparities in life expectancy and health outcomes. Within countries, it was often a patchwork of public and private providers, nongovernmental organisations, and military agencies that delivered health services.

Therefore, the impact of the pandemic on socio-economic inequality percolated through its many dimensions that reinforce one another, such as production sectors; region; gender; and vulnerable groups. Thus, it is not surprising that according to UNDP, the COVID-19 pandemic has negatively impacted all five dimensions of human development in the Arab MENA region: health, education, income, human agency and freedoms, and environment (UNDP 2022).

As elsewhere, in the beginning, the effects of the COVID-19 pandemic on the MENA countries were difficult to predict. When the virus swept through the world in early 2020, it was unclear whether it would destroy mostly weak Arab health systems and lead to uncontrollable virus spread and mass death. As we now know, the virus struck first and harder in the most developed regions in China, Europe and the US. Nevertheless, it was already clear that the Arab world would not be spared the worst effects of the coronavirus pandemic. In contrast to Iran – a non-Arab MENA country – the Arab region recorded relatively few COVID-19 infections in the first wave of the pandemic in the first semester of 2020. While Iran had nearly 25,000 confirmed cases, Arab countries only reported less than 4,000 combined infections as of March 24, 2020.²

However, by early June 2022, the COVID-19 pandemic had caused about 13 million officially reported cases in the MENA region and about 170,000 reported deaths. Regional averages were lower than the world average. However, the rates per million people ranged widely from country to country: from 380 officially reported cases in Yemen to 324,000 in Bahrain (against a global average of almost 69,000) and from 69 officially reported deaths per million in Yemen to 2,376 in Tunisia (compared with a global average of 811). Overall, these discrepancies seem to depend mainly on the inability (or unwillingness) of some Arab countries to build reliable statistics on infection.

On the whole, the Arab region has underperformed on the vaccination rate, with a regional average lower than the global one and a wide range from a mere 1.4% of the population fully vaccinated in Yemen up to 97% in the United Arab Emirates (against a global average of 60%).

² Unless differently specified, all data in this section are from UNDP 2022 or this author's elaboration on data from "Our World in Data. Coronavirus Pandemic", available at: <<https://ourworldindata.org/coronavirus#explore-the-global-situation>> (last accessed 13 March 2023).

As elsewhere in the world, Arab States' responses to the COVID-19 pandemic varied over time and place. Nevertheless, the response to the pandemic confirmed the extreme variation in State capacity across the region, "more than almost any single event in memory" (Lynch 2022, p. 5). High-income, high-capacity states such as the UAE and Qatar – like Israel, another non-Arab MENA country – have been at the forefront of vaccinations, lockdowns, and contact tracing. While relatively high capacity but low-income Arab States, such as Jordan and Morocco, managed to impose lockdowns and curfews but could not economically shield families and businesses and sustain vaccination campaigns.

Lower-capacity Arab States proved unable – or unwilling – to count the number of cases. At the pandemic's beginning, the Egyptian authorities, for example, brushed off reporting that the coronavirus had arrived in Egypt as "fake rumours". Then, displaying a marked lack of transparency, the Egyptian government downplayed a COVID-19 outbreak on a Nile River cruise that reportedly accounted for dozens of instances. Later, the government came to acknowledge the spread of the virus within its borders. However, as of March 2020, official claims continued to belittle the number of confirmed infections in the country. A report even suggests that, at the time, the actual death count in Egypt was 12 times the officially reported numbers (Walsh 2020). Many other Arab (and non-Arab) regimes have first concealed the virus's spread in their country. However, in the war-ravaged Arab countries – Libya, Syria, and Yemen – local authorities did not have the resources or capacity to test potential patients, let alone to produce an accurate tally of cases nationwide.

To conclude this survey of the evolution of the pandemic in Arab MENA countries, we note that development in waves of COVID-19 was not substantially different from global patterns. However, in the vaccination campaigns, high-capacity countries – such as the UAE – positioned themselves in the top global rank, while the rest dramatically lagged behind³.

³ For further reference, please refer to the website "Our World in Data. Coronavirus Pandemic" available at: <<https://ourworldindata.org/coronavirus#explore-the-global-situation>> (last accessed 13 March 2023).

2.3. The Political Effects of the Pandemic in the Arab MENA Region

First of all, it must be stressed that for multiple and complex historical reasons – including colonially distorted development and economic dependence – authoritarianism has been a structural feature in the contemporary political history of the Arab region (Jebnoun et al. 2014). Then, it is to be taken into account that, as mentioned before, there was a widespread authoritarian backlash to the 2011 Arab Spring uprisings that consolidated itself in various ways and places in the 2013-2019 period (Allinson 2022). Thus, before the start of the COVID-19 pandemic, the near totality of the political regimes of the Arab countries were classified as “not free” by think tanks specialising in monitoring democracy, such as Freedom House and others. In 2019 three Arab countries ranked as “partly free” – Morocco, Jordan, and Kuwait; and only one – Tunisia – was classified as “free”, according to the House, whose methodology focuses on electoral democracy (Repucci, Slipowitz 2020).

In the 2020-2022 period considered here, the COVID-19 crisis had multifaceted and multidimensional political effects on the post-Arab Spring authoritarian renewal in the Arab region (Lynch 2022). In what follows, our analysis concentrates on a survey of some of the most relevant effects of the pandemic in the political field and namely on: the renewed failure of Arab regionalism; the freezing of popular mobilisations; the changes in regimes’ legitimating narratives; the hardening of authoritarian renewal; and, finally, the reversal of the democratisation process that had started since 2011 in Tunisia.

2.3.1. The Renewed Failure of Arab Regionalism and the Halt to Anti-Regime Popular Mobilisations

Given our focus on the Arab MENA as a region, it is interesting to enquire about the political effects of COVID-19 on Arab regionalism before turning to unbundle and interpret the main political effects of COVID-19 that have emerged at the domestic level in the Arab MENA countries. Arab regionalism has a long history that dates to the beginning of the 20th century when a pan-Arab national identity was formed based on perceived shared linguistic, cultural, and historical roots. Arab regionalism was later institutionalised, first with the establishment of the League of the Arab States in 1945 and then with the

creation of sub-regional inter-governmental organisations such as the Union du Maghreb Arabe (UMA) and the Gulf Cooperation Council (GCC) in the 1980s.

In the first two decades of the 21st century, the activity of Arab regional institutions has rarely been effective, with the relative exception of the GCC. However, Arab regional institutions do exist, and better cooperation towards a common challenge such as a pandemic could have been expected. In effect, there have been examples of relatively successful cooperation in the Global South, as in the case of the African Union (AU), the Caribbean Community (CARICOM), and the Central American Integration System (SICA) (Oloruntoba 2021; Ruano, Saltamacchia 2021).

As elsewhere in the world, the Arab States' initial response to the emergencies caused by the pandemic was to adopt unilateral national measures that aimed to protect the individual State and its citizens. Soon, however, the pandemic started to test the capacity of individual States, and inter-State cooperation seemed one of the possible ways to ease the crisis. Nevertheless, when the pandemic exploded, the Arab League, the main Arab regional organisation, was weakened by deep political divisions and stalemated because of the post-Arab Spring conflicts and confrontations between competing regional hegemonies (e.g., Saudi Arabia vs Iran) and their alliances in the region.

Namely, inter-Arab divisions related to the normalisation of relations with Israel culminated in the "Abraham Accords" of the summer of 2020 (Ma'oz 2022). Another critical issue was the return of Syria to the organisation after the suspension of the Syrian regime in 2011 because of the military repression of its protesting population. Recurring bilateral problems between Algeria and Morocco and the internationalised civil war in Libya added to inter-Arab and inter-regional disputes. All these contentious issues and conflicts prevented the Arab League from even attempting a coordinated effort against the pandemic and condemned the organisation to inaction.

The Arab Maghrib Union (AMU), too, suffered from a renewed rivalry between Morocco and Algeria and the prolonged conflict in Libya sustained by international interventions in the civil war that erupted after the fall of the Ghaddafi regime in 2011. Even the Gulf Cooperation Council (GCC), generally considered the most successful example of regional cooperation in the MENA, went through a deep crisis when, in 2014, Qatar's foreign policies – and namely its support

for the Muslim Brotherhood across the MENA region – put it in an open power struggle with Saudi Arabia and the other GCC member countries, which embargoed all relations with Qatar until 2021, *de facto* stalling GCC cooperation.

By contrast, the Organisation of Islamic Cooperation (OIC)⁴ has been relatively active against the pandemic. Although the OIC is not a typical regional organisation, its inclusion in this survey is important as it is the only organisation that includes the Arab region but goes widely beyond it and represents an original kind of cultural-related region. The OIC has actively promoted sharing information and scientific cooperation regarding the COVID-19 pandemic among its member States. Most interestingly, the OIC provided humanitarian and medical assistance in the Arab MENA region, including to the Occupied Palestinian Territories (Altunışık 2022, p. 19).

Summing up, Arab regional institutions seem to have lost the occasion to respond significantly to the enormous challenge posed by the COVID-19 pandemic in the Arab MENA region, thus confirming their inability to live up to the historical ambitions of Arab nationalism (Choueiri 2000).

Taking now a different perspective, it is also important to consider that because of COVID-19, since early 2020, at the domestic level, Arab regimes have adopted health security measures that included bans on public demonstrations. Those restrictions on the freedom of movement severely curtailed or extinguished the popular mass mobilisation that had erupted in 2019 in a few Arab countries that had remained almost untouched by the Arab spring uprisings, namely Algeria, Iraq, and Lebanon.

In Algeria, the *Hirak* (movement) anti-regime protests that began in March 2019 were paralyzed because of the COVID-19 restrictions in March 2020. Frustration with the government did not dematerialise with the inability to protest safely. However, as elsewhere in the world and in the region, Algerian public opinion concerns temporarily shifted elsewhere. In the summer of 2020, most Algerians said COVID-19 was a more significant challenge than the economic situation, but by Spring 2021, concern about the economy again overtook concern about

⁴ The Organisation of Islamic Cooperation (OIC), established in 1969, is the second largest international organisation after the United Nations, with a membership of 57 Muslim States spread over four continents.

COVID-19 and the dire economic situation remained largely attributed to the political regime failures (“Arab Barometer” 2022a)⁵.

Something similar happened in Iraq where the 2019 *Tishreen* uprising – named for the month it began (October: *Tishreen al-Awl*) – expressed years of pent-up frustrations among Iraqi citizens 16 years after the fall of Saddam’s regime. The early protest demonstrations triggered a massive repressive response from Iraq’s political establishment, perpetrated by official State security forces but also by non-State repressive agents, like thugs and militias, called on by regime elites to undertake incredibly violent crackdowns. However, these repressive responses backfired. The more the political establishment cracked down on protests, the more outrage it triggered, resulting in fresh mobilisations, especially among Iraqi youth (“Arab Barometer” 2022b).

Both in Algeria and Iraq, the 2019 wave of popular protests had reaped significant political results before COVID-19 restrictions stopped them – namely, the resignation in Algeria of the President of the Republic, one of the few surviving high-ranking veterans of the war of independence against France and, in Iraq, the resignation of the incumbent sectarian government and the call of fresh political elections. However, the mobility restrictions adopted because of COVID-19 steamed protests in both countries, allowed for a severe retreat of reform prospects, and helped an authoritarian renewal which is still holding at the time of writing.

In Lebanon as well, strict anti-COVID-19 lockdown measures implemented since early March 2020 impressed a severe blow to the progression of the so-called “October 17” (2019) uprising, which engendered months of continued mobilisations on a national scale against several government economic initiatives. More broadly, the 2019 widespread protests in Lebanon were against the corruption and inefficiency of the Lebanese sectarian system. Protests in Lebanon did not stop because of the pandemic but underwent a drastic de-escalation. At the same time, implementing anti-COVID-19 measures added a heavy load to the dramatic socio-economic effects of the pre-existing

⁵ Arab Barometer is “a nonpartisan research network that provides insight into the social, political, and economic attitudes and values of ordinary citizens across the Arab world”, available at: <<https://www.arabbarometer.org/about/the-arab-barometer/>> (last accessed 13 March 2023).

and unfolding economic crises, which underwent a sharp acceleration starting in the spring of 2020⁶.

2.3.2. Regimes New Narratives in the Search for Legitimacy

During the COVID-19 emergency, politicians and institutions worldwide largely used nationalistic calls for unity and consensus against the pandemic threat as a mobilising discursive tool. In the Arab MENA countries, too, many governments tried to securitize the COVID-19 pandemic by presenting it as “a war against an invisible enemy” and called for a strong collective nationalist response, using various communicative strategies to reinforce national identity and trust between State and society.

As noted above, Arab MENA countries share a long history of pan-regional Arab nationalism or *qawmiyya*. Peculiar to the Arab MENA is that pan-Arab nationalism – developed since the late 19th century – has co-existed and intertwined in original and specific ways with local patriotism, i.e., nation-State nationalism or *wataniyya* (Choueiri 2000). In this context, nationalism, as a secular ideology, was long considered incompatible with the dynastic and religious-based political legitimacy of most countries of the Arab Peninsula and namely Saudi Arabia. Historically, the Kingdom championed the conservative opposition to revolutionary Arab nationalism, particularly, but not only against Nasser’s pan-Arabism of the 1950s and 1960s.

A nationalistic U-turn in Saudi Arabia’s legitimating narrative began around 2016 and developed to cement the ascendance to power of Muhammad Bin Salman, officially the prince heir to the throne, but since 2016 the *de facto* ruler of the Kingdom (Alhoussein 2019). After COVID-19 struck, the Saudi State’s driven response to the COVID-19 pandemic reinforced the regime’s effort to build a new national identity for the Kingdom (Farouk 2020). This effort represented a real novelty in the regime narrative for countries like Saudi Arabia but also for the United Arab Emirates (UAE), where the legitimacy of the State historically centred on a unique blend of Sunni Islam and dynasty.

In the UAE, since the beginning of the COVID-19 pandemic, authorities and State-led media have widely used military-related words

⁶ On the socio-political and socio-economic effects of the COVID-19 pandemic in Lebanon, see Tufaro’s chapter in this volume.

to praise initiatives against COVID-19, especially to promote volunteering initiatives among UAE nationals and residents. In effect, in the UAE, too, a nationalistic “re-invention of traditions” had been underway for some time and the regime-led response to the pandemic reinforced it. For instance, when the UAE Volunteers Campaign collaborated with governmental and semi-governmental entities, the private sector, and public benefits associations. In the first month of its launch, the campaign attracted 16,502 individuals, including 9,828 field volunteers and 5,306 medical volunteers, representing more than 126 nationalities residing in the UAE (Ardemagni 2022, p. 34).

Taking a different perspective, we know that many countries in the world, and among them many Arab regimes, tried to boost the image of the State as effectively and actively engaged in combating the contagion. In this context, it is interesting to note that the authorities lined up at the forefront of the struggle against COVID-19 differed from country to country, according to the local leaders’ political expediency and requirements.

For instance, in Morocco, King Mohammed VI put himself at the centre of anti-COVID-19 action, thus side-lining the government and the party system. In Egypt, instead, the centre of the scene was left to the ministers of health and interiors, thus shielding President al-Sisi and the military from any failure in the anti-COVID-19 struggle. In Tunisia, as we will detail later, President Kais adopted a strategy of distancing himself from the government’s pandemic management, and only after his power grab of July 25, 2021, he took the mantle of saviour of the nation also because of his new and better management of the COVID-19 emergency.

More in general, the COVID-19 health emergency reinforced new arguments worldwide about the “advantage” of authoritarian regimes as guarantors of stability and security in the face of the pandemic. In this context, it deserves attention to the narrative supported by some Arab regimes on China’s rise and role in international relations. In Egypt, for instance, right before the eruption of the pandemic, the regime’s narrative already categorised China as a fair world power and Egypt as a mid-level power within the existing international system (Ehteshami, Horesh 2019). Then, it argued that it was logical for the Egyptian regime to agree on China taking the lead in the global economy, development, and security because that helped Egypt maintain its sovereignty and independence (Rasheed 2021). However, this regime discourse and the

vaunted Chinese success in dealing with the first wave of the pandemic do not seem to have significantly improved the Arab popular perception of the Chinese system (“Arab Barometer” 2021).

2.3.3. Hardening of Authoritarian Renewal and the Reversal of the Democratisation Process in Tunisia

As argued before, in most Arab countries, COVID-19-related restrictions have further hardened the denial of essential social, political, and human rights: freedom of expression and the right to health were the most hit everywhere in the region (UNDP 2022).

In Egypt, the authoritarian renewal had begun on the heels of the Arab Spring mobilisation, when in July 2013, a military *coup d'état* deposed the first democratically elected Egyptian President, Muhammad Morsi, paving the way for the consolidation of a new authoritarian regime of the personal type led by the now President and former General Abdel Fattah al-Sisi (Williamson 2021).

As mentioned, despite its early attempts to cover up the number of infections, the Egyptian government eventually followed the World Health Organisation's guidelines on handling and containing the health crisis. The Egyptian government shut down schools and universities, imposed a night-time curfew supervised by police patrols, and announced an investment of 1 billion Egyptian pounds in health services. Nevertheless, decades of under-investment left the public health sector struggling to function, with many hospitals and health centres depending on private donations.

Al-Sisi's regime attempted to divert attention from the COVID-19 crisis by curtailing freedom of expression and accusing its political opponents of spreading disinformation. Conscious of political risks, the regime appeared concerned with hiding the actual extent of the crisis and silenced those who tried to spread the truth about the virus. Heavy restrictions on media and freedom of speech were two of the main tools that allowed the Egyptian and other Arab authoritarian regimes to be as resilient as they were despite the COVID-19 pandemic (Ardovini 2020).

According to Human Rights Watch (2021): “Egyptian authorities intensified their repression of peaceful government critics and ordinary people during 2020, virtually obliterating any space for peaceful assembly, association or expression”. Human Rights Watch also noted that as

part of a cosmetic campaign to conceal the country's appalling human rights record in October 2021, President al-Sisi lifted the national State of emergency, which had been in place since April 2017. Nevertheless, within a few days, parliament approved legislative changes, expanding military courts' jurisdiction over civilians, eroding fair trial guarantees, and criminalising reporting on the military, which perpetuated the state of emergency under a new guise (Human Rights Watch 2021).

A very similar evolution happened in Jordan. In the spring of 2020, during the first wave of the pandemic, the Hashemite Kingdom of Jordan stood out for its response to the COVID-19 pandemic which appeared more robust than in other Arab MENA countries. Jordan's high coercive capacity was at the heart of this early response. With the police and military strategically controlling population movement early on, the State played to its martial strengths to compensate for long-standing deficiencies in other realms of State capacity (Parker-Magyar 2020). The prominent role of the coercive apparatus in formulating and implementing COVID-19 management also underscored the marginalisation of the bureaucrats and other civil institutions.

In 2020, Jordan's status in the Freedom House index declined from "Partly Free" to "Not Free" due to harsh new restrictions on freedom of assembly, a crackdown on the teachers' union that followed a series of strikes and protests, and a lack of adequate preparations that harmed the quality of parliamentary elections during the COVID-19 pandemic. Finally, in March 2022, the Jordanian parliament adopted a set of constitutional amendments that further concentrated the King's power within the executive branch. Jordanians, especially the youth who represent two-thirds of the population, lost their confidence in all political establishments, whether governmental, legislative, or judicial.

In this regional context, the most transformative effect of COVID-19 on authoritarianism in the Arab MENA happened in Tunisia. At the beginning of 2020, this medium-sized North African country was still dubbed as the only success story of the Arab Spring of 2011 because of its appearing ongoing democratisation process (Grewal 2021b). However, during the pandemic's first two years, 2020-2022, Tunisia's political system underwent a clear involution, going from appearing to be in a vibrant transition to democracy to a speedy fall into a new authoritarian system.

Briefly analysing a series of complex processes, we can see how in Tunisia the COVID-19 pandemic severely amplified the pre-existing systemic deficiencies of the State and facilitated President Kais Said's

consolidation of a new authoritarian regime. The pre-existing deficiencies of the post-revolutionary system did not regard only the sectors most directly affected by the pandemic, such as public health and social welfare. In effect, Tunisia's deeper deficiencies were more structurally embedded in the consociative political system and the enduring dependence on inefficient neo-liberal socio-economic policies, both in the same mindset as the pre-revolutionary regimes of Bourguiba and Bel Ali (Fulco, Giampaolo 2023, pp. 5-11).

This continuity under a new guise of the socio-political and socio-economic fragilities of Tunisia's State and society is the more profound explanation for the renewal of authoritarianism in the country, which has been sustained by deep popular dissatisfaction with post-revolutionary party politics and socio-economic policies, as shown by the persistence of street protests that remained unabated since 2011, especially in the most deprived central-western Tunisian provinces. In effect since 2008, the global financial and economic crisis had become rapidly evident in Tunisia and income inequalities had grown rapidly in the North African country and income polarisation has not changed significantly after the Arab Spring of 2011.

In the political realm, it is to be noted that from 2014 to 2020 in Tunisia, there were five governments made up of different political coalitions: consensual politics reassured international lenders but generated decision-making stalemates that failed to address the growing social inequality and regional disparities.

This situation generated rising popular discontent towards the traditional political forces, culminating with the 2019 presidential election, which saw the victory of an "anti-political" candidate: Kais Saied, who won 72% of the votes. A university teacher of constitutional law and an outsider of the party system, Saied's electoral programme promised – without details – to restore people's power in politics under the beloved Arab Spring revolutionary slogan: "The people want" (*al-sha'b yurid*). No substantial economic policy changes occurred during Saied's first year in the presidency.

In this context, it is unsurprising that the explosion of the pandemic, its institutional management, and popular reaction to both clearly accelerated the exacerbation of Tunisia's pre-existing political and socio-economic impasse. In effect, Tunisia's pre-existing socio-economic and socio-economic crisis was severely exacerbated since March 2020 by the movement restrictions imposed because of the pandemic (general lockdowns and

curfews) and their economic consequences, which led to a sharp decrease in per capita income of approximately 12% that hit harder the medium and the poorer strata of the population.

After the relative success in containing the relatively mild first wave of the COVID-19 pandemic in early 2020, during the second pandemic wave in the first semester of 2021, Tunisia was one of the most affected countries in the world for the number of infections and deaths and reported the highest mortality rate per capita in Africa (Khadhraoui, Ben Hamadi 2021)⁷. In the first months of 2021, scared and enraged youth people all around the country, especially in the deprived central-western regions, went back in force to protest – in violation of the existing lockdown and curfews – against the government’s inability to contrast the economic crisis and the pandemic. These protests were met with increasingly violent police repression.

In this widespread and growing social protest context, Tunisian people seemed to attribute the worsening of the socio-economic situation to the political deadlock between the incumbent government and the parliament and not to the President, who remained highly popular. In effect, President Saïed had distanced himself from his country’s government so that the blame game over who should bear the responsibility for the mismanagement of the pandemic, the harsh police repression of protests and the low start of the vaccination drive would fall on the government, thus exacerbating the simmering tensions within the government of the Islamist-supported Prime Minister Mechichi.

On July 20, 2021, the Ministry of Public Health, Mehdi, was sacked by the Prime Minister and the Minister of Social Affairs, Trabelsi, was appointed in the interim. Nevertheless, on July 25, a new and massive protest erupted throughout the country, mainly directed against the government’s mismanagement of the crisis. On the same day, President Kais Saïed froze the parliament, dismissed the Prime Minister, and announced he would temporarily rule by decree.

In doing so, Saïed inconsistently (Tamburini 2022) claimed to act based on article 80 of the 2014 constitution, which stated that the President: “in a state of imminent danger threatening the integrity of the country and the country’s security and independence, is entitled to

⁷ For further reference see also the website “Our World in Data. Coronavirus Pandemic”, available at: <<https://ourworldindata.org/coronavirus#explore-the-global-situation>> (last accessed 13 March 2023).

take the measures necessitated by this exceptional situation". Flanked by military and security officials, Saied also rescinded parliamentary immunity, threatening to subject corrupt parliamentarians to the law "despite their wealth and positions" (Grewal 2021b).

Besides President Saied's populist manipulation of protest, it is evident that given the extent of pre-existing socio-political and socio-economic crises in Tunisia, the government adopted measures to mitigate the pandemic socio-economic effects that were insufficient to prevent social unrest and the collapse of popular trust in State institutions. In a perceptive and well-documented article, Cyrine Ghannouchi details how the intersecting between the pandemic emergency, populist and consociative politics and the pre-existing systemic fragilities, has led to the collapse of the already faltering democratic transition in Tunisia (Ghannouchi 2021).

At the beginning of 2022, popular rage in Tunisia was still mainly directed against the corruption and incapability of the government and the parliament to deal with the overwhelming economic and health crisis; this widespread lack of confidence in the state institutions and parliamentary politics was due to the pre-existing disaffection with party politics that matured in the 2014-2019 period.

The fact that the State responded to the protests with highly repressive and coercive measures added to popular frustration and reinforced the populist drive already embodied by President Saied, whose popularity continued to hold well despite Tunisia's spiralling descent into complete dictatorship after Saied's 2021 power grab described above ("Arab Barometer" 2022c). In effect, renewed authoritarianism in Tunisia has taken a specific populist form, centred on President Kais Saied, first elected in 2019. After President Kais Saied's constitutional "power grab" of July 2021, his new populist authoritarian regime was reinforced – despite a record low voter turnout – first by the ratification in August 2022 of a new constitution concentrating power on the President and then the election in January 2023 of a new parliament of "independents" with much-reduced powers.

2.4. Conclusions

Our survey of the Arab MENA region's socio-political experience during 2020-2022, the first two years of the COVID-19 pandemic, shows that the effects of the health and socio-economic emergency on

the political institutions and practices of Arab MENA countries have overall enabled incumbent authoritarian regimes to reinforce their grip on weakened but resilient societies.

This comprehensive reinforcement – or restoration, as in the case of Tunisia – of the authoritarianism of the Arab political regimes was definitely not the result of an unforeseen political tsunami triggered by the COVID-19 pandemic, which overwhelmed Arab States' capabilities, leaders' credibility or societal resilience. Quite to the contrary, our analysis stresses first that how the Arab States dealt with the pandemic reflected their diverse pre-COVID-19 development contexts – marked by world-record high inequalities – more than their political systems.

Secondly, our analysis shows that while authoritarianism has been a structural feature in the entire contemporary political history of the Arab region, there was a widespread authoritarian backlash to the 2011 Arab spring uprisings that had consolidated itself in various ways and places in the 2013-2019 period. However, this article also surveys how several Arab societies resisted authoritarian renewal with widespread waves of popular mobilizations in 2019. Thus, before the start of the COVID-19 pandemic, the near totality of the political regimes of the Arab countries was already classified as “not free” and popular mobilizations were fighting against authoritarianism, namely because of its reinforcing effects on socio-economic inequalities.

However, the COVID-19 health emergency and its socio-economic effects helped authoritarian regimes wipe away their formally semi-liberal features – functioning parliaments, courts, parties, independent media and NGOs. Previous to the pandemic, these semi-liberal features still allowed considering some Arab regimes, such as Egypt or Jordan, as “hybrid” regimes (Wigell 2008) – a category that still included even Tunisia after 2011 – pushing them towards fully authoritarian species and transforming already authoritarian regimes into harsher and more entrenched ones.

At the same time, the COVID-19 pandemic reinforced and multiplied social inequalities in the Arab MENA region, aggravating the deprivation and alienation of the social groups already marginalised because of their class, gender, ethnic and/or confessional identity and geographic location. Our analysis details how the COVID-19 pandemic also helped in further weakening regional cooperation, transformed and emboldened regime narratives on authoritarianism, disrupted the remaining vestiges of transition to democracy in Tunisia and succeeded

in consuming – at least temporarily – the popular ability to resist authoritarian and populist pressures.

In conclusion, the COVID-19 pandemic acted in the Arab MENA countries as a multiplier and accelerator of pre-existing systemic deficiencies, reinforcing and legitimising the authoritarian practices of incumbent regimes through various discursive and repressive innovations. Therefore, our analysis of the evidence from the Arab region confirms that the political effects of the COVID-19 pandemic have accelerated a pre-existing global drive toward the expansion, consolidation and renewal of authoritarian regimes.

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3. Handling the Pandemic in Times of Crises and Revolution: COVID-19 and the Reconfiguration of Lebanon's Political Relations

Rossana Tufaro

Abstract

When, in February 2020, the SARS-COVID-19 pandemic reached the Arab Levant, Lebanon had just entered the most severe socio-economic crisis ever experienced in its post-colonial history. The beginning of the economic crisis walked in parallel with the explosion, on October 17, 2019, of an unprecedented popular uprising demanding a radical redefinition of the Lebanese sectarian neoliberal order on more equal and inclusive bases. The uprising took hold of the streets for months, and radically called into question the authority of all the political forces which had been ruling the country since the end of the Civil War (1975-1990). Amid this unprecedented crisis of legitimacy, the pandemic was immediately exploited by the Lebanese ruling class to impress a severe blow to the street demonstrations, as well as to revivify the personalistic and clientelistic mechanisms of aid provision which had historically underpinned their power base. At the same time, the COVID crisis imposed a further burden on the national accounts and the average living conditions of Lebanese citizens. Building on the Gramscian notion of integral State, the following contribution aims at offering a first insight into the extent and the dynamics through which the arrival of the COVID-19 pandemic in Lebanon influenced the trajectories and the articulation of the process of reconfiguration of the country's socio-political order triggered by the October 17 uprising and the economic crisis. To this end, the contribution will explore in a relational perspective the dialectics between the impact of the pandemic on the uprising and the economic crisis, and, on the other hand, the impact of the crisis and the uprising on the State management of the pandemic.

Keywords: Lebanon; COVID-19; Sectarianism; Contentious politics.

3.1. Introduction

When, in February 2020, the COVID-19 pandemic reached the Arab Levant, Lebanon was walking a delicate tightrope. Since October 2019, the country had been stormed by an unprecedented popular uprising demanding, together with a drastic political reset, a radical redefinition of the existing sectarian, neoliberal order on more equal and accountable bases. The uprising sedimented against the backdrop of the collapse of Lebanon's rentier capitalist model which, by progressively eroding the material bases enabling the reproduction of Lebanon's power structure, triggered the deepest crisis of hegemony ever experienced by the post-Civil War ruling elites. The uprising found its great propulsive force in the mass transgressive activation of socio-geographical constituencies who had largely remained on the margins of post-war contentious politics, whose passive adhesion to the post-war sectarian neoliberal order had represented a fundamental, yet, silent pillar underpinning the reproduction of the post-war civic order. The economic collapse of the country was officially sealed by the declaration of State default on March 14, 2020, i.e., about three weeks after the first COVID-19 case in the country was registered, and progressed according to a swirling downward spiral meant to become by the spring 2021 the third harshest economic crisis ever experienced at a global level since the mid-19th century (World Bank 2021).

Against this unprecedented revolutionary situation, the arrival of the pandemic provided sectarian elites with a timely window of opportunity to both clamp down on street demonstrations and reactivate the clientelistic mechanisms of aid provision which had historically underpinned their compromised hegemony (Muir 2020). The task was eased by the renewed centrality conferred to the sovereign and biopolitical prerogatives of the central State by the health emergency, which, in the name of the preservation of public health, got entitled to extend its disciplinary grip on the organisation of the public and private life to extraordinary levels. This played a fundamental role for sectarian elites to regain full control over the national public life, as well as to reposition themselves as key political players after the subversion of the dominant norms and forms impressed by the uprising. At the same time, the pandemic added further pressure to the crumbling socio-economic situation, whose acceleration throughout the heyday of the health emergency put economic security before the sanitary one

at the top priorities of the Lebanese citizens (“Arab Barometer” 2021; 2022). This sorted the double effect of further refraining people from the streets, while rising the material, policy and governance requirements to be fulfilled by sectarian elites to fully capitalise the health emergency and retrieve at least part of the lost consensus among the constituencies who had taken the streets (Ibid.). These requirements were further loaded by the disastrous Beirut Port explosion of August 4, 2020, whose political responsibility was attributed by the majority of the Lebanese yet again to the same corrupted and self-serving policies which had brought the country to the collapse (LCPS 2021).

Against this multifaceted impact of the pandemic on the dynamics of reconfiguration of Lebanese power relations, scholarly attention focused predominantly on scrutinising the counter-revolutionary uses of the health emergency by sectarian parties, with a specific attention to the role played by lockdowns and the clientelistic relief responses activated by the various parties (Di Peri 2020; Di Peri, Costantini 2023; Harb et al. 2021; Kassir 2022; Schoorel et al. 2020.). On the other hand, the scholarship on the State response to the pandemic predominantly focused on assessing the successes and failures in containing the spread of the virus, against the difficult economic and political situation (Bizri et al. 2021; Dandashly 2022; Hassan et al. 2023; Khoury et al. 2020; Koweyes et al. 2021). This dichotomic approach to the political management of the pandemic largely reflects the analytical separation between State and sectarianism historically characterising the Lebanese studies (Baumann, Mouawad 2017; Di Peri 2017), and, albeit for different reasons, has shared the common characteristic of abstracting the State socio-sanitary response from the variables introduced by COVID-19 on the process of re-articulation of the dominant political relations unleashed by the uprising and the economic crisis. The latter – here we argue – is of particular salience since, against the relatively good performance of the State in equipping the national healthcare sector stressed by literature, citizens’ satisfaction towards the State’s handling of the pandemic remained particularly low (“Arab Barometer” 2021, 2022).

Building on the Gramscian notion of integral State, the following chapter aims at bridging the aforementioned ontological separation to provide an integrated and comprehensive overview of the political implications of the pandemic conjuncture in Lebanon and its dialectical interaction with the shrinking structural context. To this aim,

after defining the theoretical framework, the chapter will first focus on sketching a genealogy of the Lebanese uprising and its structural triggers. It will proceed scrutinising the trajectories and rationales of the counter-revolutionary exploitation of the health emergency by sectarian elites, within the framework of the broader dialectics between revolution and counter-revolution accompanying the uprising since day one. Finally, it will provide a critical assessment of the governance shortcomings in handling the pandemic and their socio-economic implications. The analysis focuses on the heyday of the health emergency in Lebanon (February 2020-December 2021) and combines together a variety of qualitative and quantitative sources inclusive of newspapers articles, opinion polls, and official reports and datasets elaborated by governmental and international institutions. The chapter contends that while the counter-revolutionary exploitation of the pandemic by sectarian elites undoubtedly played a central role to halt mobilisations and to keep alive the dependency relations between sectarian organisations and their loyalist constituencies, on the other hand it was not alone self-sufficient to compensate for the governance shortcomings accumulated before and during the pandemic. The result was to restore a situation of domination without hegemony, whose ultimate outcome was to consolidate, rather than repair, the deep fracture between ruling elites and the multitude of citizens who took the streets displayed by the uprising.

3.2. Why Gramsci: Defining the Lebanese Power System

In political science literature Lebanon is conventionally defined as a sectarian State, i.e., a parliamentary republic where State offices and powers and the parliamentary seats are distributed among the seventeen official religious communities defining its demographic fabric according to a consociational power-sharing rationale (Lijphart 1969). Historically, the terms of distribution have been established through a succession of corporate inter-elite power-sharing arrangements, whose earliest forms date back to the late 19th century (Makdisi 1996; Salloukh et al. 2015, pp. 13-32).

Until recent years, its peculiar power structure has been predominantly studied by political scientists according to normative and elite-centred approaches focusing on the institutional characteristics of its power-sharing formulas and how the latter succeeded or – especially

after the outbreak of the Civil War – failed to produce of a fully functional modern, democratic, and plural State (Di Peri 2017; Fakhoury 2014a; Jabbra, Jabbra 2001; Salamey 2009). Within these interpretative frameworks, until the outbreak of the Civil War (1975-1990) Lebanon was generally considered a successful example of consociationalism, due to the alleged capacity of sectarian elites to accommodate potential ethno-religious conflicts within parliamentary politics (Hudson 1969; Messarra 1983). This positive evaluation of Lebanese consociationalism began to be questioned after the outbreak of the Civil War (Dekmejian 1978; Hudson 1976), leaving room to the progressive consolidation of a scholarly framing of Lebanon as the archetype of a weak, failed or absent State, i.e., a State unable to both penetrate the structures of society and fully affirm its sovereignty within and outside of its territory (Atzili 2010; Betz 2021; Farida 2020; Moubarak 2003). Evidences of these deficiencies are to identify, according to the scholars, in the continuative operationality on the Lebanese territory of non-State armed groups (es: Hezbollah or, during the war, the Palestinian resistance), the rampant corruption of State institutions, the cyclical resurgence of sectarian tensions, and the recurrent institutional paralyses.

As pointed out by Baumann and Moawad (2017), the reconsideration of the qualities of Lebanese consociationalism moved from Weberian and Westphalian approaches identifying in the post-war power-sharing formula (the so-called Taif Agreements) the main root for the permeability of the Lebanese State to the influence of non-State actors – most notably, sectarian parties – and foreign powers, and, together with reducing political sectarianism to its institutional expression, it also subsumed a neat separation between State and society. This approach and its core postulates have been thoroughly questioned in the past fifteen years by a growing number of scholars who, from a variety of disciplinary, theoretical, and empirical vantage points, have showed how, on the contrary, not only the Lebanese State intervenes extensively in society, but also the irreducibility of political sectarianism to its sole institutional expression. To give some examples, approaches to sectarianism from the vantage point of the political economy have stressed how the direct access to State power by sectarian elites has played a pivotal role in both shaping Lebanon's economic policies and, from there, its class and sectarian structure (Baumann 2016b; Majed 2017; Salloukh 2019; Traboulsi 2013). The same centrality has been emphasised by a variety of cultural, urban, welfare, gender, and security

studies which, together with further pointing out the socio-economic, political, and biopolitical pervasiveness of the Lebanese State, have also helped to relocate State and political sectarianism within a broader, integrated power dispositive headed by the dominant sectarian elites shaping every nook and cranny of the Lebanese life (Cammett 2014; Fregonese 2012; Hazbun 2016; Nagel 2002; Mikdashi 2022; Nucho 2016; Verdeil 2018).

This has contributed to enlarge the understanding of the Lebanese (sectarian) State towards what the Marxist philosopher Antonio Gramsci defines as integral State, i.e., as the dialectical union between the “State” and the “civil society”. While the former is defined as the union between the bureaucratic-coercive and the so-called hegemonic apparatuses – i.e., the ensemble of organisms aiming at creating consensus in favour of the dominant groups – the latter represents “the ensemble of the ‘so-called’ private institutions” (e.g., political parties, religious institutions, cultural associations, schools, charities, etc.) where hegemony is acted and located (Gramsci 1996, pp. 458-459). Their mutual relation is not one of separation, but one of constant dialectical interaction played on the terrain of coercion and consent (Liguori 2016). The State is also, according to Gramsci, the site where the historical unity of the dominant groups occurs, whose ensemble of theoretical and practical activities makes the very essence of the State, and serves to simultaneously legitimise and reproduce their dominant position, including from a class point of view. Within this framework, the State is not an autonomous entity separated from society, neither a sheer guardian of the established order (the so-called “Stato carabiniere”), but a historicized site of social (re)production aiming at actively integrating large masses of citizens within the hegemonic apparatuses finalised to realise the interests and goals of the ruling groups (Ibid.). This allows us to both grasp and keep together the complex interaction between formal and informal sectarian structures, discourses and practices defining the Lebanese power system, as well as to relocate the alleged Weberian deficiencies of the Lebanese State (clientelism, corruption, lack of sovereignty, poor State services, to cite the most important) within broader dispositives of hegemonic incorporation (Chalcraft 2016) enforced by sectarian elites to reproduce their dominant position. Equally importantly, Gramsci’s understanding of the State re-historicizes and re-centralizes the agency and the dialectical interaction of dominant and subaltern groups, whose desires, structural changes, and contentious

activations constantly redefine the terrain upon which the dominants' hegemony needs to engraft. The crisis of the integral State occurs, in fact, or "because the ruling class has failed in some major political undertaking for which it has requested, or forcibly extracted, the consent of the broad masses, or because huge masses [...] have passed suddenly from a state of political passivity to a certain activity, and put forward demands which taken together, albeit not organically formulated, add up to a revolution" (Gramsci 2000, pp. 217-18). This will help us to better frame the reticulate of stresses and relations defining the Lebanese political context on the eve of the pandemic, as well as to make sense of the rationales informing the political responses, and the latter's ultimate political outcomes.

3.3. Historicizing the System: The Making of Lebanese Sectarian Neoliberalism

Albeit the first forms of sectarian power-sharing in Lebanon date back to the 19th century, the first corporate arrangement defining the distribution of powers among sects in the post-colonial State was the so-called National Pact of 1943. The Pact perfected the power-sharing formula first tested during the French Mandate, and established a six-to-five Christian-Muslim ratio in the distribution of the spoils of offices and the parliamentary seats, as well as the attribution of the three highest State offices, i.e., presidency of the Republic, premiership, and presidency of the parliament, to the Maronites, Sunna, and Shia, respectively, within a presidential republican framework (Salloukh 2015). The Pact also defined the long-debated identity of independent Lebanon as a Mediterranean State with an "Arab face", in the attempt to harmonise the two main nationalist tendencies (Arabist vs "Lebanonist") emerged during the Mandate period (Firro 2004).

The agreement fell on the heads of the Lebanese as a fait accompli against the backdrop of the elite-driven national independence process, and represented a direct emanation of the interests and aspirations of the two social groups who brokered it: on the one hand, the powerful commercial-financial oligarchy organically linked to the French capital, embodied by the future first President of the Republic Bechara al-Khoury; on the other, the Sunna urban commercial bourgeoisie tied to the emerging Arab markets, embodied instead by the future Prime Minister Riad al-Solh. Their agreement exchanged the

integration of the Sunna bourgeoisie in the ruling leadership of the independent State without compromising the inherited Maronites' lion's share, and answered to the common urgency to get rid of the French domination and secure themselves a dominant position in the post-colonial order (Traboulsi 2012, pp. 105-115). The Pact was revealed only at independence achieved, and was ultimately endorsed by the rest of non-hegemonic sectarian elites – i.e., rural notables of the peripheral regions, bureaucrats of the mountain, old Ottoman aristocracy – for, the predominance endowed to the commercial-financial alliance notwithstanding, it guaranteed in any case to the dominant strata of each sect a fast lane to access political power and participate to the division of the resources and the spoils of office mediated by the power-sharing formula. The first consequence of this process of State-building was the subjugation of the economic policies of independent Lebanon to the direct interests of the hegemonic commercial-financial oligarchy, which led to the quick affirmation of the so-called “Merchant Republic” economic model as blueprint for its capitalist development (Gates 1998). The second consequence was to consolidate a dominant pattern of political relations bounding sectarian leaders to their constituencies according to sectarian, highly personalistic patron-client dynamics exchanging political loyalty for benefits and protection, may it be real or alleged (Binder 1966; Šā'igh 1962, p. 2). Propaedeutic to the affirmation of the post-colonial “merchant-sectarian” order was the deliberate maintenance of a “light” central State, especially on the terrain of welfare services and wealth distribution, which served the double aim of constantly feeding the reproduction of sectarian patronage and expanding the self-serving development of the hegemonic commercial-financial sector. The ideological legitimization was provided by Michel Chiha's nationalist myth-making (Hartman, Olsaretti 2003), and was armoured by ad hoc personal status, electoral, and labour laws – to cite the most important – discouraging as much as possible the emergence of non-sectarian collective forms of organisation and subjectification (Hudson 1966; Mikdashi 2015; Tufaro 2021).

The formula sealed by the National Pact underwent an important re-adjustment in 1989 with the so-called Taif Agreement, i.e., the document of national understanding preparing the end of the fifteen-years-long Lebanese civil war and the re-organisation of the post-war State. The document reflected the new power balances and the no victor no vanquished outcome of the conflict, and redistributed powers among sects

in favour of the Muslim communities by fixing the Christian-Muslim ratio to a fifty-fifty proportion, and by transferring some of the legislative and executive presidential prerogatives to the Council of Ministers and the presidency of the parliament (Bogaards 2019; Nagle, Clancy 2019). The new system became fully operational with the elections of 1992, and was capitalised by the two main groups of sectarian elites who came out ahead from the last phase of the Civil War. The first group was represented by the so-called “contractor bourgeoisie”, a tiny but powerful oligarchy of *retournés* Sunna affluent businessmen who built their economic empires in the Gulf during the oil boom especially in the banking, real estate, and telecommunication sectors (Knudsen, Kerr 2013). Thanks to combination between a changing local and global economic context and the political vacuum left by the war within the Sunna community, starting from the mid-1980s were able to progressively unseat the pre-war oligarchy of traders, bankers and brokers at the top of the national economic pyramid, and affirm themselves as the new political leaders of their community. The epitome of this group was the billionaire-politician Rafic Hariri who, thanks also to his close ties with the Saudi crown, was able to both hegemonize the Sunna camp with his Mustaqbal Movement and impose himself as one of the main political players of the post-war period (Baumann 2016a). The second and largest group was the array of ex-militias and warlords emerged as not defeated at the end of the conflict which, thanks to the general amnesty law approved in 1991, were able to easily reconvert themselves into political parties and re-capitalise in the civil State the political power earned – or, in some cases, maintained or enhanced – by arms.

Until 2005, their capturing of State power was strictly dependent on the mediation of Syria which, in the wake of the Taif Agreement, seized the opportunity of the transitional mandate over Lebanon allowed by the international community to impose a veritable military occupation meant to last for fifteen years (El-Husseini 2012). The Syrian evacuation was triggered by the outstanding wave of popular mobilisations sparked by the assassination of Rafic Hariri, on February 14, 2005, whereof the Damascus regime was considered the main responsible (Clark, Zahar 2015; Kurtulus 2009). Henceforth, the institutional political spectrum got monopolised by six main parties, divided into two pitting coalitions defined by the respective international alignment: on the one hand AMAL (Shia), Hezbollah (Shia), and Michel Aoun’s Free Patriotic Movement (Maronite), grouped in the Syrian-lining March 8 coalition; on the other the Lebanese Forces,

(Maronite), the Progressive Socialist Party (Druze) and Hariri's Mustaqbal (Sunna), grouped instead in the Saudi-lining March 14 coalition. Their monopolisation of institutional politics was simultaneously mediated and armoured by the so-called Doha Agreement, i.e., the subsidiary power-sharing pact brokered by the dominant sectarian elites and their regional peers in 2008 to put an end to the long triennium of instability and sectarian strife which followed the Syrian evacuation. The Agreement re-designed the electoral districts to favour the largest sectarian parties, and introduced the principle of assignation of a "blocking third" to the parliamentary minority in the composition of the cabinets to come, which *de facto* bounded parliamentary politics to governments of "national unity" regardless of the electoral results (Salloukh 2015).

This process of reconfiguration of State powers and the sectarian ruling elites had a profound impact on the functioning and the articulation of the sectarian ruling dispositive inherited by the war and the First Republic. The first and most important consequence was a substantial scaling up of the role of State bureaucratic-administrative (infra)structures in both the process of economic appropriation and the exercise of sectarian patronage enforced by the sectarian ruling block. This scaling up built upon a precise informal division of the State offices between warlords and contractor bourgeoisies assigning the tacit control over the so-called "left hand" of the State (i.e. developmental and regional agencies, and the ministries concerned with the provision of public services) to the former, and of the "right" one (i.e. Central Bank, ministries of economy, finance, and telecommunication) to the latter, and was executively enforced through two main channels (Baumann 2019). The first one was the post-war reconstruction which, as we will better see in the next paragraph, enabled sectarian elites to both expand the active economic role of the State, and exploit this expansion to serve their own economic interest or those of their cronies (Leenders 2012). The second one was the expansion of the direct patronage functions of the State, enforced through both the clientistic channelling of public funds, and, above all, the sustained clientistic expansion of the employment capacities of the public sector (Salloukh 2019; Salti, Chaaban 2010). This was paralleled by the equally significant upgrading and scaling up of the tight networks of personal or party-sponsored charities, welfare agencies, educational institutions, and healthcare facilities originally set up during the Civil War (Cammett 2014) which, thanks yet again to the deliberate disempowerment of the welfare, sovereign, and redistributive

capacities of State institutions, enabled sectarian elites to fully collimate the ideal-practical functions of the central State with their own agency. This assimilation also included the management of security in the controlled areas, the organisation of the built environment, up to the informal access to water and electricity (Akar 2018; Fregonese 2012; Hazbun 2016; Nucho 2016; Verdeil 2018). These processes walked in parallel with the promotion of State-sponsored “politics of amnesia” of the conflict which served the double aim of hindering the development of a genuinely inclusive national discourse and consciousness, while keep feeding the particular political-sectarian identity discourses pursued by each party or leader (Haugbolle 2010; Launchbury et al. 2014). Last but not least, post-war sectarian elites engaged a broad-based work of penetration of the structures of civil society, including via the incorporation or the co-optation of a variety of movements or organisations who had arisen transgressive stances (Baroudi 1998; Kingston 2013), which further hindered the emergence of counter-hegemonic actors large enough to consistently challenge the post-war sectarian hegemony.

3.4. At the Deep Roots of the *Thawra*: The Political Economy of Sectarian Neoliberalism

Together with the reconfiguration of the scale and the dominant modes of articulation of sectarian governance, the renewal of the post-war ruling elites impressed an important readjustment also to Lebanon’s socio-economic structure.

Historically, the economic structure of independent Lebanon revolved around activities of international trade and financial intermediation between the Western and the booming Gulf markets, with Beirut banks, trading agencies, and insurance companies as its “jewel in the crown” (Gaspard 2004). The consolidation of this economic model walked in parallel with the monopolistic concentration of profits and the strategic assets of each economic sector in a handful of politically-connected entrepreneurs, at full detriment of the development of productive activities. This system also produced profound sectarian and socio-geographic inequalities whose contradictions, once the Merchant Republic entered an irreversible structural crisis, came to represent one of the main domestic triggers of the Civil War (Nasr 1978). The extraverted, monopolistic, and tertiarised economic orientation consolidated during the Merchant Republic remained the basic blueprint also of the militia economy

emerged during the conflict, whereby militias captured the control of the distribution of services and basic goods in the controlled areas, against a primary source of capital accumulation located in the so-called “protection moneys” and the import-export of licit and illicit goods alike (Nasr 1990; Traboulsi 2012). This system walked side by side with the full operability of the banking sector, whose intermediary role continued to prosper thanks to the emerging transnational networks of capital circulation linked to the militia economy (Hourani 2010). Last but not least, the 1980s saw the early attempts of penetration of the emerging contractor bourgeoisie in the key financial, telecommunication, and real estate sector, the latter within the framework of the first State-sponsored projects of neoliberal reconstruction of the damaged areas promoted under the presidency of Amin Gemayel (Hourani 2015).

The embryonic neoliberal readjustment of the Lebanese capitalist model got fully implemented throughout the 1990s, following the consolidation of the ruling partnership between ex-warlords and contractor bourgeoisies mediated by the new Taif civic order. The great architect of this upgrading was Rafic Hariri who, thanks to the new prerogatives of the executive and the avail of his ruling peers and international sponsors, was allowed a fundamental directive control over the restructuring of the Lebanese economy. The core of its policies based on the aggressive deregulation of the real-estate and the financial sector, with the immediate goal of quickly attracting foreign investments to feed the post-war reconstruction. The latter, in turn, was pivoted around private-led projects of neoliberal re-development of the damaged areas, thought as linchpin of a broader, ambitious economic project aiming at making again Beirut a prominent regional financial and touristic centre integrated in the global economy. The second pillar was the stabilisation of the national currency against the USD, conceived by Hariri as a fundamental precondition to achieve macroeconomic stability and boost the trust of foreign investors (Baumann 2019). Hariri's vision answered to self-serving rationales and was fully endorsed by the ex-warlords, who saw in the economic turn envisaged by the Prime Minister a profitable business to co-participate to. A pivotal role for the executive implementation of his project was played by the Council of Development and Reconstruction (CDR), and the Central Bank (BDL) which, in the wake of his first election, got fulfilled of loyal technocrats to manage the reconstruction and provide the country with the necessary financial and monetary instruments to achieve his macroeconomic goals (Dibeh

2005). On the other hand, no serious initiatives were undertaken to boost the industrial and agricultural sectors which, as a consequence, kept remaining the tail-end of Lebanon's economic system.

Hariri's neoliberal restructuring of Lebanese capitalism undoubtedly succeeded in prompting a rapid inflow of foreign capitals in the national financial and real estate circuits, whose exponential expansion throughout the 1990s boosted an equally rapid growth of the GDP. On the other hand, it shifted the main site of wealth-creation from the former intermediary activities to external rents and debt speculation, to whom the majority of Lebanese could not participate. Furthermore, the transition failed to produce a labour market heterogeneous and dynamic enough to decently absorb the ensemble of new actives produced every year. The first consequence of this transition was the rapid polarisation of the Lebanese social structure. In 2018, 0.2% of the adult population hold alone 48% of the national private wealth, and about 30% was estimated to live below the poverty line (Assouad 2019). These super rich consisted for the most part in a narrow network of bankers, brokers and real estate developers which, thanks to their inherited position and/or the right political connections were able to participate to the post-war schemes of rent-creation and accumulate outstanding wealth (Chaaban 2016; Daher 2016; Traboulsi 2013). The burden of social inequalities was further amplified by the lack of consistent State redistributive and welfare policies which, together with amplifying the social costs of a low income, further enhanced the weight of sectarian patronage and diaspora remittances to access basic services. Furthermore, while the post-war public expenditure rose exponentially, most of the disbursements were addressed to finance the massively hiring of employees, leaving public services and utilities dramatically poor and unequipped (BLOMINVEST 2015). Emblematic of this abandon is the public electricity service which, while absorbing alone 9% of the State budget on the eve of the uprising, was able to satisfy only 60% of the national power needs, since the national power grid was never adequately recovered after the war (Verdeil 2016). Last but not least, due to the significant expansion of informal labour, on the eve of the uprising only about 45% of the Lebanese citizens were estimated to have a health insurance, and only about 53% were covered by social security (ILO 2021a; Khalife et al. 2017). Said otherwise, the transition consolidated a deeply unequal social system, whose dynamics of class mobility and hierarchization were strictly dependent on the access to external rents and patronage networks, the stronger the strongest the position of the patron in the ruling block was.

The second major consequence of post-war rentierism was the hypertrophic growth of the public debt which, from the end of the conflict to the eve of the uprising spiked from almost zero to 150% of the GDP, i.e., the third highest global ratio after Japan and Greece (Credit Libanaise 2016). To feed its growth were primarily the monetary policies implemented by the BDL to stabilise the currency and peg it to the dollar at a fixed exchange rate which, so to obtain the necessary inflow of hard currency, were based on the massive sale of Treasury Bills and Eurobonds at overpriced interest rates (Gaspard 2004). The main beneficiaries of this sale were the Lebanese commercial banks, who came soon to hold most of the Lebanese debt and feed the speculation. At the same time, most of these external capitals came from – or was generated in – the Gulf countries, especially Saudi Arabia, who also provided the BDL with several extraordinary capital injections to avoid currency depreciations in times of stress (Daher 2022). Lebanon's external dependence was further enhanced by the underdevelopment of the national productive sectors, which made Lebanon reliant on imports for about 80% of its consumption needs, including on basic items such as flour, oil and medical products.

The reproduction of this fragile system began to crack from 2012. Following the outbreak of the Syrian crisis and its regionalization, Saudi Arabia and the Gulf countries began to progressively halt its economic and financial aid to Lebanon. This was paired by the significant contraction of foreign direct investments, and by overtly hostile economic initiatives, such as the touristic ban on Lebanon for Gulf nationals. These actions were part of a broader Saudi-led – indeed, failed – pressure strategy against Hezbollah to discourage the latter's participation in the Syrian conflict on the regime's side, and leveraged on the tight dependence developed by the Lebanese economy on Gulf rents produced by the post-war neoliberal transition. This inaugurated a long decade of economic stagnation where the contraction of public expenditure – and, hence, of the State-led mechanisms of sectarian incorporation enforced through the public employment and the allocation of public funds – walked hand in hand with rising unemployment, inflation, and increasingly crumbling public services. At the same time, the contraction of rentier profits put increasing stresses on the national accounts and the financial sector, currency included, whose collapse was temporarily delayed only thanks to unscrupulous and untransparent operations of financial engineering by the BDL's director Riad Salameh (Mazzucotelli 2020). This fragile

house of cards definitively collapsed in the late summer 2019, when the debt crisis reached its no-way back and the currency started to show the first tangible signs of an impending devaluation. This prepared the terrain for all the stresses, frustrations and disillusionments accumulated in the previous decade to deflagrate across classes and sects in the widest anti-systemic popular uprising ever experienced by Lebanon in its post-colonial history.

3.5. The Revolution and the Pandemic: A Timely Counter-Revolutionary Conjuncture

When, in March 2019, the first COVID-19 case was detected, Lebanon's uprising was up to enter its fifth month. The uprising – or *thawra*, revolution, as labelled by the multitude of mobilised citizens who embodied it – broke out on October 17, 2019, and found its immediate trigger in the government proposal to introduce a new package of indirect taxes, including a tax on the voice-over-internet protocol calls (the so-called WhatsApp Tax) (“Time Magazine” 2019). The uprising exploded in the wake of a steady peaking of socio-economic and environmental mobilisations throughout the summer, triggered predominantly by State austerity, the degradation of living standards and public services, and a number of controversial infrastructural projects affecting peripheral regions (Lebanon Support 2022). These disaggregated protests acquired a more voiceful and collective dimension at the beginning of the autumn, following the first important currency devaluation in a long chain against the USD, after over twenty years of pegged rate (“Al-Arabiya English” 2019).

Throughout the first half of the year, a variety of financial institutions had repeatedly warned Lebanon about the risk of an upcoming financial collapse (“Fitch Ratings” 2019). The warnings had been constantly under-dimensioned by Lebanese decision-makers, who rushed to curb any risk of dollar shortages or State default despite the accumulation of evidences suggesting the opposite (“Reuters” 2019). In mid-September, for instance, several importers' associations threatened or went on strike to denounce the growing difficulty to obtain hard currency to purchase goods. Soon after, Lebanese commercial banks began to impose stringent weekly limitations to small depositors on the withdrawals of USD from their own accounts. The withdrawals of USD became increasingly difficult also from ATMs.

A first glimpse of the changing popular mood was offered on September 29, as a day of demonstrations against the rising cost of living escalated into violent riots and confrontations with the security forces in different localities ("al-Monitor" 2019). The two slogans informing the protests were the notorious *aš-Ša'ab Yurīd Isqāt an-Nizām* (the people want the downfall of the system), which had been marking the rhythm of the revolts in the region since 2011, and *Ir7alū!* (Go away!) addressed to the whole post-war ruling class, judged as corrupted and responsible for the country's collapse. This rejecting *j'accuse* was to be better encompassed in the overarching slogan *Killūn ya'nī Killūn*, *All* (of them) means all (of them), meant to become within few weeks the undisputed leitmotif of the uprising (Halabi 2019).

The uprising first sparked in Beirut to quickly propagate across the country according to a disruptive snowball effect cross-cutting classes, sects, generations, and gender boundaries. Much of its propulsive force came from the political activation of socio-geographical constituencies who had largely remained on the margins of post-war transgressive contention, such as impoverished petty bourgeoisie of self-employed, urban poor, and the peripheral provinces, pushed together to the streets by reverberation and identification mechanisms grounded in the everyday experience of impoverishment and marginalisation. These first-timers included regions and target constituencies considered until that moment as inviolable sectarian strongholds, such as Tripoli or the Shia south and the Beqaa valley, where citizens fearlessly destroyed all the visual signs deployed by the dominant parties and leaders to mark what they considered as their own territory (Lebanon Support 2022). The sensation that something extraordinary was happening pushed also rooted anti-systemic activists and organisations to join in, and enlarge the political scope of the uprising to the ensemble of socio-economic, political, civil and environmental struggles which had defined the national contentious arena in the previous years (IFI 2020).

As stressed by Majed and Karam, albeit the uprising did not bring about a regime change, it represented an unfolding *revolutionary situation* whereby, thanks to the simultaneous transgressive mobilisation of an unprecedented mass of citizens, the grassroots reappropriated the control over politics and society and repositioned the power dynamics of the country (Karam, Majed 2022, p. 4). The main mean through which this situation was created was the transgressive reappropriation of public spaces, most notable via roadblocks and the construction of tent cities,

which served the triple aim of expressing and organising dissent, exercise political pressure, and halt the country (Fawaz, Serhan 2020; Harb 2022). The minimal common demand converged on the resignation from the parliament of the entire post-war ruling class, set as unnegotiable precondition to both demobilise and achieve that radical reconfiguration of the post-war order more equal, inclusive, and accountable bases which, in a way or another, all the participants were aspiring to. These spaces also became vivid sites of subversion of the dominant norms, forms, symbols, and discourses defining the legitimate articulation of socio-sectarian hierarchies and modes of interaction, as well as sites of production of counter-hegemonic societal models and national discourses (Rakickaja 2021).

Against this surprising and unprecedented revolutionary situation, sectarian elites deployed since day one a variety of counter-revolutionary strategies and practices to contain, delegitimise, and possibly clamp down on the squares, according to two distinct, yet complementary, trajectories (Daher 2022). The first one, adopted at State level, aimed primarily at renormalising the everyday life of the country, and witnessed a progressive shift from persuasive (e.g.: partial accommodation of the popular demands, attempts of inclusion of the protestors in the formation of a new government) to coercive tactics (e.g.: violent repression of the demonstrations, targeted arrests) to clear the streets and halt mass protests. The second one was a sectarian one, pursued instead by the single parties, and was addressed to domesticate the transgressive activation of their target constituencies, each one according to the respective characteristics and political urgencies (della Porta, Tufaro 2022; Osman 2022). In the case of AMAL and Hezbollah, for instance, the privileged strategy consisted in leveraging on the respective loyalist bases to foster street intimidation, including physical one, and dissuade more partisans or sympathisers to take the streets by framing the protestors as unruly citizens manipulated by foreign embassies to destabilise the country (della Porta, Tufaro 2022; Saab 2019). Other parties, such as the Lebanese Forces, the Kataeb or Mustaqbal, opted instead for maximising the protests to enhance their political positioning by trying to appropriate popular grievances and penetrate the mobilised squares in the respective historical strongholds (Jalkh 2021).

The disaggregating intervention of counter-revolution undoubtedly played a certain role in limiting the further spread of the uprising, and forbidding to develop its full counter-hegemonical potential. However, it failed to impress a major seatback to the mobilisations which, despite

a physiological downsizing compared to the earliest weeks, kept unfolding from North to South for over four months. The situation drastically changed with the arrival of the pandemic, which finally provided the ideal window of opportunity for sectarian elites to both clear the streets— and, hence, forcibly re-normalise the everyday-life of the country – and re-activate the clientelistic distributive mechanisms underpinning sectarian loyalties. The main weapon enabling to definitively impose a “normalisation from above” was the sanitary lockdown enforced on March 21, 2020. The lockdown was enforced about four weeks after the first positive case was detected to last for almost two months and, following the widespread fear of contagions, the congruence of the initiative with the official sanitary protocols followed worldwide, and the limited duration originally foreseen by the ministerial decree, found little popular opposition. The opportunity of the first lockdown was also seized to promptly clear the streets from the revolution camps and roadblocks under the pretext of sanitation, as well as to justify the repressive patrolling of the streets by the army, ban any form of public demonstration, and push forward arrests (Daher 2022). This did not prevent Lebanese citizens to periodically defy the restrictions and keep mobilising according to new modalities, such as via web or through scooter and car rallies. Nevertheless, as much as Algeria and Iraq, the health emergency succeeded to impose an abrupt caesura to the revolutionary situation which had been unfolding for months which, henceforth, were never be able to reconstitute themselves in the same form and scale. The sense of setback was further amplified by the counterrevolutionary exploitation of the pandemic by sectarian parties and leaders, who took the chance of the health emergency to reactivate their patronage machines by jumping in the emergency response arena (Karam, Majed 2022). The reaction was prompt and widespread: as a mapping elaborated by the American University, Beirut, shows out of 381 responses to the pandemic by non-State actors recorded between March and July 2020, about 50% were provided by sectarian parties (“Beirut Urban Lab” 2021). The territorial spread fully reflected the political geographies of each organisation, with a number and type of interventions directly proportional to the specific weight of each leader and party. The most common one was the direct distribution of aids, most notably food boxes, protective equipment, and *una tantum* cash assistance. Another important set of interventions was conducted in collaboration with the controlled municipalities, and included the promotion of risk reduction initiatives such as the disinfection of roads and

public places, the predisposition of isolation centres, and awareness campaigns, as well as the implementation of local curfews and lockdowns. Finally, as the vaccination campaign was inaugurated in late February 2021, vaccine batches too became integral part of the game (“France24” 2021a). In late March 2021, for instance, the outgoing PM and leader of the Mustaqbal Movement Saad Hariri (Sunna) announced the purchasing of 20.000 batches of Sputnik V vaccine to be inoculated for free to its target constituencies (Lewis 2021a). A similar initiative was undertaken by the Lebanese Forces (Maronite) in the stronghold of Bcharre through a partnership between the municipality and The Cedar’s Foundation, a prominent charity headed by the party leader Sathrida Geagea (Lewis 2021b). The Lebanese Forces (LF) carried out a vaccination campaign also in the Baalback-Hermel district, per initiative of the LF MP Antoine Habchi (“L’Orient Today” 2021). Further 100.000 batches were purchased by the founder of the National Democratic Party Fouad Makhzoumi, and the MP Elias Bou Saab, associated to the Free Patriotic Movement (Maronite) rented out a whole private hospital for vaccination purposes in the periphery of Beirut (“The961” 2021a; 2021b). The vaccine zeal was strictly related to the upcoming parliamentary elections, held in May 2022, and was enabled by the State liberalisation of the vaccine purchasing to speed up the immunisation campaign.

This ensemble of initiatives undoubtedly played an important role in re-vivifying sectarian geographies after the “debordering” momentum of the uprising. At the same time, however, the limited, episodic, and piecemeal response offered fell short from compensating the devastating impact that the rapid degeneration of the economic crisis exerted on citizens’ living conditions, as well as the poor State performance in providing an adequate the socio-economic and sanitary response to the pandemic.

3.6. One Crisis Engulfing the Other: The Pandemic and the Financial Meltdown

Together with the aforementioned revolutionary situation, Lebanon’s response to the pandemic had to cope with another and, possibly, much severe variable.

Following the first signs of currency crackdown at the end of the summer of 2019, Lebanon’s economic and financial meltdown underwent a rapid, exponential acceleration (World Bank 2022). The most

impactful consequence of this speeding up was the unstoppable devaluation of the national currency against the USD, which progressively wrapped the country in a tremendous hyper-inflationary spiral, compounded by a directly proportional loss of the real purchase power of wages. The devaluation walked in parallel with a sharp acceleration of the debt crisis, ultimately sealed in March 2020 by the declaration of a technical State default ("The Economist" 2020), which further hampered the limited capacity of the State to guarantee the provision of basic services, adjust salaries, and put in place effective price control mechanisms. This ensemble of stresses was amplified by the direct and indirect effects of the pandemic which, among the most important consequences, added more pressure on the crumbling State budget and the healthcare sector, enlarged and exasperated the country's socio-economic inequalities, increased unemployment, and further burdened the precarious living conditions of the most marginalised and refugee communities, the latter accounting alone for about 30% of the resident population (Abi-Rached, Dlwan 2020).

Against this precarious and rapidly crumbling context, when COVID reached the country, the newly appointed government headed by Hassan Diab found himself in front of two major challenges. The first and most impending one was to find the adequate resources to rapidly equip the national healthcare system to face the spread of the virus, which, despite the appointment of an ad hoc task force at the end of January, got caught completely unprepared (Mehdi 2020). This unpreparedness was strictly related to the aggressive privatising sanitary policies promoted in the past thirty years, whereby public hospitals arrived to account for only 18% of the available hospital beds, and were characterised by a structural lack of resources and facilities compared to the flourishing private ones (Khalife et al. 2017). The second and most delicate one was the difficult balancing act between economic and public health urgencies, made the more complicated by the impossibility of the central State to provide adequate compensations to the wide basin of workers and businesses potentially affected by the imposition of protracted sanitary restrictions, including the army of informal workers accounting for over the half of the active population.

Facing this double challenge, on March 10, 2020 the government issued a national response plan based on the close cooperation between the central State, the private sector, and, above all, the World Bank and the UN agencies, which provided Lebanon with the bulk of resources

and know how to equip hospitals, purchase protective equipment, and implement the adequate sanitary protocols (Republic of Lebanon 2020). Within this framework, on March 21, 2020, the first national total lockdown was enforced, with the double aim of containing the spread of the virus while buying time until the national testing, treatment and risk-management capacities would have been adequately enhanced. The enhancement entered its operational phase throughout the month of April (See Box 3.1.), paving the way for the gradual reopening of the country, despite the exponential rise of contagions. The deconfinement was based on the bet that, given the relatively low absolute number of daily infections detected at the time, the enhancement of the testing and case management capacities would have been alone sufficient to handle the pandemic while avoiding the full paralyses of the national economic life. The decision to push for a deconfinement was also deeply influenced by the coeval explosion of a new wave of violent popular protests, against the backdrop of the rapid deterioration of the socio-economic conditions ("Al-Jazeera English" 2020). Against this protest upsurge, the State first sought to appease the popular anger by launching a phased-out cash assistance programme (ILO 2021b) envisaging the *una tantum* payment of 400.000 LBP (roughly 140\$ according to the parallel market rate of the period) to vulnerable households, and a number of workers' groups the most directly affected by the pandemic (front-line healthcare workers, civil defence, taxi and bus drivers). The programme envisaged an initial budget of 75 billion LBP, and reached by July 2021 about 290.000 households receiving one up to four *una tantum* each. However, due to the limited amount of the *una tantum* compared to the rising cost of living, and the limited reach of the initiative against the constantly enlarging basin of people needful of assistance, the programme consistently fell short of providing adequate relief to socio-economic backlashes of the pandemic. This played a central role in discouraging the government to implement new protracted lockdowns, in favour of scarcely effectively short, intermittent, ones enforced in moments of spiking of contagions. The strategy revealed to be disastrous.

After the progressive deconfinement of late April 2020, the number of deaths and positive cases underwent a constant, exponential growth (See Tab. 3.2. and 3.4.). Fundamental to this growth was the premature full reopening of restaurants and bars to save the touristic season, which was not underpinned by adequate monitoring and risk reduction practices, including the correct use of masks, the respect of

capacity restrictions of public places, and the isolation protocols. The propagation underwent another steady acceleration after the tremendous Beirut Port explosion of August 4, 2020, whereby, so to ease the rescue operations, all the COVID restrictions were lifted at the national level for two weeks (Hashim et al. 2022). The explosion was provoked by the deflagration of over 2.700 tons of poorly stored ammonium nitrate and, together with severely damaging most of the eastern side of the city, provoked about 300.000 displaced, over 200 deaths, and thousands of injured. Furthermore, the explosion severely damaged two of the main hospitals of the city, and overloaded the remaining ones. This did not dissuade political decision-makers to stick to the same lockdown policies, despite the latter had already shown their numerous loopholes well before the explosion. The continuity was favoured by the deep political crisis ignited by the events of August 4 whereby, following a wave of outraged demonstrations demanding political accountability for the disaster and the negligence which triggered it, Hassan Diab resigned from the position of Prime Minister inaugurating a long phase of institutional paralyses meant to last for over one year (Macaron 2021).

The health crisis touched its zenith in January 2021, when, against an unprecedented spiking of contagions, the assistance capacity of the Lebanese healthcare system ultimately reached saturation (“Associated Press” 2021). The spiking was strictly related to the government decision to ease yet again the sanitary restrictions during the holiday season, despite the alarming daily increase of infections, deaths and ICUs occupation rate experienced between November and December. This ultimately compelled the government to drastically revise its containment strategies and enforce a new protracted total lockdown. The lockdown remained fully enforced from January 7 to February 8, to leave room to a phased-out deconfinement plan which, this time, followed stricter protocols compared to the first one (IDAL 2021). Furthermore, so to avoid the risk of repeating another New Years’ Eve scenario, preventive total lockdowns were enforced on the occasion of major religious celebrations. The monitoring and testing policies were also improved (See Box 3.1.). This impressed a drastic curb on the contagions curve, which, despite another significant increase throughout the summer 2021 for the arrival of the Omicron variant, did not put the national healthcare system under pressure anymore (See Tab. 3.1.). The inauguration of the vaccination campaign in late March 2021

also played an important role. This comparatively better performance, however, did little to recompose the deep fracture between citizens and ruling elites unveiled by the uprising.

First, despite the improvements experienced throughout 2021, the overall State response to the health crisis remained tentative and piecemeal, with severe backlashes on both the sanitary and, above all, socio-economic point of view. To give some examples, following the unscrupulous containment policies pursued in 2020, the first bimester of 2021 recorded alone 3237 COVID deaths, against 818 of the previous one, and, by March 2021, at least 19% of workers reported having permanently lost their job because of the pandemic ("Arab Barometer" 2021). Second, the positive implications of the scaling down of the health emergency got *de facto* nullified by the parallel sharp acceleration of the economic meltdown which, despite the full reopening of the economic activities, pushed about 80% of the residents in conditions of severe economic vulnerability (ESCWA 2021). The acceleration was triggered by the sudden lifting of the subsidising mechanisms enforced by the BDL on the eve of the crisis to contain the inflation on selected basic goods, and, together with consistently speeding up the downfall of the currency, made the country deeply vulnerable to periodical shortages on food, medicines, and energy, including the daily supply of electricity. Third, most of the fatal delays in providing an adequate sanitary and socio-economic response to the pandemic depended on poor and corporatist decision-making, elite competition over the remnants of the spoils of office, and the recurrent political paralyses (Mehdi 2020). A case in point in this sense was the floundering of the COVID-19 Emergency Social Safety Net (ESSN) programme (World Bank 2020). The ESSN aimed at providing cash assistance to over 700.000 Lebanese citizens living in extreme poverty as a prompt and quick response to the new urgencies provoked by the crisis and the pandemic. The plan was approved in December 2020, and relied on a 246 million USD loan by the World Bank as the main source of financing. However, due to the numerous attempts by political elites to exploit the plan to refuel their clientelistic patronage mechanisms, its enforcement was delayed for over two years, failing to provide effective relief against the shrinking economic situation (Maktabi et al. 2022). As a result, while the harshening of the financial crisis and its backlashes definitively placed the economic situation as the main concern of the Lebanese, the poor State management of the pandemic got

perceived as nothing but further evidence of the corruption and incompetence of the ruling elites, who remained solidly perceived as the main responsible of the national economic meltdown.

In conclusion, through our integrated analysis of the State and sectarian response to COVID-19, we have sought to provide a comprehensive overview of how the interplay between the counter-revolutionary exploitation of the pandemic by sectarian elites and the State response to the health emergency intervened on the process of reconfiguration of the dominant political relations unleashed by the economic crisis and the uprising of 2019. More specifically, we have seen how while the arrival of the pandemic undoubtedly played a fundamental role in halting street protests and re-establishing sectarian domination, the harshening of the economic crisis and the poor State handling of the pandemic severely hindered the capacity of sectarian ruling elites to fully seize the opportunity of the health emergency to re-establish their compromised hegemony. Fundamental to this failure was the reiteration of self-serving policies by sectarian ruling elites, considered by citizens as the main root of the country's economic and financial meltdown. Furthermore, while the pandemic enabled sectarian parties to reactivate their clientelistic mechanism of aid provision, the aid provided remained largely insufficient to compensate for the actual people's needs, and served primarily to refurbish the relation with the respective loyalist constituencies. Last but not least, the pandemic further burdened the effects and the progression of the socio-economic crisis. The result was the restoration of a domination without hegemony, whose ultimate outcome was to consolidate, rather than repair, the deep fracture between ruling elites and the multitude of citizens who took the streets displayed by the uprising.

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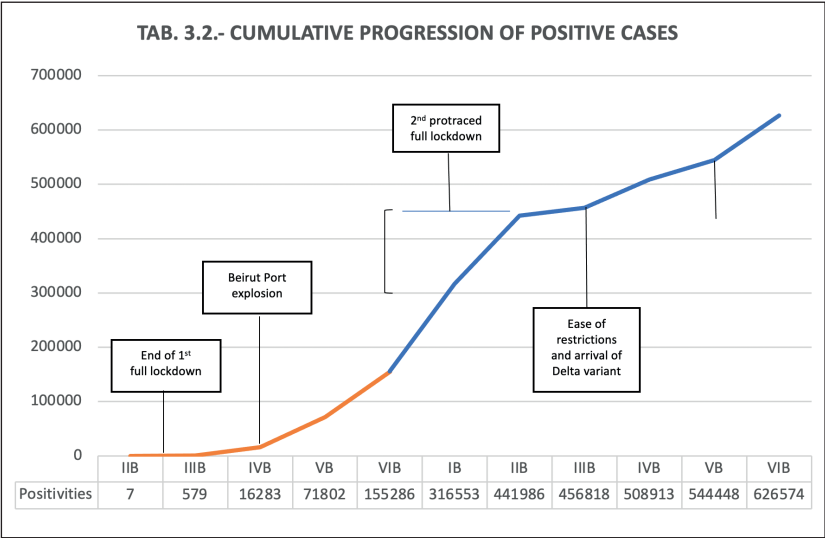
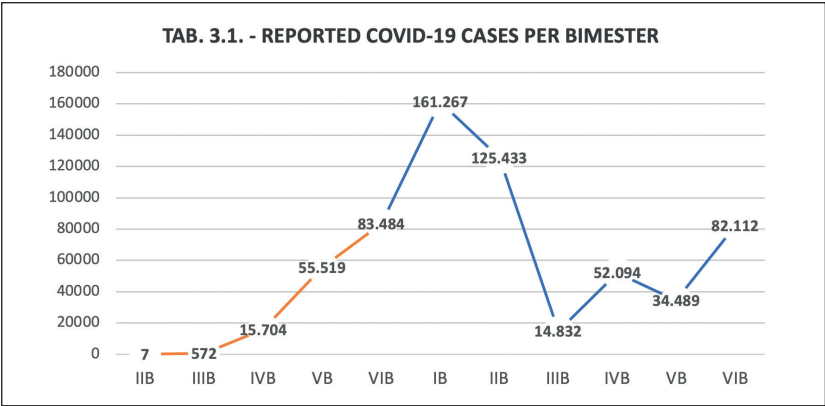
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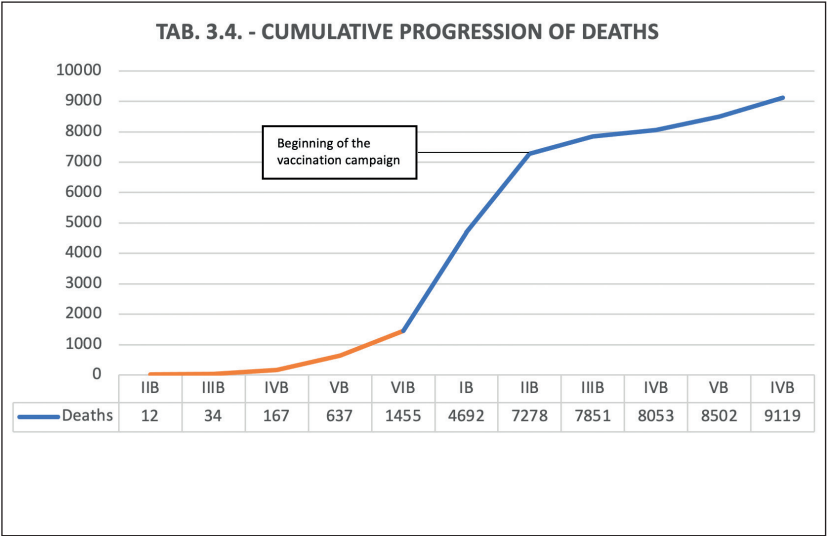
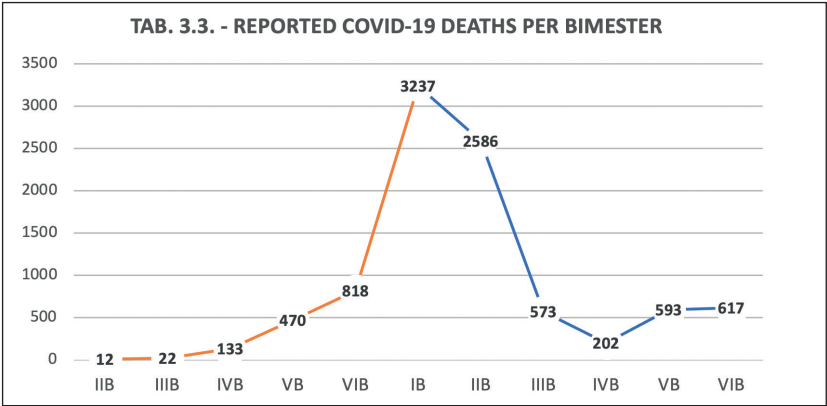
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Box 3.1. – Lebanon COVID-19 Lockdown Timeline

- **Feb. 21, 2020** – Detection of the first positivity
- **Feb. 22, 2020** – Shutdown on public transportations and selective flight restrictions
- **Feb. 26, 2020** – Closure of schools, public offices,
- **Mar. 10, 2020** – Presentation of the National Response Plan
- **Mar. 21, 2020** – *Enforcement of the first national total lockdown, including total border closure*
- **Apr. 04, 2020** – Enforcement of night curfew and stay-at-home policies
- **Apr. 27, 2020** – Beginning of the gradual easing of lockdown measures
- **May 13 – 18, 2020** – *Enforcement of a one-week total lockdown to contain the peaking of new cases and conduct random testing and tracing*
- **Jun. 14, 2020** – Lifting the restrictions on car circulation
- **Jun. 21, 2020** – Re-opening of bars, nightclubs, parks and markets, event halls and ballrooms with reduced capacity
- **Jul. 1, 2020** – Re-opening of Beirut Airport for commercial flights
- **Jul. 20, 2020** – Beginning of food deliveries to 50.000 vulnerable households
- **Jul. 30 – AUG. 10, 2020** – *Enforcement of a short total lockdown to contain the peaking of new cases*
- **Aug. 4, 2020** – 48h lifting of restrictions; Beirut Port Explosion
- **Aug. 4 – 2020** – Emergency suspension of all the lockdown measures to respond to the Port explosion
- **Aug. 21 – 28, 2020** – *Enforcement of a one-week national total lockdown to contain the peaking of new cases*
- **Sep. 18, 2020** – Re-opening of leisure activities
- **Oct. 4, 2020** – *Enforcement of a one-week total lockdown in 100 villages*
- **Oct. 11, 2020** – *Enforcement of a one-week total lockdown in 160 villages; Obligation to wear masks in public places*
- **Nov. 14 – 29, 2020** – *Enforcement of a two-weeks national total lockdown to contain the peaking of new cases*
- **Dec. 13, 2020** – Re-opening of leisure activities and authorization of public and private gatherings with restricted capacities
- **Jan. 7, 2021** – *Enforcement of the second long national total lockdown*
- **Jan. 11, 2021** – Reduction of air traffic and imposition of the obligation of PCR test and home quarantine to all the incoming passengers
- **Feb. 8, 2021** – Beginning of the gradual easing of containment measures

- **Mar. 26, 2021** – Suspension of curfews and extension of the opening hours of commercial activities
- **Apr. 3-6, 2021** – *National circumscribed lockdown and reintroduction of curfew to prevent contagions during the Easter weekend*
- **APR. 12, 2021** – Re-introduction of a one-month night curfew
- **MAY 1-3, 2021** – *National circumscribed lockdown to prevent contagions during the Orthodox Easter*
- **MAY 13-15, 2021** – *National circumscribed lockdown to prevent contagions during the celebrations of Eid al-Fitr*

4. Recasting Welfare Politics in India at the Time of COVID-19

Christine Lutringer

Abstract

The COVID-19 pandemic has led to focus on practices and discourses of welfare across the world. It has pushed states to adopt a more proactive welfare approach to certain areas of human life, such as healthcare. On the other hand, a “societal” response based on the work of mutual-aid groups, voluntary networks and associations has also been an important aspect of how communities have attempted to survive. In countries like India, especially in metropolitan cities, the latter took the shape of slum-dwellers and the working poor inventing new strategies to cope and help their communities, preparing the ground for a “bio-politics” from below. This chapter explores the intersection of governance and welfare in order to understand the shifts that have been induced or revealed by the COVID-19 crisis. First, it maps the institutional responses driven by the central government in Delhi that were justified by the COVID-19 emergency. By doing so, it seeks to analyse the tensions that the pandemic has revealed or amplified regarding centre-state relationships. The second section sets out the re-deployment of some core elements of India’s social welfare during the pandemic, while situating these changes in their larger political and institutional context. The chapter concludes by discussing the importance of subnational responses to the COVID-19 crisis.

Keywords: Governance; Welfare; India; state-Society relations.

4.1. Introduction

As a global public health crisis, the COVID-19 pandemic has challenged democracies in unprecedented ways. All across the globe, the sudden move to close borders, including internal state borders as in the case of India, had wide-ranging effects on rights and livelihoods. This has both exposed and deepened pre-existing issues, such as inefficient governance, the erosion of trust in institutions, polarisation, fragility of freedoms of speech and information, and attacks on civic space. Acting as a shock to the world system, the pandemic has had significant consequences in domestic as well as international politics. As a multifaceted crisis, it has exposed and amplified some trends that may have been slowed down by institutional inertia or political resistance (Eggel et al. 2020).

This chapter posits that the COVID-19 crisis in India made more salient and visible a series of processes that have longer histories – and that are likely to have impact far beyond the pandemic (Prakash 2021). As in other parts of the world, the Indian state has intervened in various policy domains to limit the propagation of the virus and to provide for socio-economic measures. The analysis of “welfare” or “social policy” needs to be located within the transformations brought about by globalisation and the reconfiguration of state and society over the past few decades (Krisch 2020). Against this backdrop, this chapter asks the following questions: How has the COVID-19 pandemic influenced the politics of welfare in India? To what extent have the relationships between central and state institutions been redefined along the provision of emergency support to affected citizens? While exploring these questions and their articulation, the chapter will focus on the role of the state at its various levels of governance. My objective is twofold: on the one hand, I seek to examine the responses of India’s central and state governments. On the other hand, I would like to highlight and discuss what these responses reveal about the nature of the state-society engagement in a context that I define as “welfare construction”.

The chapter argues that the response to COVID-19 has revealed the nature and the limits of the construction of India’s welfare policy. It builds on newspaper articles, reports published by international and national organisations, academic journals, and social media websites. It explores the intersection of governance and welfare in order to understand both state-society relations and the shifts that have been induced or revealed by the COVID-19 crisis. In fact, there have been puzzling

differences between India's states in their responses to and their experiences of the pandemic (Harriss, Luong 2022, p. 706). The first section of the chapter will map the institutional responses driven by the central government in Delhi that were justified by the COVID-19 emergency. It will analyse the tensions that the pandemic has revealed or amplified regarding centre-state relationships. The second section will set out the redeployment of some core elements of India's social welfare during the pandemic, while situating these changes in their larger political and institutional context. The chapter concludes by discussing the importance of subnational responses to the COVID-19 crisis. Overall, it seeks to contribute to the discussions about "welfare states" that have been brought about both by scientific disciplines and by social policy decision-makers (Kawiorska 2016, p. 188). These discussions, we argue here, need to be informed, and possibly revisited, in the light of the global experience of the COVID-19 pandemic. This piece suggests that not only the policy response but also the narratives and the discourses of the pandemic intrinsically relate to the ways in which "welfare" has been constructed in India.

4.2. Governing the Crisis: The Tensions Revealed by the Responses to COVID-19

"On March 24, 2020, the Government of India ordered a nationwide lockdown for 21 days as a preventive measure against the spread of the coronavirus. The lockdown [...] restricts 1.3 billion people from leaving their homes. Transport services are suspended, educational institutions are closed, and factories are shut down. This is in line with the measures imposed in most European countries and in the United states, but the sheer scale of the measure – as in the case of most policies in India – is intimidating. Add to this the grim truth of Indian occupational structure and poverty, and you would likely predict what we now see: unending streams of migrants trying to find their way home, the fear of loss of all income, deep privations, and even (in the space of days) hunger, starvation and death" (Debraj et al. 2020).

The pandemic was not only a medical emergency: it was at the same time a political, an economic and a social crisis, which implied new challenges for democratic institutions and practices, for citizenship rights and for human rights. This section explores the tensions

pervading the responses of the Indian state faced with the emergency. In fact, during health crises, lines between public health and national security have often been blurred, given the economic, human, and humanitarian impacts of such crises (Glušac, Kuduzovic 2021). Health emergencies can become security threats – and they are indeed often portrayed as such. Worldwide, the recurring question throughout the pandemic was how to respond effectively to this major public health crisis in full respect of human rights, democracy and the rule of law. In India, the pandemic has arguably represented “an inflection point, exposing the fragility of liberal democracy” (Prakash 2021). The first case of COVID-19 in India was reported on 30 January 2020, when a 21-year-old medical student travelling back from Wuhan tested positive for the virus. The country’s first COVID-19 death was announced on 13 March 2020. A nationwide lockdown was declared on 24 March 2020 and was then extended until 31 May 2020. Although the lockdown contributed to contain the spread of the virus, it had a massive impact on the socio-economic condition of the population, in a country where 69% of the Indian population lives on less than \$2 a day (Dhar et al. 2021). It prompted a livelihood crisis in a context where millions of migrants in India’s cities were left without jobs (Nilsen 2022; Pellissery, Kaur 2022).

From the legal point of view, many governments across the globe declared a state of emergency, investing the executive branch with extraordinary powers and temporarily suspending civic and other fundamental rights. In India, the central government requested all state governments to invoke the *Epidemic Disease Act* (EDA) of 1897 to address the COVID-19 emergency. There have been voices among civil society claiming the unconstitutionality of the lockdown since it impacted the fundamental right of free movement enshrined in Article 19 (1)(d) and that of residing and settling in any part of the country 19 (1)(e) (Ghose 2020; Purushothaman, Moolakkattu 2021). By imposing an all-India lockdown, the central government created *de facto* a legal health emergency and made it a subject of federal intervention. As a matter of fact, there are no health emergency provisions in the Indian constitution (Gowd et al. 2021, p. 6). The lockdown was declared under the *Disaster Management Act* (DMA). The DMA was enacted in 2005 with the objective to provide for the effective management of disasters and for matters connected therewith. It provides for the establishment of dedicated institutions such as the National Disaster Management

Authority (NDMA), state Disaster Management Authorities (SDMAs), District Disaster Management Authorities (DDMAs). It also outlines a series of measures that may be taken by the government during the disaster, as well as sanctions for the violators (Gowd et al. 2021, p. 4). The NDMA was established in December 2005¹. The Prime Minister is the *ex-officio* Chairperson along with nine other members (Government of India 2022). However, this created tensions as healthcare is a state subject under the Indian federal arrangement. It is important to note that some states took action to respond to the health emergency even before the central government: for example, fifteen states closed schools and colleges and cinema halls before 24 March 2020 (Harriss 2022, p. 721). From the formal point of view, before the COVID-19 pandemic, some state governments had their own public health acts or had amended the EDA to include certain provisions at the state level (Gowd et al. 2021, p. 4).

The pandemic revealed and exacerbated tensions that were not only legal, but also social and political: it highlighted that social inequalities not only conditioned individual or community initiatives but also the actions of the state. According to Tiwari and Singh Parmar (2022, p. 977) “minorities especially Muslims were at the receiving end of state’s selective enforcement of lockdown laws in India”. Amidst many other crises caused by the pandemic, the migrant exodus was unprecedented. Millions of migrant workers had come from the central and eastern states to Delhi, Maharashtra, Gujarat in order to work in construction, small industries and urban informal economy. Most of them were employed in small informal units which closed down. Encouraged by their contractors and employers, they decided to return to their villages as they were not able to pay the rent and buy food without earning (Agarwal 2022; Bandyopadhyay et al. 2021). Some ten million people left India’s metropolitan cities and walked home after losing their livelihoods (Nilsen 2022, p. 470). This represented the largest human displacement in the Indian subcontinent since the India-Pakistan Partition in 1947 (Bansal 2021).

The extensive media coverage of the mass reverse migration has “ensured that the crisis was seen, heard, and felt” (Binoy, Mehendale 2022, p. 344). Exploring how the Indian media visually framed the migrant crisis during the COVID-19 lockdown, Binoy and Mehendale an-

¹ For an assessment of similar bodies in the rest of the world see Popovski (2021).

analysed two hundred photographs published by Indian media outlets covering the migrant crisis. They found that the predominant stylistic frames and visual patterns were “human interest frames, and that they highlighted human suffering, grief and misery” (Ibid.). The migrant workers were left with no livelihood. They were caught in a situation where they had nowhere to go, oftentimes stuck at stations or state borders. This has been presented as epitomising the lack of accountability of the state to the migrant workers in the neoliberal regime: “state’s minimum accountability, lack of social safety net, and hostility to workers solidarity and resistance resulted in migrant worker as disposable, individualised, and powerless” (Bansal 2021, p. 55). Images of the migrant workers’ exodus from big cities like Delhi, Mumbai and Ban revealed the “bare lives” (Agamben, Heller-Roazen 2020; Sylvester 2006) of working class and poor citizens of the country. As argued by Bhide (2020):

“This desperation, the clamour to go home, however distant; is indicative of a deep distrust of the state and city society. The migrants’ decision to tread these paths irrespective of challenges indicates that they understand that the city only has use for a productive body; it doesn’t care for them or their lives. They have not protested, nor raised demands of their elected representatives, they have no demands of the state [...] Here is a set of people who know that they are stateless at the core and so have to care for [themselves] and [their] families despite the state and its democratic rites and rituals. They only have their bodies that they can rely on and hence the departure from the city. It is in this silent act of departure that they exhibit not only their agency but also the falsity of development narratives and skin-level depth of the promises outlined in the Indian constitution committing itself to justice, liberty, equality and fraternity for all its citizens”.

With its profound social and emotional repercussions, the pandemic’s impact has tested citizens’ trust in governance and their confidence in state and institutions. The health emergency also contained the risk of increased nationalist tendencies, discriminatory practices and discourses held during the crisis, targeting the weak, the marginal, the different. For example, on several instances, the virus has been blamed on Muslims in India (Ghosal et al. 2020). At the level of governance, there have been challenges for local authorities in context of increased centrality of the executive. Competences and financial resources have been

re-centralised (Desai et al. 2020a; 2020b). As in other contexts, central governments played a major role in policymaking while some of the national leaders appeared to personally take command of the whole “war against the pandemic” (Mohanty 2020). A first observation on the situation in India pertains to the number of executive orders: according to Prakash (2021, p. 107), “the sheer number and detail of these orders expand bureaucratic power and impunity and create excessive centralization in the hands of the Union government and the Prime Minister”. Besides, the notion of political scrutiny of these decisions was conspicuous by its absence, with the parliament being prorogued, differently from many other countries (Ibid., p. 109). The overall impact of this mode of governance amounts to extreme centralization of both powers and finances towards the Union government and an accompanying *étatisation*. Alongside, there was some shift of responsibilities and functions to the state and sub-state levels without the necessary powers (as powers were circumscribed by the orders of the NDMA). This arguably further compromised the autonomy of states under the federal arrangement of the Indian constitution. Moreover, the unwillingness or the inability of the central government to transfer sufficient resources to the states complicated the situation (Prakash 2021, p. 109).

This state of affairs also laid the ground for a wide variation of the response to the emergency that states were able to provide. Comparing the numbers of excess deaths in the period of the pandemic with numbers of reported COVID-19 mortality, the ratio between the excess mortality rate and reported COVID-19 mortality ranged from 1.96 in Kerala to 26.08 in the case of Bihar (Harriss 2022, p. 724). Given the diversity of social and economic conditions across India, and the likelihood of variation in the incidence of COVID-19, Harriss argues that there would have been “a strong case for subsidiarity, with the Centre ensuring finance and taking on the role of coordination of state and local effort”. But, according to him, “in practice the central government used the moment of the pandemic for extending its powers in relation to the states” (Ibid., p. 721). Later, during the second wave of the pandemic in 2021, the Centre, without any consultation, effectively handed the responsibility of vaccination to the states, after having first sought to blame them for delays in the vaccination programme (Ibid., p. 722). In this context, the difference among state responses – and that of the impact of COVID-19 across India – needs to be related to the ways in which healthcare and welfare systems have been set up.

4.3. Practices and Discourses of Welfare During COVID-19

India has the third highest death toll from COVID-19, which is estimated over 530,000². Suffering during the summer of 2021 was described “a crime against humanity” (Roy 2021) while commentators described a breakdown of public health and welfare. The second wave of COVID-19 hit India even harder than the first wave. This arguably pointed to the consequences of underinvestment in the public health system. In comparative terms, expenditures in India’s public health expenditure amount to only 1% of GDP per annum compared to 3% in China, 4% in Brazil or 4.5% in South Africa (Tillin, Venkateswaran 2022, p. 26). Private out-of-pocket expenditures represent 64% of total health expenditures, including by low income households and therefore exceed by far the public financial commitment to health expenditure (Ibid.). While healthcare financing in India is a mix of public and private schemes, an estimated 75% of the population has no kind of insurance cover (Goel et al. 2021, p. 152).

Besides the impact of the pandemic on public health, its socio-economic effects were massive: they resulted from the combined effect of the lockdown, the manifold restrictions, and of the economic slowdown that followed. The response provided by the central government was designed by the COVID-19 Economic Taskforce, which laid down a US\$ 23 billion special economic stimulus programme called Pradhan Mantri Garib Kalyan Yojana (Prime Minister’s Poor Welfare Scheme) in order to support poor households. This programme provided free essential food items, cooking gas, direct cash transfers to the poor, and insurance coverage to COVID-19 health workers. In addition, small and medium enterprises and households were granted tax relief and debt relief (CPIGH 2020; Kühner et al. 2021). The question of relief and welfare is central and deserves to be further explored. The COVID-19 pandemic has focused our attention on the discourses of welfare in different parts of the world. It has pushed nation-states to adopt a more proactive welfare state approach. On the other hand, a “societal” response based on the work of non-hierarchical mutual-aid groups, voluntary networks and associations has also been an important aspect of

² For further information please see: <<https://covid19.who.int/region/searo/country/in>> and <<https://covid19.who.int/>> (last accessed 26 June 2023).

how communities have attempted to survive. In countries like India, especially in metropolitan cities, the latter took the shape of slum-dwellers and the working poor inventing new strategies to cope and help their communities, preparing the ground for a “bio-politics from below” (Samaddar 2021, p. 51).

Many citizens’ groups and civil society organisations engaged in relief activities. They mobilised swiftly and commendably, thereby mitigating some of the state’s significant shortcomings, which were particularly evident when migrants had to walk back to their home villages. According to Prakash (2021, pp. 112-113) “[w]hile there was some degree of variation between states, in most places, the large numbers of walking migrants had no access to food, except for the charity of citizens and some civil society organizations”. A survey of 11,159 migrant workers was carried out three weeks into the lockdown and revealed that about 50% of those who had left the cities they worked in had food rations left for less than a day. Mid-April, the Indian media reported growing hunger among migrant workers, who were not able to access food grains from India’s Public Distribution System (PDS) as they were not in their home states (Nilsen 2022, pp. 470-471).

While the design, delivery and funding of welfare came to the fore in scholarly and public debates (Desai et al. 2020, Karanth 2022), the government used a narrative of “war” and “warriors”: community health workers were portrayed as “forefront warriors”, “foot soldiers of the battle”, “frontline health soldiers”, “first line of defence” and “unsung heroes” (Wichterich 2021). This rhetoric spread across the media and Prime Minister Modi asked citizens to clap, ring bells, or beat plates for healthcare workers “to boost their morale and salute their service”. As pointed out by Shanmugham (2020), the work carried out by ASHAs³ and other scheme workers was presented as heroic and self-sacrificing while in fact, they performed the riskiest healthcare labour and they were at the same time the least paid and most neglected health workers. The government assigned an outstanding role to accredited social health activists (ASHAs), who are “voluntary” (Wichterich 2021, p. 163). During the COVID-19 vaccination campaign, ASHAs were mobilised as a vaccination “army” because of their previous success in organising child immunisations throughout the country (Ibid., p. 179). Local women were recruited as “honorary” workers receiving only a

³ *Asha* means “hope” in Hindi.

small honorarium or piece rate “incentives”. According to Wichterich, ASHAs had to spearhead awareness – raising, identify infections, and organise vaccinations in rural areas, often without proper protective equipment and always without fair payment. Despite such care extractivism, these caregivers were celebrated by the middle classes as frontline fighters of the nation in the context of a masculinist discourse of “war”, “warriors”, “heroes” and “sacrifice”. Wichterich interprets this as the “exploitation of care as a resource that shifts the burden of managing crises, including its costs and responsibilities, away from the state or the health industry” (Ibid., p. 164). “In an authoritarian move, one million ASHAs, who were responsible for mother and childcare, as well as immunisation, were transformed into ‘frontline fighters’ against the disease – often without proper protection or fair payment” (Ibid., p. 165). As in other countries, healthcare workers were celebrated as fearless “heroines” by the Indian middle classes, giving previously unseen visibility to this traditionally invisible, low-valued care work. But the solidarity with them did not appear as strong when they organised nationwide protests when, in July 2020, 600,000 ASHAs went on strike and demanded better payment and more recognition as well as appropriate social and physical protection. What AHSA’s role reveals about the healthcare system (and welfare) system in India is that it rests to a large extent on community-based efforts, civil society and voluntary help. This should be related to the complex (and piecemeal) development of welfare in India.

The COVID-19 crisis represents a timely moment to look at welfare policies and also at welfare discourses globally. The emergency is an important additional element, across contexts. Although it is difficult to provide a common definition of “welfare”, a few characteristics underlying the concept of the welfare state are commonly acknowledged. One of the main aspects of its definition is that it involves state responsibility for securing some basic, modest standard of living for its citizens. Some scholarship complements this definition by referring to certain domains of state activity and to relevant criteria of social justice (Kawiorska 2016). In contemporary welfare states, especially in Europe, the attention is drawn to the key role that the state plays in matters relating to social security, healthcare, education, housing and working conditions, as well as to the principles of equal opportunities and fair distribution of wealth. Research on welfare state development in the Global North has long struggled with the lack of consensus on

“how to conceptualise, operationalize and measure change within welfare states”, resulting in disagreement over the nature of welfare state development (Clasen, Siegel 2007, p. 4). Scholarship in the 21st century often refers to the context of “crisis of the welfare state” in the Global North. However, Hirschman already noted in 1980: “That the welfare state is in trouble can hardly be contested”. At the same time, since the beginning of the 21st century, many of the world’s low- and middle-incomes countries have experienced welfare development. States throughout the Global South have expanded public social spending and introduced broader and more generous social programmes. This process of welfare state expansion laid the ground for the “emerging welfare states” (Dorlach 2020). These tend to rely more on social assistance rather than on social insurance. Moreover, this welfare state expansion can be seen as “wide but not deep” (Ibid., p. 769). An important aspect relates to the policy areas that are considered as welfare policy: oftentimes, meaningful social protection is provided only for the formally employed. Across the Global South, the rural and urban poor have instead often been protected by “social policy by other means” (Seelkopf, Starke, 2019 quot. in Dorlach 2021, p. 770), ranging from the tacit permission of squatter housing to agricultural subsidies and land reform.

Across time and space, welfare states have been trapped between contradictory social imperatives: for instance, between legitimation and accumulation, or between the demands of democratic politics and the imperatives of economic scarcity. In the case of India, what can be observed is not a comprehensive welfare policy per se, but rather a series of schemes and social assistance programmes:

“Since the late 1990s, the Indian state has both expanded the ambit of social and economic rights for its citizens as well as launched major programmatic initiatives. Cumulatively these measures (weak as they may be) have woven safety nets for social protection and provide rudimentary underpinnings of a welfare state. Of the two principal components of social welfare policy—basic public goods (especially public services) and social protection—India has focused disproportionately on the latter in the last two decades, expanding existing social protection programs and creating new ones. By contrast, the country’s basic public services, such as primary education, public health, and water and sanitation, have languished” (Kapur, Nangia 2015).

Although responsibility for social welfare policy is shared between the central and state governments in India, many of the major social protection programmes in the last decades have been initiated and funded by the central government. As a matter of fact, the central government has considerable – and growing – influence on the policy priorities of states, and this influence seems to have become stronger in recent years. In parallel, its expenditure on social protection has increased steadily over the last decade and it exceeds that on three core public services (Ibid.). This is noteworthy as in lower income countries public services generally represent a much larger part of state resources than social protection does. It is only after universal provision of basic public services such as primary education, public health, drinking water and sanitation that most other countries embarked on an ambitious expansion of the welfare state (Ibid.). The expansion of social protection programmes raises the question of how the state determines which groups to target for welfare. The state faces multiple claims of vulnerability and demands for support. As suggested by Chatterjee (2008, pp. 61-62): “The state, with its mechanisms of electoral democracy, becomes the field for the political negotiation of demands for the transfer of resources, through fiscal and other means, from the accumulation economy to programmes aimed at providing the livelihood needs of the poor and the marginalised”.

By looking at official descriptions of India’s welfare schemes⁴, one sees that welfare is a very broad term. As far as healthcare is concerned, it is arguably fragmented and dependent on private providers, in a context where the Indian government expenditure on health as a share of GDP represents only about 1% (Harriss 2022, p. 715)⁵. In order to improve access to healthcare in rural areas, the central government launched the National Rural Health Mission (NRHM) in 2005, which now has over one million ASHAs. More recently, it extended these services to urban areas using *urban social health activists* (USHAs). The NRHM is a scheme, or a state-sponsored temporary programme, which must be renewed after a certain number of years (Wichterich

⁴ See <<https://accountabilityindia.in/blog/know-your-scheme/>> (last accessed 21 June 2023).

⁵ Other Asian countries, for example Sri Lanka, China, and Thailand, spend three to four times more per capita. India’s rural healthcare is impaired by a severe medical professional shortage, with only a quarter of Indian doctors working in the countryside (Wichterich 2021, p. 172).

2021, p. 166). As indicated above, during the COVID-19 pandemic the state mobilised community and solidarity resources, which included voluntary informal labour in India. This could be seen as the transfer of risks to community workers, thereby diminishing the state's own health and welfare responsibilities. At the same time, the central government keeps garnering political credit for initiating such schemes: as shown by Deshpande et al. (2019), voters tend to give credit for welfare schemes to the central government, rather opposed to state governments or local politicians. This centralization of the consent seems particularly evident for some of the Bharatiya Janata Party (BJP)'s new welfare programmes such as *Ujjwala* (Lighting) and the *Jan Dhan Yojana* (Public Finance Scheme). However, even earlier Congress-era schemes such as the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and the *Awas Yojana* (Dwelling Scheme) tend to be more associated with the central government. Earlier schemes such as the Public Distribution System (PDS) and the Old Age Pensions are still more likely to be associated with state governments. At the all-India level, the authors found some evidence that voters who received benefits under *Ujjwala*, *Jan Dhan Yojana* or *Awas Yojana* schemes were more likely to vote for the BJP, whereas recipients of pensions or MGNREGS were less likely to support the BJP.

A key aspect that emerges from the analysis of India's welfare programmes is the need of more coordination and cooperation between the levels of government. The Indian experience shows that this need of cooperation and effective communication between national and local levels aren't best achieved by centralization (Harriss 2022, p. 720). While the right to health is not explicitly mentioned in the Indian constitution, differently from the right to education (Gowd et al. 2021, p. 2), a Public Health Bill was introduced in 2009. However it was not passed because many states objected to it as health is a subject under the State List (Dhar et al. 2021, p. 5). In this context, recommendations have been twofold: on the one hand, to strengthen India's public health law by providing a comprehensive national public health law and reviewing various laws at the sub-national level. On the other hand, to focus on capacity-building measures in training human resources, expert workforces, healthcare workers, researchers, and data analysts to manage pandemics (Dhar et al. 2021). In this overall context and challenges, the role of subnational levels of governance is crucial.

4.4. Conclusion: The Importance of Subnational and Community Responses

The interconnectivity of a range of efforts in different spaces, and their transmission from the bottom up made up the effectiveness of local responses. Communities, civil society groups and a range of local organisations, played a key role, with many examples of “help and cooperation extended by private individuals, young and old, during this pandemic” (Bansal 2021, p. 65). For example, the Sikh community did an admirable work of supplying meals to the healthcare workers, migrant workers, and homeless people. This was part of their religious philanthropic practice of “langar” which refers to treating everyone in need of food, irrespective of their religion and community. Civil society organisations actively supplemented government’s action to spread information about the disease and to set up isolation facilities. All their initiatives have been constitutive of the collective response to the pandemic. As suggested by Bansal (2021), there were successes worth of international recognition. One of these was the containment of COVID-19 in India’s largest slum, Dharavi, in Mumbai. A heavily densely populated area, it quickly became a COVID-19 hotspot. But proactive testing and tracing initiative by the state government in liaison with local groups enabled to contain the spread of the disease.

Kerala, the first Indian state to register a COVID-19 case, has also been able to keep the number of cases down through quick and effective actions, largely relying on community engagement. Kudumbashree, an important women’s network in Kerala, initiated about 190,000 WhatsApp groups with 2.2 million neighbourhood groups to educate on key safety measures as advocated by the government during lockdown. The Community Kitchen initiative of Kerala’s Local Self Government Department was implemented with the support of Kudumbasree. It provided more than 8.6 million free meals to the labourers, people in isolation, and other needy persons (Ibid., p. 64).

According to Prakash (2021, p. 115), “the Indian state is thus simultaneously an overbearing but an absent state”. The onus was largely on individual states to solve the crisis by relying on their multiple layers of subnational governance. As a matter of fact, the COVID-19 experience, with its successes and failures, illustrated the significance of decentralised, participatory self-rule at every level. Provinces, cities,

districts, and Panchayats had a critical role in devising responses to the pandemic and enforcing the treatment, lockdown conditions and economic support (Mohanty 2020).

This was also observed for many contexts in the world, beyond India. As stated by the Congress of Local and Regional Authorities of the Council of Europe⁶, local and regional authorities have been at the forefront to contain the spread of the pandemic and to mitigate its impact. This raised the question of how to avoid the “lockdown” of territorial democracy and maintain the legitimacy of elected councils and elected representatives when political processes in councils could only be held electronically and when means of consultations with citizens were reduced, and elections postponed. It also pointed to the need of a public and democratic debate on how to strike the right balance between centralised and decentralised action. Finally, it raised the question of enabling the role of local and regional authorities within the context of broader national crisis management: this is about providing the competencies and financial resources adequate for them to respond to the crisis.

Kerala made for more effective responses to the COVID-19 pandemic, with significant participation from within society. Evans (1996) refers to the importance of the existence of coherent and dependable public institutions in making possible such a positive, synergistic relationship between government and social actors in the case of Kerala. This suggested that the conditions of the synergies with public institutions were not strong state, weak society, but strong state, strong civil society (Harriss, Luong 2022, p. 705). In this context, the pandemic can be seen as a driver to rethink the political foundations of healthcare and welfare in India.

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⁶ For further information please see the following link: <<https://www.coe.int/en/web/portal/-/covid-19-local-and-regional-authorities-on-the-frontline->> (last accessed 22 June 2023).

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5. “Rituals”, “Illness” and “Public Health”: Social Implications of the COVID-19. A Case Study of West Bengal, India

Sudarshana Bhaumik

Abstract

The concept of healing has a long history and has germinated in the minds of human beings since ancient times. Resorting to faith in times of distress has been an inherent human reaction since the beginning of civilization. British colonial rule in India saw the growth of popular beliefs regarding the healing powers of deities like Sitala, Manasa, Ola Bibi in response to epidemics and crises. Based on this understanding, this article traces the historical relationship between endemic diseases and folk ritual traditions through a comparative analysis of colonial perceptions and the present-day global phenomenon. Further, the article analyses the logic behind popular religious beliefs with reference to the emergence of a new cult centred on the novel Coronavirus, particularly in the Indian federal state of West Bengal. It reflects on how the concepts such as “ritual”, “illness” and “health” became intertwined in the course of the present-day pandemic caused by COVID-19. Most importantly, it focuses on the different aspects of pandemic propagation narratives and their usage, local cultures and public response to mass media. The research mostly relied on social media, and newspaper reports for gathering information about the pandemic.

Keywords: Pandemic; Epidemic; Healing; Colonial perception; Rituals; Deities.

5.1. Introduction

Health emergencies are crises which are of international concern. These might include infectious outbreaks, humanitarian crises and disasters, conflicts and forced displacements. The outbreak of COVID-19 has been the most significant health crisis in the recent past, with scholars and social scientists referring to it as a pandemic. Rebecca S. B. Fischer (2020), for instance, states that “once an epidemic spreads to multiple countries or regions of the world it is considered a pandemic in the most classical sense”. However, some epidemiologists¹ classify a situation as a pandemic “only once the disease is sustained in some of the newly affected regions through local transmission” (Ibid.).

COVID-19 was deadly in character, and it appears to have reversed the whole process of globalisation. There is an inherent tension between preserving lives and economic activities. The former involved large-scale lockdowns, quarantines, social distancing, restrictions on all types of public travel, closure of schools, institutes, cinemas, entertainments, religious and social gatherings, all of which was opposed to the latter which required mobility, migration, supply chains, trade demand and consumption. Most significantly the advancement in technology has come to rescue of mankind (Bhutani 2020, pp. 85, 90-92). In spite of such dependence on technology, there was also a dependence on the healing power of the *Daivya Sakti*. This article thus traces how healing through traditions and rituals became a necessary option for people affected by this global crisis.

5.2. Healing as a Relief: Myths and Orality and Traditions

The concept of healing is an ancient tradition. Its origin was not rooted in the recent past but germinated in the minds of the human beings since ancient times. Stories of *rog/asukh* (literally unhappiness, broadly speaking any form of sufferance) are extremely popular in Bengali myths and folk narratives. Illness is generally presented as a form of divine punishment resulting from perpetrating actions (*karma*) contrary to the social norm (*dharma*). In Bengal, Ayurvedic physicians

¹ The list of epidemiologists that use this kind of classification can be found in WHO (2010, p. 4).

or *baidyas* are authoritative figures, although "Western" biomedicine secured its presence since colonial times. However, for the marginal strata of the population, i.e., the working classes, peasants, tribal population, impoverished labourers, migrants and those living in rural or isolated areas, modern science and its remedies hardly played a major role in their lives. The main resource for health-related issues is still a heterogeneous body of indigenous remedies, ritual practices and devotional performances, generally referred to as folk healing. Central to this knowledge is the belief that health and illness are controlled by divine beings, i.e., gods, goddesses and other non-human entities (Ferrari 2015, pp. 46-64).

Based on this understanding, the article analyses the healing power of the local deities as depicted in the oral narratives of rural Bengal. Contemporary historiography has repeatedly made the point that subaltern political consciousness in pre-British India accorded a special place to epidemics, famine and natural disasters. As David Arnold argues, resorting to faith in times of distress has been an inherent human reaction since the beginning of civilization. In India, the worship of Hariti, Sitala, Ola Bibi has long been prevalent to ward off diseases. Hariti, for instance, is one of the earliest iconographic traditions, that had been worshipped for the overall well-being of the children, fertility etc. (Arnold 1993, pp. 118-151).

Ralph Nicholas (2003) drew attention to this element in his writings on the worship of Sitala, the smallpox goddess, in West Bengal. Kautilya's Arthashastra mentions five divine scourges that can destroy a king and a kingdom, namely fire, flood, disease, famine and epidemics (Chakraborty 2012, p. 36). Similarly, the enormous corpus of folk literature in the form of the mediaeval religious narratives, the *Mangalkavyas*, which include *Manasamangal*, *Chandimangal*, *Sitalamangal*, and others (13th-18th centuries) were woven round certain healing deities, like Manasa, the snake goddess, Chandi, the patron deity of forests and animals, Sitala, the goddess of smallpox. These narratives for the first time echoed the voices of the downtrodden, their ritual patterns, customs and their daily struggle against adversities like natural calamities and their seeking of protection against deadly diseases (Smith 1976, pp. 1-4).

The *Mangalkavyas* were known as "poems of well-being," which dealt with these popular indigenous deities. In each *Mangalkavya* the word *mangal* (auspicious) was affixed to the name of the deity. The

use of the word *mangal* suggested that the poem conferred benefits to those who listened to it. The core of a *mangal* poem is in most cases a *vrata* tale.² The key feature of a *vrata* is that it is performed by and for women, often reflecting deep seated pre-Aryan beliefs. The gods it celebrates are usually ignored by or even unknown to males (Clark 1955, pp. 503-518). One of the most striking features of the *Mangalkavya* narratives was the prevalence of female deities. Bengal was, in fact, the cradle of Sakti worship and the most popular aspect of the Sakta cult was the worship of *gramadevatas*, which were the tutelary deities or a protective mother goddess of a particular locality. The village folk commonly worshipped them in many places on the outbreak of a calamity or an epidemic as well as during occasions like marriage, childbirth etc (Maity 1956, pp. 72-76).

Luisa Passerini (2002) states that oral history consists not just in factual statements but is pre-eminently an expression and representation of culture and, therefore, includes not only literary narrations but also dimensions of memory, ideology and subconscious desires. The role of female cultural norms and subconscious resistance were central to Passerini's analysis of women's self-representation in oral testimonies. (Ritchie 2011, p. 78). The *Mangalkavyas* is a part of such oral history tradition where the deities were mostly female and they were considered to be protectors against dreadful diseases and natural calamities. Thus, we came across Banbibi or Dakshin Ray who are still worshipped by the local people of the Sunderbans in Bengal for protection from tigers which invade their villages. All over Bengal, Sitala, a goddess not to be found in any of doctrinal Hindu religious scriptures, continues to be worshipped by devotees, seeking protection from smallpox (Long 1850, p. 141).

5.3. Linkages between Epidemics of the Colonial Period and COVID-19 Pandemic

This section makes a comparative analysis of the historical relationship between endemic diseases and folk ritual traditions of the colonial period and the present-day global phenomenon. Further it is essential to understand the rationale behind popular religion with the emergence of a new cult centred on the Coronavirus.

² *Vrata* means vow, devotion, or ritual.

There is a general tendency to compare the outbreak of COVID-19 with the epidemics that spread during the colonial period. By the early 19th century, a large number of European troops, civilian population, traders, and diplomats had migrated and settled in different parts of the world. Because of this it became a matter of great concern for Europeans whether they would survive in the hot tropical climates. These concerns acquired special significance in another aspect of colonialism, i.e. in the question of race. With growing colonial power and authority, Europeans came to view themselves as different from and superior to those over whom they now ruled. Therefore, the question of European survival in the tropics was also connected to contemporary ideas of race. With the expansion of European colonies, concepts of climate, geography and race came to dominate European medical, political and economic ideas. Over the eighteenth and nineteenth centuries, these questions became critical in shaping the settlement patterns of Europeans across the globe in Asia, Africa, the Americas and Asia-Pacific (Harrison 1996, pp. 68-93).

The spate of cholera epidemics and enteric diseases which gained ground in the West during the early decades of the 19th century, created a new interest in the "tropics", its climate, diseases and the possible remedies for their abatement. In fact, a large number of institutions emerged in different parts of Europe to understand the reasons behind the spread of the "imported diseases" which resulted from interactions between people who resided in different geographical zones. The early understanding of diseases was to a great extent influenced by cultural determinants where race and ethnicity were the defining concepts (Warboys 1976, pp. 75-98).

By the 19th century, British physicians in India ranked smallpox as the most prevalent and destructive of all epidemic diseases. David Arnold in his monograph *Colonising the Body: State Medicine and Epidemic Diseases in Nineteenth Century* (1993, pp. 118-151) notes that smallpox alone accounted for several million deaths in the late 19th century, amounting to an average of more than 100,000 fatal cases a year. Believed to be an incarnation of the Hindu goddess Durga, Sitala or simply "mata" (mother) was widely worshipped in the 19th century in Bengal and North India as one who can cure smallpox (Ibid.). Another deadly epidemic of the 19th century was cholera. Even though references to cholera occur in ancient medical works of Hindus, Arabs, Chinese, Greeks and Romans since the 4th century B.C., the disease ac-

quired a whole new status in the 19th century when a total of five cholera pandemics claimed the lives of millions across the world. Thus, the fear of diseases and the resultant suffering had also given rise to several religious manifestations. The first recorded plague in human history, also known as the Justinian Plague of the 6th century, was seen as an act of angry gods. The British polymath Bertrand Russell had, in his famous lecture entitled *Why I am not a Christian* delivered in 1927 in London, expressed that fear is the foundation of religion (Ferrari 2015, pp. 46-64).

Though the English imported modern ideas of public health, infectious disease, healthy conditions, personal hygiene and the like in India (Chakraborty 2012, p. 42), “cholera,” the classic epidemic of the 19th century, bore the distinctive imprint of popular Hinduism (Arnold 1986, pp. 118-151). With the outbreak of cholera in 1817, popular logic created new deities like Ola Bibi, worshipped by Muslims, and Olai Chandi, worshipped by Hindus. Before 1817, the goddess enjoyed far less popular devotion than Sitala, but she was thereafter extensively propitiated during the seasons when cholera was most prevalent. In the absence of an established cholera deity, initial responses to the epidemic were very varied in different parts of India. But the dominant response was to represent cholera as a new manifestation of the powers of an existing deity like Mariamman, Kali or Chandi or as an entirely new deity known only by some descriptive titles as *jari mari* (sudden sickness) or *Kali mari* (black death). Belief in the disease goddess gave rise to two related responses – one was to dress up a woman, often a young girl, to represent the goddess and to receive her worship, and the other was the use of mediums to voice the goddess’s anger and demands. Both acted as vital channels of communication between the deity and villages (Arnold 1986, pp. 118-156). Dipesh Chakraborty mentions Henry Whitehead’s book on *Gods and Goddesses of Southern India* (1907), where the author described many instances of the articulation of social or communitarian imaginaries in combating diseases. We find evidence of such articulations in the Tamil lands, for instance, in the worship of Mariamma.

The healing power of the goddess and the mentalities of the people definitely changed with the advent of capitalism. Dipesh Chakraborty argues that even if the “social body” did not wholly disappear under capitalism, it was forced to submit to another imagination of the body – one where the relationship between the body and its owner was a

private affair, where contagious diseases were no longer the bearers of social, political or religious messages, where the meanings of "cholera" or "smallpox" was reduced nearly to germs, where the issues of health did not nurture any seeds of opposition to the state (Chakraborty 2012, p. 42, 46-47). But even with the development in science and medicine in the modern global world, the popular appeal of the deities never faded away from the minds of the people. Rather new deities were created.

In the recent past, with the advent of COVID-19 pandemic the Government of India announced a nationwide lockdown in order to prevent the spread of the disease. This definitely created panic in the minds of the people. Since during the first phase of the pandemic treatment of the disease was largely experimental, there was much dependence on the healing power of the local goddess. Unlike in the colonial period, during this phase the Indian government took the initiative to spread the message of healing symbolically through the ritualistic lighting of *dias* (earthenware lamps) and beating of utensils just before the imposition of the country-wide lockdown ("The Telegraph" 2020).

The guidelines of the World Health Organization (WHO) involved physical distance between people, which seems to be contradictory to the usual rituals and religious practices. The measures taken by governments across the world to arrest the spread of COVID-19 resulted in creating alternatives. For the first time in human history, online modes of such rituals and ceremonies, for instance *Satsang*, *pujas*, *artis*, religious discourses, ritual performances, and *darshan* became a norm. Simultaneously with medical treatment of the virus, superstition also became rampant.

5.4. Emergence of the Corona Deity

Based on this understanding of epidemic and ritualisation of the deity, I shall reflect on how the concepts such as "ritual", "illness" and "health" became intertwined in the present-day COVID-19 pandemic. Some scholars have ascribed to folk healing an innate subalternity because of certain contexts like the village, mode of transmission (for instance, orality), gender, and social background of votaries (for instance, caste status) (Ferrari 2015, pp. 45-64). However, I argue that the spread of the Coronavirus resulted in the creation of a deity, Corona Mai or Mother Corona, whose worship as not limited to the subaltern

classes, but cut across social hierarchies. In India, people across the country in Kerala, Assam, Jharkhand worshipped Corona Devi. These images however sometimes evoked angry social media responses on the issue of resorting to faith in times of distress, which has been an inherent human reaction since the beginning of civilization (Roy Chaudhury 2020). In rural and urban areas alike superstitions had been rampant regarding the need to propitiate the angry deity. Women flouted social distancing norms in their attempt to placate the goddess. In several parts of the state of Jharkhand, in cities like Bokaro and Giridih, superstition gave birth to this new deity. At a time when temples were closed because of the lockdown, a group of women dubbed the COVID-19 virus as a goddess who had to be appeased through obeisance and special pujas ("The Telegraph" 2020).

With COVID-19 tightening its grip across India rising infections and fatalities, several groups of people in various parts of the country had been worshipping the virus as a deity, desperately asking to leave. The emergence of Corona Mata /deity in Uttar Pradesh and Coimbatore in June 2021 bore testimony to this fact ("Indian Express" 2020). A great number of newspaper reports had been a great source for understanding the faith and belief system of the common people ("Efe News Service" 2020) In Bengal often Corona devi had been trying to get the position of goddess Sitala from Asansol, Ondal to Kolkata. This had often noticed in folk culture of Bengal ("The Bengali Daily Newspaper" 2020).

The iconographic journey of Corona Mata very closely follows the pattern of evolution of disease goddesses of earlier times (Yadav 2022, p. 2). Earlier we have seen the religious responses to the cholera epidemic of 1817, the Spanish flu of 1918-19, in the form of regenerated deities like Sitala. Charles Rosenberg, the pioneer historian of epidemics, notes that the fear and anxiety generated by such an epidemic "create an imperative need for understanding and thus reassurance" (Rosenberg 1992, p. 294). Annilan, a temple priest stated that he had been worshipping the Corona devi for the safety and well-being of the common people. In the Biswanath district of northern Assam a group of women assembled on the banks of a river to perform a puja to "Corona Ma" who they believe would destroy the virus that has killed thousands across the globe. Similar images of women offering prayers to goddess Corona Mai were also reported in Sindri and Bokaro in Jharkhand as well (Roychowdhury 2020).

In the interior villages of the district of Nadia located local priests sang songs to spread awareness and in praise of the deity, in an attempt to secure the cure and protection of the common people. This information was aired in local news channels like "Ei Samay Gold News Channels". At a time when places of worship had closed down in order to prevent the contagion, prayers continued to be offered to the Corona deity towns and villages of Bihar, Jharkhand, Assam, and Bengal.

Furthermore, the social media played a major role in bringing like-minded people together in their responses to faith in times of distress. Such forms of worship and propitiations through social media platforms led to artistic expressions outside and beyond traditional mould (Yadav 2022, p. 2). Along with the resurgence in the worship of the Corona Mata, Twitter and other social media platforms have also seen a rise in depicting these deities as meme materials and as the butt of jokes. In the state of West Bengal, Corona Mata was also popularised as the Coronavirus Mardini where a Durga-like Devi was depicted as slaying Koronasura, the Coronavirus demon. In a somewhat nationalistic depiction of Bharat Mata, the artist Sandhya Kumari depicted the goddess Durga/ Corona Mata wearing a mask as she slays the virus. Along with the creation of a new deity like Corona Mata, the worship of local deities like Sitala and Manasa has also been popular. The worship of Goddess Bipodtarini (she saves people from *bipod* or danger) was also very significant.

5.5. Conclusion

Seeking divine grace for succour was particularly noticeable during the first phase of the COVID-19 pandemic from 2020 till April 2021. However, the second wave of the pandemic, particularly since April 2021, witnessed a devastating public health crisis across the country (Ali, Floyd 2022). During this period, people relied more on medical sciences than on healing power of the goddess in their fight against the virus. Hence, there were far lesser incidents of reliance on the deity compared to the first.

This article gives an account of the religious responses and innovations among the Bengali Hindu community of India in general, and West Bengal in particular. The global pandemic unravelled deep social divisions and, in many cases, amplified and/or created new stig-

mas against socially pariah groups. While some acted responsibly, others have taken a step further in ensuring their personal health and safety in their own hands – by seeking popular propagandas or performing updated rituals which in turn, reflect a flexibility and creative adaptation of Hindu rituals in the context of a health crisis. Despite the historical tradition of disease goddesses in the Indian subcontinent, the circumstances of Corona Mata were uniquely shaped by the presence of digital media (Yadav 2022, p. 2). But at the same time, it has been observed there was also dependence of the prevalent local deities like Manasa, Sitala and others which were mostly referred in the Mangalkavyas. Their popularity never faded away and particularly during the recent pandemic often people worshipped these deities.

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6. The Impact of COVID-19 Pandemic on Indonesian Democracy

Jean-Luc Maurer

Abstract

The COVID-19 pandemic had a disturbing impact on democracy all over the planet, but Indonesia is particularly interesting to study it. It is not only the fourth most populated country in the world and its third largest democracy since 1998, but also the biggest Muslim nation on earth and one of the only two whose political regime can be considered democratic in 2022. Besides, the impact of the pandemic on democracy is unclear and contradictory. Thus, the democracy index, after having reached its best performance in 2015-16 and after having started to decline in 2017, has further strongly regressed in 2020, during the first year of the pandemic. However, it has quite astonishingly rebounded in 2021, while the country was going through its second and worst phase, and has remained stable in 2022. In terms of COVID victims, Indonesia has registered rather bad results. By 28th January 2023, as the third wave of the pandemic was waning, the country counted more than 6,73 million people infected and 162,000 deceased. It gave it a 9th rank in the club of 18 countries with more than 100,000 deaths, being also the most affected among the ten countries of ASEAN. Yet, after some hesitation, the government had progressively adopted a sensible strategy to find the best balance between protecting population health and safeguarding the economy. Its results have been mixed as will be shown. The objective of this paper is to understand the dynamics of the COVID-19 pandemic in Indonesia and the nature of its impact on democracy to draw lessons that can be useful for comparison. After having dissected the evolution of the pandemic itself and shown that it has affected the country while democracy had already started to de-

cline, it will review the measures adopted to contain it, their impact on further democratic regression at different levels despite some encouraging signs of resilience and analyse the broader economic and social consequences of this major health crisis.

Keywords: Infection and death tolls; Anti-Pandemic measures; Democratic decline; Resilience and index; Civil and religious freedoms.

6.1. Introduction

It is now well established that the COVID-19 pandemic has had a negative impact on democracy all over the world, but Indonesia is particularly interesting to study. Not only is it the fourth most populated country in the world and since 1998 its third largest democracy, but it is also the biggest Muslim nation on earth and one of the only two (together with neighbouring Malaysia) whose political regime can be considered as democratic nowadays¹. Moreover, the impact of the pandemic on Indonesian democracy is blurred and quite contradictory. After having reached its best performance in 2015-16 and started to show a declining trend from 2017 onwards, the country's democracy indicators have further and quite expectedly regressed in 2020, during the first year of the pandemic, but surprisingly resisted and even rebounded in 2021, while it was going through its second and most virulent phase, to remain stable since then. In other words, democracy has been more resilient than many Indonesia-watchers having made alarming predictions on its increasing democratic decline had expected and is not emerging significantly weaker from the pandemic than it was at its beginning. This phenomenon is particularly interesting and deserves to be investigated more in detail.

¹ In this paper, democracy is not only considered in terms of electoral democracy but also with regard to the respect of the rule of law, checks and balances, civil liberties, and various types of freedoms (expression, press, religious, academic, sexual, etc). This is why another major electoral democracy like Turkey is not considered as truly democratic. However, as will be seen in this paper, Indonesia is only a "flawed democracy", like the first two largest in the world in terms of population, India and the USA, as well as many smaller ones.

This paper is divided into three parts. In the first part, I will give a brief toll of the pandemic and of the main measures taken by the government to control it. In the second part, I will review all the major impacts that it had on democratic decline but focus on four specific points of particular concern: press freedom breaches, political repression against radical Islam, recentralisation measures with the 2024 general elections in view and online justice with the increase of death penalty sentences. In the third part, I will give more information on the democratic resilience of the country and underline four political indicators demonstrating its reality: checks and balances with the salutary role of the Constitutional Court, adoption of a rather progressive law against sexual violence, renunciation to the idea of a third term in 2024 for the actual President Joko Widodo (Jokowi), first elected in 2014, and the encouraging easing regarding the dangerous political polarisation trend shown in a recent past.

6.2. An Overview of the COVID-19 Pandemic in Indonesia

On 28 January 2023, Indonesia had officially registered more than 6,73 million people infected and 162 000 deaths according to the John Hopkins University Center for Systems Science and Engineering (CSSE) COVID-19 data centre², mainly in larger cities and on Java, the most populated island of the archipelago. By comparison, it was ranking 10th among the 19 countries in the world having registered more than 100 000 deaths³. At the regional scale, it had the worst death record among ASEAN countries in absolute terms but, relatively to the size of its population, it was comparable to most others and even lower than some like Malaysia or the Philippines. Since the beginning of the pandemic in March 2020, Indonesia has gone through three major waves⁴ in January-February 2021 (variant Alpha), in July-August 2021 (variant Delta), by far the most virulent and deadly, and in February-March 2022 (variant Omicron). The last Omicron wave was almost terminated in early 2023, with an average 7-days figure of only 223 cases and 4

² The website of the COVID Data Centre is available at <<https://coronavirus.jhu.edu>> (last accessed 28 January 2023).

³ For further information see <<https://www.statista.com>> (last accessed 28 January 2023).

⁴ See graphics on <<https://coronavirus.jhu.edu>> (last accessed 28 January 2023).

deaths on 28 January 2023. The government had even been hesitating in late 2022 to proclaim the end of the pandemic but had postponed the decision due to its late resurgence in China. One should also be aware that the toll of the pandemic has varied between provinces and islands due to a complex geography (insularity/isolation) and the unequal quality of the health system.

There has been some unfortunate and time-consuming denial and dithering at the beginning⁵. But starting from late March 2020, one has seen the progressive adoption of a flexible three level of intensity system of social distancing and mobility restrictions named PSBB (*Perbatasan Social Berskala Besar*). However, no national total lockdown was ever imposed, unlike several countries of the Asia-Pacific region like India and Bangladesh, also studied in our research project, or for that matter China, Korea, Taiwan, Australia, and New Zealand. Still, schools, workplaces, borders have been totally or partially closed at different moments in different cities and provinces⁶. Testing and isolation have for their part remained quite low and inefficient until the end. As for vaccination, it was made compulsory in February 2021, but it was followed by a weak implementation due to several factors among which insularity and isolation are ranking high. Despite that, at the beginning of December 2022, almost 75% of the population had been vaccinated at least once and more than 60% had received their second jab and were considered as fully vaccinated, but only 27% had been given a third booster dose and very few people a fourth one. In total, more than 400 million doses had been administered at that time (5th largest campaign in the world), enough for about 75% of the population. However, it is mostly the Chinese Sinovac vaccine which has

⁵ In the epilogue of my recent book entitled *Indonésie: l'envol mouvementé du Garuda* (2021), mentioned in the bibliography, I give several examples (pp. 379-388) of this dithering phase at the beginning of the pandemic. The most appalling was given by the very incompetent and controverted Minister of Health then in charge, General Terawan Agus Purwanto, who declared in March 2020 that prayers, not masks, was the best way to keep the pandemic from spreading in the country! He was fortunately sacked in December 2020 by President Jokowi and replaced by an engineer in nuclear physics also having a long experience on insurance financing, Budi Gunawan Sadikin, who is still in place and has managed the pandemic quite well since then.

⁶ The series of graphics and maps on COVID-19 one can find for each country in the world on <[https:// www.reuters.com/graphics/world-coronavirus-tracker-and-maps](https://www.reuters.com/graphics/world-coronavirus-tracker-and-maps)> (last accessed 28 January 2023) are also very useful to better understand the dynamics of the pandemic and the sequence of measures taken to control it.

been used while it is recognized to be less efficient than Pfizer or Moderna ARN messenger types. Whatever be the case, it seems that almost the entire population in Java and Bali had already developed antidotes by the end of 2022.

Consequently, there has been a progressive reduction of coercive PSBB measures and a gradual re-opening of the country since the beginning of 2023, all of them having now been lifted to relaunch the economy and particularly the crucial tourism sector which has suffered a lot from the pandemic. Like in many other countries, very large safety nets measures have also been progressively adopted by the government through an increase of the budget deficit to support the most vulnerable people⁷. This has largely been made possible thanks to the boom in commodities and the record performance of export revenues resulting from the international crisis due to the appalling war in Ukraine, as well as a prudent macroeconomic management. As a result, economic growth has rapidly recovered from the pandemic⁸.

6.3. Major Impacts of the Pandemic on Democratic Decline

First, the decline of the struggle against corruption, already underway for a couple of years, has accelerated with additional scandalous cases linked to the pandemic. Therefore, the Transparency International index considered as one of the most reliable indicators of corruption perception has worsened: Indonesia was 88th on 168 countries with a score of 36 in 2015 but regressed to an 96th rank with 38 in 2021 and was further relegated to the 110th with 34 in 2022 (on a maximum best of 100). One has also seen a decline of democratic practices at parliament with major laws adopted in emergency without real debate (Omni-

⁷ As a result, after a slight and brief increase from 9,4% in 2019 to 10,1% in 2021, the poverty rate has rapidly returned to its pre-pandemic level below the 10% threshold with 9,5% in 2022, and income inequality has followed the same trend and remains nowadays rather stable and moderate, around 0,4 in terms of Gini coefficient (see Novianti 2022, pp. 29-37; Suryahadi et al. 2021, pp. 267-296; see also <<https://www.statista.com>> [last accessed 28 January 2023]).

⁸ The economic growth figures are the following: 5,02% in 2019, recession of -2,07% in 2020, but already a 3,69% recovery in 2021 and a return to the normal pre-pandemic level with 5,1% in 2022 and a forecast of 5,3% for 2023, one of the highest in the region. Inflation has also remained under control around 5% in 2022. See Anas et al. (2022, pp. 241-271).

bus law on labour, Law on transfer of capital city from Jakarta to East Kalimantan, Law on sexual matters, Law on the new penal code, Law on the creation of three additional provinces in Papua, etc). It mostly results from the country's traditionally consensual political culture with the government of President Jokowi being currently supported by a coalition of almost all the major political parties and by 85% of the MPs in the House of Representatives (*Dewan Perwakilan Rakyat*). In fact, one can consider that it is largely because of its political culture that the Indonesian democracy has regressed since 2017, precisely due to its preference for consensus seeking (rather than contradictory democratic debate) and authority. Some political scientists have named this trend "autocratic legalism".

Due to the pandemic, a ban on public demonstrations was imposed, while they had become a regular characteristic of Indonesian democracy since 1998 to support or oppose economic and societal reforms. Moreover, people also had to accept a strong limitation of their mobility, especially during holidays (*ramadan* and *mudik*, when millions of them travel to their place of origin to celebrate the end of the Muslim fasting month with their family, or Christmas and New Year). All this had naturally a bad impact on education, with schools and universities closing temporarily. Press freedom and freedom of expression on the internet were also strongly affected (I will deal with this question more in detail below) while attacks on academic freedom were more frequent. In parallel, religious freedom was seriously reduced with the banning of the main radical Islamist organisations and the jailing of their leaders (I will also deal with this question in more detail below). However, mainstream political Islam has given its strong support for the coercive measures taken (including restrictions on mosques' frequentation for prayer), despite a hot debate on *halal* vaccines⁹.

Unsurprisingly, the health emergency has led to the reinforcement of the role of the army and the police in the implementation of coercive measures. It has resulted in a strong decline of confidence in the police¹⁰. At the same time, one has seen an acceleration of a certain

⁹ Surprisingly, only the Sinovac vaccine has been accredited by Muslim authorities despite the well-known importance of pork consumption in the Chinese culture and diet.

¹⁰ According to polls regularly mentioned in the *Jakarta Post*, this confidence rate dropped from 80,2% in November 2021 to 54,4% in August 2022, following the murder of a subordinate by General Ferdy Sambo, one of the highest police officer in place, and the arrest for corruption linked to a drug case of another two-stars general newly

“recentralisation trend” in the perspective of the 2024 general elections (I will also deal with this question more in detail below). It was accompanied by a worsening of repression and an acceleration of unpopular administrative reforms in Papua with the creation of three new provinces without much debate and against the will of a large part of the population which considers that it is one more step in the “divide and rule” policy of the central government. Finally, there has been a generalisation of online administrated justice with an increase of much too rapidly pronounced death penalty sentences (I will also deal with this question more in detail below).

Let us precisely analyse more in detail now four of these major points illustrating the impact of COVID-19 pandemic on democratic decline in Indonesia: (a) press freedom breaches, (b) political repression against radical Islam, (c) recentralisation measures with the 2024 general elections in view, (d) online justice and death penalty.

6.3.1. Press Freedom Breaches

Press freedom is one of the aspects of democracy where Indonesia is not scoring well. According to Reporters Without Borders (RWB), it was ranked 117th among 180 countries in 2022 with a score of 49,3 on a maximum of 100 (new methodology), against 124th with 60,3 in 2018. Historically, the 1999 Law on the press put an end to thirty-two years during which it was totally under the control of the authoritarian so-called “New Order” regime of General Suharto who had even established a Ministry of the Information to keep a vigilant eye on it.

Between 2000 and 2008, the situation has progressively improved, Indonesia even established in 2009 its best performance for press freedom with a 100th rank in the RWB annual report and a score of 28,50 (the maximum being then 0 according to RWB previous methodology). But with the adoption in 2008 of the new Law on information and electronic transactions known as ITE (*Informasi dan Transaksi Elektronik*), mostly aiming at fighting against the messages propagating hatred and violence on social networks or to thwart manoeuvring from radical

appointed police chief of East Java province after the sacking of his predecessor due to the disproportionally harsh and dramatic intervention of the police during a derby football match against Surabaya in the municipal stadium of Malang on October 1st 2022 which has caused the death in a stampede of 135 soccer fans.

Islamist groups being involved in terrorist actions or their preparation, it has started to deteriorate.

This trend has accelerated in 2020 with the outburst of the COVID-19 pandemic because this ITE law has begun to be used more widely. Not only to drive out the multiplication of injurious and heinous attacks against the President or the government and the “fake news” on social networks but also to sue for slandering critical analysis coming from journalists or academic researchers on the health policy of the country and the measures adopted to control the pandemic or more generally on the denunciation of corruption cases, breaches against the rule of law, individual freedoms, or the environment. Thus, RWB has registered a record of 43 cases of violence against journalists in 2021. Fortunately, none of them lost his life and only one was jailed. However, two journalists of the regional press have again been sued in 2022 for false information and defamation concerning recognized corruption cases and environmental breaches in West Kalimantan and South Sulawesi.

As a result of all that, a large majority of the Indonesian population would be afraid nowadays to express its opinion according to various polls. But it is principally in the provinces of Papua, where a rebellion movement fighting a war of low intensity for its independence exists for more than fifty years and where the Indonesian army and police are regularly committing exactions against the civil population, that the situation has strongly deteriorated. Thus, foreign journalists are practically denied any access to the place and national reporters find it very difficult to make investigations reflecting the bleak reality and the truth of the situation.

6.3.2. Political Repression against Radical Islam

President Jokowi has shrewdly and insidiously taken advantage of the opportunity given by the COVID-19 pandemic to attack and weaken radical Islamist groups and leaders who had fiercely opposed his candidacy in the 2014 and 2019 elections. After the huge demonstrations of the so-called “212 Movement” organised in late 2016 by radical Islamists groups led by the FPI (*Front Pembela Islam* or Front of the Defenders of Islam), an organisation created in 1998, following the fall of Suharto, by a popular cleric named Habib Rizieq Shihab¹¹, Jokowi,

¹¹ He had supported in 2014 Jokowi’s rival to the presidency, Prabowo Subianto

who had remained relatively passive until then, has counter-attacked with force.

The government has first forbidden in 2017 the HTI (*Hizbut Tharir Indonesia*), a radical Islamist organisation also created in 1998, struggling for the creation of a universal caliphate and accused of propagating ideas against the national ideology of *Pancasila* and the national unity of the country. Then, at the end of 2017, Justice has launched an action against Habib Rizieq Shihab for his violation of the Law on pornography (stressing at this occasion the hypocrisy of this radical cleric preaching temperance and puritanism) and his repeated insults against the national ideology of *Pancasila*. To avoid an infamous trial and a possibility of being jailed, the Islamist firebrand then fled to Saudi Arabia where he has lived until the end of 2020.

At the end of November 2020, his banning from the country and the charges against him having surprisingly been abandoned, he came back to Indonesia when the COVID-19 pandemic was reaching its first “peak” and people were dying by hundreds each day in Jakarta. Celebrated as a hero upon his arrival at the Sukarno-Hatta airport by thousands of his supporters who accompanied him, despite the lockdown measures imposed on the population to control the pandemic, he received lots of people at his residence during the following days and apparently even organised a large and lavish ceremony for the wedding of his daughter. Summoned by the police on December 7, he attempted to escape with the protection of an escort of armed bodyguards, six of them being subsequently killed by the police in an exchange of shots on a highway access in the surroundings of Jakarta (two killed on the spot and the four others being apparently cold-bloodedly executed at the police station).

It has given a good reason for the government to ban in December 2020 the FPI, accused, like the FTI three years earlier, to undermine the national ideology of *Pancasila* and the national unity of the country. Arrested, jailed and condemned in March 2021, by video-conference to

(Suharto's ex-son in law and a retired army general suspected of many human-rights abuses, driven by the ambition to become president and having developed to this end a national-populist agenda with the support of radical Islamist organisations). He had also led in late 2016 the protest against the candidacy as Governor of Jakarta of Basuki Tjahatja Purnama (known as Ahok), a Sino-Indonesian and a Christian, who had been Vice-Governor when the newly elected President was ruling over the capital city, and was finally condemned to two years in jail for an imaginary blasphemy. For more details on these circumstances see Maurer (2021, pp. 321-326).

respect the measures taken by the government to control the pandemic (he and his lawyers opposed such a virtual trial, we will come back more in detail later on some of the tragic consequences of this measures), Habib Rizieq Shihab was given a 4 years jail sentence to have violated the lockdown rules and to have circulated fake news by declaring he was immune while he had been contaminated. In August 2021, the spokesperson of the dissolved FPI, Munarman, announced the creation of a new FPI (*Front Persatuan Islam* or United Islamic Front). Not long later, he was condemned for the same reasons as his mentor.

All this is confirming the authoritarian and “securitarian” drive of the Indonesian government which has skilfully taken advantage of the possibilities offered by the COVID-19 pandemic to strike severe blows to radical Islam, even if it is far from being eliminated, remains secretly active and could possibly be revived under new forms.

6.3.3. Recentralisation Measures with the 2024 General Elections in View

The decision taken by the parliament in 2020 to change the rules for local elections known as PILKADA (*Pemilihan Kepala Daerah*) and have them organised next time on the same day as the legislative and presidential elections in February 2024 is also creating some problems for electoral democracy. It means that all the governors, district chiefs (*bupati*) or city mayors (*walikota*) whose term is arriving before this date will be replaced by people nominated by the President and the Ministry of Home Affairs to be in charge *ad interim* before the general elections take place. Large provinces like Jakarta, West Java, and Central Java, are also concerned and their respective governors (Anies Bawesdan, Ridwan Kamil, Ganjar Pranowo), who all have presidential ambitions for 2024, will therefore be deprived of a large part of their capacity to support and finance their candidacy.

In late October 2022, Anies Bawesdan, the Governor of Jakarta (who had defeated with the support of radical Islamist group Jokowi’s deputy Ahok in 2017 when he campaigned to succeed him in this position) was the first to pass the baton to such an appointed figure, in this case a very close collaborator of the President. At the same time, he announced his candidacy for the presidency in 2024, just after Prabowo Subianto, the national-populist leader who has already been beaten twice by Jokowi in 2014 and 2019 before joining the government as

Defence Minister, in conformity with the traditional Indonesian political culture of consensus-seeking, but has not abandoned his ultimate ambition to lead the country. In April 2023, Ganjar Pranowo, who is still Governor of Central Java, has also been nominated as presidential candidate by his own political party. Hence, there is a large chance that the next presidential elections will be a competition between these three political figures.

6.3.4. Online Justice and Death Penalty

As it has been mentioned previously, the Indonesian government has decided in 2020, in the framework of the PSBB lockdown measures taken to fight against the propagation of the COVID-19 pandemic, that justice would largely be administered at distance by online conference. Among the negative consequences resulting from this decision, the number of death penalty verdicts has increased from 80 in 2019 to 117 in 2020 before stabilising at 114 in 2021 according to Amnesty International.

The death penalty exists in Indonesia and continues to be supported by a large majority of the population, even if a growing minority wishes its abolition and that its softening is currently under discussion at parliament. Except for a few persons who have committed acts of terrorism or blood crimes, most of those sentenced to death are hard drugs dealers whose consumption is sowing death and misery among the Indonesian youth. Thus, in 2021, 94 persons out of 114, that is 82%, were sentenced to death for this reason. However, no execution (by shooting in Indonesia) took place since the period going from January 2015 to July 2016 when Jokowi, newly elected as President and willing to show his authority to the population with regards to drug trafficking issues, gave his greenlight to proceed to the execution of 18 detainees, most of them foreigners (among which two Australian and one Dutch citizens, raising protestation from these countries where the death penalty has been abolished). Currently, there are around 500 persons in the Indonesian death row.

This increase in the number of “sentences to death by Zoom” is certainly one of the most unexpected and saddest consequences of the COVID-19 pandemic in Indonesia and participates to the democratic decline the country has gone through lately.

6.4. Some Indicators of Democratic Resilience

Despite these elements showing that the COVID-19 pandemic has accelerated the stagnation and continuous slide in the quality of Indonesian democracy which started back in 2013-14, the decline of the democratic index in 2020 was followed by a strong improvement in 2021 according to the well-known and respected London-based Economist Intelligence Unit (EIU). As for the American governmental think tank Freedom House (FH), considered one of the most relevant democracy-watching organisations, it is perfect stability that prevails for Indonesia. It clearly shows that there is also some sort of recomforting democratic resilience in the country.

For EIU, publishing a yearly elaborate composite democracy index by country, Indonesia is a “flawed democracy” having recently recorded a slight decline followed by a clear rebound: 6,48 and 64th in 2019; 6,30 and 64th in 2020; 6,71 and 52nd in 2021; 6,71 and 54th in 2022 (on a maximum of 10 and 167 countries). It belongs to the small club of ten countries which have recorded an improvement in their composite democracy index in 2021, being even the best world performer of the year, while its position has remained stable in 2022. For FH, the performance is less spectacular but Indonesian democracy is “partly free” and basically stable with a score of 61 in 2019 and 59 in 2020, 2021 and 2022 (on a maximum of 100 with 180 countries considered). How to explain this apparent contradiction? Four major aspects of Indonesian political life can help to understand this democratic resilience.

1. Checks and Balances/Role of Constitutional Court: the fact that the Constitutional Court has invalidated in November 2021 the adoption of an important and very controverted law (Omnibus law on labour) taken in haste by the parliament a year before on the ground that it did not respect constitutional rights is a proof that “checks and balances” still exist in the country. It is one clear manifestation of this democratic resilience.
2. Adoption of the Law against Sexual Violence: the Law against sexual violence and abuses passed in April 2022 by the DPR with the strong support of President Jokowi is also another victory for Indonesian democracy. In a country where 87% of the population is Muslim and which has been confronted with a strong wave of “re-islamisation” in the last 25 years, at the origin of renewed conservative practices

and increasing bigotry and puritanism, the subject had been strongly opposed by Islamist circles and its adoption constitutes a victory for all Indonesian women and the public in general.

3. No Third Term for the President in 2024: another positive aspect of the recent Indonesian political debate is the fact that President Jokowi has finally resisted the strong pressure coming from several political parties in his coalition and many of his supporters to postpone the next presidential elections and stay in power over the end of his second and final term in February 2024 or, even worse, to have the Constitution amended for him to be able to accomplish a third mandate. Even close to the end of his second mandate, he remains very popular¹² and it would certainly have allowed him to reach the objectives fixed in 2019 and implement an ambitious economic reform agenda largely disturbed by two years of COVID-19 pandemic as well as make irreversible his huge pet project of transferring the capital city from Jakarta to East Kalimantan. However, he has fortunately abandoned the idea and is nowadays more involved in political manoeuvres to make sure that his successor will follow on his footpath and perpetuate his legacy.
4. Progressive Decline of Political Polarisation: maybe because the whole population has suffered from the same evil COVID-19 pandemic, one has the impression that it has also created a renewed solidarity which translates into a weakening of the very bad political polarisation that has marred the 2014 and 2019 general elections with intolerance and ugly violence opposing Islamist and secular political parties. It is true that the repression against the most radical Islamist organisations or leaders has contributed to this appeasement. Things may change in the coming months, but less than a year ahead of the 2024 general elections the political climate is much less conflictual than it has been in previous similar circumstances.

¹² According to a poll published in the "Jakarta Post" on 22 January 2023, President Jokowi has reached an all-time popularity record of 76,2%, gaining almost 14 points compared to his score 62,6% in late September 2022. Analysts explain this very rare performance for such a long-time President by the decisions to ease the COVID-19 restrictions at the beginning of the year as well as to the decline in oil prices after the strong temporary increase due to the Russian aggression of Ukraine. However, the fact that the Indonesian economy has rapidly recovered from the crisis and is doing quite well since then and that Jokowi has strongly improved his image and promoted the renewed role of Indonesia on the international scene by managing with talent the last November 2022 G20 meeting in Bali, despite the troubled circumstances, has probably benefited him too.

To sum up, after having been painfully established between 1998-2004 and having slowly but surely progressed between 2004 and 2016, Indonesian democracy has started to decline since 2017 and the pandemic has reinforced this slide in 2020. However, it seems that this regression has been halted and possibly even reversed in 2021 and 2022, with Indonesian democracy showing clear signs of a recomforting resilience. One will have to observe which direction the country will take until 2024 when the next presidential, legislative, and regional elections will take place. After the recent scandals it has suffered, a reform of the police would certainly constitute a major contribution to the reinforcement of Indonesian democracy and improve drastically the legacy of President Jokowi on this count in the eyes of history. For the moment, Indonesia gives the impression to be on an edge and at a crucial historical turning point, hesitating between resuming the progress achieved towards democratic consolidation and the return to a more authoritarian form of government and the devils of its past.

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7. Singapore Constitutional Communitarianism and COVID-19

Astrid Zei

Abstract

As COVID-19 spread in Singapore, the authorities were able to draw on previous experience with the SARS and MERS outbreaks. Rather than relying on constitutional emergency powers, the response in Singapore was provided through ordinary legislation granting the Ministry of Health the power to issue control orders. The restrictive measures imposed by the government were received without any significant tensions or protests from the civil society. This seems to be dependent not only on the prompt deployment of an extensive set of social safety nets, or the severe punishments established by the emergency legislation, but also on the primacy accorded to the principle of “nation before community and society above the self”, which constitutes one of the pillars of Singapore’s unwritten “material constitution”. However, the pandemic hit at blind spots which were not found within the national community of the “residents”, but in the cohabitation with migrant workers, who in 2019 constituted 38% of the labour force in Singapore. The spread of the pandemic in the migrant worker’s dormitories and the way it has been managed constitute the most serious criticalities identified during the pandemic and have highlighted the unpreparedness of the communitarian model of Singapore to cope with more fluid and intersectional identities.

Keywords: Communitarianism; Asian Values; Cultural pluralism; Immigration policies; COVID-19.

7.1. A Golden Case with a Wide Blind Spot

Singapore is a prosperous mini-State, highly performing in economic quality, infrastructures, and market access¹, anchored in political stability, low corruption rates, committed to the values of social cohesion and ethnic and religious pluralism that constitute unwritten core elements of its Constitution. The response to the COVID-19 pandemic has been very successful in terms of quality of medical care, new technologies used to track infections and to implement the distancing measures imposed by the authorities, and financial support to household and businesses.

As recently observed in a comparative study on “coronavirus politics”, health policies and social policies have proved to be closely dependent, and “happy countries” in their response to COVID-19 were those that reacted with robust health and social policies, capable of sustaining income and the economy in the face of a collapse in demand and job opportunities (Greer et al. 2021, pp. 615-616). In fact, at an early stage of the pandemic, Singapore was considered a “golden standard”, with an efficient organisation in monitoring infection, isolation, and treatment of imported cases from abroad, and a near-zero mortality rate.

Like all crises, however, the pandemic hit at blind spots, which were not found within the national community of the “residents”, but in the cohabitation with migrant workers, who in 2019 constituted 38% of the labour force in Singapore, mainly in the sectors of domestic work, building and infrastructure construction, ship repair and construction (ILO 2020).

Low-waged migrant workers, mainly coming from India, continental China and Bangladesh, use to reside in cramped large-scale, purpose-built dormitories around the peripheries, tangibly expressing their otherness from the community of Singapore residents. When the pandemic inevitably erupted in the dormitories, their residents were subject to a separate harsher regime of movement restrictions, governed by the *Foreign Employee Dormitories Regulations* and the *Employment of Foreign Manpower (Work Pass Conditions) Regulations*. The unhygienic and health threatening living conditions in the dormitories became part of the public discourse, challenging the Singapore

¹ According to the *Legatum Prosperity Index*TM Singapore is ranking 17th in the overall *Prosperity Index*.

original communitarian model, not only in its effectiveness to cope with the pandemic, but also in its unpreparedness to engage with alternative voices in a much more diverse and sophisticated society (Dirlewanger-Lücke, Li 2022, p. 92).

7.2. A Legislative Answer

Singapore's Constitution has evolved combining different sources, including the *Republic of Singapore Independence Act* 1965, the continuing in force of provisions of the Malaysian Constitution, subsequent amendments, such as the introduction of an elected presidency in 1991, and "consensus convention of agreed rules"², progressively deviating from the original Westminster system of government, with a "clear preference for quiet diplomacy" oriented towards maintaining the institutional dynamics within the framework of a "harmonious working relationship" (Chang et al. 2014, pp. 103-104).

A first salient point to note is that while other countries relied on some kinds of Constitution-based emergency powers, the response in Singapore was legislative, even though the state of emergency is expressly regulated by the Singapore Constitution. Art. 150 of the Constitution of Singapore is invoked upon a proclamation of emergency "whereby the security or economic life of Singapore is threatened". This provision was originally designed to counter political (communist) insurgency (Thio 2010, p. 261), but its formulation is very broad and could certainly also cover a serious pandemic threat. Its most significant features consist of a possible suspension of constitutional rights and the vesting of legislative powers in the executive for the duration of an emergency, which leads to an emptying of the prerogatives of the parliament, and in particular, those belonging to the parliamentary opposition.

The decision to address the pandemic with the instruments of ordinary legislation can be explained by considering, on the one hand, that the government was supported by an ultra-qualified majority of parliamentarians, which allowed for the "undisturbed" adoption of any measure deemed necessary, possibly even through constitutional amendments, and, on the other hand, the ease with which the majority could institute

² Chang et al. (2014, p. 103) refer to "soft constitutional law norms, which were created afresh rather than being a product of past practice".

a legislative procedure that benefited from the fast-track of the urgency procedure outlined in the parliamentary Standing Orders (SO). Article 86 SO provides that a bill, if accompanied by a certificate of urgency signed by the President, may be put through all three parliamentary readings in the same sitting. In fact, the *COVID-19 Temporary Measure Act* (CTMA), which introduced the extreme measure of lockdown, termed locally as “circuit breaker” (CB), was debated and adopted on the same day, on April 7, 2020, and, although deemed to be provisional, its duration has been extended several times, most recently until 23 April 2023.

Initially, mandatory restrictive measures were issued in the framework of the 1976 *Infectious Disease Act*, which was amended several times. Since 2003, when Singapore was plagued by the SARS epidemic, it enables the government to implement compulsory quarantine for infected people and apply heavy penalties on those who violate the home isolation. As the daily number of new local cases in March 2020 has begun to rise, it was deemed insufficient to impose the “decisive move to pre-empt escalating infections” announced by the Prime Minister Lee Hsien Loong on 3 April 2020. The *COVID-19 Temporary Measure Act* (CTMA) grants the Ministry of Health the power to issue control orders pursuant he is “satisfied” that “the incidence and transmission of COVID-19 in the community in Singapore constitutes a serious threat to public health” and that the “control order is necessary or expedient to supplement the *Infectious Diseases Act* and any other written law”³.

Control orders (CO) are still subject to parliamentary scrutiny, as parliament may annul by resolution any order or part of it after the publication in the Gazette, although without affecting anything previously done under that CO⁴.

In general, the restrictions have been progressively tightened since the first months of the pandemic, and have resulted in Singapore, as in most countries of the world, in conspicuous limitations to many constitutionally guaranteed freedoms. The Singapore government implemented a lockdown, from 7 April to 1 June 2020 that reduced movements and interactions in public and private places. The measures entailed the closure of all non-essential workplaces, schools, recreational venues, tourist attractions and places of worship. Smart working and telecommuting policies were also implemented at the same time.

³ See *COVID-19 (Temporary Measures) Act*, 34 (1).

⁴ See *COVID-19 (Temporary Measures) Act*, 34 (5).

Under CTMA, persons who contravened any of the provisions under the *Control Order Regulations* committed an offence and were liable for a fine up to S\$20,000 and/or imprisonment for a term up to 12 months⁵. The authorities deployed substantial resources to ensure compliance with the imposed distancing measures.

Aside from *Safe Distancing Ambassadors* hired to enforce physical distancing in Singapore, new technological solutions were mobilised. For instance, a fleet of 30 drones was released to monitor some of the most popular parks and natural areas, which measured in real time how many visitors were at each destination. The data were aggregated to a website that locals could use to determine which parks have the lowest number of visitors at any given time. One of the most famous technological tools was a robotic dog that “barked” a warning whenever it came across someone who was not maintaining safe distancing, using a camera with remote navigation and pre-recorded messages. However, a close and transparent communication campaign, aimed also at stigmatising deviant behaviours as a form of disrespect to the community, has been probably effective, recording a prompt and cohesive response from the population.

7.3. Holding Parliamentary Early Elections at the Height of the Pandemic

During the pandemic, the parliament has continued to work as usual while implementing safe distancing protocols. In fact, the Constitution was amended to permit parliament to sit, meet and despatch business with members of parliament seated simultaneously in more than one location whenever “it is or will be impossible, unsafe or inexpedient for parliament to sit and meet in one place”⁶.

A second aspect to be emphasised concerns the choice not to postpone the general elections, that were held on 10 July 2020, at the height of the pandemic, nine months before the expiration of the parliament’s five years term. This choice has been justified on the grounds of constitutional obligations and political opportunity. Responding to a parliamentary

⁵ See Section 34(7) of the *COVID-19 (Temporary Measures Act) 2020*.

⁶ See *Constitution of the Republic of Singapore (Amendment) Act 2020*, 5 May 2020. The authorization only applies for 6 months at a time and needs to be renewed by the parliament each time.

question tabled on 25 March 2020, senior Minister Teo Chee Hean had in fact argued that it would be illegitimate to derogate from the Constitution since a state of emergency was not proclaimed.

On a political level, moreover, the elections would be read as a popular judgement on the work of the outgoing government and would have been necessary to legitimise the draconian actions that might be necessary in the future to deal with the pandemic: “Today, more than ever, we need a government that the people have expressed confidence in”, he said⁷.

7.4. An Iper-Majoritarian Democracy

The extremely stringent measures taken to cope with the pandemic have not been vigorously challenged, either politically, judicially or within civil society. As for the parliamentary debate, it is very easy to argue that the absence of a political contradiction regarding the freedom-restricting measures that were imposed by the government is due to the absence of a significant opposition in the parliament of Singapore. The People’s Action Party (PAP) could count on the support of an ultra-qualified parliamentary majority having won 83 out of 89 seats in the 2015 elections. Indeed, the absence of a robust parliamentary opposition that has characterised Singapore’s political system since the proclamation of independence is the main puzzle that hinders its comparison with other pluralist democratic systems.

As an elected opposition in the course of a competitive electoral campaign is regarded as an indefectible functional element for any democratic political representative regime (Fisichella 1983, p. 36)⁸, the system of government in Singapore has been variously described as a “constitutional-oligarchic regimes” combining “high levels of constitutionalism with low levels of electoralism” (Wigell 2008, p. 245), a “façade electoral regime” (Levitsky, Way 2002, p. 54), a “competitive authoritarian regime” (Ortmann 2011, p. 153), “stable semi-democracy” (Case 2002).

⁷ Lee (2020) noted that the election “would function (or at least be perceived) as a *de facto* vote of confidence or otherwise in the government’s responses to the pandemic”. See also Dirlewanger-Lücke, Li (2022, pp. 91-94).

⁸ Similarly, De Vergottini (2013, p. 210) emphasises the existence and effectiveness of opposition minorities as indefectible elements that are common to all democratic forms of government, pitting the systems of government with “guaranteed opposition” against so-called “façade democracies”.

While voting in Singapore is widely considered to be fair, accurate, and free from tampering⁹, the PAP enjoyed unbroken total representative hegemony in parliament in 1968-1981, and even thereafter, the mandates won by opposition parties could be counted on the fingers of one hand, at least until the last election in 2020 when the Worker's Party of Singapore succeeded in electing a record number of ten MPs.

The reasons for this largely depend on electoral legislation, which, given the multi-ethnic and multi-religious nature of the Singaporean community, is aimed at preventing the emergence of political parties and movements with a strong identity-based character, while renouncing the extreme instrument of prohibiting ethnic political parties. The electoral party system consists of both single-member and multiple-member constituencies. The plurality party bloc voting (PBV) was introduced in 1988 to ensure ethnic minorities representation in parliament. In the 2015 elections 76 out of 89 seats were contested in 16 Group Members Constituencies (GRCs) in which members were voted as a group of 4-6 candidates and, according to art. 39A of the Constitution, at least one member must belong to the Malay, Indian or another minority community of Singapore¹⁰. These rules discourage the participation of ethnic or strongly identity-based political parties and favour political parties that pursue cross-cutting and inclusive agendas and ideologies, such as the PAP in particular (Mutalib 2002). The latter, moreover, has capitalised on the electoral advantages that are often the prerogative of the incumbent majority, which consist in the possibility of changing the number of electoral constituencies from time to time and defining their boundaries¹¹ also through possible gerrymandering practices (Tan 2013).

⁹ According to Freedom's House (2021), the 2020 elections in Singapore were "largely free of fraud and other such irregularities" although "unfair due to the advantages enjoyed by the incumbent party, including a pro-government media sector, the GRC system, high financial barriers to electoral candidacy, and legal restrictions on free speech".

¹⁰ Following a March 2020 recommendation by the *Electoral Boundaries Review Committee*, the number of directly elected seats has been increased from 89 to 93. The parliament elected in July 2020 consequently included 14 members from single-member constituencies and 79 members from Group Representation Constituencies (GRCs).

¹¹ Since 1984, the number of electoral constituencies is not specified in the Constitution. Article 39 of the Constitution simply states that parliament "shall consist of such number of elected members as is required at a general election by the constituencies prescribed by or under any law made by the Legislature". Under section 8(1) of the *Parliamentary Elections Act*, the Prime Minister may, "from time to time, by notification in the *Gazette*, specify the names and boundaries of the electoral divisions of Singapore for purposes of elections". The Elections Department of Singapore (ELD) is not independent from the government. Thus, it is part of the Prime Minister's

The development of a robust opposition may have been hampered by the electoral legislation that has allowed the PAP to be far more efficient in translating its votes into seats, than its divided opposition. The co-optation of nine “distinguished”¹² “nominated members”, as provided by a constitutional amendment passed in 1991¹³, who are appointed by the President of Singapore for a two and half years term in the view of “reflecting as wide a range of independent and non-partisan views as possible”¹⁴, has made the parliament perhaps more diverse with regard to the *cursus honorum* of its members, but no longer plural in political terms (Hwee 2002, pp. 206-207), also because nominated-members are not allowed to vote on bills pertaining to financial matters, confidence in the government, removal of the President from office.

To strengthen the exercise of parliamentary oversight functions that are traditionally the domain of the opposition, the Constitution was amended in 1996 to reserve a certain number of seats – currently up to 12 – for non-elected members of minority parties. The allocation is based on the *repechage* of the best losers, provided they have won at least 15% of the votes in their constituency. Although these parliamentarians have the same prerogatives as elected members, they are perceived as holders of an imperfect representative mandate, which is “neither fully based on a clear electoral mandate like the elected parliamentarians, nor on expertise or specialisation like the no-parliamentary members” (Tey 2008).

Even though the members of opposition parties in the parliament of Singapore cannot stop bills and resolutions from passing, they exercise so-called “expressive” and “informative” functions (Bagehot 1867, p. 119), giving voice, albeit not decisive, to political demands outside the governing majority. The unanimous assent to the proposed measures to deal with the pandemic can be read, therefore, as an indicator of a wide-ranging political support.

Office (PMO) and reports to its permanent secretary. The electoral boundaries are periodically reviewed by the Electoral Boundaries Review Committee (EBRC) which is appointed by the Prime Minister pursuant to his power under section 8 of the Act and its determinations are not subject to parliamentary approval.

¹² According to the *Fourth Schedule* of the Constitution, “the persons to be nominated shall be persons who have rendered distinguished public service, or who have brought honour to the Republic, or who have distinguished themselves in the field of arts and letters, culture, the sciences, business, industry, the professions, social or community service or the labour movement”.

¹³ See *Constitution of Singapore*, art. 39 (1)(c).

¹⁴ See *Fourth Schedule* of the Constitution of Singapore, 1 (2).

The only real political issue in managing the pandemic concerns the TraceTogether app launched by the government in April 2020 – first in the world – to trace contacts through Bluetooth technology, which required the collected data to be stored for 25 days. Procedures detailing contact-tracing processes were established in the aftermath of SARS and were immediately considered a centrepiece in the response to COVID-19. Since in a first phase the application had been downloaded and was only being used by a limited part of the population (1.4 million by August 2020), great communication efforts were made to raise awareness of the importance of tracing for the isolation of cases at risk and the security of the collected data. To overcome suspiciousness, tracing tokens, which could be used as an alternative to smartphones, were also distributed.

However, in January 2021, the government had to acknowledge that the data collected could be used by the police, since, according to the current legislation, the police had the power to order anyone to produce data, including TraceTogether data, for criminal investigations. In response to parliamentary questions, the government justified this by stating that the police would only be allowed to use the data to prosecute unspecified “serious crimes”. Foreign Minister Vivian Balakrishnan, who tabled the bill, said the government acknowledged its “error in not stating that data from TraceTogether is not exempt” from the Criminal Procedure Code (CPC) (Kit 2021) and one month later, however, an amendment to the *COVID-19 (Temporary Measure) Act* was introduced with a certificate of urgency to clarify the circumstances under which data can be accessed by the police, providing a list of seven types of serious offences, including murder, terrorism, kidnapping and rape with an additional safeguard, consisting of the fact that production orders can only be made by officers with rank of sergeant and above. These exemptions were justified by stating that “it is not in the public interest to completely deny the police access to such data, when the safety of the public or the proper conduct of justice is at stake” (Tan 2021).

7.5. *Civitas propter cives*

The restrictive measures imposed by the government during the pandemic were received without any significant tensions or protests from the civil society, unlike in many other countries, especially Western ones. This seems to be dependent not only on the prompt deployment of an extensive

set of social safety nets¹⁵, or on the severe punishments established by the emergency legislation, but also on the primacy accorded to the principle of “nation before community and society above the self”, which constitutes one of the pillars of Singapore’s “material constitution”¹⁶.

The “shared values” laid out in a *White Paper* that was debated in parliament and adopted in 1991, consist of an inter-connected set of principles, values and norms that structure the State, shape its political institutions and nurture the institutional relationship among communities and stakeholders. They constitute “the norms, values, rules of the game and structures of authority in which politically relevant actors operate”¹⁷, endorsed and applied by the judiciary also¹⁸.

The former Prime Minister of Singapore Lee Kuan Yew played a leading role in the positivisation of so-called “Asian values” that would distinguish Asian constitutionalism from the Western tradition, which was deemed “unrealistic”, or “unsuitable” for the East Asian region. The “shared values” may be a “domestic” interpretation of Asian values, or a positive translation of modern Confucianism, that significantly influenced the organisation of government and the formation of social values in many East Asian countries, focused on conformism, collectivism, and social harmony (Spina, Shin 2011).

The fabrication of Singapore’s “material constitution” was driven by the spectre of communalism and the dramatic ethnic clashes

¹⁵ To protect the economy from the consequences of the COVID-19 pandemic, different grants and packages were distributed. For instance, the Unity Budget, Resilience and Solidarity Budget, and the Fortitude Budget were approved to help offset the costs of the low demand and unemployment. Besides the different subsidies for businesses and industries, the government also provided subsidies to offset the costs of healthcare.

¹⁶ The notion of “material constitution”, excellently developed by the prominent Italian constitutional scholar and constituent Father Costantino Mortati (1940), which results from the founding covenant and will of the dominant political forces, is very useful both for identifying, in a given historical situation, the Constitution actually in force (underlying the Constitution in the formal sense) and the system of government, and for guiding the interpretation of constitutional provisions and the identification of implicit limitations on the amending power of the parliament.

¹⁷ This is the general definition of “regime” and “form of state” elaborated by Lanchester (1990).

¹⁸ Thio (2012) expresses a very similar conception, dealing with “soft constitutional law”, consisting of “deliberately created constitutionally significant norms articulated by authoritative government actors, usually the executive branch, which are not legally binding but have some legal effect in ordering constitutional relationships”. In this sense, Thio (2004) explains the quasi-constitutional status of the *Declaration on Religious Harmony* adopted in 2003.

that had taken place during the 1960s. Since then, the parliament and the government have intervened to dismantle the early socio-ethnic cleavages, for instance, making English the *lingua franca* for the public administration, introducing compulsory national conscriptions¹⁹, imposing ethnic housing quotas to prevent the rise of ethnic enclaves²⁰, introducing a rotational presidency among ethnic communities²¹, and, as mentioned above, adjusting the electoral legislation to prevent the emergence of communal political parties.

At the same time, many efforts were made to accommodate cultural diversities within a unifying conception of the nation, where any attempt at hegemonic prevarication to the detriment of Singapore's diverse ethnic, linguistic and religious communities had to be averted. The *Presidential Council for Minority Rights* established in 1973²² under Part VII of the Constitution of Singapore, acts as a sort of second Chamber, vested with only consultative powers, verifying that bills and subsidiary legislation do not discriminate against any racial or religious community. Although its opinion may be overruled by the parliament, this advisory body, made of non-elected members²³, owes a suspensive veto, as it may refer the bill back to parliament for reconsideration within 30 days of the date on which the text was sent to the Council²⁴. Within divided societies consisting of some natural groupings as a result of

¹⁹ The *National Service (Amendment) Act* was promulgated on 14 March 1967. All 18-year-old male Singapore citizens and second-generation permanent residents are required to serve two years in active duty as full-time national servicemen (NSFs) in the Singapore Armed Forces (SAF), Singapore Police Force (SPF) or Singapore Civil Defence Force (SCDF).

²⁰ The *Ethnic Integration Policy* (EIP), introduced in 1989, places limits on the total percentage of a block or neighbourhood that can be occupied by a certain ethnicity.

²¹ Art. 19B of the Constitution, added by *2016 Constitutional (Amendment) Act*, provides for a presidential election that will be reserved to a candidate from a racial group that has not occupied the President's office for five or more consecutive terms. This provision was enforced in 2017, when the Malayan Halimah Yacob, became Singapore's first female President.

²² The Council was introduced in 1969 and renamed *Council for Minority Rights* in 1973 through the *Constitution (Amendment) Act 1973* (Act 3 of 1973).

²³ The idea of a Council made up of elected members or representatives chosen by each of the community was rejected out of concern that it would exacerbate divisions and communalism. See Thio (2012).

²⁴ The parliament has the power to overrule the Council's opinion, but according to art. 78 (6) of the Constitution the bill will be presented to the President for the assent only if accompanied with a certificate, issued by the Council or by the parliament, stating that the bill would not be discriminatory.

differences in race, language, religion, culture, Confucian culture may indeed corroborate something similar to a pluralistic social order.

A further step forward was taken after 1986, when the Internal Security Department issued a report recording a disturbing escalation in “religious fervour” in Singapore, “over-zealous” proselytising by evangelical Christian groups, and the dissemination of political messages by some religious leaders (Tan 2010, p. 144). During his opening address to parliament on 9 January 1989, then President Wee Kim Wee affirmed the need for Singapore to adopt a set of shared national values, to counter the threat of Westernised individualism reaffirming “traditional Asian ideas of morality, duty and society”. There was a commitment to “preserve the cultural heritage of each” of the diverse cultural communities in Singapore, and to “uphold certain common values which capture the essence of being a Singaporean”: these core values included “placing society above self, upholding the family as the basic building block of society, resolving major issues through consensus instead of contention, and stressing racial and religious tolerance and harmony”. The *White Paper for the Shared Values* presented to the parliament by command of the President of the Republic of Singapore on 2 January 1991 is a blueprint that identifies “a few key values which are common to all the major groups in Singapore, and which draw on the essence of each of these heritages”, which will serve “to evolve and anchor a Singaporean identity, incorporating the relevant parts of our varied cultural heritages, and the attitudes and values which have helped (*the Singaporeans*) to survive and succeed as a nation” (Command of the President of the Republic of Singapore 1991).

The health emergency caused by the COVID-19 virus led everywhere to drastic restrictions on some fundamental, constitutionally protected freedoms, with a level of magnitude and pervasiveness often unprecedented, at least after the Second World War. When COVID-19 erupted in migrant workers dormitory the government has adjusted its initial policies, ordering pervasive containment measures, including a “circuit breaker” that required not only the closure of schools, offices, restaurants, and most public places but also restriction on private gatherings.

The *Control Order Regulations* prohibited individuals from leaving their ordinary place of residence, subject to certain exceptions, including recreational activity in public open-air spaces alone or with individuals from the same household.

In Western liberal democracies during the COVID-19 pandemic, the primacy accorded to the protection of individual rights has engaged legislators and courts in laborious balancing exercises that, in principle, have been conducted without assigning any logical and axiological precedence. The need to balance constitutional principles or rights stems from the idea that they are all on an equal footing and that they may on some occasions also conflict with each other, i.e., a situation arises in which two or more rights cannot be fulfilled simultaneously and it is, therefore, necessary to decide, for the individual case, which right should prevail and, if so, how it should be exercised. The measures restricting constitutionally guaranteed individual freedoms imposed during the pandemic have thus been deemed lawful by the Western courts if, and insofar as they complied with the canons of necessity, proportionality, balance, justiciability, and temporariness, and have come under harsh social criticism and judicial review when they appeared to betray the need for a balance between different subjective legal situations.

The notion of “Asian constitutionalism” is not exempt from criticism: it has been regarded as a construct formulated by induction and generalisation from certain concrete experiences and therefore methodologically weak, or as “an umbrella under which all kinds of constitutional practices in the region of Asia can be classified, including (perhaps) any constitutional practices that are antithetical to the orthodox notion of constitutionalism itself” (Iskandar 2017), or even as justification, in the name of the traditional authoritarian Confucian tradition, for illiberal policies in practice (Brennan, Ruiping 2007; Hoon 2004).

It has been argued that “prosperity, public discourse, and a rigorous observance of legal procedure have enabled a reconfigured rule of law such that liberal form encases illiberal content. Institutions and process at the bedrock of rule of law and liberal democracy become tools to constrain dissent while augmenting discretionary political power” (Rajah 2012). However, it is difficult to deny that the culture of fundamental rights in many Asian countries implies, compared to the Western culture of constitutionalism, a shift of emphasis in favour of group rights, instead of individual rights, and a greater weight accorded to the communitarian dimension of living together, which may entail a balancing exercise that tolerates a more pervasive limitation of individual rights of freedom, which may overflow in a culture of ceding liberties in the pursuit of the societal good.

Li-Ann Thio offered an interpretation of pandemic management in Singapore in the light of the neo-Confucian values of “government by honourable men” that permeates the country’s constitutional culture: on the one hand, they commit the government to maintaining “trust and respect” by the governed, through the guarantee of the principle of rule of law, understood as equal subjection before the law; on the other, they justify the expectation of a social response based on the “responsibility of honourable citizens” towards the community, i.e. on social blame, rather than, or before sanctions towards those who do not respect the rules, and on a sense of collective solidarity (Thio 2023, pp. 388-389).

International surveys often show that the Singapore government enjoys a high level of trust among its citizens (Edelman 2023). In fact, a comparative examination of the experience in Singapore, Japan and South Korea reveals a lower need for enforcement mechanisms to ensure compliance with restrictions than in other Asian and Pacific jurisdictions: the population seemed more aware and more willing to accept restrictions of the fundamental rights as they perceived that the sacrifice of freedom was required of them “in good faith” (Rodriguez 2021, p. 6).

It has been argued that the Singapore government’s response to COVID-19 has exhibited numerous features of a “responsive communitarian approach” (Lee 2020, p. 646), based on government’s self-restraint and ability in eliciting a collective response motivated by a sense of responsibility and accountability.

In Singapore there have been no significant contestations from the public regarding the severity of the restrictions. On the contrary, compliance with the measures imposed or recommended by the authorities even bordered, from time to time, on a kind of “vigilantism”, and it was often the citizens themselves who urged others to stay home and wear masks, and who stigmatized tips and tricks to circumvent the prohibitions available on social media.

7.6. The Role of Religious Communities

The other element to be emphasised is the involvement of religious communities, both in determining the concrete measures to be taken and in promoting adherence to the safety measures and the vaccination campaign. Singapore has been described as a “communitarian” democracy where State and society are increasingly disentangled rather than conflated (Thio 2012, p. XII). The 2003 *Declaration on Religious Harmony*,

drafted by the government together with the leaders of religious communities, commits the “people of Singapore” to “strengthen religious harmony through mutual tolerance, confidence, respect, and understanding”. Although not expressly constitutionalized, “religious harmony” is also part of the “material constitution” of Singapore, providing “a constitutional or quasi-constitutional norm and interpretative lens which addresses the desires of the religiously faithful to live life according to their deepest convictions, while being loyal citizens” (Thio 2019, p. 221). This also results in a relationship between secular institutions and religious communities “through methods of persuasion and exhortation rather than compulsion” (Thio 2019, p. 221).

The role of ethnic and religious communities within the social and institutional architecture of Singapore may be explained by referring to the concept of “intermediate communities”. In our Western legalist conception, elaborated with originality for more than a century especially by Italian scholars, intermediate communities, which also include, for instance, political parties, link, and at the same time keep politics and society distinct, preventing the engulfment of society in politics²⁵. In Singapore ethnic and religious communities are self-organised communities, providing social services to their members and, above all, participating in a common design of the future aimed at achieving and maintaining security and well-being in a logic of non-competition between groups, but inspired by the value of “social harmony”. In this perspective, they perform a threefold function: they play a representative role, contribute to the organisation of civil society, and fulfil a social and political mandate with the exercise of advisory functions in the political decision-making processes.

During the pandemic, the government of Singapore has followed an approach based on confrontation, responsiveness and persuasion with leading representatives of religious communities in the context of regular meetings convened by ministers (Lee 2020, p. 653). With regard to the exercise of religious practices, for example, communities have often anticipated and exceeded government requirements, reorganising rituals in a way that minimised the risk of contagion.

²⁵ Tosato (1989, p. 139) defined intermediate bodies as “all those societies, variously named, which stand as centres of social life and internal and external action, within the larger state society”.

In other countries, the interaction with religious communities has been more strained²⁶. In Germany, for example, the ban expressly imposed through the government's delegated decrees (*Rechtsverordnungen*) on the celebration of any religious rites involving an assemblage of individuals was challenged before the Federal Constitutional Tribunal on the initiative of the German Islamic Community, which had considered the ban on praying in mosques during Ramadan to be incongruent and excessively limiting to freedom of faith in view of the liturgical significance of communal Friday prayer in the month of Fasting. This was in the face of the fact that the government had ordered the simultaneous reopening of larger stores and malls, provided that customers and merchants adhered to specific protocols based on spacing and sanitation measures. The petition was initially rejected by the ordinary courts: while finding a conspicuous limitation on the right to religious freedom, the judges had nonetheless justified the ban in view of the greater danger of the religious ritual, both because of its duration and because it is accompanied by the utterance of prayers and chants, which increase the risk of contagion through the dissemination of droplets.

Although the Federal Constitutional Tribunal granted the request for a precautionary measure, ordering the temporary suspension of the ban, it is worth noting that the judges at the same time called on the authorities to impose special protocols of behaviour aimed at limiting the risk of infection, as desired by the plaintiffs, suggesting, for example, compliance with special distancing measures, the use of masks and a silent conduct of the prayer, so that only the Imam would recite and intone the ritual chants²⁷.

In Singapore, during the circuit breaker the government formally "encouraged" religious leaders, instead of obliging them, to advise their communities to "Stay Home (to) Stay Safe". Religious leaders or groups were engaged in efforts to promote COVID-19 public health measures

²⁶ The report issued in November 2022 by the *Pew Research Center* identified at least one of the following in 74 countries of the world: (1) governments used force to impose limits on religious gatherings; (2) governments, private groups or individuals publicly blamed religious groups for the spread of the coronavirus; or (3) private actors engaged in violence or vandalism against religious groups, linking them to the spread of COVID-19.

²⁷ See BVerfG, decision issued on 10 April 2020 (1BvQ 31/20). On limitations affecting religious practices during the pandemic, see also World Health Organisation (2020).

also by adapting religious practices²⁸. During the circuit breaker, on 28 April 2020, members of the Inter-Religious Organisation (IRO)²⁹ took an inter-religious pledge to uphold their commitment to maintaining solidarity in crisis, to strengthening the nation's social defence disseminating accurate and reliable information, to support the nation's efforts in containing the COVID-19 outbreak by adjusting and adapting their religious rituals and practices. The National Steering Committee (NSC) on Racial and Religious Harmony, which is a national platform aimed at building close relationships at the top level of community, government and faith leaders, chaired by the Ministry for Culture³⁰, also issued a statement in support of staying united against COVID-19 recommending "congregants to work with their religious leaders in implementing the precautionary measures advised by the Ministry of Health and by the Ministry of Culture, Community, and Youth".

The Islamic Religious Council of Singapore³¹, for instance, was very active in promoting compliance with social distancing measures and urging Muslims to be vaccinated once a COVID-19 vaccine was available and medically authorised (Islamic Religious Council of Singapore 2020b). It retained best practices and ruling (*fatwas*) as, according to the *Administration of Muslim Law Act 1966*, the council is endowed with

²⁸ In the course of the pandemic, collaboration with religious communities was also developed under the *Crisis Preparedness for Religious Organisations Programme*, launched in January 2020 at www.cpro.gov.sg. The Programme was developed by the Ministry of Culture, Community and Youth, the Ministry of Home Affairs, the Singapore Police Force, the Singapore Civil Defence Force involving representatives from over 30 religious organisations in Singapore through focus groups, discussions and co-creation workshops 'to raise awareness of possible terror threats, inculcate a crisis-ready mindset, and encourage the implementation of crisis response plans' (see Fu 2020). The platform displayed resumption, updates, resources, and FAQ on COVID-19 regarding religious activities.

²⁹ The Inter-Religious Organisation (IRO) of Singapore is a non-governmental organisation founded by leaders of diverse faiths (Hindu, Jewish, Zoroastrian, Buddhist, Taoist, Jain, Christian, Muslim, Sikh and Baha'i) to work together for "religious harmony" in Singapore.

³⁰ The National Steering Committee includes representatives of the Catholic Archdiocese of Singapore, the Hindu Advisory Board (HAB), Inter-Religious Organisation (IRO), Majlis Ugama Islam Singapura (MUIS), National Council of Churches of Singapore (NCCS), Sikh Advisory Board (SAB), Singapore Buddhist Federation (SBF), Singapore Federation of Chinese Clan Associations (SFCCA), Taoist Federation (TF).

³¹ The Islamic Religious Council enjoys a special status under Article 153 of the Constitution, since it has to be established by law to "advise the President in matters relating to the Muslim religion".

the authority to issue a *fatwa* or ruling on any point of the Muslim law and to give its opinion on any question of the Muslim law that falls for decision in any court. In 2020 the Council issued a total of 4 *fatwas* and 15 *irsyads* – religious guidances – that were COVID-19 related and launched \$2.22 million support fund providing financial assistance for those who were adversely affected by the economic consequences of the pandemic, although not normally qualified for *zakat* under the existing criteria (Islamic Religious Council of Singapore 2020c).

7.7. The Pandemic Management in the Migrant Workers Dormitories: Challenging the Singapore Communitarian Model

In 2019 Singapore had 1.427.500 migrant workers (Ministry of Manpower 2019) largely moving from within the Southeast Asia region (Indonesia, Philippines, Myanmar, Vietnam, Malaysia, Thailand), South Asia (India and Bangladesh) and China. Most of them are semi-skilled or unskilled workers, who are offered two-year renewable work permits, sponsored by local companies that agree to hire them. The permit is released under conditions that its holder only works in the occupation and for the employer specified in their work permit card, does not marry a Singapore citizen or permanent resident in or outside Singapore without the approval of the Ministry of Manpower, is not “involved in any illegal, immoral or undesirable activities, including breaking up families in Singapore”³².

It has been argued that the legal framework regulating unskilled or semi-skilled migrant workers conceptualises them as undesirable for inclusion in a wider society (Neo 2015) and creates a lifelong temporariness with no prospects of settling in Singapore. Low-wage migrant workers indeed are not integrated into the Singaporean community and a recent study conducted for the International Labour Organisation (ILO) stated that “a majority of the Singaporean public tends to believe that migrant workers threaten the country’s culture and heritage” (ILO 2020, p. 3). Most of them reside in large dormitories mainly located outside the urban areas, forming large clusters. The creation of new dormitories is

³² See *Employment of Foreign Manpower Act (Chapter 91A). Employment of Foreign Manpower (Work Passes) Regulations 2012. Part VI. Conditions to Be Complied with by Foreign Employee Issued with Work Permit.*

often addressed by the near residents as a source of discomfort and concerns (Goh 2022; Greener 2022). After violent clashes broke out in 2013 in a central area of Singapore visited by many migrant workers during their free time, an additional effort was made to include recreational facilities within the dormitory compound. Furthermore, access to health services is hampered by its financial costs – even though they should be charged to employers – and by linguistic and cultural barriers.

The organisation of the dormitories is regulated by *Foreign Employee Dormitories Act and Regulations 2015*, which establish certain minimum requirements, including services and facilities to be provided for the operation of dormitories that offer more than a thousand beds. The high density of dormitory residents, living within small spaces, in extreme proximity to each other, with shared facilities and poor ventilation, creates a particularly high-risk environment for the spread of infection.

At an early stage of the pandemic, containing infections in dormitories was not handled as a priority by the government (Abdullah, Kim 2020). However, cases among workers living in dormitories had surged, alarmingly, from 31 in April 2020 to over 15,000 in May, before more than doubling to 33,000 in June. By the end of the first wave, in August 2020, the foreign worker population constituted over 90% of Singapore's local cases. The Ministry of Manpower (MOM) first managed to halve the density of the dormitories by reallocating the migrant workers to other facilities. However, lower density turned out to be insufficient to control COVID-19 transmission. The government issued a *COVID-19 (Temporary Measures) (Foreign Employee Dormitories – Control Order) Regulations 2020* limiting the movements of workers outside the dormitories and outside their rooms. Messages in the form of leaflets were placed in dormitories, instructing workers of recommended behaviours, such as wearing masks, not stepping outside the rooms, maintaining social distance. Infected workers were either isolated in designated areas within the dormitories or relocated to government restructured hospitals or community care facilities for treatment and recovery, while not infected were kept in the dormitories. Low-waged migrant workers have been perceived as one of the major sanitary threats for the community that needs to be isolated from the rest of society (Ye 2021). Meals were provided to residents, included special meal runs that have been organised for those observing Ramadan (Ministry of Manpower 2020). The Ministry of Manpower engaged

with employers to pay workers a basic salary during the lockdown and provided remittance services so that they could channel monies back to their home families.

The containment of the pandemic became more effective with the implementation of contact tracing applications, as TraceTogether and Safe Entry – a mandatory digital check-in and check-out system that logged visitors' entry into all venues – and moreover with the administration of vaccines.

Although in Singapore the circuit breaker terminated on 7 April 2020, migrant workers living in dormitories were subjected to prolonged movement restrictions until August 2020. Once assessed that all the dormitories were sanitised and free from COVID-19 cases, movement restrictions remained in place, limiting residents to moving between dormitories and worksites, with occasional respites in purpose-built recreational centres.

In the *White Paper* released by the Singapore government in March 2023, reflecting on “what we could have done better”, the authorities admit that “the early precautions (...) in the dormitories were insufficient” and that “some of the restrictions could have been removed earlier, especially after most of the workers had been vaccinated and boosted” (Government of Singapore 2023, pp. 56-57). To date, important steps have been taken to improve living conditions in the workers' dormitories, including enabling better management in the residences should a pandemic reoccur.

In 2021 the Ministry of Manpower (MOM), the Ministry of National Development (MND) and the Ministry of Health (MOH) issued improved standards for licensing new dormitories, capping room occupancy to 12 residents, segmenting communal facilities, improving ventilation requirements, increasing isolation facility capacity, guaranteeing in-room Wi-Fi coverage to allow communication with families and friends.

In March 2023, the government of Singapore announced a revision of *Foreign Employee Dormitories Act* so that the standards required as of April 1, 2023, will also apply to small dormitories with a capacity of at least seven beds. However, the prolonged lockdown to which migrants were forced compared to Singaporean residents, under limited space and separation from family affections, highlighted the unpreparedness of the communitarian model of Singapore, which has been able to unify the different ethnic, linguistic and religious communities that have been present in the territory since its independence, to cope

with more fluid and intersectional identities that inevitably arise in the context of transnational mobility that characterises Singapore (Brugola, Flood 2022, pp. 109-110; Lee 2020, p. 634)³³.

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³³ Lee (2020, p. 634) in this regard, concludes that "communitarianism is both a feature and a flaw, owing to authoritarian tendencies and risk of exclusion of non-members".

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8. The Handling of the COVID-19 Crisis in the PRC: An Analysis of Its Political and Social Implications (2020-2022)

Marina Miranda

Abstract

This contribution focuses on the management of the COVID-19 pandemic in the People's Republic of China (PRC), from its outbreak in 2019-2020, until the end of 2022. First, it analyses how the Chinese Communist Party (CCP), through a pervasive control of the media, set the tone for an official narrative in which China emerged as a winner in a "people's war" (*renmin zhanzheng*) against the virus, silencing all the dissenting voices who questioned such an account. Furthermore, the triumphalist reports of the health emergency are examined in relation to Beijing's "zero COVID" strategy, which proved to be problematic, despite the government's employment of drastic measures to keep infections as low as possible. In fact, limits on population movements and rigid lockdowns, which were imposed in the areas of Shanghai, and other major cities, provoked strong disappointment among residents and even emotional protests on social media against several punitive measures, i.e., shortage of food supplies, fencing off apartment buildings, isolating infected children away from their parents. In late November 2022, this kind of protest, first aired on social media, turned into demonstrations on the streets and on university campuses, in some cases going so far as to call for Xi Jinping to be ousted. Finally, as regards the unexpected conclusion of the draconian "zero COVID" policy in December 2022, the medical consequences and the political implications of this choice are also thoroughly investigated.

Keywords: China; COVID-19; *Renmin zhanzheng*; *Wuhan Diary*; "Zero COVID" strategy; *Voices of April*.

8.1. PRC's Early Response to the COVID-19 Outbreak

As known, the coronavirus pandemic, which broke in late 2019 in China, in Wuhan City, quickly went beyond geographical borders and spread around the world: it became a transnational crisis, crossing territories, and political and social systems. On a global scale, the COVID-19 infection threatened not only the health systems of different countries, but also their economic and social orders, with severe political and social consequences. According to the literature on the subject, novel crises can be distinguished from routine crises: while the latter category refers to frequently recurring emergencies, novel crises are insidious and dangerous, since one may become aware of them only after their spreading and dissemination (Leonard, Howitt 2007). This was exactly the case with the coronavirus epidemic.

Nevertheless, unlike Western countries, in facing this emergency, the People's Republic of China (PRC) took advantage of a previous experience, following a pattern of crisis management behaviour experimented with a former national crisis, caused by the first acute infectious disease that emerged in the 21st century: the Severe Acute Respiratory Syndrome (SARS), which occurred in Guangdong Province, in the Fall of 2002; it offered a Chinese leadership a past experience to rely on, in order to prepare for effective responses in possible future crises (Thornton 2009).

The pattern followed in 2003 involved a particular kind of decision-making by various institutions and groups which were formed in response to the crisis. In handling the SARS emergency, particular sets of diagnostic and reporting rules and regulations were pivotal: in 2003 a direct reporting system from the localities to the centre was created for diagnosing and reporting information on the pathogen; called "China's direct network reporting system for infectious diseases and public health emergencies" (*Zhongguo chuanran bing yiqing he tu fa gonggong weisheng shijian wangluo zhi bao xitong*), it permitted the direct transmission via the internet of reports of infectious cases discovered by medical institutions at all levels to a central agency, the Central Data Centre (Zhu et al. 2021).

This system of direct reporting is one of the channels through which the centralisation of decision-making processes took place in dealing with the crisis. The centralised decision-making powers are among the variables that constitute the so-called China's "authoritarian advantage"

(Schwartz 2012). According to this “advantage”, authoritarian leaders can avoid holding negotiations with bureaucracies and institutions over respective competencies; they can easily implement coercive government actions that would be deeply unpopular and unpleasant, and therefore difficult to apply in democratic societies. At the same time, the message to the public through the control of the media can be easily influenced.

In fact, when the new pandemic spread across the country in 2019-2020, these circumstances allowed Chinese authorities to recentralise decision-making powers and enforce strict top-down regulations on disease treatment, control and reporting; they also succeeded in mobilising the public and controlling messages from the mass media (Ang 2020). This aspect of centralised control made it possible to keep sanitary information secret from the public for some weeks in the first phase, which can be regarded as lasting from December 2019 to January 20, 2020. The suppression of news about the disease was apparently a response to the imperative of the Chinese Communist Party (CCP) to ensure social stability.

At the same time, in this phase, the above-mentioned “direct network reporting system”, established during the SARS infection, was not properly utilised, in order to inform the central health authorities of an unknown pneumonia which was discovered in local hospitals. As a result of it, COVID-19 was allowed to spread widely in Wuhan and in Hubei province, especially on the occasion of the annual “ten thousand families banquet”, which was held in Wuhan on January 18, 2020: as usual, hundreds of people assembled, and exchanged local dishes and delicacies for the lunar festival (Huang 2020). Then, the virus easily proliferated in the rest of the country, due to the mass movements of people during the Chinese New Year holiday.

Between the end of December 2019 and early January 2020, when the insalubrious live-animal market, the Huanan Seafood Market, a major cluster of infection, was shut down for disinfection, the Wuhan police detained eight doctors who revealed their worries about pneumonia symptoms of their patients in private conversations on social media (Shih 2021). This strict surveillance prevented other doctors and medical workers from spreading the news of the “pneumonia of unknown origin”.

The date on which the information repression campaign finally changed can be considered January 20, when Dr. Zhong Nanshan, a scientist particularly respected and appreciated during the period of SARS infection, made a definitive statement on television that there was hu-

man-to-human transmission ("Zhongguo Zhongyang Dianshitai" 2020). His statement was followed by a series of drastic government actions to combat COVID-19: some days later, President Xi Jinping gave instructions to the Party in order to use all resources for policies of prevention and control of the disease (Xi 2020). It was the first time that Xi had publicly mentioned the risks of the epidemic, alerting the population through the State media and focusing a high level of attention on the infection. He also stated that, if an outbreak of the virus was confirmed, any concealment of the epidemic would have been treated seriously.

After the end of the information repression stage, a second, further phase in the efforts to contain the spread of the epidemic can be identified in the period from January 20 to mid-April 2020, when the mobilisation for containment took place. In this new phase, the seriousness of the epidemic was definitively denounced and no longer denied: this moment was characterised by some additional elements of the overall crisis management, i.e., investigation and punishment of local officials, greater attention to the economic impact of the crisis and especially a further strengthening of central supervision. In this way, total control over the epidemic was placed in the direct hands of the central government, which was to determine the measures local administrations had to follow ("Zhongguo Zhengfu wang" 2020). Once information had been received from the local level, central authorities dispatched expert teams to consult and verify the findings, and then finally to report to the CCP's top leadership.

Since the Party recognized that mistakes had been made, it blamed local officials' practice of formalism and bureaucratism, as well as their inability to prevent and control the epidemic ("Xinhua net" 2020). So only local officials, considered guilty of mishandling the crisis, were punished, in an attempt to deflect blame away from the top. They easily served as scapegoats, since the bureaucracy had been encouraged to adopt a posture of resigned obedience to the government, avoiding responsibilities and critical attitudes. Nevertheless, on January 27, Wuhan's mayor Zhou Xianwang admitted not having disclosed significant information when expected, being limited by health regulations, and claimed that he did not have realised the seriousness of the situation in the previous weeks ("Caixin" 2020).

In the new phase, the Chinese leadership succeeded in taking control of the epidemic, by establishing a comprehensive system of crisis governance. January 25 can be seen as the day on which this process

of taking control began – when, during a meeting of the Politburo Standing Committee, the top-ranking organisation of the CCP, a central leading agency for handling the crisis was established: the Central Leading Small Group for Responding to the Novel Coronavirus Pneumonia Epidemic (Zhongyang Yingdui Xinxing Guanzhuang Bingdu Ganran Feiyan Yiqing Gongzuo Lingdao Xiaozu) (Swaine 2020). It is worth noticing that the *lingdao xiaozu* are informal but extremely influential groups, which bring together in a transversal way personnel and structures of different bodies of the government, the Party and the army, in order to overcome bureaucratic and organisational barriers, avoiding any opposition to the implementation of the various measures and exercising greater centralised control (Heilmann 2017). Through them, it is evident that Xi Jinping is trying to dissolve and amalgamate the boundaries between political, economic and military issues, manipulating and distorting the limits of each area, to facilitate an increasingly centralised management. Xi's rapid concentration of powers has therefore raised many doubts about the effectiveness and durability of the institutions and mechanisms for sharing power within the leadership.

In fact, establishing leading groups is a useful means of creating pragmatic institutional mechanisms and authoritative bodies, responsible for major decisions during a crisis, acting in a horizontal/vertical and formal/informal way. So the barriers between horizontal agencies are eliminated; vertically, the institutional relationships between superiors and subordinates are altered. The lower-level departments can respond more efficiently to the directives of the higher-level authorities (Tsai, Wang 2019). The Coronavirus Leading Small Group (CLSG) acted as a coordinating and supervisory body over the agencies directly in charge of the management and control of the epidemic. It was under the command of Premier Li Keqiang and under the direct executive authority of the State Council; its eight members were very high-ranking Party officers, affiliated to the Politburo Standing Committee and the Central Committee, responsible for Party-government administration and coordination (Dotson 2020).

Since none of the members was a health specialist or expert in epidemics, it is worth stressing not only the technical competence of the agency, but also its political function and relevance. In fact, in order to control the public impact of the epidemic and supervise the authorised narrative, officials from the Propaganda Department were also included in the group.

Unlike other government think-thanks, the Coronavirus Leading Small Group was broadly exposed to public attention, as a means to show how powerful was the response by central authorities. Under the direct control of the CLSG, the whole Hubei province and other areas were put in lockdown, while a comprehensive plan to fight the virus and protect the economy was developed.

Among other aspects, an important feature of the new phase was the attempt to stress the personal role of President Xi Jinping during the crisis (“Xinhua wang” 2020): he appeared at the top of the leadership as personally directing the response to the outbreak, as a commander in chief, in direct control of the entire handling of the crisis. A manifestation of this attitude can be seen in the speech Xi gave to the Politburo Standing Committee on February 3, which was given great prominence on State television and in other official media, especially in the magazine of the Party School “Qiushi” (Xi 2020).

The main feature of Xi’s words was his definition of the battle against the virus as a “people’s war” (*renmin zhanzheng*). In this war, Xi Jinping assumed the role of the one who “led it personally” and who “deployed commands in person” (“Renmin Ribao” 2020). Xi made it clear that he alone had the power to oversee the national mobilisation against the coronavirus crisis; it was him as General Secretary of the Party and President of the People’s Republic, and not Premier Li Keqiang (Lam 2020a). Although it is not a prerogative of Chinese political language and it has also often been used by the media of Western countries, the war metaphor has a particular value in the PRC: in fact, the use of military language in a figurative way in China cannot be considered a novelty of the times of the coronavirus. The expression “people’s war” is characterised by a particularly strong symbolic significance, since it refers directly to Mao Zedong Thought: in the period prior to the founding of the People’s Republic, it was an integral part of the military strategy developed by the Great Helmsman and consisted in the idea of transforming the entire population into a military force to liberate the country from imperialism and achieve national independence.

The discourse of the people’s war was regarded as a source of legitimacy for the CCP in its victory over the Japanese invaders and the Nationalist Party (Guomindang). So the Communists had been able to defeat enemies with superior military strength, thanks to a particular strategic weapon: the support of the Chinese people (Guan 2019). Metaphorically, wars invite people to abandon dissent and to be united

against a common enemy; they work to channel anger away from the central authorities towards the current threat. Moreover, wars make heroes, which are good products of propaganda.

The representation of a people's war can be associated with another feature, a campaign-style handling of the crisis; the expression "campaign" refers to organised collective efforts to produce some social and political movements, a wide mechanism constructed by the CCP in a top-down manner to achieve specific political goals. Since the founding of the PRC, the Party leadership believed that the aims of economic and social improvements could be best attained through mobilisation campaigns, which encouraged and promoted active participation by the masses, in order to support a particular policy elaborated at the top of the power structure. In the Fifties and Sixties, many mass mobilisation campaigns were launched, such as land reform, collectivization, the Great Leap Forward and the Cultural Revolution.

Regarding the fight against the COVID-19 epidemic, through a campaign-style mobilisation, the CCP succeeded in communicating and reinforcing the goals of epidemic prevention and control; it was also able to reallocate political attention and create a strong policy integration within different sectors. In fact, according to some scholars, the building of a coherent strategy over conflicting policy segments and its mixing with traditional measures were the key elements of the uniqueness of China's response to the epidemic (Mei 2020). In addition, being part of a people's war and the core of the political discourse, prevention and control of the disease became a key instrument to building consensus as regards policy. The propaganda system made great efforts to control the people's understanding of the war on the virus. The aim was to produce popular support and to reinforce political trust between the Party-State and the Chinese citizens. In terms of official communication, the regime made an effort to remind the public that it had the determination to overcome the crisis, enhancing public participation and cooperation.

In any event, by the end of March and early April 2020, the lockdown measures undertaken since the end of January succeeded in reducing the spread of the virus. At the same time, government policies strove to find a balance between continuing to control the disease through various methods and reducing the unavoidably negative impact on the economy (Gao, Yu 2020). Nevertheless, the handling of the epidemic showed both the strengths and weaknesses of the PRC management system during the crisis. Despite the efforts aimed at accelerating accurate

reporting upward, the system remained excessively bureaucratic and consensus-driven, valuing political criteria over expert-based information and failing to acknowledge central errors.

Notwithstanding these considerable shortcomings, the system also displayed well-organised practices which operated efficiently in the first half of 2020; therefore, the Chinese experience definitely offered both positive and negative lessons to other countries.

8.2. Voices of Dissent and Criticism in the Press and on the Web in 2020

Apart from dealing with the policies of the Party leadership in managing the crisis, it is worth focusing on the perceptions of the implemented measures and on various forms of criticism in Chinese public opinion. In the first phase of suppression of news about the disease, before January 20, the accountability of the government and the experts had been seriously questioned in the people's perception of the crisis. Strong disapproval of the slow official response to the virus and allegations of a cover-up had gathered momentum among netizens, experts and officials (Yan et al. 2020). Concurrently, the government made every effort to suppress criticism of the handling of the virus and to repress unapproved commentaries about the epidemic, shutting down websites and censoring sensitive news.

The regime's coverups and the inadequacies of the healthcare system were strongly condemned by the investigative journal "Caixin". Drawing on interviews with scholars, doctors, patients and officials, this magazine published many articles denouncing the threatening and silencing of whistle-blower doctors, the restraining of the epidemic's reach and the concealing of human contagiousness. In particular, these reports provided evidence that human-to-human transmission was evident long before it was officially acknowledged and that infections were not limited to people who had visited the Huanan Seafood Market in Wuhan (Gao et al. 2020). Besides "Caixin", in-depth coverage of the coronavirus crisis had appeared also in other magazines and newspapers, such as "Caijing", the "Xinjing Bao", the "Beijing Qingnian Bao", the "Zhongguo Qingnian Bao", and even in lifestyle magazines, such as "Renwu" and "Sanlian Zhoukan"¹.

¹ In this context, I would like to take the opportunity to summarise the methodology I

However, it was “Caixin” which reported the threats suffered by doctor Li Wenliang, the heroic ophthalmologist at Wuhan Central Hospital, who was one of the first to raise the alarm about the coronavirus. On December 30, 2019, he wrote a post to a restricted group of medical school classmates on the social media WeChat, warning about an outbreak of undiagnosed pneumonia at his hospital. Since this content was leaked and circulated online, he had been accused by the police of spreading rumours and warned he would be brought to justice if he continued with illegal activities. In fact, according to a regulation issued in 2015, spreading rumours had been banned in the PRC, with a possible punishment of up to seven years in prison. This law effectively bestowed on all the censorship authorities the right – and the arbitrariness – to determine what could be considered a rumour (“Human Rights Watch net” 2015).

Although worried about being punished, doctor Li was unbowed, understanding the need to reach a broader audience because of concerns about public health safety. When Li contracted the virus, and then died, on the night between February 6 and 7, he was widely represented as a hero across China’s social media sites. His death sparked an explosion of anger and sorrow not only among Wuhan residents, but among hundreds of thousands of netizens and people from different backgrounds in the whole country: their posted messages expressed deep grief for the doctor’s passing away and strong resentment over his having been silenced by the police. Almost panicked by this upsurge, the Party censors blocked news of Li’s death for hours. In the following days, in order to try to smother the public outrage, they allowed online comments which praised Li’s heroism, but censured any criticism of CCP tightening constraints on speech (Griffiths 2020).

Another response to the firestorm of disapproval of the authorities among the public after Li’s decease, the central authorities began removing hundreds of officials and issuing penalties, even to the Hubei

am drawing on, i.e., a qualitative approach to media content analysis, as defined by Macnamara (2005) and Neuendorf (2002). The term “content” is applied to words, meanings, visuals, symbols, ideas, themes, or any message that may be conveyed. More specifically, qualitative content analysis focuses on the internal narrative or storytelling that a text creates through word choice and sentence construction (Hijams 1996). It is worth noting that when applied to the specific field of Chinese media studies – which is considered a subfield in Chinese studies, media, and communication studies worldwide (Yu 2011) – qualitative content analysis requires some additional specificities: for instance, reading between the lines, deciphering symbols, and interpreting what is implied, especially if relying on mainstream Chinese media for collecting information.

Red Cross, for corruption in the handling of medical supplies (“Strait Times” 2020). The punishment of local officials culminated in mid-February with the removal of Hubei Party Secretary Jiang Chaoliang and Wuhan Party Secretary Ma Guoqiang (Zheng 2020).

However, the most sensitive aspect to manage was the fact that Li’s ordeal was linked to condemnations of the authoritarian government which did not tolerate any dissent. In this phase, a group of academics, followed by many ordinary citizens, signed an online petition, addressed to the National People’s Congress (NPC), aiming to protect citizens’ right to freedom of speech, amid growing public dissatisfaction over the handling of the coronavirus outbreak (Lau et al. 2020). Besides the freedom of expression to be discussed at NPC meetings, the petition also requested that none could be punished, threatened, interrogated, censored or locked up for his speech, gathering, letters or communication and that everybody should be given equitable medical treatment, without any discrimination. It also proposed that the date of doctor Li’s death, February 6, should be declared the “People’s Day of Truth” (*Quanmin zhen hua ri*) every year (Zhongguo Renquan Lüshituan Lüshi 2020).

While the petition was gathering momentum online, some of its signatories had been put under pressure: this was the case of professor Guo Yuhua, a sociologist at Qinghua University and Xu Zhangrun, a law professor at the same institution, whose accounts on the platform WeChat were blocked. Professor Xu had already achieved wide notoriety when he criticised President Xi Jinping for having suspended term limits in 2018, strengthening his one-man rule. On February 4 2020, Xu published online an essay in which he blamed Xi and the Party for initially suppressing the discovery of the virus and punishing truth-tellers (Xu 2020b). He wrote: “No matter how complex, nuanced, and sophisticated one’s analysis, the reality is stark. A polity that is blatantly incapable of treating its own people properly can hardly be expected to treat the rest of the world well. How can a nation that doggedly refuses to become a modern political civilization really expect to be part of a meaningful community?” (Xu 2020a).

Another academic, Liang Yanping, a professor of Chinese language and literature at Hubei University went under investigation over her “inappropriate speech” on social media (Xie 2020): she had posted on WeChat a text praising the novelist Wang Fang, known as Fang Fang²,

² Even before the virus outbreak, Fang had published widely in different genres and

former Vice-President of the Hubei Writer's Association, author of the controversial work *Wuhan Diary*, posted on social media and also called the *Quarantine Diary*. It is the daily account of the untold sufferings during the health crisis in the locked-down Wuhan; the diary began to be written on January 25, just two days after the city's millions of inhabitants were put under mandatory isolation. It described all the difficulties of life in quarantine, as well as the havoc wreaked by the spread of the disease, in personal lives and entire families.

The pages of her diary are of a disarming straightforwardness, empty of lyrical accents or profound truths: for example, she always began her daily account with some quick, yet poetic, reference to the weather, which became a metaphor for the anxieties and expectations of those who were confined in their own homes, and watched, with the hearts in their mouths, the evolution of the infection, from the despair of winter to the redemption of spring. Moreover, with this simple artifice, Fang Fang brought the readers into her home, making them look at Wuhan drama from her window, from an internal perspective and a personal point of view. Then in reviewing the news of the day, in discussing the government measures and the opinions of the experts, Fang Fang committed herself with patient zeal to questioning the authorities on the management of the crisis, denouncing the errors and criticising the self-referentiality of the officials, asking for corrections to the contrasting measures that could have been more respectful of the needs of the population, and, above all, insistently asking for truth and justice against the transfigurations of propaganda (Yu 2020).

In light of this truthfulness, on February 7, the day of Li Wenliang's death, the first page of the *Wuhan Diary* was put on the author's We-Chat account where it stayed for a limited span of time, before being deleted by cyber censorship. Although the same happened to the following pages, each post went viral before being struck out; most of the censored articles were luckily archived in Fang Fang's "Caixin" blog and by "China Digital Times" in Chinese. Since her writing quickly attracted popular attention, she also came under heavy fire and was accused of betrayal of her country, since she would have given China's

won several literary awards, including China's most prestigious Lu Xun Literary Prize in 2010. Having spent her early and late childhood during the tumultuous Great Leap Forward years and adolescent years in the difficult decade of the Cultural Revolution (1966-76), she worked as a porter for four years to support her family before entering Wuhan University to study literature in her early 20s, in the 1970s.

critics ammunition with which to attack it. Because of this kind of nationalistic resentment, she was called a traitor after it was known that her book was going to be published in English and German (Koetse 2020). Fang was definitely proclaimed by her almost 3.5 million followers the real conscience of Wuhan, the most revered living poetic voice of dissent and the most eminent literary expression of a China stricken by the pandemic.

Another critical work was the first feature-length documentary about the coronavirus entitled *Coronation*, shot by the famous artist Ai Weiwei between January and April 2020 and released online in late August. The film was a disturbing, chilling work, which portrayed China as a heartless giant, as efficient as cruel and brutal through the magnifying glass of the pandemic. Conducting a slow movie investigation of how the pandemic came into being, the images were shot from above, as though from a drone or an aeroplane; a vacant Wuhan in greyish skies was shown without filters: skyscrapers empty of people, railways without trains, highways absent of cars or trucks. Ai made the city appear positively apocalyptic, intensifying the whole with a soundtrack that sounded like primal screams (Johnson 2020). Therefore, the movie director seemed to be wondering if a submission should be the cost of protection, in a historical moment in which personal freedom and public safety looked like opposing forces. The documentary did not find a prestigious place: although some important film festivals, such as those in New York, Toronto and Venice had at first expressed interest, they then declined it.

It is not possible to mention all the abuses enacted against any voice of dissent: for example, the case of citizen journalists, Chen Qiushi and Fang Bin, who had become well known for their reports from Wuhan and who mysteriously disappeared in February 2020 (Li 2020). Or the example of the videos shot secretly on the case of some known dissidents forcibly taken away by the police on the excuse of sanitary detention.

The early response of the PRC to the coronavirus outbreak offered a significant example of the many shortcomings of the current hyper-centralised CCP system. Since maintaining stability was an essential political task, it was performed seemingly instinctually by the local officials, who acted as if to make dangers and risks appear to the minimum. However, stability maintenance continued to be a paramount commitment, even after January 21, when President Xi Jinping took personal command of the crisis. Although control of the spread of the

virus was attained, social stability was pursued at the expense of safety for millions of people, who needed not only relief and care, but especially respect for their fundamental rights.

8.3. The Controversial “Zero-Covid” Strategy

Focusing on the developments of the crisis after mid-March 2020, it is worth noticing that at that time new cases of infection in China reached zero and the coronavirus menace seemed extinguished; therefore, preventing its resurgence became a political imperative.

From then on, the Chinese government pursued a “zero-COVID” strategy, a “zero-infection” (*ling ganran*) policy, also called “dynamic clearance” (*dongtai qingling*) policy, which sought to achieve a zero-infection rate among the population (“Xinhua wang” 2022). Unlike the mitigation approach, which aims to decrease the epidemic’s growth, as in Western countries³, the “zero-COVID” strategy can be considered an elimination policy, which focuses on immediate containment and maximum prevention actions against the pandemic, trying to completely control the spread of the virus within the community and allowing the resumption of normal social and economic activities.

This strategy was based on the assumption that COVID-19 could be completely eradicated and that the course of the pandemic would be similar to the 2002–2003 SARS epidemic⁴; but this theory proved to be wrong, since the infection became a globally endemic disease and the Chinese population remained as vulnerable to it as in the first half of 2020, lacking collective immunity. It was a consequence of basing the vaccination programme only on domestic preparations, which already at the stage of clinical trials showed much lower efficacy and shorter duration of protection than the Western ones, with a low vaccination rate in the 80+ age group (Bogusz 2021).

In this situation, the “zero-COVID” strategy faced its most severe test, with the emergence of highly infectious coronavirus variants: first Delta, beginning in late 2021, and then Omicron in March and April

³ Mitigation strategies, commonly called “living with the virus,” aim to prevent the healthcare system from being overburdened but still obtaining a level of continued viral transmission within the community, enabling society to curb the pandemic smoothly.

⁴ The SARS epidemic ended with the disappearance of the virus, since the pathogen evolved into a variant which resulted harmless for humans.

2022; their appearance raised serious questions about the sustainability of China's approach to the virus elimination. This was mainly due to the characteristics of the Omicron variant, i.e., its rapid spreading speed, its maintaining prolonged activity on inanimate objects, up to 194 hours on plastic surfaces and 21 hours on human skins (He et al. 2021). Moreover, the concealing property of the Omicron variant made it difficult to detect positive cases, impeding the implementation of the contact tracing process, through which all the closely contacting persons could not be accurately located. In addition, the difficulty of detecting Omicron-infected cases generated a prolonged timespan of lockdown measures, which were not as effective as before.

Whereas Wuhan's 76-day lockdown from January 23 to April 8 2020 suppressed virus transmission, the outbreak of the Omicron variant still continuously appeared in the cities placed under lockdowns (Woo et al. 2022). In late December 2021 and January 2022, Xi'an, Tianjin, and several other big cities were put in lockdown. Since outbreaks spread across the nation in March, strict lockdown measures involved Shanghai, Shenzhen, and provinces from Hainan in the south to Jilin in the northeast. The economic and social cost of these measures affecting such enormous areas became extremely high.

In these circumstances, the most enduring and severe confinement procedures took place in Shanghai, beginning in late March 2022 and only gradually loosening up by June. From March 28-31, ten million residents of Pudong on the Western side of the Huangpu river were placed under stay-at-home restrictions; and the same was ordered for 16 million residents east of the Huangpu in Puxi from April 1-5. Here, the abrupt shift to indefinite lockdown left the population unprepared, since their expectations were that controls would be lifted, or at least eased, in a week or more; so they had not stored up enough food and necessities, and soon ran low on provisions (Yang 2022).

If for the economy the price was two percentage points of growth in 2022 by reducing mobility and consumption, the social costs were higher in terms of personal freedoms (World Bank 2022). Anger grew considerably and public unhappiness reached a boiling point. The unexpectedly stringent measures in April and May shocked Shanghai residents, creating stress, frustration and fury over provisions shortages and difficulties in purchasing food as delivery services became overloaded.

The arbitrary and brutal disruption of transportation and delivery services, plus the closure of most stores, virtually guaranteed chaos as well as profit opportunities for the well-connected. As a result of how hard it was to get supplies to residents, even the largest delivery platforms, such as Alibaba, operated under severe restraints as demand rose astronomically (Tang, Feng 2022).

On social media, people expressed frustration over access to health care and medical emergencies; they also wrote about the collateral damage of confinement rules, including many patients with chronic and non-COVID-19-related diseases losing their access to medical care. The severe measures generated an unusual level of public protest, both on the streets and online, as well as resistance to some of the programme's more excessive elements, such as denying human rights. Indeed, the interests of individuals were not respected: children who tested positive were taken into quarantine and separated from their parents; this practice was eased only after vociferous public complaints (Goh, Tham 2022).

Some reported poor conditions in quarantine centres and questioned why those who tested positive but were asymptomatic had to be quarantined. Elderly and incapacitated people who tested positive were sent to quarantine facilities with little consideration for their conditions (Gan 2022). COVID patients arrived at centralised quarantine locations that had no supplies nor beds; pet owners burst into tears over their dog being killed by anti-epidemic workers. When food, access to medical care, income, and personal life were put into jeopardy for a prolonged period, doubts, frustration, and exhaustion started to replace the previous overwhelming support for the government.

As a result, videos of rare protests at Shanghai housing compounds and chaotic scenes of unsupervised crowds scuffling for food, water, and blankets were shared extensively on WeChat and Weibo. On social media, shocked netizens expressed their frustrations with local authorities and open criticism of government health policies widely circulated, and in many cases, went uncensored (Van Oudenaren 2022).

One of the major expressions of dissent was a six-minute protest video called, *Voices of April* (*Siyue zhi sheng*), which was a compilation of real audio snippets from conversations recorded in Shanghai throughout April, documenting some of the most desperate moments of the local lockdown ("Youtube" 2022). Showing the reality of a COVID-stricken Shanghai, where residents struggled with feelings of powerlessness, the video provides an emotional and heart-wrenching

account of what residents in Shanghai have gone through since the COVID crisis started in their city. Here we can hear the voices of residents, delivery drivers, community workers, parents, children, COVID patients, pet owners, volunteers, and many people who raised the issues that so many have been concerned about over the lockdown.

The video started appearing on social media and instant messaging platforms on April 22 and although swiftly removed by censors, went viral. As soon as one version of the video was taken down, new ones appeared, overwhelming censors. Weeks of anger and frustration over food shortages and heavy-handed COVID controls were channelled into keeping the video alive online. In spring 2022, the suffering of Shanghai people generated empathy and concern around China and the world, and fostered an impression that in its inhumane response, which perpetuated many harms and injustices, the Communist Party was unable to respond to the mounting difficulties; in fact, the government appeared to respond with greater force to impose its willpower, treating Shanghai as if it was a city in rebellion.

8.4. The Unexpected and Incautious Reopening of the Country in Late 2022

As shown, what happened in Shanghai exposed both the weaknesses of the government's ability to persevere with the "zero-COVID" strategy, and the decreasing endurance of Chinese people to tolerate it. According with this view, some analysts assumed that mobility restrictions could have been lifted, in order to avoid discontent among the population, given their negative impact on society and on the economy: the most appropriate moment would have been in the run-up to the 20th Party Congress.

Nevertheless, at the outset of his third term in power, after consolidating his position at the Congress, Xi Jinping gave no signs that he would change the "zero-COVID" policy. So this strategy was expected to be maintained in 2023 and potentially beyond, although its definition and related policy tools would be recalibrated, with some gradual adjustments.

But public perception of how to manage COVID-19 had deeply changed after the Shanghai lockdown: an implicit social contract seemed to have been broken and public trust in the State was completely eroded; so the accumulated public resentment finally burst out in late November 2022.

If in 2020 and 2021 the protests were against the mismanagement of the confinement measures, this time they targeted the zero-COVID policies themselves. If the previous grievances were aired on social media, in the Fall of 2022 people demonstrated in the streets and on college campuses.

Dissent erupted spontaneously in reaction to the atrocious fire that broke out in a sealed-off residential compound in Urumqi, Xinjiang, which reportedly claimed at least 10 lives of Uighurs and Han Chinese, on November 25 (“BBC News” 2022). In addition, citizens’ frustration had risen as social media were spreading images of packed stadiums with mask-free spectators at the World Cup in Qatar.

Starting from the last weekend of November, demonstrations took place in the streets of major cities, such as Shanghai, Beijing, Guangzhou, Wuhan, Chengdu and Urumqi; at the same time, tens of thousands of university students staged protests against the restrictive measures on at least 50 campuses. Online pictures and videos showed people appearing in public with blank papers: A4 blank sheets of paper became the symbol of protests, representing rebellion against censorship and the narrow space of expression under authoritarian rule (“Time” 2022).

Apart from those silent voices, some posters and people shouting calling for Xi Jinping to be ousted were reported on social media; this led to the discontent being read as a plebiscite on Xi, since in charge of the epidemic policy, there was not only the Party, but the President himself. In fact, beyond concerns of general health and public support, the Chinese government’s persistence with the “zero COVID” strategy was linked to Xi’s legitimacy.

The CCP leadership appeared to find it challenging to break with the containment policy, having touted it as a measure of its competence and proof of its authority, both at home and abroad. Approaching the 20th Congress, although perceiving threats of relaxing restriction measures and seeing a major epidemic outbreak in China as a diplomatic embarrassment, the Chinese régime sent mixed signals about the degree of limitations necessary to contain the virus, leading many to question the efficacy of the then-current policy (Haenle 2022).

In line with these elements, there was worldwide surprise at the unexpected change in government decisions: in early December 2022, contrary to any predictions, the draconian “zero COVID” policy finally ended, giving way to a more pragmatic approach to dealing with the crisis. The epidemic was declared to be treated as a Class-B instead

of a Class-A infectious disease; this shift from stemming infection to preventing severe cases was regarded as “science-based, timely and necessary” (Ministry of Foreign Affairs of the PRC 2022).

On December 7, the State Council published new guidelines for the treatment of the epidemic, called the “New Twenty Points on Improving COVID Control”, based on a notice of China’s National Health Commission, published on November 11 (Hong 2022); the intention seemed aimed not at a complete opening up, but to a gradual adjustment through incremental changes by taking small steps.

Nevertheless, this document brought confusion to local governments, since it seemed to reverse the strong vindication of the “zero COVID” policy in Xi’s Report at the 20th Congress: according to this, China would have continued the containment strategy without hesitation (Xi 2022). Facing conflicting and confusing signals, local officials did not implement the “New Twenty Points”, following, as often happened in the history of the PRC, a path of dependency, that remains to be clearly investigated. Tending to play it safe, they seemed to opt for a complete opening up, fearing assuming high responsibilities for the difficult and perilous application of the new regulations in high-risk areas (Li 2023).

In a similar manner, the decision-making process within the leadership looked very uncertain and indefinite. In fact, having given the impression of being the commander in chief in the fight against the virus, Xi Jinping appeared to have “lost face” by downgrading the nation’s response to COVID-19. He might have been convinced or forced by the other members of the Standing Committee of the Politburo to take his hands off the COVID wheel (Renzhe Leshan 2022).

Whatever the interpretations were⁵, following the sudden opening up, the number of positive cases and deaths skyrocketed, although the government kept on covering up real COVID data, with few reported deaths, whose reliability has been questioned by experts (Wu, Kang 2022). Even if officially denied, in December 2022 hospitals were overwhelmed, while long queues outside them were shown on videos posted online. The whole healthcare system was put under extreme pressure and its capacity was compromised, with a huge demand for intensive care ventilators, a growing shortage in medical drugs and a rising rate of infections among doctors and medical workers.

⁵ In this respect, the materials consulted here are limited to the date of completion of this work, the end of March 2023.

This kind of response from the Chinese government is very worrying, being similar to the behaviour adopted at the early stage of the pandemic, when information was suppressed. At the end of December 2022, the biggest concerns were about national mobility and intercontinental travels, which were due to be liberalised in early January 2023; at the end of the same month, millions of people would move across the country for the Chinese Lunar New year, spreading the infection to the most remote areas.

Nonetheless, it is not clear how much the decision of reopening the country was based on political calculations, more than on medical grounds; though not easily deciphered, this choice did not take into account the high risks to citizens' health. So once again in the PRC, as in the previous three years, politics seemed to be put first, and the interest of human beings second.

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Glossary of Chinese Terms

<i>Pinyin</i> transliteration	Characters	English translation
<i>dongtai qingling</i>	动态清零	dynamic clearance
<i>ling ganran</i>	零感染	zero infection
<i>Quanmin zhen hua ri</i>	全民真话日	People's Day of Truth
<i>renmin zhanzheng</i>	人民战争	People's war
<i>Siyue zhi sheng</i>	四月之声	Voices of April
Zhonghua Renmin Gongheguo Guojia Weisheng Jiankang Weiyuanhui	中华人民共和国国家卫生健 康委员会	National Health Commission of the People's Republic of China
Zhongguo chuanran bing yiqing he tu fa gonggong weisheng shijian wangluo zhi bao xitong	中国传染病疫情和突发公共 卫生事件网络直报系统	China's direct network reporting system for infectious diseases and public health emergencies
Zhongyang Yingdui Xinxing Guanzhuang Bingdu Ganran Feiyan Yiqing Gongzuo Lingdao Xiaozu	中央应对新型冠状病毒感染 肺炎疫情工作领导小组	Central Leading Small Group for Responding to the Novel Coronavirus Pneumonia Epidemic

9. Pandemic Surveillance in China: An Interpretation Beyond the Top-Down Approach

Tonio Savina

Abstract

Since the outbreak of COVID-19, China has been at the forefront of deploying technology for the containment of the virus. The use of such technologies has been interpreted by Western observers as a tool that the Chinese government has adopted with the aim of establishing a so-called “digital authoritarianism”, a sort of technology-based dictatorship, in which an Orwellian form of central government seems to be everywhere, watching everything from above. Going beyond this top-down approach, the present paper tries to demonstrate how, at least at the onset of the pandemic, Chinese surveillance was in fact a “liquid” practice, a decentralised and scattered form of digital monitoring, co-constructed by local governments, shared by private enterprises, and supported by the users themselves. It is precisely to stem the initial excessive “liquidity” of the surveillance phenomenon, that the Chinese authorities passed a series of laws and regulations, giving rise to a new model of social control, which is moving along a different path than the Western-style “surveillance capitalism”.

Keywords: China; COVID-19; Pandemic surveillance; Social control; Health codes.

9.1. Introduction

As is known, surveillance technologies have played a crucial role in the containment of COVID-19 in the People’s Republic of China (PRC): facial recognition cameras, drones, thermal scanners, and tracking

apps installed on smartphones have been only some of the devices involved in the collection of biometric data for health monitoring purposes (Wang et al. 2021; Weinstein 2020). These kinds of tools played a crucial role during the crisis, tracking patients and affected places, and identifying who, potentially, had been exposed to the virus. Specifically, such instruments have been used to document where people had been, identifying the riskiest areas, carrying out relief efforts, and tracking down the violation of quarantine measures. All of this was decisive in analysing the pattern of the outbreak, thus monitoring and containing the circulation of the pathogen.

The fact that China has relied on a colossal digital surveillance infrastructure to manage the health crisis does not come as a surprise, since during the past decade intrusive technology has been widely used by the Party-State as a facilitator to exert its power over society (Creemers 2018; Godement et al. 2018; Keane, Yu 2019). The widespread use of cameras in the autonomous region of Xinjiang (see Byler 2022; Loubere, Brehm 2022; Human Rights Watch 2019), the continuous monitoring of digital content by the Great Firewall (Quan 2022), the systematic accumulation of Big Data for security reasons, and the different variety of “social credit systems” (*shehui xinyong tixi*) developed in the country (Liang et al. 2018; Liu 2019) are all well-documented cases of technology being employed, with varying degrees of explicitness, for maintaining control over the population.

With the outbreak of the pandemic, however, the horizon of this digital social control has massively broadened, to an extremely worrying extent. Surveillance technology used prior to the pandemic was augmented as part of the crisis mobilisation: from 2020 onwards, facial recognition technology, security cameras installed outside citizens’ front doors, and telecommunications tracing, have been combined together to ordinarily monitor citizens’ behaviours and enforce quarantines. In the course of everyday life, Chinese citizens have been routinely accustomed to showing digital badges of their health status for entering public buildings or moving around towns or between localities. This has given shape to a gigantic model of socio-pandemic control, which in some cases has seemed to be able to go beyond the sanitary domain. In late May 2020, for example, the city of Hangzhou announced a controversial proposal to create health scores based on personal lifestyles: the proposed system would collect personal information not only on the citizens’ state of health, but also on their

tobacco use, alcohol consumption, physical activities, and sleep time, giving rise to concerns about how this might turn China into a dystopian reality (Gan 2020).

This kind of proposal makes evident how the practice of gathering people's data can go beyond the goal of containing a virus, straying into the collection of private information that in an authoritarian context, as the Chinese one is, can assume specific political implications, thus enhancing the capacity of the Chinese Communist Party (CCP) to rule the country, silencing the dissent voices and staying in power.

This is the main reason why the use of such technologies has been interpreted, by many Western observers, as a tool that, beyond health-care reasons, the CCP has in fact adopted with the aim of establishing a so-called "digital authoritarianism", a sort of technology-based dictatorship, in which the government is almost everywhere, watching everything from above (see Botsman 2017; Brown, Sherwell 2021; Khalil 2020; Mozur et al. 2020). In this common Orwellian interpretation, which is frequently an example of techno-orientalism (Siu, Chun 2020), what lies behind the rhetoric of Chinese health care is an attempt by the central leadership to extend its total authority over the population, to the detriment of privacy and data protection (Byler 2021; Cabestan 2020; Liang 2020).

However, it should be noted that the Chinese pandemic techno-governance practices cannot be entirely reduced to a top-down "Big Brother" centralised process, nor are they totally ignorant of privacy-related concerns. On the contrary, as the present essay will try to demonstrate, Chinese surveillance operations have been, at least at the onset of the pandemic, scattered, co-constructed by local governments, shared by private enterprises – which provide technological resources –, and supported bottom-up by the users themselves. In China, indeed, a series of different actors and power relations have been embedded in the pandemic-enhanced form of techno-bio power, which defined itself not merely as a practice entirely governed by the CCP, but as a "liquid" process (Bauman, Lyon 2013) dependent on different actors. Furthermore, the authoritarian sanitary surveillance rested on a myriad of different digital platforms and systems which initially operated in a state of legislative vacuum, thus enhancing the "liquidity" of the surveillance phenomenon. The central government, indeed, in its strategy of social mobilisation (Yuan 2021),

left local authorities and tech companies to make full use of digital technologies and Big Data for early detection of the virus, without predetermining what digital tools should be used, how, and under what conditions (Cong 2021, pp. 1-14).

It goes without saying, however, that the development of this liquid infrastructure of “pandemic surveillance” (Lyon 2021) did not entail the absence of central power in managing the health crisis; rather it demonstrates how the centre has been able to operate in a fluid and multi-layered form, reinforcing itself through the mobilisation of a variegated apparatus of different agents, powers and resources. The engagement of individuals, for example, took the form of personal self-discipline, producing a more intrusive and covert centralised form of control, internalised by the users themselves. The digital common practices have indeed been able to generate a collective lived experience, shared among citizens of different provinces across China, ultimately contributing to the formation of a central “unified national citizenship” (Sun, Wang 2022, p. 676).

Furthermore, even if at the beginning of the pandemic, surveillance enactment took place in a state of *laissez-faire* – without pre-defining how citizens’ data should be collected, and under what conditions –, it then became a more strictly controlled process, governed under the combined impetus of avoiding privacy risks associated with digital data collection, while regaining control on the tech firms. Indeed, it is precisely to stem the initial excessive “liquidity” of the surveillance phenomenon that the National People’s Congress passed a series of laws aimed at regulating data acquisition, coping, at the same time, with a request for greater privacy guarantees from the Chinese users.

Predictably, however, only the Chinese Big Techs have been affected by the new legislation, seeing their power limited. The Party-State, instead, has continued to act as a self-styled ultimate “guarantor” of the privacy of its citizens, imposing its rule on Big Data, considered as strategic assets whose control has to be in the hands of central government. This eventually gave birth to a “culture of surveillance” (Lyon 2018) with Chinese characteristics, different from the Western private-led “surveillance capitalism” (Zuboff 2019), as it will be discussed in the following sections.

9.2. The Role of Local Governments and Tech Firms in the Liquid Health Codes System

In assessing how Chinese pandemic surveillance configures itself not merely as a rigid monolithic top-down process but as a more liquid bottom-up one, it is possible to examine the case of the so-called “health codes” (*jiankang ma*), whose development and rollout has been the result of a combined effort made by local governments, Chinese tech companies, and Chinese users. As is known, in order to facilitate a smooth return to work, and increase the efficiency of daily monitoring of population health, China deployed various health code systems, a series of tracking apps used to trace an individual’s travel, contact histories, and biometric data¹. Based on algorithm calculations, the health codes used time, location and personal interactions to determine whether an individual was at risk of being infected. Practically, they took the form of QR codes in which a specific colour was used to identify the level of health risk: a green code allows an individual to travel and access public spaces; a yellow one indicates potential risks and forces at-home isolation for 7-14 days; a red code imposes a 14-day quarantine.

Health codes were initiated by Alibaba (Alibaba) and Tencent (Tengxun), the two biggest Chinese Internet companies, that launched their software in February 2020, in Hangzhou and Shenzhen respectively, the cities where their headquarters are based. In Hangzhou, Alibaba took part, together with a local technology company, the Maquan Technology (Maquan Keji), in a team of ten people that was set up on February 4 by the Yuhang district government with the aim of designing a digital platform for health monitoring purposes (Tan 2020). On February 7, the Hangzhou Municipal Government released an *Announcement on Hangzhou enterprises’ strict epidemic prevention and control, promoting an orderly return to work* (*Guanyu Hangzhoushi Qiye Yange Yiqing Fangkong Youxu Tuijin Fugong de Tonggao*). The document instructed the resumption of work activities and the establishment of a coding platform to conduct digital health monitoring for employees, imposing lockdowns when necessary. The Yuhang Code was then put into operation, marking the first

¹ The author is aware that substantive fieldwork is required to fully examine the Chinese health code systems; at the moment, however, this remains challenging given the current pandemic situation. Accordingly, the present essay draws on official documents and secondary sources, mostly PRC academic literature and commentaries in Chinese newspapers.

step in the transition from the previous pandemic surveillance based on “filling a form” (*tianbao biao*) – a manual monitoring method of hand-filling paper surveys and boxes ticking – to the use, in the entire country, of “passing codes” (*tongxing ma*) – an online automatic way of tracing people (see Shi, Ma 2020, p. 110)².

While Alibaba was working on its health code, other Chinese local governments at different levels coordinated with big and small tech firms to create their local versions of health codes. In the municipal government of Shenzhen, for example, Tencent was developing its own one, integrating it into WeChat³, rather than Alipay. Therefore, as time passed, all regions begin to implement their systems, leading to a shambolic situation in which new “codes were added to codes” (*ma shang jia ma*): Shanghai developed the *Suishen ma*, Jiangsu had the *Sukang ma*, the *Ankang ma* was designed in Anhui, and so on. Even within the same province, different codes were in use: besides the *Sukang ma*, Jiangsu Province developed the *Ning Guilai*, the *Sucheng ma*, the *Huai shang tong*, and the *Xi kang ma*. Furthermore, specific government bodies, including the China’s National Health Commission (Guojia Weisheng Jiankang Weiyuanhui) and the Civil Aviation Administration (Zhongguo Minyong Hankongju) provided their own health codes (Yang, Heemsbergen 2021, p. 187).

Therefore, during the first few months of 2020, a complex infrastructure of digital codes took shape, making pandemic surveillance a decentralised process operating across multiple actors, administrative

² On February 12, the Zhejiang provincial government announced the implementation of the code in the entire province. On February 17, eleven prefecture-level cities launched the code. On February 24 it was launched in 200 cities across the entire country. At the end of May 2020, the health code was adopted in more than 300 cities. Then, Alibaba intervened to help modify the structure of the code thus improving its performance and allowing it to be launched on its platforms Alipay (Zhifubao) and DingTalk (Dingding). Noteworthy, indeed, the development of the health codes depends on a pre-existing investment in domestic surveillance and social control systems – an activity in which Alibaba was already involved (Qiang 2019). The messaging app DingTalk, for example, was already used not only as a tool for office staff, but more importantly, as a programme that makes it easy for employers to check their employees’ whereabouts, tracking whether they arrive late at work or not (see Chen, Shepherd 2018).

³ As known, WeChat is one of the most popular Chinese social media apps. Launched in 2011 as a mobile instant messaging app, it then developed in a variety of communication functionalities, such as sharing pictures, videos and images. Later, it gave people the possibility to combine their social ID and bank account, thus becoming a payment platform; it also launched Mini Programme functions such as playing games, creating survey, ordering food, online shopping, etc. (see Montag et al. 2018).

bodies, and governing layers. In this liquid situation, codes that were issued by one Chinese province or institution were not necessarily recognized by another, especially if one used the Tencent platform and the other used the Alibaba system. It has been often reported, for example, that the lack of coordination between the two companies caused technical problems, such as mismatched profiles, incorrectly listed locations, or failure to update the code (Tan 2020).

Relevant departments tried to standardise codes, issuing documents requiring all regions to implement national mutual recognition. To this end, the State Council launched a COVID-19 management system, hosted by the National Integrated Government Service Platform (Quanguo Yitihua Zhengwu Fuwu Pingtai)⁴. However, even though official accounts declared from time to time the achievement of a “one code access” convenience (*yima tongxing*) (“Renmin Wang” 2020), in practice, all localities continued to use their own health codes, which remained different among different provinces, sectors, and municipalities (see Zhou, Zhang 2021)⁵.

9.3. The Engagement of Chinese Users in the Infrastructure of Digital Surveillance

Besides local governments and tech giants, the Chinese authoritarian liquid pandemic surveillance infrastructure also rested on Chinese users. On February 8, the number of registered users of the Yuhang Code was 335,000 and, in one year, the registered population of the district reached 1.0986 million. By the end of 2020, health codes apps were used by around 900 million Chinese citizens (Chen et al. 2022, p. 619). In a quasi-mandatory way, all Chinese citizens have been required to sign into these platforms and to enter their personal information, including their travel and contact history⁶. They also have to update their information regularly to keep the health code valid. By

⁴ The platform is available at the following link: <<http://gjzfwf.www.gov.cn/>> (last accessed 23 December 2022).

⁵ Note that, still in 2022, Chinese experts called for a unified health code in order to improve the efficiency of the tracking system (see Lai 2022). This demonstrates how even if as early as March 2020 Chinese authority asserted that China had achieved the “one-code access” of the digital health code, in reality, this was not the case.

⁶ Note that since the information is filled by individuals, there is a possibility of concealment and false reporting. To reduce these risks, some experts proposed to implement measures against the use of fictitious personal data, for example, listing

self-reporting, therefore, they contributed to reconstructing the transmission chain of infections, playing a constitutive bottom-up role in pandemic surveillance.

According to several scholars, this has been possible because Chinese citizens did not offer a strong opposition to the use of tracking technologies, in a different way from Western countries, where tracing apps have been resisted because of privacy-related concerns (Klar, Dirk 2020; White, van Basshuysen 2021). According to Liu and Zhao (2021), the little resistance posed by Chinese people to digital tracking can be interpreted by drawing on the so-called “guardian model of governance”: building on this concept, the CCP authority can be seen as based on a paternalistic leadership, aimed at establishing a Confucian hierarchical relationship with the population, enabling it to trust in a qualified government, that deals with the collective good, as a benevolent father protects his children. Chinese users would therefore be naturally inclined to accept digital surveillance as promoted by the top.

Furthermore, the CCP narratives on technology – portrayed as essential in the management of a public health crisis – could have generated a favourable context for the imposition of tech-enabled State surveillance. For Kim et al. (2021), the idea that digital tracking apps are essential in a public emergency is conveyed not only at an official level, but also by the users themselves, who are self-constituted as subjects of surveillance. In other words, Chinese users are said to accept the logic of digital platforms, since they benefit from it.

A further element that would have favoured Chinese participation in techno-governance practices is probably given by the country’s socio-technical imagery, in which technologies are intertwined with nation-building and national rejuvenation narratives (Liu, Zhao 2021, pp. 745-746). In China, indeed, technology has often been linked to the idea of national strength: this was the case during the time of the “self-strengthening movement” (*zhiqiang yundong*) (Cheng 1994), and, later, at the time of Deng’s reforms and opening up (*gaige kaifang*), when, after the Maoist period, technology was reframed as a productive force (Deng 1988). Digital infrastructures have then been transformed into patriotic symbols, thus nurturing the rhetoric of efficiency.

those who make a false statement as untrustworthy people and fining them with administrative penalties (Chen 2021).

Finally, the involvement of users in pandemic surveillance has been explained through the relevance that communitarian tradition had in Chinese society: contrary to an individualistic liberal vision, Chinese people prioritise community and societal interests over those of the individual. However, according to Elaine Yuan (2021), communitarian values alone are not sufficient to explain the participation of users in surveillance activities. Drawing on the concept of “risk society” (Beck 1992), she argues that users’ engagement in pandemic surveillance can be understood only as a part of a more complex public health infrastructure, based on social mobilisation and management of resources. The Chinese government has in fact promoted a local coordination campaign: the province of Guandong, for example, deployed an epidemic prevention and control platform mobile app, asking users to communicate their health conditions in order to receive a call, a text message, or a visit from a designated health or community worker in charge of a section of the district. The Institute of Precision Medicine at Qinghua University also created a similar self-screening system, in which after answering a series of questions, health recommendations and guidelines were generated.

Beyond these common interpretations, however, it should be noted that the Chinese users’ participation in the pandemic surveillance process is not totally unfamiliar with privacy-related risks. As early as before the pandemic, indeed, it was becoming evident how “under the sea of flowers there were thorns” (*huahai zhi xia you jingji*) – a metaphor used to predict the malicious effects hidden behind the appeal and the massive use of new technologies (Zhu 2019, p. 4). The public discussion about personal data protection arose in 2019, when Guo Bin, a professor at Sci-Tech University, Zhejiang, sued the zoo of Hangzhou for violating his privacy. As a visitor of the safari park, he was asked to submit himself to AI facial recognition (*shua lian*) before entering – for Guo, an unjustified request that requires customers to hand over their biometric information⁷.

⁷ This episode generated huge attention, sparking academic discussion over privacy vulnerabilities associated with China’s growing use of technology. According to Zhu Wei (2019), deputy director of the Research Centre on Communication Laws (Chuanbo Fa Yanjiu Zhongxin), since facial recognition is linked to personal information, identity, individual attitudes, and preferences, it involves the sphere of civil rights (*minshi quanli*): hence citizens should know how their biometric data will be stored and used. For the author, however, there should be a distinction between

Nevertheless, the public discussion about privacy risks reached its climax only during the pandemic, in response to the uncontrolled data collection operations carried out by the health codes' systems. Indeed, due to the lack of systematic design, process control, supervision system, and responsibility balance mechanism in developing these systems, Chinese experts became alerted to the potential risks that the "liquid" laissez-faire management of the Big-Techs and local governments' data collection could have brought not only to the individual privacy but also to the nation as a whole. Several legal scholars lamented how, since there were no clear laws and regulations to determine the procedures, content, and boundaries of pandemic tracking, the health codes could penetrate into private life, affecting citizens' rights and freedom and exposing the nation to security threats (see Chen 2021; Lü 2021). Consequently, they called for greater transparency and data protection (Fang, Yan 2020; Guo 2020; Han 2020; Xing 2020).

9.4. The Pretextual Legislative Effort to Contain Surveillance Liquidity and the Crackdown on the Chinese Big Techs

The growing concern about privacy risks that followed the massive use of tracking apps during the COVID-19 pandemic seems to have had some role in hurrying the Chinese government to strengthen its data protection regulations. The debate on data security has indeed accentuated the Party's awareness of the need to equip the country with legal tools to cope with the digital emergency that an uncontrolled use of data could have generated, thus accelerating the establishment of a Chinese data protection regime.

As early as February 4, 2020, the Office of the Central Cybersecurity and Informatization Affairs Commission (Zhongyang Wangluo Anquan he Xinxihua Weiyuanhui Bangongshi), aware of the risks associated with the liquid use of tracing apps, published the *Notice on the Protection of Personal Information and the Use of Big Data to Support Joint Prevention and Control* (Guanyu Zuohao Geren Xinxi Baohu Liyong Dashuju Zhicheng Lian Fang Lian Kong Gongzuo de Tongzhi)⁸ clarifying that

commercial and public interest applications of artificial intelligence recognition: in his vision, public objectives could, to a certain extent, surpass individual privacy rights.

⁸ The *Notice* is available at the following link: <<http://www.gov.cn/xinwen/2020-02/10/>>

except for the institutions authorised by the Health Department of the State Council, no other units or individual can collect and use personal information without the consent of the users.

In legislative terms, however, it was only in June 2021 that China released the *Data Security Law* (DSL) (*Shuju Anquan Fa*), which seeks to create a legal framework for governing data collection, usage, storage, and disclosure. Shortly after, in August 2021, China released its *Personal Information Protection Law* (PIPL) (*Geren Xinxi Baohufa*), which regulates the relationship between large technological conglomerates and consumers, giving the latter a series of guarantees on the use of their data⁹. Specifically, the PIPL focuses on tech firms that collect personal information, requiring them to inform people about what personal information is collected, giving them the right not to allow the use of the data or to request corrections or deletions from the databases (Albrecht 2022; Calzada 2022). In an evolving digital legislation landscape, other regulations came into force on the heels of the DSL and the PIPL, as happened in Shanghai and Shenzhen, which implemented their data regulations (*shuju tiaolie*), going further in tackling data security issues, providing specific rules for the collection of data by the service providers (Shen 2021).

While it remains to be seen how these laws and regulations will close the loopholes that hold up their implementation¹⁰, for the aim of the present essay, what it is crucial to stress is that their real aim is not a mere protection against privacy violations; rather, they have to

content_5476711.htm> (last accessed 23 December 2022).

⁹ Note that the DSL and the PIPL are only parts of the Chinese data governance framework. Indeed, as early as 2017, China passed the *Cybersecurity Law*; in 2021 the Cyberspace Administration of China approved also the *Provisions on the Management of Algorithmic Recommendations in Internet Information Services* (Hulianwang Xinxi Fuwu Saunfa Tuijian Guanli Guiding).

¹⁰ First, it is unclear how effective these laws are, since users still continue not to clearly know how data are used, stored, and associated with other information. Analysing the PIPL in the context of the use of health code apps, Zhang (2022) notes how this law presents several shortcomings in practical enforcement. For example, even though, according to Article 7, personal information shall be handled under the principles of transparency, openly declaring the aims, methods, and scope of processing, several health code apps, used within various provinces and municipalities, do not show any privacy notice. Moreover, most provinces have not set specific time limits for data storage or any rules for erasing personal information after the pandemic. This lack of adequate transparency compliance measures can result in troublesome issues, such as the possibility of abuse of power from authorities, as happened in Zhengzhou, Henan, in June 2022, when the health code of local bank clients turned red in order to prevent them from protesting against the potential loss of their savings (Boruda 2022).

be read in the broader context of the attempt made by the Party-State to regain control on the liquid behaviours of private companies in data gathering. Indeed, taking advantage of a lax legislation on privacy protection, the Big Techs had so far acted only in the name of their commercial interest, collecting sensitive data whose wrongful use could compromise national security. At the same time, the tech firms could become a database of Chinese People's personal information that contains even more details than the Party-State, posing a threat to the predominant position of the CCP in Chinese society.

The adoption of these new laws is therefore aimed at stemming the excessive liquidity of their practices, reasserting authority over these companies, and maintaining their image as entities that have to serve the public. Only the Chinese Big Techs, indeed, have been affected by these new norms; the Party-State, by contrast, has been reinforced by this legislation in its acting as the only "owner" of the data of the Chinese population, while also enhancing its capacity to play as a self-styled ultimate "guarantor" of data protection. The laws, in other words, do little to counter national government surveillance, protecting citizens only from domestic commercial surveillance¹¹.

In China, therefore, the process of regulating surveillance implied a more general redefinition of the governance of Big Data, in order to preserve the State's control over the economic operators. From this perspective, it can be argued that China, during the pandemic, saw, as a reaction to the initial "liquidity" of the surveillance phenomenon, the emergence of a new model of social control, that is going along a different path than the Western-style "surveillance capitalism", in which the Big Tech multinationals play a dominant role (Zuboff 2019). The evolution of this new "culture of surveillance with Chinese characteristics" operates in a peculiar way, that gave the CCP the power to govern its citizens' data, while cracking down on Chinese tech firms which monetize users' information.

The Chinese government has long realised the strategic value of data, whose management has to strictly remain in its hand in order to preserve the stability of the country. In fact, as early as 2014, Big Data has been elevated to national strategy and in 2019 it has been officially

¹¹ Note, however, that the laws protect also against foreign government surveillance. To this aim, large Chinese companies are obliged to keep the information collected in local data centres.

recognized as “factor of production” (*shengchan yaosu*) (“Gongchandang Yuanwang” 2019). According to this view, data is interpreted as national strategic asset, whose control is fundamental for the Party-State to preserve national sovereignty. In other words, the Chinese approach to data regulation has to remain State-centred¹². According to this view, even if the State protects citizens from the unnecessary collection of personal data for commercial purposes, the State itself has wide access to citizen data (see Liu 2021). This means that while in the West data protection laws are aimed at preserving personal information, in China, data control is not specifically focused on protecting the individual; rather, it contributes to safeguarding the CCP power in the name of collective interests.

Furthermore, since data collection is based on algorithms, the tight control exercised by the Party-State can assume, in the Chinese authoritarian context, specific political implications, especially when an individual or a group of individuals perceive unfair treatment as a consequence of an ‘on purpose algorithm crafting.’¹³ Worryingly, therefore, centralising State powers over the supervision of data means that the political consequences of the Party’s data governance system remain not only ignored but also intensified. Indeed, since China does not have a data protection authority independent from the Party, the legislation could become a technology of population control while elbowing aside questions about fairness, justice, and democracy.

¹² To this end, China also issued the *Cybersecurity Law (Wangluo Anquan Fa)*, along with other additional documents such as the *Measures on Security Assessment of the Cross-Border Transfer of Personal Information (Geren Xinxi Chujing Anquan Pinggu Banfa)*, the *Measures for Data Security Management (Shuju Anquan Guanli Banfa)*, and the *Draft Information Security Technology-Guidelines for Data Cross-Border Transfer Security Assessment (Xinxi Anquan Jishu Shuju Chujing Anquan Pinggu Zhinan Cao'an)*.

¹³ Please note that algorithms are social constructions that like any other technology reproduce human dynamics and prejudices. Being the result of people designing and creating codes, they can reflect unconscious values, biases, and beliefs, often generating so-called “algorithmic discrimination”, i.e., an unjustified different treatment of people based on their ethnicity, religion, gender identity, age and so on (Andersen 2020; Kordzadeh, Ghasemaghaei 2022; Numerico 2021; Seaver 2017). Further research is needed to assess how much Chinese “algorithmic discrimination” is the result of an unconscious reflection of the prejudices and values embedded in Chinese society and how, instead, it is a form of “on-purpose” politically-crafted discrimination.

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Glossary of Chinese Terms

<i>Pinyin</i> Transliteration	Characters	English translation
Alibaba	阿里巴巴	Alibaba (commerce company)
<i>Ankang ma</i>	安康码	Ankang Code (health code used in the province of Anhui)
Chuanbo Fa Yanjiu Zhongxin	传播法研究中心	Research Centre on Communication Laws
Dingding	钉钉	DingTalk (app)
<i>gaige kaifang</i>	改革开放	reforms and opening up
<i>Geren Xinxi Baohufa</i>	个人信息保护法	<i>Personal Information Protection Law (PIPL)</i>
<i>Geren Xinxi Chujing Anquan Pinggu Banfa</i>	个人信息出境安全评估办法	<i>Measures on Security Assessment of the Cross-Border Transfer of Personal Information</i>
<i>Guanyu Hangzhoushi Qiye Yang'e Yiqing Fangkong Youxu Tuijin Fugong de Tonggao</i>	关于杭州市企业严格疫情防控有序推进复工的通告	<i>Announcement on Hangzhou enterprises' strict epidemic prevention and control, promoting an orderly return to work</i>
<i>Guanyu Zuohao Geran Xinxi Baohu Liyong Dashuju Zhicheng Lian Fang Lian Kong Gongzuo de Tongzhi</i>	关于做好个人信息保护利用大数据支撑联防联控工作的通知	<i>Notice on the Protection of Personal Information and the Use of Big Data to Support Joint Prevention and Control</i>
Guojia Weisheng Jiankang Weiyuanhui	国家卫生健康委员会	China's National Health Commission

<i>Hulianwang Xinxi Fuwu Saunfa Tuijian Guanli Guiding</i>	互联网信息服务算法推荐管理规定	<i>Provisions on the Management of Algorithmic Recommendations in Internet Information Services</i>
<i>huahai zhi xia you jingji</i>	花海之下有荆棘	there are thorns under the sea of flowers
<i>Huai shang tong</i>	淮上通	Huai Shang Tong (health code in the province of Anhui)
<i>jiankang ma</i>	健康码	health code
<i>ma shang jia ma</i>	码上加码	codes were added to codes
Maquan Keji	码全科技	Maquan Technology (tech firm)
<i>minshi quanli</i>	民事权利	civil rights
<i>Ning Guilai</i>	宁归来	Ning Guilai (health code used in Nanjing)
<i>shehui xinyong tixi</i>	社会信用体系	social credit systems
<i>shengchan yaosu</i>	生产要素	factor of production
<i>Shuju Anquan Fa</i>	数据安全法	<i>Data Security Law (DSL)</i>
<i>Shuju Anquan Guanli Banfa</i>	数据安全管理办法	<i>Measures for Data Security Management</i>
<i>shuju tiaolie</i>	数据条列	data regulations
<i>shua lian</i>	刷脸	facial recognition
<i>Sucheng ma</i>	苏城码	Su Cheng Code (health code used in Suzhou)
<i>Sukang ma</i>	苏康码	Sukang Code (health code used in the province of Jiangsu)
<i>Suishen ma</i>	随申码	Sui Shen Code (health code used in Shanghai)
Quanguo Yitihua Zhengwu Fuwu Pingtai	全国一体化政务服务平台	National Integrated Government Service Platform

Tengxun	腾讯	Tencent (tech company)
<i>tianbao biao</i>	填报表	filling a form
<i>tongxing ma</i>	通行码	passing codes
<i>Wangluo Anquan Fa</i>	网络安全法	<i>Cybersecurity Law</i>
<i>Xi kang ma</i>	锡康码	Xi kang Code (Health code used in Wuxi, Jiangsu)
<i>Xinxi Anquan Jishu Shuju Chujing Anquan Pinggu Zhinan Cao'an</i>	信息安全技术数据出境安全评估指南(草案)	<i>Draft Information Security Technology-Guidelines for Data Cross-Border Transfer Security Assessment</i>
<i>yima tongxing</i>	一码通行	one code access
Zhifubao	支付宝	Alipay (payment app)
Zhongguo Minyong Hankongju	中国民用航空局	Civil Aviation Administration
Zhongyang Wangluo Anquan he Xinxihua Weiyuanhui Bangongshi	中央网络安全和信息化委员会办公室	Office of the Central Cybersecurity and Informatization Affairs Commission
<i>ziquang yundong</i>	自强运动	self-strengthening movement

10. Psychosocial Perspectives on Preventive Behaviours of Infectious Disease: An Empirical Study in Japan

Mika Omori, Yoko Yamazaki

Abstract

During the rapid spread of COVID-19, testing is critical for both individuals and societies to prevent infection. Individuals, however, do not necessarily intend to get tested. We focused on psychosocial factors that affect intentions of testing, in particular stigma and cultural self-construal. Stigma attached to infectious diseases were reported to be impediments to testing for infectious diseases such as HIV (e.g., Earnshaw et al. 2012). Self-construal theory explains that the way in which self is construed is affected by culture, i.e., self is construed as inter-dependent within collectivistic societies whereas self is construed as inter-independent within individualistic societies. It is conjectured that such a difference affects the risk perception of pandemic at both social and individual levels, which accordingly changes preventive behaviours. The purpose of this article is trifold: 1) to introduce the roles of psychosocial factors on attitudes and intention towards prevention of infectious disease, 2) to introduce an empirical study on COVID-19 testing in Japan, and 3) to discuss the need for psychological studies to resolve issues during health emergencies. First, the paper introduces health behaviour models. Second, we report our empirical study that explored the associations between psychosocial factors and the intention to test for COVID-19, replicating a study conducted by Earnshaw et al. (2020). An online anonymous survey was conducted in March 2022 with 1,100 individuals in Japan (550 women and 550 men; mean age = 45.19, $SD = 13.70$). Study instruments involved the COVID-19-related stigma, knowledge and fear, and demographic variables. Multiple regression analyses revealed that anticipated stigma, stereotype,

fear, and knowledge significantly predicted the testing intentions. Age and gender were related to testing intentions after controlling for psychological factors.

Keywords: COVID-19; Preventive behaviours; Psychosocial factors of preventive behaviours; Stigma; Testing.

10.1. Introduction

The COVID-19 pandemic has demonstrated that infectious disease results in various public and individual health challenges, such as absenteeism and death. Public health efforts were dedicated to promoting non-pharmaceutical interventions, specifically, behaviour changes.

In response to the impending outbreak of COVID-19 worldwide, the World Health Organization (WHO) declared a Public Health Emergency of International Concern on January 30, 2020, and designated the outbreak as a pandemic on March 11, 2020. On March 16, 2020, Tedros Adhanom Ghebreyesus, Director General of the WHO (World Health Organization 2020b), claimed that testing, isolation, and tracking of contacts are critical responses to the global pandemic. The Director General urged countries to “test, test, test”.

While waiting for approved and available vaccines to protect society from the virus, policies requiring behavioural changes were enacted. At a societal level, lockdowns were implemented where stay-at-home orders, curfews, and quarantines were mandated or put in place to decelerate the spread of the virus on the globe, protect the community, and regulate healthcare delivery due to the lack of effective vaccines and treatments. At the individual level, wearing face masks in public places, keeping physical distance from others, hand washes and sanitization, testing, and vaccinations. These policies and measures all require individual behaviour changes. Thus, the behavioural aspects of COVID-19 were emphasised.

Among behavioural changes, testing and vaccination were recommended during the two years of the pandemic. Testing has aided in identifying new cases, tracing close contacts, targeting quarantine measures, and cluster cases. Vaccines have been widely available and have successfully eradicated morbidity, mortality, and healthcare costs related to various infectious diseases (Orenstein, Ahmed 2017). COVID-19

vaccines were developed in response to the rapid spread of the disease. However, the world had to wait for human trials and approval until COVID-19 vaccines were available. Even after vaccines became available, they alone did not promise success. Acceptability and uptake among the public are issues to be resolved. For vaccines to be successful, a high uptake proportion is required to reduce new cases and the prevalence of the disease.

Despite public health efforts to promote vaccination and testing, testing rates remain lower than ideal in many countries. The WHO considers vaccine hesitancy a major threat to global health (Nazlı et al. 2022). Psychological studies have focused on individuals' intentions for testing and vaccination (Ayre et al. 2022; Earnshaw et al. 2020). Thus, behavioural changes were addressed to respond to the rapid, unprecedented spread of COVID-19 (Michie, West 2021), and it is worthwhile to understand preventive behaviours from psychological perspectives.

The purpose of this article is trifold: 1) to introduce the roles of psychosocial factors on attitudes and intention towards prevention of infectious disease; 2) to introduce an empirical study on COVID-19 testing; and 3) to discuss the need for psychological studies to resolve issues during health emergencies. To achieve these goals, the paper is divided into two sections. Section 10.2. introduces representative health behaviour models and discusses the gaps to be filled for these models to be more comprehensive. Section 10.4. reports our empirical study that explored the associations between psychosocial factors and the intention to test for COVID-19.

10.2. Psychology and Disease Prevention: Some Theories of Health Behaviours

Individuals' engagement in health-related behaviours pertains to their motivation to act. A better understanding of health-related behaviours is critical to developing evidence-based practices for the prevention and treatment of disease. Health psychology has dedicated itself to proposing models to explain how individuals make decisions regarding health-related behaviours. Among them were the Health Belief Model (Rosenstock 1974), the Protection Motivation Theory (Rogers 1975), and the Theory of Reasoned Action (Ajzen, Fishbein 1980). We describe these models to illustrate how each theory explains health-related behaviours and correlates.

To my knowledge, the Health Belief Model was the first model that explained health-related behaviours. The origin of the HBM and other health behaviour theories dates to the 1950s when community X-ray programmes were introduced in the United States. Although successful X-ray programmes were conducted, scholars and healthcare practitioners paid attention to those unwilling to take X-ray exams. Recognizing the need for a better understanding of willingness to take chest X-rays to develop effective prevention programmes for tuberculosis (TB), Hochbaum (1956) conducted an interview study with 1200 individuals in the United States. Based on the interview results, they extracted three types of beliefs regarding individual differences in attitudes towards chest X-rays: individuals' beliefs about being infected with TB, individuals' beliefs about contracting TB without awareness, and beliefs about the benefit of early detection of TB. In addition, Hochbaum asked questions regarding participants' knowledge, perceptions about getting infected, and intentions of chest radiography. Hochbaum's preliminary study indicated that those who had appropriate knowledge about X-rays did not necessarily intend to obtain chest X-rays.

Building upon Hochbaum's study, Rosenstock (1974) proposed the HBM. The primary hypothesis of the health belief model is that health behaviours are a function of factors such as the assessment of perceived seriousness and susceptibility, perceived benefit and cost from appropriate behaviours, and perceived access to necessary resources.

HBM has been frequently employed as a theoretical basis. The utility of HBM has been tested with different health-related issues for decades (Bond et al. 1992; Mantler 2013; Mercadante, Law 2021; Wong et al. 2021). Its utility was tested with smoking cessation for a long time (Mantler 2013) and, most recently, the acceptance of the COVID-19 vaccine (Mercadante, Law, 2021; Wong et al. 2021). Furthermore, Bond et al. (1992) investigated the utility of the HBM for adherence to complex medical regimens of adolescents suffering from insulin-dependent diabetes mellitus (IDDM) with three major constructs of the HBM: perceived threat, benefit-costs of adherence, and cues to seek treatment.

Another theory of Health behaviours is PMT, first proposed by Rogers (1975) and characterised by the specific features of a health message designed to facilitate treatment adherence. These characteristics include the severity of the health threat, vulnerability to this threat, the efficacy of an alternative to averting the threat, and self-efficacy of behaviour. Health threat messages trigger two cognitive process-

es, threat, and coping appraisals. Floyd et al. (2000) implemented a meta-analysis of published studies using PMT to examine the utility of PMT with a systematic method. They found that threat severity, vulnerability, response efficacy, and self-efficacy positively correlated with adaptive intentions or behaviours, suggesting the utility potential of PMT components for individual and community interventions.

Regarding the Theory of Reasoned Action (TRA), Ajzen and Fishbein (1980) emphasised the role of individuals' intentions in behaviours. Presuming that behaviours are fully volitional, they claimed that intention is a function of attitudes and normative beliefs formed by interacting with perceived consequences of events and their evaluation. Furthermore, beliefs pertain to social norms about certain behaviours. Because TRA explained relationships between intention and actual behavioural engagement, it was applied to various behaviours beyond a health domain. In particular, given that COVID-19 is a global concern, the TRA was employed to empirically examine preventive behaviours for COVID-19. Akther and Nur (2022) investigated vaccine acceptance using the TRA framework. Their results indicated that the perceived usefulness of vaccination predicted positive attitudes towards immunisation, the perceived ease of vaccine uptake increased attitude and the acceptance of immunisation, and constructive subjective norms. TRA was also used to explain health-risk behaviours (Albarracin et al. 2001), technology acceptance (Chuttur 2009), and even banking behaviours (Yousafzai et al. 2010)

Common among these health behaviour theories is that they all incorporate how individuals perceive the consequences of certain behaviours. Thus, there is much overlap in theoretical constructs among models: perceived threat, cues to action, self-efficacy to implement actions, and perceived social norms behaviours.

The aforementioned models of health behaviour presumed that individuals' decisions for actions are based on their intentions, perceived social norms, and salience of the prevention of certain events. These models did not discuss the social or interpersonal aspects of preventive behaviours. As we have recently learned from COVID-19, reducing the possibility of infection pertains to social benefits. Since classic models of health behaviours focus on individuals' motivation for engagement in certain behaviours to attain their well-being, these theories alone may not be sufficient to explain psychosocial processes related to preventive behaviours of infectious disease.

The need to explore the role of prosocial attitudes has been addressed within infectious disease prevention. Vaccination for seasonal influenza was rigorously studied before the spread of COVID (e.g., Bock et al. 2017; Ernsting et al. 2013; Ernsting et al. 2015; Payaprom et al. 2011). Flu shot coverage is optional for working-age populations in several countries. To what extent do people get a flu shot? In the United States, for example, the proportion of people who get a flu shot is 35% among younger adults and 51% among older adults. In Japan, a smaller population-based study indicated that only a quarter of the population gets a flu shot.

As found in the US, older people are more likely to get a flu shot. Likewise, women are more likely to have a flu shot than men.

Böhm et al. (2016) focused on influenza vaccine uptake. They investigated how individuals are prosocially motivated for the flu shot by comparing collectivistic and individualistic countries, South Korea and the USA. They found that individuals from South Korea were more likely to perceive vaccination as a prosocial act than those from the USA. The motivation for vaccination was more prosocial in South Korea than in the USA. Their findings suggested that how individuals are motivated for vaccine uptake is affected by culture.

The role of social concerns in preventive actions was tested for tuberculosis (Yoshitake et al. 2019). TB remains a major global health problem. Japan had a mid-level TB burden, with 14.4 cases per 100,000 population until recently. Yoshitake et al. empirically tested the reconfigured HBM for TB prevention behaviour by introducing social and manner concerns as a component of social perception of the HBM. Nine hundred eleven individuals (447 men, 49.1%; 464 women, 50.9%; mean age = 49.5, SD = 14.1). Reconfigured health belief model was used as a theoretical model to explain engagement in preventive behaviours for TB.

Since 2020, when the spread of COVID-19 began, empirical findings have been accumulated to shed light on the role of social concerns on engagement in needed behaviours. In a cross-national study, Pagliaro et al. (2021) found that trust predicts COVID-19 prescribed and discretionary behavioural intentions.

10.3. Examining Predictors of COVID Testing: Stigma as a Psychological Barrier

As one of the public health efforts, COVID-19 testing is recommended by healthcare agencies for the identification of new cases,

close contacts, and clusters of cases and for targeting quarantine measures. In the early stage of COVID, testing also provided significant information to inform policy decisions and individuals' decisions about preventive measures (Ayre et al. 2022; Peeling et al. 2020; Winter, Hegde 2020).

Despite the public health campaigns emphasising the benefit of testing, individuals do not necessarily go for testing voluntarily. One barrier to testing is the stigma attached to the disease. Since stigma was first proposed by Goffman (1963) in his landmark publication *Stigma: Notes on the Management of Spoiled Identity*, interest in stigma has grown in various domains of social science (Bos et al. 2013). Stigma was initially a term used by the Greeks to refer to cutting and burnt marks on slaves and criminals. Goffman used the term to indicate a widespread spoiled identity or social disapproval. Within psychology, stigma has been studied as a construct representing reactions to deviated identities or behaviours, such as mental illnesses and infectious diseases. Thus, the stigma attached to COVID-19 has been explored since the beginning of the spread of COVID.

Findings from a survey by Earnshaw et al. (2020) indicated that stigma and stereotypes related to COVID-19 infection predicted negative attitudes towards testing. It was also found that knowledge and fear of COVID-19 predicted the intention to test.

Sociocultural factors moderate the relationships between perceived risks of the disease and preventive behaviours. The self-construal theory explains how the self is construed and is affected by culture. The self is construed as interdependent within collectivistic societies, whereas within individualistic societies, the self is construed as inter-independent. Such a difference was thought to affect how we perceive the risk of a pandemic at both the social and individual levels, which accordingly changes preventive behaviours. Thus, we conducted a survey to explore psychosocial factors that predict the intention for testing by replicating the Earnshaw et al. study.

10.4. Methodology

One thousand hundred participants were recruited via an online survey company, the Shinjoho Center. Of the participants, 550 were men, and 550 were women (mean age = 45.19, $SD = 13.70$).

A cross-sectional survey was conducted in March 2021. Solicitation notes were sent to monitors registered with an online survey company. Participants were first invited to read the study information page, which described the study purpose and ethical considerations, such as the voluntary nature of participation and anonymity of their responses. After providing informed consent, the participants completed the questionnaires. The present study was approved by the Ethics Committee of the authors' institution (#2020-125).

The questionnaire included the following measures. Because the current study aimed to replicate the Earnshaw study, the measures used for the Earnshaw et al. study were used. Back-translation was implemented for the Scale of Anticipated Stigma and the Scale of Stereotypes about People with COVID-19. After the original items in English were forward-translated into Japanese by the authors, they were back-translated into English by a professional translator with bilingual fluency in both English and Japanese. A native English speaker, and a professional editor, compared the back-translated items with the original ones. The above procedure was continued until all forward-translated items matched the original ones. The averages of item scores were used as a composite score.

COVID-19 stigma was measured in terms of anticipated stigma and stereotypes about people with COVID-19 (stereotypes). Six items adapted from the Chronic Illness Anticipated Stigma Scale originally developed by Earnshaw et al. (2013) were used to assess anticipated stigma. The Chronic Illness Anticipated Stigma was developed to measure stigma related to chronic illnesses, and items were adapted for acute infectious disease. Participants were asked to rate how they would be treated if they were infected with COVID-19 on a 5-point scale (1 = very unlikely to 4 = very likely). Earnshaw et al. (2020) found an acceptable Cronbach's alpha of .91. Four items adapted from a measure of HIV stereotypes (Earnshaw et al. 2012) assessed the belief that the spread of the virus could be attributed to racial minorities and immoral people (Logie 2020). Participants responded using a 4-point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree). Cronbach's alpha in the Earnshaw et al. study was .88.

Ten items from the Earnshaw et al. study were used. Items were constructed by Earnshaw (2020) based on facts about COVID-19 information about COVID-19 provided by the Centers for Disease Control and Prevention (RTI International, 2020). Participants were asked to

indicate 1 = true, 0 = false, or 0 = did not know the answer for each item. An example of items was “Most people infected with the coronavirus recover from it”. The sum of correct answers was used as a score of knowledge. High scores indicate a high degree of knowledge of COVID-19.

Fear of COVID-19 involved seven items: emotional and physiological responses. Participants were asked to rate their fear of COVID-19 on a 5-point scale (1 = strongly disagree to 5 = strongly agree). Examples of the items were “I am fearful of COVID-19” and “The thought about COVID-19 makes me uncomfortable”. Cronbach’s alpha from Masuyama et al. (2022) was .81.

Intention to undergo COVID-19 testing was evaluated using a single item devised by Earnshaw et al. (2020): “If a doctor ordered you to get tested for coronavirus, how likely are you to try to get tested?” Participants responded using a 5-point Likert-type scale ranging from 1 = not at all likely to 5 = very likely.

10.5. Results

The primary goal of the present survey was to examine the role of stigma in the intention to test for COVID-19. We obtained descriptive statistics and bivariate correlations among the variables prior to multiple regression analyses. Table 10.1. presents the descriptive statistics. Significant differences between men and women were observed in anticipated stigma [$t(1098) = -.3.01, p = .003$], fear [$t(1098) = -4.61, p < .000$], knowledge [$t(1044) = -3.45, p = .001$], and intention to test [$t(1095) = -3.49, p = .001$]. Bivariate correlations among variables were moderate and significant, except for the one between age and education, indicating that an assumption of multivariate analyses was met.

Table 10.1. *Descriptive Statistics.*

	α	Total (SD)	Male (SD)	Female (SD)	t-test
Anticipated stigma	.82	2.23 (0.70)	2.17 (0.71)	2.29 (0.68)	-3.01**
Stereotypes	.76	2.00 (0.53)	1.98 (0.55)	2.01 (0.50)	-0.92
Fear	.85	2.83 (0.79)	2.72 (0.78)	2.93 (0.79)	-4.61***
Knowledge	—	7.59 (2.63)	7.32 (2.90)	7.87 (2.30)	-3.45**
Intention for testing	—	3.70 (1.04)	3.58 (1.01)	3.80 (1.01)	-3.49**

Note. ** $p < .01$, *** $p < .001$

Table 10.2. *Correlations Among Variables.*

	2	3	4	5	6	7
1. Age	-.04	.06**	.02**	-.03**	.26**	.19**
2. Education	—	-.06**	-.03**	-.06**	.13**	.04**
3. Anticipated stigma		—	.42**	.30**	-.03**	.09**
4. Stereotypes			—	.18**	-.08**	-.04**
5. Fear				—	-.13**	.14**
6. Knowledge					—	.24**
7 Intention for testing						—

Note. * $p < .05$, ** $p < .01$

Regression analyses were performed to examine the relationships among variables, following Earnshaw (2020). In Step 1, COVID-19 control variables (fear and knowledge) and sociodemographic variables (age, gender, and education) were entered as control variables. In Step 2, COVID-19 stigma variables (anticipated stigma and stereotypes) were entered. The dependent variable was the intention for testing. In Step 1, those who scored high in fear and knowledge were more likely to intend to get tested ($\beta = .17, p < .001$; $\beta = .22, p < .001$, respectively). Among the sociodemographic variables, age and gender were significantly associated with the intention to test ($\beta = .14, p < .001$; $\beta = .07, p = .031$, respectively). Those who were older and female were more likely to intend to be tested. Education was unrelated to this ($\beta = .04, p = .193$). In Step 2, anticipated stigma and stereotypes were more likely to be tested after controlling for COVID-19 control and sociodemographic variables ($\beta = .07, p = .033$; $\beta = -.09, p = .005$, respectively). The adjusted R^2 for the final model was 0.11 ($p < .001$), indicating that the model accounted for 11% of the variance in the testing intention. The results implied that those who were older and women were more likely to intend to be tested.

Table 10.3. *Results from Multiple Regressions.*

	Step 1			Step 2		
	B (SE)	β	p-value	B (SE)	β	p-value
Constant	1.58 (0.22)		< .001	1.73 (0.24)		< .001
Fear	0.22 (0.38)	.17	< .001	0.22 (0.04)	.16	< .001
Knowledge	0.09 (0.12)	.22	< .001	0.08 (0.01)	.21	< .001
Age	0.01 (0.00)	.14	< .001	0.01 (0.00)	.14	< .001
Gender-female	0.14 (0.06)	.07	.026	0.13 (0.06)	.06	.031

Education	0.05 (0.03)	.04	.193	0.05 (0.03)	.04	.172
Anticipated stigma				0.10 (0.05)	.07	.033
Stereotypes				-0.17 (0.06)	-.09	.005
ΔR^2					.01	.011
adjusted R²		.11	<.001		.11	<.001

10.6. Discussion and Conclusion

The primary goal of the current survey was to examine the role of psychosocial factors on the intention of COVID-19, replicating the Earnshaw et al. (2020) study. The psychosocial factors contributing to the intention to test were higher anticipated stigma, fear, and knowledge related to COVID-19. Contrary to the hypothesis, stereotypes were negatively related to intention. As for sociodemographic factors, older age and being female contributed to a higher intention of testing.

Overall, our results from the Japanese sample were consistent with the findings of the Earnshaw study, except for the link between anticipated stigma and intention. Whereas Earnshaw reported positive relationships between stigma endorsement, that is, anticipated stigma and stereotype, and intention, our study found a negative relationship between stereotype and intention. The magnitudes of the above association were statistically significant but small. The measurement we employed to assess intention was a single item asking about the participants' intentions in case doctors ordered them. In reality, decisions on testing are affected by multiple circumstances, such as the availability and accessibility of testing and how healthcare agencies frame the test. Thus, other items need to be devised.

This article aimed to introduce the role of psychosocial factors and discuss the need for a psychological approach to address the pandemic. The first section explained theories of health behaviours and briefly reviewed empirical studies that examined the utility of health behaviours within the domain of infectious diseases. The second section presented an empirical study on the relationships between stigma and the intention for COVID-19, exemplifying the need to focus on psychological processes to better understand behaviours and resolutions related to infectious disease. It was conjectured that patterns or relationships might differ among sociocultural contexts. Furthermore, individuals' decisions on

actions are affected not only by psychological processes but also socio-cultural factors such as social policies and cultural norms. Future studies will benefit from cross-cultural and interdisciplinary studies.

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Volume II – Society and Institutions

The present publication has been conceived as a critical reflection, in different disciplinary fields, on the social, institutional, and cultural impact of the recent COVID-19 pandemic in Asia and Africa. The issues presented here were first discussed as part of a larger research project at two conferences, held in Rome in June and October 2022. After extensive revision, these results have now been collected as fully developed articles in the current two volumes: the first focuses on the cultural, artistic, and media-related facets of the pandemic; the second on its social and institutional implications.

This Volume II examines the effects of the health crisis on the socio-political landscape, addressing, among other themes, the responses of civil societies to the infection, the consequences of quarantines, the role of the pandemic in blurring the boundaries between democracy and authoritarianism. The articles cover a wide range of geographical regions, including Eastern Europe, the Middle East, the Indian subcontinent, Indonesia, China, Singapore, and Japan.

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