

# Deglobalize Covid-19: the pandemic from an off-center perspective\*

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*Abstract: This article proposes a retrospective look at the last year following the World Health Organization's declaration of Covid-19 as a pandemic, and seeks to reflect the wide diversity of its impact. In reviewing research from around the world, a panorama emerges showing the vast complexity of the phenomenon. This article reviews many of the analyses and debates that have been proposed from the framework of political philosophy, which are drawn almost exclusively from the European context. It shows that the suggested diagnoses, models and concepts cannot be universally applied across geographies, such as Latin America, Asia or Africa. It therefore proposes to "deglobalize" the Covid-19 pandemic and invites the reader to consider it through another lens.*

*Keywords: Covid-19. Pandemic. Globalization. Normality.*

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1. In Latin America there have been a wide variety of projects aimed at providing timely information to citizens and the scientific community in evidence-based decision making (Acosta et al. 2020; González et al. 2020; ICOVID Chile, 2020; Rosselli 2020; Scholten et al., 2020). Nonetheless, not all obtained the "expected" results due to the complexity of the phenomenon. com>.

## *Desglobalizar a Covid-19:*

### *A pandemia a partir de uma perspectiva descentralizada*

Resumo: Após quase um ano desde que a Organização Mundial da Saúde declarou a Covid-19 como pandemia, este artigo propõe um olhar retrospectivo que procura refletir sua ampla diversidade. Neste sentido, ao investigar seu impacto recorrendo a pesquisas realizadas em várias áreas do globo, propõe-se um panorama que mostra a vasta complexidade do fenômeno. Por outro lado, procura rever muitas das análises e debates que foram propostos a partir do marco da filosofia política, e que se concentram quase exclusivamente no contexto europeu. Isto é para mostrar que os diagnósticos, modelos e conceitos sugeridos não podem ser aplicados sem crítica à situação de regiões como a América Latina, Ásia ou África. É neste sentido que se propõe "desglobalizar" a pandemia da Covid-19 e se convida a pensar sobre ela a partir de outro lugar.

Palavras-chave: Covid-19. Pandemia. Globalização. Normalidade.

## Introduction

It will soon be a year since the director of the World Health Organization (WHO) characterized the Coronavirus disease 2019 (Covid-19), as a pandemic which at that time added 118 thousand cases in 114 countries and 4,291 deaths, (WHO 2020a). By January 2021, the Center for Systems Science and Engineering (Johns Hopkins University), registered almost 88 million cases and close to two million – with the United States, Brazil and India as the most affected countries. However, in October, the WHO estimated that at least 10% of the world's population had already been infected – that is, about 780 million people (WHO 2020b).

Research to produce a vaccine against Sars-CoV-2 quickly got under way, sparking a "global vaccine race". While it was not expected to be available in less than 18 months (Grenfell & Drew, 2020), by December more than a dozen vaccines had reached the final stages of testing (Zimmer, Corum & Wee, 2020) and, under emergency protocols, the first vaccinations have already begun.

In recent months, literary production around the issue of the pandemic has increased exponentially, receiving contributions from multiple disciplines (medicine, economics, philosophy, sociology, psychology etc.) and from several approaches<sup>1</sup>. In fact, the frequency and volume of publications on the phenomenon led to the beginning of the publication of reviews of the texts dedicated to this topic (Foreiro-Peña et al., 2020; Harapan et al., 2020; Polanco-Carrasco, 2020), something unusual but unprecedented for such a recent topic. In addition, as it will be addressed in greater detail later, as the pandemic progressed and the wide range of measures undertaken to contain it showed their results, in many cases it became necessary to reconsider some initial hypotheses or speculations on various topics.

In this sense, this article is intended, on the one hand, to provide an overview of the current state of the pandemic that seeks to reflect its vast complexity. On the other hand, some reflections regarding the imminent future are proposed here, as well as some hypotheses regarding what is already called a “post-Coronavirus world” (Borrell, 2020; Fituni & Abramova, 2000).

## Sailing through the waves of the pandemic

What is the outlook for the pandemic in early 2021? Although Europe is going through what is known as the “second wave”, it must be taken into account that the distinction between a first and a second wave is exclusively focused on the old continent, and that the impact of the pandemic presents different rates in the different continents – in general terms, Africa was less affected (Harding, 2020) – and states – in Europe, for example, a few months ago the situation showed improvements in France and Spain, while it worsened in Germany. It is also necessary to take into account especially those countries where the situation is extremely complex due to the war or the level of violence, poverty or hunger, and the pandemic is considered a lesser evil. This is the case of the situation in Yemen: “In a country stalked by disease, Covid barely registers. War, hunger and devastating aid cuts have made the plight of Yemenis almost unbearable” (McKernan, 2020). Similarly, when the war between Azerbaijan and Armenia broke out, officials on both sides argued that now the pandemic should take a step back. These examples allow us to appreciate, as it will be shown later, the need to consider the dynamics of the pandemic with other parameters and, rather than in waves, to resort to another model to think about cases such as Latin America (United Nations, 2020a).

The obvious differences in the way the pandemic affects the different classes must also be taken into account. It is a fact that the poor were much more affected than the rich, but this impact is not simply reduced to a greater risk of getting sick, but also includes the negative effects of the measures implemented by different countries to face the pandemic, such as some studies show (Bidisha, Mahmood & Hossain, 2021; Tavares & Betti, 2021; Bottan, Hoffmann & Vera-Cossio, 2020). On the other hand, several investigations account for the impact of Covid19 in certain ethnic groups, particularly in Black and Asian people (Marshall, 2020; Sze et al., 2020). Although specific research on Latin American indigenous people<sup>2</sup> is scarce, some studies show that the cause of the impact of Covid-19 on health in this population refers mainly to economic causes (Economic Commission for Latin America and the Caribbean et al., 2020; Ocha, 2020). Gender is also an important variable to consider: not only women were affected at different levels and aspects than men

2. According to the report carried out by the Office for the Coordination of Humanitarian Affairs (Ocha), in Latin America there are more than 800 indigenous population, whose number amounts to approximately 60 million people and represents 14% of the population living in poverty in Latin America and the Caribbean.

3. It should also be noted that, in Latin America, many women have extended their contribution to the community space by leading numerous solidarity initiatives: common pots, mutual aid, community gardens, participating in circular economy initiatives, among many other actions (Zambrano et al., 2020).

4. Currently a database is available that allows access to the latest Covid-19 data worldwide, disaggregated by sex: <<https://globalhealth5050.org/the-sex-gender-and-covid-19-project/>>.

(Chang, 2020; Chauhan, 2020; D’Annibale et al., 2020; Estrela et al., 2020), but, international evidence has shown that there are massive effects of the pandemic on the disparity in time devoted to care work, with a significant overload for women: quarantines and teleworking, or in the opposite sense, unemployment, have meant juxtaposing various activities in the private space of the home, giving rise to a care crisis (Malherbe, 2020; Rodríguez-Bailón, 2020)<sup>3</sup>. Obviously, the aforementioned differences also extend between women themselves who are in different social, cultural and/or economic conditions, as well as towards transgender people and the non-binary community in general (Woulfe and Wald 2020)<sup>4</sup>.

On the other hand, it is possible to appreciate the diverse impact of Covid-19 in different age groups. Since the beginning of the pandemic, older adults, being a very diverse group, have been identified as one of the most exposed populations to suffering the multi-organ effects of the virus. In addition, they have experienced the confinement effects dramatically, which has damaged them in areas as diverse as physical (losing muscle mass, postponing the control or treatment of chronic diseases), cognitive (especially in people who already had problems such as Alzheimer's disease), and on the affective plane by distancing them from their affective ties and increasing social loneliness. With this, the depressive episodes have increased. Many older people have died in retirement homes, nursing homes, or hospitals completely away from their significant others.

Likewise, in the light of studies carried out in low – and middle-income countries (Zar et al., 2020), an invisible field emerged as a focus in the dominant narrative, which considers them a group of “low risk”: the infant-juvenile population. This constitutes a high proportion of the population, which can also have a high prevalence of risk factors for respiratory infections (such as HIV or malnutrition), and the diversion of resources to care for adults and the elderly can have repercussions in a lack of resources for their attention- as shown by data from Unicef and the Pact for Early Childhood in the case of Mexico. Added to this are the indirect effects of the pandemic on children's health (Golberstein, Wen & Miller, 2020; Phelps & Sperry, 2020; Zar et al., 2020), associated with the increase in poverty, the forced interruption of processes education, greater vulnerability in cases of negligence or domestic violence as a result of confinement and social distancing measures (Lund, Manica & Manica, 2020; Petrowski et al., 2020; Wigg et al., 2020), as well as the interruption of therapeutic treatments for chronic health problems.

Regarding the mental health of children and adolescents, the impact of Covid-19 shows proportions much higher than those initially calculated in the face of forced confinement (Dagnino et al., 2020), the loss of relationships and social exchanges

after the closure of schools, which is one of the main areas of mental health care for the infant-juvenile population (Golberstein, Wen & Miller, 2020), as well as the strong impact of the pandemic on the family dynamics and work stress of their attachment figures (Guessoum et al., 2020; Wigg et al., 2020; Yeasmin et al., 2020). In addition, it is necessary to consider the cases of children who have been separated from their parents or significant caregivers due to having been infected with Covid-19, remaining in the care of social organizations or government institutions (Liu et al., 2020), since these experiences are “potentially traumatic events” (Mancini & Bonano, 2010) and it has been documented that 30% of children isolated by quarantine in public health disasters present criteria compatible with post-traumatic stress disorder (Sprang & Silman, 2013).

Now, despite these complexities, it is possible to generalize some characteristics with respect to the current scenario, which is different from the one perceived when the climax of the so-called “first wave” was going through:

— Some hopes have been dashed. Herd immunity, which was supported by dozens of firms from the scientific community in The Great Barrington Declaration and in the manifesto published in *The Lancet* (Alwan et al., 2020), does not work – as the case of Manaus (Brazil) shows and the steep rise in the number of infections in Europe in recent months (Aschwanden, 2020). So, the illusion that although the virus is spreading more than ever, it is a milder variant, does not hold up. Added to this is the recent detection of the 501.V2 variant in South Africa and of the B.1.1.7 strain in the Netherlands, Denmark and Australia, which would be 70% more transmissible (Arif, 2021) and has already spread quickly to at least twenty-two countries on five continents. Although it would not be a more infectious variant and is not associated with a greater number of hospitalizations or a greater fatality, by affecting a greater number of people due to its contagiousness, it will undoubtedly also imply the risk of a greater number of deaths. With time and contagions, it is possible that new variants evolve into new strains, making the current scenario more complex.

In this sense, it is remarkable that many unknowns are presented, especially about how the virus is spreading, which has led to a desperate search for culprits. The much-heard phrase that we have to “learn to live with the virus” only expresses our capitulation to the virus.

— Although some consider the vaccine as an “injection of hope” (Kottasová & Tilotta, 2020), the expectations it generates are far from homogeneous. On the one hand, it does not cease to arouse certain suspicions due to the accelerated times in its production and in relation to its composition (mRNA and nanoparticles). In fact,

there are many testimonies that allow to verify certain resistance, as they express their refusal to be vaccinated, at least in the short term. Studies indicate that while people perceive Covid-19 as a threatening disease, concerns about vaccine safety could outweigh perceived disease risks for accepting or not accepting the vaccine (Karlsson, 2020). In addition, a skepticism aggravated by political-ideological influences is becoming evident in the public. However, the vaccine cannot be expected to magically fix all problems and revert to the “old normal”, a topic that will be taken up again later, not to mention the prospect of other epidemics and ecological disasters.

But the greatest ethical challenge will be the distribution of the vaccine: will the principle of universal distribution that covers all humanity prevail or will it be diluted by opportunistic agreements?<sup>5</sup> For now, it will be necessary to follow the development of the Covax initiative that was launched in April by the WHO, the European Commission and the government of France in response to the pandemic, and which is presented as the “only truly global solution to this pandemic because it is the only effort to ensure that people in all corners of the world will get access to Covid-19 vaccines once they are available, regardless of their wealth” (Berkeley 2020). Will it be possible to establish an equitable, safe and effective distribution system that includes the most vulnerable and underserved populations (Abramowitz, Cobaugh & Thompson, 2020)? The notorious economic and financial gaps existing between the various states, which could lead to the so-called “vaccine nationalism”, and even between the various social strata of a population, can become a barrier to access to the vaccine (Halabi, Heinrich & Omer, 2020).

— Although the model adopted in many countries, which combines the commitment to fight the pandemic and keep the economy alive, emerges and re-emerges in Europe (Austria and Switzerland want to open ski resorts etc.), increasingly shows its limits. The various comparative studies of the health measures implemented (Collins et al., 2020; Han et al., 2020; Yoo et al., 2020), although they present some coincidences, do not provide definitive conclusions and the only thing that seems to work effectively is the radical lockdown. An example is the case of the state of Victoria, in Australia, which in August 2020 had 700 new cases per day but, three months later, “has gone 30 days with no new cases of the virus, an enviable record as the US and many European countries grapple with surging infections or renewed lockdowns” (Johnson 2020). Towards the end of December, Prime Minister Boris Johnson announced a lockdown in the United Kingdom due to the “both frustrating and alarming” progress of the new strain of Coronavirus, which reached more than 50 thousand daily cases. At the end of January 2021, France closed its borders to all non-European Union countries and the possibility of a new lockdown is being discussed.

5. In this sense, it is notable that, in the communications available on the official Pfizer site, the concern about distribution is essentially focused on logistics and on response to demand, without any mention of distribution criteria in the world population. (e.g., Pfizer, 2020a; 2020b).

Against this background, it is still striking that, up to now, the policies implemented have emphasized a set of rather vertical measures, not always considering the different points of view that the populations represent. An important part of these measures are associated with social control, granting little or no space for citizen initiatives, and clearly less focused on the prevention of contagion and the consequences derived from blockades or quarantines (social loneliness, unemployment, overload, for mention a few).

— In relation to mental health, today it can be said, retrospectively, that the reaction of people at the beginning of the pandemic appears as a more or less healthy and normal panic when faced with a threat: initially, attention was focused on avoiding infection and concern about its effects on the psyche was relegated to second or third place. The truth is that, to these first normal reactions of adaptation to an uncertain and threatening context, the impacts of prolonged social distancing and other effects associated with the economic crisis were later added, whose significant repercussions in the field of mental health should have received assistance. In this sense, although the literature on Covid-19 and mental health has proliferated globally and several institutions have formed research and scientific dissemination groups, the way in which people relate to the epidemic is a strange mixture of disparate elements. Despite the growing number of infections, in most countries the pandemic is not taken very seriously: in some strange sense “life goes on”. During December in Western Europe, many people worried about whether they could celebrate Christmas and do the shopping, or whether they would have their usual winter holidays.

However, this “life goes on” attitude, these signs that we have somehow learned to live with the virus, this “Covid fatigue”, is the complete opposite of relaxation because the worst is over. It is inextricably mixed with despair, state norms violations and protests against them. With no clear perspective offered, something deeper than fear is at stake: we move from fear to depression. We feel fear when there is a clear threat, we feel frustration when obstacles arise again and again that prevent us from achieving what we want, but depression signals that our own desire is fading.

What causes this sense of disorientation is that the clear order of causality seems to us disturbed- for example, the increase and decrease of infections for reasons that remain unclear. Without anyone knowing exactly why, the countries that served as a model for us a couple of months ago to cope with the pandemic are now its worst victims. Scientists propose different hypotheses, and this same disunity reinforces the feeling of confusion and contributes to a mental breakdown.

What further reinforces this disorientation is the mix of different levels that characterizes the pandemic. Christian Drosten, the leading German virologist, pointed out that the pandemic is not only a scientific or health phenomenon, but a natural catastrophe (Spiegel Wissenschaft, 2020), to which it must be added that it is also a social, economic and ideological: its real effect is clearly a mix of all these levels. For example, CNN reports that “in Japan, more people died from suicide in November than from Covid-19 in all of 2020. And women have been the most affected” (Wang & Wakatsuki, 2020). But most people committed suicide due to the situation they were in because of the pandemic, so their deaths are collateral damage from the pandemic. The testimony of a Bosnian doctor on the panorama of hospitals in the Western Balkans illustrates the relationship between the pandemic and the economy: “We can do the job of three (people), but not five”. This crisis cannot be understood without the “brain drain crisis, with an exodus of promising young doctors and nurses leaving to seek better wages and training abroad” (MSN, 2020). In this case, the catastrophic impact of the pandemic is clearly linked to the emigration of labor.

Thus, it can be concluded that one thing is for sure: If the Covid-19 pandemic will really unfold in three waves, each of them will be different. The first wave focused attention on medical issues, on how to prevent the virus from spreading to an intolerable level, and that is why most countries accepted quarantines, physical distancing etc. During the second wave, although the number of infected is much higher, the fear of the long-term economic consequences does not stop growing. Already at the end of March, the International Monetary Fund (IMF) and the International Monetary and Financial Committee (IMFC) announced the contraction of world production, as well as a series of measures related to the debts of the poorest countries as well as to facilitate and accelerate access to credit and financing (IMF, 2020a). As of October 2020, a variation of the world product of -4.4% was forecast, somewhat more optimistic than the -4.9% in June (IMF 2020b), but which was nonetheless enough to hit the product of the advanced economies with a variation of -5.8% and the economies of Latin America by -8.1% (IMF, 2020c), which put 90 million people at risk of indigence.

And if vaccines do not prevent a third wave, you can be sure that it will focus on mental health, on the devastating psychic consequences of the disappearance of what we perceived as normal social life. Therefore, although most vaccines have already realized their efficacy and safety, it will be necessary to be attentive to the persistence of the mental crisis.

## Between the waves and the tide: an anomaly end or a new era chapter?

When considering the development of the pandemic during 2020, a periodization has been established that, taking up the model of the influenza epidemic that occurred a century ago, distinguishes between a first and a second wave of Covid-19, characterized by successive increases in the number of infections and deaths. Although this denomination was imposed mainly in the mass media, it did not cease to arouse certain reluctance because, except for particular situations (New Zealand, Beijing and Iran), the distinction between a first and a second wave can be arbitrary and neither applies globally (Gallagher, 2020; United Nations, 2020b).

On the other hand, it is not always taken into consideration that the results of the pandemic prevention and control measures are crossed by the endogenous characteristics of the countries and regions (levels of development and social justice, belief systems, social practices etc.), as well as the resilience of individuals and communities to face it. This is reflected in various studies that show the differential impact of the pandemic based on the so-called social determinants of health (Blas et al., 2011) and the opportunity for preventive measures (Summers et al., 2020).

In this context, as we have already pointed out, the pandemic highlights wide heterogeneity conditions that affect different groups, exposing the dramatic dismantling produced by commodification and inequality (Aragonés & Sevillano, 2020). In this way, in certain regions of the world, a profound worsening of social inequity is generated due to the lack of a comprehensive care system, especially for the groups with the greatest difficulty (Zambrano et al., in press). It should be borne in mind that, even before the pandemic, certain countries had alarming indicators of mental health problems in the population (WHO, 2017), which under the new context have only worsened and spread. In this sense, in countries and regions that have systemic crises in their population's care systems (more precarious and weakened health and social security systems, more unstable and informal working conditions etc.), collateral impacts may be more stronger than the pandemic itself (Hincapié, 2020).

For example, in the case of Latin America, despite a certain sporadic and focused decrease in the number of cases, the first wave seems to extend indefinitely. In this sense, what has been experienced in this region with respect to the pandemic does not seem to fit the figure of the waves, of successive momentary rises that then dissipate: what happens in Latin American contexts seems to correspond to the shape

of a tide where the Covid-19 is articulated with the indices of iniquity, poverty, violence etc., that characterize that sector of the globe. It is not that the virus has found a natural habitat in this part of the world, but rather that its socio-economic characteristics mean that the virus finds a niche where it can spread in a relatively sustained manner.

This allows us to understand that, with the exception of the case of Brazil or even Mexico, Latin American countries do not appear as the most dramatically affected by abrupt increases in the number of cases or deaths, at least for now...<sup>6</sup>

Now, what will happen once those waves dissipate or the tide recedes? What will happen in the framework of what is known as “post-Coronavirus world”?

When this question is asked, answers often arise that, although diverse in their arguments and conclusions, raise the question of normality. Within the framework of medical discourse, it has long been argued that the disease reveals normality: the alterations introduced by the pathology highlight those mechanisms that usually go unnoticed and whose participation is necessary to sustain normal or “adapted” functioning. However, in the face of the pandemic, it seems that two alternatives are imposed: considering it as a temporary anomaly, after which, sooner or later, a return to the previous normality or a new normality<sup>7</sup> will be imposed; or accept that the pandemic has been integrated into a broader process. In other words, is Covid-19 a symptom, which comes to shed light on a process that had been brewing previously, or is it a precursor that generates a change that unfolds towards the future? In the framework of the debates that have been raised so far, the first perspective seems to prevail, although it is possible to detect various positions and assessments in this regard.

## Models for thinking about the pandemic

For Bruno Latour (2020), the pandemic can be considered as a passing crisis, which must be used to change our habits within the framework of a broader “lasting and irreversible ecological mutation” that precedes it. In this sense, it invites us to imagine barrier-gestures (such as distancing oneself from the other, in solidarity with that other) directed towards “each element of a mode of production that we do not want to be resumed”, that allow “leaving production as the only one principle of relationship with the world”. This proposal seeks to invent a socialism that is no longer limited to advocating the redistribution of the fruits of the economy, but questions production itself. To do this, it invites the reader to answer a series of questions, which would not be of the order of a questionnaire or a survey but of a

6. Without trying to reduce the seriousness or relevance of the pandemic in the region, it is simply a question here of pointing out the particular and differential characteristics of the phenomenon that, with their relative ups and downs in quantitative terms, it is not pertinent to compare with a wave flow.

7. Already at the end of April 2020, the Ministry of Health of Spain published a Plan for the Transition towards a new Normality that, broadly speaking, limits itself to listing which of the health measures implemented up to that moment were revoked and which would be maintained.

self-description, whose answers can be compared with those of other participants, with a view to producing “an expression embodied and concrete politics”.

On the other hand, it is possible to consider the pandemic as a sign that we are entering a new era, which could be called “post-human” (in relation to the predominant sense regarding what it means to be human) (Žižek, 2020a) or that some, in a fatalistic tone, might prefer to qualify as “in-human”, “de-human”. In February of last year, based on an article entitled “The invention of the pandemic”, the Italian philosopher Giorgio Agamben began a series of public interventions that, quickly translated into other languages, generated controversy and debates (Agamben, 2020; Butler, 2020; Nancy, 2020; Žižek, 2020b). According to this author, a Great Transformation is taking place whose instrument is the “state of exception” – that is, the suspension of constitutional guarantees – and which, in the face of the pandemic, imposes a sanitary terror and a religion of the health that seems not only to be accepted but even demanded by the population. Added to this is the use of digital technology that, in tune with social distancing, provides a new modality of human relationships: “those who are not connected tend to be excluded from any relationship and condemned to marginalization” (p. 10). In this sense, the anti-mask and anti-lockdown mobilizations and manifestos, which began in mid-2020 and were replicated in various parts of the globe (Agencia EFE, 2020; Carothers, 2020), could be considered as forms of resistance to this “new era” that begins to impose itself on individual bodies and on collective habits.

Explicitly or implicitly, this set of reflections that focus on the relationship between life and power in the context of the contemporary pandemic, in turn prolongs a vast series of concepts and models inspired by the analytic of power that Michel Foucault developed towards the middle of the 1970s, as well as its subsequent recovery and reconsideration by Gilles Deleuze (Deleuze, 1990; Foucault, 1975; 1976; 1997; Scholten, 2013)<sup>8</sup>. In this sense, in light of the problem of Covid-19, it is pertinent to highlight here some particularities of this Deleuzian review: first, it announced the birth of control societies, whose characteristics clearly contrast with the disciplinary societies that Foucault analyzed in *Surveiller et punir* (Discipline and punish, 1975). More precisely, Deleuze places them in a successive series, highlighting their differences.

We are in a generalized crisis of all the environments of [disciplinary] confinement: prison, hospital, factory, school, family. [...] It is only a matter of administering their last rites and keeping people busy until the installation of new forces knocking at the door. These are the societies of control, which are in the process of replacing the disciplinary societies (Deleuze, 1990: 241, the translation is ours).

8. Ten years later, this concept was developed by Michael Hardt and Toni Negri in *Empire. the Foucauldian theme of biopolitics – and its counterpart, sovereign power* (Foucault, 1976; 1997) – was also taken up by authors such as Giorgio Agamben and Roberto Esposito. For his part, Nikolas Rose expanded on Foucault’s reflections on the question of government in some of his writings (Foucault, 2004; Rose, 1996; 1999).

9. It is true that in the April 8, 1986 lecture of his unpublished course “Sur Foucault: le pouvoir”, Deleuze analyzes Foucauldian developments on the biopolitics of populations, assimilating them to the question of control. These reflections were not incorporated into the few interventions on societies of control published by Deleuze.

On the other hand, in relation to the above, it is somewhat surprising that Deleuze is unaware of the post-disciplinary Foucaultian analyzes of biopower and biopolitics (Foucault, 1976; 1997), which show a panorama very similar to that of control societies<sup>9</sup>.

Now, is it possible to apply these models – which, as mentioned, serve as the basis for much of the analysis of many contemporary philosophers – to the framework of the pandemic and the measures implemented against the so-called “invisible enemy?” Although this topic deserves a much more extensive and detailed investigation, it is pertinent to highlight two issues here.

*i.* If the control societies reject recourse to confinement and show concern about the location of the subjects in open spaces – resorting, for example, to electronic anklets for inmates and to access cards in a company or in public transport –, the isolation measures implemented seem to impose a regression to discipline, to that confinement whose characteristics would be similar to those that Foucault (1975) presented when contrasting the cases of plague and leprosy.

*ii.* But, in the case of Covid-19, that generalized confinement that was convened through the “Stay home”, replicated globally, would take the form of a digitizing discipline. Indeed, the spatial distribution of individual bodies with a view to optimal distancing and permanent vigilance described by Jeremy Bentham at the end of the 18th century, had the objective not only to prevent prisoners from mutinying, but also to avoid contagion in the hospitals, that schoolchildren cheat on their exams or that workers organize themselves in factories. But, in the contemporary scenario, that confinement appears articulated, compensated or complemented with that closeness that no longer refers to individual bodies but to a connection that aspires to be global, instantaneous and permanent, through social networks and applications of messaging provided by the internet. Our old habits had to be quickly translated into this “new” environment through virtual meetings and classes, teleworking, teleconsultation, on-line banking and shopping, streaming shows etc. You have to keep as much distance as possible from foreign bodies, especially their fluids, but stay as connected as possible - and those who fail to comply with this slogan will become “waste” (Foucault 2003).

Finally, a final question that is interesting to raise here refers to the possibility of applying, on a global scale, this diversity of models and concepts forged by European

philosophers and inspired almost exclusively by the panorama of the old continent or of the central countries. As shown on various occasions throughout this article, we believe that the pandemic case clearly demonstrates that it is not. Like health measures, these models may be relevant in certain contexts, or for a certain period of time, but they are impossible to apply, ineffective or even counterproductive in other contexts for several reasons (geographic, social, cultural, economic etc.). How to implement social distancing in the case of a population living in overcrowding? How to sustain a lockdown in the framework of a community that sustains itself in the informal economy? From this perspective, it may be necessary to decentralize and “deglobalize” Covid-19 or, more radically formulated, consider it as a “inglobalizable” pandemic: although the virus has spread throughout the planet, the ways in which it affects the diverse populations and individuals is extremely diverse.

It should be noted that deglobalization does not mean that we should limit ourselves to analyzing the different countries one by one and describing the specific form that the pandemic took in them. Hegel's difference between abstract and concrete universality must be introduced here. When we speak of a global pandemic, we tend to use “pandemic” as a neutral universal notion that applies to all countries. However, it is clear that this universal notion is not really neutral: it secretly privileges the form that the pandemic took in some selected countries (usually the developed West)- this is what Hegel called “abstract universality”. What you need to do is analyze the forms that the pandemic took in different parts of the world in its interaction with it. The shape of the pandemic in Western Europe, in Brazil, in China etc., not only reflects the particularity of that part of the world: this particularity arose by itself through global interaction. For example, the forms of the pandemic in Latin American countries cannot be understood without analyzing the way in which Latin America is trapped in neoliberal capitalism, the way in which it is a victim of neocolonial exploitation. This concrete network of interdependencies is what Hegel called “concrete universality”.

Finally, one of the wisdoms that the media bombard us with today is that the pandemic taught us about the contingency of our lives, about our mortality and biological limitation: we must abandon our dreams of mastering maturity and accept our modest place in it. Is there a more sobering lesson than being humiliated and rendered near helpless by a virus, a primitive self-reproducing mechanism that some biologists don't even count as a way of life? Not surprisingly, calls for a new ethic of modesty and global solidarity abound ...

But is this the true lesson of the pandemic? The real problem is not that we can die, but how life lengthens in uncertainty, causing permanent depression, the loss of the

will to move on. What we should really learn, then, is that we have to live to death. How should we live fully without ignoring the threat of the pandemic, but also without allowing the pandemic to become an obsession on which all our energy is focused? Based on the certainties and forecasts that it shakes, highlighting its fragility and transience, the complexity of Covid-19 should invite us to think from another place, to reflect and continue investigating the conditions of existence in which we live.

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