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Thirty Years of ProtoSociology
Three Decades Between Disciplines

Edited by Gerhard Preyer, Georg Peter, and Reuss-Markus Krausse

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Learning from Covid: Three Key Variables

Jan Nederveen Pieterse

Abstract

Covid data show that wealth is not health. What then are the major variables that affect public health in the Covid–19 pandemic? Based on onsite research in 26 countries across the world this paper singles out three variables – knowledge, state capability and social cooperation. If one of these is dysfunctional or absent Covid–19 performance suffers. The variables work best in combination. Under consideration are three phases of Covid–19 – virus control, vaccines, and the race with variants. Which types of society best combine these variables? Comparing varieties of market economies – liberal, coordinated and state-led market economies (with four variants), Covid–19 data indicate that coordinated and developmental state-led market economies tend to generate the best combination of variables and public health outcomes, and liberal market economies and rightwing populist countries produce the worst combination. Comparative Covid–19 research points to the limitations of macro theories and methodological nationalism, the importance of the unit of analysis and the database, and how variables interact. At a time when multiple crises interact it leads to reflection on glaring limitations of global governance.

Differences in Covid–19 public health performance and health outcomes between regions and countries are staggering. They were staggering before Covid but Covid makes differences salient. Which are the most important variables to consider?

A common-sense assumption is that wealth is health and the higher a society's per capita income, the lower will be Covid deaths and vice versa. But data don't bear this out. Compare countries in terms of Covid–19 deaths per million of population with similar per capita income, also countries that are geographically and culturally close (based on Worldometer data per 11/27/21):

- Canada 772/1M, US 2378/1M
- Norway 182, UK 2105
- Finland 225, Denmark 483, Sweden 1480

Also among low and middle-income countries there are wide discrepancies in health outcomes regardless of income level – such as Rwanda 100/1M (per capita $2,1k), Vietnam 241 (per capita $8,2k) and Peru 5977 (per capita $6k, 2020). Such diverse health outcomes need an explanation. An obvious question

is what kind of wealth? A high concentration of wealth doesn't bode well for public services and public health.

By many accounts Covid brings the comeback of the state, also in market-led societies (Fukuyama 2020). Market forces and corporations don't fix crises, crises of public health, climate change, inequality or natural disasters, unless they provide profit opportunities. Inequality during Covid times has increased worldwide and significantly in liberal market economies (Gray 2021, Goldin 2021). Hedge funds are double or triple hedged for stability as well as catastrophe, as Nesvetailova and Palan (2020) note.

Based on onsite examinations of pandemic health performance of 26 countries across the world (Nederveen Pieterse, Lim, Khondker, eds. 2021), three key variables stand out in success or failure in dealing with Covid – knowledge, state capability and social cooperation. Each is crucial but they work best in combination so their effects are cumulative.

Knowledge and science are key to guiding collective action, not merely in the sense of expert knowledge but also in the sense of social knowledge. Social experience with infectious diseases plays a key role, such as SARS and MERS in East Asia and HIV and Ebola in Africa. Lack of such experience plays a part in the lack of public health preparedness in many countries in Europe and the Americas. Social learning also falls under 'culture', such as masking culture in Northeast Asia – when feeling unwell, wear a mask in public to avoid infecting others (Rich 2020).

State capability refers to effective, pro-active government, responsible and capable leadership and efficient use of resources, including time. Examples of capable state action are South Korea, Taiwan, New Zealand, Singapore, Hong Kong and Vietnam. Rwanda's prompt and capable state action (Condo and Rwagasore 2021) contrasts with disorganization in Kenya (Kalebi 2021) – although if we factor in the excess death rate, Rwanda's advantage vanishes (Table 1 below). The issue isn't state power per se but what kind of state power and with what intention it is used; a state of exception for what purpose? In a pandemic the core variable is public health.

Legitimacy and the credibility of the state are part of state capability, a soft power capacity. Trust in government is earned over years or decades. Distrust of the state plays a part in anti-vax attitudes and high Covid–19 deaths in Russia and Eastern Europe. After experiences with deception, such as the forced sterilization of indigenous women, indigenous peoples in the Americas fear vaccination. In Peru where indigenous people make up 33% of the population this has been a factor in the high Covid death rate (Briceño 2021).

In the US frontier individualism and distance from the federal government

play a part. In addition, decades of anti-government discourse and dysfunctional government have undermined the trust that was earned during the New Deal period. In the US aggressive anti-science comes not just from the extreme right and the dark web but also from within Congress (Hotez 2021).

Knowledge and state capability work in tandem. Also a country with a capable state and a high degree of social cooperation doesn't function without adequate knowledge. Consider Sweden. Anders Tegnell, Sweden's state epidemiologist, the head of the Public Health Agency held on to the narrative of herd immunity (also when it was abandoned in the UK and US), along with policies of an open economy and voluntary restraint, which led to loss of trust in the public health agency and cost countless lives (Kampmark 2020) and the highest score of Covid–19 deaths in Scandinavia. Tegnell explains the difference with other Scandinavian countries by pointing to Sweden's higher number of migrants and crowded housing.

Experience or lack of experience with infectious diseases play a role in pandemic response and in the politicization of pandemic knowledge. The politicization of science in Italy is a case in point (d'Andrea and Declich 2021).

A friend in Kigali, Rwanda emails: 'the history of the genocide and other health scares are relevant. If you've been through a genocide the idea that wearing a mask is some sort of hardship is manifestly ridiculous, and the horror of Ebola has made fear of infection a potent motivator' (June 2021).

Social cooperation refers to the degree of social cohesion and the nature of state- society relations. Social cohesion provides resilience in times of crisis. Disaster studies and a large sociology literature show that when facing disaster people come together and improvise (e.g., Solnit 2010, Korstanje 2014).

Where government action fell short, social cooperation, local community action and NGOs have been able to turn things around and contain damage, for instance in Thailand and Indonesia (Wun'Gaeo 2021; Meckelburg and Bal 2021). Social cooperation and social support for state action amplify its efficacy, such as in Taiwan, China, Singapore, Vietnam and Cuba. The long-lasting gap between state and society in India (Chatterjee 1986) hampers pandemic public health performance. When India fell short in dealing with Covid–19, in Kerala a capable state and social cooperation withstood the pandemic with low Covid deaths (Narayan and Poruthiyil 2021); an advantage that shrunk over time when the state faced political and economic problems.

Trust in institutions and the state is built over years. In settler colonial societies social relations may be thin because collective coexistence is of relatively short duration and diversity is high; hence, settler immigrant societies lean towards individualism (and a bootstraps ethos) and towards liberal market

economies (Nederveen Pieterse 2020). In settler colonial societies that also developed as plantation economies, hierarchies of status and ethnicity tend to be long lasting, such as in the US, Brazil and the Caribbean. Which goes some way to explain the differences between the US and other immigrant societies such as Canada, Australia and New Zealand, and differences within the US, such as between the Dixie South and the Northeast. In immigrant societies trust tends to be low and with the legacy of a plantation economy trust is lower still. How is a low trust society organized? First is force; hence, the role of gun culture in the US, the prominence of violence and a police that is equipped as if they are an occupying armed force (4% of the world population and 25% of the world's incarcerated). Second are contracts and contracts are maintained by lawyers (4% of the world population and 70% of the world's lawyers; Nederveen Pieterse 2008). Third is performance, play nice, also known as 'instant community', emotional safety and 'emotional labor' (awesome, have a good one). The US is also a hegemonic security state with a military-industrial complex and extensive investments in intelligence and control, which represent different shades of violence, which spill over into other realms. South Africa, once a way station of colonialism, a bastion of imperialism with a legacy of apartheid, belongs to another category still. A meeting place of Africa, Asia and Europe, it blends many worlds, cultural flows and gene pools.

How these variables work out with Covid unfolds over time. First of the three phases of Covid–19 is the virus control phase, from December 2019 onwards and ongoing, which includes control of movement of people (travel barriers, quarantines, lockdown) and control of movement of the virus (testing, tracing, isolation, treatment). Second is the vaccine phase from December 2020 onwards and ongoing. Third is the ongoing race with variants, Delta and Omicron (and alpha, beta, gamma, Lambda, C.1.2 and Mu). The greater the level of immunity built with vaccines, the lower is the chance that new variants develop and spread. The phases are not neatly separate but overlap and their start time differs by region, country and parts of countries.

Understanding a global pandemic requires a *global database*. Johns Hopkins University Coronavirus Resource Center, The Economist and Worldometer, among others, maintain and update a global database. The size and composition of the database affect social science assessments. Some Covid–19 analyses extrapolate from limited cases or if data are extensive, data interpretation is based on limited cases. Some discussions of Covid–19 consider a regional database (Delanty, ed. 2021).

The size of the database has analytical as well as political and moral implications. It holds implications for policy. UN agencies carry a wider responsibil-

ity than local, national and regional authorities and corporations. The WHO speaks and acts on a fundamentally different platform than the governor of Florida.

Covid–19 started in Asia and spread to Australasia, the Middle East, Italy, Spain and wider Europe, to the Americas and then Africa. A bird's eye view is that Asia (minus South Asia and parts of Southeast Asia) and Australasia have performed well in the pandemic. Nordic Europe performs better than Eastern and Mediterranean Europe. Overall, the Americas (except Canada and Cuba) and Eastern Europe have performed worst. In the Americas, the US led in Covid deaths per million through 2020, was overtaken by Brazil in early 2021 until Brazil was overtaken by Peru with the world's highest recorded Covid death rate. Africa seems to perform relatively well for a host of reasons (IPS 2020, Pilling 2020, Callaghan et al. 2021, Happi 2021), but undercounts of Covid deaths are in the order of 800%. Indeed, consider *excess deaths* (above average deaths) and the picture changes.

Official global Covid–19 deaths are 5.1 million (11/2021). Considering excess deaths The Economist estimates that the actual number of Covid deaths is much higher: 'Although the official number of deaths caused by covid–19 is now 5.1m, our single best estimate is that the actual toll is 17.3m people. We find that there is a 95% chance that the true value lies between 10.8m and 20.1m additional deaths' (www.economist.com/coronavirus).

Estimates of undercounts of Covid–19 deaths are high in Africa (800%), Asia (700%) and Latin America (50%). Significant undercounts of Covid deaths include Laos (by 15,000%), China (14,000%), Pakistan (2,500%), Cameroon, Uzbekistan (both 2,400%), Bangladesh, Saudi Arabia (1,900%), Belarus (1000%), India (900%), UAE (800%), Cambodia (600%), Indonesia, Myanmar (500%), El Salvador (400%), Russia, Serbia, Turkey, the Philippines, Honduras (all by 300%), Thailand (200%), Mexico (100%), Ukraine (90%), Netherlands (30%) and Brazil (20%).

Table 1 shows Covid–19 deaths over a thousand per million of population by region and country according to official recorded data (reported by Worldometer, per 11/26/2021). The overview also lists excess deaths according to *The Economist* website (www.economist.com/coronavirus). The table lists excess deaths in bold *if deaths are over a thousand per million* and *exceed official recorded Covid data* (which may be lower because measurement methods have changed). In West Europe and North America, differences between official and excess deaths are marginal but in Asia, Africa and Eastern Europe the discrepancies are often major.

Table 1: Covid–19 deaths over a thousand per million of population, by region, country and excess deaths in bold

Eastern Europe		**Western Europe**		**Americas**	
Bulgaria	3964	Gibraltar	2910	Peru	5977
Bosnia/ Herzegovina	3757	San Marino	2703	Brazil	2854/ **3170**
Montenegro	3574	Belgium	2279	Argentina	2543/ **2660**
North Macedonia	3569/ **4850**	Italy	2207	Colombia	2481/ **3340**
Hungary	3405	UK	2105	US	2378
Czechia	2988	Spain	1877	Paraguay	2255/ **3450**
Georgia	2890	France	1809	Mexico	2236/ **5230**
Romania	2884	Portugal	1755	Chile	1947
Slovakia	2537	Andorra	1679	Suriname	1935/ **2570**
Croatia	2531	Lichtenstein	1594	Ecuador	1839/ **4430**
Armenia	2450/ **4060**	Greece	1672	Uruguay	1752
Lithuania	2443	Sweden	1468	Panama	1668/ **1910**
Slovenia	2434	Luxembourg	1317	Bolivia	1603/ **4940**
Moldova	2197/ **3060**	Switzerland	1347	Costa Rica	1406
Poland	2139	Austria	1324	Belize	1369/ **3710**
Latvia	2127	Germany	1184	Honduras	1026/ **7280**
Ukraine	1874/ **2180**	Ireland	1119	Guatemala	862/ **4390**
Russia	1809/ **3940**	Netherlands	1103	El Salvador	575/ **3010**
Estonia	1307	Malta	1045	Nicaragua	31/ **5230**
Serbia	1292, **3530**				
Albania	1058, **3030**				
Turkey	877, **3860**				
Belarus	524, **3300**				

Asia			**Africa**			**Caribbean**	
Iran	1509	**4170**	Tunisia	2114	**2510**	Martinique	1867
Lebanon	1275	**2260**	South Africa	1484	**6370**	Guadeloupe	1864
Jordan	1098	**6440**	Namibia	1370	**7470**	Grenada	1766
Palestine	857	**5620**	South Sudan	1111	**5880**	Bermuda	1711
Bahrain	782	**4330**	Eswatini	1060	**7750**	Bahamas	1684/ **2550**
Oman	778	**2100**	Botswana	999	**6380**	Aruba	1611
Azerbaijan	743	**4510**	Libya	768	**6420**	Saint Lucia	1504/**1930**
Sri Lanka	656	**1360**	Morocco	393	**2490**	Saint Martin	1415
Kazakhstan	635	**4460**	Zimbabwe	310	**6960**	Trinidad Tobago	1399/**1710**
Iraq	571	**14410**	Djibouti	185	**7240**	Br Virgin Islands	1245
Indonesia	518	**4380**	Rwanda	100	**4870**	Guyana	1233/**1900**
Philippines	422	**2320**	Kenya	96	**4810**	Curacao	1067
Myanmar	346	**2880**	Somalia	80	**4380**	Fr Guyana	1041
India	333	**4860**	Sudan	68	**9060**		
Saudi Arabia	248	**9950**	Uganda	68	**4030**		
UAE	213	**5670**	Cameroon	64	**4890**		
Kuwait	565	**6480**	Angola	50	**3750**		
Afghanistan	183	**5630**	Mali	28	**1650**		
Cambodia	170	**2250**	Burkina Faso	12	**2480**		
Bangladesh	169	**5460**	Burundi	3	**4750**		
Pakistan	126	**6770**					
Yemen	63	**5410**					
Uzbekistan	40	**1890**					
Laos	18	**2670**					

Sources: Worldometer per 11/26/2021 and *The Economist* website (www.economist.com/coronavirus), accessed 11/27/2021.

There are several explanations for discrepancies between official Covid deaths and excess deaths. (1) Excess deaths can also be due to natural disaster, drought, conflict and war – which applies in Iraq, Afghanistan and Yemen. (2) Undercounts can be due to sloppy registration. (3) Official numbers count citizens, not noncitizens – which applies in the UAE, Bahrain, Kuwait and Oman

where over 80% of the population consists of foreign workers where excess deaths are concentrated (Khondker 2021). (4) Covid censorship, when keeping inconvenient truths under the table avoids unrest and reputation damage, is likely in Russia, Belarus, China, India, Nicaragua, Myanmar and Cambodia.

Because of stewarding the hajj Saudi Arabia has extensive experience with infectious diseases, an effective public health apparatus and pandemic preparedness (Fanselow 2021). Recorded Covid deaths in Saudi Arabia are 248/1M, but excess deaths bring the number up to **9950**/1M, which is among the world's highest Covid death rates. Saudi Arabia hosts 10 million foreign workers, almost a third of the population. Note the difference between the Gulf Emirates, Thailand and several other countries, and countries where multiculturalism is institutionalized such as Malaysia and Singapore where recorded Covid deaths *include* foreign workers, no matter their nation of origin

Excess deaths bring many countries from double digit or hundreds of recorded Covid deaths to thousands Covid deaths, which changes the overall picture. They double the number of likely Covid deaths in Iran and Russia. Now also Asia and Africa figure in the picture of Covid deaths over a thousand per million of population.

Varieties of market economies

To avoid thin generalizing the global field needs to be broken down in patterns of differentiation. This discussion adopts breakdowns by region and by varieties of market economies. Time of course is a variable as well. The circular relations between knowledge, state capability and social cooperation blend into institutions and wider settings. Considering that the three key variables work best together, which type of society best combines these variables? The ecosystem in which the Covid pandemic unfolds includes political economy as part of a larger orchestra. Varieties of market economies refer to institutional clusters that coordinate economic activities and enable certain relations. Varieties of market economies are *effects* in that they represent a selective institutionalization of historical leanings and are *causes* in that they incentivize certain institutions and behavior patterns.

In liberal market economies – such as the US, UK, Chile – state-corporate relations tend to be stronger than state-society relations. In several ways they may function as corporate-led societies, except in matters of security and law

and order. In corporate-led societies for-profit private healthcare prevails over public health, which puts them at a disadvantage in the virus control phase.

Government capability is limited, except in security and law and order. After decades of anti-government government (following Ronald Reagan's adage, 'government is the problem'), government agencies are underfunded and understaffed. In the Covid–19 public health crisis this led to, in effect, federal government abdication, such as in the US under Trump and in the UK with the Johnson administration's zigzag policies (Malik 2020). Rightwing populist governments in Brazil with Bolsonaro and haphazard policies in Modi's India are parallels, parallels also in their casual attitudes towards science.

Criticisms of pandemic responses often target state power and government mandates of movement control, masks, distancing and vaccination, such as Giorgio Agamben's attacks on government mandates as the normalization of the 'state of exception' (Agamben 2020; Delanty 2020). However, in liberal market economies, the US and UK, neoliberal since the 1980s, the problem is not state overreach but state abdication, government rollback and permissive capitalism, which in effect add up to the corporate and financial takeover of society. Here the problem is not state authoritarianism but market authoritarianism.

Liberal market economies can be at an advantage in the vaccine phase. Close relations between government and big pharma can yield public funding for developing vaccines and advance contracts for vaccine supplies that produce swift results. In the US and UK because of strong relations between government and pharmaceutical industries vaccines came available swiftly and were pre-ordered, before CDC approval was completed. This offers global boons but it also gives big pharma a say in IP rights, which, so far, preclude suspending vaccine patents to benefit developing countries and overcome vaccine apartheid. Headlines such as the following illustrate big pharma attitudes:

> Pharma industry fears Biden patent decision sets dangerous precedent (Financial Times 5/7/2021)
> Moderna boss brushes off Biden patent waiver move (Financial Times 5/7/2021)

In 2003 with pressure from South Africa, HIV medicine patents were suspended to enable local production in developing countries. Now by not waiving Covid vaccine patents big pharma blocks vaccine production in developing countries where ample production capacity exists, which increases the risk of variants emerging.

Pfizer, known as the producer of Viagra, cooperated with the German firm

BioNTech to develop its mRNA Covid vaccine. According to the Pfizer CFO, 'there is "significant opportunity" in Covid–19 becoming endemic, which could make the vaccines a "durable franchise"'. Scholars observe, 'Perpetuating the pandemic is better business than ending it… Demand for lucrative booster shots depends in part on the emergence of new variants, which, in turn, requires the virus to continue to spread' (Morten and Herder 2021). Pfizer's billion dollar gains from vaccines are funneled into low tax havens, the Netherlands, Luxemburg, Ireland and Delaware (Smit 2021).

The big pharma firm Purdue has been found liable in enabling the deadly opioid crisis in the US (with 47,000 deaths of Americans in 2017 while 'an estimated 1.7 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers', and nearly 50,000 deaths in 2019; NIDA 2021). Big pharma is now headed in a similar direction on a global canvas.

In the race with variants of concern, liberal market economies may again be at a relative disadvantage. The US lost some of the gains of vaccination in the race with variants emerging in fall 2021. Economies reopened but vaccine skepticism especially among Republicans and division among US states keep virus risk high. Trust in government is low, disinformation abounds and political polarization thrives (Khaled 2021). The unvaccinated pose risks in workplaces, healthcare and hospitals. Because of resistance in Republican-led states such as Arkansas, Tennessee, Texas and Florida vaccination rates are low (Arkansas 49%, Tennessee 49.4%, Texas 54.2%, 11/26/21).

Because in the US state-society relations have been thin from early on, have remained undeveloped or have been abandoned for state-corporate relations, trust has eroded and truth has crumbled as well. Knowledge and political economy are interrelated. Science is a profit center in liberal market economies while it is a public good in coordinated market economies. Lack of trust means lack of credibility: 'It's about the same sort of post-truth world. You can just repeat a lie over and over and, because there's so little trust, people will believe it' (Laura Thornton, in Lerer and Fandos 2021).

Coordinated market economies seek a balance of state, society and market. Because they aim at a roundtable coordination of state-society-market relations (with more or less success depending on circumstances) they are in a relatively strong position in public health matters, such as in much of Northeast Asia and Europe, although austerity policies also came with social neglect and decay of institutions. In Mediterranean countries austerity trimmed public health resources and surge capacity.

East European societies are approaching advanced country status, for which

the threshold is a per capita income of $18,000. The top three are Hungary with $17k, Poland $16k and Romania $13k, largely because of factory exports to West Europe (Sharma 2021). Yet Hungary has the fifth highest Covid deaths per million in Europe, 3405. In Eastern Europe, 'Health experts say widespread mistrust of government and officials dating back to the Soviet era, and resulting vaccination hesitancy and unwillingness to accept state- mandated coronavirus curbs, lie behind the [Covid] surge' (Dunai et al. 2021). Pro-market turns, crony capitalism, corruption and political instability also play a part.

In *state-led market economies*, the keynote is state-state relations and they differ according to the character of the state. Each have different priorities that affect public health performance. They all combine and mix features; the characterizations below (pardon shorthand) refer to the dominant strains in each formation.

1. *Developmental states* tend to have strong state-society relations and to perform well in public health such as Singapore, China, Vietnam and Cuba at different levels of development.
2. In *national security states* (such as Russia, North Korea, Israel, Syria, Egypt), public health is a security variable and outcomes are uneven by region and population segments. Pakistan belongs here too depending on the political cycle.
3. In states controlled by *traditional elites* (Iran, Brunei, Afghanistan) or military-monarchy coalitions (Morocco, Jordan, Thailand), elites come first.

   City states of the Gulf Emirates fare well because they are compact and well organized. Migrant workers in the Gulf are a vulnerable group, as in South Asia and Southeast Asia; when this is recognized the spread of infection can be contained (Khondker 2021), but excess death rates remain high. City states such as Gibraltar and Andorra record high Covid deaths (Table 1 above).
4. *Extractivist-oligarchic states* tend towards state abdication from social responsibility and Covid denial, such as Angola (Covid deaths 50/1M, excess deaths 3750/1M) and Kazakhstan (635/1M, excess deaths 4460/1M).

New authoritarian states rely on unstable coalitions and tend towards unstable or zigzag policies, such as India, the Philippines, Brazil, Turkey and Hungary.

Pattern changes over time also require reflection. If we compare data trends since early 2020 we see pattern continuities as well as pattern breaks. Pattern

continuities include the following: Countries that managed virus control well (much of East Asia, Australasia and Northwest Europe) keep Covid death numbers low, even with virus surges and while lagging in vaccines. For instance, low Covid death rates in Canada and Cuba through 2020 remain low in November 2021 (Canada 772/1M, Cuba 733). Denmark lifted Covid–19 restrictions in September 2021 when 85% of people over 12 years old were vaccinated. Knowledge, state capability and people's trust in government were positive and aligned. These capabilities will probably outlast the fourth wave of corona and the Omicron variant of late 2021.

In developing countries vaccines are not widely available and will not be for quite some time. In low-income countries only 4.5% of the population is vaccinated while in high-income societies about 63% of the population have received at least one vaccine dose. Vaccine deliveries to developing countries lag behind commitments, few surplus vaccines are delivered, rich countries resist 'queue swapping' (postpone booster shots until poor countries' vaccination catches up), big pharma resists waiving IP and the WHO Covax program is slow going: 'Covax scheme falters as rich nations buy up vaccines' (Mancini et al. 2021). Vaccine apartheid echoes classic North-South divides. Yet China (provided 1.6 billion Sinovac and Sinopharm vaccine shots and cooperates with 16 countries towards local production), Russia (Sputnik V has received emergency-use approval in Argentina, Mexico and Belarus and is exported to Eastern Europe) and Cuba (Abdala and Soberana vaccines are used in Vietnam and Venezuela and another Cuban vaccine is co-produced in Iran) fall outside this pattern (Chassany 2021).

China continues its zero-Covid policy, which has been abandoned by nearly all countries, also in East Asia, Australia, New Zealand and Singapore. China's zero Covid approach involves strict border controls and two-week quarantines. Borders with Russia, Central Asia and Myanmar are porous. Harsh zero-Covid policies don't rhyme well with the world's second largest economy and the trillion-dollar investments of the Belt and Road Initiative. They do rhyme with China's narrative of pandemic triumph, community sentiments in China and the inward-looking turn in foreign policy and diplomacy of recent years. By one assessment, 'China is now the only country still chasing full eradication of the virus… China may find itself increasingly isolated, diplomatically and economically, at a time when global public opinion is hardening against it' (Wang 2021).

Since spring 2021 data changes in many regions have been incremental. No more great surges as during 2020 even as new variants of concern emerge, because basic precautions are being widely adopted. There have been surges in Latin America, South Asia and in African countries which gradually become

visible in excess death rates. 'Measured by excess deaths as a share of population, many of the world's hardest-hit countries are in Latin America' (www.economist.com/coronavirus). Many more countries, also smaller countries such as in the Caribbean, arrive above the 1000 Covid deaths per million threshold.

Pattern breaks: Countries with high Covid deaths in the virus control phase saw deaths come down in vaccine phase. In liberal market economies this pattern break is arguably a pattern continuity in terms of varieties of market economies. Corporate-led market economies' strong links between government, universities, big pharma and finance produced Covid–19 vaccines at breakneck speed, governments funded research and pre-ordered vaccines, prior to their testing and approval, which put them at an advantage in the vaccine phase. Because of internal divisions this advantage shrinks in the race with variants.

Research reflexivity

Learning from Covid includes avoiding macro theories and one-size-fits all paradigms of globalization (such as world-system theory). They are old fashioned, heavy-handed and not fine grained enough to adequately explain diverse public health dynamics. Metaphors for globalization such as the 'matrix' are static, bounded and teleological.

Varieties of market economies offer fundamental guidance but carry an institutional bias that doesn't quite match the rapid motions of politics, polices and cultural shifts in dealing with Covid, which are short-term, though embedded in path-dependent political economies. Short waves of change intersperse with long waves. Understanding Covid dynamics needs analyses in multiple time frames simultaneously.

Methodological nationalism in considering pandemic responses doesn't work because it ignores regional differences. Macro-regional patterns include learning from examples. Micro-regional variations are significant too. Karnataka, Kashmir and Kerala are different from 'India'. Awareness of infectious disease makes a difference also within countries. Note the starkly different Covid–19 outcomes in Lombardy (disastrous from Milan to Bergamo because of inexperience of medical staff and lack of hospital surge capacity; 33774 Covid deaths, per June 2021) and neighboring Veneto, where medical staff and hospitals were better prepared because of the region's historical awareness of infectious disease (11612 Covid deaths per June 2021; Statista survey, June 27, 2021, www.statista.

com). Veneto limited the spread of the virus by adopting an 'out-of-hospital' model of management, increased the number of swab tests among the population and promptly quarantined and treated infected patients, which reduced hospital admissions (Mugnai and Bilato 2020: 161). As a formidable port city Venice has historical experience with infectious disease going back to the 14th century bubonic plague.

Misinformation and disinformation invariably cling to a narrow database, in the old tradition of provincialism. Covid Darwinism, Covid complacency, Covid censorship, vaccine nationalism, vaccine hoarding, ideologies of business first and idées fixes such as herd immunity refer to a narrow database of reference and limited horizons of experience. The database is the main resource for analysis and understanding. The character, size and composition of the database matter, as part, of course, of a larger orchestra. Another concern is not just to identify relevant variables but also how variables interact, which differs in different settings and over time. Healthcare in Cuba is exemplary in several respects (Zurbano Torres 2021) but support for government also involves other variables.

Multiple crises

South Africa, the country that protested loudly against big pharma clinging to their patents – in Covid just as with HIV – protests against vaccine apartheid (Ramaphosa 2021; IIPI 2000). India has voiced similar protests. Both countries have ample vaccine production capacity. India's Serum Institute is the world's largest producer of vaccines, for export. By a twist of fate, both countries are also the origins of major variants of concern, Delta Plus in India and Omicron in South Africa and Botswana. The most dangerous mutations occur in countries that are excluded from vaccine production.

At this stage big pharma is liable for knowingly sustaining a worldwide pandemic, without the US and UK governments intervening, even though they provided major public funding. The refusal of US and UK governments to intervene and treat vaccines as a public good is typical of the power distribution in liberal market economies. In effect, liberal market economies and corporations in liberal market economies form a global bottleneck. Liberal market economies produce or contribute to crises (structural adjustment, financialization, tax evasion, inequality, wars, climate change) and fail in crises (such as Covid), with fatal consequences for the world circumstance. The situation is

a lesson for liberal market economies but it is not certain that the lesson will be learned.

Covid–19 differs from previous pandemics in several ways. It occurs at much higher levels of population, greater population densities and widespread growing connectivity: 7.5 billion people many of whom can be connected 24/7. With smartphones people can make international comparisons in a glance. Thus, rather than a 'reversal' of globalization, Covid–19 ushers in a phase of globalization that is more reflexive, with greater collective awareness of the necessity and the risks of connectivity.

In a world of high-density complex interdependence, the economic impact of this pandemic is far wider ranging than in the past. Supply lines and tech interweaving are under review. Microchips are in short supply. Energy supplies are strained because of fluctuations in demand and come with major price hikes for energy. The available workforce has shrunk; many employees are not returning to work because of wages, work conditions and commutes (Rasmus 2021, Lichtenstein 2021). Covid has significant political impact because it is a test of governance, institutions and legitimacy, which is now stretched worldwide. Covid generates many calls for economic reorganization, particularly in public health: 'We mistakenly treat health as a short-term cost on squeezed public budgets rather than a long-term investment in expanding public value' (Mazzucato 2021; Carlin 2021).

We face myriad data points that are all moving and many are flickering or blinking. Across the world we face crisscrossing crises of financialization, tax evasion, inequality, climate change and Covid. All societies share these crises and face them according to their history, cultural resources and sociopolitical profiles. The crises are increasingly widely experienced and deeply felt. While they interact in ways that haven't been charted yet, they all hinge on knowledge, state capability and social cooperation. How do these three variables function at a world level?

At a global level, knowledge is available, governance capacity is scattered across international institutions and spheres of influence, and social cooperation in the form of global civil society is scattered and episodic. At a global level, social cooperation exists in global civil society with myriad international NOGs and NGOs, trade union organizations, social movement networks of many stripes, and so forth, but is often episodic and single issue. Global governance capacity hasn't grown and people's representation at international forums is limited. Again, the G20 is back; it took shape in 2009 after the financial crisis; now it is called into action in relation to climate change. Covid–19 requires multilateralism too. According to a report of the Global Preparedness

Monitoring Board, convened by the WHO and the World Bank, although 5 million people have died 'there was "scant evidence" that the right lessons were being learned from the coronavirus crisis' (Neville 2021). Major stumbling blocks are geopolitical divisions and power brokers negotiating behind closed doors. The usual result is declarations of intent with scant follow up and limited consequences.

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References

Agamben, G. 2020 The invention of an epidemic,https://www.journal-psychoanalysis.eu/coronavirus-and-philosophers/ (orig. Italian in Quodlibet, https://www.quodlibet.it/giorgio-agamben-l-invenzione-di-un-epidemia, 26/02/20)

d'Andrea, Luciano and Andrea Declich 2021 Covid–19 and science: Italy and late modernity, in Nederveen Pieterse, Lim, Khondker, eds., 303–315

Briceño, Franklin 2021 In Peru, rumors feed vaccine reluctance among Indigenous, *AP News*, November 5

Callaghan, Nina, Mark Swilling, Merin Jacob 2021 Africa and Covid–19: Ways forward, in Nederveen Pieterse, Lim, Khondker, eds., 264–286

Cardoso, Adalberto and Thiago Peres 2021 Brazil, South America and Covid–19, in Nederveen Pieterse, Lim, Khondker, eds., 203–218

Carlin, Wendy 2020 Covid–19 is resetting the way we talk about economics, *Financial Times* April 23

Chassany, A-S. 2021 West must pay attention to Russia and China's vaccine diplomacy, Financial Times, February 11

Chatterjee, Partha 1986 *Nationalist thought and the colonial world: a derivative discourse*. London, Zed Books

Condo, Jeanine MD and Edson Rwagasore MD 2021 Rwanda and Covid–19, in Nederveen Pieterse, Lim, Khondker, eds., 245–254

Delanty, G. 2020 Six political philosophies in search of a virus: Critical perspectives on

the coronavirus pandemic, LEQS Paper 156, http://www.lse.ac.uk/european- institute/Assets/Documents/LEQS-Discussion-Papers/LEQSPaper156.pdf
Delanty, G., ed. 2021 *Pandemics, politics, and society: Critical perspectives on the Covid- 19 Crisis*. Berlin, De Gruyter
Dunay, M. and J. Burn-Murdoch 2021 Covid wave sweeps across Eastern Europe, *Financial Times* 10/23–24
Economist 2021 What lies ahead? Endemic Covid–19, Oct 16: 16–18
Economist 2021 Covid–19 data: The pandemic's true death toll, www.economist.com/coronavirus (accessed 27 November 2021)
Fanselow, Frank 2021 Saudi Arabia and Covid–19, in Nederveen Pieterse, Lim, Khondker, eds., 112–122
Fukuyama, Francis 2020 The pandemic and political order: It takes a state, *Foreign Affairs*, July/August
Goldin, Ian 2021 Covid–19 has made fighting inequality more critical than ever, *Financial Times*, September 7.
Gray, A. 2021 More than 5m people become millionaires despite pandemic, *Financial Times*, June 25
Happi, Christian 2021 With pathogens we need to play offence, *Financial Times*, February 20–21
Hotez, PJ 2021 Mounting anti-science aggression in the United States. PLoS Biol 19(7): e3001369. https://doi.org/10.1371/journal. pbio.3001369
IIPI (International Intellectual Property Institute) 2000 Patent protection and access to HIV/Aids pharmaceuticals in sub-Saharan Africa, Report for The World Intellectual Property Organization
IPS 2020 Covid–19: Examining theories for Africa's low death rates, *Inter Press Service*, October 11
Kalebi, Ahmed MD 2021 Kenya and Covid–19, in Nederveen Pieterse, Lim, Khondker, eds., 255–263
Kampmark, Binoy 2020 Brutal choices: Anders Tegnell and Sweden's herd immunity goal, *World*, May 2
Khaled, Wasim 2020 The Disinformation Olympics: The COVID–19 Infodemic has just begun, www.blackbird.ai
Khondker, Habib 2021 Covid–19 and migrant workers: The Gulf and Singapore, in Nederveen Pieterse, Lim, Khondker, eds., 289–302
Korstanje, M. 2014 Chile helps Chile: exploring the effects of earthquake Chile 2010, *International Journal of Disaster Resilience in the Built Environment*, 5, 4: 380–390.
Kuehn, Bridget M., MSJ 2021 High-Income Countries Have Secured the Bulk of COVID–19 Vaccines, *Global Health*, JAMA 325, 7: 612. doi:10.1001/jama.2021.0189
Lerer, L. and N. Fandos 2021 GOP strives to turn a riot upside down, *New York Times*, August 21: 1,16
Lichtenstein, Nelson 2021 Are we witnessing a 'General Strike' in our own time? *Washington Post*, November 21
Malik, Nesrine 2020 It's no accident Britain and America are the world's biggest Coronavirus losers, *The Guardian*, May 10
Mancini, D. P., C. Bruce-Lockhart, A. Schipani 2021 Covax scheme falters as rich nations buy up vaccines, *Financial Times*, October 25

Mazzucato, Mariana 2021 Covid–19 shows health spending is broken – here's how to fix it, Financial Times, October 28
Meckelburg, Rebecca and Charanpal Bal 2021 Indonesia and Covid–19: Decentralization and social conflict, in Nederveen Pieterse, Lim, Khondker, eds., 74–87
Morten, C. and M. Herder 2021 Big pharma's lie, *The Nation*, June 27-July 5: 5–6
Mugnai, Giacomo and Claudio Bilato 2020 Covid–19 in Italy: Lesson from the Veneto Region, *European Journal of Internal Medicine*, 77: 161–162; Doi: 10.1016/j.ejim.2020.05.039
Narayanan, NC and P. V. Poruthiyil 2021 India, Kerala and Covid–19, in Nederveen Pieterse, Lim, Khondker, eds., 50–60
Nederveen Pieterse, J. 2008 *Is there hope for Uncle Sam? Beyond the American Bubble*. London, Zed Books
Nederveen Pieterse, J. 2018 Comparing capitalisms, East and West, in Hyun-chin Lim, J Nederveen Pieterse, Suk-man Hwang, eds. *Capitalism and Capitalisms in Asia*. Seoul, Seoul National University Press, 81–106
Nederveen Pieterse, J., Lim, H., Khondker, H., eds. 2021 *Covid 19 and Governance: Crisis reveals*. London, Routledge
Nesvetailova, Anastasia and Ronen Palan 2020 *Sabotage: The hidden nature of finance*. London, Allen Lane, Penguin
Neville, S. 2021 World 'woefully unprepared' for next health crisis, *Financial Times* October 27
NIDA 2021 Opioid Overdose Crisis, March 11 (National Institute on Drug Abuse)
Ramaphosa, Cyril 2021 The world must end vaccine apartheid, *The Economist*, The world ahead 2022, November
Rich, M. 2020 A nation where face coverings are routine is spared a heavy toll, *New York Times*, June 7
Pilling, David 2020 How Africa fought the pandemic, *Financial Times*, October 26
Sharma, Ruchir 2021 The rise of Eastern Europe is a forgotten development success story, *Financial Times*, September 13
Smits, Henk Willem 2021 Pfizer avoids taxes via the Netherlands, *FTM.EU*, May 15
Solnit, Rebecca 2010 *A paradise built in hell: The extraordinary communities that arise in disaster.* New York, Viking
Wang, Vivian 2021 What lies behind China's zealous push for 'Zero Covid', *New York Times*, October 29
Wun'Gaeo, Chantana and Surichai Wun'Gaeo 2021 Thailand and Covid–19: Institutions and social dynamics from below, in Nederveen Pieterse, Lim, Khondker, eds., 88- 98
Zurbano Torres, Roberto 2021 Cuba dancing with Covid–19: Citizenship and resilience, in Nederveen Pieterse, Lim, Khondker, eds., 219–228

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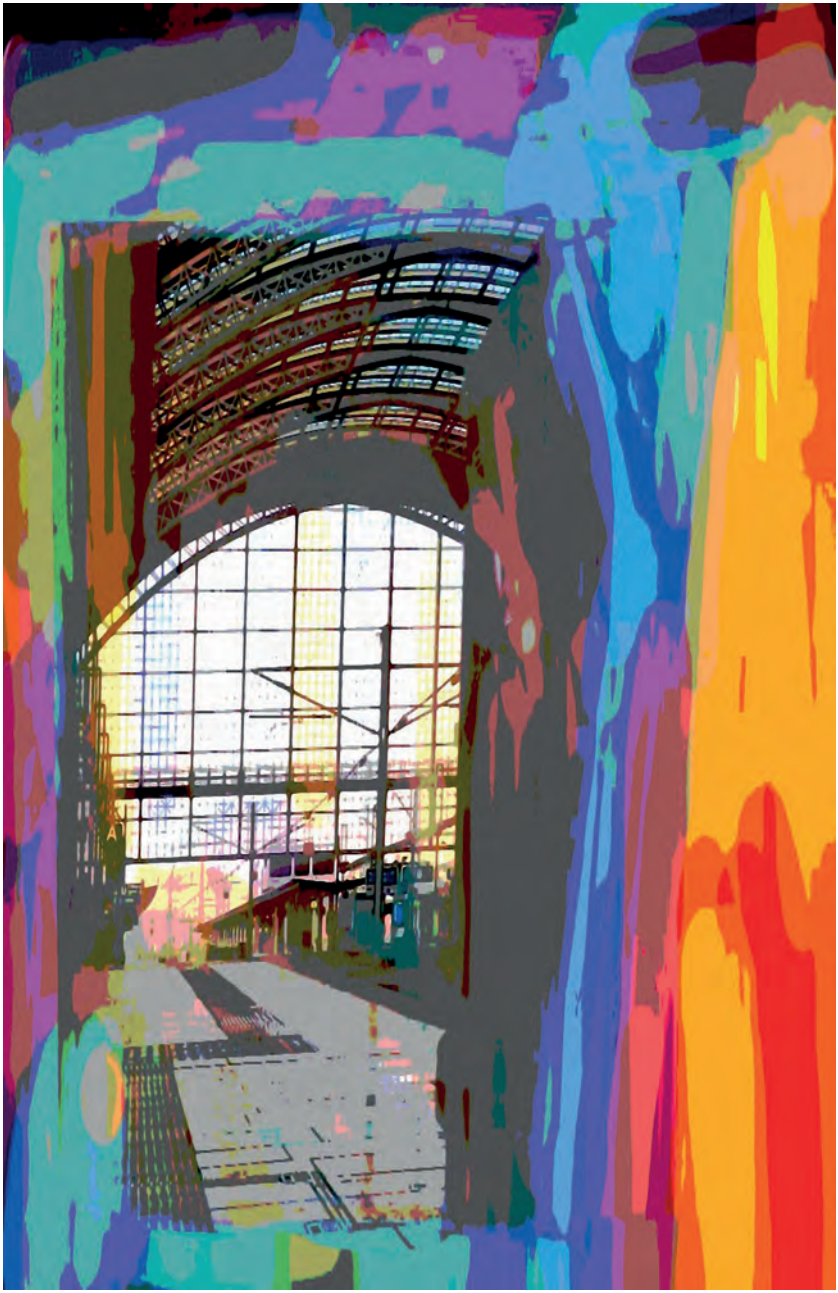

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Sociology

Soziologie der Nächsten Gesellschaft: Multiple Modernities, Glokalisierung und Mitgliedschaftsordnung, Gerhard Preyer, Reuß-Markus Krauße, Springer/VS Verlag, Wiesbaden, Deutschland, 2020.

Ohnmächtige Weltmacht China: Modernisierung ohne Harmonie, Gerhard Preyer, Reuß-Markus Krauße, Springer VS Verlag Sozialwissenschaften, Wiesbaden 2017.

Struktur und Semantic Map Zur soziologischen Theorie Shmuel N. Eisenstadts, Gerhard Preyer, Springer VS Verlag, Wiesbaden 2016.

Varieties of Multiple Modernities: New Research Design, Gerhard Preyer and Michael Sussman (eds.). Brill Publisher, 2015.

Hybridisierung China – Modernisierung und Mitgliedschaftsordnung der chinesischen Gesellschaft. Reuß-Markus Krauße. Spinger/VS Verlag, 2015.

Rolle, Status, Erwartungen und soziale Gruppe. Gerhard Preyer. Spinger/VS Verlag. 2012.

Selbstbeobachtung der modernen Gesellschaft und die neuen Grenzen des Sozialen. Georg Peter und Reuß Markus Krauße (Hrsg.). Spinger/VS Verlag. 2012

Zur Aktualität von Shmuel N. Eisenstadt – *E*ine Einleitung in sein Werk. Gerhard Preyer. VS Verlag 2011.

In China erfolgreich sein – Kulturunterschiede erkennen und überbrücken. Gerhard Preyer, Reuß-Markus Krauße. Gabler Verlag 2009.

Philosophy

Philosophie des Mentalen: Supervenienz, reduktiver, nicht-reduktiver Physikalismus und mentale Kausalität, Gerhard Preyer und Erwin Rogler, Humanities Online, 2020.

Beyond Semantics and Pragmatics, Gerhard Preyer (ed.), Oxford University Press 2018.

Social Ontology and Collective Intentionality Critical Essays on the Philosophy of Raimo Tuomela with His Responses, Gerhard Preyer, Georg Peter (eds.). Springer Academic Publishers 2017.

Prereflective Consciousnes – Sartre and Contemporary Philosophy of Mind, Sofia Miguens, Clara Morando, Gerhard Preyer (eds.). Routledge 2015.

From Individual to Collective Intentionality – New Essays, edited by Sara Rachel Chant, Frank Hindriks, and Gerhard Preyer. Oxford University Press 2013.

Context-Sensitivity and Semantic Minimalism – New Essays on Semantics and Pragmatics. Gerhard Preyer and Georg Peter (eds.). Oxford University Press 2007.

Contextualism in Philosophy. Knowledge, Meaning an Truth. Gerhard Preyer, Georg Peter (eds.). Oxford University Press 2005.

Concepts of Meaning. Framing an Integrated Theory of Linguistic Behavior. Gerhard Preyer, Georg Peter, Maria Ulkan (eds.). Kluwer 2003. Rep. Springer Verlag, Wien.