## CIDOB opinion

## A PLANETARY RETREAT TO CONTAIN THE CORONAVIRUS: Resilience in times of catastrophe

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616 MARCH 2020 On March 11, the World Health Organization declared COVID-19 a global pandemic. The outbreak, which originated in Wuhan in December 2019, has affected more than one hundred countries and caused over 8,000 deaths worldwide. The response has been a planetary act of confinement. A general demand of individual restraint. Yet precisely because this planetary retreat seems the most ethical strategy to save the lives of the most vulnerable, it is important to think what we are becoming as a society by slowing down and withdrawing from communal life. We love individual gestures of self-control to appear resilient from one crisis to the next.

ontainment measures increase as the virus SARS-CoV-2 spreads. Regardless of whether countries have governments on the left or on the right, European states have almost invariably implemented social distancing. At first, events are cancelled, gatherings of more than several people are prohibited, home working is endorsed. Afterwards, people have to limit physical contact with others. Schools, universities, restaurants, and shops close down; except for supermarkets, which are destocked by panic-buyers. People are asked to self-isolate and stay at home, unless directed to seek medical care or buy food. Finally, in some countries, the police and even the army enforce the confinement.

Slowing down and social distancing are required because we could be transmitting the coronavirus to others even when we have mild or no symptoms (the incubation period, the time from exposure to the development of symptoms, is estimated to be between 2 and 14 days). The objective of confinement is to 'flatten the curve' of the pandemic. A high curve implies that the virus is spreading quickly and consequently some people cannot receive the medical care they need because the capacity of the healthcare system has been exceeded. By flattening the curve – that is, by keeping the rate of new cases low – hospitals have more time and resources to treat people efficiently. This strategy of delay avoids making hard choices in hospitals between who receives adequate care and who does not. In a context of limited health resources, it protects the most vulnerable people.

The current strategy of containment does not aim to stop transmission, but to decelerate it. Coronavirus will continue to spread, although its travel will be slowed down and its fatality rate, decreased. This strategy parallels with other contemporary approaches of fostering resilience. In today's world – that some call late capitalism, others the Anthropocene – planetary responses are meant to adapt to or mitigate crises rather than end them. For example, conflicts are seen as increasingly diffused, complex, and to have multiple consequences, plots and episodes of resurgence of violence. So the goal, according the United Nations and other organizations like the European Union, is not to solve conflicts, as if they could end once and for all, but to try to sustain peace. The assumption is that peace has never a final end-state, but instead is fragile, uncertain and non-linear. Thus, continued actions are required to modulate them over prolonged periods of time. The same logic applies to approaches that seek to lessen the effects of global warming by experimenting and learning. Disasters are already occurring and cannot be prevented – at most, their cascading effects can be diminished. The Holocene, a period of climate stability, cannot be retrieved. In sum, when facing conflicts, disasters or pandemics, resilience becomes a model of governance through adaptation.

What seems to unite these strategies is that 'humanness' is seen as the problem, either by way of (re)producing war, causing global warming, or spreading the virus. And all these human-induced problems are transmitted and grow unconsciously. The culprit is not this company or that leader; instead, the industrial age caused global warming. We only knew that environmental degradation was a global problem when the ozone hole around Earth's polar regions was discovered. We only knew about the virus, when it could not be contained in some regional hotspots: such a simple and common gesture as shaking hands or a kiss in Wuhan has triggered a chain reaction that has led to a total lockdown in Italy, the declaration of the state of emergency in Spain, and even forced the European Union to close borders to all non-essential travel. The subterranean and unconscious logic of the crises makes resilience governance and self-control the only viable responses. Because resilience approaches foster adaptation to uncertainty and compel humans to be humble.

People learn, and the 'ethics of withdrawal' spreads as fast as the virus. What is particularly striking with the coronavirus crisis is how a planetary retreat has been understood and implemented by almost everyone, with a Calvinist discipline. In Europe, disciplinary lessons of confinement are not only ordered by the authorities, but also by the media, commentators, and informed and uninformed people. They lecture how to implement multiple hygiene measures (like washing hands often, using gloves when shopping o covering the mouth and nose with a tissue or with the arm when coughing and sneezing). At the same time, people also demonize any encounter, any gesture they see – irrespective of the prudence and precaution taken – as irresponsible, selfish and hubristic. Acts of culture, pleasure and love that are not in tune with isolation are seen as superfluous and condemned as free-riding.

Yet precisely because planetary retreat seems the most ethical strategy to save the lives of the most vulnerable, and generates almost global consensus, it is important to think what we have become by slowing down and withdrawing from communal life. Disasters have historically brought communities together and engendered a spirit of venture, defiance and

confidence in human potential; whereas contemporary approaches to foster resilience seem to pursue self-restraint, psychosocial wellbeing, and isolation. These seem to reduce everything to individual gestures of self-control that may help mitigating the coming crisis until another one erupts.

This planetary retreat seems very different to the lessons learnt during the Ebola outbreak of 2014 in West Africa. 'Surviving Ebola was not only a matter of avoiding contagion or receiving treatment, but a broader social matter of living through the crisis in a dignified and meaningful way', writes Jonah Lipton. They employed draconian restrictions on movement and health protections, but avoided panic. They sought to live (and die) through the crisis with dignity. This time, a climate of panic around questions of survival has blinded us from thinking how we want to live during and after the outbreak of coronavirus. As Giorgio Agamben has suggested, 'our society no longer believes in anything but bare life'.

In Barcelona, in the city where I am writing from, the seaside is deserted, friends cannot go for a stroll to discuss the health crisis, and runners cannot climb up the *bunkers* hill to contemplate the horizon of a tormented city. If only we could be buried and live in the underworld!