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Viral solidarity and the reinvention of a welfare state: Reflections from Denmark

KLAUS HOEYER, AMY CLOTWORTHY, AND NAJA HULVEJ ROD

Anthropology has long been preoccupied with comparisons between societies and between social actors. And, seemingly out of nowhere, the Covid-19 virus has become an unwelcome facilitator of new comparisons. In these early days of what has become a global pandemic, many of us are trying to understand how to make the most of these comparisons, both now and in the future. The public-health measures currently being taken to contain the spread of the virus mean, for example, that we cannot move across borders as easily as we once did. We cannot visit the places we wish to compare. This pandemic has thrown us back into the armchair, as it were. We are now amongst all the other observers who are living in physical isolation, consuming unhealthy amounts of news and emailing, zooming, skyping, and whatsapp'ing with friends, colleagues, fieldwork interlocutors and family dispersed across the world. The current armchair is not a place of comfort or cool reflections. It is an emotional and political seat from which to observe current events; one that is laden with anxiety and worry.

Through virtual connections and interactions, we are learning about differences in governmental responses and social reactions as the virus inadvertently infects political systems and vulnerable social-security systems around the globe. For example, how Alan Petersen described that Australian reactions have been marked by starch individualism as people rushed out to hoard toilet paper. Anthropologist Xinyuan Wang wrote that the sentiments amongst the Chinese diaspora and her interlocutors in Shanghai could be understood as an appreciation of strong governance. A study from Italy suggested that dissatisfaction with governance may correlate with a distrust of the official guidance and assessment of risk. These perspectives likely reflect sociocultural differences as well as differences in the position of the armchair. We are all trying to understand a situation that absorbs and engulfs us. It is like having to push the bus in which you are also a passenger.

Our armchairs and computers are placed in Denmark, which puts us in a privileged position: We live in a small welfare state with universal health coverage, elaborate social-security systems, and – not least of all – many ventilators per capita. On the evening of March 11, long before there was any pressure on hospitals or healthcare personnel, Denmark took the European lead in implementing preventative measures. This intervention was – and is – meant to protect those at risk for becoming seriously ill and possibly losing their lives due to a Covid-19 infection. More than half of those who have already been infected are age 80 or older, and many of these people also have other diseases. So, when the country's Social Democratic prime minister, Mette Frederiksen, realised that the pandemic could create chaos in Danish hospitals and might possibly necessitate a choice between which patients to admit and treat, she made an official speech to the public. She explained the need for solidarity with older citizens and the weaker members of society, particularly those suffering from multiple diseases and chronic illnesses, all of whom have an increased risk of infection from Covid-19. She then announced that the country would be locked down. "We have to stand together – by keeping a distance", she explained. And with this, she coined a motto that soon went *viral*, if you can excuse the pun.



The busy food markets and mobile saunas that serve people who enjoy taking a dip in the cold winter waters of Copenhagen Harbour were closed, leaving the area eerily empty.

Although there have also been instances of hoarding in Denmark, most notably when the government first announced the lockdown, many public media outlets have been overflowing with what could be characterised as a burst of solidarity. People from all walks of life have been cheering the healthcare workers fighting on ‘the front lines’ in hospitals; videos expressing thanks are in wide circulation, and discourses that emphasise solidarity and a need to sacrifice to protect those at risk proliferate in ways that continuously surprise us. Furthermore, left-wing and right-wing alike are now celebrating the state. Everybody wants something from the state, and the state is thereby having to reinvent itself. Packages are being rolled out to guarantee minimum salaries and economic recovery, and solidarity is becoming more than simply a discursive gesture: enormous amounts of money are being poured into society to keep a “hand under those in need”, as the prime minister phrased it.

However, under the surface of Danish privilege, a number of inequalities persist, and the solidarity many of us are experiencing seems to benefit some more than others. Although, statistically speaking, very few Danes have had a phenomenological experience of the virus, *everybody* has experienced what was done to prevent its spread. But, as the lockdown drags on, it is becoming obvious that it is not just the virus but also the measures being implemented to prevent it that have hit with unequal force in different population groups. For example, on the first day of the lockdown, Klaus’ husband was returning home from an unavoidable trip to the school where he works. He said there was a man standing in the almost empty train who was simply screaming: “It’s the 5G net, it’s the 5G net!” This man appeared to be scared, angry, and confused. He was alone. We can also surmise that he was probably one of the many individuals who suffer from a mental illness, and who depend on shelters for care. Unfortunately, in the name of ‘social distancing’, these shelters have had to lower the number of people for whom they can care.

Thus, in the move to protect older people and others particularly vulnerable to infection, other vulnerabilities have immediately become exaggerated. In Naja’s work, she has researched the effects that living in families with psychiatric illness and/or alcohol abuse have on children, and we can see how the corona crisis might further isolate children who have parents with these issues. For example, their alcohol abuse may increase and/or their psychiatric problems intensify. *Trains at rush hour, often standing-room only, are now almost completely empty.*

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due to the stress of the lockdown. In the first 11 days of the lockdown alone, the main helpline for children living in families with drug and alcohol abuse has received 70% of the calls it received in all of 2020.

Following the 9/11 terrorist attacks and other socially disruptive events in recent history, it has been possible to use the comprehensive Danish register data to identify an increase in psychiatric illness. While high-brow newspapers feature numerous articles about middle-class families claiming to learn important lessons about social solidarity from this historic corona crisis, psychiatric hospitals are already preparing for a wave of admissions in the months to come; specifically, they expect to treat people with limited social networks and personal resources who have been pushed to their limits due to increased isolation and anxiety. As such, even when a crisis is considered to be a moment of solidarity, it will still have unequal effects. For whom do discourses of solidarity work, and with which effects? The closing of borders and stories about increased racism aimed at people of Asian

descent also provides reason to fear that discourses of solidarity could acquire a nationalistic tone and thereby marginalise certain groups of society.

Floor stickers leading to the check-out in a Danish grocery store say, "Take good care of each other by maintaining distance".

We think it is important to ask: What do the people who the lockdown is attempting to protect think about it? We are currently conducting research to document the effect of the lockdown on different groups of society with interviews and series of timed questionnaires. The initial results of our research indicate that more older people in comparison with younger groups are worried that they themselves will become ill but also that they will not be able to see their friends and family. They worry about their social relationships. It is striking how viral health has captured the agenda and directed acts of solidarity towards a particular medical need while the voices of those bodies that are now forced into isolation remain relatively silent in the public debate. By attempting to amplify the voices of those who are being managed and protected, we hope to learn more about their priorities and what matters to them. As Amy's work has described, the Danish healthcare system has for long emphasised empowerment, but it tends to benefit people who are already resourceful, interested in obtaining knowledge for themselves, and thereby motivated to be more involved in their own treatment and care. This can



lead to health inequalities. When a society implements measures to protect particular groups of people, it needs to balance different values and consider the voices of those it claims to protect.

On average, 150 people die every day in Denmark. But due to Covid-19, many more are now dying alone. Grief and sorrow are unfolding in environments where touching and gathering are seen as breaches of solidarity. As March 30, just over 100 people in Denmark have died from Covid-19 (a small number compared to alcohol, air pollution, or other causes), but the pandemic is having an immense political and moral impact. Years of emphasis on patient values and involvement, shared decision-making, and empowerment have given way to strict medical assessments of immediate need; the have's and have-not's of an infection. Virology is now at the centre of decision-making in Denmark (more so than in countries led by presidents with a limited enthusiasm for science), but viral health is just one aspect of a good life. Does virology define the object of solidarity? Virology has proven how important it is as a discipline; it has changed our world and saved countless lives. However, when its insights are turned into politics, it must interact with other disciplines.

No form of solidarity can avoid selection and, even as societies mobilise in the name of solidarity, we are learning who counts as member of that community and who has a voice and which values that count when social priorities are set. From our position in the armchair, we have an obligation to reflect on what types of society, based on which values, Covid-19 is allowing to emerge, and to use comparisons to understand the opportunities as well as the dangers. Even privileged countries face inequalities and difficult dilemmas between values and population groups.

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