



Baldwin P. Fighting the first wave. Why the Coronavírus was tackled so differently across the global

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THE COVID-19 PANDEMIC HAS IMPOSED A MONUMENTAL DEFEAT on the health protection model based on pharmaceutical interventions adopted on a global scale. Due to the unavailability of vaccines and antivirals to prevent or treat this disease, national governments were encouraged to suppress the spread of the new Coronavirus through lockdown combined with mass testing, contact tracing, and involuntary quarantine. The suppression strategy by lockdown curbed the SARS-CoV-2 spread and the predicted mortality by COVID-19. However, its acceptance in liberal democracies was not simple due to arguments about economic losses and fear of an invasion of privacy.

Peter Baldwin's book 'Fighting the First Wave. Why the Coronavirus was tackled so differently across the globe'¹ draws a broad panel of the dilemmas, resistances, and misunderstandings of facing the COVID-19 pandemic in 2020. The publication gathers a set of essays on the pandemic as an essentially political event. The COVID-19 emergency revived the demand for a group discipline that was no longer part of the tools of contemporary public health, or the expectations of many societies guided by individualistic values. In this context, the chapter titles are extremely inviting to read: 'Science, Politics, and History: Do They Explain the Variety of Approaches to Covid-19?', 'New Dogs, Old Tricks: Fighting Covid-19 with Ancient Preventive Tactics'; 'The Politics of Prevention: How State and Citizen Interacted, Battling the Virus'; 'Difficult Decisions in Hard Times: Trade-offs between Being Safe and Solvent'.

Baldwin draws our attention to the fact that the virus was quickly identified, tests were developed, and they demonstrated that SARS-CoV-2 is spread by coughing, sneezing, or breathing in humans and is highly lethal. However, advances in biomedical knowledge were ineffective regarding the decisions of many governments, contrary to what was observed in other epidemic situations, such as the example of HIV control and prevention.

The author highlights that relationships between experts and governments were frayed, notably when political leaders opted for "chaotic and deliberately inept"¹⁽³⁾ responses to the pandemic – as in the recurrently cited examples of Trump, Bolsonaro, and British Prime Minister Boris Johnson.

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Nevertheless, he underscores that preventive intervention options were presented to governments grounded on conflicting scientific arguments. He points out that, during the first cycle of the pandemic, advice to governments did not have a “unanimous message”¹⁽³⁾, leaving room for the adoption of erratic solutions with the support of experts, such as the one implemented in Sweden, whose individual and voluntary accountability model to prevent the new virus is analyzed in detail and irony.

By successfully replicating the methodology for mapping national responses to the AIDS epidemic², the author explains that the diverse government responses to the pandemic due to the veto of the lockdown were based on the idea of ‘quarantine focused’ on individuals who contracted COVID-19 or the inconsequential perspective of ‘herd immunity’, trying to rid the mass of the population of possible losses resulting from the imposition of the lockdown.

These government policy options assumed that the pandemic would spread slowly, and that the rapid multiplication of severe conditions caused by COVID-19 would not affect the health system, thus, not paralyzing economic activities. The risk of the emergence of variants of the new Coronavirus with greater transmission capacity due to its uncontrolled spread extrapolated the calculation of advocates of focused quarantine and herd immunity or mass contamination.

The book also highlights that adopting “pharmacological quackery”¹⁽¹⁷⁾ and religious fervor was on the agenda of peripheral and central governments that denied the lockdown. Iran’s supreme leader promoted medicinal plants. Trump, Bolsonaro, and French President Macron defended the false virtues of two antimalarials (chloroquine and hydroxychloroquine).

Fortunately, Macron’s defense was only in the initial phase of the pandemic. The Japanese prime minister campaigned for a locally produced antiviral with no evidence of pharmacological efficacy. Indonesia’s leaders have proposed mass sunbathing to kill the

virus. South Korea, Pakistan, and Iran encouraged religious ceremonies and pilgrimages to areas with the highest incidence of COVID-19 to ward off the risk of the pandemic. In Tanzania, the president defended prayers as the best means of protection against the new Coronavirus.

The growing demand for Intensive Care Unit (ICU) beds in national health systems was associated with long-term social and health processes. However, the pandemic found European countries with deficient availability of ICU beds due to the fiscal austerity policies of previous decades. Baldwin reports with some perplexity the ethical consequences of this structural shortage of ICU beds and respirators, which collapsed the health care system and spread the practice of triage in Sweden, Belgium, Switzerland, France, Italy, and the United States. The screening protocols recommended prioritizing the hospitalization of patients most likely to survive, discriminating against older adults and the most debilitated. The author reports that screening with a strong eugenics connotation during the pandemic was only officially rejected in Germany due to the understanding that there is no legal objectivity that authorizes public agents and professionals to decide on who should or should not survive. The barbarism practiced by Germany in medical experiments during the Second World War would also have influenced the decision to stop triage by the health authority.

The publication records the application of the first vaccine against SARS-CoV-2 in December 2020. Disbelief in the quality of the vaccine, especially among women, older adults, minorities, and low-income people, is identified as a relevant issue for the future of global health safety. Criticizing past vertical public health interventions, the author emphatically defends the partnership with civil society to address the rise of the anti-vaccination movement.

The presence of China, India, and Russia as new giants of vaccine innovation is also

highlighted as a shift in the geopolitics of major biomedical technologies. However, the author identifies the abyssal gap in hygiene conditions and the human-animal interaction observed in China as a paradox of hypermodernity and a health threat. Brazilian readers would undoubtedly benefit significantly if the book had a Portuguese translation. As a record of a time of uncertainty, Baldwin's construction can inspire new reflections that consider the distributive limits of the result of the monumental scientific advance associated with the various vaccine formulations against SARS-CoV-2. New risks derived from inequality,

poverty, social exclusion, and apartheid still challenge the health protection model based on pharmaceutical interventions in high-income capitalist societies. The global risk produced by the COVID-19 pandemic does not seem to have mitigated the health indifference towards impoverished and technologically dependent societies.

Collaborator

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