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In recent weeks, France has rediscovered a term that has fallen into disuse for many decades, if not centuries, that of **confinement**. Although it refers directly to the pragmatic measures that force sick people to temporarily cut themselves off from the rest of the community, it is not just a simple quarantine, which defines a duration of treatment. Indeed, for the time being, neither specialists nor the political people are able to determine and announce the duration of confinement to the entire population involved. We are thus in a state of expectation and, for some, depending on our material and physical conditions, in the discomfort of waiting and uncertainty. And also those in the forefront of the pandemic and the risk. The term is reminiscent of the tragic hours of recent epidemics that have received a lot of media attention (Ebola, SARS), and of the great fears of the Western Middle Ages, which are still very much present in our collective imagination.

In our modern societies, this term also refers to solitary confinement for prisoners, people with mental disorders or patients in a sterile environment, with many family, social and professional consequences. Confinement is more broadly a banishment from society.

To describe this indefinite period of health crisis, countries have therefore imposed a generalised and non-discriminatory confinement, while people have to individually adopt social distancing. A confinement that therefore puts everyone, and therefore nobody, on the fringes of society. The imposed distancing is also both physical - between individuals - and abstract - between the different components of society -. **The objective is thus to act together while protecting each other and to be responsible and supportive by removing oneself from the world.**

The situation is unprecedented for more than one reason: the nature of the virus, the speed of its spread, the flows and networks of diffusion all over the world, and the affected population which has never been so massive.

Who could have imagined that nearly 3 billion human beings would be confined to their homes simultaneously? There is no doubt that beyond the medical actions that have been urgently undertaken to counter the pandemic and face the challenges for our public health systems, it will generate a whole series of multidisciplinary research projects. Obviously, the reflections will focus on the origins of this global health crisis, on its political, economic management or media coverage, on the social and cultural initiatives that have been spontaneously expressed, on the international cooperation which has to face and integrate unilateral national decisions, on the limits of economic globalization and financialization, on religious engagement, and finally on the environmental challenges that require more than ever strong and concerted decisions.

May we be seeing a paradigm shift?

Only predictions can depict whether the future promises to be better or worse. However, it can be said that this Covid-19 crisis is a historical event, in that it symbolizes a period, in that it also marks a milestone.

We have just passed the symbolic period of one-month confinement in France. And the horizon of a progressive exit is still far away. In Wuhan, where everything began last January, in full preparation for the New Year, which normally sees nearly a billion Chinese moving around, the first measures to loosen the restrictions have just been taken.

The return to normality was celebrated with great style by the Chinese authorities who wanted to show the world two types of images: that of a modern city that crushed the clandestine videos of the live animal market where all began; that of a country that managed to stop the pandemic thanks to strong decisions and a disciplined population that returned to a normal life as soon as possible.

A few weeks after, Europe has been affected and become the epicentre of the pandemic. An so on, it has to assume its share of the responsibility in the matter. The pandemic developed differently and gradually between countries in the south of the continent - initially in Italy -, and the Anglo-Saxon countries. The strategies adopted have also been very different, just as the situations today are very diverse, including between countries sharing a border, such as Portugal and Spain, France and Germany, England and Ireland. In addition to the spontaneous generosity that is expressed in such circumstances and the public health requirements, we have seen long discussions on political expectations or the failure of the welfare state. We also noted scepticism about scientific decisions, or strong differences in individual and collective behaviours according to the countries or the cultures. Political controversies and citizens' reactions are an expression of the good health of our democracies and civil societies, they are also sometimes based on sterile opinions, culturalist or stereotyped approaches.



Italy, first European nation to face Covid-19 united but alone.

Source : Challenges – 03/02/2020

We are still only at the first stage of this "Covid-19 moment". The spread has continued to the United States, with dramatic news coming from New York and New Orleans. We do not know what is really happening in the rest of the world: Russia, India, Brazil or Africa. The effects of the disease could be completely different in terms of scale and nature.

It is then our view of the pandemic that could evolve, with the combination of multiple factors. It would not be only a health crisis but also a food, environmental and political crisis. In spite of this, hopes are already very real for curbing the pandemic and finding a vaccine. But the time for research has not yet caught up with the time for social and medical expectations.

This is the end of a first cycle. The pandemic has just gone through with the transfer from Asia to Europe, the beginning of de-confinement in China and the beginning of "plateau effects" in Europe. It motivated me to draw up the main elements of comparison that have been used to analyse the Asian situation (China, but also Taiwan, South Korea, Japan and Vietnam) compared to the European one (European Union), up to now, and to extend the representations that we have of these situations. These are just a few wandering thoughts. The evolution of the situation will tell us how academic research will be engaged in the study of this phenomenon of global significance.

Political regime and governance

In addition to the practical and urgent issues of humanitarian aid and medical response, the initial debates were focused on political regimes, democratic values and governance. The People's Republic of China has been able to demonstrate its effectiveness thanks to its centralized institutional system and the vanguard of the Communist Party. The same is true in Vietnam.

Bức tranh cổ động "Ở nhà là yêu nước" của họa sĩ Lê Đức Hiệp
The slogan literally says: "To stay at home (ở nhà) means to love our homeland (yêu nước)"; the hidden message is that the State (nhà nước) and the Party (simply suggested by the red stars) are in the front line to protect the country.



South Korea, Taiwan and Japan have also shown the same effectiveness even though the political system is not the same with more active civil societies and more transparent media. Thus, some have questioned whether the holistic functioning of East Asian societies and "Asian values" (in short, Confucian ethics) are a primary cause of social acceptability. In line with this, the question of patriotic mobilization (including among Asian diasporas) as a foreign-oriented soft power and as an element of national cohesion arises. It is, indirectly, reopening the debate on multiculturalism and the historical, cultural and religious underpinnings of living together, sometimes pointing to the figure of the foreigner as an unhealthy element.

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The use of new technologies (*tracking*) is also the subject of debate: although they have been accepted for years in Asia (Singapore, for example), European countries are struggling to define a protocol for their use that will make it possible to limit infringements of individual freedoms.

The crisis also calls into question the functioning of the state and its welfare functions: would Asian states be more efficient or is it the level of development that allows a better response to the pandemic?

Some countries, such as Vietnam or India on another scale, are today at a crossroads: pursuing a « catch-up development » for several decades, they must show their independence and agency while having to manage the repercussions of confinement on a whole part of their population that still survive due to an informal economy. How, therefore, can social and medical cover be financed? If there's almost no risk of a food crisis, how can we help the poorest people?

Information and scale of analysis

Political and scientific communication is another important aspect of the comparison. Through the treatment of information, it is not only the question of the dissemination (state propaganda, plurality and freedom of the press, control of social networks and the Internet, disinformation), but also the question of the validity and legitimacy of public speech that is at stake. Rabelais wrote in his time that "*science without conscience is but the ruin of the soul*". Would it be the same for science without transparency?

Our view of situations also evolves according to the scales of analysis: seen from Europe, we consider Asia (and People's China in particular) in a monolithic way, without considering regional disparities, which are nevertheless essential for analysing propagation, spatial segregation and political decision-making.

Representation and belief

Another aspect concerns the notion of "war" against Covid-19. Taken in Europe in the purely metaphorical form of a scientific struggle with a global aim, it remains a living memory in many Asian countries and a reality that is still being experienced when we consider the role of the army in the functioning of the state apparatus, in the organisation of society and in the shaping of national identities.

A fundamental topic naturally concerns the relationship between religious beliefs and the pandemic. As always, elements of comparison can be found in the theological explanation of the crisis (in apocalyptic or simply ethical forms), in the mobilization of religious communities to fight the epidemic and to support the social action of the State (in complementarity and sometimes in rivalry depending on the secular regimes adopted). The main unknown today concerns the lifting of the ban on collective celebrations (masses, pilgrimages) and the means of substitution proposed to preserve community connection and religious rituals. How to express, when technically possible, the presence and sharing of faith through videoconferences and interposed screens?

These questions are all the more acute as we are in the middle of Easter and Ramadan will be experienced for the first time in a context of confinement of a large part of the Muslim Ummah. We have thus seen that Taiwan has cancelled in recent days the great festival of the Mazu divinity, while in Vietnam, the government has decided to maintain a minimal patriotic celebration of the Hùng kings.

What will be decided in other countries where religion plays a central role in the life of the nation and, above all, what will be the practical consequences in the future (e.g. Philippines, South Korea, Malaysia)?

Individual and society

The place of the individual in society is also debated, under these more concrete aspects (distance greeting in Asia vs. hugging and handshaking in Europe; structure of the family unit, urban living conditions) and the theoretical ones (cult of the emancipated individual or culture of the individual who is built up by society; notion of the individual soul in the face of the Buddhist "non-self").

Solidarity between generations and the place of the elderly seem to be an important aspect of cultural and anthropological differentiation between Europe and Asia. To widen still further, it is the individual and social relationship to death that comes into play in the analysis of funeral rites of burial or cremation. Faced with exceptional cases of mortality and the imperatives of confinement, how can the remains be consecrated? How can one express one's dignity while keeping one's own? How to physically and symbolically accompany the deceased?



A monk puts a mask in a pagoda, while remembers that everything is impermanence.

Source : www.thinkglobalhealth.org

Societies with multiple risks

There is one final aspect that I feel we should pay particular attention to, and that is environmental issues. While we can deplore a near-stop to the economy and imagine the challenges looming on the horizon, one of the effects of this crisis is to have made more visible (but for how long?) the improvements in river, air and noise pollution, the return of fauna to the places abandoned by man on land and in the seas, etc. The experience is widely shared by all of us who are confined. Even if we are far from a generalized awareness, this situation forces us to reconsider our modern societies as societies with multiple health, socio-economic and environmental risks.

"We still have to learn from each other, including between our complex societies, which are nonetheless vulnerable."

East Asia shows us, even in the form of its modern and ultra-technological societies, models of adaptation to unexpected or latent crisis situations (earthquakes, floods) and examples of crisis management (Fukushima, 2010 flood in China).

We are not always or no longer prepared for these crisis (anticipation, prospective) and not really educated (training and good behaviour as a citizen). On this specific point, as on others, we still have to learn from each other, including between our complex societies, which are nonetheless vulnerable.



Action of the Mulhouse hospital community which fights the contamination mainly caused by an evangelical gathering in a Mega Church in the city.
Source : La Croix