“A test of our values”: The Moldovan experience with COVID-19

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In all cases, contexts matter. The 2020 global health crisis, known as the “COVID-19 Pandemic”, has drawn comparisons with earlier global health crises, most prominently the 1918–1919 “Spanish flu”. It’s a natural response to a substantially unknown and shared threat. But these comparisons are of little practical value in this case because the unique character of this threat and its impacts have been experienced differently by people in different societies according to their personal, social and particularly cultural contexts.

For example, if I had experienced COVID-19 living in my hometown of San Francisco, California, I would have absorbed and reflected at least some of the experiences of others in that place and, seeing it through that prism, I would have focused on elements reflecting the cultural values shared between myself and those others. San Francisco is an urban setting with urban sensitivities and concerns. Like many American cities, it is also heavily subdivided along ethnic, racial and class lines, and those divisions are amplified in its perception of itself and the world. It’s a financial hub, represents “Wall Street West”, and is home to tech giants Twitter, Facebook and Google, as well as Wells Fargo Bank, the fourth largest Bank in the U.S. and the primary source of financial power for nearby “Silicon Valley” and its international tech giants. Last but not least, San Francisco is home to California’s Democratic Party with its powerful national and international reach. All these elements shape the context for shared experiences in San Francisco, like COVID-19, which unavoidably influences the way these experiences translate into belief and action.

In this case, my experience with COVID-19 only vicariously reflected these San Francisco influences, in part because they were mediated through a global internet communications system, and in part because the context for my direct experience of COVID-19 came from the historical and cultural experiences of Moldova, which were reflected in the words of Moldova’s Health Minister offered in her first address to the people of Moldova on 11 March 2020, “This virus will be a test of our values.”

To me as a Californian, these were radically different words than I expected to hear. But they began to take on more meaning over the following months as I compared them to the discourses of a “global pandemic” that dominated the English-speaking internet, particularly in the U.S. There, talk of COVID-19 was dominated by numbers and jargon imported from identified “medical experts”, and the debates about COVID-19 focused on where the virus first appeared, who was responsible for its global spread, and which country was most successful in addressing it. These debates were articulated to conform to a global rather than a local narrative about COVID-19, reflecting the global and institutional character of its political economy. In contrast, the narrative in Moldova was attentive to the culture and history of Moldova, as reflected in the Moldovan Health Ministers remarks and broad attempt to communicate about the virus in terms familiar to Moldovans.

My observations, comments and conclusions about COVID-19 expressed here have been informed by these two, very different narratives and their contexts. The two narratives occupy two large spaces: a scientific, globally and institutionally defined narrative that reflects the contours of liberal institutional modern states, and a culturally defined narrative where political actors are primarily accountable to values and popular perceptions that exist in the social sphere of political life. There are an infinite number of discussions that could

be developed from comparing these two spaces, which argues that cultural narratives remain a dominant feature of modern life even where powerful institutional structures have been constructed to secure the power of modern states. In this case, COVID-19 provided me an opportunity to examine these two spaces where contexts overlap and challenge assumptions about the authenticity and power of liberal governance.

Conflicted narratives of COVID-19

The manipulation of narratives to achieve preferred political outcomes is ubiquitous in human history. In this case, the COVID-19 narrative in modern institutional states rests on one of the pillars of modern state governance – the authority of science. However, this institutional narrative of health science has significantly less authority in nation-states with long and deeply embedded cultural histories. Institutional health science has offered information developed through the scientific method of observation and analysis of data, which itself is heavily dependent on the construction of institutions tethered to and politically and economically subordinate to modern states. This means that the COVID-19 narrative offered through modern institutions of science is not “objective”, but subject to political manipulation by the political class that controls a particular state. This manipulation becomes most apparent in the way that narratives of institutional science are argued as empirical facts, rather than informed opinions, by modern state political actors, when health scientists themselves qualify their findings and subject them to rigorous peer debates. This manipulation of health science by modern state political actors has substantially undermined the authority of not only modern institutional science, but the authority of the modern states who engage in this manipulation.

The culturally based narrative of COVID-19 had its own strengths and weaknesses. Its greatest strength, which is now emerging as the manipulation of modern institutional science has been revealed, is that it relies not on knowledge that can be manipulated by modern state actors, but on the collective experience and values of a society, such as exists in Moldova but has been replaced by institutional knowledge in modern states, such as has occurred in California. This reliance on collective experience increases the legitimacy of policy choices, even if they prove wrong over time. Thus, it has allowed Moldovan political leaders the luxury of adapting to a changing scientific narrative, rather than making them prisoners of an institutional politics of health science. However, a culturally based narrative of science requires a deeper and broader understanding of science as knowledge production, which can't be assumed but must be cultivated and exists in varying degrees in the culture of societies.

Whether or not these two competing narratives are, in fact, irreconcilable, is a question not about the compatibility of the facts they employ, but about the outcomes each narrative seeks to secure. In that sense, both narratives began with provable “truths” but migrate toward a treatment of those provable facts to promote preferred outcomes. In this case, modern institutional states are constricted by questions of institutional political economy, while culturally defined nation-states are constrained by questions of social values. This isn't an “either/or” context, as modern institutional states must contend with culturally defined social values, and culturally defined nation-states are accountable for political-economic outcomes. Rather, it is how these states/nation-states define and manage their dominant sources of authority, which can be found in the histories of these competing narratives and their host states and nation-states. These histories reflect an institutional narrative of science tied to technological development, concentrations of political power, and colonial expansion, and a cultural defined science that serves social values that are unrelated to technological development, and the expansion and concentration of political power. Arguably, this is also related to the size and internal cohesion of a state/nation-state, which in the case of COVID-19 shows small, internally cohesive nation-states, such as Cuba, Latvia,

Moldova and Vietnam outperforming their larger, more powerful modern institutional state neighbors in managing COVID-19.

The role of globalized communications in the response to COVID-19

It is almost impossible to exaggerate the important role played by global communications in the COVID-19 experience. As I watched the competing narratives of modern institutional state and the culturally defined nation-state unfold, it became apparent that the virtual system of communications allowed by the global internet was reshaping traditional day-to-day systems of personal interactions. If San Francisco is representative of the global system of the internet, Moldova is representative of day-to-day personal interactions that use internet communications as a tool, rather than accept the internet as a virtual world. This contrast is driven, in part, by the presence of deeply embedded cultural values that emphasize interpersonal communications in Moldova, which don't exist in California and most other modern, institutional state societies.

The San Francisco Bay Area is the poster child for a society built by science and technology to serve the rising power of corporate telecommunications. It is almost second-nature for the citizens of its "globalized" society to assume the internet reflects a "world community" with the modern institutional state, and particularly California, at its center. This encouraged those working in telecommunications to anoint themselves as the moral/intellectual leaders of this world with the power (and responsibility) to manage the communications of this world community, defining what was truth and who was entitled to engage in public discourse about important subjects, such as but not limited to COVID-19. This quickly translated into defining institutional science knowledge as not just fact but "truth", while censoring all other discussions, including observations by front-line medical professionals who questioned the official narrative. When the official institutional science narrative began to break down as new science knowledge emerged, the reaction of telecommunication "giants", such as Google, Facebook, Twitter, and YouTube was to aggressively "defund", isolate, and marginalize it, thus limiting the possibilities for informed judgements about COVID-19.

In contrast, Moldova had a substantively different history, culture and politics with respect to their understanding of COVID-19. It is a culture of small towns and villages, defined by commonly held values of family, faith, community with a tolerance for change and other cultures. It is now among the poorest countries in Europe, but during its long 7,500 years history it produced a technological and socially developed cultural society, which during the Neolithic Cucuteni-Trypillian era built large cities, developed advanced agricultural methods and produced a rudimentary written language, all within an egalitarian society without social differentiation and division that lasted 2,500 years. It has successfully survived invasions by a long list of would-be imperial powers, which tried unsuccessfully to impose institutional political and economic structures by adapting to the changes in the world around it.

Thus, when COVID-19 came to Moldova it was met by an embedded system of values, not institutional structures, which led protective measures that were compassionate but socially acceptable. Even before it appeared, the Moldovan Health Ministry was carefully watching COVID-19, because attention to change is an adaptive strategy that has served to protect Moldovans for centuries. When the virus did appear, the Health Ministry quickly distributed masks, gloves and information, then consulted widely with business and community organizations before closing its borders and non-essential businesses. Also, from the beginning, the Moldovan Health Ministry released daily, detailed information about COVID-19 cases, listing not just raw numbers, but providing details about its victims' ages,

location and pre-existing medical conditions to acknowledge and put a human face on those who died. There were never any food or other shortages in the markets, never any questions about providing health care to everyone, even to foreigners like me, and never any heavy-handed attempts to extend the authority of government.¹

As of 03 September 2020, the Moldovan Health Ministry reported 37,440 cases of COVID-19 infection had been confirmed. Of these, 26,575 people have been treated and released (70%), and currently there are 10,141 people under medical supervision: 8385 people in observation,¹²⁴⁷ with mild cases, and 509 in severe condition. To date, 2.8%, 1024 cases of COVID-19 have resulted in death.² While these data present a very good response by the Moldovan health care system to COVID-19 compared to other countries,³ they also expose the underlying failure of statistical reports to capture the actual risk COVID-19 posed.

For example, an earlier report by the Moldova Health Ministry on 23 June 2020 illuminated this problem when it addressed the reality that testing was very limited and primarily focused on people who had contact with the health system, while informal assessments were that at least 150,000 people in Moldova had been infected with COVID-19. Adopting the informal assessment numbers suggests that only 0.03% of those infected died, an effect that is much closer to typical annual influenza deaths. Further, the official numbers do not account for those whose deaths can be attributed to predictably fatal underlying health conditions, the shutdowns, which may be twice the number who died from the virus, or the long-term costs to society as a whole. Nor do they reveal the trade-off in responding to one group in society over another.⁴

As of 3 September 2020, 90% of businesses in Moldova have reopened. The streets and streetcars are again filled with people living their ordinary lives. Many continue to use masks in closed spaces and most continue to observe protocols that promote public health. Few, if any, are afraid of COVID-19, and even as some are angry about the avoidable impositions they suffered, most are informed about what COVID-19 is and isn't. And policymakers are confessing their short-comings and pledging to do better if Moldova faces another health crisis. Change is easier in a small, culturally empowered country like Moldova, which may help explain why small countries, like Cuba, Latvia, Switzerland and Vietnam, appear to have been able to navigate COVID-19 with less stress and more success.

In contrast, California is continuing its shutdown, keeping small businesses, parks, schools, the beach and even wilderness areas closed. But, this action now lacks support from the broad scientific community, which has confirmed there is little risk to children, limited risk for people under the age of forty, and, as USC Professor Joel Hay reported, there is no evidence that social distancing in other than closed spaces prevents the spread of coronavirus.⁵ At the same time, civil unrest is growing as the economic crisis spawned by political policymaking takes its toll, and as millions of Californians face eviction or foreclosure, thousands of small- and medium-sized businesses surrender to bankruptcy and thousands of people choose to exit the Golden State.

Takeaways

The lessons of COVID-19 are only now beginning to be understood.⁶ These include:

- Lockdowns are justified only for a short period of time, and only for the purpose of assessing the risks.
- Science can only play an advisory role because scientific knowledge is specialized and always a “work in progress” rather than a “truth”.
- Both scientific and social narratives are important sources of power because of their roles in authorizing political choice, but, power attracts manipulation by those who seek to advance these narratives for personal or political gain.

- Communication technologies are two-edged swords that offer both powerful new tools to society but also complex new problems in managing these tools, which if misused can exacerbate social divisions and conflict.

As political crises spread through modern institutional states, a broad rethinking about the nature of politics is beginning, including the oft-hidden role of cultural politics. But the authority of both institutional science and government has been damaged, and as the world returns to thinking about the future of what we call “progress” this damage will impose limits on their ability to exercise persuasive power, undermining their claims to represent the broad public interest.

From my experience witnessing COVID-19 from two highly contrasting contexts, the journey toward effective governance must begin with a large dose of humility, coupled with a commitment to inclusive rather than exclusive discussions and discourses.

We humans are inventive, which is why we have survived on this planet. But invention is always a collective enterprise where inspiration is borrowed from many sources. We need science knowledge for this journey, but we cannot do that without social cohesion that only cultural politics can provide. Thus, we can afford to invest in institutions, whether scientific or political, that are bound to narrow and privileged political classes, or that ignore and attack cultural forces that may oppose them – they will not be able to transcend the past and adapt to a changing world. Adaptation has always been the first principal of survival, as Moldovans have learned. The failure to learn this lesson in pursuit of power and control will always fail in the end, ultimately succumbing to the realities of human society. The question remaining is when and how that will happen.

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Notes

¹ The exception was an effort in early May when several government ministers attempted to coerce compliance with the shutdown by issuing fines. This was quickly and decisively opposed by Moldovans who appealed to the national Constitutional Court, which quickly struck down the fines in favor of “voluntary compliance”.

² COVID-19 infections and deaths as reported by the Moldovan Health Ministry on 23 June 2020.

³ See COVID-19 morbidity rates from: 16,43% (Belgium), 14,90% (Great Britain), 14,82% (France), 13,84% (Italy), 11,74% (Spain), 05,97% (U.S.), 04,22% (Germany), 03,65 (Japan), 03,42% (Lithuania), 03,26% (Estonia), and 02,07% (Norway). John's Hopkins University of Medicine, 7 May 2020, <https://coronavirus.jhu.edu/map.html>.

⁴ “The Doctor Is In: Scott Atlas and the Efficacy of Lockdowns, Social Distancing, and Closings”, *Uncommon Knowledge*, The Hoover Institution, 23 June 2020, <https://www.youtube.com/watch?v=kZqGSnVt8c8>.

⁵ KUSI News, San Diego, 22 April 2020, <https://www.kusi.com/usc-professor-joel-hay-says-there-is-no-scientific-proof-social-distancing-prevents-spread-of-coronavirus/> (Accessed in August 2020).

⁶ “Questioning conventional wisdom in the COVID-19 crisis”, Dr. Jay Bhattacharya, *Uncommon Knowledge*, Hoover Institution, 31 March 2020, <https://www.youtube.com/watch?v=-UO3Wd5urgo>.