

Coping and Hoping: Calculating the risks of coronavirus roulette

Shit happens. Unfortunately, this pandemic situation is going to continue for many more months. It is clear that everyone is at risk from coronavirus, so good questions as policies change and lockdowns restart are: *what can we do and how can we get through this?*

The best protection from a pandemic is great wealth. That option is limited to a very small number of people. For the rest of humanity, part of a sustainable approach is doing our best to lessen risks and improve chances. To acknowledge that it is probably impossible to ‘do no harm’ in a pandemic but at least we can try to do as little harm as possible.

Strategies that I have been doing this coronavirus year (and in previous years) include being aware of diet, making sure that I stay fit, taking supplements like Vitamin C and echinacea, having fresh ginger in hot water every morning, getting outside as much as I can, regular tree hugging, having a 30-second blast of cold water after my daily shower, maintaining connections and feeding friendships.

More recent strategies include emphasising nose breathing (a researcher on breath said: “Coronavirus affects mouth breathers more”¹), taking Vitamin D and being conscious of how I physically interact with other people. Doing my best to keep physical distance, wearing face masks when in enclosed spaces or when walking around where there are many other people, regularly washing hands.

Different Opinions

Of course, there are many different opinions and many different situations. Many tech giants are gleefully rubbing their hands as profits sky-rocket. Unemployment figures are rapidly rising. Mental health issues also rapidly rising. Much magical thinking, such as Donald Trump stating on 28 February: “One day, it’s like a miracle, it will disappear”. Or Boris Johnson stating on 17 July: “It is my strong and sincere hope that we will be able to review the outstanding restrictions and allow a more significant return to normality from November at the earliest – possibly in time for Christmas.” Or the cloud-cuckoo land – aka the UK government – boasting of developing a ‘world-class’ test-and-trace programme.

Many lockdown sceptics are not realistic about the actual dangers of coronavirus. One example of these dangers came from a yoga teacher who wrote: “I had the virus back in March...I have never felt so ill in my 63 years on this Earth. I was ill for 3 weeks I felt like I was having the life slowly sucked out of me, a couple of days before I slowly started to recover I thought I was going to drop dead...My full recovery was 4 months, my right lung was like a crisp packet every time I breathed, my brain was affected...” The coronavirus dangers are clearly shown by recent figures from the US where there were 20% more deaths than the average mortality figures from 1 March to 1 August.² That is more than 200,000 people.

Some lockdown sceptics are right-wing economists who are being funded by billionaire libertarians. An example of such campaigning for alternative policies is the Great Barrington Declaration, an open petition published on 4 October 2020.³ This was sponsored by the American Institute for Economic Research and the three main signatories are prominent medical

academics. The Declaration proposed a policy called ‘focused protection’ for so-called vulnerable people (which they did not define) – and suggested that coronavirus be allowed to spread through the population. In words from the Declaration: “those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection.”

This is more about protecting capitalist economies than caring for public health. There is a fixating on free enterprise economics with as few constraints as possible; public health services – as an example – often are seen as obstacles to profit.

It is very useful to contrast cases such as Germany, New Zealand, Sweden and the UK. Every country has its own particular circumstances. For example, Germany has an excellent health care system; New Zealand, because of its geographical location, has more ability to limit flows of people into the country and also has a relatively small population; the average Swedish person pays more than 50% of their income in tax, substantially more than what the average person in the UK pays.

In addition, Sweden has high levels of social cohesion, social responsibility and trust in official institutions. Plus a well-functioning social security system. These are very useful tools during a pandemic. When a person in Sweden loses their job, they are entitled to up to 80% of their previous salary for the first 200 days of being unemployed. This is light years better than the tattered and threadbare welfare state of the UK, let alone the free market brutalities of the US.

What Can Be Done...

Campaigning for a more equitable distribution of resources and properly-funded support systems are essential elements in coronavirus strategies. State support for people having to quarantine and for businesses being financially challenged are needed. As are more individualised approaches. This excellent piece on 25 September from the MD column in *Private Eye* outlined various options.⁴

- Option 1: Take all precautions, don’t get the virus. A good result. That’s what I’m aiming for. *[my note: me too]*
- Option 2: Get the virus, fully recover, don’t pass it on. Also a good result. You add to herd immunity, at least for a while.
- Option 3: Get the virus, pass it on to others at low risk who recover without killing anyone. Again, a good option that boosts herd immunity and protects the vulnerable, very hard to pull off.
- Option 4: Get the virus, kill Granny. Probably a bad outcome, depending on your relationship with your grandmother and whether she wants to die.
- Option 5: Get the virus, get long Covid. Bad luck.
- Option 6: Death. Very bad luck in the under 65s but a merciful release in the over 95s. *[my note: some over 95s (like my partner’s mum) have substantial cognitive powers and definitely want to continue living for a few more years]*
- Option 7: Fall down the stairs while vision obscured by face mask. Not unknown.
- Option 8: Operation Moonshot. Test 10 million random people a day from January. This could lead to 230,000 people with false-positive results wrongly self-isolating every day, and cost the taxpayer £100 billion. As with all of medicine, more is not always better.
- Option 9: Hand back Serco and Sitel Test and Trace to the NHS. This hugely expensive outsourcing didn’t predict the second wave and isn’t delivering. Time to put local public health experts in charge of local outbreaks.

Current Figures

Current figures for the coronavirus pandemic are that possibly about 10% of the world has been infected. Global case fatality rate is perhaps about 0.2%.⁵ A small number of people are experiencing long-term impact from being infected (what is being called 'long Covid'). And the collateral damage from this pandemic, such as personal isolation and economic recession, has been and will continue to be huge.

Dealing with this coronavirus pandemic is deeply complex. The Monster-in-Chief – aka Donald Trump – described his case of coronavirus as “a blessing from god”. For the rest of us, difficult choices have to be made. For nearly every part of the world, completely eliminating coronavirus could be both incredibly expensive and ultimately unsuccessful. Learning to live with the virus as a threat that is both constant and contained can be a workable path forwards. Taking practical and sensible steps (such as mask wearing, track/trace systems, properly funded public health systems) can help.

Through such varied strategies plus increasing immunity due to being infected and voluntary vaccination programmes, the impact of coronavirus can gradually lessen. Then hopefully lessons can be learned from this experience to prepare us for the next pandemic and to help us to deal with the realities of changing climates.

Cohesion, Care and Hope

One teaching from this pandemic has been the importance of social cohesion and public health. Coronavirus has taught us about care. Because in the last few decades of ever-more stimulating distractions and neoliberal economic policies, social care has become an increasingly degraded term. Social care has been squeezed by markets, financial obsessions and the false gods of efficiency. It is neither a product nor a figure on an accountancy spreadsheet; social care is primarily about relationships. An essence of care is attentiveness.⁶ How much are we caring for each other? For ourselves? For the social fabric that is so crucial during a crisis?

Hopefully, this pandemic teaches us about the necessity of social care and trust. That we need empathy and appreciation. Dreaming new ways of being is a very constructive act. Because it is useful to reflect on how much society has changed in the last 30 years. In 1990, the UK had only four TV channels. Email was an extremely exotic rarity. There had been 11 years of Thatcher's neoliberal government.

What might happen in the next 30 years? One possibility could be that in 2050, people look back on this year – 2020 – as a pivot of positivity. When social care became central. When it was widely realised how much our thinking and our behaviour was being influenced by computerised algorithms. When we realised the vastness of what we take for granted and we became more able to appreciate simple acts like loving hugs. When we truly woke up to the damage that is being done to the environment and this earth. Certain years are sometimes seen in retrospect as times of substantial shifting. Like 1917 and 1968. Maybe 2020?

Hope is a four letter word.⁷ Hope comes into its own during crisis – like now. Hope can connect us to joy even during great difficulties and remind us about the qualities of empowerment, courage and determination. In days of despair, hope is a radically profound option. Ways of feeding hope are precious gems. These ways can include practices grounded in presence, gratitude and empathetic connections. In these months ahead, we can be hoping for the best and making sure that we are looking after ourselves and caring for each other.

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This is a thoughtful, calm and thorough piece from the *New Scientist* 17 October 2020 – ‘Your Coronavirus Questions Answered’:

<https://www.newscientist.com/article/mg24833044-000-where-did-coronavirus-come-from-and-other-covid-19-questions-answered/>

I have a monthly newsletter; if you would like to receive it please email

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On my website I have other articles on this topic, yoga and more:

<https://www.yogawithnorman.co.uk/articles-and-interviews>

Notes and References

1 Conversation with Ben Wolff who runs the Breathing School

<https://www.theshalalondon.com/training-course/id/2292/Healing-Breath-Work--Breathing-Techniques--South-London>

2 From <https://voxeu.org/article/us-excess-mortality-rate-covid-19-substantially-worse-europe-s>

3 The Great Barrington Declaration can be read here: <https://gbdeclaration.org>. A detailed critique of this declaration can be read here in *Wired* (“There Is No “Scientific Divide” Over Herd Immunity”): <https://www.wired.co.uk/article/great-barrington-declaration-herd-immunity-scientific-divide>. As this is a publicly accessible petition, sadly there are a number of fake signatories including Professor Cominic Dummings.

4 *Private Eye* MD column 25 September 2020.

5 John Campbell ‘Pandemic 10% exposed, Tuesday 6th October’.

https://www.youtube.com/watch?v=m_Aog_RLgk&list=UUF9IOB2TEyg3QIBupFtBDxg&index=13

6 An acronym of ‘care’ could be **C**ompassionate **A**ttention with **R**espect and **E**mpathy.

7 An acronym of ‘hope’ could be **H**umility, **O**ptimism, **P**ersistence, **E**nthusiasm.