

# “The COVID-19 pandemic is illustrating a long-term fight about the very definition of health”. Interview with Claudine Burton-Jeangros

Interviewed by Raphaël Hammer\*

Claudine Burton-Jeangros is a full professor in the Department of Sociology at the University of Geneva. Her research interests include social representations of risks, public health and health promotion, and social inequalities in health. She is one of the project leaders in the NCCR “LIVES – Overcoming Vulnerability: Life Course Perspectives”, funded by the SNF. She is one of the authors of *Managing the global health response to epidemics: Social science perspectives* (2019, London, Taylor & Francis, in collaboration with M. Bourrier and N. Brender), and one of the editors of *A life course perspective on health trajectories and transitions* (2015, Heidelberg & New York, Springer, with S. Cullati, A. Sacker, and D. Blane).

*Raphaël Hammer:* Dear Claudine Burton-Jeangros, thank you for accepting this interview for the SSS Bulletin. You contributed to the edited book “COVID-19. Contribution of the social sciences”<sup>1</sup>, published a few months ago, in the heat of the pandemic initial unfolding in spring 2020. How did this project emerge and what favored its rapid accomplishment?

*Claudine Burton-Jeangros:* This editorial project led by Sandro Cattacin and his team originated in the very early days of the first lockdown, in spring 2020, with the intention to highlight the contribution that social scientists could bring to the un-

derstanding of the pandemic and its management. Initially the media and the whole society’s attention were focused on what medicine, biology, virology, public health etc. could say about this new virus and about ways to tackle it. However, for many of us at the Institute of Sociological Research at the University of Geneva, this unprecedented situation was foremost a major social crisis, impacting health-care institutions, but also workplaces, families, schools, and relations across generations. Taking stock of the expertise present across our research groups, the editors aimed to propose a snapshot of how sociologists could offer multiple competencies to orientate the COVID-19 management, well beyond the sub-discipline of sociology of health.

The unfolding of the pandemic and of the social, political and economic measures taken to respond to it was fuelled by the context of social acceleration described by Hartmut Rosa; I think that this editorial project should also be situated within this context: everything was going fast. I will admit my first reaction to the solicitation of the editors was far from enthusiastic. So many things were then happening in our lives, with massive disruption for the people living with us and around us, as well as for our research and teaching activities. Journalists were also eager to interview sociologists hoping for data and interpretations that we had not even had time to collect and put together yet! As my first reactions to the situation were more geared towards providing support to closed ones and reassure students, I could not see how I would allocate time and energy to writing about something that was so big, taking societies by surprise even though re-emerging infectious dis-

1 Gamba F., Nardone M., Ricciardi T. et Cattacin S. (2020) (dir) COVID-19. *Le regard des sciences sociales*, Seismo. <https://www.seismoverlag.ch/fr/daten/covid-19/>.

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eases specialists were announcing it for years. But the commitment of colleagues and the feeling that it was important to make the voice of sociologists heard overcame my initial reluctance. The editorial team fully engaged in the project, keeping authors on track, rapidly obtained funding and even more importantly managed to publish the book in the three main Swiss national languages in a very short time. In my opinion, a major contribution of this book is to challenge the dominant medical framing of the pandemic, by analyzing its multiple consequences throughout all social activities.

*RH:* What contributions of this edited book seem particularly important to you? How can they help to understand the current pandemic?

*CBJ:* First, historical knowledge helped to nuance the unprecedented character of the crisis: societies have handled epidemics in the past when medical solutions were still limited, and their consequences were dramatic. But it is important to remember that non-medical measures have been put in place for a long time, with some success. Today again, over the first months of the pandemic, ‘social distance’, ‘masks’, ‘isolation’ of the infected persons have been the main measures to mitigate the spread of the virus. Such measures are rather easy to implement and quickly available, as shown by the massive production of masks in the private sphere outside of industrial processes that were then not capable of providing this basic protection device. The challenge lies in the population’s willingness to adopt such measures. But overall I think that people have responded to government’s injunctions, which tends to be obscured by experts’ lack of trust in the population and by the media’s emphasis on resistance to public health measures.

Second, the pandemic is a good case study for the social theory of risk, which along Beck and Giddens writings in the early 1990s predicted the emergence of global risks that would challenge societies’ capacities to respond to such large scale crises. These writings also emphasized the difficulties to anticipate and even more so to elaborate collectively shared responses to major disruptive events. The COVID-19 pandemic not only challenges traditional risk management strategies but also emphasizes the extent of uncertainty and the obligation to make decisions with limited scientific evidence.

*RH:* Throughout this book, the role of the social sciences in the COVID-19 pandemic is emphasized. You have been interviewed by different media, but intensive care doctors, infectious diseases specialists, epidemiologists have been on the front stage in newspapers and on TV. How do you assess the presence of sociologists in the Swiss traditional media since the beginning of the pandemic?

*CBJ:* The pandemic management was foremost framed as a medical issue<sup>2</sup>. While over weeks many – from experts to members of the public – did not take the threat seriously, collective awareness emerged with the images of intensive care units overwhelmed by COVID-19 patients. The saturation of medical systems was the trigger for political action, not the World Health Organization warn-

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2 In her chapter, she indicates: « Les éléments les plus tangibles sur lesquels les décisions politiques ont finalement été prises ont été les images des services de soins intensifs encombrés et les courbes épidémiologiques et cartes interactives associées » (2020: 262). See Burton-Jeangros C. (2020) COVID-19: Une mise à l’épreuve de la gestion mondiale des épidémies, in Gamba F. et al. (dir) *COVID-19. Le regard des sciences sociales*, Seismo, 259–269.

ings or the epidemiological modelling estimates, both remaining too distant and abstract. As a result of this framing of the pandemic, the media favoured interviews with medical and public health specialists, who had more proximity with the virus, and who could comment on curves and numbers (new cases, deaths, tests, etc. ...), which progressively gained global visibility with the elaboration of dedicated websites.

However, the attention directed to the medical response, and the current focus and hopes around the vaccine, keep overshadowing the social and economic consequences of the pandemic and its management. It is true that journalists also invited social scientists to comment on the pandemic, but initial analyses confirm that they have been little present among those progressively acknowledged as COVID-19 experts in the Swiss media<sup>3</sup>. This bias can also be related to the priorities set in research funding. So far, SNF money for COVID-19 has vastly favoured medical, biological and epidemiological research. Recurrent calls of social scientists for dedicated funding for social science research on COVID-19 have not been heard yet. At the same time, it is important to emphasize that many of my colleagues and myself have initiated data collection since the spring in the context of on-going projects or as new ad hoc studies, in order to collect data along the unfolding of the pandemic and its social consequences. Such spontaneous research is however challenging due to the lack of additional resources, while the rest of our academic activities have not only remained the same, but even became more demanding as a result of the pandemic measures (as for teaching for example).

*RH:* In your chapter, you also analysed the initial management of the crisis at the international level, in particular the role of the World Health Organization. Today, it looks like WHO is more in the backstage and the management has foremost become a national issue. Could you comment on the evolution of WHO's implications over the last months and its relationships with national governments?

*CBJ:* As analysed with my colleagues Mathilde Bourrier and Nathalie Brender for the H1N1 and Ebola epidemics<sup>4</sup>, the World Health Organization is a major actor in global health issues. With the revised International Health Regulation, WHO is expected to act as a whistleblower when new epidemics are identified. It also provides guidance and standards on how to handle public health emergencies of international concern, which the COVID-19 virus clearly is. However, WHO's influence in national management strategies remains limited. Indeed expectations towards WHO are often disproportionate, since the organization cannot act as the police of national governments as some would hope so. Besides, governments often bypass WHO recommendations, as for example regarding the closure of national borders, not advised by WHO, but largely adopted by national governments in the first lockdown in spring 2020. Important expectations of coordination are also related to WHO, however here again its power is limited. The difficulties to coordinate actions between the federal and cantonal levels in Switzerland emphasize the complexity of coordination tasks. More generally, in the context of global health risks, WHO has become an easy target to blame, either for being too

3 <https://www.horizons-mag.ch/2020/09/03/sudden-omnipresence/>

4 Bourrier M., Brender N., Burton-Jeangros C. (eds) (2019) *Managing the global health response to epidemics: social science perspectives*. Routledge, Abingdon, Oxon; New York, NY.

alarmist or too slow to respond. More generally, accountability is another feature of risk management that institutions at all levels are struggling with.

*RH:* Debates about the second wave revealed the tension between economic and health priorities. This opposition is however often challenged as being too simplistic since these two realities are tightly related. Would you say that this distinction refers to the classical opposition between health defined in medical terms and health in a broader acceptance, as in 1948 WHO definition of health as a state of complete physical, mental and social well-being?

*CBJ:* I fully agree, the COVID-19 pandemic is illustrating a long-term fight about the very definition of health. Modern medical care still tends to narrowly define health in physiological terms, and in the present case, along the presence or absence of the virus. Public health expertise has fought over the years to bring into the picture a collective approach to health, as a quality also applying to populations, groups and societies. Sociology of health studies health in people's everyday settings, not within the context of hospitals or doctor-patient relationships. This broader definition of health emphasizes the importance of social contexts and resources in maintaining health and in restoring it after episodes of diseases.

Health is not only related to bodily functions but fundamentally engages individual and collective mental conditions. The toll of the COVID-19 pandemic management on the mental health of the population will be very high and likely to last. From a life course perspective, it can be considered that the timing of the COVID-19 pandemic in individuals' lives will impact the rest of their lives differently depending on their age in 2020. In that respect, younger generations, especially adolescents

and young adults, already experiencing a much more uncertain world than previous generations, are likely to be most affected. Not by the virus itself, but by what the virus did to the social organizations they live in.

*RH:* HIV is a major infectious disease that affected our societies over the last decades. From a sociology of risk perspective emphasizing social dynamics, are there commonalities between HIV and COVID-19 risks?

*CBJ:* In the early 1980s, HIV unsettled the medical confidence in its capacity to control and treat infectious diseases. Indeed HIV/AIDS initiated a succession of epidemics, creating the new domain of re-emerging infectious diseases, with its experts and institutional arrangements. More broadly, epidemics also became a cultural theme very present in fiction and movies broadcasting catastrophist scenarios. Despite this extended attention to infections, COVID-19 is today also challenging medical expertise. However knowledge acquisition and developments are much faster than they have been for HIV. At the same time, the speed of these developments does not go without problems, as shown by the amount of COVID-19 publications of very diverse quality, and is not necessarily met by public's trust, as shown by the current debates around the vaccine.

HIV and COVID-19 have very distinct biological features, however they both were initially tackled through behavioural measures, with condoms and masks as technical devices, calling to individuals' responsibility to protect oneself and others. These two epidemics also have in common to exacerbate social inequalities, those with less resources are more affected by the virus, but also by the associated socioeconomic measures. These

elements confirm that health and disease are as much social as biological issues, thus calling for a framing going beyond the medical perspective and analyzing the tight interactions between the social fabric and biological events<sup>5</sup>.

*RH:* Thank you very much for your time and stimulating reflections!

5 In her chapter's conclusion, Claudine Burton-Jeangros highlights the following: «l'importance d'appréhender la pandémie en tant que crise sociale, car la santé et la maladie sont toujours et partout des entités sociales autant que biologiques» (2020: 269)