

How does the COVID-19 Pandemic Affect the Politics of Comparing Capitalisms?

Our political aims and views are never neutral as they are moulded by our knowledge production and dominant societal narratives (Bruff, 2021, p.1285). The choices we make when comparing capitalisms are shaped by our politics and reinforced by dominant epistemological frameworks, such as Eurocentrism, that is evident when we compare capitalisms in Europe and Africa. This essay will seek to demonstrate the harm of Eurocentric beliefs in reinforcing colonial narratives and neoliberal policy through the juxtaposition of Tanzania and Sweden. This essay aims to make clear through the COVID-19 Pandemic, the need to tackle Eurocentrism in our analysis of comparing capitalisms.

When the Pandemic started, the Western academia and media predicted Africa would suffer. For example, Imperial College London predicted more than three million COVID-19 deaths in Africa by June 2020, instead Africa experienced 225,000 deaths up to December 2021 (Happi and Nkengasong, 2022). Even with around 500 million less people, Europe suffered a greater amount of loss of life due to the COVID-19 Pandemic than Africa (Worldometer, 2022). 464,000 deaths happened in the United Kingdom, Germany and France alone (John Hopkins Coronavirus, 2022). One reason for this is that African states were prepared due to recent experience of epidemics, possessing competent infectious disease surveillance, public health campaigns and innovative prevention measures (Happi and Nkengasong, 2022).

Firstly, it will be theoretically argued that Eurocentrism affects how we compare capitalisms. Secondly, neoliberalism will be defined to explain its consequences for public health. Juxtaposition and the neoliberalism of Tanzania and Sweden will be explained. Then, this essay will juxtapose the public health responses of Tanzania and Sweden to disrupt

Eurocentric narratives and to find peculiar resonances that are hidden through Eurocentrism. It will be argued that both sought to achieve herd immunity, an unproven neoliberal idea that seeks societal immunisation with minimal impact on economic activity with no major preventative measures (Loo, 2021). The Western media hailed Sweden's approach as scientific and innovative, whilst Tanzania's was deemed dangerous and backwards (Loo, 2021). It will be argued that Eurocentrism shapes not only Tanzania and Sweden's strategies themselves but how we analyse their COVID-19 strategies. This essay will demonstrate how Eurocentrism influences the way we compare capitalisms. If Eurocentrism is decentred from our analysis of capitalisms, we can understand better how it is reinforced continuously and find important factors for why the responses to COVID-19 had different outcomes.

Eurocentrism concerns the language of cultural and historical European superiority (Blaut, 2000, p.xi). Eurocentric thought assumes a universalism in European ideas of progress, civilisation, and knowledge (Wallerstein, 1997, p.94). This leads to 'Eurocentric diffusionism', which installs the thinking that non-European civilisations are uninventive and require European ideas to progress, dismissing native knowledge (Blaut, 2000, p.xi, pp.5-7).

As Mark Rupert (2000, P.43) argues, capitalism 'is premised upon accumulation for its own sake, endless accumulation; and, as such, it recognizes neither spatial nor social boundaries'. This is done through globalisation, 'a global hegemonic project seeking to institutionalise and expand global capital' and the current face of globalisation is neoliberalism (Bruff, 2005, p.275).

Neoliberalism is authoritarian in nature as Bruff and Tansel (2019, p.234) argue, for it enforces is adoption of free markets, privatisation and financialisation as it seeks to

accumulate capital by maintaining dominance through 'practices that seek to marginalize, discipline and control dissenting social groups and oppositional politics'. We must understand neoliberalism as having authoritarian tendencies to promote market individualism and capital accumulation, to stop the Eurocentric dualism of neoliberal capitalism in the Global North and authoritarian 'developmental' capitalism in the Global South (Bruff and Tansel, 2019, p.235).

The idea of 'development' shows how Eurocentrism and neoliberalism reinforce one another. By 'development', the political sciences dominantly suggests that countries should follow the neoliberal economic model for economic prosperity, provided by Western economists. Eurocentrism promotes neoliberalism as the best way to 'develop', meanwhile neoliberalism embeds narratives of Western progress and superiority. We can reorientate our analysis through juxtaposition to make sure how we compare capitalisms is not stuck in the Eurocentric narratives of progress and the desirability of capitalism everywhere.

By juxtaposition, this essay is using an alternative to comparison defined by Juliet Hooker (2017, p.13). It is a method of analysis where two supposedly opposites are placed side-by-side (Hooker, 2017, p.13). James Martel (2019, p.614) explains juxtaposition is able 'to decenter what otherwise seems thoroughly determined through an exercise of putting unlike with unlike, albeit connecting them through some common term or quality'. This disrupts dominant narratives of analysis and instead makes the two cases and their relationship 'strange and new', allowing us to see the hidden complexities and contradictions in the cases.

This essay will juxtapose the neoliberal public health responses of Sweden and Tanzania to show that the COVID-19 Pandemic has affected the politics of comparing capitalisms. By aiding 'us to think beyond existing boundaries of knowledge', juxtaposition sheds light on false assumptions and unusual patterns that help us to comprehend perceived contradictions better (Roberts, 2019, p.605). The aim of this juxtaposition is to demonstrate how Eurocentrism reinforces colonial narratives of progress and knowledge in analysing capitalisms. It will show how Eurocentrism helps neoliberalism stay dominant and sheds light on the patterns of neoliberalism in public health.

In 1967, Tanzania adopted a state-led development strategy where the creation of state-owned enterprises, nationalisation and public ownership were key (Kessy, 2020, p.401). This changed under Ali Hassan Mwinyi in 1985 with a turn towards neoliberal development through the implementation of structural adjustment programmes (Ahl *et al*, 2020, p.12). As Ahl *et al* (2021, p.12) explain, 'changes included trade liberalisation, deregulation in foreign direct investments' and the transfer of land from villagers to investors. Part of Tanzania's current development plan aims to charm investors, for example, 'The Central Corridor Project' aims to boost competition and make central Tanzania more desirable for foreign investment in land and industry (Bersaglio and Enns, 2020, p.111).

Inequalities were maintained and exacerbated, there has been no natural outcome of equality. For example, women are more likely to either have multiple jobs or be in non-paid work compared to men (Ahl *et al*, 2021, p.9). These gendered inequalities widened during the Pandemic. Maasai women were more at risk at catching COVID-19 than men because of precarious working conditions and were subject to dangerous practices like genital mutilation (Hardy and Otenyo, 2022, p.148). During the COVID-19 Pandemic, inequalities

maintained by neoliberalism were worsened across the world and Tanzania was no different.

The Eurocentric narrative of progress and knowledge has been reinforced during the COVID-19 Pandemic by the perception of African states being 'scientific' and therefore less prepared to tackle a pandemic. This was reinforced by Tanzania's approach, for while in March public gatherings were banned and schools closed, President Magufuli later made wearing face-masks illegal, refused to share data with WHO and declared the end of covid in June 2020 (Carlitz *et al*, 2021, p.564, Hardy and Otenyo, 2022, pp.143-147, Marsland, 2021, p.410). Tanzania's approach was to deny COVID-19's existence and ultimately aim for herd immunity, in a bid to counter the imperialism and control of the West. Tanzania is being told how to manage the Pandemic just like it is told how to 'develop' their economy by Western multilateral organisations (Loo, 2021). The lack of cooperation with the WHO before President Magufuli's death in March 2021 can be interpreted as resistance to continuing colonial power dynamics (Hardy and Otenyo, 2022, p.143). Eurocentrism has continued colonial relations of power and knowledge production, shaping the Tanzanian approach and how we interpret it.

Tanzania's approach to COVID-19 was shaped by neoliberalism, which was promoted in Tanzania through 'development' by Western colonial powers. Tanzania's strategy needs to be analysed in context of other neoliberal countries which promoted 'herd immunity', such as Sweden (Ahl *et al*, 2021, p.16). On a state level, President Magufuli's COVID-19 'denialism' was an early precursor for the idea of 'living with covid', which has become popular in 'developed' neoliberal states. As Kho (2022, p.40) argues, 'living with Covid, as with neoliberalism, is unabashedly social Darwinian in character'. Neoliberalism subjects

public health to its market individualistic norms, creating a 'survival of the fittest' approach instead of a collective strategy, harming people in the name of economic freedom.

Tanzania's approach needs to be placed within the context of global neoliberalism, rather than dismissed through Eurocentric assumptions about scientific knowledge in Africa. (Mair, 2020, p..559).

However, as Kessy (2020, p.408) explains by examining Tanzania's political economy through the coffee industry, Tanzania's political economy has not just been shaped by structural adjustment programmes but by its socialist history of cooperatives and a strong government-controlled regulatory board. Neoliberalism is not the only force shaping Tanzania's capitalism. To understand Tanzania's strategy to deal with COVID-19, we need to acknowledge that its strategy is moulded by its different histories and social processes, not just by its power relations with Western powers.

As Carlitz *et al* (2021, p.574) argue, 'relying solely on media reports available in English or international data sources may lead to the conclusion that Tanzania did not take the coronavirus pandemic seriously'. We need to go beyond Eurocentric narratives and analyse local factors, such as recent experience of epidemics and the system of governance in Tanzania to comprehend why Tanzania did not meet European predictions (Carlitz *et al*, 2021, p.574). Local officials in Tanzania can interpret national law, meaning many did impose COVID-19 guidelines and were effective because 'local officials are often more trusted than federal officials and have better knowledge of what is happening on the ground' (Carlitz, *et al*, 2021, pp.573-575). Carlitz *et al* (2021, pp.573-575) explain that direct community outreach and educational programmes on COVID-19 conducted in 'churches, mosques and food service provision areas' involving local and religious leaders helped to

communicate information on COVID-19 and social distancing without causing panic. Public health therefore is not just controlled through neoliberal state logic, but through community networks and local governments that understand the importance of health to society. Secondly, Tanzania has recent experience of dealing with epidemics and they could build on these existing networks and mechanisms (Carlitz *et al*, p.573). Lastly, the impact of Covid-19 upon the population of Africa has been different to that of Europe due to demographic difference, for example the average age in Tanzania is eighteen, whilst Europe's average age in forty-two and a half (Worldometer). As COVID-19 affected the elderly the most, Tanzania arguably was already more prepared. This disrupts the narrative that Africa was less prepared than European countries.

Current European prejudice towards African knowledge of herbal medicines, such as miti shamba is an example of the continuity of colonial narratives (Hardy and Otenyo, 2022, p.149, Carlitz *et al*, 2021, p.575). The Tanzanian Maasai community used herbal medicines and followed public health advice to deter the virus (Hardy and Otenyo, 2022), p.149). However, this is seen as a contradiction because it combines the scientific with the non-scientific. Herbal medicines have been used for decades to combat diseases, one reason being that the poor cannot afford to go to hospital, making home-remedies necessary (Carlitz, 2021, p.561). To understand the Tanzanian approach to the Pandemic, an analysis is required of how local knowledge and organisational structures played an important role in protecting public health. This essay has shown how Eurocentric narratives of European progress, knowledge and diffusionism to aid 'helpless' Africa are reinforced when considering public health responses. Through a non-Eurocentric analysis, we can better judge the Tanzanian approach to the Pandemic by analysing neoliberal and local factors. Juxtaposition avoids Eurocentric assumptions made when comparing capitalisms.

As Kärrylä (2021, p.310) explains, the 1980's saw a shift in Sweden, 'from democratic planning and steering to supporting private business and its profits as main sources of investment and employment'. Sweden liberalised capital flows and embraced credit, following the belief that the economy is a 'private sphere of free individuals, whose regulation... is based on objective knowledge' (Kärrylä, 2021, 314). This served to separate the political sphere from the economic, encouraging the privatisation of sectors, such as healthcare that were previously deemed unprofitable (Kärrylä, 2021, P.315). Neoliberalism shifted the organisation of the economy from an emphasis on the collective to the individual (Kärrylä, 2021, p.315). The move towards neoliberalism left the country vulnerable to a pandemic where collective action is necessary.

The Swedish healthcare sector has been marketized for profit-maximisation in exchange for quality care, showing that neoliberalism is deeply embedded within approaches to protecting public health (Barry *et al*, 2021, p.542). Values of efficiency and competition have replaced ethical human values representing the commodification of care (Mulinari *et al*, 2021, p.5). As will be shown, neoliberalism has exploited nurses, creating a social care crisis that part of a wider trend of precariatization and cost-cutting (Mulinari *et al*, 2021, p.10). As will be argued, neoliberalism's relationship with public health significantly shaped the response to the Pandemic in Sweden.

The effects of this Eurocentric and neoliberal approach are clear in the elderly care sector. Over the years, the residential care sector has become more privatised. Neoliberalism has caused the exchange for market efficiency over quality care, creating 'high staff turnover, low staff education, and poor hygiene routines' leading 'to the failure to prevent the virus from spreading in this sector where a high percentage of all Covid-related deaths occurred'

(Blomqvist, *et al*, 2022). Elderly patients were often not hospitalised to avoid overwhelming hospitals, putting further strain on care homes (Dewan, 2021). The strategy prioritised 'end of life care' over saving elderly people's lives, as Dewan (2021) highlights, 'many patients were given morphine rather than oxygen, effectively euthanising them'. Neoliberalism affected the COVID-19 response in two ways, by causing the care sector to be unprepared for a pandemic due to exchanging quality care for profit maximisation and shaping the strategy through neoliberal norms.

Sweden's approach was not backed by the scientific community and proved costly to human life. Yet, media outlets, such as the Financial Times called it a 'scientific experiment' or 'model', framing a supposedly 'innovative' European alternative approach to the Pandemic as acceptable, due to the image of Europeans as the founders of scientific knowledge (Milne, Financial Times, 2020). By August 2020, the death count was around 5,800, ten times more than its neighbour Norway after adjusting for population size (Dewan, 2021). As Dewan (2021) explains, the approach effectively involved allowing the virus to spread amongst the population, whilst the vulnerable isolate and fight for themselves to create herd immunity, in other words a neoliberal 'survival of the fittest'. Herd immunity is now certainly impossible because of high Omicron reinfection rates, but it always looked too difficult to achieve (Sridhar, The Guardian, 2022). The interpretations of this neoliberal hyper individualistic strategy were shaped by Eurocentrism, framing a harmful neoliberal approach as innovative and scientific.

European exceptionalism meant there was more questioning of overseas data than Sweden's strategy, causing failures in public health. Anders Tegnell and the FoHM led a rigid health nationalist approach to the Pandemic, where no questioning was allowed, showing

the authoritarian tendencies in neoliberal governance (Dewan, 2021). One reason for the appraisal of the approach within Sweden is the Law of Jante, as Dewan (2021) explains, 'the Law of Jante in Sweden has enabled collective denial of the unethical and inadequate ways in which Sweden has handled the Covid-19 pandemic'. This Scandinavian value has merged with neoliberal individualism in Sweden. Despite the COVID-19 strategy being based on individualism, no one was allowed to criticise the approach. Therefore, Eurocentrism in the strategy was not allowed to be questioned. This allowed Eurocentric thought to embed itself in the Swedish approach. For example, Sweden ignored signs of asymptomatic transmission because Tegnell was suspicious of the data from China (Dewan, 2021). Eurocentrism moulded this neoliberal strategy. Meanwhile narratives maintaining ideas of Europeans as the holders of scientific knowledge and progress were reproduced when comparing and analysing different COVID-19 approaches across the world.

Narratives of Westerns superiority are clear to see in the differing treatment between Tanzania and Sweden (John Hopkins Coronavirus, 2022). By juxtaposing Tanzania and Sweden, we break Eurocentric narratives surrounding Western progress and demonstrate how due to neoliberalism, herd immunity was the main goal in both countries. It could be argued neoliberalism is more embedded in Sweden's public health approach than Tanzania's, but ultimately the states' aims were similar. Secondly, we cannot ignore that Tanzania has fared better during the Pandemic, yet the dominant Eurocentric narrative says the opposite. As Loo (2021) argues, 'What COVID-19 offers is a prism through which imperial narratives of disease and contagion rooted in colonial histories are refracted in the present moment'. It has shown us our politics of comparison is wrapped up in Eurocentric and colonial narratives, where Europe is innovative and scientific and Africa is backwards and

helpless. We need to address these narratives when comparing capitalisms to not reinforce them.

The COVID-19 Pandemic has shown Eurocentrism has maintained neoliberalism and colonial power relations and if we do not go beyond Eurocentrism when analysing capitalisms, we will reinforce these dominant narratives. Through juxtaposition, we can comprehend why countries' public health suffered to different extents from the COVID-19 Pandemic and evaluate the different relations between neoliberalism and public health across the world.

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