A Look into the New Normal

Fulbright Bulgaria alumni sharing perspectives on the challenges posed by the Covid-19 epidemic
This Newsletter is dedicated to the challenges the Covid-19 epidemic poses. It is published by the Bulgarian-American Commission for Educational Exchange (Fulbright) in print and electronically. The articles reflect the private opinions of Fulbright Bulgaria alumni from a variety of disciplinary perspectives. Opinions expressed by the authors are their own and do not necessarily represent those of the Bulgarian-American Commission for Educational Exchange. While every effort is made to ensure the accuracy of the material in this publication, the Bulgarian-American Commission for Educational Exchange does not accept liability for any errors or omissions.

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When the Covid-19 pandemic struck, it turned many aspects of our lives upside-down – and the Fulbright program was no exception. The US Fulbright program was suspended worldwide in March 2020, and US grantees around the globe were evacuated or chose to shelter-in-place, while foreign grantees in the US finished their degrees and research projects online, often from their home countries. The ongoing pandemic continues to be a challenge for the Fulbright program – the start of the 2020-21 academic year has been pushed back to January 2021 for most grantees, while others will begin their studies online in the fall before traveling to their host institutions.

Yet despite all these challenges and setbacks, there has been a silver lining – the coronavirus crisis has given us an opportunity to come together as a community and recognize how Fulbrighters across all academic and professional disciplines are on the frontlines helping fight the pandemic. A number of Fulbright Bulgaria alumni have also been featured on the FulbrightSplitScreen global blog (https://fulbrightsplitscreen.com/) hosted by Fulbright Israel, which provides a platform for fresh thinking about the challenges the Covid-19 epidemic poses, reflecting on the challenging relationship between technology, science and society.

Thanks to all the Fulbright Bulgaria alumni who submitted articles for this special edition – we salute your commitment and dedication to improving your local and global communities.

Angela Rodel
Executive Director
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Viruses As Strange Creatures

By Prof. Ivaylo Alexiev
Fulbright Visiting Scholar, University of Florida at Gainesville, academic year 2017-2018

When I just started my virology course, viruses seemed to me so plain and uninteresting

Is It Alive or Not?

What strange creatures viruses are – according to some classifications they do not even fit the definition of a living organism and as stated by the modern notion of the origin of life, they are the most ancient representatives of living organisms from which everything began.

I remember when I just started my virology course at the Department of Biology at the University of Sofia St. Kliment Ohridski, viruses seemed to me so plain and uninteresting. Ironically, my professional career path took me into their world and now my attitude towards viruses is marked by great respect.

They Can Make Us Sick and Kill Us

During my virology studies and currently as Head of the National Reference Confirmatory Laboratory of HIV at the National Center for Infectious and Parasitic Diseases in Bulgaria, I see the importance and impact of viral diseases on infected individuals and society. In fact, in recent years as well as in the distant past, there have been many outbreaks and epidemics that seem to have passed somewhere “out there,” but those who have been affected and struck by the virus diseases have suffered severely or died.

Viruses Can Pass from One Species to Another

As a virologist working on HIV, I know that viruses can “jump” from one species to another. This is what has happened with the virus that is the focus of my work, a primate virus SIV, which crossed the cross-species barrier and passed onto humans, evolving in a way that has allowed it to spread from human to human. This virus is now known as HIV.

In fact, some of the most pathogenic viruses that are well known to us are viruses that have recently crossed the cross-species barrier including influenza, HIV, Ebola, Lyme disease, Marburg and many more.

I was fascinated by the opportunity to explore the transition of animal viruses to human viruses. This quest took me twice to the United States. The first time in 2013 I participated in the Division of HIV/AIDS Prevention, CDC, Atlanta, GA and the second time in 2018 thanks to the Fulbright scholarship award I vis-
edited the Emerging Pathogens Institute, University of Florida, Gainesville, FL. What is fascinating to me in the studies we conduct – called paleovirology – is the ability to look into the genomes of current as well as of ancestral viral strains and in order to look back into the past, when events leading to speciation occurred.

**We Are at the Top**

Over the past decades, a lot of advanced medicines have been developed to cure us of infectious diseases, while many vaccines have been developed to protect us from becoming ill at first place. And the result is that we have become overconfident to the extent that some have assumed that a number of very bad diseases are long gone in history and they exist only on paper in the old textbooks.

**SARS and MERS Warnings**

In 2002–2004 there was an outbreak of a new disease called Severe Acute Respiratory Syndrome (SARS), caused by a coronavirus of zoonotic origin now known as SARS-CoV-1. Scientists traced the virus through the intermediary of civets to cave-dwelling horseshoe bats in Yunnan province, China.

Middle East respiratory syndrome (MERS) is another coronavirus of zoonotic origin that caused respiratory infection (MERS-CoV). The first identified case occurred in 2012 in Saudi Arabia. Larger outbreaks have occurred in South Korea in 2015 and in Saudi Arabia in 2018. MERS-CoV is a coronavirus believed to originate from bats. Humans are typically infected from camels and the spread between humans requires close contact with an infected person.

The SARS death rate was 9.5%, and for MERS the death rate was about 35%. Fortunately, the spread of these two pathogens was self-limited over time and nowadays both viruses are no longer in circulation.

**COVID-19 (SARS-CoV-2) Takes the Stage**

The fall and winter of 2019 seemed calm and we worked on routine diagnostics and calmly prepared our plans for upcoming scientific projects and winter vacations. Meanwhile, day after day, COVID-19 (SARS-CoV-2) was taking the stage.

The first official announcement of the new disease appeared on 31 Dec 2019, when Wuhan Municipal Health Commission in China reported a cluster of cases of pneumonia in Wuhan, Hubei Province. A novel coronavirus was eventually identified and then events followed one after another. However, according to media reports on unpublished Chinese government data, the first case of someone suffering from
Covid-19 can be traced back to 17 November. In 13 January 2020 was reported the first COVID-19 case outside China in Thailand. On 22 January 2020, WHO mission to China issued a statement saying that there was evidence of human-to-human transmission. On 30 January 2020, WHO reported that the outbreak constituted a public health emergency of international concern and declared a novel coronavirus outbreak (2019-nCoV).

On 11 March 2020 WHO made the assessment that COVID-19 could be characterized as a pandemic.

In the first days in the lab, the shock was enormous, due to the lack of specific drugs to treat the illness, but also the lack of diagnostics to test patients, determining whether they were infected with SARS-CoV-2. We heard the same concerns coming from all over the world: there were no tests available. We called our familiar experts in different countries and discussed what tests they were using, which one worked, which gene of the virus was suitable for testing. There was constant work from dusk till dawn, and at night we could not sleep from the tension and overwork, there was panic: it was a pandemic, it was happening, and it was real.

So far, Bulgaria is doing well, an achievement that will be fully appreciated over time

In Bulgaria, the first COVID-19 case was confirmed on 13 March 2020. Under the leadership of experienced infectious disease experts, the government has taken urgent measures to curb the spread of the virus and so far, Bulgaria is doing well, an achievement that will be fully appreciated over time.

Of course, we have rolled up our sleeves, industry has turned on at a rapid pace, and things will gradually return to normal. After all these trials, it only makes sense to learn to be more prepared for the next outbreak. The story does not end here, we have a lot to learn.

References:
https://en.wikipedia.org/wiki/Severe_acute_respiratory_syndrome#cite_note-:1-3
https://en.wikipedia.org/wiki/Middle_East_respiratory_syndrome

About the Author

Assoc. Prof. Ivaylo Alexiev is the Head of National Reference Confirmatory Laboratory of HIV at the Department of Virology with the National Center for Infectious and Parasitic Diseases. NRCL of HIV participates in national and international scientific studies and projects to monitor HIV drug resistance and introduction and spread of different HIV genotypes in Bulgaria and other European countries. Laboratory of HIV participates in national and international congresses and collaborates with other laboratories and research institutes in Bulgaria and other countries. Prof. Alexiev specialized as a Fulbright scholar in AY 2017-18 at the University of Florida Gainesville and upon return is an active member of the Bulgarian Fulbright Community.
COVID-19 is an infectious disease caused by the new zoonotic SARS CoV-2 coronavirus. In severe cases, the virus causes acute respiratory distress syndrome leading to lung complications, pneumonia and often to death.

Children are considered to be less vulnerable to SARS CoV-2 infection despite the fact that they are as likely to be infected as adults. Most of the children have mild symptoms or are asymptomatic, but they can harbor the SARS CoV-2, being positive.
for up to 28 days in nasopharyngeal and stool samples. Usually children with COVID-19 are diagnosed as contact persons of infected family members. As most of them easily overcome the infection, they rarely require hospitalization and their health status is not followed up on after recovery. Pediatricians are concerned about the lack of systemic studies on the pediatric population infected with SARS CoV-2 because of the possible bias in conclusions about the course of the disease in children and neglected future complications potentially important for children's development.

Recently, scientists have become interested in why children are more resistant to SARS CoV-2 infection, as this might provide a solution for successful antiviral drugs and vaccine design. Herein I would like to underscore and discuss some hypotheses.

The first hypothesis is that children's immunity is unable to efficiently mount the "cytokine storm" characteristic for severe illness in adults.

In COVID-19, the immune response is dynamic and involves both innate and acquired immunity. It begins as a protective immune response against the virus with initial activation of innate immunity that tries to limit the infection and eliminate the virus-infected cells. If innate immunity "deals" with the viral infection, the mechanisms of resolution are turned on and the individual recovers from infection. If the immune system fails to stop the infection, it immediately delivers the signal to activate acquired immunity in order to generate virus-specific lymphocytes. The instruments of specific anti-viral immune responses are cytotoxic lymphocytes that recognize and lyse virus-infected cells and neutralizing antibodies that...
bind directly to and clear the virus from the mucosal surfaces and blood. The advantages of acquired over innate immunity are the specificity with respect to the virus and the ability to generate memory lymphocytes reacting faster in response to repeated viral infections. The described protective immune response occurs in adults as well as in children. However, in children lymphocytes still undergo maturation steps in bone marrow and the thymus, and the acquired immunity is “educated” to respond to various pathogens unmet before since birth.

In critically ill patients, the virus infects numerous cells, leading to large amounts of virus on the mucosal surface and in the intracellular space of the lungs, causing an overwhelmed protective immune response that damages the lung tissue, induces lung dysfunction and finally leads to acute respiratory syndrome. In this scenario the immune reactions are mediated again by both innate and acquired immunity and are observed in both adults and children. Thus, children can also experience the “cytokine storm” as a result of hyper-activated immune reactions where high level of cytokines (small molecules used to deliver signals between and to immune cells for activation, maturation and differentiation) and mediators are produced and secreted by immune cells. Excessive cytokines also paralyze the lymphocytes and promote their extensive cell death (patients with acute respiratory syndrome had decreased numbers of lymphocytes in their blood), causing immunosuppression and an additional failure to overcome the cytokine storm. Children can similarly experience acute respiratory syndrome, but they may cope better than adults with this acute condition as fewer lymphocytes are engaged in the overwhelmed immune response and thus are less prone to severe immunosuppression.

The second hypothesis is that the immune signature in children is less prone to senescence (deterioration) in comparison to adults.

Children are exposed to many pathogens causing respiratory infections during their first eight years of life, and their immunity appears to be a ‘quick learner’ and ‘an expert’ in managing various infections. In fact, children are exposed to many pathogens causing respiratory infections during their first eight years of life, and their immunity appears to be a “quick learner” and “an expert” in managing various infections. Thus their ability to cope with infectious agents (including SARS CoV2) better than adults is a natural experience related to aging.

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Over the past decades much data has been accumulated indicating that the innate immune system is not simply an evolutionarily older immune system, but rather that it is a type of immunity that shapes the acquired immune responses and acts according to its own rules. The heterogeneity discovered in certain immune cell populations such as macrophages, neutrophils and innate lymphoid cells and the variety in pattern recognition of innate receptors indicates that innate immunity is much more complex than previously thought and it has an unexpected plasticity. Macrophages are the main innate immune cells that are affected by cell senescence in aging. They acquire the inflammatory phenotype when they become senescent and are responsible for chronic inflammatory conditions in adults. Macrophage populations residing in the organs also progressively lose their regenerative capacity. In newborns and children, lung macrophages originate from the yolk sack, the fetal liver and the bone marrow. The populations originating from the fetal liver, however, have strong self-renew potential and are important for starting a healing program after lung injury or infection and for limiting uncontrolled inflammation, but this ability progressively decreases with aging. Instead the population originating from the bone marrow repopulates the organs and plays a key role in the initiation of immune responses. During aging these macrophages may lose their plasticity, being in an inflammatory senescent state that can contribute actively in the uncontrolled immune response in critically ill SARS CoV-2 adult patients.
The third hypothesis is that the infection affects the upper respiratory tract in children (nose, mouths, and throats) and involves the lower airway to a lesser extent.

This hypothesis is based on the fact that children infected with SARS CoV-2 have a productive cough without the shortness of breath and severe congestion of the lung alveoli observed in adults. Children show more cold-like symptoms and in some cases have developed concomitant bronchiolitis. They also have a respiratory system that is still developing since birth and through childhood. Children’s lungs start to form in the womb and continue to develop until early adolescence. At birth, a baby has around 20-50 million air sacs, which increase quickly in number for two years. Their airway system is covered by a specific surfactant, a mixture of fats and proteins that help to prevent the collapse when exhaling; but after birth, this begins to change. The lungs continue to develop slowly in size and volume until the teenage years, reaching 200 million air sacs. Therefore, one of the reasons children may have less severe infections might be that the number of alveoli is smaller and the virus infects fewer cells than in adults, since it resides mainly in the upper respiratory tract in children. In addition, children may have fewer ACE2 receptors (the cell receptor that serves as a ligand for the spike S protein of SARS CoV-2) on their surfaces in comparison to adults. This may slow or limit the viral penetration and spreading. Also, children typically have not been exposed to as much cigarette smoke and air pollution as adults, conditions that may complicate a respiratory infection.

At the moment, pediatricians and researchers are focusing more on the SARS CoV-2 infection in children. Some reports link COVID-19 with acute complications similar to Kawasaki disease, indicating that the mild symptoms in children should not be neglected and that their health should be monitored for at least one year after being infected. Large-scale studies are urgently needed because they will be important when making a decision about opening the schools again.

About the Author

Associate Professor Petya Dimitrova is an immunology expert with 52 peer-reviewed publications in the field. Dr. Dimitrova has a degree in Molecular Biology and Immunology and has specialized at the Rheumatology Clinic III at the University of Erlangen, Germany. After her return to Bulgaria she was awarded a NATO Re-Integration Grant followed by a mobility grant from the National Science Fund to visit the Faculty of Pharmacology and Physiology at La Sapienza University, Rome. In 2010 she became a Senior Researcher in Immunology at the Stephan Angeloff Institute of Microbiology, Sofia, Bulgaria. At present, Dr. Dimitrova is focused on demonstrating the cartilage- and bone-degenerative potential of neutrophils in joint inflammatory and degenerative diseases. She is also interested in novel immunotherapies and naturally-derived active substances. She is currently funded by a National Science Fund grant to investigate the therapeutic potential of several sirtuin inhibitors and activators on arthritis complicated by flu infection. She was awarded with a Fulbright Scholar Grant in 2017 to visit Professor Jennifer Westendorf’s Laboratory of Regenerative Medicine, Department of Orthopedic Surgery at the Mayo Clinic in Rochester, Minnesota.
The shutting down of businesses and scaling back of operations across the country have resulted in millions of newly unemployed Americans. Unsurprisingly, emergency food providers such as food banks and pantries are witnessing a surge in people utilizing their services. These are single parents who have lost their only stream of income with no notice, and dual-income households who have been reduced to single-income—or no income—households just as suddenly. These are families who can no longer count on their children receiving free weekday meals at school, and senior citizens who face heightened health risks among the crowds at supermarkets. These are college students and people in minimum-wage service jobs who haven’t had an opportunity to build up savings that could tide them over in an emergency. A broad section of our population has suddenly found themselves in a tight spot when it comes to food access.

We may be quick to explain this heightened food insecurity by classifying the pandemic as an extraordinary circumstance. Although it is extraordinary, it reveals the fragility of our status quo. Feeding America estimates that 40 percent of people using food banks and pantries across the country right now are doing so for the first time. In truth, it doesn’t take something as devastating as a global pandemic for most of these individuals to need assistance; in most cases, it only takes one small thing: one emergency, one paycheck missed, one unexpected medical bill. This issue is looming larger on our radar in the throes of the pandemic simply because it’s affecting so many at once, and so many for the first time ever.
But in non-pandemic times, how much of a priority is food security in our country? To group the populace into those who are in need and those who are not is gravely off base. Living one or two paychecks away from being unable to afford enough food is not sustainable, as the current situation demonstrates. The COVID-19 crisis is exposing us for allowing a stunning proportion of our population to live at a level where they are just getting by.

Food banks are stepping up to meet the need fueled by the pandemic but are finding themselves stretched to the limit. In my own role at a food bank serving the metro DC region, I am tuned into the many ways our team is pivoting operations daily to move food and resources to the places impacted most heavily, with the added challenge of doing so in a manner that doesn’t endanger the health of community members or staff. This is compounded by a decline in volunteer support due to social distancing guidelines and a sharp drop-off in food donations by retail stores, whose shelves are now being picked bare.

Food banks are running out of items in real time as they push out thousands of pounds to churches and community centers in hard-hit areas that are able to stay open. As many food banks purchase truckloads of food outright to supplement the increased need, weeks-long shipping delays present an additional challenge. We are facing an unprecedented situation.

In times of crisis, there will always be a need for emergency response, and that is precisely why we have an infrastructure of food banks, soup kitchens, and other providers in this country. However, we have reached a point where a segment of our population is routinely reliant on these “emergency” providers. Meanwhile, as the current scenario reveals, another segment of us are bobbing along with our heads just above that threshold.

Food insecurity in this nation is all of our problem, not just the people standing in pantry lines. And it is a problem every day, not just when we’re in the middle of a pandemic. It matters deeply if people can access food, what kind of food they can access, how much, and how frequently.

The economic cost of food insecurity and malnutrition is significant. A study by the Centers for Disease Control identified 51.8 billion dollars in excess healthcare expenditures resulting from food insecurity in 2016 alone. While this is an outrageous number to begin with, the true cost is much greater, as hungry students are less attentive in school, which creates ripple effects into their future: lower test scores, fewer opportunities, lower-paying jobs, and lost productivity in the workplace. And this cycles through generations, resulting in a compounded effect that evades calculation. We will never know the value of a book not written, a cure not discovered, or a new height not reached in our world because someone...
never had a fair chance to grow up healthy and reach their full potential.

The emergency food system should be for just that: emergencies. And in a wealthy and developed nation such as ours, nobody’s everyday life should involve the question of if and where they will get their next meal. It hardly seems acceptable that in our country of abundance and excess, we have actual food deserts—geographical areas characterized by a lack of fresh food retailers. We areshouldering the costs of food insecurity one way or another, whether we invest in upstream solutions or continue to pay the repercussions costs of malnourishment, under-nutrition, and diet-related disease.

The COVID-19 crisis is shining light on a systemic issue that deserves year-round attention and urgent action. When the pandemic subsides, food banks will surely breathe a sigh of relief, but they will continue to be a fixture of everyday life for 37 million Americans. As a nation we have continued to call food insecurity acceptable while prioritizing other issues; now in an emergency, our response system is being pushed beyond the point where it can effectively serve everyone who needs it. Time will tell whether our priorities will shift to reflect the true importance of this issue after coping with the full effects of the current crisis.

3 https://www.cdc.gov/pcd/issues/2019/18_0549.htm

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### About the Author

**Amanda Mayer** holds a Bachelor’s degree in Political Science from the University of Central Florida in Orlando, where she was born and raised. She was a Fulbright English Teaching Assistant in Bulgaria from 2017-2018, where she taught conversation classes for 8th through 11th grade students at Yordan Radichkov English Language High School in Vidin. She currently works in Washington, D.C. coordinating a food access program for senior citizens across the metro area. Her future career plans center on the promotion of equitable food policy.
Covid-19 has laid bare the failures of our current economic system. Markets alone cannot meet the needs of the masses, nor can they adequately deal with the global crisis at hand. As a result, progressive ideas that once seemed farfetched are becoming reality. In Spain, private hospitals have been placed under the control of regional health authorities. In the United States, emergency Universal Basic Income (UBI) starting at $1,200 is being sent to some Americans. Certain states are classifying grocery store employees as “emergency workers,” so they can receive increased benefits such as childcare. As a Tory minister in the United Kingdom’s Parliament said, “We’ll find ourselves implementing most of Jeremy Corbyn’s programs.”

Leaders across the world are embracing government intervention aimed at rescuing economies and buoying displaced workers until a sense of normalcy returns. But what will our new normal be when the pandemic ends? Will we return to this system of exploitation and profit maximization that collapsed and abandoned the multiracial working class when tested by a global crisis? Or will we finally embrace politics of solidarity, not as a lifeboat, but as the most viable path toward economic and social equality?

A political system built on a foundation of solidarity can be hard to visualize. To help, ask yourself this question – are you willing to fight for someone you don’t know as much as you are willing to fight for yourself? This was asked by U.S. Senator Bernie Sanders at a rally in late October 2019. This seemingly simple phrase is the essence of the fight for a more just economic and political future. It is an invitation. It asks everyone to look around and recognize that we are in this fight together, but we are only as strong as the most vulnerable amongst us. It is a clarion call to give everything we can to fight for the rights of fellow human beings.

Sadly, this is not how our current political and economic system functions. Our system is intensely al-
iating and atomizing. It ascribes value to people by the output of their labor and eliminates avenues toward common understanding. It crushes the potential to grow and nurture empathy. More cynically put, the pulverizing effect of the system eliminates a possibility of solidarity and then presents the resulting class alienation as completely “normal.” This grim reality means the global, multiracial working class is subservient to the forces of capital. This is evidenced by looking at who is left behind by the Covid-19 response – the un- and under-employed, the homeless, the undocumented, refugee and immigrant communities, and those currently in prison. A good example is the fate of migrant populations all over the world who are on the front lines of viral infection with nowhere to turn. Organizations that work to place migrant communities in safe environments and provide essential services have shut down operations, leaving people in overcrowded camps. Compounding this issue, camp occupants generally have a higher probability of preexisting medical conditions that dramatically increase lethality of the virus. “This crisis is an opportunity for the world to display empathy and solidarity with these groups,” wrote Marie McAuliffe and Céline Bauloz, two senior research officials at the International Organization for Migration. Did we need to wait to show solidarity once our vulnerable brothers and sisters in migrant camps started to die? Why is solidarity always the reaction and never the priority?

To be clear, I am not arguing for a new political and economic system as a response to this specific crisis – rather, I suggest this crisis is a product of a broken system that has betrayed or left behind too many for far too long. Current political and economic reactions of governments across the world, while necessary right now, aren’t being proposed in good faith or as signposts toward a progressive future. Instead they are stop-gap measures to keep the global

Local Iowans gather at a bar in Davenport to watch Bernie Sanders at the first Democratic Primary Debate

Photo by Angelo Perlera, June 27th, 2019
economy afloat; highlighted by egregious corporate bailouts that put the funds doled out after the Great Recession to shame. No concrete actions are being taken to alleviate the global inequity exposed by this pandemic. Now is the time for all of us to look at the responses to Covid-19 and ask: are we satisfied that progressive policies are trotted out only in times of crisis? Our elected officials inundate us with rhetoric that these measures are untenable and unrealistic, yet they frantically implement them when a crisis strikes. Such policies should not be treated as temporary life preservers thrown only to those who qualify; they should already be in place to proactively protect people. They need to be the beginning of the new progressive politics of solidarity ushered in by my generation.

When we emerge from this global health crisis we will have a choice. We can accept the idea that incremental change to the crisis-prone, capitalist system will be enough to save us when (not if) this happens again. Or we can come together to fight for a different kind of future by embracing political and economic policies that prioritize people over profit. We have a tall order ahead of us. Crisis is endemic to a capitalist system, a system that rewards lack of action and exacerbates our existing battles—the fight against climate change, rampant income inequality, a broken American healthcare system that leads to bankruptcy and needless death, future pandemics, and the threat of nuclear superpowers going to war, to name a few. But this is no time to despair. It is time to stop treating politics like a spectator sport and organize our communities. It is time to elevate the voices of people of color, the most marginalized in our society. It is time to remind policymakers that political and economic policies should lift the lowest amongst us. It is time to fight for someone we don’t know as much as we are willing to fight for ourselves.

"It is time to fight for someone we don’t know as much as we are willing to fight for ourselves"

3 www.spectator.co.uk/article/boris-must-borrow-from-corbyn-s-playbook-to-prevent-a-coronavirus-crash
5 www.weforum.org/agenda/2020/04/the-coronavirus-pandemic-could-be-devastating-for-the-worlds-refugees/

About the Author

As a 2018-2019 Fulbright research grant recipient to Bulgaria, Conor McCadden conducted research on Bulgaria’s relationship with NATO. Narrowly he focused on strategies to alleviate energy insecurity and effectively balance energy security concerns with fighting climate change. Upon returning to the U.S., Conor was a Field Organizer with the Bernie Sanders Presidential Campaign in Des Moines, Iowa. He is currently a Human Rights Specialist with the City of Des Moines Civil and Human Rights Commission, investigating claims of possible civil and human rights abuse. He graduated from Boston College in 2018 with a B.A. in History and a minor in International Studies.
It is not a secret that the arts and culture sector has been one of the hardest hit by the current crisis. Together, with tourism and hospitality, it is a sector that is extremely dependent on the human-to-human connection, and people gathering. This makes it highly susceptible to the consequences of health crises, such as the one at hand. All in-person public events have had to be cancelled, followed by any production activities requiring work in large teams (i.e. movie sets, theatre rehearsals). This poses a threat to the existence of cultural content not only today, but also in the future. It also
challenges the intrinsic nature of the sector and its functions.

The crisis, however, has also uncovered areas not addressed by cultural policies around the world, and brought them into the spotlight together with the need for changes in attitudes and necessary skills for artists.

- **Independent artists** face different conditions than their counterparts in full-time employment. Specifically in Bulgaria, the COVID-19 crisis has uncovered the unpreparedness of social institutions to support people who are not fulltime employees. This has raised questions about representation and advocacy for the sector, not only for the time being, but also for the time to come.

- **Digital distribution of cultural content** raises the question of artists remuneration for online activities. For many of them, the transition to digital performances is new and they lack the built-in audience for online platforms to allow them to monetize their content. In addition, the platforms they use (Facebook, Instagram, YouTube) are largely associated with free audio-visual content, which makes it difficult for artists to impress upon the audiences the need to donate. Many larger organizations have started distributing content online for free, but this approach will not be beneficial in the long-term. Artists in Bulgaria have shared that they receive few to no donations for their art online1. This problem is prevalent worldwide2, and it is one of the concerns that the European Parliament Committee on Culture and Education is interested in addressing together with the need for platforms for art distribution and monetization3. The digitalization of performances also showcases the need for new skills and new approaches to cultural content when offering it online: skills for creating and distributing art online, how to stand out in an oversaturated environment, and understanding of copyright in the digital realm.

- **Culture is now front and center as an economic factor.** The current crisis has given an opportunity for the creative industries to showcase the importance of the sector. In France, PRODISS4 estimates that due to the COVID-19 crisis in two months5, the industry will have lost 590 million euro6. In Bulgaria, a country with a much smaller industry, a survey of over 1,000 representatives of the independent cultural sector, has shown that the expected revenue losses from the crisis until July 2020, will be around 8 million euro; or 21.5 million euro if it continues until the end of the year7. These numbers8 set cultural activities as an important economic driver.

It has also uncovered the ability of people in the sector to unite, act quickly, form communities, and to work for sustaining those communities. **Artists** all over the world have united to help one another, collecting and sharing resources9. In Bulgaria, the independent sector artists quickly united to create a framework of actions to propose to the government, which had not addressed their needs10. In the visual arts, creators started a community to share and sell art, which has now become the largest online gallery in Bulgaria11. Worldwide, the improv and stand-up communities have started conducting online jams and open mics, reaching across borders, and connecting with international colleagues in ways that were hardly achievable before.

**Governments** have also reacted quickly with Germany allocating a large sum to aid the cultural sector12. In Bulgaria, a shift in grants to specifically support performance in the digital space13 happened in a matter of weeks, with no previous precedent. At the European level, among other measures, two platforms were created: one for ministers of culture of the member states to exchange good practices; and one for creatives to share their proposals, ideas, and resources for managing through the crisis14.

With the everchanging landscape of the crisis, there is a need to find new ways to offer cultural content, and to rethink the purposes of well-known practices. Governments tend to allow first open-air cultural events and opening museums and galleries due to their being more suitable for timed visits by small groups, than seated theaters. Another consideration is the opening of seated theaters with decreased capacity. There are already plans for the return of the drive-in theater, and the ascension of the digital space is a fact. Some other possible routes include:
Given the new protocols under which museums and galleries will work, artist led tours: visual, performance, or comedy, each would give a different experience of the space and its exhibits.

There are many opportunities for cultural activities to evolve or return to the way they were before. After the governments make their decisions on how they will allow and support this process, the audience will be the judge of their successes.

About the Author

Milena Berbenkova is an arts management professional from Bulgaria. She was awarded a Fulbright grant for an MA in Arts Management in Columbia College Chicago from 2015 to 2017. She has worked for non-profit performing arts organizations as well as for cultural enterprises and museums. Currently, she works as an audience analysis and development specialist for Intercultura Consult, an EU consultancy focusing on culture, creativity, and development.
Modeling Our Way to a Healthier Future

By Ashley Page
Fulbright Student, American University in Bulgaria, 2019-2020

Perlovska River Canal in Sofia
Decision-makers are utilizing models in a predictive capacity to inform pandemic-related policies. The pandemic has highlighted the shortcomings of models as predictive tools, given their limitations to understand the intricacies of the impacts of human behavior within complex systems. These limitations exist in all scientific disciplines that model issues affected by human decisions.

These limited modeling assessments have informed policy choices in my field of water resources for decades. To my knowledge, the first call within hydrology to recognize the importance of examining hydrologic and social system interconnectedness occurred over 40 years ago. While decades have passed since this original call, and there has been a recent resurgence of recognition of its importance, the inherent difficulties associated with this interdisciplinary research have failed to yield guidelines or significant progress towards its implementation.

Water use model projections are an essential component of water resources planning, as they critically inform water management actions and investments. Water planners must make decisions in the present to meet their community’s future needs. These assessments are critical, because changes to both built and physical environments have a binding nature, as they cannot be adjusted instantaneously. Current analytical approaches are primarily exogenously focused and limited in their utility.

For the last several years, I have been working on a theoretical framework to more accurately represent and model human decision-making behaviors within complex water systems, with a focus on the role of perceptions. Work throughout the last century in behavioral economics and political science has increased understanding regarding why decisions are made. The severity of issues facing the planet, and their impact on the sustainment and health of human populations, necessitates analysis of not only the decision(s) – but the outcome of the decision(s) – and how they differ from both the ideal outcome and perceived ideal outcome.

The pandemic has created a salient time to discuss the potential of these multi-disciplinary advancements to improve modeling analysis. The pandemic has affected virtually all populations, governments, and industries, and they will need to make decisions regarding how to proceed during and after the crisis. The outcomes of these consequential choices will be difficult to assess with current modeling structures, as they are part of complex, global systems influenced by the intricacies of human decision-making. The role of modeling in the pandemic has also provided an unprecedented opportunity to evaluate the impact of publicized modeling analysis on global perceptions. Advancements in modeling have the potential to help us navigate the uncertainties of the pandemic and determine decisions that mitigate unintended consequences and, ultimately, help us achieve a healthier future.

About the Author

Ashley Page is a hydrologic researcher focused on the interconnections between hydrologic and social systems in transboundary regions. As a 2019-2020 Fulbright student researcher, she studied the complexity of hydrologic-social systems in Bulgaria and Greece to quantitatively and dynamically evaluate future decision-making possibilities. Her prior research and professional experience has focused on United States-Mexico transboundary water issues. She holds an M.S. in Water Science and Management from New Mexico State University and a B.A. in Political Science from Davidson College.
Health and Social Asymmetries: Roma Before the Pandemic

By Fred Rooney
Fulbright Scholar, Equal Opportunities Association, 2019-2020
and Lorenzo Rodriguez
Fulbright Student, Pink Foundation, 2019-2020

Introduction

Across the planet, leaders on the world stage do their best to put a “good face” on the accomplishments of their respective government, its economy and the general well-being of its citizenry. Touting economic growth, improvements in health and education, and advancements in technology, each government works diligently to portray their country as the exemplar for success. It makes rational sense to paint a wholesome and stable image of a country, since this depiction promotes national pride and often serves as a catalyst for foreign investment and economic development; however, a profound subject world leaders generally avoid at their round-table discussions is socio-economic disparity and the human suffering that materializes as a result. In every society, there are those who seldom benefit from the fruits of enhanced economic success and societal progress, but too often, those who bear the brunt of these disparities are subjugated by disparaging narratives that effectively naturalize social asymmetries, preserve pernicious stereotypes, and perpetuate generational suffering. As the COVID-19 pandemic sweeps across our planet, destabilizing our delicate economies and exposing our neglected healthcare systems, those most vulnerable will, yet again, face the ultimate ramifications. One such group, with nearly ubiquitous vulnerability across Europe, are the Romani people, colloquially known as the Roma.

Who Are the Roma?

The Romani people, according to the United Nations, can be characterized as a heterogenous group of people, “the members of which live in various countries” and under various social, economic and cultural conditions. If applying this definition, the term ‘Roma’ does not denote any one particular group of people; instead, the Roma identity is one that is multifaceted, multidimensional and fluid in nature. While it is necessary to recognize the intricacies of this definition, it is challenging to articulate what characteristics formulate the Roma identity, even for Roma leaders.
Bulgarian Roma expert, Deyan Kolev put it this way: the Roma identity is analogous to the “Roma Spirit” — “a very special spirit” that empowers Roma people to “transfer,” between generations, “the feeling of belonging to an ethnos” of not so fortunate history, while at the same time, finding happiness and pride in embracing Roma culture and traditions. For some, internalizing what it means to be Roma, literally entails a philosophical acceptance of their difficult life, “surviving in a social environment of discrimination, hatred, stigmatization, ostracism and expulsion, insisting to stay what they are— Roma”.

Economy at a Cost

In 2019, the World Economic Forum ranked Bulgaria 49th in global competitiveness and the Bulgarian economy was lauded for being more competitive than most economies in the Balkans. Additionally, advancements in technology, education and healthcare have improved the quality of life for many Bulgarians. Yet Bulgaria, like other nations that continually fail to adequately address societal inequities, continues to be plagued by its ongoing failure to deal with gross inequities that beleaguered Bulgarians of Roma descent, and other ethnic minorities, face.

Romani Quarters

All throughout Europe, Roma families live side by side in large communities, often hidden away from larger society. This phenomenon is especially true of Roma communities in the Balkan countries, namely Romania and Bulgaria. According to a 2011 population census, Roma make up approximately 4.4% of Bulgaria’s population, or about 325,000 people. However, various expert estimations place this number somewhere between 500,000 and 900,000, or approximately 7-13% of the population. So how is it possible that so many Bulgarian Roma go unnoticed?

While conducting field research in Bulgaria, I recognized what is often referred to as the “Romani quarters”— segregated neighborhoods on the outskirts of cities and large towns, with dense populations of Roma, often living in unfavorable living conditions and participating in a local ‘gray’ economy, unbeknownst to outsiders. The degree of living insecurity varied between communities, and even between homes within a community. While some homes consisted of nothing more than four walls made from rotting wooden planks, a tin roof and thick sheets of plastic to cover the windows, others were made from sturdy bricks and concrete slabs. The roads were not paved, resulting in sloughs of mud on a rainy day, and it was unclear whether each home had finished floors. If the conditions of these extended family homes, aren’t sufficient indicators of social determinants for poor health, I’ll just mention that this neighborhood was located 100 meters from the city’s landfill. While visiting a Roma village in Romania, I observed a similar set of circumstances; these homes were larger, but much like the communities in Bulgaria, many homes lacked indoor toilets or running water, and had varying access to electricity. According to a 2016 survey by the FRA, 86% of Roma in Bulgaria are at risk of
relative poverty; 23% of Roma dwellings lack tap water, and 65% lack indoor toilets, showers and bathrooms entirely\textsuperscript{5}.

**Social Determinants of Health**

Within the public health field, social determinants are widely acknowledged as fundamental to health. To bring about change, researchers and communities alike must understand how “social and institutional contexts,” particularly policies in education, healthcare and housing, are “consequential for well-being”\textsuperscript{6}. It’s not a coincidence that many of the middle-aged adults living in dwellings behind a landfill are suffering from chronic and acute, undiagnosed diseases. Poor hygiene and lack of access to safe water are fundamental determinants for infectious disease, and clearly misfortunes of which no mother would choose for her children; however historically, Roma have been perceived and often stigmatized as a source of contagion themselves\textsuperscript{7} — the kind of rhetoric which carries potential for devastating consequences, and the kind of rhetoric that is manifesting today in prodigious ways throughout Bulgaria.

**Response to the Pandemic of 2019**

As the pandemic began its sweep across the planet, governments at every level raced to respond. In Bulgaria, businesses were closed, fines and stay-at-home mandates were imposed, and “checkpoints” were erected. Like many governments across the globe, Bulgarian officials took strict action to ensure the containment of the novel coronavirus SARS-CoV-2, as did many countries across the globe. While these efforts seem ‘necessary’ and a small fine for breaking curfew is arguably justified, governments can never take a “one size fits all” approach to ‘protecting’ its citizenry.

In many segregated Roma communities, there is little or no access to doctors, pharmacies or clinics. Furthermore, convenience stores are generally overpriced, particularly during a pandemic when demand is high and supply is uncertain. Many residents lack drinking water in their homes, requiring locals to utilize public sources, often located outside of their neighborhoods, and many Roma participate in the “grey economy” to feed their families.

Checkpoints, which were purportedly erected across Bulgarian cities in an effort to prevent the flow of individuals from one section of a city to another, thereby limiting the transmission of COVID-19 are being utilized as physical boundaries that reinforce the ostracization of Roma people from ethnic Bulgarian society. Currently, blockades that disproportionately target Roma communities and their members are the latest form of discriminatory state action that adversely impacts on the health and well-being of Roma communities across Bulgaria.

Structural violence, a term utilized carefully in anthropology, is best described as “…social arrangements that put individuals and populations in harm’s way... The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people...”\textsuperscript{8}. The current governing leaders, the police and those born into positions of privilege, but who remain complicit in the stigmatization of the Roma people, are not solely responsible for the circumstances that have beleaguered Roma communities in Bulgaria, during this pandemic or preceding it. However, the enforcement of ill-conceived policies such as checkpoints that effectively alienate entire communities and sequester residents to physical boundaries, are what clearly perpetuate prejudice and inequality.

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The purpose of the lockdowns and the checkpoints throughout Bulgaria, which have systematically blocked off the movement of Roma, are proclaimed to be mitigation strategies intended to contain and slow the spread of the virus—however, in many Roma settlements, there are no clinics, there are no healthcare providers to test for the virus, and in particular, there is no access to treatment. In the town of Kyustendil, home to a community of over 10,000 Roma residents, only half of the community is enrolled in public health insurance and the local clinic staffs only two physicians who have very scarce resources. Clearly, the town is ill-equipped to treat patients infected with COVID-19.

According to the New York Times, “In June, when one 72-year-old resident, Zafir Dimitrov, fell ill with coronavirus symptoms, his friends called for an ambulance. But the ambulance operators refused to come, telling them to contact the man’s general practitioner instead…within a few days, Mr. Dimitrov was dead.” The refusal by medical providers to enter Roma neighborhoods is commonplace and exacerbates further stigmatization during the pandemic.

With so many homes in the Roma neighborhood lacking indoor tap water, it is common for residents to utilize public resources located outside of neighborhoods. However, public health policies seem to have eliminated these public options for many Roma communities and have often failed to put in place any alternative options or resources. While attempting to pass through a checkpoint to retrieve drinking water from a local spring located in a wealthier part of town on the other side of barrier, Angel Iliev of Kyustendil was stopped by police and prevented from visiting the spring.

The enforcement of the checkpoint by police that prevented Mr. Iliev from retrieving water for his household and the ambulance crew’s refusal to respond to the medical emergency of Mr. Dimitrov demonstrate the disproportionate enforcement of laws in Roma communities and illustrate the tragedy of socio-institutionalized inequality. Furthermore, generational poverty, segregation and the stigmatization of Roma people throughout Bulgaria result in unequal access to public services, public education and representation in government; as evidenced by the lack of access to potable water, clean air and comprehensive healthcare.

The disproportionate response by public officials and the increasingly unfavorable public perception toward Roma people during the COVID-19 pandemic is not at all novel, like this coronavirus, but is instead the manifestation of social inequality that has only been exacerbated by anxieties produced by COVID-19.

While there are effective NGOs on the ground challenging public perception and doing all that can be done to address the needs of the Roma communities, particularly during these tumultuous times, what is commonly reported by NGO leaders is that any true social transformation requires the support of national government leaders; an objective that many NGO leaders say has been an insurmountable challenge in recent years.

Concluding Remarks

Throughout Bulgaria, Roma citizens have been disproportionately impacted by the novel coronavirus, but not solely from a clinical standpoint; while the lack of healthcare resources, drinking water and general supplies have severely impacted the health of people located in these Roma neighborhoods, Roma

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suburbs have been forcefully segregated from the rest of the Bulgarian population with intent to ‘mitigate’ and stop the spread of the virus ‘from’ Roma people and Roma communities—however, because of the lack of medical personnel and coronavirus testing in Roma neighborhoods, the disproportionate response toward Roma people in Bulgaria, particularly in neighborhoods such as Kyustendil, is not based on scientific evidence or epidemiological contact tracing mitigation strategies, but rather on pure speculation driven by preconceived prejudices. Angel Dzhambazki, a Bulgarian politician and member of the European Parliament said in a statement late March, “close the ghettos everywhere”...”what if the ghettos turn out to be the real nests of contagion?”.10 It is this overt prejudice at the national level which functions as the most powerful social asymmetry. At a time in Bulgaria when national unity can help to produce strategies that lead to a reduction or eradication of Covid-19, Roma communities continue to be scapegoated and marginalized in ways that the most ethnic Bulgarian cannot imagine. The ongoing and systematic lack of attention to the needs of Roma and other ethnic communities undermines the security of society, flies in the face of equality and dilutes the integrity of the principles of democracy.

About the Authors

Fred Rooney’s work demonstrates his lifelong commitment to social justice in the United States and around the globe. He has been credited with creating the first legal incubator model for training new lawyers and for being a catalyst in the transformation of legal education in the US. His work in the development of post-graduate legal education and the powerful incubator that he began in 2007 are forcing law schools to rethink their responsibility to their graduates and to the millions of individuals in the US who lack access to justice. His work is innovative and entrepreneurial and is impacting on an ever growing number of people in the US and abroad.

In June 2013, Fred completed a 10-month Fulbright in the Dominican Republic where he launched the first law school incubator outside of the United States. Three months later, the American Bar Journal named Fred a “2013 Legal Rebel” and recognized him as “the Father of Incubators.”

On February 5, 2014, he was added to the roster of Fulbright Specialists. As a Specialist, he traveled to Pakistan on six occasions to conceptualize and help launch an incubator for Pakistani law graduates. His work then took him to Bulgaria as a Fulbright Scholar where he helped launch an incubator for young Bulgarians. Once the global pandemic subsides, he will continue his travels around the globe to promote access to justice for all. When home in Pennsylvania, Fred volunteers at two hospice programs in the Lehigh Valley.

Lorenzo Rodriguez is a recent recipient of the U.S Fulbright Research Scholarship for Bulgaria. He graduated from the State University of New York at Geneseo in 2019, where he received his B.A. in anthropology and socio-medical science. Lorenzo’s Fulbright research aimed to understand how marginalized groups in Bulgaria, specifically the Roma communities, navigate the healthcare system and structures in large cities and in rural municipalities.
The COVID-19 pandemic crisis has posed an unprecedented threat to human security and endangered the survival of large masses of humanity with multi-aspectual consequences on the economic, social and political stability of nations worldwide. This raises the question about the spillover effects from the shock of the pandemic and the securitization of health and the concomitant preservation of justice for the entire human species. The sudden lockdown of activities revealed the intricate complexities between nation-state systems and their interdependencies with regional and global planetary systems. It has also raised numerous unanswered questions regarding the origin, purpose and intended/unintended direct and collateral damage from the spread of pandemics in social, political and economic aspects. The expectations are for the pandemic to have disproportionately undesirable effects in developing and least developed nations, which are characterized with insufficiently effective public institutions and inadequate crisis management capabilities. This would inevitably impact human survival adversely, especially with respect to the significant deterioration of distributive justice to community members. Specifically, the majority of nations have demonstrated a lack of preparedness for such external pandemics (i.e. no preliminary forecasts of vulnerabilities, mitigation strategies, preparedness plans, etc.) even though in

“All human beings are born free and equal in dignity and rights...”
Article 1, The Universal Declaration of Human Rights

By Dr. Julia Stefanova
Fulbright Visiting Scholar,
American University, Washington DC, 2017-2018
2011 the OECD published an extensive study on pandemics as likely future global threat (OECD, 2011, IFP/WKP/2011/2).

The concept of justice construed as righteousness, equity, fairness, integrity, impartiality, just dealing and conduct, and conformity to moral right and reason has a bearing on every aspect of life. Within the context of state organization, Plato in his Republic considered justice as a human virtue, while social consciousness made persons self-consistent and good, leading to an internally harmonious society. Aristotle (Nikomachean Ethics, book V, 350 BC) explained justice by correlating it with the science of health and in terms of its two branches (i.e. bi-fold function): distributive (relating to honors distributed by the state and of private property of contracts) and corrective or retributive (i.e. remedying of unfair distribution). The main dimensions of distributive justice as a central concept of political philosophy (social, economic and climate justice) should be considered as supplementary and complementary to each other in a just state.

**Distributive justice** (Black’s Law Dictionary, Urban Dictionary, MacMillan Dictionary, Meriam Webster, Oxford Dictionary) relates to fair and proper administration of laws (i.e. equality of treatment) with respect to all people regardless of gender, origin, profession, race, sexual orientation, national origin, handicap, ethnicity, and religion, safeguarding fair and equitable access and distribution of opportunities and privileges without discrimination. For the United Nations, social justice is the underlying principle for peaceful and prosperous coexistence within and among nations and is the core of its global mission to promote development and human dignity. The declaration of Social Justice for a Fair Globalization (ILO) articulated the need to guarantee fair outcomes for all through employment, social protection and the fundamental principles of rights at work.

Distributive justice as human development is manifested though the set of relevant institutions (i.e. education, healthcare, social security, labor etc.) to ensure fair distribution of wealth, equality of opportunity and fair outcomes for society in a rational, consistent and neutral mode and requires positive action from the welfare state. The integrative conception of distributive justice is a concern of institutional economics in the absence of limitations of rightful access to assets, resources, opportunities guaranteed by efficiently functioning, accountable and transparent institutions. **Distributive climate justice** calls for
providing intergenerational equity through a healthy planet and prosperity, based on low carbon production, sustainable energy alternatives and rule of law. It requires a strong legal framework guaranteed by transformative leadership to deliver a legally binding climate justice compact on a global scale (Climate Justice Declaration, 2015).

For John Rawls (1971, 2001, Justice as Fairness) all social primary goods, i.e. values (liberty, opportunity, income, wealth) are to be equally distributed unless unequal distribution of any are to the advantage of the least favored (maximum criterion), thus carrying to higher abstraction the theory of the social contract in Locke, Rousseau and Kant. According to Rawls (1971) the radical solution consists in adopting “absolute priority” for the worst off within the distributive powers of the state to tax the excess means of the wealthy in order to provide for the least advantaged. The principles of justice (i.e. the principle of liberty and the principle of equality) are agreed to in the initial situation (within the contract doctrine) and administered under a “veil of ignorance” (i.e. fair procedure of rules to evaluate the principles solely based on general considerations regarding primary goods), which ensures equality in outcome. Important assumptions for the operation of justice in Rawls’s theory are that parties to the initial situation are rational (i.e. the theory of rational choice), mutually disinterested (i.e. no prior knowledge of contingencies that have set them in opposition) and socially reciprocal. The basic liberties of citizens are political liberty as codified by the Constitution (the right to vote, freedom of speech and assembly, the right to hold personal property etc.), while the principle of equality applies to the distribution of income and wealth. These two principles are organized in a serial sequence (the first principle prior to the second) and are consistent with liberties of equal citizenship and equality of opportunity. The “veil of ignorance” ensures there is no limitation on general information, i.e. it is freely available, relevant and invariable.

The global COVID-19 pandemic has challenged the national institutional fabric, especially in semi-consolidated democracies and captured states in the EU (Freedomhouse, 2020; Corporate Europe Observatory, 2019) in guaranteeing the principles of justice enshrined in the Constitution under conditions of emergency. These institutional emergency and post emergency measures pose significant threats to the preservation of the principles of justice in the present realities due to the deep income polarization of society and stark deficits of solidarity coupled with a large shadow economy. Specifically in the social sphere, the COVID-19 pandemic has revealed the
lack of an adequate protective environment and insufficiently guaranteed fair access to public services, exposing the disadvantaged (i.e. poor, old, minorities, handicapped etc.) people and limiting legal protection against discrimination (Council of Europe Country Report, 2020) in the public health, education, social services sectors.

Distributive social justice is presently not practiced in semi-consolidated democracies and captured states in a post-emergency situation. Redressing injustices calls for institutional adjustments to increase efficiency and transparency, to reduce corruptive practices, and to implement that immediate digitalization of provision of public goods through a rigorously objective system of checks and balances, combined with public accountability for the allocation and utilization of public funds. The current COVID-19 pandemic has clearly shown that long-term exposure to air pollution (i.e. fine particulate matter) is associated with higher mortality rates (Dominici et al., 2020); this situation calls for a wide range of socioeconomic, demographic, climate, behavioral, epidemic and healthcare measures at a national, regional and planetary scale to safeguard the climate justice of humankind. Rising unemployment in general public services sectors and deteriorating economic justice calls for the redistribution of wealth and income through the taxing power of the state based on progressive taxation (including on estates), implementation of a wealth tax, eliminating tax loopholes, more stringent tax enforcement, providing temporary financial relief and short-term liquidity. Investments in flexible remote working schemes and reskilling initiatives will be a necessary challenge so as to develop the requisite human capital to bridge the digital divide within and among nations through digital solutions based on artificial intelligence, blockchain innovations, etc.

Finally yet crucially, distributive justice and its dimensions are challenged by the continuous deterioration of media freedoms, political interference in the public press, concentration of media ownership and the generation of fake news, which undermines the constitutional rights of citizens to objective information and the credibility of public institutions in safeguarding the principles of democratic pluralism.

In conclusion, the present Covid-19 pandemic has been a sudden external shock to the global economic, social and environmental global ecosystem, which requires above-board and rapid adjustments in crisis management mode on the part of stakeholders at the international, regional and local level. The currently existing problems relating to the preservation of distributive justice for all humankind (and especially in the developing world) requires joint efforts to better coordinate the global crisis through risk assessment, surveillance, and containment to combat the ever-increasing complexities in sanitary, public health, social, economic, and political spheres through active solidarity. They will require an integrated approach by advanced countries to assist developing nations in implementing radically new solutions in the “new normal” (i.e. basic research, science, technology transfer to social, political, digital, economic etc. fields) by valuing the importance of human capital and the preservation of the principles of justice in the current “slowbalization” process.

About the Author

Dr. Julia Stefanova is a prominent researcher at the Economics Institute of the Bulgarian Academy of Sciences, specializing in the field of International Economics, International Regulation of Transnational Corporations, Latin American financial markets and development of the Bulgarian financial market. Dr. Stefanova was a Fulbright Visiting Scholar in AY 2017-2018 at American University and continues taking active part in the life of the Bulgarian Fulbright Community.
As my "Introduction to Human Rights" course transitioned to an online format in mid-March, my class began to explore how the human rights framework might serve as a helpful tool for understanding the impacts of the COVID-19 pandemic and for examining our responses and their implications. The international human rights system, which purports to define and protect essential rights inherent to all persons regardless of nationality, emerged in the aftermath of the Second World War as part of a global effort to ensure peace and security. Its cornerstone, the Universal Declaration of Human Rights (UDHR), was drafted by United Nations Human Rights Commission under the leadership of Chair Eleanor Roosevelt and adopted by the U.N. General Assembly in 1948. While the Declaration was intended as a broad statement of aspirations, it was followed nearly twenty years later by two major international treaties which articulate binding rights in greater detail: the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. Together, the three documents make up International Bill of Human Rights.

The International Bill of Human Rights encompasses a broad range of rights that go beyond the "liberty" rights most familiar in Western constitutional systems and includes positive rights related to the basic needs and full development of all people – what U.S. President Franklin Roosevelt famously described in 1941 as "freedom from want.” So, while human rights include familiar guarantees such as equality, the right to liberty, freedom of speech, prohibition against torture, and democratic participation, they also include the right to work,

Responses to the pandemic must respect the foundational principle of equality and non-discrimination

By Dr. Brian R. Farrell
Fulbright Scholar, Sofia University, 2012-2013
right to an adequate standard of living, right to education, and right to physical and mental health. These essential human rights are viewed as interconnected and interdependent; in other words, there is a sense that instead of prioritizing rights and viewing them as competing, we should view them as complimentary and supporting one another.

I think this makes the human rights system particularly useful for us at this moment as we face a global pandemic and craft governmental and social responses that implicate not just individual and public health but many other aspects of our lives. The human rights system was born relatively recently from time of crisis with a goal of building a system of respect for the broad rights of everyone, everywhere. It was envisioned as a global system, recognizing that our own liberty and well-being is connected to that of others; a significant feature given the scope and nature of the pandemic. The system seeks to minimize competition between types of rights or rights-holders (the notion that “my right to X trumps your right to Y”) and instead seeks to harmonize and maximize the fulfillment of all rights. Importantly, it views economic and social rights as essential for all people, and critical to its central goal of maintaining international peace and security. Finally, the human rights system includes mechanisms to accommodate the need for governments to employ emergency measures while at the same time attempting to avoid the potential for abuse. Emergencies must be publicly declared, and any measures taken must be strictly tailored to exigencies of the situation for a defined period of time.
The human right to health is, of course, particularly relevant at this moment. Article 12 of the Covenant on Economic, Social & Cultural rights states that:

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

   (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

   (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

While pursuing optimization of this right, the human rights framework urges us to simultaneously maintain and maximize respect for other, interdependent rights. Responses to the pandemic must, therefore, respect the foundational principle of equality and non-discrimination; they must also comport with all other fundamental rights, such as the rights to work, education, personal liberty, adequate standard of living, free movement, respect for family and privacy, political participation, and social security. Thus, the human rights framework might help us think about the impact of a shelter-in-place order on a person experiencing homelessness or a domestic violence survivor, the newly unemployed person’s struggle to feed their family, or the potential for disparate impacts on marginalized communities.

Of course, any discussion of international human rights should acknowledge the limitations and critiques of the system. For example, the human rights provisions and institutions arguably reflect Western, state-focused perspectives that diminish their claim to “universality.” Extensive challenges exist to the effective enforcement of human rights through both domestic and international institutions, meaning that rights are often illusory. And some countries, notably the United States, have not fully committed to the positive rights enshrined in the Covenant on Economic, Social and Cultural Rights.

Despite these weaknesses, I encourage citizens and policy makers to consider the value of the human rights framework in the current situation. It has the potential to help us navigate the current public health crisis, resolve tensions between seemingly conflicting interests, and more fully consider the implications of policies adopted in response to the pandemic, all while respecting the dignity and worth of the human person.

About the Author

Dr. Brian Farrell is a Lecturer and Associate Director of the Center for Human Rights at the University of Iowa College of Law and an adjunct lecturer in the Irish Centre for Human Rights at the National University of Ireland Galway. He was a Fulbright Senior Scholar in the Faculty of Law at Sofia University St. Kliment Ohridski in 2012-13. His book, Habeas Corpus in International Law, was published by Cambridge University Press in 2017.
I am in my kitchen making a grilled cheese and ham sandwich for lunch when I realized the time is 11:47 am. Immediately, I got excited because the noon, brown bag, AA Zoom men’s meeting will be starting soon and I am looking forward to joining the 100+ men I got sober with and those new to the recovery from alcoholism. I also became a bit stressed because I didn’t want to be late for the meeting, nor did I want to burn my grilled cheese sandwich which I usually do when distracted.

I am a 76-year-old professor, Fulbright Scholar, living in a small town in a northern state in the US. I am considered to be at high risk for becoming infected with the coronavirus and have been isolating at home, alone since 15 March 2020. As a recovering alcoholic, being involved daily with other recovering alcoholics is key to maintaining sobriety and a happy, healthy life.

Today, 22 April 2020, Earth Day, is cold and windy. On my morning walk, I passed only two women, we waved. In my small hometown – where there are fewer than 30 people per square mile compared to New York City which has over 27,000 people in that same area – social distancing is easy. But it is not helpful for those in AA and other recovery programs.

The core concept of AA and other 12 step programs is one person, face-to-face with another person, each sharing their experience, their strength, and their hope that they might recover from alcoholism and become useful citizens helping others to also recover. Attending meetings, daily, often more than one a day, helps alcoholics to not drink and to live a better life by sharing their feelings, problems, and life challenges with fellow alcoholics who understand exactly how they feel in that moment.

When social distancing was put in force the vast majority of the 71,000+ AA groups in the US and Canada, and 52,000+ groups in 178 other countries shut down their meetings immediately. How was this community of more than two million recovering alcoholics to maintain their sobriety? And while there have always been limited AA meetings online, the AA community as a whole embraced Zoom – large and small meetings were created instantaneously. Within a week there were over 40 AA meetings serving the people in the three small communities in my rural area – many more meetings than we ever had before. While, most members of AA have difficulty with the new Zoom normal in recovery preferring the traditional face to face meetings - my experience has been a bit different.
During my Fulbright assignment, I was posted in a country where there are only 15 AA meetings a week and one meeting in the city where I was posted. Only one person spoke limited English and my command of their language was confined to "Hello", "How much does this cost?", and "I love you!", and Oh yes, "I want water" – another useful phrase. This combined with poor living and food conditions had me by the first week’s end in that dark hole of alcoholic self-pity. That was over two years ago and it was then I first found online AA meetings – chat meetings – four meetings a day morning, midday, evening, and night – seven days a week. Fortunately, I had internet – and I was welcomed immediately into this loving and understanding community. With the support of 40 to 60 chat group members at each meeting, I was quickly able to turn the view my situation from negative to positive and enjoy my Fulbright posting.

More than two years later, I still attend the AA 8:30 am morning chat meeting – we have people from the US, Canada, United Kingdom, Norway, Egypt, India, Switzerland, Australia, New Zealand, and elsewhere in the world, all in a community of recovery. What the AA community has found is that because of social distancing / social isolation – more alcoholics are attending more AA meetings than ever before. AA members are linking up with fellow member they have haven’t seen for years. Take for example, the noon men’s AA meeting I mentioned earlier. I got sober in the meeting almost 35 years ago. That meeting is 100 miles south of where I live, in a small city. Pre-social distancing, the venue was a Unitarian Universalist church and typically had 60 to 70 men meeting face to face, weekdays, at noon. During social distancing, the Zoom version meeting is now seven days a week with over 100 men attending. Today there were 108 men including those like me, who live away returning for the fellowship and support with old friends and to have the opportunity to help newcomers.

While many AA Zoom attendees complain that “the meetings are just not the same” and that they miss the face to face meeting companionship – today’s communication technology has given alcoholics worldwide the ability to stay connected, to maintain their sobriety, and to help those alcoholics seeking recovery for the first time or returning, as we like to say, from a field trip. In this way, I see the AA community as coming closer together as a result of the COVID-19 virus and social distancing – a truly unexpected benefit. I have been well prepared by my Fulbright experience!

1 Members of AA, Alcoholic Anonymous, believe it is best not to reveal their personal identity in public or media settings. This is not to protect themselves, but rather should they fail to remain sober they have not provided a public spectacle of themselves while representing AA.

2 https://www.aa.org/assets/en_US/smf-53_en.pdf It is estimated that there are more than 1.4 million people in recovery from alcoholism in the US and more 2.4 million worldwide – January 1, 2019 estimates

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COVID-19 brought chaos and uncertainty into our lives to an extent no one could predict. Today the best and brightest minds in science and politics are working together united in their attempt to forecast the magnitude of the pandemic impact. Data is collected and analyzed as soon as it becomes available. The most influential decision-makers of our time are searching for solutions and mitigation measures to the pending economic and social crisis. Our governments and communities have turned from observers to active players in a global pandemic the likes of which is unknown to our society. COVID-19 measures, articles, discussions that have become an inseparable part of our everyday life. They have hindered most of our usual activities and have completely turned our professional and private life upside down.

We are social creatures. However, the first drastic measure undertaken by governments around the world was to confine us to our residences, which has led to a transition from a contact-based routine to a virtual twin reality, limiting outings to the basic necessities. Yet, it did much more than that. It segregated society in a way it had never been before. It is no longer skin color or religion that divide people, but medical history and health condition. While trembling at the potential economic consequences of the crisis, we have neglected that it has separated families and loved ones. Even more tragic than that, it has seeded fear in the hearts of many, fear of the most intrinsic human need: fear of social contact.

After weeks of confinement, day by day we have adapted to a new lifestyle. We have changed our habits and gotten used to remote meetings and discussions. We suppressed the intrinsic need for physical contact to survive in the new reality. But what is the price we pay for it? More and more people have resorted to online shopping and deliveries. What was once a necessity for busy lives is now a norm reflecting society’s fear of contact with others.

Soon the crisis will pass, minimizing and controlling the virus’s spread will be the victory that will free us from confinement. Then what? Will we just pick up from where we left off? Can we go back to the social activities that defined our daily life? Will we shake hands again or exchange kisses with our friends? Or will we step back petrified by the unconscious fear that the virus might come back, that we might again lose our coveted freedom and be confined again?
This challenge will arguably be a trial more difficult to overcome than the first weeks of confinement. At present we observe the first tentative steps on our way back to normality – we are allowed to walk around freely. But are we going back to our old ways? We are obliged to wearing masks when in public: when we walk down the street, when we use the public transport, when we go shopping. At least we are allowed to meet friends and resume some social contacts under the imposed restrictions. The bravest of us even volunteer to return to the office, whether it be to set an example or in an attempt to regain a semblance of normality.

But are we ready for deconfinement? I see people who step aside when I pass by, maintaining the famous ‘social distance’. I see people dressed in coats with hats, thick scarves, and gloves instead of rejoicing in the warm spring sun and the clear blue sky. Should I happen to meet a friend on the street the first instinctive reaction is ‘no kisses, no hands shaking, keep your distance’. It might be old-fashioned, but I don’t want to live in such a world.

I wonder whether I am going to have a real summer holiday with my family and some close friends this year. What about the lovely nights on the sea coast and the picnics in green mountain meadows? Is this a logical consequence of humanity neglecting nature? Might we have caused the pandemic? Can we defeat the virus or do we have to learn to live with it? Is there a place under the sun for both COVID-19 and our previous life?

There are so many questions that provoke fear for our future. I am confident that mankind will come through the crisis, I can almost sense the end. I am sure that we will overcome its global economic and social effects. We simply need time. We need to summon all our power and efforts and stay united in order to win the battle with COVID-19.

Now that Europe enters into the last stages of the confinement saga, it is no longer our government which needs to decide or act on our behalf. We should make the first steps towards deconfinement by returning to the office and to our previous habits while cautiously sticking to safety measures.

The battle with our internal fears and doubts has started. We need to regain our lives step by step. Our fight will be for the friendly chats in the park, for the afterwork drinks with colleagues, for excursions with friends or for calm relaxing evenings with the whole family. We, common people, are the only ones who can steer the wheel of our life. I don’t know about you, but I am not ready to give up. I miss real human contact. I miss so many things I had before the crisis started.

I am ready to take the first step and prove to myself that I am as resilient and strong as I ever was. I am a survivor and I stand for my cause and my beliefs. And if I can take the first step so can everybody else. We don’t need to be lonely runners; we can be a team of decisive, united yet prudent people, ready to push the fear of COVID-19 to the bottom of our souls for the sake of proving that above all we are emotional social beings.

**About the Author**

**Dr. Radostina Petrova** is a multidisciplinary engineer combining expertise in the fields of civil and mechanical engineering. She is a Fulbright Grant for Senior Scholars holder for 2017. She was a Fulbright Visiting Scholar at the Robotics and Biomechanics Lab at Cornell University under the mentorship of Prof. Andy Ruina. Currently, Radostina is a program manager at the Research and Innovation Directorate of the European Commission. This was preceded by 20 years of scientific work at the Technical University of Sofia.
"What would I create if I could create anything?" I asked myself this in 2018 and knew immediately what my answer was: to design a foundational educational program for extraordinary performers that gave them essential information about how humans think, move, and thrive. Once they had worked with the material on their own, I would coach them in their particular discipline, in front of their colleagues, so that we could all be together from every part of the world, learning from each other with a shared foundation. Doing this in a group format would be immersive, efficient, and joyful.

Coaching my clients individually I often thought, "What a crime that I am the only one seeing this! I have this community of performers, doing trapeze in Australia, fire dancing in Bali – but I’m the only one who gets to see it!" I wanted these amazing performers to be together, and this was the way to do it. And we would do it all online.

I had coached performers online for years. I knew how powerful it could be. You need to be self-reliant, articulate your process, and observe and analyze the quality of what you and others are doing. In fact, I was beginning to think it was a superior way to learn. But there were concerns:

Elite performers often don’t want any part of group training. They often have a history with group learning being ineffective, slow, unable to provide a community consummate with their skill level. I know this, because 1) They tell me, and 2) It’s exactly what I experienced myself.

They won’t pay for it. Performers already pay for coaches and training and have been doing so for most of their lives. They are wary of new ways to spend money, and more interested in ways to make it.

They don’t think they need it. Performers have lots of training. But it wasn’t about creating more training, it was about appropriate, useful training that they could innovate on forever. I knew they didn’t already have this, but they likely didn’t know it.
They wouldn’t go for an online program. The work in acoustics, human movement, and performance training I was proposing has historically been done in person, and there is a belief that it can only be done this way. This antiquated view would have to be transformed. So, now what? There was only one way forward: make a plan, do the experiment, see what happens.

I explained what I had in mind. I told them they would be grouped with people comparable to their skill, career, and quality of feedback they could offer. I gave them, and myself, full freedom to quit anytime. We got started. And as one participant put it: “When Kate first approached me about her Foundations Course, I was skeptical. I wasn’t entirely sure I needed something ‘foundational.’ I’m happy to eat my words. It’s been a wonderful community to connect with. I wish I could give this experience to everyone!” Madison Smith, Soprano Sydney.

We’ve done nine consecutive courses since then, with four more planned for this year. We’ve had performers from Cirque du Soleil to Broadway, to The Metropolitan Opera to The Grand Ole Opry. People have had babies, been married, made their European debut, written books, changed careers, gotten their dream gigs, and gone to Bulgaria on a Fulbright Scholarship. I developed and launched a comprehensive, online Bulgarian Singing Course, and recently did an interview (remotely!) for BTV in Bulgaria. And now we’re sharing the experience of this pandemic together.

The courses I’ve created are based on the idea that all life has a design that is essential and inherent, and that we thrive when we cooperate with that design:

- We are whole. We are adaptable.
- We are creative.
- We are resilient.
- We are responsive.
- We are interconnected.
- We are designed to affect each other. A book by an author who is deceased can change your mood, your body temperature, your life. We have relationships with people we’ve never met — though sometimes it’s invisible to us. In the case of the current pandemic, this could not be clearer, and the stakes could not be higher.

When we tell ourselves we are distant and alone, we are designed to attempt to live out our belief, we live a NO. When we tell ourselves we are together, interconnected in extraordinary circumstances, our entire system responds to a YES. When we try to be separate, we go out of harmony, out of coordination. When we choose to be together in a particular way, harmony and coordination are restored.
The Human Movement and Design Course, studying optimal coordination using bellydancing as an étude

Rebecca Richardson, soprano; Anita Lyons, soprano; Emma Barrett-Robles, singer, fire dancer, hoop artist

In any predicament, there is opportunity. My coaching moved entirely online in 2018 because my predicament was that my artists were all over the world, and I wanted them to be together. The same tools used for "distancing" are the tools we use to be together. In this extraordinary time of this global pandemic, we have an established haven—a community that is connected and resilient.

Now, on a Tuesday in April, 2020, we are getting together for a coaching—as we've done for the last one hundred and twenty weeks. We will sing, spin, laugh—we will make plans, do experiments, and see what happens. It's familiar, it's constructive, it's creative. It's how we get together, every week, everywhere. What would you create, if you could create anything?

About the Author

Kate Conklin is a soprano and an interpreter of the highly demanding vocal music of Bulgaria. For two years, Kate was the vocalist for Cirque du Soleil’s “O.” In AY2002-2003, Kate was a Fulbright Student Researcher to Bulgaria, where she rehearsed and performed as a member of the Academic Folk Choir of the Plovdiv Academy of Music, developing her work in regional solo repertoire, choral literature, conducting and pedagogy. She is releasing an album of Bulgarian vocal music in 2020. Kate sings in seventeen languages and is known for her playful gravitas. More information at kateconklin.com
The first definition of “normal” that Google offers is “conforming to a standard; usual, typical, or expected.” So much of our lives up until now was influenced by the notion that doing exactly this – conforming to a standard – can be negative, boring, predictable. Yet the moment our well-shaped understanding of how the world around us works was threatened, we realized how much we value “normal.” In the last 4-5 months, we saw countries shut their borders, hundreds of people were stranded on cruise ships or in self-isolation upon returning home. We had to reschedule weddings, leave households or get together with others. We had to install countless apps and come up with innovative ways to connect. And this whole chaos reminded us how far away from each other we actually are – much more than two meters.

I remember my last trip to the cinema – a single person sitting alone in each row. No hushed conversations, no pleasant anticipation of the coming movie. It was all very subdued and awkward, as if we were all committing a crime. And it was no different in the pub afterwards – the bartenders less talkative than usual. More empty chairs than full glasses, everyone eyeing the others with suspicion and yet a sense of camaraderie. A few days later, Boris Johnson recommended staying at home and not going to pubs and socializing. It wasn’t long before the art galleries/bars/gyms were officially closed. And then the working from home directive followed suit. Hence my bedroom became an office and I’m sharing a house with my boyfriend and two housemates.

In the light of so many changes happening both on the personal and work level, re-evaluating what is “normal” is inevitable. And this doesn’t apply just to everyday normal, it touches on the very tissue of our society. How will our habits as consumers/workers/pensioners/renters/homeowners change? How are the most vulnerable people going to be affected? How many people will be newly perceived as vulnerable, due to abrupt changes in their circumstances? Can we all adapt, and should we see this as a one-off bump on the road, or as a permanent glitch in the system we have been carefully designing around us until now? So many questions with only limited answers. So few people who are seen as qualified and trustworthy enough to provide those desired answers.

The UK was one of the last countries in Europe to close its borders. The public was fed conflicting messages about herd immunity, followed by slow steps towards implementing more drastic measures. I will not even try to describe the day of a key worker and will stick to what I know – the day of an office worker, usually spending at least eight hours in front of a computer. In the first days of working from home, most of us might have seen it as a change from our otherwise frantic morning routine. Yet this feeling was fast replaced by a vague notion of being left out and with no real control. A notion that didn’t really manifest itself properly, but made us feel uneasy. Because our normal is no longer here. No more small talk around the cooler, no urgent face-to-face meetings, no option to just walk a few steps and check what your colleague meant with the last email. I wonder how many people are now wishing they had
used this opportunity, instead of resorting to the more tiresome digital/phone communication. Working from home means a drastic change in our approach to work/life balance. And while no one is going to miss a traffic jam on the main roads in and out of London and the bigger UK cities, the concept of commuter belts might have to be revised altogether. Whole communities will be affected, not to say destroyed.

And of course, we should bear in mind that those of us who can still work are to be considered lucky. So far, 6.3 million have been temporarily laid off by 800,000 companies according to data by HMRC¹. And UK Finance reports that 1.6 million people in the UK have applied for a mortgage payment holiday². Both numbers can be looked at either on a standalone basis, or in comparison with other countries around the world. But when you’re re-painting the normal, it does not matter whether you are doing better or worse than your neighbour. All that matters are the stories behind the numbers, all those lives that will enter an unknown state, often with no clear strategy or plan. Whole industries might become obsolete, entire continents will have to change their way of living and their policy towards tourists and foreigners. And as I sit here writing about the new normal, trying to imagine what it would mean for me, those around me and those after us – was this trip to the cinema indeed the last one of its kind? Netflix is already offering people the opportunity to stream the same movie together with their friends. Tate art galleries are offering virtual exhibition tours and talks, musicians are holding intimate gigs from their living rooms. Zoom is the invisible “person” sitting in almost every virtual meeting and conference taking place around the world. Multiple firms and banks are teaching the elderly how to manage everyday digital activities. Is the new normal going to be wrapped in the invisible wires of digitalization? And will we have to rediscover ourselves as digital avatars? Again, so many questions and not enough answers.

I should really finish on a positive note and with a clearly outlined silver lining (even if there are mostly clouds around us on this gloomy Sunday afternoon in London) – the world seems to be coming out of the stunned silence. We pressed the “pause” button, saw nature breathe in a gulp of fresh air and now we are ready to start walking again, cautiously. With a new vision of the world around us – so fragile, yet so resilient. So ready for a change.

¹ www.theguardian.com/business/2020/may/04/over-a-fifth-of-british-employees-furloughed-in-last-fortnight

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About the Author

**Gergana Tomova** was a Fulbright student at Fordham University in New York City, where she completed an M.A. in Elections and Campaign Management in 2010/2011. Upon completion of the programme she returned to Bulgaria and went back to New York City as a Bulgarian Youth Delegate at the United Nations in September 2012. She has been living in the UK for five years now, where she currently resides in London and works for the Financial Conduct Authority as a Senior Associate.
A Look into the New Normal

Fulbright Bulgaria alumni sharing perspectives on the challenges posed by the Covid-19 epidemic