Social Control Policies

Governing Human Lives and Health in Times of Pandemics

In the autumn of 2019, a young generation spoke out to world leaders about their right to a future and *Greta Thunberg* became a symbol for global change. In the spring of 2020, the COVID-19 pandemic has in turn rapidly actualized a negotiation on the value of senior citizens' lives. In each case the core questions remain the same: What type of reasoning justifies the control of populations' actions and lifestyles in the name of e.g. the vulnerable, economic prosperity or future generations' longevity and health? To what extent are we willing to go in our pursuit of these short- and long-term goals?

The principles underpinning the implementation of collective interventions, orienting populations towards better health and futures, have traditionally formed a focal concern within the seminal works of social scientists working on control policies, health and lifestyles.

Societal interventions and public health

Strategies for handling the COVID-19 crisis have been justified in view of the burdens placed upon healthcare, of the controlled acceleration of the spread in order to reach herd immunity, and in view of the mortality among less resilient groups and in societies at large. Statistical modelling and theoretical rationales may orient decision-makers, but countries are still bound to act within the means of their resources, cultural codes and administrative regimes. A recent study reviewing the development of COVID-19 in the light of social relations, restrictions, and institutional trust, shows that substantial variance exists between countries in Europe (Oksanen et al., 2020). It stands clear that moral, cultural and political dimensions of the implemented control policies are already discernable and need to be evaluated and laid bare.

In an interview with Unheard.com in late April 2020, Swedish senior epidemiologist *Johan Giesecke*, maintained that the Swedish policy of moderate social distancing is derived from a decision to strictly follow scientific evidence in decision-making. Since no prior research has been conducted on school lockdowns during pandemics, there is no evidence: ergo, there should be no school lockdowns. This reflects a view on evidence production as an absolute and neutral exercise covering more and more territories until "completion". The success of Sweden's path of moderate social distancing will, however, depend on how progress is measured, when and what you measure, as well as how – in hindsight – the decisions are framed by weighing in their individual weaknesses and strengths.

The framings we choose when we assess social control policies are ideological and political to their nature. Lancet editor *Richard Horton*, has seen that stripping out politics from medicine and health is historically ignorant: in an interview with the Financial Times (Ahuja, 24.4.2020) he stresses a need for the medical establishment to become far more politicised, and not less so.

Scope

The COVID-19 pandemic has exposed a demand for an updated overview of the nature, functions and limitations of social control policies in the 2020s: What type of frameworks and communication systems are available for orientating societies towards better futures, while lowering mortality and harm from pandemics, unhealthy lifestyles or environmental crises?

CALL FOR BOOK CHAPTERS

In order to gather expertise on these questions, this book project seeks out contributions that unfold governance- and system-based control policies from a societal scientific and cultural perspective. This includes a broad set of perspectives pertaining to systems, structures, power, constructs, concepts, and different types of governance models.

Discussions within the contributions can be empirical, theoretical and methodological to their character. They are, however, to address the broader theme of 'Control Policies: modes of governance; methods of persuasion and the incorporation of interests, knowledge and beliefs.' Examples of possible themes include:

- Accountable governance in times of health crises and pandemics
- Negotiation of collective harm in view of restricted or discouraged behavior in populations
- Media coverage and health communication
- Constitutional exceptions and basic human rights
- Evidence-based policies (EBP) and epidemiology: political interpretations and use
- Public and politicized constructs of resilience in welfare state systems
- Totalitarian practices and opportune conditions for populist movements
- Differences in healthcare systems and health expertise cultures
- Technocratic and biopolitical solutions in view of freedom and agency
- Dichotomy constructs: Public health/ economy, saving lives/ saving systems, the young/ the old, majority/ minority

Contributions can be situated within discussions across a broad set of disciplines and research fields, e.g. sociology, political history, social policy, media and communication, political science, criminology, anthropology, national economy.

Manuscripts will be peer-reviewed and edited into a volume that will be published during 2021. A contract is being drawn with an international publishing house, and abstracts will be integrated into the outline of this contract.

Abstracts:	300 words suggestions to be submitted by 31st of May, 2020
	Please, enclose author minibio(s), 3-5 keywords
	Submit to: saara.salmivaara@helsinki.fi
	Invitations of contributions before 15th of June, 2020
Chapters:	30th of November, 2020
Format:	4000-7000 words (excluding references), APA-style references

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