Chiba University Leading Research Promotion Program (in English)
Online International Seminar
"After the Pandemic: Towards a New Fair Society"

Date and Time： Wednesday 16 February 2022, 15:00-17:30, Japan

Abstract: This is a research essay based on the transcript of the seminar "After the Pandemic: Towards a New Fair Society." Section 1 Two speakers from Mahidol University International College introduce the same topic " After the Pandemic: Towards a New Fair Society?" but from diffident perspective. Section 2 topic 3 Panelist from Chiba university will give their comment to the two-speaker, and give their own topic. Section 3 is the discussion time.

Moderator
・**Prof. Hikari Ishido (Chiba University)**
Panelists
・**Prof. Jiro Mizushima (Chiba University)**
・**Prof. Masaya Kobayashi (Chiba University)**
・ **Assoc. Prof. Takayuki Kawase (Chiba University)**

Organizer: Chiba University Leading Research Promotion Program - Chiba Studies on Global Fair Society: A Multidisciplinary Approach (Led by its Global and Regional Research Group)

Jiro Mizushima

Hello everybody. Thank you for joining our online symposium today about 'After Corona Society.' My name is Jiro Mizushima, Director of this Chiba University program on Global Care Society. Our program is based on an interdisciplinary study on fairness and unfairness in the globalized world, such as widening disparity, regional segregation, and gender inequality. Under the current situation of COVID-19, these unfair phenomena have become more apparent and more serious. These complicated problems could not be tackled without the broad cooperation of multiple academic disciplines.

Today, the members of Chiba University or scholars in different fields such as philosophy, international economics, public philosophy, and political science, and the distinguished scholars from Mahidol, Dr. Moshammer, are philosophers, and Dr. Posrithong studies history and international relations. For a fairer post-Corona society, we are responsible for cooperating and establishing a framework or a blueprint for a new global fair society. I hope that we can have a fruitful discussion today.

Section 1

Dr. Gerald Moshammer

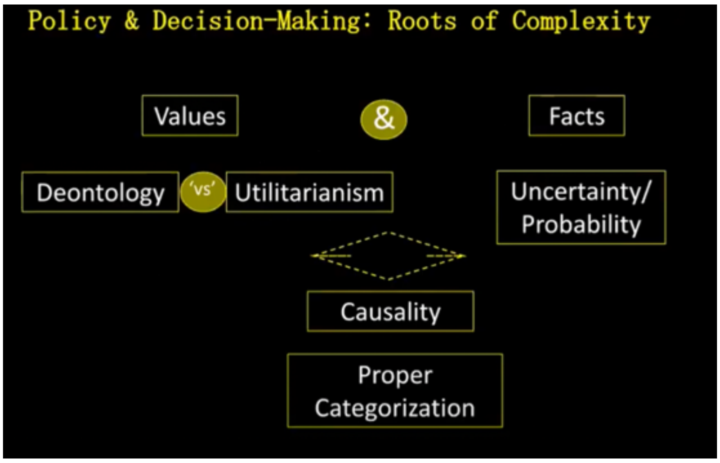
The topic when I saw it, I thought it was rather broad as the interdisciplinary nature of our workshop also necessitates. So, my approach to all this is also somewhat general and broad at first. I call my presentation Modern Symptoms of Complexity and Uncertainty in the Intersection of Facts and Values.

What I would like to highlight maybe is that especially during the COVID situation or crisis, as some call it, we can see that policymaking, of course, is very much kind of involved with both values and facts(Figure 1). The intersection is rather delicate. There is a kind of a situation here, especially in public health, that shows certain complexities I would like to address. When it comes to values, I would like to briefly remind everyone of these two major traditions in ethical thinking, deontology, and utilitarianism, which are sort of hallmarks of rational, ethical thinking.

When it comes to facts, I will focus a little bit on the issue of uncertainty and probability, not in the real mathematical technical outlook but as a philosophical and social problem. Two key notions are here, and I think attached to that, which influence modern policymaking; namely the notion of causality I think is very important, and the notion of proper categorization; and it's important for both, the value side of things and the factual side of things.

First, let me highlight the issue of fairness as it is often addressed in ethical thinking and philosophy (Figure 2). One of the mark stones or pillars of rational ethics is these axioms that should guide us in making ethical judgments and decisions. One of the most pronounced axioms is the universalizability axiom, which both utilitarianism and deontology put forward, although they are quite different in their outlooks. When you read Figure 2, you can see that the major point here is that we should treat relevantly similar situations with the same standard. It's a very simple principle of fairness that is here demanded. Children show this kind of sense of fairness already. There are even studies in the animal world that support these ideas. But, of course, in a more complex formation in modern societies, this demand of treating relevantly similar cases with equal standards becomes very delicate, I think. The issue is simply because that criterion is based on facts. That's a very important thing to notice. It is very important to see that the reason why we can universalize is that we understand how the world works. It is a factual understanding of how we should categorize, and how we should prove? For example, we would say we should maybe, once we learn about sentient beings and animals, we should reconsider animal rights because we understand the physiology of animals, and therefore we start to rethink our approaches to animals in certain cultural contexts at least. That's very important to see the factual basis of universalizability.

Figure 1 Policy & Decision–Making: Roots of Complexity



Policy & Decision-Making: Roots of Complexity

Values & Facts

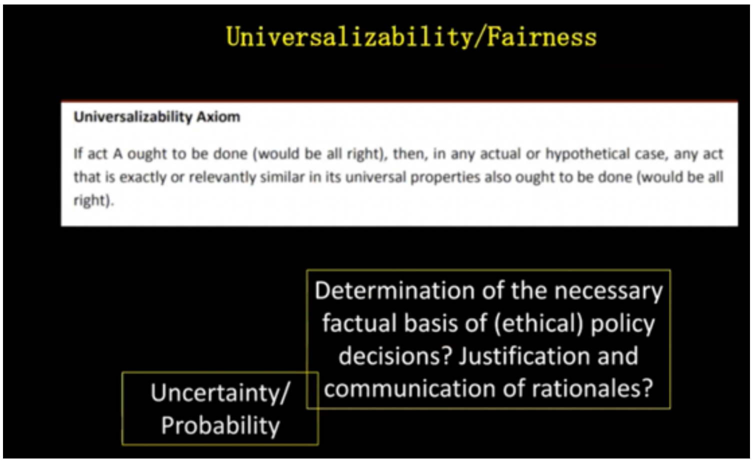
Deontology 'vs' Utilitarianism

Uncertainty/ Probability

Causality

Proper Categorization

Figure 2 Universalizability/Fairness



Universalizability/Fairness

Universalizability Axiom

If act A ought to be done (would be all right), then, in any actual or hypothetical case, any act that is exactly or relevantly similar in its universal properties also ought to be done (would be all right).

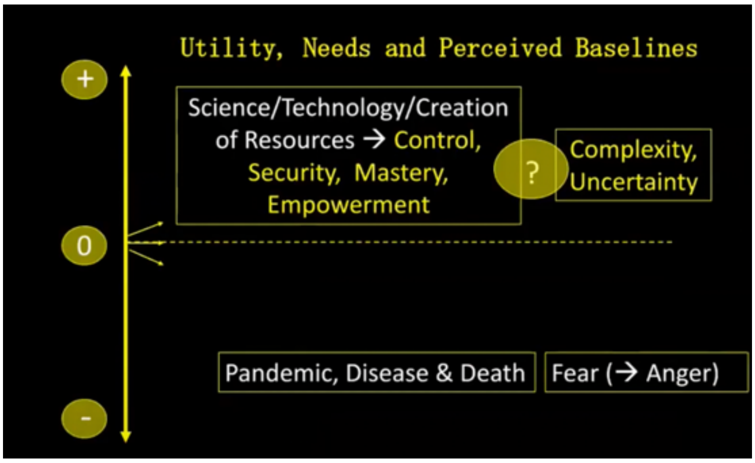
Determination of the necessary factual basis of (ethical) policy decisions? Justification and communication of rationales?

Uncertainty/ Probability

Before moving on, let me briefly say that of course science and technology have been a success story (Figure 3). It seems it has given humans control, security, and mastery. It has empowered us. And it has allowed us to meet our needs and to raise what I call here the baseline so to speak. Our expectations have been raised too because, for example, we do not simply accept that we have to die of certain diseases, we demand almost from the medical sciences to provide us with some remedy.

But there are two things to say. First, of course, science is complex. Science is by no means straightforward. That control and security are kind of counterbalanced with this increasing complexity and uncertainty and knowledge about uncertainty especially. Also, we shouldn't forget that the pandemic has shown us again that we are still very fragile in our biological makeup and basically, we can be quite easily threatened not only individually but as a species by certain contingent events. All that, of course, links to very basic emotions like fear and anger which we can see around the world playing out nowadays.

Figure 3 Utility, Needs, and Perceived Baselines


Utility, Needs and Perceived Baselines

Science/Technology/Creation of Resources → Control, Security, Mastery, Empowerment

Complexity, Uncertainty

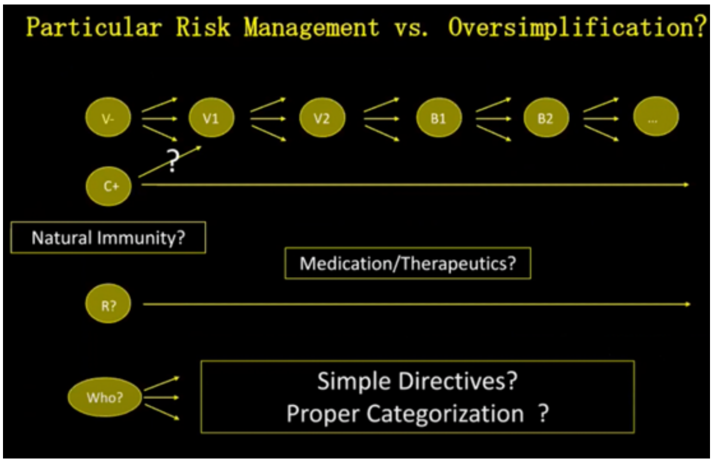
Pandemic, Disease & Death

Fear (→ Anger)

So, let me just first address the surface of the kind of COVID issue, namely that it is a bit puzzling maybe to some that the demand for vaccination has become a kind of series of vaccinations (Figure 4). The status of 'V-' on the screen, right, and you don't have a vaccine and then the first shot, the second shot, booster shots, and so forth. For each shot, we expect of course that we increase our utility so that things get better. But it's maybe not always so clear. And then there is of course the situation that people get COVID without vaccination. Then we can ask the question of natural immunity. Then, there is the question of medication and therapeutics.

There are all these kinds of questions that create a certain complex situation as to what the individual should do, especially in light of 'R.' You see R is the risk. What kind of risk is associated with for example the vaccination, not getting vaccinated when one has already had COVID, and so forth? Of course, the question is who should do what? It's a question of categorization simply which is often of course discussed. Should we vaccinate children? Should pregnant women get vaccinated and so forth?

Figure 4 Particular Risk Management VS. Oversimplification?


Particular Risk Management vs. Oversimplification?

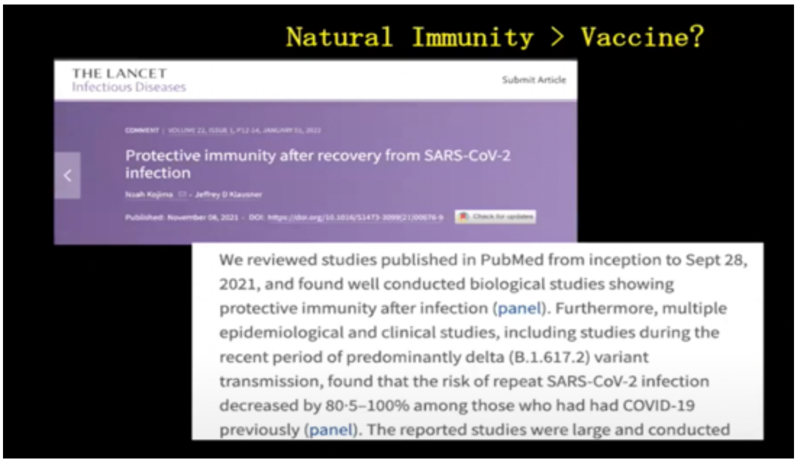
Natural Immunity?

Medication/Therapeutics?

Simple Directives?
Proper Categorization ?

Now just to see that the normal narrative is sometimes countered by science (Figure 5). That's a relatively recent paper in the Lancet, a very famous medical journal, one of the best, they studied a kind of literature review of studies about natural immunity. They conclude that natural immunity is extremely strong, especially in Delta and the older variant. I am not saying that to make any medical claims, I am not in a position to do so. But to just say that science itself sometimes creates complexity by giving some voices that are not always supported.

Figure 5 Natural Immunity > Vaccine?



Natural Immunity > Vaccine?

THE LANCET
Infectious Diseases

Submit Article

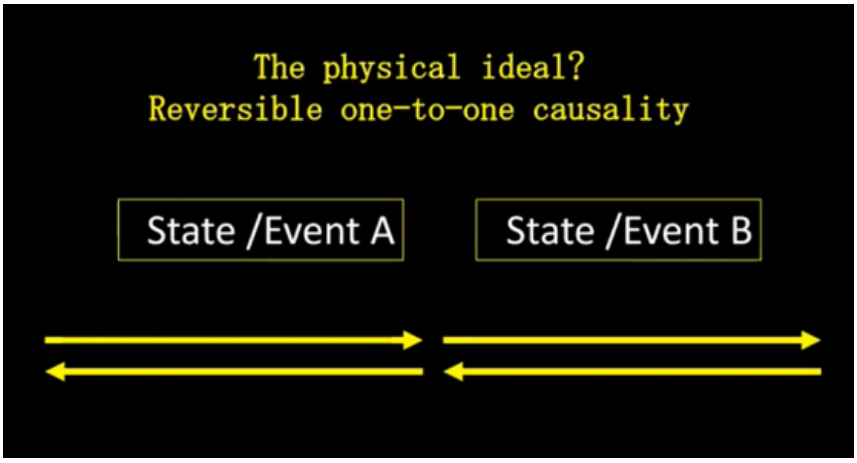
Protective immunity after recovery from SARS-CoV-2 infection

Noah Kojima · Jeffrey D Klausner

We reviewed studies published in PubMed from inception to Sept 28, 2021, and found well conducted biological studies showing protective immunity after infection (panel). Furthermore, multiple epidemiological and clinical studies, including studies during the recent period of predominantly delta (B.1.617.2) variant transmission, found that the risk of repeat SARS-CoV-2 infection decreased by 80·5–100% among those who had had COVID-19 previously (panel). The reported studies were large and conducted

What interests me a bit more as a philosopher here is the issue of causation and how it plays a role in communicating science which is so important nowadays. Namely the role model of science, namely physics in the more classical form portrays causality as a one could say two-way street (Figure 6). It is not only that we expect that a particular state or event causes another one and determines actually the next one. But if we know what comes later, so to speak, we should be able to reconstruct the conditions that led to that event. This is really a clear one-to-one mapping.

Figure 6 The physical ideal? Reversible one-to-one causality



The physical ideal?
Reversible one-to-one causality

State /Event A

State /Event B

Physicists in the ideal form would say we should actually causally be able to read the universe backward. We should go backward from now to the Big Bang or whatever started the whole universe and that would be governed by the same laws of physics as reading it forward. That's sort of the standard fair model. Of course, modern physics questions that on many fronts. I am not going into these areas of quantum physics and so on as I don't know about it basically, only very superficially. But that sort of the classical model that many people have still in mind is maybe still a fair point in certain areas of physics and engineering.

But when it comes to the more complex phenomenon and more complex sciences, complex in the sense of dealing with more parameters, then we of course face many-to-many relations like Figure 7 shows. We cannot just say that one particular event will certainly lead to another particular event. What I mean by X, Y, W, and so on are just the different outcomes that can occur. For example, when you roll a dice, you usually have six possible outcomes, and they add up to one in the probable theory of course. But in the older days, there was ignorance in relation to the possible outcomes of events. Nowadays, we try to measure them. That is what probability theory is about. You want to measure uncertainty.

Measuring uncertainty, of course, can mean two things. It can mean that we measure our lack of knowledge because everything is basically determined. We just don't know enough about nature that we can produce a solid science, or it can also mean that nature itself is undetermined. That's of course, a philosophical question we don't need to answer here. But it is important to see that uncertainty is simply part of solid science nowadays in terms of statistics, in terms of making in medical sciences, clinical studies, and so forth in order to control uncertainty. But it is still uncertain. That's important to notice.

Figure 7 Often the reality: Many-to-many uncertainty

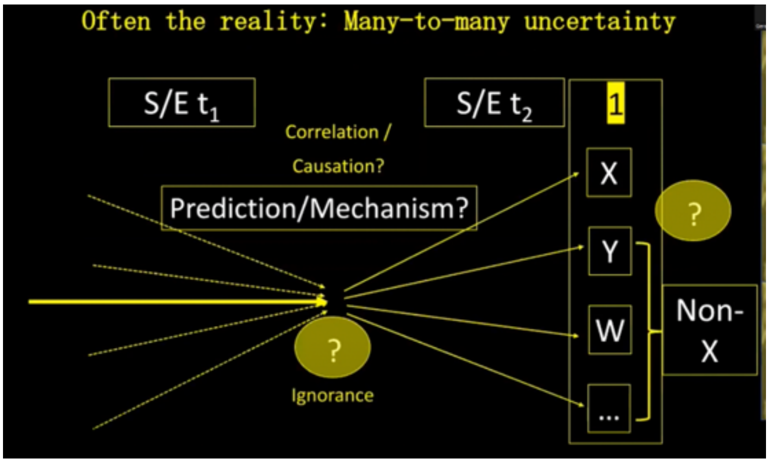
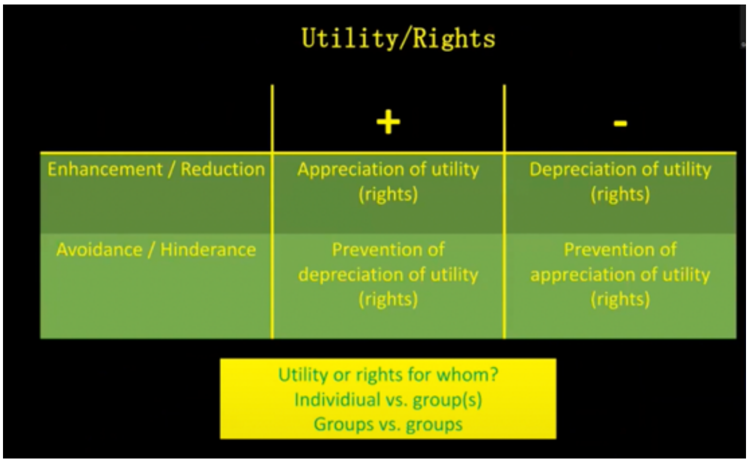


Figure 8 only briefly explains what I will mean with plus and minus in Figure 9. When you see a +, I just mean that things get better, or worse things are avoided. And when there is a -, I mean the things of course declined or positive things are prevented from happening. That's just a clarification figure here.

Figure 8 Utility/Rights



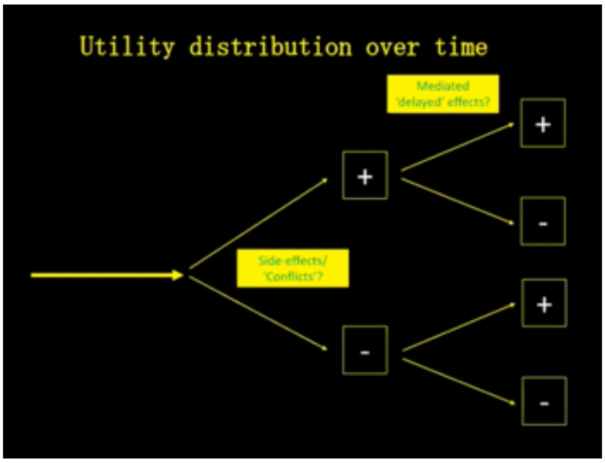
Utility/Rights

	+	-
Enhancement / Reduction	Appreciation of utility (rights)	Depreciation of utility (rights)
Avoidance / Hinderance	Prevention of depreciation of utility (rights)	Prevention of appreciation of utility (rights)

Utility or rights for whom?
Individiual vs. group(s)
Groups vs. groups

When it comes to the consequences of our actions, and especially complex policymaking as is the case in COVID, what I think is of course noteworthy is that because of the uncertainty we have to account for side effects. Also, we may end up, of course, with positive or negative longer consequences of something that looks quite different at present. You may have strong restrictions in society in order to stop COVID from spreading, but the restrictions themselves may have a huge impact on the psychology of people, behavioral patterns, and so forth. Especially in the social space, these kinds of utility distributions are not easily modeled. That's very important.

Figure 9 Utility distribution over time

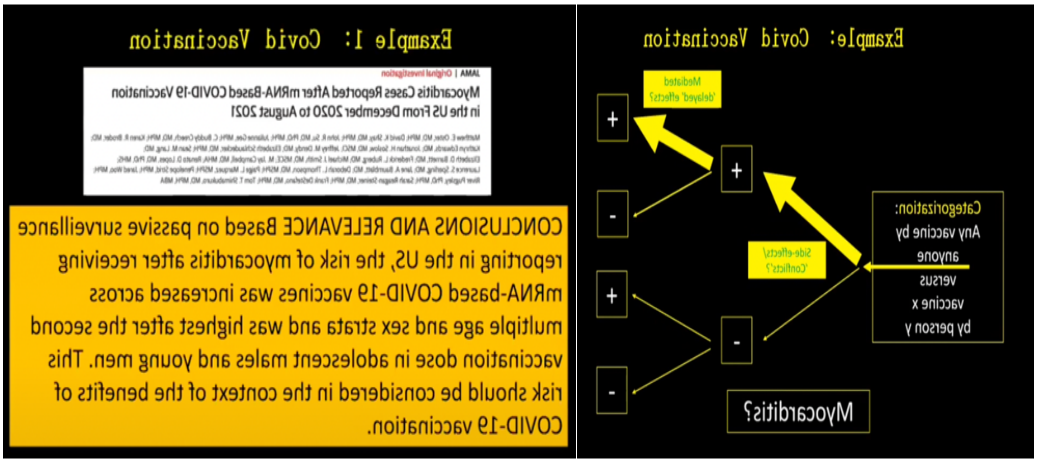

Utility distribution over time
Mediated 'delayed' effects?
Side-effects/ 'Conflicts'?
+
-
+
-
+
-

When it comes to COVID, we have always heard a very clear picture, namely, vaccination is good individually and vaccination is good for the group. And therefore, there is no way to deny that vaccination is the right recipe. That, of course, makes a pointed sense. But recently from science, and I really want to always bring in science here and not other voices. I don't want to get political or ideological unnecessarily. But there is this case of myocarditis especially heavily discussed in science as far as I could see, which basically is heart inflammation. This kind of problem occurs especially in younger men after taking the Messenger RNA vaccine (Figure 10).

Now the question is for the policymaker, should one be transparent about these kinds of findings, or is it a risk, so to speak, to bring in too many caveats, too many exceptions in order to maybe make everyone worried about the vaccine. That's a difficult issue all the time. How much do you need to stick to the facts?

I just showed here a brief paper that has been discussed, published in Clinical Infectious Diseases that quite clearly talks about myocarditis in relation to aspiration, which is a specific method of giving an injection (Figure 11). Actually, that is a topic that has never been discussed much and the World Health Organization has not really addressed that. Actually, they do not recommend it. Aspiration means basically as far as I know that you just pull back the injection briefly as a nurse. And then you look at whether you hit a blood vessel or a muscular tissue. And then, if there is blood then you would not continue with the vaccination, you would start again. Because when the serum somehow enters the bloodstream directly, there may be some problems occurring of myocarditis. That's the kind of suspicion. This research kind of supports that suspicion. And also, that myocarditis is a case for young men especially is kind of claimed with evidence of course by this paper where especially adolescent and young men are put in the risk group. That kind of knowledge shows you it's very hard to build a kind of clear messaging around a complex topic like this.

Figure 10 Example 1: Covid Vaccination


Example 1: Covid Vaccination

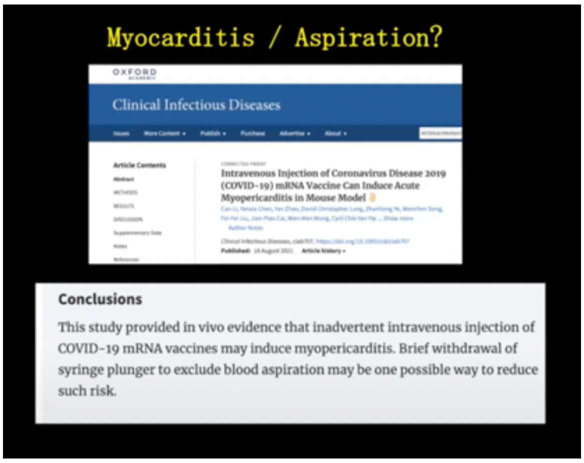
JAMA | Original Investigation

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

CONCLUSIONS AND RELEVANCE Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

Example: Covid Vaccination
Mediated 'delayed' effects?
+
+
-
+
-
-
Side-effects 'Conflicts'?
Categorization:
Any vaccine by anyone
versus
vaccine x
by person y
Myocarditis?

Figure 11 Myocarditis/Aspiration?


Myocarditis / Aspiration?

OXFORD ACADEMIC

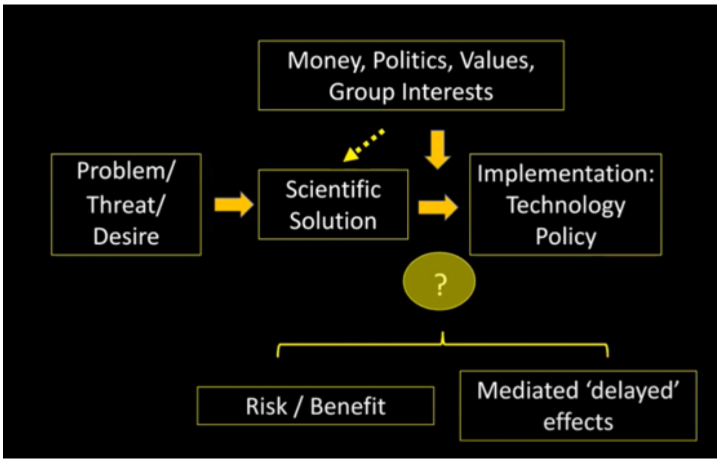
Clinical Infectious Diseases

Intravenous Injection of Coronavirus Disease 2019 (COVID-19) mRNA Vaccine Can Induce Acute Myopericarditis in Mouse Model

Conclusions

This study provided in vivo evidence that inadvertent intravenous injection of COVID-19 mRNA vaccines may induce myopericarditis. Brief withdrawal of syringe plunger to exclude blood aspiration may be one possible way to reduce such risk.

Figure 12

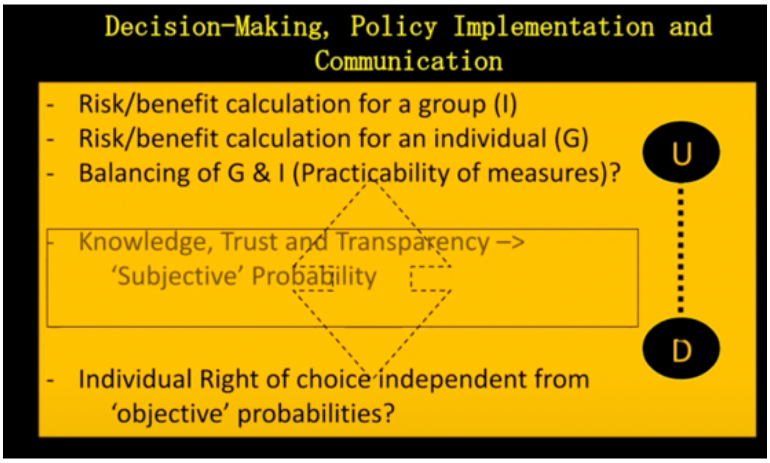

Money, Politics, Values, Group Interests
Problem/ Threat/ Desire
Scientific Solution
Implementation: Technology Policy
?
Risk / Benefit
Mediated 'delayed' effects

That leads me slowly now to the issue of trust which I think is really important in order to understand why this grand planning of affairs in complex societies leads maybe to counterintuitive consequences often. I have mentioned that science was successful in tackling problems and fending off threats. That's indeed the case. But nowadays, science does not play out in a completely neutral space, especially when it comes to implementation, technology that needs policy, and so on. The question is are risk benefits calculations and mediated delayed effects, as I say in Figure 12, given enough voice? If not, what are the consequences of not giving enough voice?

I think that has all to do with this discussion about misinformation and fake news and so forth, which seems to be quite a simple thing, namely that there are some people who don't understand' science, and then there are other people who do understand science. But I think it's not that simple because science, as I tried to show, the science that is interesting here in this case deals with uncertainty. It's not that easy to establish always a final picture of uncertainty. That's why clinical trials in the medical sciences sometimes take a long, long time. And even then, sometimes the outcome may be revisited or revised. We have to acknowledge that it's just a very difficult thing to model biological systems.

So, when we make decisions we need to think about risk-benefit calculations for groups, but also risk-benefit calculations for the individual, and then we need to, of course, balance both (Figure 13). So, can we really demand a young man who reads this kind of research I just mentioned to take the vaccine just because he has to care for the group? If these questions are not treated properly in the public discourse of the policymakers, then I think people lose trust. If they lose trust then trust becomes part of the probability estimation of subjective probability, and people will retreat. For example, people will be not so open to utilitarian thinking, which means the long-term kind of benefits for the group if they may materialize. But you may go back to a strict deontological standpoint and try to defend their freedom, their freedom of choice, and so on. That's when the complexity provides a kind of headache to politicians that they often want to avoid too easily.

Figure 13 Decision-Making, Policy Implementation, and communication

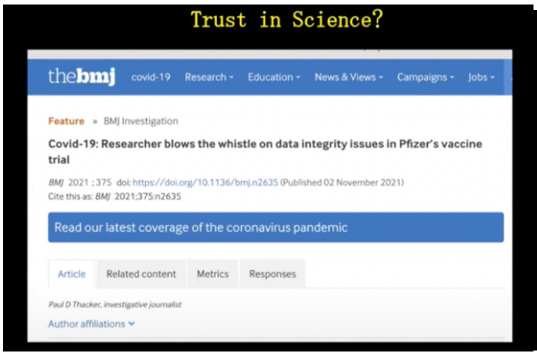


Decision-Making, Policy Implementation and Communication

- Risk/benefit calculation for a group (I)
- Risk/benefit calculation for an individual (G)
- Balancing of G & I (Practicability of measures)?
- Knowledge, Trust and Transparency –> 'Subjective' Probability
- Individual Right of choice independent from 'objective' probabilities?

In order to give some evidence that trust in science is shaken a little bit, I would like to give as my first example the British Medical Journal that actually fought back and also mentioned critical points in relation to research, namely for example Pfizer's issue with data integrity and that led to issuing with Facebook, that Facebook saying that the British Medical Journal, again a top journal in the medical field, would be spreading fake news (Figure 14). And then the British Medical Journal was fighting back, and they defended themselves, of course.

Figure 14 Trust in Science?



Trust in Science?

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Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial

BMJ 2021 ; 375 doi: https://doi.org/10.1136/bmj.n2635 (Published 02 November 2021)
Cite this as: *BMJ* 2021;375:n2635

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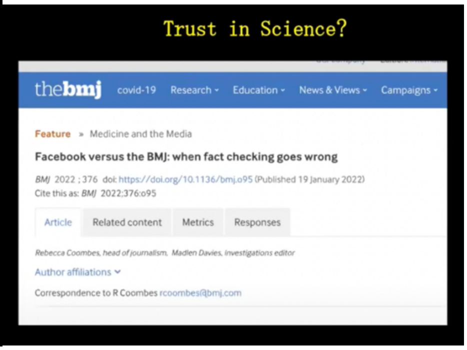

Trust in Science?

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Facebook versus the BMJ: when fact checking goes wrong

BMJ 2022 ; 376 doi: https://doi.org/10.1136/bmj.o95 (Published 19 January 2022)
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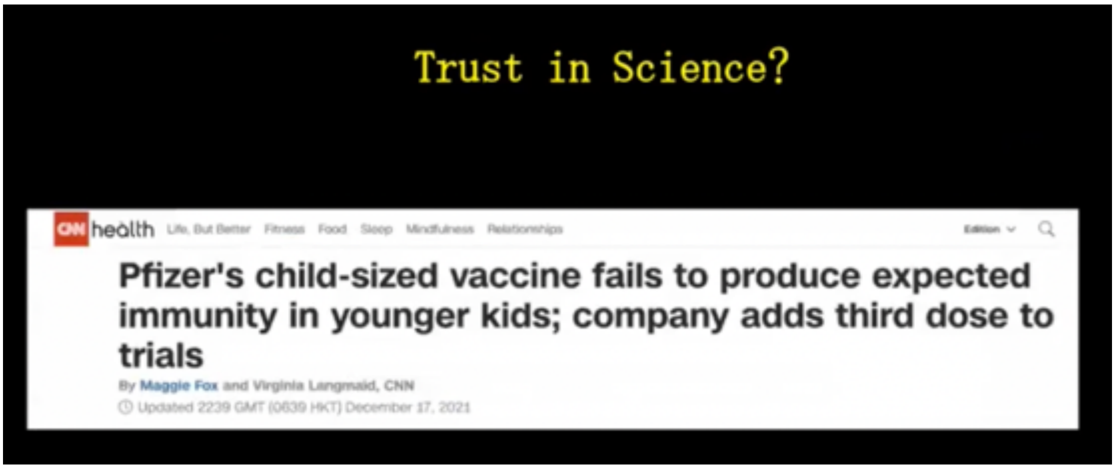


Trust in Science?

CNN health
Life, But Better
Fitness
Food
Sleep
Mindfulness
Relationships
Edition

Pfizer's child-sized vaccine fails to produce expected immunity in younger kids; company adds third dose to trials

By Maggie Fox and Virginia Langmaid, CNN

Updated 2239 GMT (0639 HKT) December 17, 2021

There are other issues that can be mentioned recently that Pfizer made a study about vaccines that didn't produce the expected effects for children because the dose was so low (Figure 14 CNN). They thought it was enough, but the children didn't build up antibodies. Normally, you would expect that they go back and just do it again, a new clinical trial with a new kind of dosage. But they decided to just give a third dose which is not really the right thing to do as far as I know. One can see that some issues here when one goes into details are a little bit shady, and one again as a rational being can only cast some doubts about certain practices in these areas which are not good. Because if science can't be trusted, then we have a problem. It will be better if science is more truthful with regards to what it can do and what it cannot do, especially in complicated sciences like the medical sciences, biological sciences, and social sciences.

As a positive and really impressive example, I would actually note something from Japan (Figure 15). Here I read on the website of the Ministry of Health, Labor, and Welfare a very, I would say, mature position, a very reasonable and, I would call it, a very highly civilized position in terms of vaccination. Basically, what it says is that no one should be mandated to have to take the vaccine and no one should lose a job if they don't take the vaccine, and so on. But at the same time, of course, vaccination is encouraged. The side effects, especially the myocarditis case is also mentioned here.

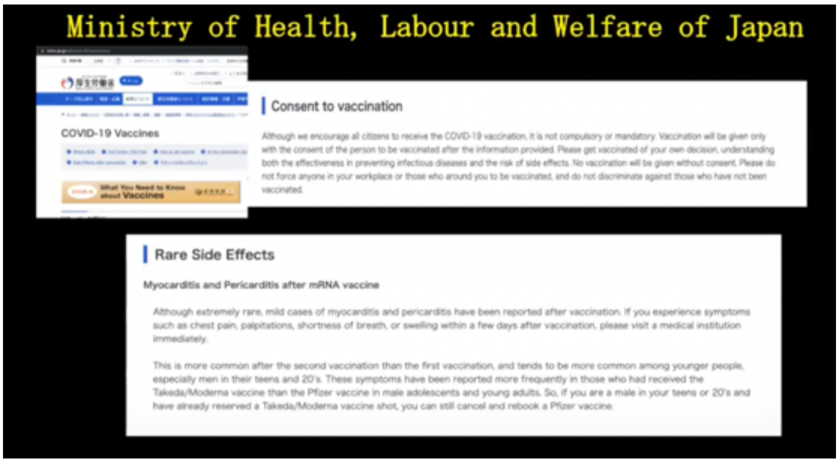
I find this quite curious and interesting because Japan is basically often seen as a more collectivist culture while the western countries are more individualist. But the western cultures seem to be much stricter sometimes unless you can say empathetic with different viewpoints or with individual decisions than is the case here.

Having a little bit of question, a pure simplified utilitarian outlook. Of course, deontology, and I hope you have basically grasped the idea of this concept, deontology, the idea that you defend your own rights, rights of free speech, and to choose freely, and so forth. Deontology has also problems when freedom causes harm and that was of course the argument all the time.

If you are unvaccinated, you create a case of not only risk for yourself, but many people will also get infected and hospitals get overstretched and then everything breaks down. And we need restrictions and the restrictions have made a big impact again and so forth and the vaccinated people lose freedom in the end which again shows a conflict here.

While this is fine, I think Figure 16 applies only to Delta, not to Omicron, and many countries have noticed that already and changed their policies because Omicron is different. Also, one can of course ask why not focus on the vulnerable and the risk groups more than we have done

Figure 15 Ministry of Health, Labour and Welfare of Japan



Ministry of Health, Labour and Welfare of Japan

COVID-19 Vaccines

What You Need to Know about Vaccines

Consent to vaccination

Although we encourage all citizens to receive the COVID-19 vaccination, it is not compulsory or mandatory. Vaccination will be given only with the consent of the person to be vaccinated after the information provided. Please get vaccinated of your own decision, understanding both the effectiveness in preventing infectious diseases and the risk of side effects. No vaccination will be given without consent. Please do not force anyone in your workplace or those who around you to be vaccinated, and do not discriminate against those who have not been vaccinated.

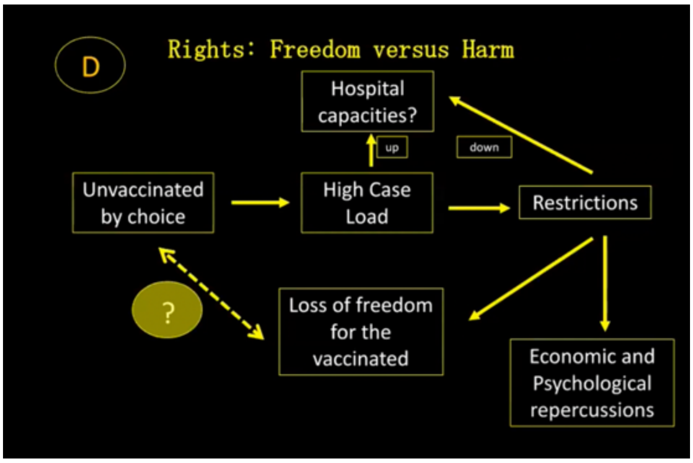
Rare Side Effects

Myocarditis and Pericarditis after mRNA vaccine

Although extremely rare, mild cases of myocarditis and pericarditis have been reported after vaccination. If you experience symptoms such as chest pain, palpitations, shortness of breath, or swelling within a few days after vaccination, please visit a medical institution immediately.

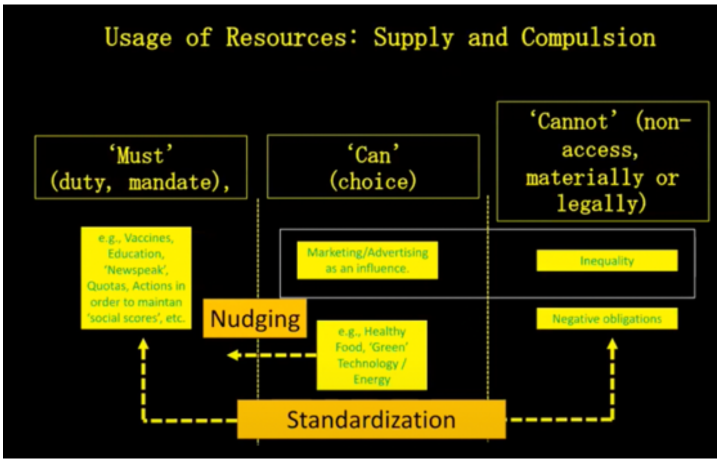
This is more common after the second vaccination than the first vaccination, and tends to be more common among younger people, especially men in their teens and 20's. These symptoms have been reported more frequently in those who had received the Takeda/Moderna vaccine than the Pfizer vaccine in male adolescents and young adults. So, if you are a male in your teens or 20's and have already reserved a Takeda/Moderna vaccine shot, you can still cancel and rebook a Pfizer vaccine.

Figure 16 Rights: Freedom versus Harm


D
Rights: Freedom versus Harm
Hospital capacities?
up
down
Unvaccinated by choice
High Case Load
Restrictions
?
Loss of freedom for the vaccinated
Economic and Psychological repercussions

In order to round this up, in modern societies and the COVID crisis has shown this very much, we have this kind of paradox of resources. One side says you must use a resource. And it's not only vaccines, right, it is also education, a way of speaking, newspeak I mention in Figure 17. There are certain actions to qualify socially some say China is attempting to implement. There is a kind of coercion, a kind of force. At the same time, some people cannot get the vaccine, right? Some must get it, and the others, don't have access to it. There is a kind of paradox here. At the same time of course there exists still the layoff choice but the layoff choice is in a way also ruled by market forces, we shouldn't forget that. This standardization idea is very strong and that's why some critical voices speak about authoritarianism in relation to the COVID crisis, which I think is a legitimate concern and needs to be discussed clearly.

Figure 17 Usage of Resources: Supply and Compulsion


Usage of Resources: Supply and Compulsion

'Must' (duty, mandate),

'Can' (choice)

'Cannot' (non-access, materially or legally)

e.g., Vaccines, Education, 'Newspeak', Quotas, Actions in order to maintan 'social scores', etc.

Nudging

Marketing/Advertising as an influence.

Inequality

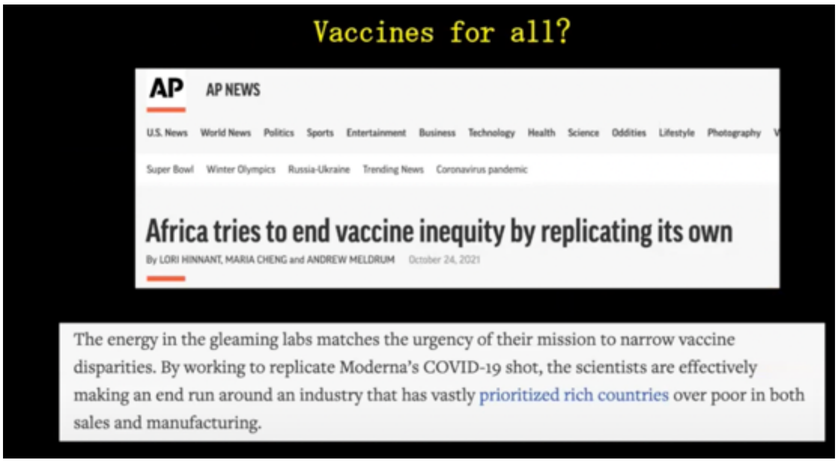
Negative obligations

e.g., Healthy Food, 'Green' Technology / Energy

Standardization

Here is a brief example of Africa trying to reverse engineer Messenger RNA vaccines because they don't get access to those vaccines (Figure 18). They just don't have them. While in my country, Austria, there is a vaccine mandate. So, you can be fined if you are not vaccinated (Figure 19).

Figure 18 Vaccines for all?


AP
AP NEWS
U.S. News World News Politics Sports Entertainment Business Technology Health Science Oddities Lifestyle Photography
Super Bowl Winter Olympics Russia-Ukraine Trending News Coronavirus pandemic

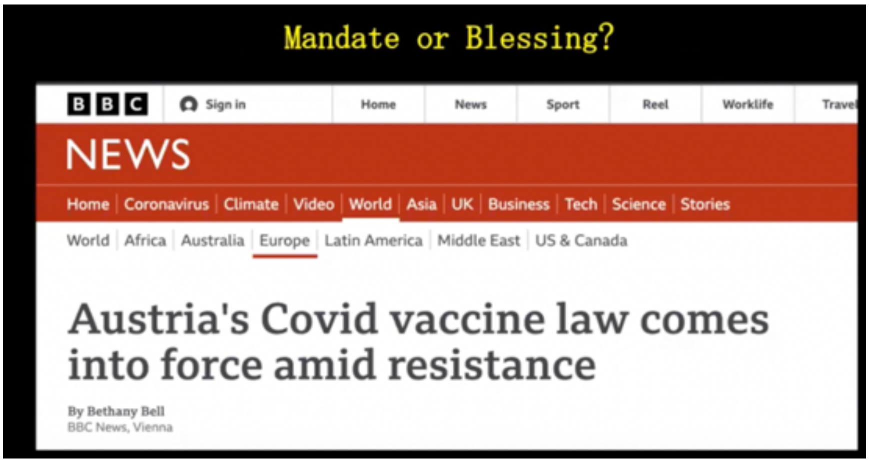
Vaccines for all?

Africa tries to end vaccine inequity by replicating its own

By LORI HINNANT, MARIA CHENG and ANDREW MELDRUM October 24, 2021

The energy in the gleaming labs matches the urgency of their mission to narrow vaccine disparities. By working to replicate Moderna's COVID-19 shot, the scientists are effectively making an end run around an industry that has vastly prioritized rich countries over poor in both sales and manufacturing.

Figure 19 Mandate or Blessing?


BBC
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Sport
Reel
Worklife
Travel
NEWS
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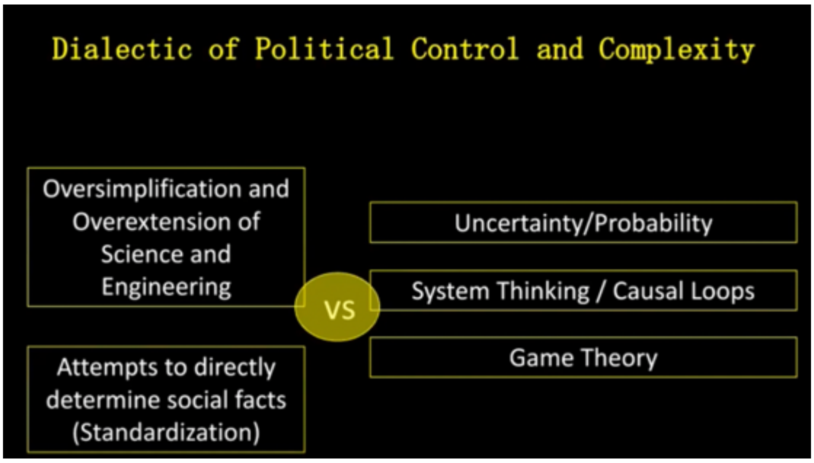
Mandate or Blessing?

Austria's Covid vaccine law comes into force amid resistance

By Bethany Bell
BBC News, Vienna

So, at the end of all this, I think that we have here this kind of over-simplification and over-extension of science and engineering sometimes in the public discourse. It's not only in relation to COVID but other topics also. Also, of course, politicians often quite naturally try to directly determine social facts with strict rules and with standardization, and so forth. That counters pretty much certain details in relation to uncertainty probability, and system thinking. This caused a loop diagram that you are maybe familiar with, which I think is a very good tool in order to communicate complexity and decision making. Also, game theory would be an interesting idea here that could highlight why people react to, for example, vaccine mandates in a certain way, not by following them but by getting more stubborn (Figure 20).

Figure 20 Dialectic of Political Control and Complexity



Dialectic of Political Control and Complexity

Oversimplification and Overextension of Science and Engineering

Attempts to directly determine social facts (Standardization)

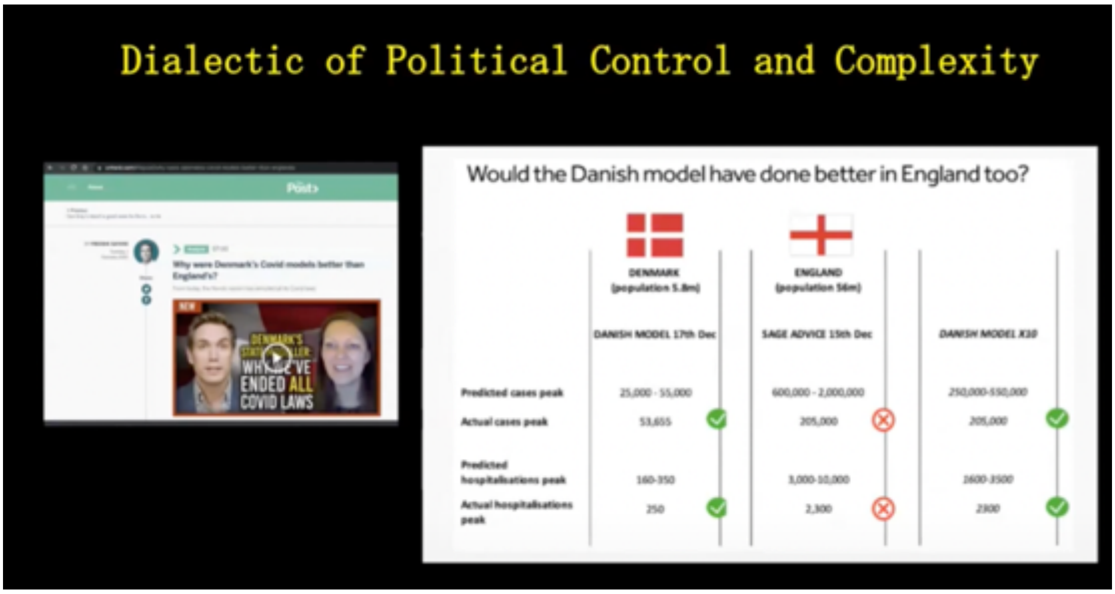
VS

Uncertainty/Probability

System Thinking / Causal Loops

Game Theory

Figure 21 Dialectic of Political Control and Complexity



Dialectic of Political Control and Complexity

Why were Denmark's Covid models better than England's?

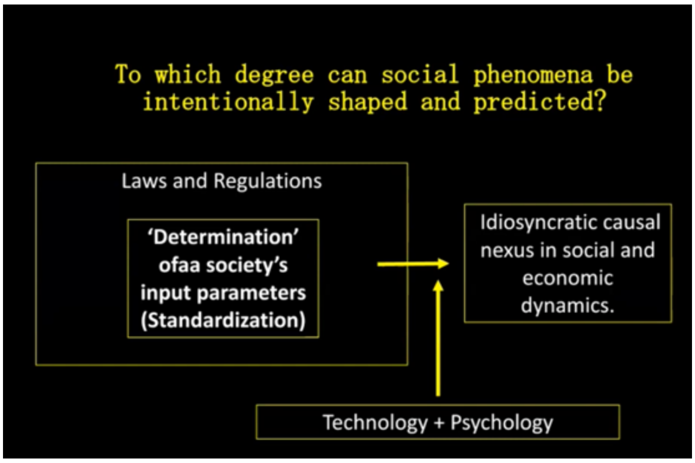
Would the Danish model have done better in England too?

	DENMARK (population 5.8m) DANISH MODEL 17th Dec		ENGLAND (population 56m) SAGE ADVICE 15th Dec		DANISH MODEL X10	
Predicted cases peak	25,000 - 55,000		600,000 - 2,000,000		250,000-550,000	
Actual cases peak	53,655	✓	205,000	⊗	205,000	✓
Predicted hospitalisations peak	160-350		3,000-10,000		1600-3500	
Actual hospitalisations peak	250	✓	2,300	⊗	2300	✓

There is this interesting case with the Omicron variant, to show the uncertainty sometimes in science itself. England, the UK has done a pretty bad job in modeling the data. They overestimated the hospitalization and the cases a lot. While Denmark did an extremely good job. I took this data from the website I am showing you in Figure 21. The woman you can see in Figure 21 is actually the Chief Scientist of the advisory group to the Danish government. What she said in this interview that I watched is basically that they accounted for the changes in behavior in their models, in the sense that when people hear there are more cases of Omicron, then they will automatically change their behavior. Because of that, the caseload is actually not rising up as fast as, for example, the UK models have done. One can see these are all experts, but their models are really extremely divergent, extremely different projections as to what Omicron would lead to.

Last We have here laws and regulations that we need to have in order to live in an organized society. But we must always ask how much can you really predict or intentionally shape (Figure 22)? In a complex society with a lot of technology, we don't always fully understand the psychological and behavioral impact of these measures. And so, the idea that we can just, so to speak, push a button and create fairness or a kind of substantial change in public health may be an illusion. In order to have a fair society, I guess we need to be fair to complexity.

Figure 22 To which degree can social phenomena be intentionally shaped and predicted?



To which degree can social phenomena be intentionally shaped and predicted?

Laws and Regulations

'Determination' ofaa society's input parameters (Standardization)

Idiosyncratic causal nexus in social and economic dynamics.

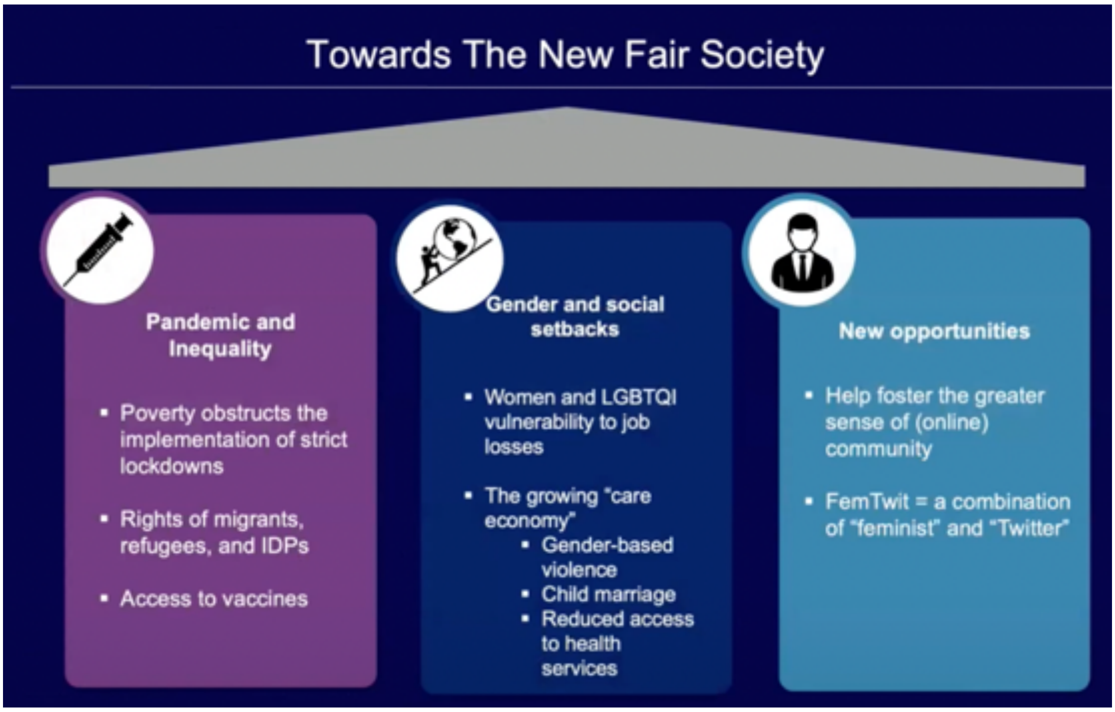
Technology + Psychology

Dr. Natanaree Posrithong

My presentation today, is to look into the social setbacks and gender inequalities during the pandemic and maybe the post-pandemic period.

Basically, I just prepared some slides here, when we think about the new fair society, obviously the questions about inequality came up (Figure 23). last year we were raising many important issues including definitely the poverty issue during the implementation of the strict lockdowns, or the rights of minorities, especially as I am from Thailand, and I see what was happening in the years 2020 and 2021. I mean there were a lot of issues regarding the rights of migrant workers, refugees, the displaced people, and so on, especially regarding the access to vaccines. I think all of these would still be the problems that many, many countries are still fighting, are still struggling, are still trying to solve these problems.

Figure 23 Towards The New Fair Society



Towards The New Fair Society

Pandemic and Inequality

- Poverty obstructs the implementation of strict lockdowns
- Rights of migrants, refugees, and IDPs
- Access to vaccines

Gender and social setbacks

- Women and LGBTQI vulnerability to job losses
- The growing "care economy"
  - Gender-based violence
  - Child marriage
  - Reduced access to health services

New opportunities

- Help foster the greater sense of (online) community
- FemTwit = a combination of "feminist" and "Twitter"

But like I said, coming from a gender historian perspective, I think there is a lot that I can expand into. I plan to continue a bit more today and emphasize gender issues during the pandemic from two particular perspectives. In the middle column, this is what I put as the social setbacks and gender inequalities that resulted from the pandemic (Figure 23). Of course, we can't focus on the wrong things. There were also new opportunities, at least we can be happy about. There were some opportunities and some positive consequences that resulted from the pandemic. So, I will talk about the new opportunities for women and LGBT empowerment that emerged during the pandemic later. Maybe that could initiate an even bigger movement in the post-pandemic period.

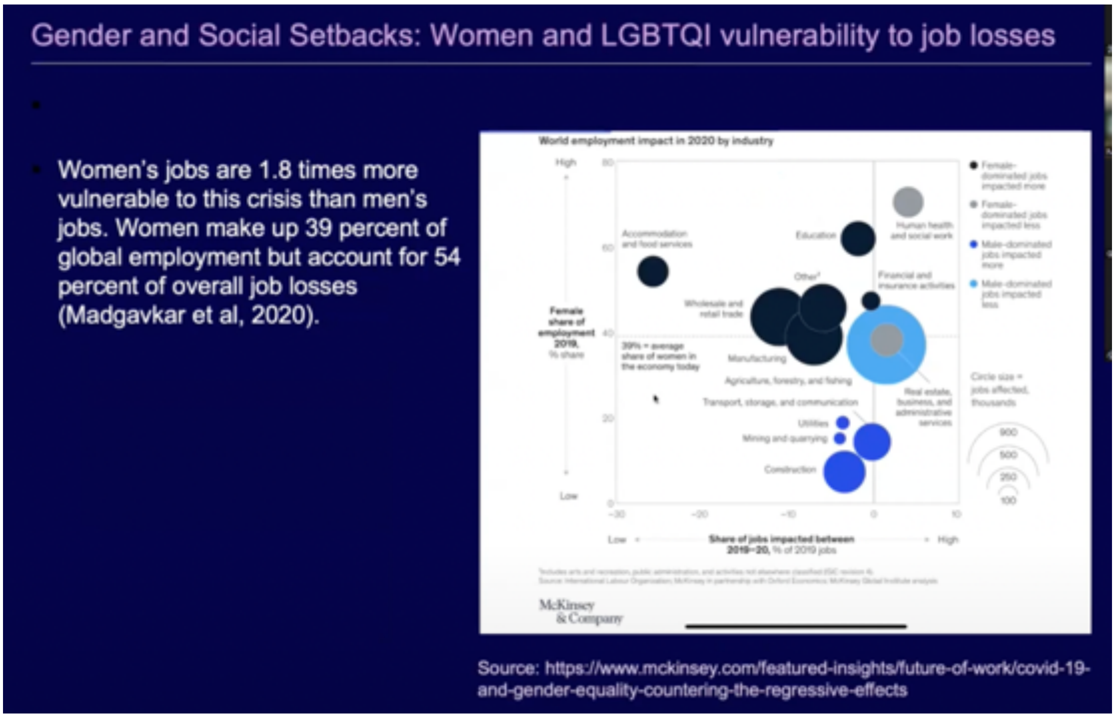
So, on gender setbacks, first, I will address the issue of employment losses because that's one of the most common problems for women and LGBTQ+ communities. Then, I will raise the case of the economic problem, especially regarding the growing dependencies on the care economy. How did we start to be more dependent on the care economy, so women switched jobs to focus on the domestic duties, caring for other people during the pandemic more, and how might that deprive the women's rights in various issues. All the issues here I believe you all have heard of before. It existed – they existed before the pandemic. But somehow, whether we are aware of it or not, they are becoming more serious.

I am going to touch just a little bit on the following issues such as this gender-based violence that is increasing in percentage around the world. The statistics show that gender-based violence is actually increasing a lot more. Child marriages also increased. Due to the lockdowns and the closure of schools, access to education is becoming limited, which that led to more number of child marriages or even the reduced access to health services in general, the women talking not only about the right to get vaccinated but also about the rights to just get healthcare and even contraception, all the basic stuff that should be the right of all genders, not only just women but all genders.

But at the same time, of course, I don't want you to get depressed with all the problems. I would like to mention also some new opportunities. I have researched quite a bit into this period and trying to find a different angle to this pandemic era.

As I said, when one door closes, another always opens. I think there are some significant opportunities for women and LGBTQ communities such as, for example, the new online channel that could now help foster a kind of social movement. There were some empowerment movements through online and social media. One in particular that maybe I will focus on a bit more because that's one of my recent projects is to do with FemTwit. The combination of the term comes from 'feminist' and 'Twitter.' So, I would be looking into that phenomenon. It actually was quite positive on the gender issues. That's how I plan on my brief presentation.

Figure 24 Gender and Social Setbacks: Women and LGBTQI vulnerability to job losses



Gender and Social Setbacks: Women and LGBTQI vulnerability to job losses

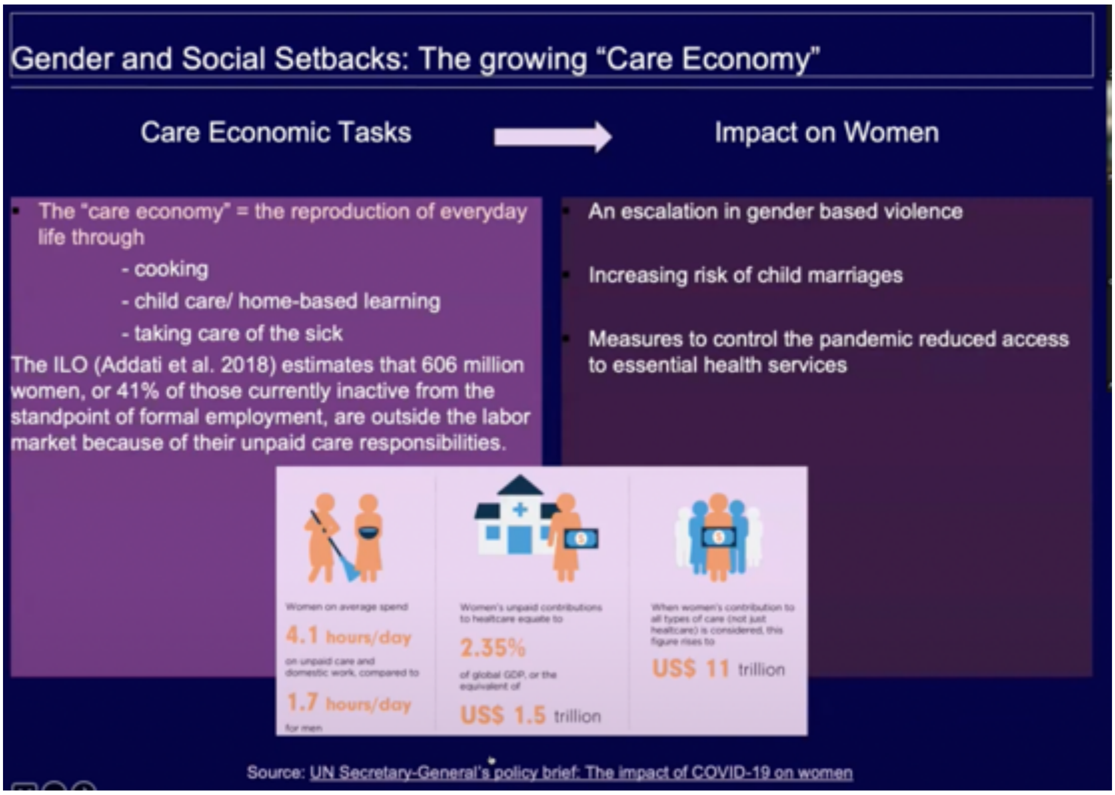
- Women's jobs are 1.8 times more vulnerable to this crisis than men's jobs. Women make up 39 percent of global employment but account for 54 percent of overall job losses (Madgavkar et al, 2020).

Source: https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects

The first point on the gender setback is about the vulnerability to job losses (Figure 24). Actually, statistics show that women's jobs are 1.8 times more vulnerable to the crisis than men's jobs. Given that women make up 39% of global employment but accounted for 54% of overall job losses during the start of the COVID itself, I got the statistics back in 2020. It's also to do with the fact that the statistics of the women in the world, the global jobs of women, women for the large majority work in the sectors that are worst affected by the crisis. You can see it from the chart here. Women actually fell into the black circle. Accommodation and food services, wholesale, retail, and education. These are the common jobs for women. As we know, these were also the sectors that were worst affected by the crisis. So, I guess this is probably the biggest setback for the gender, social setback on women in particular. For LGBTQI communities as well, it would be even worse for them, because even the job opportunities we are talking about, it's hard for the LGBTQI communities. But with the fact that now the job losses are becoming such a big issue, so the burden would be placed on them as well.

So, what does it mean to all of us? It means that it's going to impact the whole economy (Figure 25). I am not an economist myself but because this is quite related to the global economic system. The phenomenon in which, as you can see, there was a growing care economy. Just to define it quickly, the care economy is basically the reproduction of everyday life through the tasks that women perform. This could include all the burdens that are unpaid. If these burdens were paid before the pandemic, some of these were counted as paid jobs. But now when the pandemic happened, these became unpaid care.

Figure 25 Gender and Social Setbacks: The growing "Care Economy"



Gender and Social Setbacks: The growing "Care Economy"

Care Economic Tasks → Impact on Women

- The "care economy" = the reproduction of everyday life through
  - cooking
  - child care/ home-based learning
  - taking care of the sick

The ILO (Addati et al. 2018) estimates that 606 million women, or 41% of those currently inactive from the standpoint of formal employment, are outside the labor market because of their unpaid care responsibilities.

- An escalation in gender based violence
- Increasing risk of child marriages
- Measures to control the pandemic reduced access to essential health services

Women on average spend 4.1 hours/day on unpaid care and domestic work, compared to 1.7 hours/day for men

Women's unpaid contributions to healtcare equate to 2.35% of global GDP, or the equivalent of US$ 1.5 trillion

When women's contribution to all types of care (not just healtcare) is considered, this figure rises to US$ 11 trillion

Source: UN Secretary-General's policy brief: The impact of COVID-19 on women

The demands that have grown a lot during the pandemic, that women have now to cook. I mean they were, of course, previously responsible for all this but their tasks have now increased from before to doing the cooking, the childcare, or even taking care of children's education with the home-based learning. Now everyone is studying at home doing online learning. And even taking care of the sick people in the family. All of this could actually increase the burden on the care economy and so it doesn't really contribute to the global market the way that it's supposed to be.

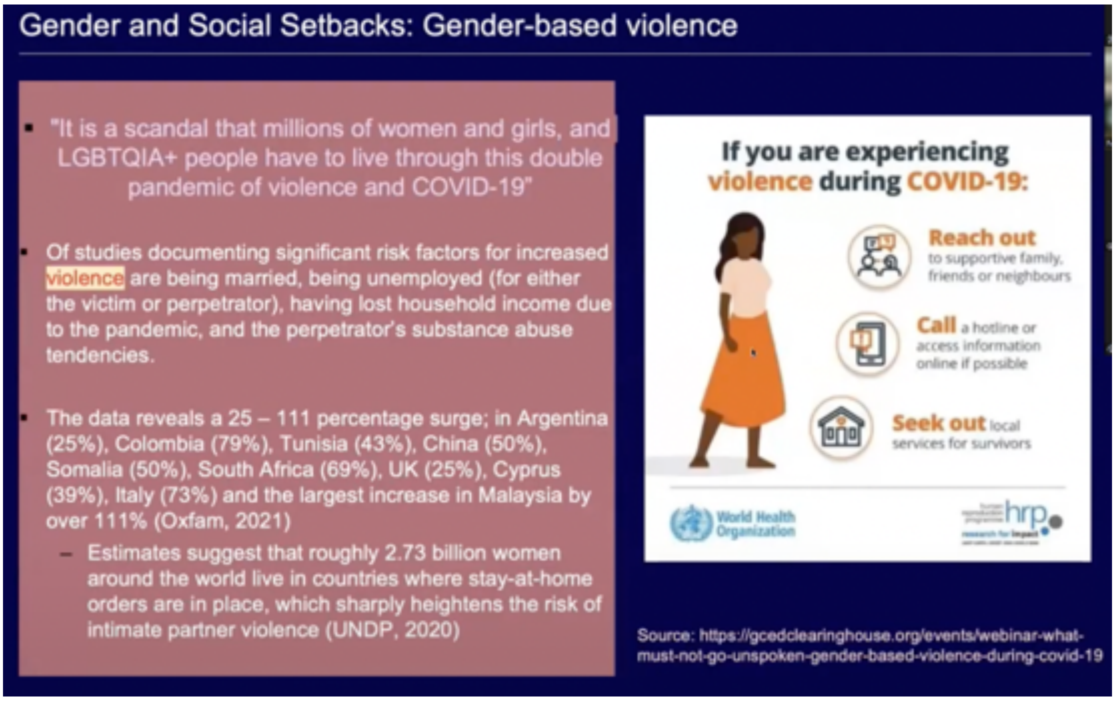
So, from the statistics here in the below chart, you can see (Figure 25). This is from the UN policy brief on the impact of COVID-19 on women. It shows that it illustrates that basically women spend during the pandemic, 4.1 hours per day on unpaid tasks, so they actually work without being paid. Some of them even had to step out of their paid jobs in order to fulfill this because there are increasing tasks at home. Children can't go to school. So, they have to take care of the children at home. Basically, they had to step out of the paid economy, from the paid task to the unpaid task. Basically, this was estimated by the United Nations that it was probably as high as the US $11 trillion, or the equivalent of how much money that is lost to the growing care economy, to the unpaid jobs that the women are more and more involved in here. Compared to the men, of course, the men would probably spend only about 1.7 hours per day on these unpaid tasks. This is the big inequality that we see emerging. Obviously, you would think women would anyway spend more time than men doing this care economy, but it's now increased a lot more than before. As I said, it's going to impact the global scale, economic scale as well as not just at the domestic level. Not at the micro level but I guess it also contributes to the bigger problem in the global economy.

So, the impact of these increasing burdens on the care economy tasks could also lead to even further problems that we see as the result of the pandemic. what are the three issues here that I would a bit further elaborate on: the escalation in gender-based violence; the increased risk of child marriages; and also, the strict measures to control the pandemic which somehow reduced access to essential health services. So basically, women and other vulnerable groups were basically denied access to a different type of health service.

I am just going to go through these issues just briefly to give you an idea. So, starting with the first one here on gender-based violence (Figure 26). Gender-based violence, Oxfam, the NGO that specialized in women and children, basically reports that there is an undeniable increase in gender-based violence during the COVID pandemic around the world. It was basically keeping the data, recording the data of the number of calls made by survivors to domestic violence hotlines in ten countries during the first months of the lockdown. During the lockdown, the data reveals that the range is wide, between 25% to 111% surge in the increase of this number of gender-based violence that is occurring around the world. Starting with Argentina at 25% the biggest surge would be in Malaysia which increased by about 111%. Studies basically documented significant risk factors for increased violence, being married, being unemployed of course, or having lost household income due to the pandemic. And another classic problem, the substance abuse tendencies. But out of these common factors, of course, unemployment and loss of income were probably the factors that were most related to the pandemic.

Basically, this is one of the problems that we have to admit that is just starting to rise, starting to become more serious, to become bigger, like the problem is just getting bigger than before. That's just like a quick outline on gender-based violence. Next, what else is the result of this phenomenon that women had now to take all the burdens at home? What else can be the consequence of that?

Figure 26 Gender and Social Setbacks: Gender-based violence



Gender and Social Setbacks: Gender-based violence

- "It is a scandal that millions of women and girls, and LGBTQIA+ people have to live through this double pandemic of violence and COVID-19"
- Of studies documenting significant risk factors for increased violence are being married, being unemployed (for either the victim or perpetrator), having lost household income due to the pandemic, and the perpetrator's substance abuse tendencies.
- The data reveals a 25 – 111 percentage surge; in Argentina (25%), Colombia (79%), Tunisia (43%), China (50%), Somalia (50%), South Africa (69%), UK (25%), Cyprus (39%), Italy (73%) and the largest increase in Malaysia by over 111% (Oxfam, 2021)
  - Estimates suggest that roughly 2.73 billion women around the world live in countries where stay-at-home orders are in place, which sharply heightens the risk of intimate partner violence (UNDP, 2020)

If you are experiencing violence during COVID-19:

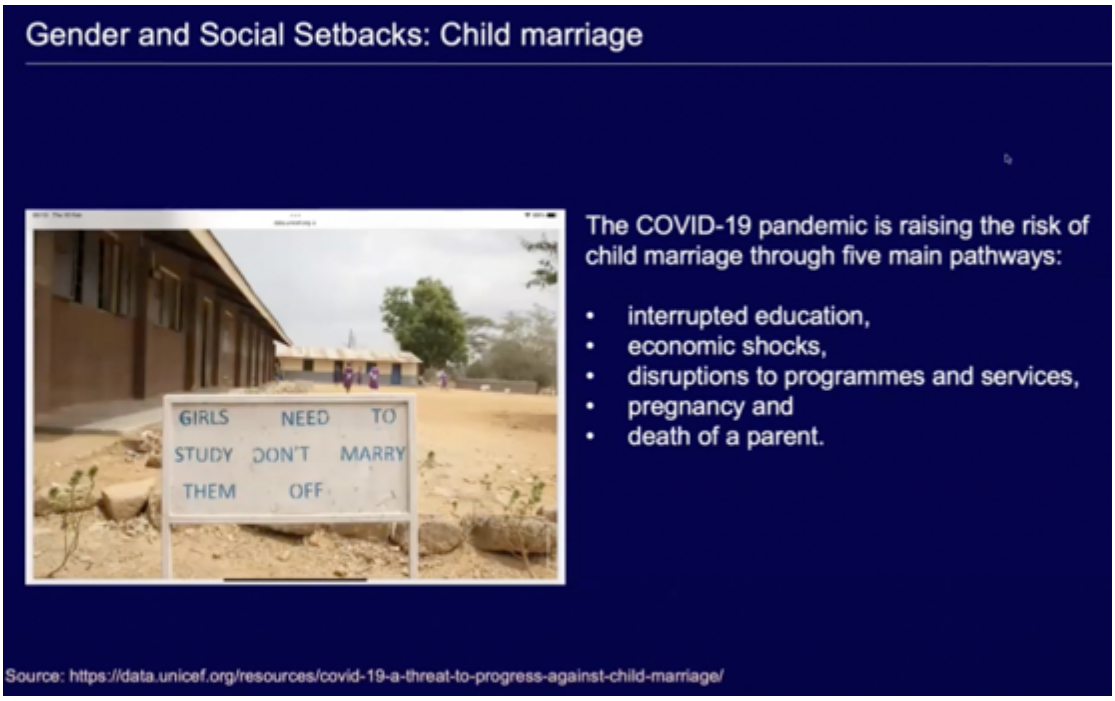
Reach out to supportive family, friends or neighbours

Call a hotline or access information online if possible

Seek out local services for survivors

Source: https://gcedclearinghouse.org/events/webinar-what-must-not-go-unspoken-gender-based-violence-during-covid-19

Figure 27 Gender and Social Setbacks: Child marriage



Gender and Social Setbacks: Child marriage

The COVID-19 pandemic is raising the risk of child marriage through five main pathways:

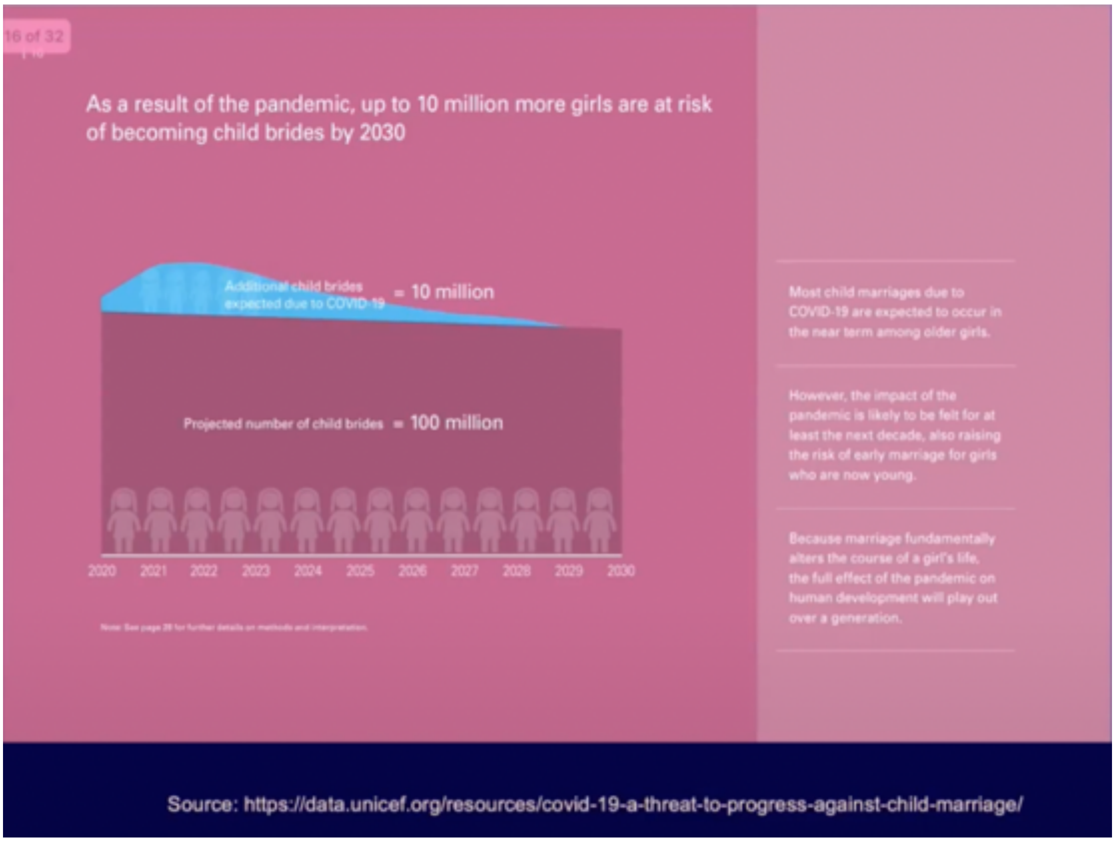
- interrupted education,
- economic shocks,
- disruptions to programmes and services,
- pregnancy and
- death of a parent.

Source: https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/

The second one that I want to talk about is child marriage (Figure 27). The reason for child marriage increases through various pathways that are related to the COVID crisis. Basically, it ranged from economic shocks to school closure, interruptions in services as well as the death of parents. How are these points related to child marriages? For example, somehow triggered by the COVID-19, school closures pushed girls towards marriage in many places in the world. Basically, since school is no longer an option, some of the families started to put their daughters into child marriages, thinking that it might be related to obviously the economic shocks or loss of income in the family. It is sad but we have to admit as well that there are a lot of families who think that maybe the best way to maintain their income is to cut the expenses. Sometimes, girls are seen as expenses. That's why this is one of the reasons why we see the prediction that at least in the next 10 years, we are not going to see the number of child marriages go down. We are only going to see it go up.

This is like the statistics from UNICEF here that predicted that at first before the pandemic, we thought child marriages would not be anymore a big problem. But with the situation of the pandemic, it's just going to continue to increase a bit more even when we get into 2023, 2024, and only just after that decline. So, we are going to see approximately additional 10 million child brides during and even during the period of the post-pandemic time (Figure 28).

Figure 28 Pandemic & Child marriage



As a result of the pandemic, up to 10 million more girls are at risk of becoming child brides by 2030

Most child marriages due to COVID-19 are expected to occur in the near term among older girls.

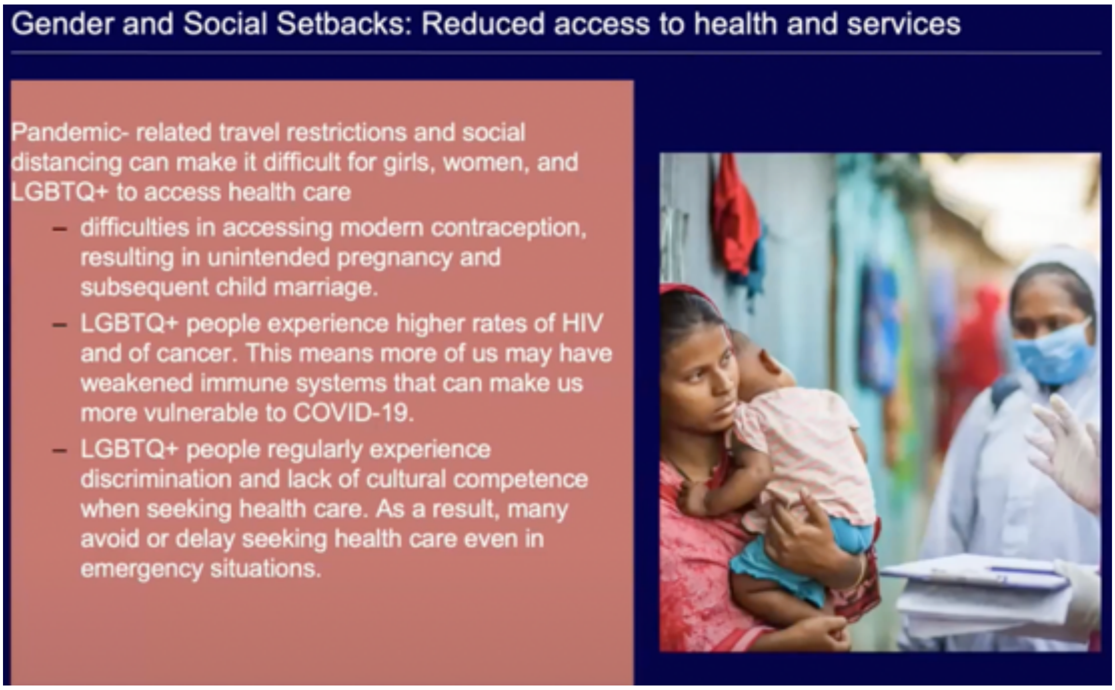
However, the impact of the pandemic is likely to be felt for at least the next decade, also raising the risk of early marriage for girls who are now young.

Because marriage fundamentally alters the course of a girl's life, the full effect of the pandemic on human development will play out over a generation.

Source: https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/

Another issue on the social setback is to do with the reduced access to health and services, particularly in the LGBTQ community (Figure 29). For both women and LGBTQ communities, especially maybe start first with the women. For the women related travel restrictions and social distancing can make it difficult for girls and women to access healthcare. Denying healthcare has become a big issue. Especially for LGBTQ+ people who are experiencing higher rates of HIV, a lot of LGBTQ community who are people with HIV, so they basically would have weakened immune systems and the COVID-19 would make them even more vulnerable.

Figure 29 Gender and Social Setbacks: Reduced access to health and services



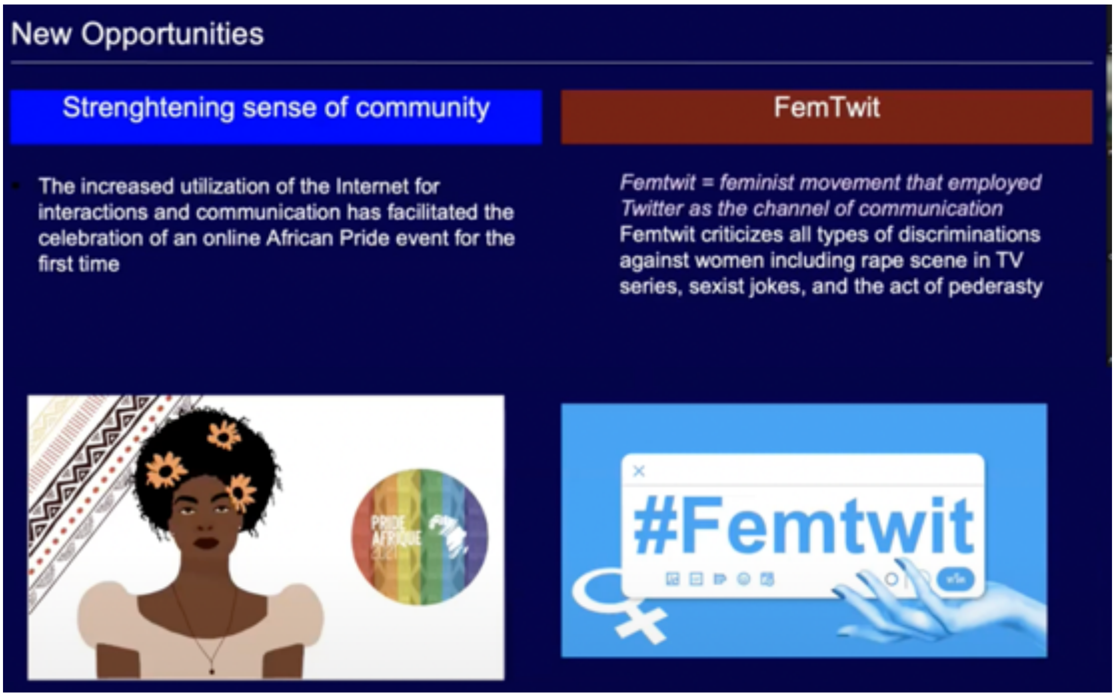
Gender and Social Setbacks: Reduced access to health and services

Pandemic- related travel restrictions and social distancing can make it difficult for girls, women, and LGBTQ+ to access health care

- difficulties in accessing modern contraception, resulting in unintended pregnancy and subsequent child marriage.
- LGBTQ+ people experience higher rates of HIV and of cancer. This means more of us may have weakened immune systems that can make us more vulnerable to COVID-19.
- LGBTQ+ people regularly experience discrimination and lack of cultural competence when seeking health care. As a result, many avoid or delay seeking health care even in emergency situations.

And, of course, we can't deny that there is still going to be the regular experience of discrimination and lack of cultural competence when seeking healthcare. This is like another social setback that we see from this change, from this transition that happened in our society, in our economy during the pandemic time. Nevertheless, despite the setbacks, there are some new opportunities as I mentioned at the beginning of the presentation today (Figure 30).

Figure 30 New Opportunities



New Opportunities

Strenghtening sense of community

- The increased utilization of the Internet for interactions and communication has facilitated the celebration of an online African Pride event for the first time

FemTwit

Femtwit = feminist movement that employed Twitter as the channel of communication
Femtwit criticizes all types of discriminations against women including rape scene in TV series, sexist jokes, and the act of pederasty

There are some new opportunities. Observations here are some of the contributions from the pandemic to gender empowerment. So, first, it somehow also strengthened the sense of community through the online channel. So, you can see, for example, I have here the Pride

Afrique or Pride Africa. This was the first time that the LGBT communities in Africa got together online and they make a website and they actually celebrate the occasion of Pride Day. This is quite significant for the African communities.

But the one that I would like to emphasize a bit in more detail because I've been actually working on this as my current research. This is the phenomenon called FemTwit (Figure 30). Like I said from the beginning, FemTwit is about the feminist movement that employs social media like Twitter to be the means of communication, to be the channel of communication. FemTwit basically in the context of Thailand, FemTwit basically criticizes all types of discrimination against women including anything from rape scenes in the movies, in a TV series, sexist jokes, or even pederasty. So, Thai scholars explained that this name first came up by anti-feminists. It's kind of interesting because it began with the anti-feminists who framed FemTwit to be bad feminists like to contrast with the good feminists whose voices are more polite and more pleasant. So basically, that's how they condemned it at first.

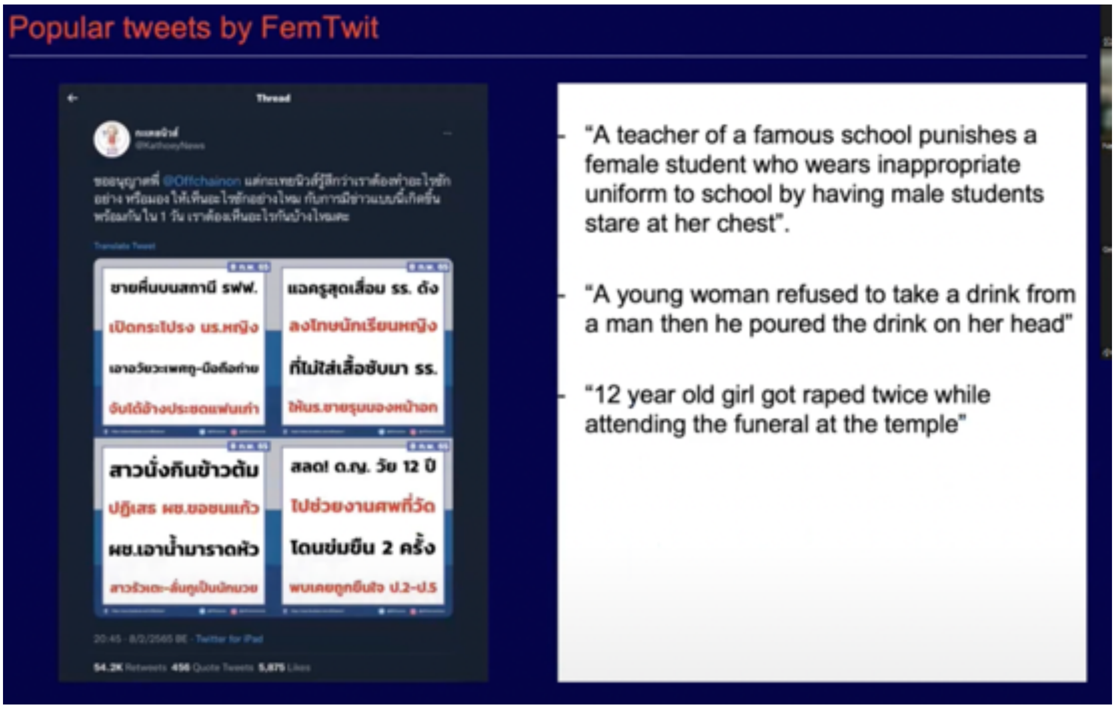
These phenomena, surprisingly speaking, started to happen during the pandemic period. Of course, this can't be applied to all groups of women, all groups of gender because this might be only certain urban, the educated group who use the social media. But I think with what they are doing here, using social media as the channel to convey their message and even empower the movement is to a very great extent became quite successful.

In Figure 31 are some of the popular tweets that I want to translate for you. You can see here that these were very recent like last week. It was already tweeted 54.2K like 54,000 retweets of this particular post alone. This was from the Twitter account that basically translated as the ladyboys news. Basically, this account tweeted the comments, I am just going to focus on the translation, such as news about a teacher of a famous school punishing a female student who wears an inappropriate uniform to school by having male students stare at her chest. This is something that the public would be like really interested in and want to retweet in order to get more and more public opinion on this. Or another one here, a young woman refused to take a drink from a man, then he poured the drink on her head. This is also a piece of very big news from last week. A lot of FemTwits started to retweet more and more about these issues. Or last but not least, a 12-year-old got raped twice while attending a funeral at a temple.

These kinds of messages were considered to be the way in which now women, LGBTQI started to form the groups and try to make a move. Even though it's a baby step, I think this would be something. Because of the lockdown, everything has changed so much in our lives, and now social media is undeniably one of the most powerful media forms that we consume every day, especially among the younger generation.

In the end, I just want to be hopeful. I want to mention that there are definitely problems of inequalities that are predicted and are still prevailing and might be prevailing also into the post-pandemic future. But we could take the action and turn over the struggles into new opportunities like I think what you see with the social media examples that I gave. Figure 32 is a framework that came up by the UNICEF that started to call for 5R: recognition; reduction; redistribution; represent; and reward. This is what we have to be concerned with when we're dealing with the gender issues during and in the post-pandemic future that we are looking into.

Figure 31 Popular tweets by FemTwit



Popular tweets by FemTwit

ชายหื่นบนสถานี รฟฟ.
เปิดกระโปรง นร.หญิง
จับได้อ้างประชดแฟนเก่า

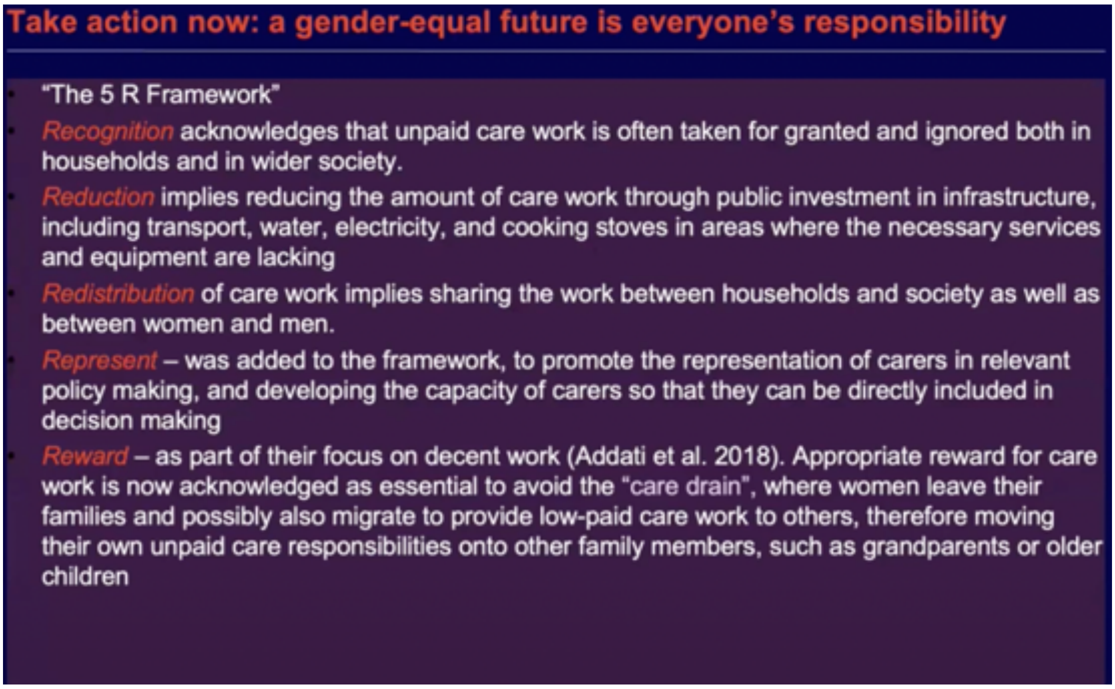
แฉครูสุดเสื่อม รร. ดัง
ลงโทษนักเรียนหญิง
ที่ไม่ใส่เสื้อซับมา รร.
ให้นร.ชายรุมมองหน้าอก

สาวนั่งกินข้าวต้ม
ปฏิเสธ ผช.ขอชนแก้ว
ผช.เอาน้ำมาราดหัว

สลด! ด.ญ. วัย 12 ปี
ไปช่วยงานศพที่วัด
โดนข่มขืน 2 ครั้ง
พบเคยถูกขืนใจ ป.2-ป.5

- "A teacher of a famous school punishes a female student who wears inappropriate uniform to school by having male students stare at her chest".
- "A young woman refused to take a drink from a man then he poured the drink on her head"
- "12 year old girl got raped twice while attending the funeral at the temple"

Figure 32 5R



Take action now: a gender-equal future is everyone's responsibility

- "The 5 R Framework"
- *Recognition* acknowledges that unpaid care work is often taken for granted and ignored both in households and in wider society.
- *Reduction* implies reducing the amount of care work through public investment in infrastructure, including transport, water, electricity, and cooking stoves in areas where the necessary services and equipment are lacking
- *Redistribution* of care work implies sharing the work between households and society as well as between women and men.
- *Represent* – was added to the framework, to promote the representation of carers in relevant policy making, and developing the capacity of carers so that they can be directly included in decision making
- *Reward* – as part of their focus on decent work (Addati et al. 2018). Appropriate reward for care work is now acknowledged as essential to avoid the "care drain", where women leave their families and possibly also migrate to provide low-paid care work to others, therefore moving their own unpaid care responsibilities onto other family members, such as grandparents or older children

Section 2: Panelist session

1. Jiro Mizushima

First, about Professor Moshammer, you explained from a philosophical point of view that we have to think from a philosophical viewpoint about the pandemic. You pointed out rightly that we have to make a balance between risk for a group and risk for the individual. That's a very important ethical question. My question is you mentioned freedom. How do you evaluate the anti-lockdown or anti-vaccination movement? They advocate freedom. But they are I think harmful to society in general. However, do you think that these movements should be oppressed, or should they tolerate it? It means they can speak freely. What do you think about their freedom?

Professor Posrithong, thank you for your insightful explanation about the gender-biased pandemic society. I agree fully with your argument, especially women were in the worst bad position under the pandemic. You pointed out the Twitter movement, FemTwit, it is the first time that I know this term. It is quite interesting. Also, in Japan, we see some kind of Twitter activism, Twitter demonstration we say. But on the other hand, traditional organized movements, are weakening with the decrease of participants in the old movement. Do you think that Twitter or SNS activism would be better or they take a better position also after the pandemic or traditional movements will go to the forefront again? I would like to hear your evaluation.

Next, My presentation is about the remarkable difference in responses to COVID-19 among countries. If we compare the countries internationally, it seems that we have different national regimes. Let me explain it. In order to prevent the spread of Coronavirus, it is considered essential to bring about behavioral changes among people such as social distancing and wearing masks. However, the policy measures taken to achieve this prevention of infection have varied widely around the world.

We can distinguish two types of controls: administrative controls and social controls as a measure to achieve this goal. First, administrative control refers to direct intervention and control using administrative mechanisms based on laws and regulations, banning the operation of restaurants and businesses, prohibiting people from going out, requiring people to wear masks, with violators being subject to administrative sanctions including fines.

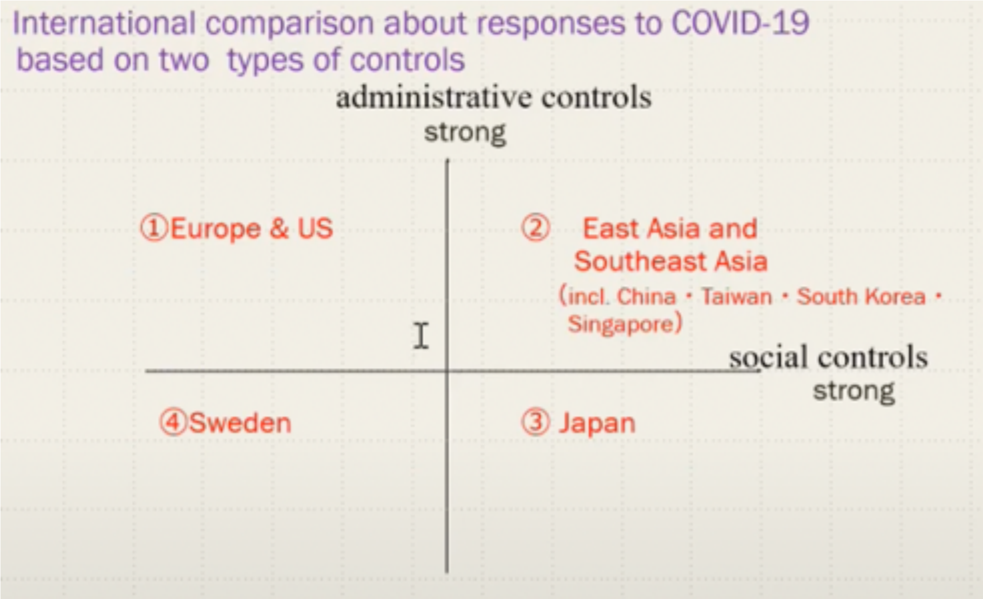
In contrast, social controls refer to controls at the level of civil society based on social awareness rather than administration. Individuals behave according to social norms. They feel that they are required to wear masks or not go out. There are no explicit penalties, so non-mask wearers will not be fined but the majority are likely to choose to wear masks.

Focusing on the two types of controls described here, we can classify them into four patterns as Figure 33. The vertical axis is the strength of administrative controls, and the horizontal axis shows the strength of social controls. Now, we can put the countries into these four patterns.

The first type on the upper left in Figure 33 is a pattern of strong administrative controls and weak social controls, typically European and American styles. Their strong lockdowns such as business suspensions and curfews are used to cut off interpersonal contacts including a ban on going out, group gatherings, and long-distance travel. In this pattern, social control is weak, and people don't like to wear masks. We see sometimes anti-lockdown movements there.

The second type on the upper right in Figure 33 is a pattern in which administrative controls and social controls are strong, which is often seen in East and Southeast Asia, excluding Japan. China, Taiwan, and South Korea fall into this type. In these countries and regions, administrative powers actively intervened in the lives of citizens even by tracking their individual activities. Moreover, in these countries, social awareness is also strong. This East Asian pattern of co-existence of administrative and social controls has one merit. It resulted in the lowest level of death per capita internationally. This shows the cumulative number of deaths per million population due to COVID-19. The East Asian countries are the lowest and the European countries and the United States are the highest (Figure 34).

Figure 33 International comparisons about responses to COVID-19 based on two types of controls 1



International comparison about responses to COVID-19 based on two types of controls

administrative controls
strong

①Europe & US

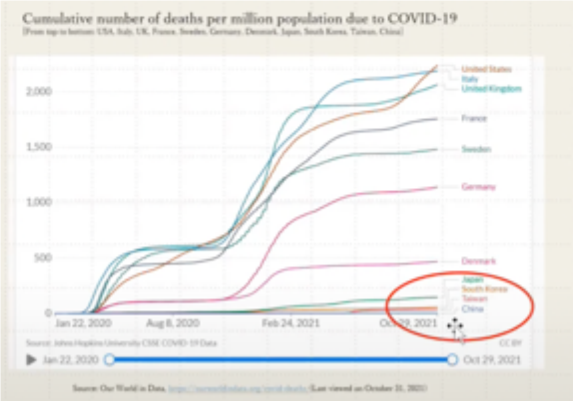
② East Asia and Southeast Asia (incl. China・Taiwan・South Korea・Singapore)

social controls
strong

④Sweden

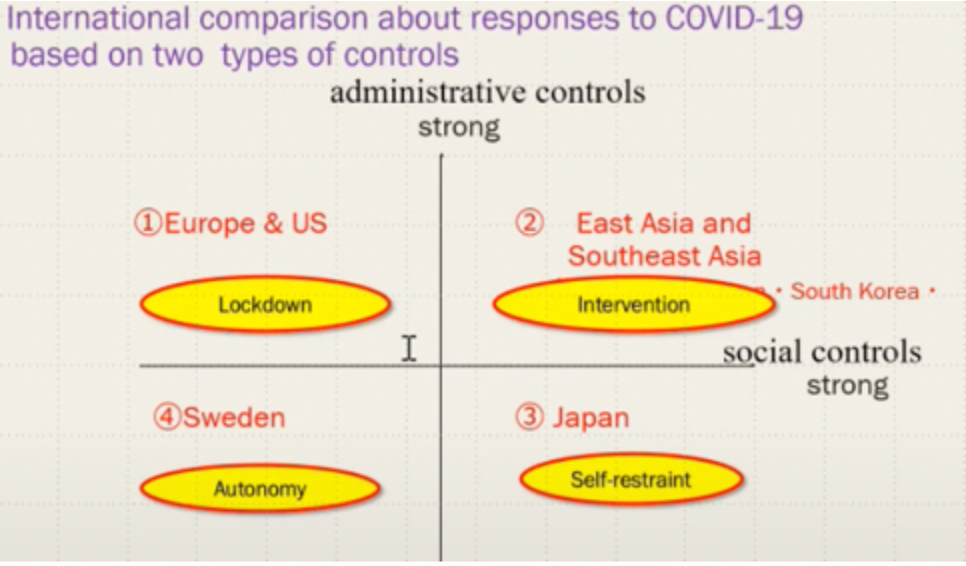
③ Japan

Figure 34 Cumulative number of deaths per million population due to COVID-19



The third type, shown below right in Figure 33, is a pattern typical of Japan where administrative controls are weak but social controls are strong. In Japan, the government only asked people to wear masks and not to go out, but without sanctions. However, self-restraint at the citizen level has spread widely and activities such as gatherings and events have been drastically reduced. Wearing masks became extremely common. It is sometimes pointed out that the peer pressure in Japanese society lies behind this behavior. The final type is the fourth on the lower left. This is Sweden. There, both administrative controls and social controls are weak. In Sweden, compulsory measures such as curfews, suspension of business, and closure of restaurants were not basically adopted, and citizens' lives were generally similar to pre-pandemic times. Controls at the civil society level were also weak. It was an adult response to control according to the Prime Minister of Sweden. However, one of the results of this Swedish policy is a high number of deaths due to infections compared to neighboring countries. Based on this international comparison, we can summarize the characteristics of each regime (Figure 35).

Figure 35 International comparisons about responses to COVID-19 based on two types of controls 2



International comparison about responses to COVID-19 based on two types of controls

administrative controls
strong

①Europe & US
Lockdown

② East Asia and Southeast Asia
Intervention
・South Korea・

social controls
strong

④Sweden
Autonomy

③ Japan
Self-restraint

The keyword of this first type is the lockdown. The second is intervention. The third is self-restraint. The last one is autonomy. We have to take these unique regime characteristics into consideration if we are to design the international society after the pandemic. Probably, this consideration offers us an important clue for thinking about post-pandemic society.

2. Masaya Kobayashi

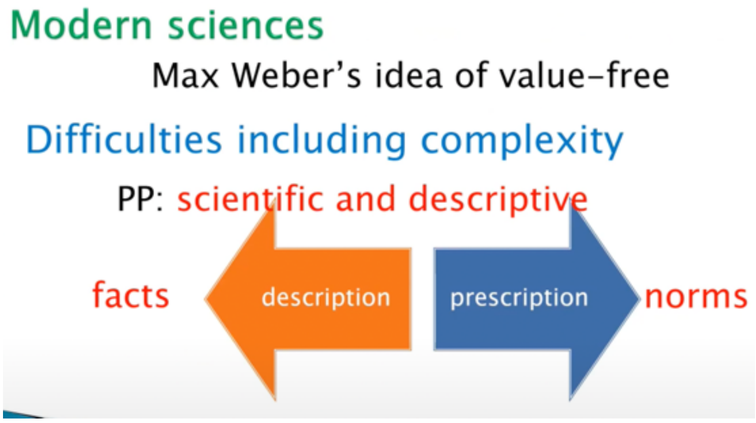
As for the first presentation of Dr. Moshammer, I am very interested in philosophy and psychology. From that angle, your argument is very helpful for me. So, I would like to ask one question about your presentation. I am very interested in your argument and the relation between the problem of complexity and philosophy. I wonder which philosophy or political philosophy is in tune with your idea that the balance between freedom and complexity or control, I wonder whether, for example, utilitarianism, Kantian, or other philosophy is quite in tune with solving the issue. That's my question to you. My question to Dr. Posrithong, actually I was very impressed by your presentation and your own question, but I would like to offer some evidence supporting your argument in Japan's case.

Next, Let me share my topic, 'Wellbeing and New Fair Society after Corona Calamity: Investigation from Positive Political Psychology'.

The first is with the philosophical question, this is really to Dr. Moshammer. Recently, in our research, positive psychology from a philosophical angle, this new psychology focuses on the positive side of the human mind while the past psychology focuses on negative human disease and mental affairs. Our question is a philosophical question for positive psychology because as Dr. Moshammer argued that there is or should be some distinction between fact and value in our human sciences. But the point is that positive psychology deals with the issue of happiness or wellbeing. The basic purpose is how to make people more better conditions? Is this empirical science or normative inquiry? So, classical philosophical and ethics philosophy deals with a normative inquiry. This is why this question appears.

I think this modern science, obviously there is a strict difference between description and prescription (Figure 36)

Figure 36 Modern sciences



Modern sciences

Max Weber's idea of value-free

Difficulties including complexity

PP: scientific and descriptive

facts

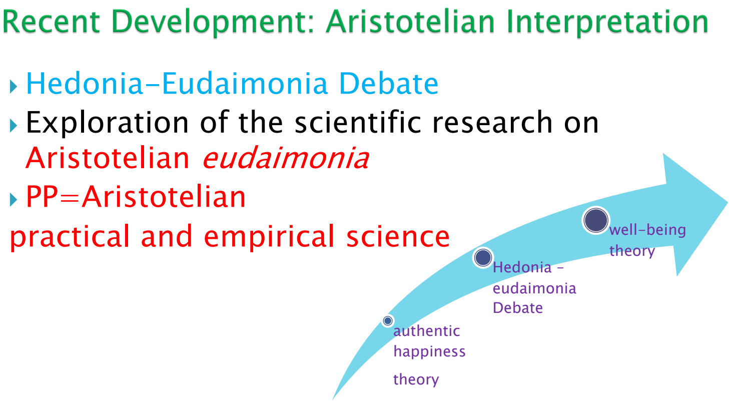
description

prescription

norms

But the recent development of positive psychology asked questions about the strict distinction between these. Because positive psychology made it clear that, for example, the virtue of human character has some strong relation with well-being (Figure 37).

Figure 37 Recent Development



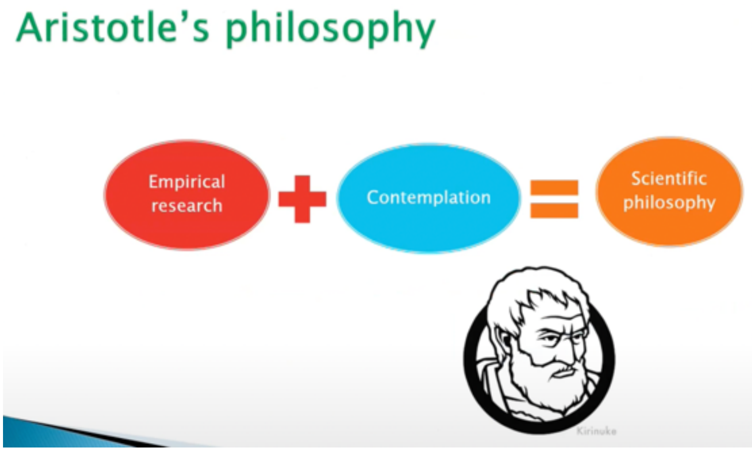
Recent Development: Aristotelian Interpretation

- Hedonia-Eudaimonia Debate
- Exploration of the scientific research on Aristotelian *eudaimonia*
- PP=Aristotelian practical and empirical science

authentic happiness theory
Hedonia - eudaimonia Debate
well-being theory

This reminds us of classical Aristotle's idea of philosophy in Figure 38. He obviously has contemplation, but he has some empirical research in his time. So, in Aristotle's philosophy, there is less distinction between empirical research and normative philosophy.

Figure 38 Aristotle's philosophy

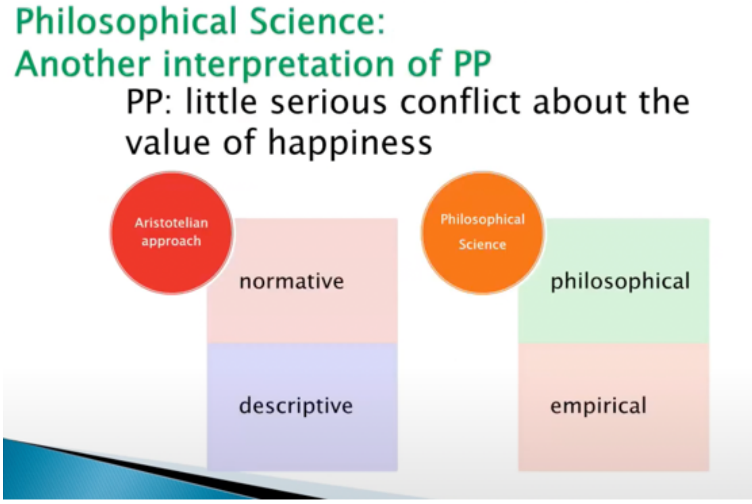


Aristotle's philosophy

Empirical research + Contemplation = Scientific philosophy

In my view, there can be some possibility of intersection between empirical science and normative philosophy (Figure 39). I call this philosophical science and Aristotle's Classification of the Science especially practical sciences have some ideas on this new modern program (Figure 40).

Figure 39 Philosophical Science: Another interpretation of PP

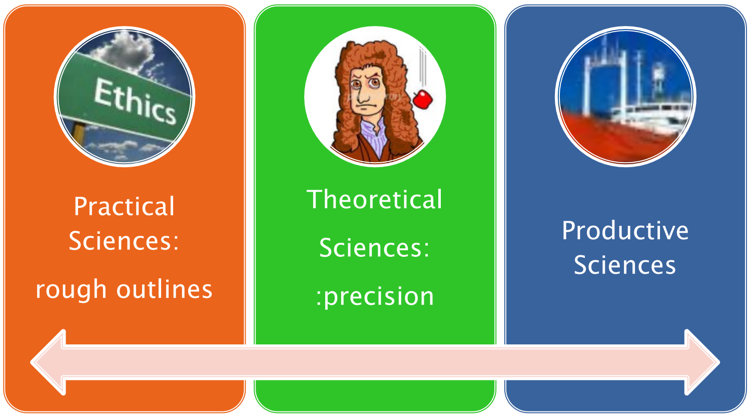


Philosophical Science:
Another interpretation of PP

PP: little serious conflict about the value of happiness

Aristotelian approach
normative
descriptive
Philosophical Science
philosophical
empirical

Figure 40 Aristotle's Classification of the Science



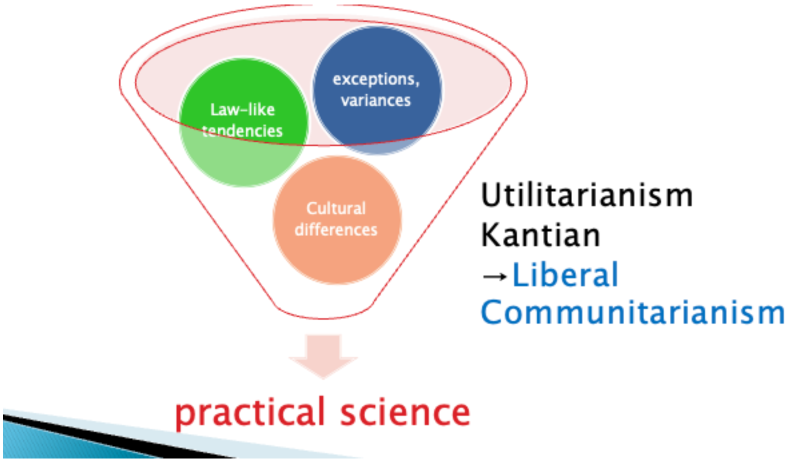
Practical Sciences: rough outlines

Theoretical Sciences: :precision

Productive Sciences

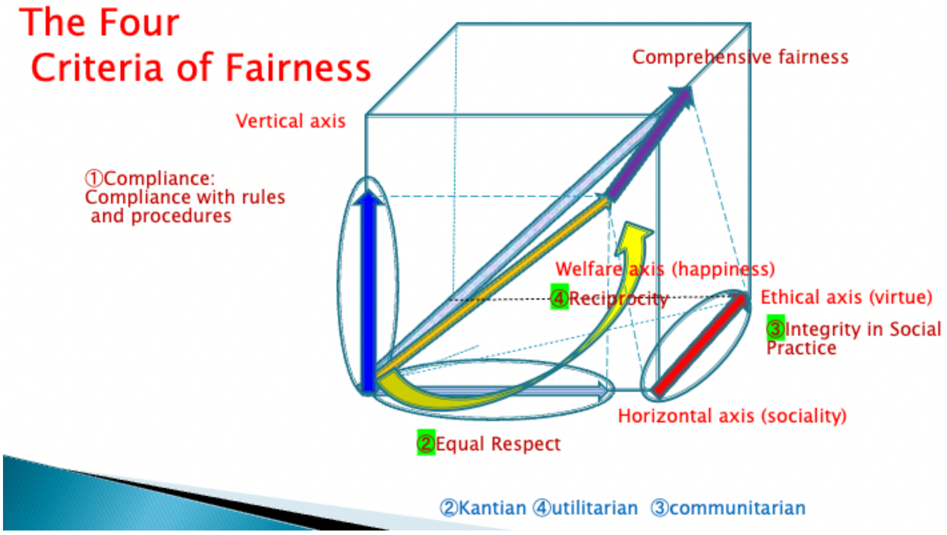
Positive philosophy obviously is based on empirical science or empirical evaluation of facts. But it deals with cultural differences and various exceptions and variances. This is a kind of practical science in the modern academic setting (Figure 41). I think this kind of new psychology is in tune with liberal communitarianism in political philosophy which is a bit different from utilitarianism and Kantian. That's the background of my question to Dr. Moshammer.

Figure 41 PP as a practical empirical science


exceptions, variances
Law-like tendencies
Cultural differences
Utilitarianism
Kantian
→Liberal Communitarianism
practical science

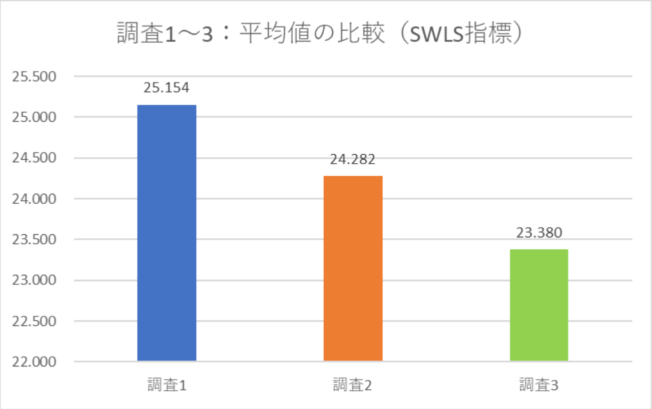
From that angle, I think in considering a new fair society, it is better to see if these various viewpoints of philosophy, that is a Kantian viewpoint, utilitarian viewpoint, and communitarian viewpoint (Figure 42) The communitarian viewpoint includes an ethical element. This is my basic viewpoint of the thinking of fairness.

Figure 42 The Four Criteria of Fairness


The Four Criteria of Fairness
Comprehensive fairness
Vertical axis
①Compliance: Compliance with rules and procedures
Welfare axis (happiness)
④Reciprocity
Ethical axis (virtue)
③Integrity in Social Practice
Horizontal axis (sociality)
②Equal Respect
②Kantian ④utilitarian ③communitarian

The second topic is wellbeing and social indicators. I can see the introduction of various indicators of well-being, we can survey the change in well-being in the age of Corona disease. I have conducted three surveys from 2020 to 2021. Figure 43 shows the general well-being of people decreased in the first survey, the second survey, and the third survey. This is quite a serious situation for people.

Figure 43 Subjective Well-being



survey 1
2020May
N5000

survey 2
2021 March
N6885

survey 3
2021 October
N2658

The number has decreased in the survey 2 , more decreased in the survey3
(The world's most standard WB scale by Ed. Diener).

Figure 44 is a bit related to Dr. Posrithong and her presentation. Figure 44 shows that the decrease is far greater in women than men. In the first survey, the women's well-being is higher than men's well-being. But in the third survey, the well-being of females is now lesser than men. It means that the decrease in women is more significant than the decrease in men. Perhaps, this is quite related to your viewpoint, I think.

Figure 44 Changes in SWLS between men and women (Surveys 1-3)

指標	調査1（男性）	調査1（女性）	調査2（男性）	調査2（女性）	調査3（男性）	調査3（女性）
SWLS	25.021	25.286	24.633	23.651	23.590	22.970

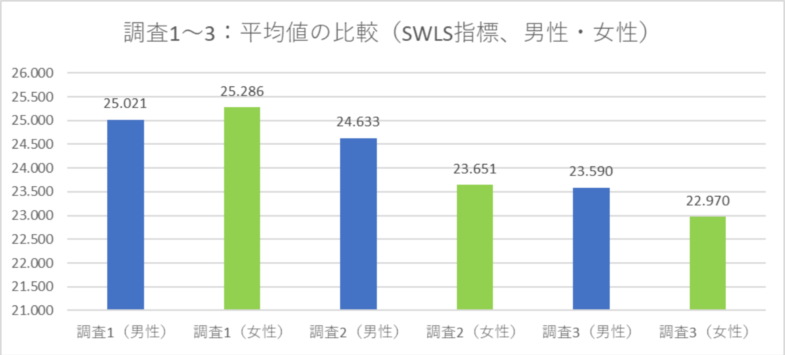
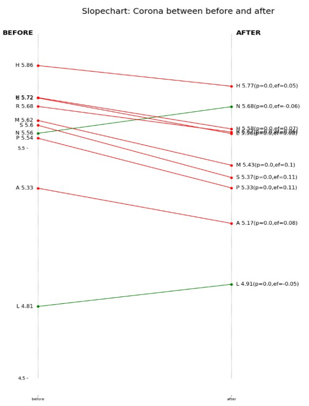


Figure 45 indicates various other indicators. This is before and after 2020. There is a decrease in well-being. Figure 46 is a comparison between two surveys and changes in wellbeing. We can see that the second survey shows a decrease from our first survey.

Figure 45 WB changes between before and after corona

WB changes between before and after corona
(subjective recognition: May 2020, Survey 1, N5000)

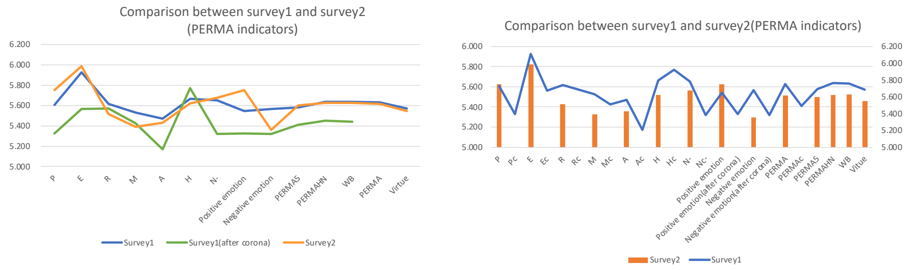
	before	after	sign	pval	effect_s
M	5.620	5.425	−	0.000	0.097
A	5.325	5.172	−	0.000	0.077
E	5.718	5.563	−	0.000	0.082
H	5.859	5.769	−	0.000	0.046
P	5.543	5.327	−	0.000	0.109
N	5.565	5.680	+	0.000	-0.055
R	5.681	5.570	−	0.000	0.058
L	4.811	4.908	+	0.000	-0.046
S	5.599	5.372	−	0.000	0.112
H	5.720	5.583	−	0.000	0.066



As expected, every item shows a bad change. WB drops after corona. In E, H (happiness) and R. The degree of decrease of R is a little small. Thinking about online exchanges and family, understandable. M (meaning) also decreased as well as others. N (negative emotion) and L (loneliness) rise.

before = PERMA5, after = PERMAc First H (health), last H (happiness), L is loneliness, S is satisfaction

Figure 46 Changes in WB (comparison between 2 surveys)



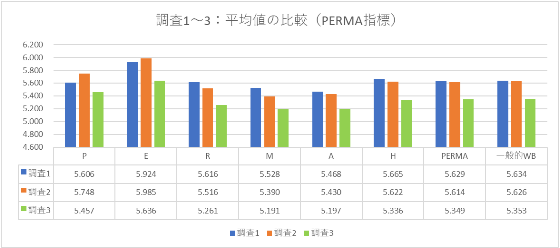
In Survey 1,the values are lower at the post-corona period. The results of surveys 1 and 2 are pretty close, but the numerical value of survey 2 is somewhat lower than survey1.

The numerical values of survey 2 are lower in almost all areas.

Figure 47 is the comparison between the average and values of PERMA indicators(). This is one of the indicators of wellbeing. We can see the first, second, and third: blue, orange, and green, this is decreased.

Figure 47 Comparison among three surveys

Comparison among three surveys
(PERMA indicator)



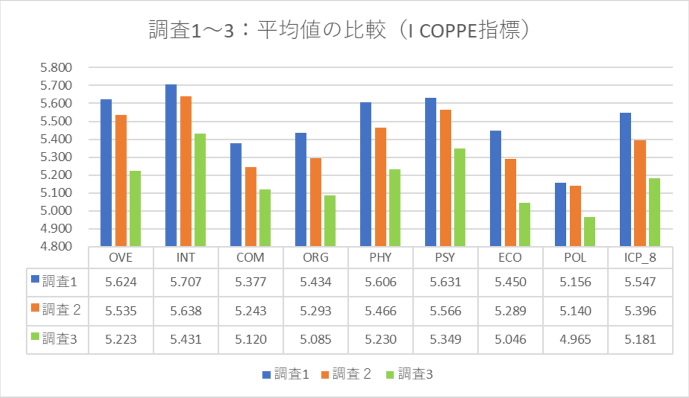
	P	E	R	M	A	H	PERMA	一般的WB
■調査1	5.606	5.924	5.616	5.528	5.468	5.665	5.629	5.634
■調査2	5.748	5.985	5.516	5.390	5.430	5.622	5.614	5.626
■調査3	5.457	5.636	5.261	5.191	5.197	5.336	5.349	5.353

The numerical values of survey 3 are lower than the survey 2 in all areas.

Also, Figure 48 is another indicator called 'I COPPE'. This is indicating overall well-being, interpersonal well-being, community well-being, organizational well-being, physical well-being, psychological well-being, community well-being, and political well-being. Actually, I am very astonished to see the first result. All indicators showed a decrease.

Figure 48 Multi- dimensional WB

All numbers are lower in the survey2 than the survey1:
in the survey 3 than the survey2.



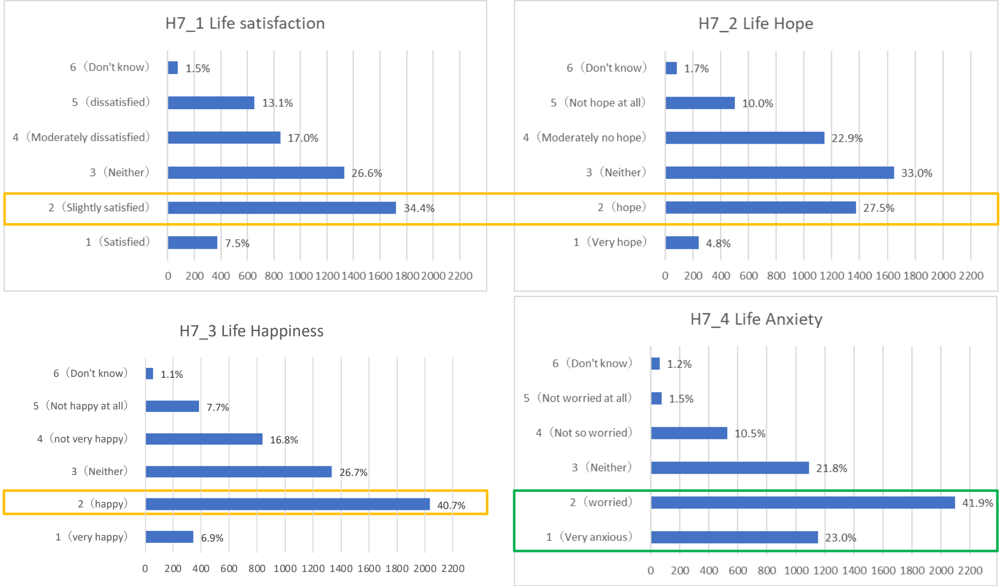
	OVE	INT	COM	ORG	PHY	PSY	ECO	POL	ICP_8
🟦調査1	5.624	5.707	5.377	5.434	5.606	5.631	5.450	5.156	5.547
🟧調査 2	5.535	5.638	5.243	5.293	5.466	5.566	5.289	5.140	5.396
🟩調査3	5.223	5.431	5.120	5.085	5.230	5.349	5.046	4.965	5.181

survey 1
survey 2
survey 3

overall , interpersonal, community, organization, physical, psychological, economic, political, average WB
(**I COOPE scale** by I. Prilleltensky)

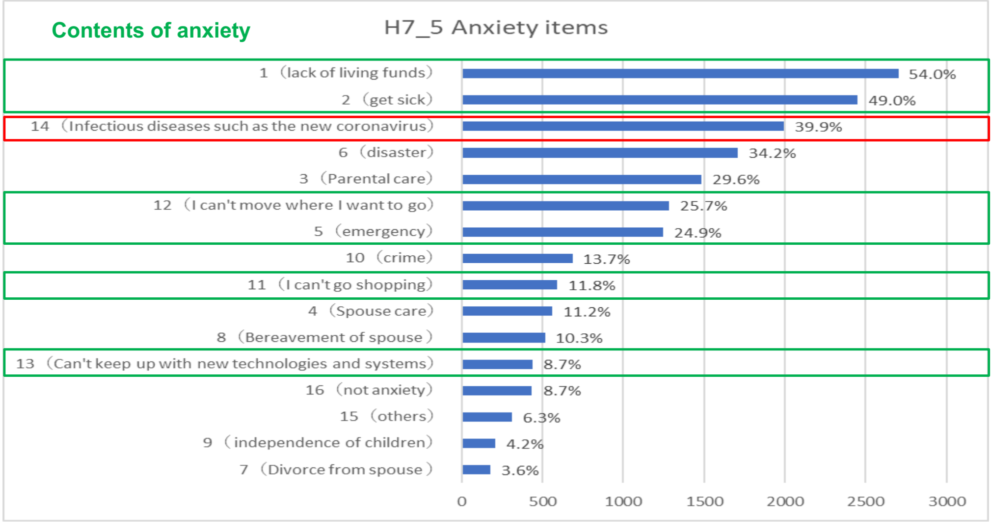
We can see from Figure 49 and Figure 50 surveys results, that there is a serious situation for the Japanese people that is the growth of life anxiety. Anxiety covers obviously infectious diseases such as the new Coronavirus but also other various subjects of anxiety.

Figure 49 About anxiety



survey1: Positive people in **satisfaction, hope, and happiness** are generally more than negative people, and the same tendency appears in this study. However, there are a lot of **anxiety** here than usual cases.
It can be imagined as a result of the corona calamity.

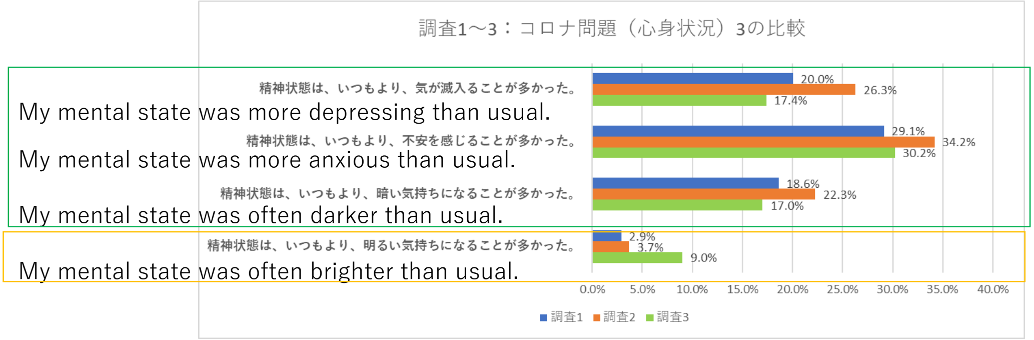
Figure 50 Contents of anxiety



survey1: Increased brightness: correlated with only 5 (emergency), 6 (disaster), and 10 (crime)
Increased darkness, anxiety, and depression: correlated with everything except 9 (independence of children) and 16 (no anxiety).The coronavirus may also amplify general anxiety(green). N=5000, multiple answers

Figure 51 shows the deterioration of mental state and bipolarization. Bipolarization signifies that obviously there are many people whose mental state was more depressed than usual. But there are some people whose states are often brighter than usual. Obviously, there is a strong tendency towards the bad direction. But there is some direction towards the bright direction in some percent of people. This also confirms my explanation. Obviously, this bad direction is influenced by the anxiety about income.

Figure 51 Deterioration of mental state and bipolarization (survey 1-3)



Both positive(yellow) and negative(green) people increased in survey 2 in comparison with survey1. There are people who had become more negative than usual, but there are also people who had become more positive in both surveys: bipolarization. The number of the former is more than the latter. The second survey indicated this trend clearer.
The trend changed in the survey3. This reflects perhaps the temporal improvement of the number of corona infections.

"Worse" is a little more than "improved". In particular, the number of "slightly worse" is conspicuous in income change.

Changes

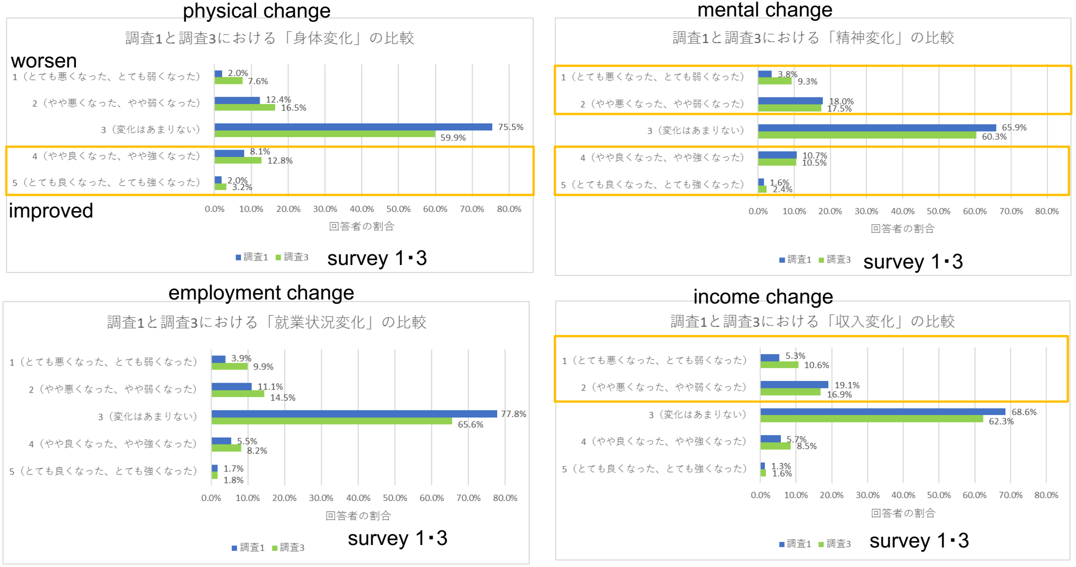
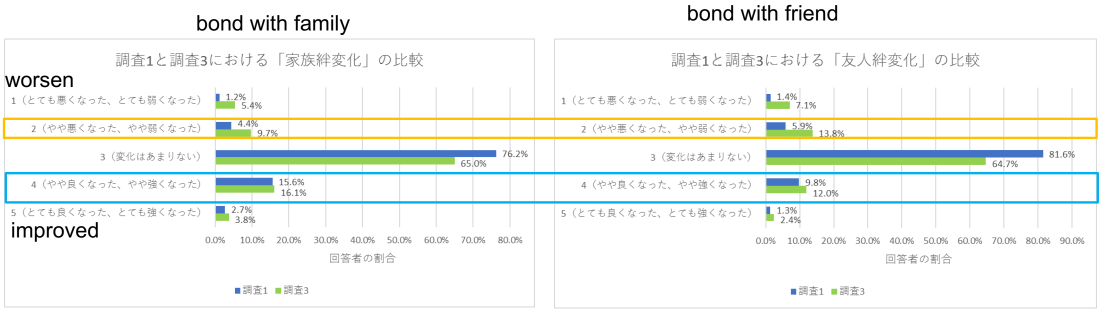


Figure 52 shows the bonds with family and friends. It is interesting that for some people bonds with family and friends are better than the situation before the Corona disease.

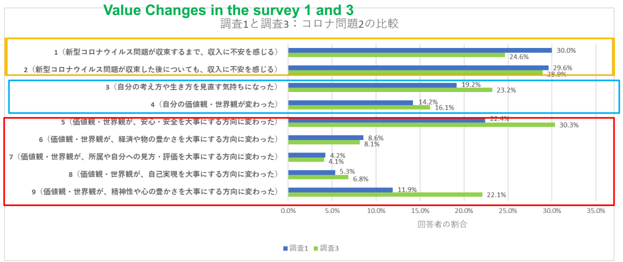
Figure 52 Bonds with family and friends (survey 1-3)



People whose bonds with family and friends have become
"somewhat stronger" are a little more than people
whose bonds "have become weaker".

I can conclude that there is bipolarization, basically a bad direction of well-being (Figure 53). But some people feel more bright feelings than before. The value chain shows there are some people who think that mental problem is more important.

Figure 53 Value Changes in the survey 1 and 3



7（Values and worldviews have changed to value affiliation, perspectives and evaluations of oneself）
8（Values and worldview have changed to value self-actualization）
6（Values and worldviews have changed to value the economy and the affluence of goods）
9（Values and worldview have changed to value spirituality and richness of mind）
4（My values and worldview have changed）
3（I felt like rethinking my way of thinking and life）
5（Values and worldview have changed to value safety and security）
2（Even after the new coronavirus problem has settled, I still feel uneasy about my income）
1（I feel uneasy about my income until the problem of the new coronavirus is resolved）

red: Maslow’s hierarchy of need
“values change→ post-material values
(self-transcendence need or spirituality)”
and “income anxiety→materialistic values
(safety need such as economy) ”:
increase in both poles (in comparison with the other two needs of belonging and self-realization need)

What are the factors that influenced these differences or these changes in wellbeing? Analysis in Table 1 shows that obviously economy, community, and culture, various factors influenced the change in well-being. But politics, especially fairness and justice, influenced the change of brightness, darkness, anxiety, and depression. This conclusion can be seen in the three surveys: the first, second, and third surveys. These are quite similar conclusions there.

Table 1 Analysis results

	Increased brightness	Increased darkness	Increased anxiety	Increase in ruins
WB	0。167	-0.114		-0.144
Politics (Fairness and Justice)		-0.100	-0.138	-0.168
Economy (Income)	0.086	-0.076	-0.104	-0.079
Community (General Trust)		-0.040		
Culture (richness of life)	0.109		0.061	

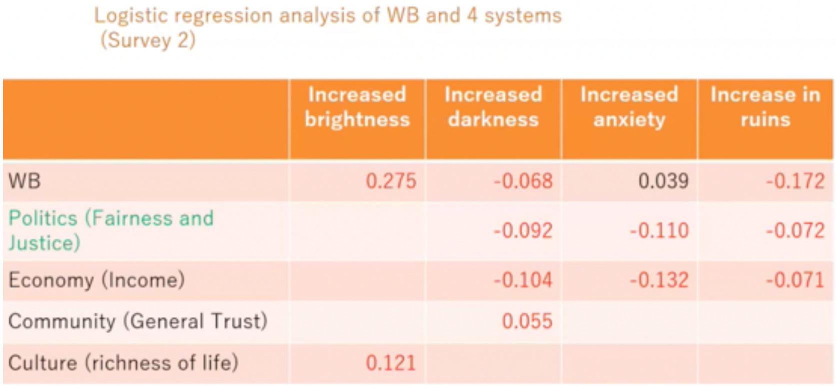
Logistic regression analysis of WB and 4 systems (Survey 1):
4 items
Corresponding
to 4 systems.

	Mental change
R2	0.031
WB	0.086
Politics (Fairness and Justice)	0.077
Economy (Income)	0.054
Community (General Trust)	
Culture (Richness of Life)	

red：5%significance: black 10%.

Multiple-regression
※「improved greatly 5,
Worsen greatly1」.

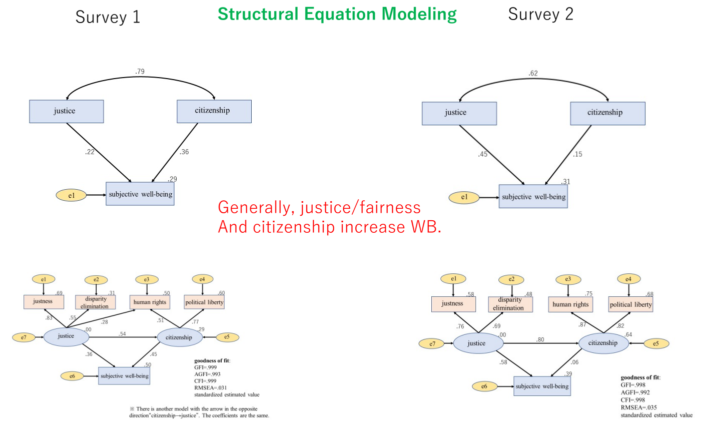
WB has correlations with the change of feeling. Moreover, politics (fairness) and economics (income) are negatively correlated with negative direction.


Logistic regression analysis of WB and 4 systems
(Survey 2)

	Increased brightness	Increased darkness	Increased anxiety	Increase in ruins
WB	0.275	-0.068	0.039	-0.172
Politics (Fairness and Justice)		-0.092	-0.110	-0.072
Economy (Income)		-0.104	-0.132	-0.071
Community (General Trust)		0.055		
Culture (richness of life)	0.121			

So, I can find out that – I can see that justice and fairness influence increased well-being (Figure 54 Structural Equation Modeling). This is the general finding which is not necessarily related to Corona disease.

Figure 54 Structural Equation Modeling


Survey 1
Survey 2
.79
justice
citizenship
.22
.36
.29
e1
subjective well-being
.62
.45
.15
.31
e1
e2
e3
e4
e5
e6
e7
justness
disparity elimination
human rights
political liberty
.69
.31
.50
.60
.83
.55
.28
.51
.77
.00
.54
.29
.36
.45
.50
.58
.48
.75
.68
.76
.69
.87
.82
.80
.64
.58
.06
.39
goodness of fit:
GFI=.999
AGFI=.993
CFI=.999
RMSEA=.031
standardized estimated value
goodness of fit:
GFI=.998
AGFI=.992
CFI=.998
RMSEA=.035
standardized estimated value

Structural Equation Modeling

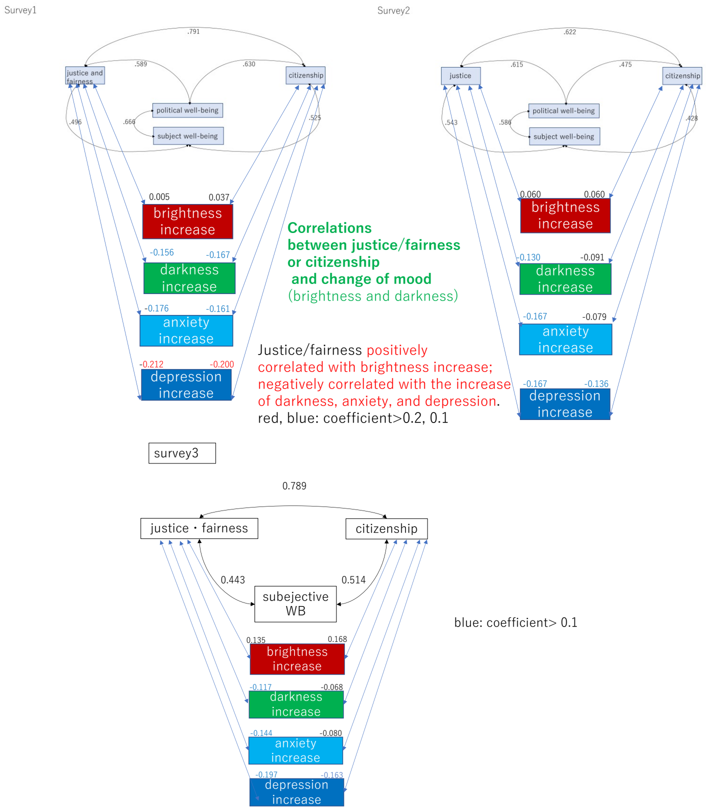
Generally, justice/fairness
And citizenship increase WB.

※ There is another model with the arrow in the opposite direction"citizenship→justice". The coefficients are the same.

manifest variables, 3-dimensional justice,2-dimensional citizenship

But this result shows the correlation between justice and fairness and the change in mood (Figure 55 Correlations between justice/fairness or citizenship and change of mood (brightness and darkness)). Justice and fairness positively correlated with brightness increase and negatively correlated with the increase in darkness, anxiety, and depression. The result of the third survey confirms this finding.

Figure 55 Correlations between justice/fairness or citizenship and change of mood (brightness and darkness)


Survey1
Survey2
.791
justice and fairness
citizenship
.589
.630
political well-being
subject well-being
.496
.666
.525
0.005
0.037
brightness increase
-0.156
-0.167
darkness increase
-0.176
-0.161
anxiety increase
-0.212
-0.200
depression increase
.622
justice
.615
.475
.543
.586
.428
0.060
0.060
-0.130
-0.091
-0.167
-0.079
-0.167
-0.136
survey3
0.789
justice・fairness
0.443
0.514
subejective WB
0.135
0.168
-0.117
-0.068
-0.144
-0.080
-0.197
-0.163

Correlations between justice/fairness or citizenship and change of mood (brightness and darkness)

Justice/fairness positively correlated with brightness increase; negatively correlated with the increase of darkness, anxiety, and depression. red, blue: coefficient>0.2, 0.1

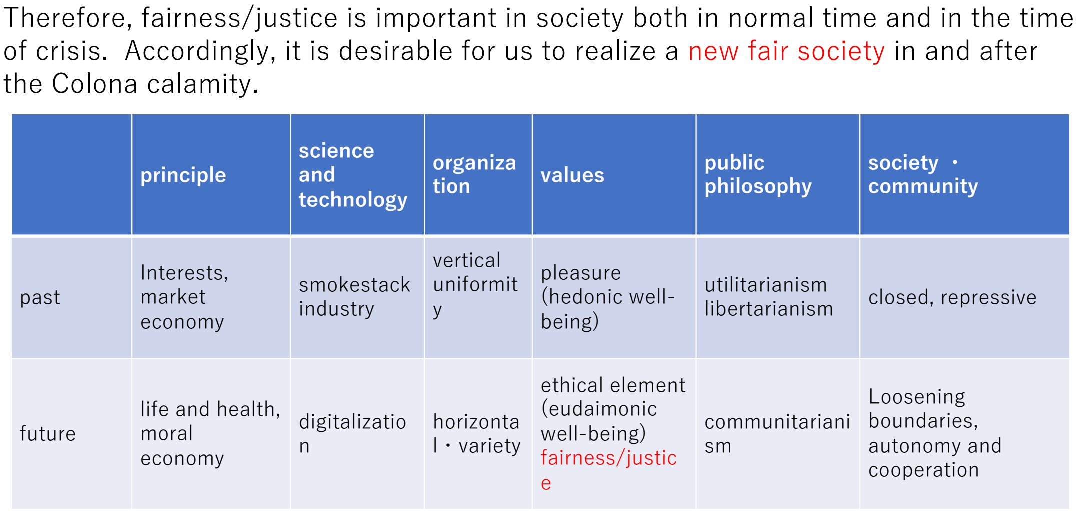
blue: coefficient> 0.1

The conclusion is that well-being generally declines due to Corona calamity. In terms of attributes, women and elderly people are more related to increased darkness than men and younger people. In particular, overall anxiety has increased. Deterioration of mental state and bipolarization is an unexpected and new finding for me. The bond between family and friends has improved slightly. The importance of home is noteworthy in this situation. Changes in value have occurred. The number of poles of materialistic orientation and post-materialistic orientation tends to increase. This is noteworthy.

Justice and citizenship are related to high well-being and also to the increase of positive mood and the constraint of negative mood. In some, justice and fairness may contribute to a positive or less negative change of mood. Justice and fairness and citizenship are related to the increase of well-being, and also to the constraint of negative change of feeling increased in Corona calamity. The effects of citizenship and the sense that fairness and justice exist in politics and society may curb despair and depression due to Corona's calamity and increase the positive feelings.

Therefore, fairness and justice are important in society both in normal times and in times of crisis. Accordingly, it is desirable for us to realize a new fair society in and after the Corona calamity. Figure 56 New Fair Society after Post- Corona Age is a temporary conclusion to me on the theme of the post-Corona age.

Figure 56 New Fair Society after Post- Corona Age



Therefore, fairness/justice is important in society both in normal time and in the time of crisis. Accordingly, it is desirable for us to realize a new fair society in and after the Colona calamity.

	principle	science and technology	organization	values	public philosophy	society ・ community
past	Interests, market economy	smokestack industry	vertical uniformity	pleasure (hedonic well-being)	utilitarianism libertarianism	closed, repressive
future	life and health, moral economy	digitalization	horizontal・variety	ethical element (eudaimonic well-being) fairness/justice	communitarianism	Loosening boundaries, autonomy and cooperation

3. Takayuki Kawase

The first point of mine is about risk assessment. I think this topic is closely related to Dr. Moshammer's argument of today. In the last two years, we have had so many controversies about the risks of the virus or bad things of COVID-19. In my opinion, not only risk assessment but also all human behaviors of assessments are plural kinds of things. By plurality, I mean human actions of assessments are not objective but subjective or inter-subjective. It is individuals or groups that assess some risks. There is no objective risk that transcends or is independent of any individuals or any groups. There are different correct opinions about risks. There are different kinds of correct answers to risk questions.

This is quite natural in liberal societies. It is quite natural for society and the freedom of conscience. But on the other hand, such plurality brings about social divisions or social segmentations. In such cases, people do not listen to others' opinions. For example, the vaccine conspiracy theory is one good example. Then, what is the reason for this tendency? I think one reason might be that people exchanged their opinions only inside the same-minded closed society, or closed groups and make their opinions more and more radical.

In short, I think there are many different correct answers or right answers to the questions about pandemics. We should not claim any single, only one answer about any kind of issue in my opinion.

My second topic is the rule of law. Actually, I am a legal philosopher. I want to talk about the rule of law. In the last two years, so many Japanese people criticized the Japanese government why not our government takes strong measures and regulations to regulate people's actions. Many of these claimants did not understand that governments cannot take any actions without legal permission. Some better arguments claim that government should take extrajudicial measures in an emergency despite understanding the importance of rule of law.

The second argument is rejecting formidable arguments in my opinion, in an emergency it is natural that people want consequentialist or utilitarian ideas rather than deontologist ideas. Because in many cases, not all but in many cases, consequentialism is more flexible than deontology. I agree with this opinion. However, in an emergency, people tend to seek very short-sighted consequences. I consider we should think from a long-term perspective, a long-term perspective, not a short-sighted perspective. If we adopt long-term consequentialism I speculate, so actually I don't have any evidence, so I am just speculating that the consequence of respecting the value of the rule of law even in an emergency situation is much better than ignoring the rule of law. We should not sacrifice our long-term interests of ours in order to get short-term profits. So, I think we should think about anything from the long-term perspective. These are my own opinions.

Now, I would like to move on to some comments to Dr. Moshammer and Dr. Posrithong. First, Dr. Moshammer's arguments are very interesting as a philosopher. The relationship between facts and values is one of the most interesting and important questions of philosophy. In my view, the complexity, and uncertainty that Dr. Moshammer said are quite natural things. These are what we should accept in my opinion. Here to complexity and uncertainty, I would like to add my own opinion about the plurality. But anyway, these discussions remind me of the suggestion of naturalistic fallacy in George Edward Moore's Principia Ethica. Actually, I have a book about that.

However, in many instances, many are pointing out of naturalistic fallacy, a misunderstanding about the relationship between facts and values. Certainly, facts and values must be distinguished. These are different kinds of propositions. However, being different does not mean being unrelated or being independent. I want to claim that facts and values are interruptive and interdependent. Of course, we should not derive normative claims only from fact propositions. But on the other hand, we cannot explain any normative claims without referring to or without relying on any propositions about facts at all.

Some idealists may reject that what we can do influences what we should do or what we must do. But I was a realist who accept or even require that what we can do influence what we should do. Actually, it is not any question to Dr. Moshammer but just a comment. But I found we can share lot of issues as a philosopher. Thank you very much.

Now I would like to move on to the questions to Dr. Posrithong. Actually, I think I talked about this previously, but I recently feel I am getting more and more gender-sensitive after my daughter was born. In my very private interest, I am worried about the gender gap in education opportunities in Japan. There is many good boys' high school in Japan, but not so many girls' schools or co-ed schools in my opinion. I am worried about the future of my daughter.

But anyway, I am always wondering about one question when I read about the gender issue. It is a question of adapting preference, the question about sour grapes of the Fables of Aesop. According to that, we always shape our preferences according to our circumstances. Then, how should we deal with women who have a very conservative idea about gender because of their circumstances oppressing women? Should we deny their "freedom" of conscience, or should we take avant-garde strategy or enlightenment strategy to educate such kind of poor and uneducated women, or should we respect their conservative culture? This is my question to Dr. Posrithong. There are all of my comments.

Section3: Discussions

Dr. Gerald Moshammer

Thank you very much for all these comments, and especially the original contributions. They were very interesting. Professor Mizushima, if I may also refer to his brief presentation. I found this very interesting, this difference between administrative and social kinds of control because it reminds me – and sorry to come with western philosophy again – but it reminds me of the Aristotelian virtue conception, the idea of self-restriction. Maybe you could say the pandemic has shown that in an abstract society where everything has to be basically rule-based, law-based, regulation-based, in a society where no one trusts the other one, but everyone still somehow trusts rules but that's it, it doesn't really work. So maybe both utilitarian and deontological traditions fall short and the notion of virtue that may – and here I can only speculate –may be better implemented in Japan than for example in my country in Austria. Maybe that is a really important issue to reconsider that justice and fairness need a basic common virtuous layer. If we don't have that, we get into all these complex issues that I wanted to mention.

Just briefly about that one, one question I think from Professor Mizushima about the anti-vaccination issue and whether I would restrict these people. First, I would definitely not touch their freedom of speech, definitely not. Secondly, I would also not support vaccine mandates. I think if someone does not want to have a vaccine, even you shouldn't find these people, like in my country in Austria. Of course, it is the right of the group which is often the majority, or is the majority in many countries, to restrict the movement of those who are unvaccinated maybe or something like that, but only if you have clear scientific proof and evidence that the unvaccinated do that harm that we say they do.

Because I often feel that again there is this complexity, is it really only the vaccine that leads to this high mortality rate? Possibly it is, and especially with the Delta variant, it is. But we need to ask questions about other things too: nutrition, Vitamin-D, all that stuff, immunity in general. I mean I am not an anti-vaxxer, but I am just saying there is kind of complexity already there when we have draconian measures. I would definitely stick to deontology when it comes to free speech and control over one's body.

When it comes to the balancing act, I think it was Professor Kobayashi asking about which tradition strikes the balance best between individual and social interests. Of course, it would be more utilitarian one might say. But utilitarians of course suffer from that problem of causality and how far into the future should one go? That relates also to Dr. Kawase's point. I mean, how far into the future can we plan? Where do we stop to think about consequences? That's why deontology is often a secure place, I would say if we are not so ignorant and sometimes arrogant to think we know everything already. We can model everything. That's somehow the flavor of that.

The last point briefly about facts and values, I actually really with the universalizability axiom tried to point at the connection between facts and values, because we universalize ethically based on facts. There is a link. It's not the only link but there is the link. My argument basically wanted to say since the facts are often in the realm of uncertainty, the kind of sense of justice that relates to Professor Kobayashi's point that justice and fairness are so important for wellbeing. But how do people understand justice and fairness? Are there different results in rationally applied universalizability axiom? Yes. Because it depends upon which facts to universalize. And if the facts are not crystal clear, you can rationalize different ethical positions. That's the plurality.

And maybe the last point to Dr. Kawase about the subjectivity of risk assessment and so on, that's principally true but we shouldn't forget this huge divide in the statistical community between frequentists and Bayesians. Also, I think as a medical scientist if you do a clinical trial, you definitely want to have an objective risk assessment. You do not think that is subjective anymore. If you have a proper clinical trial, a certain therapy medication has a 99.2 safety rate, you believe that is objective I think. There is not much subjectivity.

We do have actually the scientific tools even to establish a certain objective kind of measurement of uncertainty. But my whole argument was not using that. I was saying most of it, we don't have it. I agree with Dr. Kawase. But we shouldn't forget science is impressive in sometimes managing these difficult tasks, especially medical sciences having a long track record of clinical trials that are very successful. On a positive note, one could say that maybe we have some uncertainty about uncertainty, so to speak.

Dr. Natanaree Posrithong

I think I also learned a lot from your discussion just now, but just to answer a few points. The first question that the Professor asks me was about what I see in the future of the feminist activist movement as now I brought up the FemTwit. Actually, I think it began – I think it's happening also in Korea. I am not even sure maybe in Japan – I was trying to look into it. Even Japan also had started this FemTwit thing. But certainly, what I see in the future, to respond to the question, I would think, just like everything else, it could be a hybrid. I think the hybrid form could be a combination of both the online and the traditional movement combined. That would even be targeting a large audience. I only see it in the long run as a positive contribution to feminism, to the feminist movement in the post-pandemic. I think it's going to grow, and the target is going to be definitely larger. On that point, that's my humble opinion.

Thank you so much Professor Kobayashi for bringing up another piece of evidence on the Japanese women. We definitely as the gender scholar looking into the Japanese women would be like the pattern that we are looking for. But definitely, as I said, I think it's going to look up from now, right? Now that we are at the bottom, I don't think it can go worse than this. I believe that it's going to look up. There could be always new opportunities and new alternatives, but I appreciate you showing me your results and your survey on that.

Just last point on Professor Kawase, I remember you mentioned your daughter before. I appreciate that every time that you mention her. I don't know how old she is that you should already start worrying. But anyway, to my point here, I would like to just emphasize your last point, on the freedom of conscience. I think that's a very powerful phrase. Basically, I think it's very important that we respect that freedom of conscience. That's the term that we use in gender studies called transnational feminism. Assuming that all kinds of feminist movements are transnational is actually wrong. Because gender itself is a social construct, it should depend on the culture as well. We should not judge based on just one western perspective. I believe in the freedom of conscience nevertheless. Yes, that would conclude my points.

Hikari Ishido

I would have liked to give my own point about international economic structure apex open regionalism. It has the spirit of openness but also it also has the spirit of regionalism. And then, in combination, it's open regionalism. Our new post-COVID society should be like that. That was my point. We are now speaking from our open regionalism point of view because they are connected. We have our territory of speculation, and academic investigation. That's regionalism. But we are open to being connected to other people's and other scholars' opinions.

Alfonso Torrero

I also have a reflection on Dr. Mizushima's intervention, specifically about the categorization of administrative and social control in different countries. I understand he didn't point out Latin America's position on administrative and social control. I believe that, in general, in Latin America, administrative control is inconsistent and corruptible in practice. Even if most public institutions promote preventive activities to fight the COVID-19 pandemic, civil servants and citizens can easily not follow the preventive practices without negative consequences. So, I am not sure if you can say there is autonomy in that categorization or think about another word to categorize Latin America's response to the pandemic in terms of politics. Because I mean autonomy can be very responsible in countries like Nordic countries, like Finland or something. But in Latin America, this autonomy had the effect of high mortality rates due to the pandemic. Just that. I hope I can collaborate with another point of view related to the pandemic in Latin America.

Hikari Ishido

Thank you so much Mr. Alfonso Torrero for your excellent remark. Professor Mizushima will respond briefly and then conclude today's session.

Jiro Mizushima

Today, we have truly a global meeting. I realize that we have to take into consideration the various kinds of policy responses to the pandemic. Also, in Latin America, we see another situation, especially in Brazil. After that, we have to broaden our scope, and probably next year or shortly, we would like to get together truly after the pandemic. Thank you for your participation. This is the end of our session.