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Complex Risks of COVID-19 Pandemic: Possible Metamorphization of National into Cosmopolitan Sustainable Development

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Abstract: The purpose of this article is to analyze the complex risks of coronavirus disease 2019 (COVID-19) and their nonlinear influence on sustainable development. In the context of this global pandemic, this article shows the limits of “thinking national” and argues that metamorphization of national to cosmopolitan sustainable development is possible on the basis of overcoming national egoism with cosmopolitan survival. The article builds on the “the theory of metamorphosis” proposed by U. Beck (2010). Phenomena are analyzed through the effects of the “arrow of time” (I. Prigogine) and “methodological cosmopolitanism”. The main results are as follows: The risks of COVID-19 have mixed effects on sustainable development. On the one hand, they undermine the traditional approaches towards social security and sustainability, but on the other hand, there is a chance of establishing cosmopolitan medical cooperation in the struggle against viruses by passing from national biopolitics and national structures of sustainable development to cosmopolitan (global concerted) counterparts. The conclusion is drawn that in order to realize this possibility, it is necessary to re-discover the existing visions of sustainable development while taking into consideration the common struggle of nations against epidemics.

Keywords: complex risk; COVID-19; sustainable development; nonlinearity; “arrow of time”; biopolitics; metamorphization; cosmopolitanism; humanism



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1. Introduction

In the history of civilization, epidemics have always influenced people's behavior and disorganized their social life, environmental settings, and governance. At the same time, these epidemics' consequences were drivers, facilitating the development of rational knowledge, formal pragmatism, and medical surveillance and the birth of structures for sustainable development at the national level. As a result, the “society of normalization” arose based on liberal biopolitics. Its aim was “to rationalize problems represented to governmental practice by the phenomena characteristic of a group of living human beings constituted as a population: health, sanitation, birthrate, longevity, race” [1] (p. 73). It presupposes basic goals of social sustainability: promoting insurance, health services, and access to medical treatments that improve the health of the population as a whole and increase life expectancy. Later on, governance, supervision, and surveillance in medicine were developed, bringing changes in the biopolitical regime. The normalization of people's health was organized in an indirect way—people as social actors could use democratic freedoms in self-control and self-regulation; the curing of the patient became based on the patient's records. However, the functioning of biopolitics as the main institutional structures of sustainable development (along with the beginnings of governance to prevent environmental pollution) was limited by *nation-state sovereignty* and was relatively effective

in coping with the more complex epidemic diseases related to global mobility and growing interference with the environment, especially in the world of bacteria and viruses.

Cosmopolitanism has since emerged—“the human condition has itself become cosmopolitan” [2] (p. 2; in the paper, the term “cosmopolitan” refers to a global concerted solution). The world has changed greatly, producing a significant contradiction between the space–temporal, national-centric functionality of sustainable development and the objective need to control global infections; this contradiction is expressed in “the growing incapacity of political institutions based on the nation-state to handle global problems and local demands” [3] (p. xvii).

The risks of coronavirus disease 2019 (COVID-19) have various side effects on this process. They have made this contradiction more evident and problematic—it cannot be solved within the national structure of sustainable development, producing symptoms of local instability and incapacity. Due to the pandemic, there appears a strong driver to pass over to *cosmopolitan biopolitics* within the demands of establishing *cosmopolitan sustainable development*. We try to reason that the metamorphization of national sustainable development into its cosmopolitan counterpart is possible on the basis of overcoming national egoism by cosmopolitan survival. The first steps in this direction—the birth of the world vaccine alliance—are already being seen. In response to the pandemic, COVAX (COVID-19 Vaccines Global Access) was launched by the World Health Organization in order to provide Access to COVID-19 Tools (ACT). Its functions are based on the cooperative work of governments, global health organizations, and scientists with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments, and vaccines [4]. It is a global solution to the pandemic with the goal of establishing truly cosmopolitan sustainable development: no matter the wealth of countries, people all over the world gain the opportunity of access to COVID-19 vaccines and proper treatment.

The author wants to display herein that the COVID-19 pandemic has produced not only hazards but also an explosion of innovations in health service, medical surveillance, and treatment, as well as in elaborating new approaches to establishing cosmopolitan sustainable development on the basis of renewed cosmopolitan humanism and the establishment of global medical cooperation.

2. Materials and Methods

Modern reflexive theories are used to study the complexity and nonlinearity of sustainable development, as well as innovative investigations [5]. The accelerated and increasingly complex development of nature and society, due to the effect of the “arrow of time” [6], has led to new challenges for humankind. These manifest as instabilities at all levels, gaps in socio-cultural continuity, and a sharp increase in points of bifurcation, turbulence, traumas, and vulnerabilities.

Modern versions of M. Foucault’s theories on biopolitics and governmentality in relation to health services are in demand [1,7]. He sees the perspectives of biopolitics and the way out of its side effects in the transition to governmental rationality, which allows medical structures to manage creative, socially active people with regard to their self-reflection and self-rationalization. In the course of further research on biopolitics and governmentality, new ideas have been elaborated that need to be actualized in the context of COVID-19: people should voluntarily delegate their autonomy, show responsibility in following rules and norms, and submit in their behavior to moral force, which is an external factor in relation to them [8]. It follows that both biopolitical structures and people should take responsibility for their own and society’s health.

The complex risks of COVID-19 undermine the functioning of medical surveillance and the national structures of sustainable development, traumatizing the human spirit, life-worlds, and foundations of humanism, destroying the strong and “weak” ties of the people. To analyze these challenges, U. Beck developed the theory of “the metamorphosis of the world” that “goes beyond theory of world risk society”. It presupposes the possibility of establishing *cosmopolitan sustainable development*: national biopolitics could be *metamor-*

phosized into *cosmopolitan medical cooperation*, “connecting local and global governance—in competition and cooperation with national–international world politics and in cooperation with the global sub-politics of civil society movements” [9] (pp. 4, 38, 167–168). There have appeared competing theories of COVID-19, and each study of it brings new results and uncertainties. However, the cooperation of scientists in studying the challenges of the pandemic increases [10].

Besides this, the ideas of cosmopolitan responsibility and cross-border cooperation are taken into consideration [11,12]—they also work for cosmopolitan sustainable development. The theories on cosmopolitan humanism could provide a starting point for the rebirth of the human spirit and, on this foundation, elaborate humanely oriented cosmopolitan sustainable development [7,12–14].

Empirical foundations have been used concerning the distribution of vaccine doses for COVID-19 among countries, as well as the restrictions on them.

3. Results

The central thesis of the paper is that on the macro level, the structures of sustainability and their visions develop under the influence of the effects of the “arrow of time”. Nowadays, these effects are mainly determined by global complexity and nonlinearity—they continuously produce challenges to the existing structures of national sustainable development. The risks of COVID-19 have mixed effects: on the one hand, they undermine the existing approaches towards social security and sustainability, but on the other hand, there is a chance, determined by the process of metamorphization of the world, to establish cosmopolitan medical cooperation in the struggle against viruses. The author sees a way to this in passing over from national biopolitics and national structures of sustainable development to cosmopolitan counterparts. The realization of this possibility depends on scientists who could propose a more rational and humane type of cosmopolitan sustainable development, as well as on representatives of the political elite who could demonstrate the will to think and act globally, making post-COVID-19 cosmopolitan sustainable development more rational and humane.

At the intermediate level are the approaches of national institutional structures of biopolitics in different countries to vaccination and restrictions in accordance with their national types of medical surveillance and political values.

On the micro level, as the distinction between the risks of COVID-19 and cultural perceptions of them has blurred, individuals are subjected to a new culture-bound syndrome: screen-fear has emerged, which is becoming a self-sufficient virus affecting and traumatizing people’s minds. An adequate answer to these challenges can be given by passing over to cosmopolitan sustainable development, which also gives new life-chances.

On the micro-micro level, people used to work with bacteria and viruses, *changing them*, seeing these activities as a component of sustainable development. Nowadays the reverse takes place—*they change us*, creating a reciprocal answer in the form of new bio and social epidemics, or both. The rediscovery of our relations with the environment, especially the micro-micro world, is in demand for the elaboration of new approaches to the governance of environmental, social, and human health.

4. Discussion

The development of “traditional” risks into global ones seems to be the most significant factor in their influence on nationally oriented biopolitics and governance aimed at achieving sustainable functioning. Historically, when many people suddenly became ill, the community began to think who was to blame. Usually, the blame was attributed to external forces—gods, evils, or nature. Doctors used trial-and-error methods to make unprecedented decisions and take new actions on previously unknown diseases.

Periodic epidemics led to gaps in knowledge about diseases and to the establishment of new means of governance. In the history of humanity, there were several disastrous epidemics. Among them were the Black Death, a fatal disease that spread across Europe in the 14th century and killed up to an estimated 50 million people, and the “Spanish” influenza

outbreak of 1918–1919 that resulted in the deaths of up to 40 million people. However, each epidemic brought more than just hazards—*successes were achieved*. Qualitatively new knowledge was elaborated, and humanity reconsidered “old” notions of the “normalcy” of health and created new approaches to sustainable development. That, consequently, facilitated the rise of nation-centric biopolitics, based on pragmatic principles. For some time, this or that type of biopolitics was relatively effective in coping with epidemics. In accordance with these processes, those in the sciences formulated principles of sustainable development, contributing to the birth of corresponding governmental structures.

Industrialization and urbanization, accompanied by improved diagnosis of diseases, led to the investigation of new risks revealed through the detection of medical pathologies, including carriers of infections. These risks were answered by the emergence of a “*culture of danger*” that stimulated interest in health, nutrition, human hygiene, and the development of sustainable life-styles. Biopolitics became more complex, acquiring two new qualities: (1) extension to an increasing number of people, with the aim to organize total control over the entire population; and (2) the study of the infected and the dead became a norm that represented a fundamental epidemic change. “Death left its old tragic heaven and became the lyrical core of man: his invisible truth, his visible secret” [7] (p. 172).

Changes in biopolitics gave a new start to the institutionalization of sustainable development that was especially evident in social insurance and medical treatment. In the middle of the 20th century, T. Parsons formulated (as it seemed to him) a “universal” rule of social and medical sustainable order: risk management and the insurance of “normality” presuppose that the doctor should function as a “gatekeeper” who has the right to exercise power over the patient, especially an infected one, who is obliged to unconditionally fulfill medical decisions in order to return to society as soon as possible [15]. However, in time it became clear that rigidly functioning medical surveillance was becoming increasingly dysfunctional. Unambiguous assessments of a human illness as a “pure abnormality” did not work under the conditions of increased riskiness. That prompted Parsons to make significant adjustments to the concept of the role of the sick: chronically ill patients who require permanent medical observation should be restoring their health [16] (pp. 257–278). New relations between the doctor and patient appeared due to the acquisition of a reflexive quality in society. It became necessary to make decisions and take actions about the following dilemma: either to choose strict forms of medical surveillance over patients or to take into consideration the democratic transformation of them from objects of governance into subjects predisposed to self-governance, self-organization, and even self-treatment. Since that time, doctors and patients have been acquiring a new quality of reflexive actors. All reflexive realities, producing “normal chaos” and “normal trauma” [17], latently facilitated the transition to more effective functioning of the national structures of sustainable development.

Nowadays, many new risks have appeared due to nonlinear changes in social and bio worlds that develop through their interference. As J. Urry noted, fast and complex mobility has come into our lives, manifesting itself in the form of rapid flows and normal accidents that “are always waiting to happen, and happen they did in this case with beasts, micro-organisms, people... In 2001, the virus spread around much of England before anyone knew that it had even arrived. That we might say is fast mobility, a normal accident” [18] (p. 59). It is worth noting that under “normal accidents”, Ch. Perrow places catastrophes caused not by gross human miscalculations, but by people’s natural interaction with complex social, technical, environmental, and bio systems, which occasionally cause “normal” failures even with the best management and full attention to safety [19]. The nonlinear changes are also manifested in uncontrolled contacts among cultures and peoples that increasingly facilitate “the massive and sudden appearance of strangers on our streets” [20] (p. 15). They bring not only “marginal” attitudes towards health, doctors, and established treatment practices, but also risks of new infectious diseases. All these factors have forced the national institutions of biopolitics and the structures of sustainable development to extend their reflexivity beyond the borders of nation-states in order to adequately answer global risks, including epidemics.

According to U. Beck, global risks exhibit the following three characteristic features: (1) *delocalization*: their causes and consequences are not limited to one geographic location; (2) *incalculability*: their consequences are, in principle, incalculable; and (3) *non-compensatability*: if human genetics cause possible irreversible interventions in human existence, then it is too late. Within the new quality of “threats to humanity”, the logic of compensation is breaking down and is being replaced by the principle of precaution through prevention [21] (p. 52)—an important component of sustainable development. All these features are seen in the risks of COVID-19, and they have even increased and become more complex. Thus, delocalization concerns are spreading not only over national borders and continents but also over the complex socio-bio space. Some scientists argue that there is a proliferation of viruses that can move from animals to humans and back, making illnesses more difficult to cure, and their side effects have a long latency period—these will influence the future of nature and society. The incalculability has redoubled due to the fact that there are no commonly recognized methods to estimate illnesses—the existing knowledge displays the limitations of discipline-based approaches to epidemics and the inability to know their multiple characteristics. Besides this, there are competing theories on COVID-19, and each study of it brings new results and uncertainties. The non-compensatability depends not only on irreversible interventions in the human body but on incurable traumas to humanness, the life-worlds of people, and substantial rationalities. The risks of COVID-19 are forming, in fact, a cosmopolitan culture of danger that facilitates change in the existing structures of sustainable development in the cosmopolitan direction. As is known, the national institutional structures of biopolitics in different countries approached possibly infected people in accordance with their types of medical surveillance and political values. Even in some developed countries, the results were not effective due to the lack of cosmopolitan cooperation.

Global risks also mean the staging of the reality of global risks [21] (p. 10). This presupposes that we have to deal not only with the damage produced by the actual viruses but also with that caused by the related myths. Many risks of COVID-19 are socially and culturally constructed—many myths and fakes have appeared. In fact, the risks of the pandemic have given birth to a cosmopolitan epidemic of fear and anxiety. Some people may not even realize that their consciousness is being traumatized—they accept fake news of the pandemic as real, increasing “liquid fear” [22]. Z. Bauman also justified the effect of “liquid evil”, the essence of which is the anonymous and constant production of fear and uncertainty [13] (pp. 6–7). In this sense, the permanent renewal of staged pandemic fears, real and imaginary failures in the fight against the pandemic, is an expression of “liquid evil”. To a large extent, the cosmopolitanization of fear is based on media performances and talk-shows about human vulnerability to the risks of COVID-19. Essentially, a new culture-bound syndrome is emerging—screen-fear is becoming a self-sufficient virus that affects and traumatizes people’s minds. As a result, the distinction between the risks of COVID-19 and the cultural perception of them is blurred. These are cosmopolitan challenges, and adequate answers to them can be given only by transitioning to cosmopolitan sustainable development.

Besides this, the complexity of the pandemic risks is vividly manifested in the explosion of the *various knowledge* and *non-knowledge* produced in different sciences. U. Beck argued, “What used to count as knowing is becoming non-knowing, and non-knowing is acquiring the status of knowledge”. Nowadays there have appeared many *vague* interpretations of the risks of the pandemic, based on social, medical, chemical, and biological knowledge and non-knowledge, along with rapidly changing statistical data, that have given rise to the “decision paradox”: “The greater the threat, the greater the gap in knowledge, the more urgent and more impossible is the decision” [21] (pp. 116–117). The consequences of the risks of COVID-19 are shifting to all our lives, to anywhere and nowhere. The impossibility of the decision concerning these risks increases due to the fact that up to now the knowledge has mainly been concentrated in national science-based approaches—these influence the characteristic features of national sustainable development.

The global inequalities and the complication of risks that concern the basic existential values of man, such as health, diet, and life, facilitate the demand for cosmopolitan sustainable development. The complex risks manifest on both global and national–local levels. The risks of COVID-19 have created the situation of shared challenges both for the North and for “others”. According to I. Wallerstein’s world-system analysis, the “core” states of the North dominate in the world due to their branded university education, scientific complexes like Silicon Valley, and high-tech medicine, while the “periphery” and “semi-periphery” states of the South function on mainly traditional technologies based on the cheap labor that allowed the population of the “golden billion” to make fabulous profits and demonstrate “successes” in life as well as in medical care. This global inequality prompted the author to vote for the transition from formal rationality to *substantial rationality* stressing the importance of values [23]—there is a need to overcome North-national egoism. The transcontinental inequalities are also accompanied by an unequal distribution of risks that, in fact, were “exported”. In particular, Southern structures were encouraged to “be rationalized”—to host rather risky bio and medical laboratories that conducted experiments with viruses. Besides this, the production of medical equipment, pharmacological products, means against infections, etc. was forcedly implemented there. Nowadays, one can see the “boomerang effect” of these global inequalities within the consequences of the risks of COVID-19: the North found itself in an existential dependence on the South. In the USA and European countries, a catastrophic lack of masks and disinfection means was revealed. Unimaginable incidents of confrontation for medical masks took place among the states with military–political relations. On national–local levels there appeared some kind of dehumanized asymmetry in valuing the lives of “others”: ocean liners with both obviously ill and healthy passengers on board stood for weeks in a port, forced to observe a quasi-quarantine or furrow the waters of the seas in search of a place where the authorities of this or that country would allow them to dock; enclaves of infected people emerged in the form of “collateral damage” [24] caused by border closures and national mobilization; and the existing deregulation of wars contributed to mass latent infections among people. The risks of the pandemic unimaginably increased the inequalities in access to treatment, medicines, and vaccines against viruses: while some people “isolated themselves” in villas and yachts manifesting *demonstrative medical consumption*, which became an indicator of belonging to the social chosen, others experienced various restrictions and became *virus refugees* and *virus nomads*—tourists forced out from hotels. The mentioned shared challenges cannot be solved nationally or within the existing global social inequalities [25]—cosmopolitan approaches are needed.

The risks of COVID-19 exposed great gaps among the countries as far as the governance of insurance institutions is concerned. In the USA, millions of people could not afford to pay for an insurance policy—many infected people did not even seek medical care. The authorities in England underestimated the risks of the pandemic and reacted to them rather late. Its insurance industry, as A. Giddens argued, “must not retreat in the face of an increasing preponderance of disasters and catastrophes, but must continue to explore ways of expanding insurability” [26] (p. 175). The reverse is the case with Germany, where governance is largely centered on welfare and health: the proper money was directed to social insurance and adequate funding was allocated to medicine. As a result, in comparison with Italy and Spain, the number of fatalities in the country was lower.

The specific features of national sustainable development influenced the distribution of vaccine doses for COVID-19, varying greatly among countries. As of 19–20 February 2021, the situation is as shown in Table 1.

Table 1. Number of administered vaccines (million doses) by country [27].

No.	Country	Vaccine	Number of Vaccines Administered (Million Doses)
1	USA	Moderna, Pfizer/BioNTech	59.59
2	China	Sinopharm, Sinovac	40.52
3	Great Britain	Oxford/AstraZeneca, Pfizer/BioNTech	17.47
4	India	Covaxin, Oxford/AstraZeneca	10.72
5	Israel	Moderna, Pfizer/BioNTech	7.13
6	Brazil	Oxford/AstraZeneca, Sinovac	6.81
7	Turkey	Sinovac	6.52
8	Germany	Moderna, Oxford/AstraZeneca, Pfizer/BioNTech	6.35
9	UAE	Oxford/AstraZeneca, Pfizer/BioNTech, Sinopharm, Sputnik V	5.47
10	Russia	Sputnik V	3.77

However, in many countries, social movements were initiated focusing on access to vaccines against the virus, no matter where they were produced; that has become one of the significant drivers for cosmopolitan sustainable development.

Besides this, now the “*butterfly effect*” has emerged and operates all over the world. Its essence is that even seemingly insignificant local actions are capable of causing avalanche-like traumatic consequences. The “*butterfly effect*” of COVID-19 (a trauma of the bio matter of a concrete number of individuals as assumed in China) concerns practically all countries. Modern societies as complex systems “are characterized by a lack of proportionality, or ‘non-linearity’, between apparent ‘causes’ and ‘effects’”. There can be small changes that do bring about big, non-linear system shifts” [28] (pp. 41–42). Here are only some of the non-linear system shifts that will influence the national/international character of biopolitics in the post-COVID-19 world. The existing national institutions of medical surveillance in different countries are traumatized. In Europe and around the world, one can see the rise of disintegration, isolation, even nationalism; the declared European values, including the right to proper medical care, do not function. The countries of the European Union not only close their borders based on quasi-laws but apply national mobilization, limiting international medical cooperation, which is crucial to the management of pandemic risks.

So, the restrictions relating to COVID-19 are various in different countries. Israel is easing lockdown restrictions as studies there reveal that the Pfizer vaccine is 95.8% effective in preventing hospitalization and death [29].

Germany has been in partial lockdown since November. Bars, restaurants, and cultural and sporting facilities are closed. Schools and non-essential shops were added to the list in mid-December, with rules on mask-wearing and working from home tightened in January amid concerns over new virus variants [30].

Authorities in Moscow have lifted some coronavirus restrictions, including the overnight closure of bars, restaurants, and nightclubs, citing the improving health situation [31].

As one can see, the national institutional structures of biopolitics in different countries have demonstrated various approaches to vaccination and restrictions in accordance with their national types of medical surveillance and political values.

At the same time, there has appeared a factor that can non-linearly change the situation of sustainable development for the better—the “*metamorphosis of the world*”. U. Beck argues that the world has entered the age of metamorphization. So, he proposed “the theory of metamorphosis” that “goes beyond theory of world risk society: it is not about the negative side effects of goods but about the positive side effects of the bads. They produce normative horizons of common goods and propel us beyond the national frame towards a cosmopolitan outlook”. This metamorphosis means “epochal change of worldviews, the refiguration of the national worldview . . . It is in this space that national and other borders are renegotiated, disappear, and then built up anew—i.e., are ‘metamorphosed’” [9]

(pp. 4–6). However, it is very important to note that the process of metamorphization produces only possible hopes, creating alternative preconditions for organizing sustainable development and implementing innovations [32] (pp. 3–14). How people reorganize their lives, rationalizing and humanizing biopolitics, depends largely on their choice. A kind of cosmopolitan humanism may provide a starting point for elaborating humanely oriented cosmopolitan sustainable development as previous “certain” realities based on national worldviews “have withered”: “it becomes clear that the ‘eternal certainties’ of the national worldview are short-sighted and wrong and lose their self-evidence as the beliefs of a whole epoch... ‘Withered’ means two things: first, the world pictures have lost their certainty, their dominance. Second, nobody can escape the global” [9] (pp. 7–8). There are some global grounds for cosmopolitan solidarity that can be seen even today. Global medical surveillance of the risks of COVID-19 is now realized practically among all countries. Humanely oriented practices of medical care are already manifested in more or less equal access to medical treatment, including vaccination. There are elaborated post-anthropocentric technologies for medical surveillance that presuppose friendly relations of people and bio/virus entities. Distance health care has been initiated and is being cosmopolitanized. There is an understanding that scientists all over the world have to deal with the complex risks of qualitative new global epidemics.

Recently, people worked with bacteria and viruses by changing them, seeing these activities as a component of sustainable development. Nowadays the reverse takes place—they change us, creating a reciprocal answer in the form of new bio and social epidemics, or both. Often these epidemics are metamorphosed within the trend of complexity: they have not only biological but also *culturally and socially conditioned natures*. So, in modern societies, *bioethics* and *social epidemiology* begin to play a greater role. These fields of science investigate the profound impact of bacteria and viruses on our vulnerable behavior and life-styles [33], diets, work, and leisure time and the influence of different deviations (“likes” addiction, food abuse, gambling, etc.) on people’s health [34]. This can be thought of as an innovative scientific contribution to cosmopolitan sustainable development.

I put forward the following hypothesis: the risks of COVID-19 may act as “positive side effects of bads”, facilitating the coming of more humane consciousness and activities. The practical application of this hypothesis might create the intellectual prerequisites for a transition from the practices of national to cosmopolitan sustainable development. Much depends on scientists’ agency and their efforts to move social sciences to interact with the hard sciences and the Humanities for the sake of overcoming the limitations of mono-disciplinary knowledge [35] (pp. 11–18). There is a certain economic background for the transition to cosmopolitan sustainable development: “A number of economic practices appeared throughout Europe and the United States that embodied alternative values: the value of life over the value of money; the effectiveness of cooperation over cutthroat competition; the social responsibility of corporations and responsible regulation by governments over short-term financial strategies” [36] (p. 1). What is most important is that there also has appeared the idea of urgent rebirth of humanism: today more than ever it is necessary to realize that “we—human inhabitants of the Earth—are in the either/or situation: we face joining either hands, or common graves” [11] (p. 167).

There is one more nonlinear factor in establishing cosmopolitan medical cooperation and cosmopolitan sustainable development: the risks of COVID-19 as an expression of “the bads” render positive side effects on the risks of digitalization. The spread of digital technologies has had a significant impact on practically all spheres of people’s lives; consequently, digital surveillance has emerged. It “tends to obscure the constant daily assaults on privacy that take place well within the law by major businesses, embedding a system best called surveillance capitalism, and by government, which is increasingly acting like a surveillance state”. In short, “smart” means “delivering a steady flow of details about our lives” [37] (pp. 161–162). Moreover, digital surveillance acquires a cosmopolitan character: “drones do the dirty work of surveillance” legitimating the appearance of specific “surveillance beyond borders” [38] (pp. 143, 150). However, “the bads” of digital

surveillance may be metamorphosed into “the goods”. There have appeared some trends in this direction: humanely oriented “post-anthropocentric technologies are also re-shaping the practice of surveillance” [12] (p. 127). Some scholars argue for the development of science, artificial intelligence, and digitalization in line with the “human spirit” [13]. All this may link peoples and countries for more effective cooperation in different spheres on the basis of the struggle for cosmopolitan sustainable development.

There is also a factor of establishing the subjective component of cosmopolitan sustainable development that concerns both individual and collective actors. “The bads” of formal rationality and pragmatism that facilitate the development of “profit-making medical organizations” may be metamorphosed into “the goods” of substantive rationality. In his time, M. Foucault saw a way out of the side effects of biopolitics in the transition to governmental rationality, which allows power structures to manage creative, socially active people [39]. Governmentality also means that people should voluntarily delegate their autonomy and show responsibility in observing the rules, obeying in their behavior the moral force which is an external factor in relation to them [8]. These ideas should be updated in the context of the risks of COVID-19. Consequently, the self-responsibility and self-surveillance that are especially needed during epidemics should become a significant subjective component of cosmopolitan sustainable development.

5. Conclusions

The risks of COVID-19 have mixed effects on the modern world: on the one hand, they undermine the functioning of national biopolitics, traditional medical treatment, and social security, but on the other hand, humanity is given a chance to make a choice in favor of renewed cosmopolitan humanism, establishing cosmopolitan medical cooperation in a transition from national structures of sustainable development to cosmopolitan counterparts based on the idea of a single world and common vulnerabilities produced by the pandemic. There appears to be at least some evidence that self-survival and national egoism are being displayed by cosmopolitan survival. It is highly likely that, on the basis of new approaches to humanism and the increasing importance of both bioethics and social epidemiology, Homo epidemiologicus will come into being as a new social type who believes that epidemiological knowledge, cosmopolitan responsibility, and humanistic practices deliver social happiness and “ontological security”. Their reflexivity is directed towards cosmopolitan values and actions—this will limit the dominant role of Homo economicus, who brings vulnerabilities to nature, climate, and our planet as a whole [40] and produces threats that are still serious.

Under the influence of global complexity and nonlinear development, epidemics are subjected to metamorphization. In the past they were caused by insufficient medicine, causing troubles for some societies and covering a limited time context. Today we are dealing with qualitatively new epidemics of a global and timeless nature (AIDS—acquired immunodeficiency syndrome, mutant strains of microorganisms increasing resistance to antibiotics, and now COVID-19). Rather often, new epidemics have not only a biological but also a culturally conditioned nature (anorexia, gambling, schizophrenia, and now screen-fear as a self-sufficient virus). An adequate answer to these challenges is seen in the possible metamorphization of the national structures of sustainable development into cosmopolitan counterparts. To realize this possibility, dialogue among peoples and the action of all nations are needed in establishing cosmopolitan sustainable development. The interference of sciences in the micro-micro world of viruses will continue in the nearest future, bringing threats of the birth of new epidemics—this is a significant factor for the cooperation of scientific and theological knowledge which resists pragmatic innovations and latently works for sustainable development.

The practices and visions of sustainable development change under the effects of the “arrow of time”—they acquire a more complex nature, covering more spheres and territorial spaces. Now it is necessary to re-discover the existing postulates of sustainable development (the ability of future generations to access authentic nature, energy,

soil, water, and food resources to meet their needs; actions to limit greenhouse effects; popularization of the ideas of stopping emissions, etc.). The innovative ones should be taken into consideration—the cosmopolitan struggle with epidemics; greater goals for the production of medical, pharmacological, and ecological safety for citizens; and the possibility to re-orient the digital from financial gain and pragmatic consumerism to health care. Human rights should be extended, including rights to health care and vaccinations against viruses. These human rights must be realized both in the North and in the South.

Real risks of COVID-19, as well as staged ones, are becoming a great challenge for the existing type of sustainable development. Their overcoming is connected to a large extent with the establishment of effective cosmopolitan medical cooperation with the goal to determine the proper means for preventing the popularization of myths regarding epidemics that traumatize the people's consciousness. All these prepositions might make post-COVID-19 cosmopolitan sustainable development more rational and humane.

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