

# COVID-19 in Saaremaa. Limited Resources and the Mechanisms for Healing and Prevention

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**Abstract:** COVID-19 challenged the entire population of the world, affected everyone, and all spheres of life, changing the content and ways of communication, cultural habits. The article investigates COVID-19 on Saaremaa island, looking at 1) how islanders with their limited territory and resources and therefore greater vulnerability coped during the pandemic; 2) the choices that individuals made in their everyday lives; 3) I present the mechanisms what people used for healing and prevention of COVID-19.

**Keywords:** COVID-19, explanations, rumours, everyday choices, home remedies, prevention, healing

## Introduction

Although the crisis researchers of the 1990s underline two main types of crisis – natural and economic –, the 2020s offered a new and unexpected opportunity to view what happens when another factor comes to play: a new outbreak, a pandemic. The spread of the new infectious disease in China was known

through medical news in December 2019. In January our team started collection work, as beliefs and folklore were abundant (Kuperjanov 2020; Hiimäe *et al.* 2021). It was certainly expected that the disease would stay in Asia's relatively constricted area. Some months later it was expected that it would spread no further than southern Europe. In February, flights and road transport arrived in Estonia from China, Iran and several European countries with infected people.

On February 26th the first known case of the virus was announced in Estonia (Koroonakaart/Coronamap 2022). The outbreak started in Saaremaa, the largest island in Estonia and the fourth largest island in the Baltic Sea after Sjælland, Ojamaa and Fyn. The total area of Saaremaa is 2,683 km<sup>2</sup>. The island's coastline is 874 km long. As of 2017, Saaremaa had 31,304 inhabitants, thus ranking ninth among the islands of the Baltic Sea by population. It is a place where the traditional way of life has been partly preserved, Saaremaa is also an attractive tourist destination and an important cultural centre.

On the 13th of March a state of emergency was declared in Estonia. This resulted in the closure of manufacturing, trade, tourism and food industries. Going to work was limited or even forbidden. The only places that stayed open were grocery shops and pharmacies. Ship and aerial traffic between the islands and the mainland were discontinued and only essential goods were transported.

The article investigates COVID-19 on Saaremaa island, looking at 1) how islanders with their limited territory and resources and therefore greater vulnerability copied other regions during the pandemic, 2) the choices that individuals made in their everyday lives, and 3) what people used for healing and prevention of COVID-19.

## Data

Based on Leonard Primiano's work, I would like to highlight vernacular solutions as the "personal, aesthetic, cultural, and social investment [of an individual] ... as well as the way individuals privately and creatively adapt [culture] to their specific life needs" (Primiano 1995: 43). Vernacular culture can be flexible, dynamic, multi-sourced, but also global. Folklore studies usually does not use the voice of a single person, while this is common in religion studies. Here, the possibility of basing research on the words of one person as the main informant is used.

The paper characterises the course of COVID-19 using official data, media documents and vernacular opinions about the pandemic:

a) thematic interviews were used during the first crisis period (7) through which respondents were asked to describe their opinion on what kind of disease COVID-19 is, what their activities were during periods of movement restriction, and describe the foods and medicines they used to prevent or recover from the disease. A couple of questions were about loneliness and depression.

b) The vlog of Heidi Hanso, the owner of Pajuvärava farm. Hanso's sources of information consist of her own observations on the farm and its surroundings and everyday life in a remote village during the COVID-19 pandemic. She talks about her life, the illness and Saaremaa as a whole. One important reason for selecting Hanso's vlog was its immediate and optimistic message, and the home remedies she prepared. Her language use and orientation to social communication certainly deserve a separate study, but at the moment we will only focus on everyday life during the COVID-19 period, her adaptation to the restrictions and her home remedies.

c) Additional data was collected from Facebook groups, for example Koroonaviiirus. In addition, volunteers' Facebook reports and online comments about what was happening in Saaremaa were recorded. The data is stored in the catalogue of the scientific archive (EFITA F05-020).

d) Background and comparative data comes from diaries, a significant qualitative source (EKIA 2020; Nuust 2020), and academic papers published in many countries (Markov & Pileva 2021; Ilieva 2021; Hiiemäe *et al.* 2021; Gustavsson and Olivestam 2021; Gustavsson 2022; Fischer & Kadastik 2021; Uustalu; Kalda *et al.* 2022; Bridges, Brillhart & Goldstein 2023).

## **Timeline: state politics and islands**

At the end of February Saarte Hääl (Island Voice, a local newspaper) wrote about “a real treat” for Saaremaa's volleyball fans. The Italian club Milano Powervolley would play two of their European games on Saaremaa as they could not hold them in Italy due to COVID-19 (Mihelson & Berendson 2020; Kalmus & Vinni 2020). The game, which was held on the 4th of March, caused the first cases of infection on Saaremaa. Nine Italians also had mild COVID-19 symptoms.

Based on the first information it seemed that every one of Saaremaa's inhabitants would be infected. At that time official knowledge of the disease and suggestions about what to do were minimal and contradictory, and I would say their style could be described as fear mongering. As additional drama, the virus spread to a retirement home where 22 people and nurses fell ill. Although the statistics say that not everyone got sick and that most people recovered quickly, panic can settle in due to a lack of information very quickly.

For example, one topic that was discussed was how “a few 100-year-old people have defeated the coronavirus. Old ladies from Saaremaa, Selma Leesi and Natalia Sigibert, did it.” (Paavle 2020) There was even an interview with one lady's relative who was living in Sweden and who said that her relative always had a very good physiology and good health (Timeline 2020, EFITA). The example of Saaremaa nursing home was encouraging and shed light on the fact that even members of the highest-risk group did not get sick or recover in a situation where there was no cure for the illness. The same was repeatedly experienced later.

As reaction to the pandemic, the Government Emergency Commission summoned the Scientific Council on the 20th of March. The Council was led by professor Irja Lutsar (University of Tartu) and staffed by professor Andres Merits (University of Tartu), professor Peep Talving (the University of Tartu and the North Estonia Medical Centre), Dr Pilleriin Soodla (the University of Tartu Clinic) and Kristi Rüütel (the Institute of Health Development).

Krista Fischer, professor of mathematical statistics at the University of Tartu, and biostatistician Mario Kadastik, senior researcher at the Institute of Chemical and Biological Physics, took up the role of data interpretation and producing forecast models (Fischer & Kadastik 2021). The Scientific Council published regular statistics in the newspapers. ETV (Estonia's state TV channel) broadcast sessions with members of the government and representatives of the Science Council. Public transmissions of information, bans and rules were repeated several times a day, all of which proved influential.

On the 24th of March, Dr Arkadi Popov, the head of the North Estonia Medical Centre's emergency centre, was appointed medical director for the crisis by the Estonian Health Board. His task was to coordinate the work of Estonian health institutes and give instructions on how to rearrange health services. All members of Science Council became well-known, but Popov soon became a legend for many people. He was the person who appeared on TV giving updates on the situation. He gained the trust of many with his bal-

anced evaluations of the situation; he spoke fluent Estonian as well as being able to give information in Russian for Russian speakers (27 % of the Estonian population are of Russian heritage).

From very beginning of the pandemic a media discussion began on how local Russians were oriented toward Russian information channels, and how their behaviour was different from that of others. Only after the first waves of the pandemic did the research results demonstrate that this argumentation was not valid. Vihalemm and Juzfovsky demonstrated (2021) that Russian-speakers had over the past years restructured their news media repertoires so as to rely less on Russian television as a source of news, and Estonia's Russian-speakers today show greater and growing confidence in local news providers than in news coming from Russia. Estonia's Russian-speakers are more enthusiastic users of local, Western and independent Russian news media than, for example, Russian-speakers in Latvia.

## The situation on Saaremaa

Focus on Saaremaa was multifaceted including negative commentaries and mocking memes ridiculing and marginalising the islanders (EFITA), for example people wrote how patients were left untreated, having things like radiotherapy sessions cancelled (EKIA 2020). At the main hospital on Saaremaa, in the capital Kuressaare, four new COVID-19 wards were opened (Õun 2020), although they were never fully utilised. The first news was not optimistic: the medical director announced that there were 21 COVID-19 patients, one of whom was in the intensive care unit. More than 20 caretakers and other medical personnel were infected. A mass infection is to be expected, and the need for extra hospital beds was imminent: "There could be thirty of them by tonight," the hospital director said. His resolute estimation was that, "the virus has become very widespread on Saaremaa" (Lember 2020). On the mainland these words were taken to mean the situation was very serious.

The Minister of Defence, Jüri Luik, announced that due to the difficult situation on Saaremaa, a military field hospital would be sent there. "The Minister of Defence promised that the hospital will be ready for patients on Thursday, 2nd of April" (Luik 2020). The field hospital will be erected next to Kuressaare hospital. There will be up to 20 intensive care and 40 general places in the

tents. The field hospital will function as a part of the Kuressaare hospital and its personnel is being composed.

The emergency situation would end the normal way of life and everything would be monitored more closely than on the mainland. The methods were too harsh for the sparsely populated islanders. Some of the restrictions for Saaremaa and Muhumaa that were put in place by the Prime Minister late at night would see the closure of hairdressers and allow only takeaway food from restaurants (across the rest of Estonia this restriction came into effect at 10 pm). The restrictions applied to all businesses concerned. The main idea of these measures was to make sure that people moved around as little as possible.

“The aim is to limit unnecessary movement and avoidable contact as much as possible”, Tanel Kiik, head of the health commission, said. “There will be no mass fines but compliance with restrictions will be stricter than in other places in Estonia. The Police and Border Guard has the right to fine violators up to 2,000 Euros” (Tiks 2020, Kalmus 2020, National Guideleines 2020).

## Multilocal living style

Many people have farms or summerhouses on the island where they went to live when COVID-19 struck, and soon found that they could not return to the mainland. As many people have a place to stay during their holidays, or could stay at their parents’ or relatives’ homes, or at friends’ homes, moving out of the city and teleworking was also significant for the interviewees. They also had relatives and friends all over Estonia, as well as essentially on all continents, which meant that informal information could be shared all the time and situations compared. The life of our main informant has been multi-local since childhood, yet here the focus is on the Saaremaa, to which she has always returned.

During the pandemic until the restrictions were eased Heidi Hanso kept a vlog on Elu24, a webpage run by *Postimees*, an Estonian newspaper, where she described how she felt during the pandemic, and how she felt about isolation and quarantine. She also described how she found the time and energy to get all the work done on the farm. To the general public she is known as the woman who, together with her children Uma and Raju, built and ran a farm in Saaremaa as seen in the TV series *Meie pere ja muud loomad* (‘Our Family and Other Animals’, 2016 onward). She also does most of the editing and TV

work at home, far away from capital city, as is suitable for a representative of the multilocal living style. “I have arranged my life in such a way that from the middle of May when the TV season ends, I will not go to Tallinn until autumn. In the summer I only take care of my farm affairs: I do construction work, take care of the animals and children, and host tourists at Pajuvärava.” (EFITA)

Heidi is connected with the open farms project, and more than a thousand people visited her farm on open farms day. She is a typical representative of the younger generation who has lived in many parts of the world. As a member of big family, one of six children, she values the importance of family: “Other relationships in life come and go, but your family is what stays.”

She gives a description of her relatives: “We are all very strong personalities and although we do not always agree on everything, we can discuss and solve all issues using humour and some healthy sarcasm.”

Heidi grew up on Saaremaa. Her kindergarten and elementary school were in Orissaare, Saaremaa, quite far from home. As an independent girl she continued her curriculum on the mainland, at Noarootsi gymnasium (a special Swedish school in western Estonia). Later she lived in Sweden, the UK and Cyprus, although between these periods abroad she always returned to Estonia. About ten years ago, she made the permanent move back to Estonia with her partner Risto. “It became clear that it would be possible to do television work successfully while living on Saaremaa. I have not been on maternity leave at home with either child – figuratively speaking, I was editing programs with the child on my chest.” (EFITA, Hanso).

In addition she has a home zoo: two outdoor raccoons, cats, dogs, goats, sheep, horses, geese, ducks, guinea pigs, rabbits, chickens and a peacock, her farm has a total of about 400 different animals, which made life quite a challenge during the time of COVID-19 and restrictions.

## **Explanations of diseases, smart solutions and self-treatment**

In most cases, a social (ethnic) group defines the symptoms or sets of symptoms that are associated with a particular disease. In addition to explanatory models for why disease occurs (Kleinmann 1988; Kleinmann 1995, 2020), vernacular diagnosis and the treatment processes follow, along with the creation of defence

mechanisms, coping strategies and decision-making about the effectiveness of treatment. Several treatment options are usually considered and may be used simultaneously (Abbot *et al.* 2015).

Regarding COVID-19, there was more scare-mongering in the official explanations (it was a highly contagious and dangerous disease that spreads through contact with surfaces, water droplets, through the air; it was dangerous for all age groups, above all for the elderly, it was a completely new disease causing breathing difficulties (WHO 2015, WHO 2020, Berman & Ssorin-Chaikov 2020 (2)).

The same variety prevailed in the vernacular explanations, which debated whether it was a lung disease or a flu-style illness, which is why washing and disinfection, ventilation, being outdoors, and distance from other people were emphasised. With this wave of intense, sometimes overly dense, media information part of the population started to lose the ability to analyse the data and their fear of death began to increase, while others became more deeply sceptical when analysing the information. Some remained convinced that the mortality rate would not exceed 4 or 5 % as with influenza. Nearly the same information circled in other countries. The Guardian reported that about 26,000 people in 25 countries shared a widespread conspiracy-related scepticism about COVID-19. Among the most widespread conspiracy theories was the belief that COVID-19 death rates had been deliberately and greatly exaggerated, a belief shared by more than across all countries the average was 38 % (Henley & McIntyre 2020).

At the level of rumour, poisoning was suspected (for example poisoned drinking water in cities). People also suspected that the pandemic was a fiction of pharmaceutical companies or the rich, who would profit from panic about the disease, drug development and redistribution of income; or it was the 'great powers' struggling for economic profit. People speculated about whether it was another media bubble, which partly characterised the data presented about HIV, and especially about Ebola. The latter was widely introduced by the media as a killer disease, whereas in reality it spread in a limited area and did not represent an international threat (see Goldstein 2004; Rouhier-Willoughby 2020; Bennett 2005; Briggs 1996, 2004; Briggs and Mantini-Briggs 2003; Singh *et al* 2020.). People also called EBOLA as the last experiment before COVID-19, as a preliminary test to practice manipulating people. Estonia, with total restrictions, was compared to the tactics of Sweden, which did not impose absolute



limits, and the debate was against ‘herd immunity’, which was also seen as an effective tool.

Researchers from several countries have pointed out that during the crisis, rules were followed and new forms of communication were developed: The vast majority indicate that they were only with the people with whom they live in the same household, and very few are those who have gathered with relatives from the same populated area. There is also an increase in the number of people who have compensatory mechanisms that overcome the physical distance, namely the shared celebration online (Markov & Pileva 2021: 67, Radchenko 2020; Anisimov & Glukhova 2021 and others).

A noticeable number of Saaremaa inhabitants and Estonian people were ready to follow the restrictions imposed by the state. But people worked out their own versions of preventive methods, work and leisure activities, distance work and learning, based on the recommendations and possibilities. These forms include daily walking, work in the garden or forest, and moderate physical exercise w believed to be the best behaviour to avoid the disease. It was considered important to stay in the sunlight for as long as possible. It was possible to do all this on Saaremaa, especially since many people moved to rural homes, cottages, etc., due to the closure of their workplaces.

However, several recommendations were in the foreground. Continue previous hobbies, communicate with friends via computer or phone, learn a new hobby and engage in enjoyable activities (painting, playing music, sewing), get a new hairstyle (cut your own hair or dye your hair), avoid negative people and news, build yourself a balcony garden or have a window box. If these fulfilled the function of promoting personal well-being and psychological protection and helped people engage in meaningful activity (especially in city apartments), then the following group are direct representatives of healthy food, nutritional supplements and healing mixtures (EFITA, EKIA 2020).

For Estonians, wearing a mask, which until then had been thought relevant only for the medical profession, was a surprise. I think that adaptation would have been helped by media reports on the practices of countries where mask-wearing is widespread in society. Wearing a mask was accepted because masked access to grocery stores and pharmacies was compulsory.

In this regard, it is interesting that people were ready to wear a mask when moving alone in the countryside, as was practised by town people of different ages (EKIA 2020), but we also find the same behaviour in Hanso:

March 29, Sunday and the weather is gorgeous. I'm wearing a mask because I just went to take hay for the horses and instead of the usual two rolls I took six rolls because Saaremaa has a very tough special situation starting tomorrow and I just don't want to burden the authorities with why I'm moving somewhere with a cart and hence I brought more hay today. (EFITA, Hanso)

The most popular answers to my interview questions can be generalised as:

Sleep a lot and use as many vitamins from C, D and B groups as possible. Make yourself hot potato steam, use goose fat to lubricate your breasts, and eat citrus fruit as much as possible because, in addition to vitamins, you get essential oils, which reduce stress (as a counterargument noroviruses are associated with citrus fruit).

The list includes eating spicy domestic plants and fruit that has arrived on the market as miracle drugs in the last ten years, as well as spices, for example chilli, horseradish, avocado, ginger, garlic, lingonberries, cranberries and blueberries. Using nutritional supplements and at least some common herbs (St. John's wort, chamomile, yarrow) was recommended.

There were also conflicting views in communities regarding both the diagnosis and treatment of COVID-19. People discussed whether it should be treated like a lung disease or like a viral disease, whether it was reasonable to wait for an effective vaccine or drug (which could take up to a year), and whether alternative solutions should be sought both from the pharmacy and elsewhere, for example malaria tablets were used in Kuressaare Hospital during treatment given by the hospital's Chief of Medicine (Vainküla 2020); strong drugs against intestinal parasites were also discussed.

## Everyday customs and treatments

The official media was against the use of home remedies, despite which the use of toxic preparations or medicines for other illnesses were shared by various Facebook groups, including those groups aimed at sharing reliable reviews of the situation. An exciting point was the adaptation of everyday customs to the special situation and the spontaneous behaviour of people, in which we find altruistic and community-considerate traits.

The interviews are characterised by concern for family members who were thought to be in greater danger than the interviewees. Neighbourly help and help for relatives developed quickly with for example food being taken to neighbours who did not have a means of transport or who were sick. This kind of behaviour spread widely both in cities and in the countryside, and perhaps it was especially interesting to see in communities where close communication usually does not take place. In apartment buildings and villages, closer integration took place due to the pandemic, although more on the level of emotional support. However, food was left at people's doors and telephone, Skype and other forms of messaging were valued as means of communication.

The opposite side of neighbourly help was withdrawal to one's own territory and avoidance of direct contact. In the wave of intense media information, an interesting phenomenon began to develop in which some of the population started to lose the ability to analyse the data, and their fear of death began to increase, while others became more deeply sceptical when analysing the information. Concerns about the sustainability of the economy were expressed both in interviews and in occasional conversations. Here we see successful prosocial behaviour, a positive attitude towards their living environment and the belief that situation like this bring out the best in people. When people returned to their summer houses on Saaremaa after the restrictions were eased, the main means of communication was still the telephone for more than year because, as close neighbours and relatives felt, people arriving from the other side of the country could bring disease.

Our main informant describes how a neighbour brought her food and left it at the gate. People also behaved in a similar way in the Saaremaa towns of Orissaare and Kuressaare, where neighbours brought essential food, sweets, and even flowers to the door based on a list. Grocery shops also developed a system for ordering food online, but preference was still given to neighbours bringing food as it was a cheaper and more flexible system.

Celebrating birthdays and other gatherings were also abandoned elsewhere (for example in Bulgaria, Markov 2022), while several elderly people who were interviewed admitted that they had lived for a long time already and there was no reason to limit themselves. Accusations were also made and it seems that society developed phobias about the elderly (interviews, EFITA).

At the same time, we found smart solutions that allowed birthdays to be celebrated in their own way:

Today is March 28, Hendrik Raju's birthday. My son turns 7 today and I thought I'd throw him a *drive-through* birthday party. I came up with such a birthday party idea that very few people came, at intervals of an hour and everyone who is known to be perfectly healthy and was a part of either mine or Hendrik's father's family. Maybe 4–5 people come throughout the day.

I made a table for them by the road and tied up the dogs. I unpacked all the things, not a single thing has been taken out of their package and touched. The birthday invitation stated that all relatives must come by at hourly intervals and bring their own plate, cup, fork and knife. And gloves. And then have to clean everything they take from here with them. – I locked up the dogs so that no one could touch them. And no one will touch the birds. I also sometimes fenced off the area so that no one would want to come to that part. (EFITA, Hanso)

With future crises in mind, prosocial behaviour should be developed more systematically in Estonia. This cannot be done through individual campaigns, but through consistent daily communication with citizens and by supporting vulnerable groups.

Severe mental situations arose in connection with illnesses, hospitalisations, nursing homes and funerals because people were not able access treatment or visit loved ones and funerals could not be held according to custom. The highest levels of discontent occurred in this sphere. The treatment of regular and chronic patients was limited, and non-urgent operations were postponed (although people said that COVID-19 was not so common, and daily work should have continued). At every step, the shortcomings of ordinary medical care and advice were felt in this way. In many cases, people's health deteriorated and symptoms worsened. Those waiting for operations describe great pain and hopelessness, and the general state of health deteriorated due to this lack of medical care.

## Healing at home

Heidi Hanso describes her home treatment course, where we find some names from the previous list. There is no doubt that some plants and substances belong to the food culture of modern young people:

Nightly corona-fighting consists of a cup of Icelandic lichen tea and at least 15 minutes of physiological solution steam. In addition, horseradish, garlic, cranberries, etc., etc. There is some progress, the cough seems to be subsiding. Slowly, but surely. Any steam helps. A good nebuliser also if you don't want to be bent over a pot of potatoes all the time with a towel over your head.

Some of the recipes are part of so-called traditional Estonian cuisine. For example, Heidi gives a description of her family's consumption of horseradish, a practical tip to which her grandmother's teachings add weight:

Today I want to share the most awesome and potent medicine I know: making it makes you cry, burns your eyeballs, makes you cough... and is so damn powerful that it makes your eyes water when you eat it! Of course I'm talking about horseradish, which in my experience is the most powerful herb in our home gardens. Lots of essential oils, vitamins, potassium, as well as natural antibiotics and serious immune boosters.

I haven't been sick at all in the last few years, and the horseradish does play a part in that. Faith also has great power, but still, I'm convinced that this stuff will even help me get through the corona cough!

My grandmother had said that horseradish can be dug up every month with an "r" in its name. In the summer, when there are horseradish leaves, the ram is in the leaves and the effect of the root is not so strong.

Pesto was also used for healing. It is a relatively new condiment that has spread through wider use in Mediterranean cuisine in recent decades. At the same time, new dishes are replacing the Baltic Polish and German traditions, which are close to Estonian culinary culture. As people define their belonging and identity strongly through food culture, other interesting developments are taking

place here besides globalisation. However, the recipe shows a difference from Italy, because fewer ingredients are used, and Heidi prepares her pesto based on a friend's recipe. First of all, I will cover the beginning of making pesto and leave the recipe aside. The blogger's use of language is enjoyable, completely refuting a number of blog, language and other theories: "Last night I dug up a good portion of horseradish root wearing my head torch, about half a kilo, from the corner of the garden, washed it in well water, brought it indoors and peeled it. That alone made my eyes red." (EFITA, Hanso)

## Pride, COVID measures and statehood

Based on cultural studies, it can be said that communities built themselves up during the pandemic, used the available opportunities to maintain people's professionalism (joint singing, new forms of learning, dance training, lectures and discussions, congresses), tried to maintain personal relationships and connections, and managed to expand their economic opportunities (for example through the development of e-commerce). Much entertainment moved to the web and was aimed at the domestic consumer (there was an increase in domestic tourism and local cultural events and an increase in the importance of local events). However, people's concerns and the corresponding search for solutions engaged with a wider sphere. The focus of conversations was not limited to health- and disease-related topics but touched on complex general problems. Hanso recalls in her blog:

Actually, I thought that I would talk a little about Saaremaa and entrepreneurship this time. The entrepreneurs of Saaremaa are under huge pressure. Our own domestic market is quite limited and very many businesses are tied to mainland clients. It's hard. In Saaremaa, there are mainly small businesses that do not qualify for any of the state relief measures created so far. Many are micro and small businesses. (EFITA, Hanso)

The government's initial financial support for the tourism sector and various areas helped alleviate the crisis. Tests were also made easily available which could be obtained from workplaces, and during the second wave and later from schools; after a year, free vaccination buses moved around, because many

members of at-risk groups who lived away from centres or were disabled did not have the opportunity to travel. Problems inevitably arose for low- and middle-income people, i.e., vulnerable groups of the population such as poorer, older, non-native Estonian speaking people and those living at significant distances from centres.

Generous behaviour during the pandemic is characterised by the fact that a number of volunteer doctors and local people were ready to help Saaremaa. As a gesture of goodwill, communication companies donated tablets with mobile internet and pre-installed communication apps so that nursing home patients could communicate with their loved ones (30 tablets in 2020). The government decided to pay emergency support of 50,000 euros to the family of the Kuressaare hospital caretaker who lost his life due to COVID-19, with the money allocated from the government reserve, etc. In the introduction, I mentioned that a field hospital was sent to Saaremaa, which instead became a logistics centre after barely a month because there were not enough patients and the hospital did not want interference.

Since there were no medicines, an intuitive-rational home treatment method was developed which combined old and new knowledge and experiments. The collected data indicates that Pelto's (2013: 153) approach also applies in the case of COVID-19. Pelto says that all people (with or without formal health training) have cultural belief systems about health and illness and in both cases, these systems are supported by observation and revised in the light of new information.

## Hospital and official

In retrospect, the islanders were the subject of multifaceted behaviour. It's no secret that they were stigmatised and marginalised because in Estonian the first COVID-19 outbreak was here, leading to awkward fights during the initial period of the pandemic. This period is characterised by bold calls for volunteers and the rapid opening of testing tents.

Kuressaare Hospital announced that they have been in favour of mass testing from the start, and that is why they tried to test as many people as possible as quickly as possible when the corona crisis broke out, which was hindered by dictates. For example, people had to qualify for

testing by being in the right age group and having a chronic illness. The hospital comments: “Our inbox was filled with letters from concerned people who felt an injustice was being done to them. What to do? We had nothing to tell them.” (National Guidelines; Guidelines 3 2020).

The military and the medical system (especially hospitals) are strictly hierarchical organisations, as indicated by articles and comments, but tighter restrictions are generally indicated by word of mouth, blogs, newspapers, and comments. Volunteers from the area and the mainland rushed to help, but the hospital’s Chief of Medicine was soon accused of flirting with the media too much and inflating the number of cases (BBC interview 2020). At the same time he has been characterised as a bold decision-maker who used malaria medicine and recommended vitamin C to sick people.

The mayor of Saaremaa resigned under pressure from the media, social media and the government. Despite the effective prevention of the spread of the disease, the pressure was strong because permission was given for the Estonia–Italy volleyball match to go ahead. In April 2020, 24 doctors submitted a letter of complaint against E. Laane, Kuressaare hospital’s Chief of Medicine, who was accused of making several mistakes, including buying malaria drugs for patients with his own money. The patients’ council and some doctors came to his defence writing a letter of protection that was signed by about the same number of people as the letter of complaint (Kuressaare Hospital Patients Council 2020). In his answer to the letter of complaint, Laane pointed out that the signatories did not treat COVID-19 patients or work in the hospital, rather they were at home or even worked in Finland (typical of the current Estonian medical system, where people often work in two countries). The board of Kuressaare hospital decided that Laane would continue as Chief of Medicine. He gives an interview to a newspaper saying that from now on the hospital is obliged to send patients to the mainland, to Tallinn, for treatment and no longer have the right to make independent decisions. Of course, this does not go unnoticed by commentators who point to the politicisation of the entire health issue.

As the number of sick people decreases rapidly, the islanders begin to demand their civil rights, saying that the restrictions must be eased, traffic with the mainland must be restored, people must be able to get to their families and jobs, and that they want equal treatment with mainland people. Equal rights



are achieved, although not immediately but still quickly as the government gave in in this unusual situation.

## Summary

Villages on Saaremaa (as with the majority of Estonian villages) are scattered, i.e. there is ample space between households with today adult family members living in their own dwellings; small towns are of the garden city type, which prevents disease outbreaks but makes service and transport logistics more difficult. Certainly, identity, pride and cooperation with the state were part of Saaremaa's success during the first wave of COVID-19. Today we know that many of the problems were still to come, starting during the second wave and afterwards. At no point did restrictions succeed in marginalising the island or any other single region at that period.

A year later, the report states that during the first spring wave of the pandemic, from March 1 to June 1 2020, 554 infected people were confirmed in Saaremaa, or 1.7% of the population (Fischer and Kadastik 2021, cf. Wong *et al.* 2023). The summary of joint research (Uusküla, Kalda *et al* 2021) findings from Estonia should be interpreted in the context of the high SARS-CoV-2 testing rate (80,630/100,000), a very low COVID-19 case fatality rate of 0.8% (both, as of March 18, 2021) and no significant excess (all-cause) deaths over the first year of the pandemic. According to today's official statistics, 766,663 people have suffered from COVID-19, and 2,837 people have died (Statistic). This confirms that the initial forecasts were more correct than the atmosphere of fear generated by the authorities and the media during the first half of 2020. Therefore the official (health) news and the targeting and information contained therein, and the psychological impact this had on isolated people, need separate analysis.

There were signs of fatigue in vernacular behaviour at the end of the first wave of COVID-19. For example, the keen observer will not miss the fact that older people and those with chronic diseases were particularly ill when contracting the disease. Although the media presents positive stories about those who recovered, the 'rich and famous' stand out in the press as being seriously ill, which in turn causes distrust among commentators. Representatives of the Saaremaa nursing home were surprised by the large number of positive tests,

but stated that the majority of residents did not have symptoms, except for two residents (Hooldekodu 2020). This caused people to raise the question of whether the crisis was as serious as scientists and the government claimed, as well as questions about equality and why state subsidies helped large companies in the capital and were seemingly not intended to help smaller companies and entrepreneurs in other areas.

Scientists have criticised countries and international organisations for the ways in which they coped with the pandemic and even called the management of the COVID-19 crisis a global failure (Sachs *et al.* 2022). For example, in Estonia, a lot of information was given round-the-clock. The same news was repeated, but also the recommendations of scientists and the state varied, which caused fear and confusion. Sometimes the recommendations contrasted with ordinary experience (for example the recommendation to isolate the sick did not work in cramped apartments, while it turned out that not all family members necessarily got sick, despite close contact). The study mentioned above highlights how the World Health Organization stuck to its position that the virus was spread through surfaces too long, and recommended that the surfaces be maintained. Although the airborne spread of the virus was known, at times political support for wearing masks was delayed (WHO 2020, 2022). In principle, various explanations and recommendations were implemented, which was a good foundation for spreading rumours and restarting several old explanatory models (Hiimäe, Kalda *et al.* 2021).

Some behavioural habits changed for a while: numerous architectural design articles in the USA have been published since 2020 suggesting that homes require greater outdoor transitional spaces, including porches, decks, balconies, gardens, etc. More than 70 % of people are willing to cook and eat at home after COVID-19 (Bridges, Brillhart and Goldstein 2023: 26).

The health crisis does not come alone, other issues in the form of economic and social problems are quickly added to it. Although some of the national initiatives were premature, including the stigmatisation of the islanders, the complete closure of the island, the closure of conventional medical services and surgery and the establishment of too many expensive unused corona wards, the treatment of the disease has been successful so far and it is currently at an equal level to flu.

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EFITA = archive tool used by the Department of Folkloristics, Estonian Literary Museum.

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