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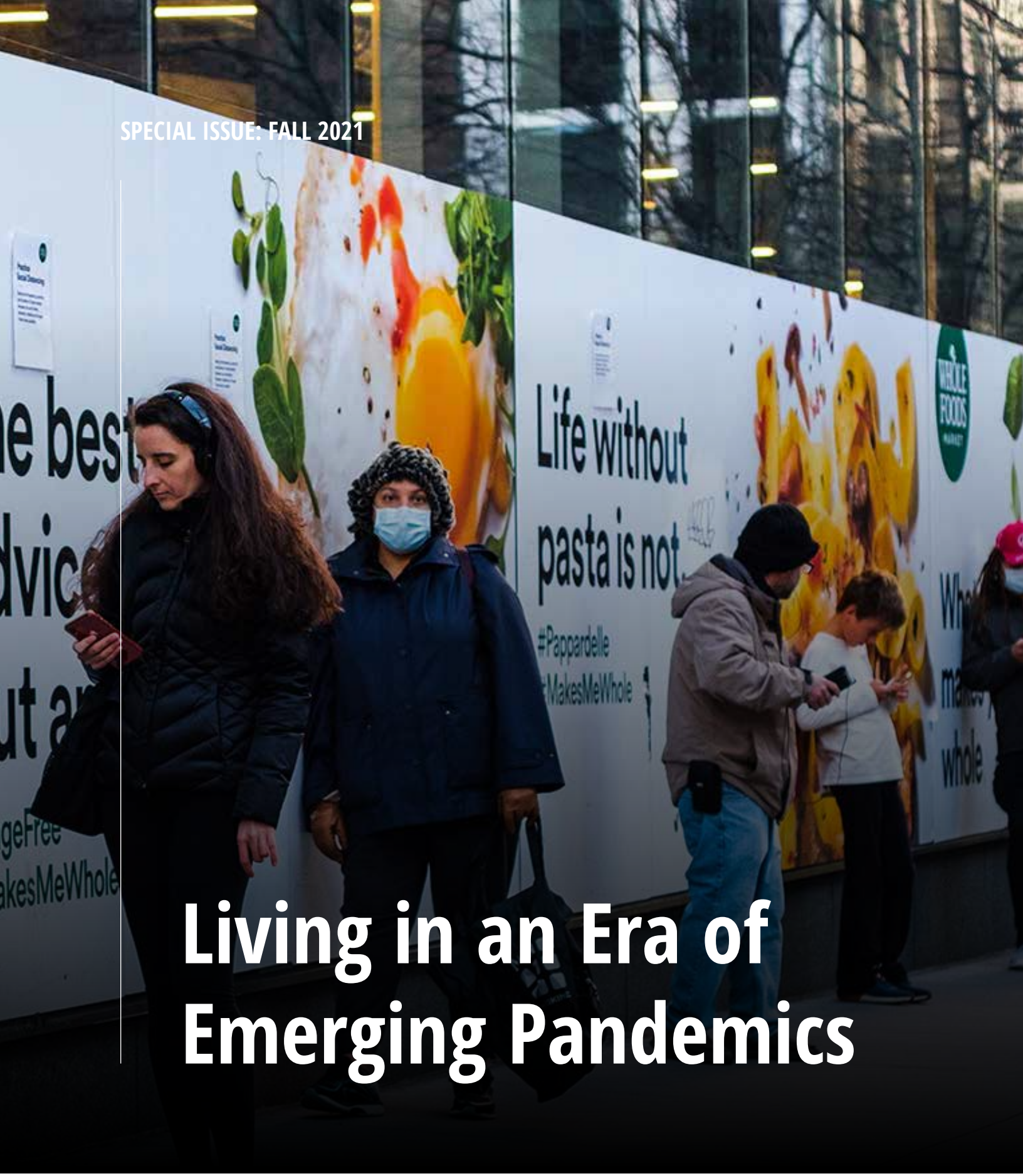

Living in an Era of Emerging Pandemics

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Acknowledgments

The Zambakari Advisory extends its sincere appreciation to the generous support provided by those who have contributed to this Fall 2021 Special Issue. The contributors listed below share our passion and enthusiasm for the work we do to provide solutions to a changing world: authors Dr. Rajan Menon, Dr. Robert A. Sanders, Dr. Ian Scoones, Dr. Michele Nori, Dr. Gregory E. Kaebnick, Nina Burleigh, Dr. Suresh Kumar, Dr. Rose Jaji, Richard Atimniraye Nyelade, Dr. Andrew Enaifoghe, Dr. James Alic Garang, Dr. Beth G. Raps; the Boston Review, Tom Engelhardt, Samir Bol, Nichola Mandil Ukeil; The Zambakari Advisory's editorial and production team of Matthew Edwards, Steve Des Georges, Jessica Petney, Estève Giraud, Gina Santangelo and Giada Mannino.

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The Pandemic Puzzle

An Introduction

Dr. Christopher Zambakari, MBA, M.I.S., LP.D.
Founder and CEO, The Zambakari Advisory; assistant editor, Bulletin of the Sudan Studies Association; Hartley B. and Ruth B. Barker Endowed Rotary Peace Fellow

In December 2019 and January 2020, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)[1] — Covid-19 — took the world by storm. The virus shutdown major cities around the world, depressed the global economy, caused substantial excess mortality, and plunged national economies into deep recessions, pushed millions into unemployment and took the lives of more than four million people as of July 23, 2021[2]. In the United States alone, life expectancy dropped to its lowest age since World War II as a result of the lives lost to the deadly disease.

Covid-19 has violently disrupted lives and livelihoods, leaving some countries and communities without access to appropriate medical care and the emergency vaccines that have been introduced. Again, in the U.S. alone, the cost of the pandemic is now forecasted to be as high as $16 trillion by the 4th quarter of 2021[3].

The pandemic has highlighted several realities worldwide and once more evidenced the critical importance of prevention and preparation. In many places around the globe, prevention was abandoned or neglected, despite warnings of possible future pandemics. Instead of prioritizing preventive measures and preparedness,

[1] According to Glaunsinger, et. al. (2020) "The SARS-CoV-2 genome is a strand of RNA that is about 29,900 bases long – near the limit for RNA viruses. Influenza has about 13,500 bases, and the rhinoviruses that cause common colds have about 8,000."

[2] "Covid-19 Dashboard." Johns Hopkins Coronavirus Resource Center. 23 July 2021. *www.jhu.edu.* Web. coronavirus.jhu.edu/map.html.

[3] "Covid Was Just One – There Could Be 850,000 Other Animal Viruses in the Zoonotic Pipeline." Phys.org. 30 Oct. 2020. *www.phys.org.* Web. phys.org/news/2020-10-covid-onethere-animal-viruses-zoonotic.html.

governments focused on responding to detection, containment and hope for rapid development of vaccines and medicines.[4]

What should we be preparing for or trying to prevent from occurring? In one report, scientists warned that an "estimated 1.7 million currently undiscovered viruses are thought to exist in mammal and avian hosts. Of these, 540,000-850,000 could infect humans."[5]

In another realm in the battle against Covid-19, we witnessed "tension between maintaining social freedoms and engaging in efforts of collective defense against the virus," which led to the political appropriation of healthcare policy (mask wearing practices and social distancing requirements that varied depending on political persuasions, as well as debates between liberal and conservative governments about the efficacy of getting the vaccine, once it was available). Not lost in the wake of such debate was a resurgence of nationalism in many parts of the world as the world wrestled to develop and launch measures to slow down the spread of the virus. [6]

The Western world, it appears, is beginning to return to its old life rhythms, co-managing the spread of the virus and possessing ample amounts of the vaccine to support those who choose to vaccinate. The U.S., for instance, is seeing a return to the workplace, greater social interactions and an economy that is trending upward. The successful development of an effective vaccine has brought a sense of relief to other parts of the world as well.

This "emergence" stands in sharp contrast to what is being experienced in the

[4] Woolaston, Katie, and Judith Lorraine Fisher. "UN Report Says up to 850,000 Animal Viruses Could Be Caught by Humans, Unless We Protect Nature." The Conversation. 24 June 2021. *www.theconversation.com*. Web. theconversation.com/un-report-says-up-to-850-000-animal-viruses-could-be-caught-by-humans-unless-we-protect-nature-148911.

[5] "'Escaping the Era of Pandemics': IPBES Workshop on Biodiversity and Pandemics." Bonn, Germany: Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES). 2020. *www.ipbes.net*. Web. https://ipbes.net/sites/default/files/2020-12/IPBES%20Workshop%20on%20Biodiversity%20and%20Pandemics%20Report_0.pdf.

[6] Disparte, Dante. "Preparing for the next pandemic: Early lessons from Covid-19." Brookings Institution. 16 Feb. 2021. *www.brookings.edu*. Web. https://www.brookings.edu/research/preparing-for-the-next-pandemic-early-lessons-from-covid-19/?utm_campaign=Economic%20Studies&utm_medium=email&utm_content=111473062&utm_source=hs_email.

non-Western, less-developed, less-affluent world. While many countries in Africa weren't as heavily impacted during the first and second waves of the disease spread, the surge in the new Delta coronavirus in Africa is a reminder that we are not out of the woods yet; the new variant has already increased case and death counts where access to vaccines is limited or non-existent[7]. The Delta variant has now been confirmed in 22 African countries and "has been found to spread 225 percent faster than the original virus."[8,9] Africa is the least-vaccinated region in the world, with only around one per cent of the population fully vaccinated.[10] Not surprisingly, this second-largest and second-most populated continent has seen a rapid surge in the spread of the Delta variant of the virus — "There has been a tripling in the number of Covid cases and 30,000 fatalities on the continent since the end of April when the Delta variant emerged in Uganda."[11]

Scientists are warning that we are living in an era of emerging pandemics. That means "future pandemics will emerge more often, spread more rapidly, do more damage to the world economy and kill more people."[12] Unless we learn the right lessons and translate these lessons into concrete policies to prepare for future pandemics, the problem will only grow in scale and severity because we are more interconnected than at any other time in history.

[7] "Devastating Human Toll as the Delta Covid Variant Takes Hold in Africa." Africa Center for Strategic Studies. 9 July 2021. *www.africacenter.org*. Web. https://africacenter.org/spotlight/devastating-human-toll-as-the-delta-covid-variant-takes-hold-in-africa/.

[8] Doucleff, Michaeleen. "The Delta Variant Isn't Just Hyper-Contagious. It Also Grows More Rapidly Inside You." NPR. 8 2021. *www.npr.com*. Web. https://www.npr.org/sections/goatsandsoda/2021/07/08/1013794996/why-the-delta-variant-is-so-contagious-a-new-study-sheds-light.

[9] Li, Yan, et al. "Viral Infection and Transmission in a Large Well-Traced Outbreak Caused by the Delta SARS-CoV-2 Variant." *Virological*. 7 July 2021. *www.virological.org*. Web. https://virological.org/t/viral-infection-and-transmission-in-a-large-well-traced-outbreak-caused-by-the-delta-sars-cov-2-variant/724.

[10] Kelly-Linden, Jordan. "World Faces 'Catastrophic Moral Failure' in Race to Vaccinate against Covid, WHO Warns." T*he Telegraph*. 18 Jan. 2021. *www.telegraph.co.uk*. Web. http://www.telegraph.co.uk/global-health/science-and-disease/world-faces-catastrophic-moral-failure-race-vaccinate-against/.

[11] "Devastating Human Toll as the Delta Covid Variant Takes Hold in Africa." Africa Center for Strategic Studies. July 12, 2021. *www.africacenter.org*. Web. https://africacenter.org/spotlight/devastating-human-toll-as-the-delta-covid-variant-takes-hold-in-africa/.

[12] "Escaping the Era of Pandemics': Ipbes Workshop on Biodiversity and Pandemics," (Bonn, Germany: Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES). Accessible from https://ipbes.net/sites/default/files/2020-12/IPBES%20Workshop%20on%20Biodiversity%20and%20Pandemics%20Report_0.pdf, 2020).

With near-supersonic air travel between countries around the world, a virus outbreak in Wuhan, China, can travel to New York, London, Buenos Aires or Pretoria in a matter of just hours. Covid-19 has driven home the importance and the need for scientists, medical experts and healthcare professionals to transform approaches to disease mitigation. We must radically change our global approach to dealing with infectious diseases; if not, we have done nothing to circumvent the possibility of a return of the current pandemic or the introduction of something newer and even more deadly.

We must radically change our global approach to dealing with infectious diseases; if not, we have done nothing to circumvent the possibility of a return of the current pandemic or the introduction of something newer and even more deadly.

Covid-19 also exposed the glaring gaps in pandemic prevention, preparedness and response around the world. A recent report calls for world leaders to:

> **"...invest in globally networked surveillance and research that can help to prevent and detect emerging infectious diseases early, strengthen national systems in order to strengthen a critical foundation for global pandemic preparedness and response, make improvement in the global supply chain for medical supplies to radically shorten the response time to a pandemic and deliver equitable global access."[13]**

Above all, the report calls on world leaders to ensure the system is tightly coordinated, properly funded and with clear accountability for outcomes.

The horrible onslaught of Covid-19 has further exposed the gap between countries separated by socio-economic and political characteristics. One example is noted

[13] A G20 High Level Independent Panel (HLIP) on Financing the Global Commons for Pandemic Preparedness and Response, "A Global Deal for Our Pandemic Age," (A G20 High Level Independent Panel (HLIP) on Financing the Global Commons for Pandemic Preparedness and Response. Accessible from https://pandemic-financing.org/report/foreword/?utm_source=NASEM+News+and+Publications&utm_campaign=c4029fbe0b-NAP_mail_new_2021_07_12&utm_medium=email&utm_term=0_96101de015-c4029fbe0b-102439521&goal=0_96101de015-c4029fbe0b-102439521&mc_cid=c4029fbe0b&mc_eid=0b96f12522, 2021).

among our entries in this Fall 2021 Special Issue: By late March 2021, 86 percent[14] of all vaccinations had been administered in Global North countries, a shameful 0.1 percent in the Global South. Western countries are home to the primary vaccine manufacturers, and as such may experience a greater level of safety and security in their ready access to protective jabs. But, with a new mutation underway and able to spread at mach speed, the security and safety of the West depends to a large extend on the ability of non-Western countries to share in such access to treatments. Without such access, the new mutation could pose a greater threat in the future, as previously vaccinated people become susceptible to contracting new variants and fast-mutating strands.

What 2019 and 2020 have taught us is that no one is safe unless all are safe; the security of the West depends on ensuring equal access to the vaccine for those who are currently unable to secure such attention and care.

In our Fall 2021 Special Issue, we aim to bring together advances in the tools researchers are developing to combat this pandemic — from epidemiological research to social, political and economic instruments deployed around the world to tackle the pandemic. In this Special Issue, we seek to take stock of the consequences of and the lessons learned from the pandemic, and to explore what is currently known about the novel coronavirus. This deadly and widespread virus poses known and unknown dangers to the world community; the ramifications extend beyond public health.

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While 2020 was a challenging year, 2021 is set to be equally challenging with the emergence of multiple variants of severe acute respiratory syndrome coronavirus

[14] Collins, Keith, and Josh Holder. "See How Rich Countries Got to the Front of the Vaccine Line." *The New York Times*. 31 Mar. 2021. *www.nytimes.com*. Web. https://www.nytimes.com/interactive/2021/03/31/world/global-vaccine-supply-inequity.html.

2 (SARS-CoV-2), new SARS-CoV-2 variants 501Y.V1 (B.1.1.7) in the UK and 501Y.V2 (B.1.351) in South Africa[15]. The arrival of vaccines and the advancements in therapeutic remedies have sparked a flickering light at the end of a dark tunnel.[16] But the fact that the rapidly mutating variants evade immunity poses new threats that the world must confront. What are the different paths to end this pandemic?

In our Fall 2021 Special Issue, we asked scholars, researchers, policymakers, advocates and business leaders to think about the relationship between public health and politics, public health and economics, and public health and society in light of the novel coronavirus. What are the economic implications of the coronavirus epidemic? What are the impacts and implications of the coronavirus on systems of governance, economies and society? What have we learned from the emergence of the novel coronavirus, the various interventions, and what are the different ways forward? What are the impacts of coronavirus on specific cities and neighborhoods? What are the impacts of "social distancing" and other interventions adopted to contain the transmission of the virus? How have different regions, countries and the international community responded to the coronavirus pandemic, and what lessons are we able to apply successfully to slow down and even end this stifling worldwide pandemic?[17]

In his contribution, Dr. Rajan Menon, a widely published research expert in the areas of international relations of Asia and Russia, humanitarian intervention issues and global ethics, presents readers with a crippling consequence of the Covid-19: "The concentration of wealth and power globally has enabled rich countries to all but monopolize available vaccine doses. For the citizens of low-income and poor countries to have long-term pandemic security, this inequity must end, rapidly."

In "Going to Work with Covid," Dr. Robert Sanders, a retired U.S. Navy JAG Corps

[15] Erik Volz, et al. "Transmission of Sars-Cov-2 Lineage B.1.1.7 in England: Insights from Linking Epidemiological and Genetic Data," *medRxiv* (2021); Houriiyah Tegally et al., "Emergence and Rapid Spread of a New Severe Acute Respiratory Syndrome-Related Coronavirus 2 (Sars-Cov-2) Lineage with Multiple Spike Mutations in South Africa," ibid. 2020.

[16] L. R. Baden, et al. "Efficacy and Safety of the Mrna-1273 Sars-Cov-2 Vaccine," *N Engl J Med* 384, no. 5 (2021); F. P. Polack, et al. "Safety and Efficacy of the Bnt162b2 Mrna Covid-19 Vaccine," ibid.383, no. 27 (2020).

[17] Arnaud Fontanet, et al. "Sars-Cov-2 Variants and Ending the Covid-19 Pandemic," *The Lancet*. 2021.

Captain, posits: "The terrible irony of 2020 and 2021 is that what Usama Bin Laden hoped to achieve from the September 11, 2001, attacks is exactly what Covid-19 accomplished through its viral scourge, a shutdown of the American economic engine, and an accumulation of over 600,000 casualties." Sanders makes the case that economic security is national security and argues that Covid-19 is simultaneously a national security problem and a public health concern that has impacted the American and global economies.

In his contribution, author Dr. Ian Scoones, an agricultural ecologist and a Professorial Fellow at the Institute of Development Studies at the University of Sussex in England, asks "Can we learn about how to address uncertainties within wider society — including around disease pandemics — from pastoralists who live with and from uncertainty?" His answer: Yes, we can learn from others, including pastoralists, who have long embraced uncertainty as part of life.

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India's — and, consequently, the world's — biological health war, the crippling propaganda of opposition parties and the affirmative role of the government in overcoming the health economy for the betterment of the society and the general economy in the South Asian country." In other words, living *Vasudhaiva Kutumbakam*.

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compassion can help spare lives, relationships, resources and the possibilities for pluralistic participatory democracy."

As each of the contributors would agree, there is so much more work to be done to address and manage the Covid-19 challenge. Because it kills without prejudice, perhaps we can learn how to approach, treat and defeat this disease without prejudice of our own. Perhaps we can find a way — we must find a way — to provide equal levels of support to all our brothers and sisters around the world. Maybe we can learn that it is best when we share our research, share our discoveries and share the results; imagine working together as one for the betterment of all. What if Covid could bring us together to act responsibly and unselfishly?

It is our hope that this special issue and the work done by our valued experts will provide you with a better understanding — as seen through the thoughts and perspectives of others — of the evolving health crisis, its economic impact and ways we can design an effective intervention to halt the spread of the virus while also working on an effective vaccine.

Maybe we can learn that it is best when we share our research, share our discoveries and share the results; imagine working together as one for the betterment of all.

Abut the author

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The Pandemic is Us (But Now Mostly Them)

Power, Wealth and Justice in the Time of COVID-19[1]

Image credit: ivanfolio / Shutterstock

Rajan Menon, Ph.D.
Anne and Bernard Spitzer Professor of International Relations, Powell School, City College of New York; Senior Research Fellow, Saltzman Institute of War and Peace Studies, Columbia University; Non-resident fellow, Quincy Institute for Responsible Statecraft.

Almost two years ago, the SARS-CoV-2 virus unleashed COVID-19. Since then, the virus has killed more than 3.8 million people worldwide (and possibly many more).[2] Finally, a return to normalcy seems likely for a distinct minority of the world's people, those living mainly in the United States, Canada, the United Kingdom, the European Union and China.[3] That's not surprising. The concentration of wealth and power globally has enabled rich countries to all but monopolize available

[1] This article was first published by *TomDispatch* (https://tomdispatch.com/the-pandemic-is-us-but-now-mostly-them/) on June 20, 2021, and is republished with permission from *TomDispatch* and Rajan Menon.

[2] Sullivan, Becky. "New Study Estimates More Than 900,000 People Have Died Of Covid-19 In U.S." NPR. May 6, 2021.*www.npr.org.* Web. https://www.npr.org/sections/coronavirus-live-updates/2021/05/06/994287048/new-study-estimates-more-than-900-000-people-have-died-of-covid-19-in-u-s

[3] "China: WHO Coronavirus disease (Covid-19) dashboard with vaccination data." World Health Organization. *www.who.int*. Web. https://covid19.who.int/region/wpro/country/cn, accessed July 10, 2021.

vaccine doses. For the citizens of low-income and poor countries to have long-term pandemic security, especially the 46 percent of the world's population who survive on less than $5.50 a day[4], this inequity must end, rapidly — but don't hold your breath.

The Global North: normalcy returns

In the United States, new daily infections, which peaked in early January 2021, had plummeted 96 percent within six months, by June 16.[5] The daily death toll also dropped — by 92 percent — and the consequences were apparent. Big-city streets were bustling again, as shops and restaurants became ever busier. Americans were shedding their reluctance to travel by plane or train, and schools and universities prepared to resume "live instruction" in the fall.[6] Zoom catch-ups were yielding to socializing the old-fashioned way.

By that June day, new infections and deaths had fallen substantially below their peaks in other wealthy parts of the world as well. In Canada,[7] cases had dropped by 89 percents, deaths by 94 percent; in Europe by 87 percent and 87 percent, respectively;[8] and in the United Kingdom by 84 percent and 99 percent.[9]

[4] "Nearly Half the World Lives on Less than $5.50 a Day." World Bank. *www.worldbank.org*. Web. https://www.worldbank.org/en/news/press-release/2018/10/17/nearly-half-the-world-lives-on-less-than-550-a-day, accessed July 11, 2021.

[5] Bhatia, Gurman, et al. "United States: the Latest Coronavirus Counts, Charts and Maps." Thomson Reuters. *www.reuters.com.* Web. https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/united-states/, accessed July 10, 2021.

[6] Whitmore, Geoff. "Increase In Travel Is Causing Travel Prices To Rise." Forbes. *www.forbes.com*. Web. https://www.forbes.com/sites/geoffwhitmore/2021/05/27/increase-in-travel-is-causing-travel-prices-to-rise/?sh=5c97fcf874c1, accessed June 30, 2021.

[7] "Canada Coronavirus Map and Case Count." *The New York Times.* April 22, 2020. *www.nytimes.com.* Web. https://www.nytimes.com/interactive/2021/world/canada-covid-cases.html.

[8] Bhatia, Gurman, et al. "Coronavirus in Europe: The Latest Counts, Charts and Maps." Thomson Reuters. July 10, 2021. *www.reuters.com.* Web. https://graphics.reuters.com/world-coronavirus-tracker-and-maps/regions/europe/.

[9] "United Kingdom Coronavirus Map and Case Count." *The New York Times.* April 16, 2020. *www.nytimes.com.* Web. https://www.nytimes.com/interactive/2021/world/united-kingdom-covid-cases.html.

Yes, European governments were warier[10] than the U.S. about giving people the green light to resume their pre-pandemic lifestyles; as of late July, countries "across the pond" have yet to fully abolish curbs[11] on social congregation and traveling. Perhaps recalling Britain's previous winter surge, thanks to the B.1.1.7[12] mutation (initially discovered there) and the recent appearance of two other virulent strains of Covid-19, B.1.167[13] and B.1.617.2[14] (both first detected in India), 10 Downing Street has retained restrictions on social gatherings. The government even put off[15] a full reopening on June 21, as previously planned. And that couldn't have been more understandable; after all, by June 17, the new case count had reached 10,809,[16] the highest since late March. Still, new daily infections in Britain are less than one-tenth what they were in early January.[17] So, like the U.S., Britain and the rest of Europe are returning to some semblance of normalcy, although handling restrictions differently in many instances.

The Global South: a long road ahead

Lately, the place that's been hit the hardest by Covid-19 is the Global South, where less-affluent countries are particularly ill-prepared.

[10] Mueller, Benjamin, and Marc Santora. "As Vaccines Turn Pandemic's Tide, U.S. and Europe Diverge on Path Forward." *The New York Times.* June 5, 2021. *www.nytimes.com.* Web. https://www.nytimes.com/2021/06/05/world/europe/us-covid-vaccines.html?referringSource=articleShare.

[11] "The travel restrictions in place in every country in Europe." euronews. July 6, 2021. *www.euronews.com*. Web. https://www.euronews.com/travel/2021/07/02/what-s-the-latest-on-european-travel-restrictions.

[12] Firestone M. J., et al. First Identified Cases of SARS-CoV-2 Variant B.1.1.7 in Minnesota — December 2020–January 2021. MMWR. *Morb Mortal Wkly* Rep 2021;70:278–279. DOI: http://dx.doi.org/10.15585/mmwr.mm7008e1external.

[13] Vaidyanathan, Gayathri. "Coronavirus variants are spreading in India — what scientists know so far." *Nature News.* May 11, 2021. *www.nature.com.* Web. https://www.nature.com/articles/d41586-021-01274-7.

[14] Wall, Emma C., et al. "Neutralising Antibody Activity against Sars-Cov-2 Vocs B.1.617.2 and B.1.351 by Bnt162b2 Vaccination." *The Lancet* 397, no. 10292 (2021/06/19/ 2021): 2331-33.

[15] Gayle, Damien. "End of England Covid lockdown on 21 June increasingly in doubt." *The Guardian.* May 31, 2021. *www.theguardian.com.* Web. https://www.theguardian.comworld/2021/may/31/end-of-england-covid-lockdown-on-21-june-increasingly-in-doubt.

[16] "United Kingdom Coronavirus Map and Case Count." *The New York Times.* April 16, 2020. *www.nytimes.com.* Web. https://www.nytimes.com/interactive/2021/world/united-kingdom-covid-cases.html.

[17] "United Kingdom Coronavirus Map and Case Count." *The New York Times.* April 16, 2020. *www.nytimes.com.* Web. https://www.nytimes.com/interactive/2021/world/united-kingdom-covid-cases.html.

Consider social distancing. People with jobs that can be carried out by "working from home" constitute a far smaller proportion of the labor force than in wealthy nations with far higher levels of education, mechanization and automation. The Global South suffers far greater access to computers and the internet than those countries of the Global North. An estimated 40 percent of workers in rich countries are able to work remotely.[18] In lower- and middle-income lands, perhaps 10 percent can do so, and the numbers are even worse in the poorest of them.

Lately, the place that's been hit the hardest by Covid-19 is the Global South, where less-affluent countries are particularly ill-prepared.

During the pandemic, millions of Canadians, Europeans and Americans lost their jobs and struggled to pay food and housing bills. Still, the economic impact has been far worse[19] in other parts of the world, particularly the poorest African and Asian nations. There, some 100 million people have fallen into extreme poverty.[20]

Such places of poverty lack the basics[21] to prevent infections and care for Covid-19 patients. Running water, soap and hand sanitizer are often not readily available. In the developing world, 785 million or more people lack "basic water services," according to information published by the World Health Organization (WHO) and UNICEF (United Nations International Children's Education Fund),[22] as do a

[18] Gottlieb, Charles, et al. "Working from home in developing countries." VOXEU.March 18, 2021. *www.voxex.org*. Web. https://voxeu.org/article/working-home-developing-countries, accessed July 11, 2021.

[19] Kose, M. Ayhan, and Akihiko Nishio. "Covid-19 could leave lasting economic scars in the poorest countries; It's in everyone's best interest to act now." World Bank. February 24, 2021. *www.worldbank.org*. Web. https://blogs.worldbank.org/voices/covid-19-could-leave-lasting-economic-scars-poorest-countries-its-everyones-best-interest, accessed July 11, 2021.

[20] Zumbrun, Josh. "Coronavirus Has Thrown Around 100 Million People into Extreme Poverty, World Bank Estimates." *The Wall Street Journal*. October 7, 2020. *www.wsj.com*. Web. https://www.wsj.com/articles/coronavirus-has-thrown-around-100-million-people-into-extreme-poverty-world-bank-estimates-11602086400?mod=article_inline.

[21] "Fact Sheet: Lack of handwashing with soap puts millions at increased risk to Covid-19 and other infectious diseases." UNICEF. July 9, 2021. *www.unicef.org*. Web. https://www.unicef.org/press-releases/fact-sheet-lack-handwashing-soap-puts-millions-increased-risk-covid-19-and-other.

[22] "Global WASH Fast Facts." Centers for Disease Control and Prevention. April 1, 2021. *www.cdc.gov*. Web. https://www.cdc.gov/healthywater/global/wash_statistics.html.

quarter of health clinics and hospitals there,[23] which have also faced crippling shortages of standard protective gear,[24] never mind oxygen[25] and ventilators.[26]

> **Last year, for instance, South Sudan, a country of 12 million people, had only four ventilators and 24 ICU beds. At the same time, in April 2020, Burkina Faso had 11 ventilators for its 20 million people; Sierra Leone 13 for its eight million; and the Central African Republic counted a mere three ventilators for eight million. The lack-of-resources problem wasn't confined to Africa, either. In South America, virtually all of Venezuela's hospitals have run low on critical supplies and the country had 84 ICU beds for nearly 30 million people.**

Yes, wealthy countries like the U.S. faced significant shortages, but they had the cash to buy what they needed (or could ramp up production at home).[27] The Global South's poorest countries were — and still today — remain at the back of the queue.[28]

India's disaster

India has provided the most chilling illustration of how spiraling infections can overwhelm healthcare systems in the Global South. Things looked surprisingly good there until recently. Infection and death rates were far below what experts

[23] "1 in 4 health care facilities lacks basic water services – UNICEF, WHO." UN International Children's Education Fund. July 7, 2021. *www.unicef.org*. Web. https://www.unicef.org/press-releases/1-4-health-care-facilities-lacks-basic-water-services-unicef-who.

[24] Gage, Anna, and Sebastian Bauhoff. "Health Systems in Low-Income Countries Will Struggle to Protect Health Workers from Covid-19." Center for Global Development. July 13, 2021. *www.cgdev.org*. Web. https://www.cgdev.org/blog/health-systems-low-income-countries-will-struggle-protect-health-workers-covid-19.

[25] Davies, Madlen, and Rosa Furneaux. "Oxygen shortages threaten 'total collapse' of dozens of health systems." *The Guardian.* May 25, 2021. *www.theguardian.com.* Web. https://www.theguardian.comglobal-development/2021/may/25/oxygen-shortages-threaten-total-collapse-of-dozens-of-health-systems.

[26] Woodyatt, Amy. "The world is scrambling to buy ventilators in the Covid-19 pandemic. One country has only four of them – for 12 million people." CNN. April 18, 2020. *www.cnn.com*. Web. https://www.cnn.com/2020/04/18/africa/covid-19-ventilator-shortage-intl-scli/index.html.

[27] Ranney, Megan L., et al. "Critical Supply Shortages — the Need for Ventilators and Personal Protective Equipment During the Covid-19 Pandemic." *New England Journal of Medicine* 382, no. 18 (2020): e41.

[28] Bradley, Jane. "In Scramble for Coronavirus Supplies, Rich Countries Push Poor Aside." *The New York Times.* April 9, 2020. *www.nytimes.com.* Web. https://www.nytimes.com/2020/04/09/world/coronavirus-equipment-rich-poor.html.

had anticipated based on the economy, population density and the highly uneven quality of its healthcare system.[29] The government's decision to order a phased lifting of a national lockdown seemed vindication indeed. As late as April 2021,[30] India reported fewer new cases per million than Britain, France, Germany, the U.K. or the U.S.

Never one for modesty, India's Hindu nationalist prime minister, Narendra Modi, boasted in late January this year that his country had "saved humanity from a great disaster by containing Corona effectively."[31] He touted its progress in vaccination; bragged that India was now exporting masks, test kits and safety equipment; and mocked forecasts that Covid-19 would infect 800 million Indians and kill a million of them. Confident that his country had turned the corner, he and his Bharatiya Janata Party held huge, unmasked political rallies,[32] while millions of Indians gathered in vast crowds for the annual Kumbh Mela religious festival.[33]

Governments in rich countries weren't sure which vaccine manufacturers would succeed, so they spread their bets. Nevertheless, their stockpiling gambit locked up most of the global supply.

Then, just three months later, in early April, the second Covid-19 wave struck with horrific consequences. By May 6, the daily case count had reached 414,188. On May 19, it would realize a problematic milestone, breaking the global record for daily Covid-19 deaths — previously a dubious

[29] Mohanan, Manoj, et al. "Quality of Health Care in India: Challenges, Priorities, and the Road Ahead." Health Affairs 35, no. 10 (2016): 1753-58.

[30] Ritchie, Hannah, et al. "Coronavirus (Covid-19) Cases - Statistics and Research." Our World in Data. March 5, 2020. *www.ourworldindata*. Web. https://ourworldindata.org/covid-cases.

[31] "English rendering of PM's address at the World Economic Forum's Davos Dialogue." Government of India, Prime Minister's Office, Press Information Bureau. January 28, 2021. *www.pib.ov.india*. Web. https://pib.gov.in/PressReleseDetail.aspx?PRID=1693019, accessed July 11, 2021.

[32] Blair, Alex. "Indian Government Criticised for Praising Political Rallies Midway through Covid-19 Second Wave." NewsComAu. April 28, 2021.*www.news.com.au*. Web. https://www.news.com.au/world/coronavirus/indian-government-criticised-for-praising-political-rallies-midway-through-covid19-second-wave/news-story/0ba15c5b0713b1bebfb3f6a73429b037.

[33] "India's deadly coronavirus surge follows crowded events." Al Jazeera. April 29, 2021. *www.aljazeera.com*. Web. https://www.aljazeera.com/gallery/2021/4/29/indias-deadly-virus-surge-follows-crowded-events.

American honor — recording almost 4,500 fatalities each day.[34]

Hospitals quickly ran out of beds. The sick were turned away in droves and left to die at home or even in the streets, gasping for breath. Supplies of medical oxygen and ventilators ran out, as did personal protective equipment.[35] Soon, Modi had to appeal for help,[36] which many countries provided.[37]

Indian press reports estimate that fully half of India's 300,000-plus Covid-19 deaths have occurred in this second wave, the vast majority after March 2021.[38] During the worst of it, the air in India's big cities was thick with smoke from crematoria,[39] while, because of the shortage of designated cremation and burial sites, corpses regularly washed up on riverbanks.[40]

> **We may never know how many Indians have actually died since April. Hospital records, even assuming they were kept fastidiously amid the pandemonium, won't provide the full picture because an unknown number of people died elsewhere.[41]**

[34] Slater, Joanna. "In India, the deadliest day for any country since the pandemic began." *The Washington Post.* May 19, 2021. *www.washingtonpost.com*. Web. https://www.washingtonpost.com/world/asia_pacific/india-deadliest-covid-day/2021/05/19/2452925c-b89a-11eb-bc4a-62849cf6cca9_story.html.

[35] Nundy, Surajit. "Covid-19 in India: Oxygen supplies run low, hospital fees run high." BMJ Opinion. May 17, 2021. *www.bmj.com*. Web. https://blogs.bmj.com/bmj/2021/05/07/covid-19-in-india-oxygen-supplies-run-low-hospital-fees-run-high/.

[36] Roche, Elizabeth. "New Delhi to accept foreign aid to deal with Covid-19 pandemic crisis." Mint. April 1, 2020. *www.livemint.com*. Web. https://www.livemint.com/news/india/covid-19-india-decides-to-accept-foreign-aid-to-deal-with-pandemic-crisis-11585748039556.html.

[37] Yeung, Jessie. "As India breaks another global Covid-19 record and hospitals run out of oxygen, countries pledge assistance and aid." CNN. April 27, 2021. *www.cnn.com*. Web. https://www.cnn.com/2021/04/26/india/india-covid-international-aid-intl-hnk/index.html.

[38] Sinha, Amitabh. "3 Lakh Covid-19 Deaths in India: How far is the second wave peak?" *The Indian Express*. June 1, 2021. *www.indianexpress.com*. Web. https://indianexpress.com/article/explained/india-covid-situation-coronavirus-deaths-how-far-is-peak-7328929/.

[39] Tomlinson, Hugh. "Delhi wreathed in smoke as Covid crematoria burn day and night." *The Times*. April 24, 2021. *www.thetimes.co.uk*. Web. https://www.thetimes.co.uk/article/delhi-wreathed-in-smoke-as-covid-crematoria-burn-day-and-night-mpvbx7s5g.

[40] Das, Krishna. "Bodies of Covid-19 victims among those dumped in India's Ganges – govt document." Thomson Reuters. May 15, 2021. *www.reuters.com*. Web. https://www.reuters.com/world/india/bodies-covid-19-victims-among-those-dumped-indias-ganges-govt-document-2021-05-15/.

[41] Rather, Shaiba. "From Confidence to Chaos: India's Journey to Its Coronavirus Crisis." Lawfare. May 17, 2021. *www.lawfareblog.com*. Web. https://www.lawfareblog.com/confidence-chaos-indias-journey-its-coronavirus-crisis.

The vaccination divide

Image credit: Swarnava Chakrabarti / Unsplash

Other parts of the Global South have also been hit by surging infections, including countries in Asia that had previously contained Covid-19's spread, among them Malaysia, Nepal, the Philippines, Sri Lanka, Thailand and Vietnam.[42] Latin America[43] has seen devastating surges of the pandemic, above all in Brazil because of President Jair Bolsonaro's stunning combination of fecklessness and callousness, but also in Bolivia, Columbia, Chile, Paraguay, Peru and Uruguay.[44]

In Africa, among the 14 countries that have experienced a significant spike in coronavirus infections are Angola, Namibia, South Africa and the Democratic Republic of the Congo.[45]

Meanwhile, July 11, 2021, data reveal a gargantuan Global North-South vaccination gap.[46] By the middle of the month, the U.S. had administered both doses to nearly half the country's population; in Britain, 52 percent of the population had received both jabs; in Canada, 36 percent were jabbed twice, and almost 70 percent had one shot; and in the European Union, 40 percent were "fully" vaccinated. (Bear in mind that the proportions would be far higher if only percentages were reported for adults and did not include youth jabs, and that vaccination rates are still increasing far faster in these places than in the Global South.)

[42] "Covid map: Coronavirus cases, deaths, vaccinations by country." BBC. July 8, 2021. *www.bbc.com*. Web. https://www.bbc.com/news/world-51235105.

[43] *Ibid.*

[44] Taylor, Luke. "'We are being ignored': Brazil's researchers blame anti-science government for devastating Covid surge." *Nature News.* April 27, 2021. *www.nature.com.* Web. https://www.nature.com/articles/d41586-021-01031-w.

[45] Mwai, Peter. "Coronavirus in Africa: Concern grows over third wave of infections." BBC. July 8, 2021. *www.bbc.com*. Web. https://www.bbc.com/news/world-africa-53181555.

[46] "More than 3.4 Billion Shots Given: Covid-19 Tracker." Bloomberg. July 11,2021. *www.bloomberg.com*. Web. https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/, accessed July 11, 2021.

Now, consider these examples of vaccination coverage in low-income countries, recorded just one month earlier:

- In the Democratic Republic of the Congo, Ethiopia, Nigeria, South Sudan, Sudan, Vietnam and Zambia, it ranged from 0.1 to 0.9 percent of the population.[47]
- In Angola, Ghana, Kenya, Pakistan, Senegal and South Africa, between 1 and 2.4 percent of the population had been vaccinated.[48]
- Botswana and Zimbabwe have the highest coverage of vaccine doses in sub-Saharan Africa, 3 percent and 3.6 percent, respectively.[49]
- In Asia (China and Singapore aside), Cambodia at 9.6 percent vaccine coverage was the leader, followed by India at 8.5 percent. Coverage in all other Asian countries was below 5.4 percent.[50]

This North-South contrast matters because mutations first detected in the U.K.,[51] Brazil,[52] India[53] and South Africa,[54] which may prove to be up to 50 percent more transmissible,[55] are already circulating worldwide. Meanwhile, new ones — perhaps even more virulent — are likely to emerge in largely unvaccinated nations. This, in turn, will endanger anyone who's unvaccinated, proving particularly calamitous for the Global South.

[47] *Ibid.*

[48] *Ibid.*

[49] *Ibid.*

[50] *Ibid.*

[51] Kirk, Ashley, et al. "Which countries have reported the new UK Covid variant?" *The Guardian*. January 8, 2021. www.theguardian.com. Web. https://www.theguardian.comworld/ng-interactive/2021/jan/08/which-countries-have-reported-new-uk-covid-variant, accessed July 11, 2021.

[52] Faria, Nuno R., et al. "Genomics and Epidemiology of the P.1 Sars-Cov-2 Lineage in Manaus, Brazil." *Science* 372, no. 6544 (2021): 815.

[53] Mendez, Rich. "Delta Covid variant first found in India spreads to 62 countries, hot spots form in Asia and Africa, WHO says." CNBC. June 3, 2021. *www.cnbc.com*. Web. https://www.cnbc.com/2021/06/02/delta-variant-first-found-in-india-spreads-to-62-countries-hot-spots-form-in-asia-and-africa-who-says-.html.

[54] Roberts, Michelle. "South Africa Coronavirus variant: What is the risk?" BBC. April 13, 2021. *www.bbc.com*. Web. https://www.bbc.com/news/health-55534727.

[55] Balch, Bridget. "The Covid-19 Variants are Spreading Rapidly. Here's What Scientists Know about Them – and Why You Need a Better Mask." AAMC. January 26, 2021. *www.aamc.org*. Web. https://www.aamc.org/news-insights/covid-19-variants-are-spreading-rapidly-here-s-what-scientists-know-about-them-and-why-you-need.

Why the vaccination gap? Wealthy countries, none more than the United States, could afford to spend billions of dollars to buy vaccines. As well, the country is home to cutting-edge biotechnology companies like AstraZeneca, BioNTech, Johnson and Johnson, Moderna, and Pfizer. Those two advantages enabled the U.S. to preorder enormous quantities of vaccine, indeed almost all of what BioNTech and Moderna anticipated making in 2021, and even before their vaccines had completed clinical trials.[56] As a result, by late March, 86 percent[57] of all vaccinations had been administered across the 50 states, while at the same time a mere 0.1 percent was administered in poor regions.

This wasn't the result of some evil conspiracy. Governments in rich countries weren't sure which vaccine manufacturers would succeed, so they spread their bets. Nevertheless, their stockpiling gambit locked up most of the global supply.

Equity vs. power

Tedros Adhanom Ghebreyesus, who leads WHO, was among those decrying the inequity of "vaccine nationalism."[58] To counter it, he and others proposed that the deep-pocketed countries — those that had vacuumed up the supplies — vaccinate only their elderly, individuals with pre-existing medical conditions, and healthcare workers, and then donate their remaining doses so other countries could do the same.[59] As supplies increased, the rest of the world's population could be vaccinated, based on an assessment of the degree to which different categories of people were at risk. COVAX[60] — Covid-19 Vaccines Global Access — the U.N.

[56] Belluz, Julia. "Poorer countries might not get vaccinated until 2023." Vox. April 28, 2021. *www.vox.com*. Web. https://www.vox.com/2021/4/28/22405279/covid-19-vaccine-india-covax.

[57] Collins, Keith, and Josh Holder. "See How Rich Countries Got to the Front of the Vaccine Line." *The New York Times.* March 31, 2021. *www.nyt.com.* Web. https://www.nytimes.com/interactive/2021/03/31/world/global-vaccine-supply-inequity.html.

[58] Kretchmer, Harry. "Vaccine Nationalism – and How It Could Affect Us All." World Economic Forum. January 6, 2021. *www.weforum.org*. Web. https://www.weforum.org/agenda/2021/01/what-is-vaccine-nationalism-coronavirus-its-affects-covid-19-pandemic/, accessed July 11, 2021.

[59] Hassan, Jennifer, et al. "WHO chief urges wealthy countries to share doses before vaccinating kids." *The Washington Post.* May 15, 2021. *www.thewashingtonpost.com*. Web. https://www.washingtonpost.com/nation/2021/05/14/coronavirus-covid-live-updates-us/.

[60] "COVAX: Ensuring Global Equitable Access to Covid-19 Vaccines." UNICEF. July 2, 2021. *www.unicef.org*. Web. https://www.unicef.org/supply/covax-ensuring-global-equitable-access-covid-19-vaccines.

program involving 190 countries led by WHO and funded by governments and private philanthropy, would then ensure that getting vaccinated didn't depend on whether or not a person lived in a wealthy country. It would also leverage its large membership to secure low prices from vaccine manufacturers.

That was the idea anyway. The reality, of course, has been altogether different. Though most wealthy countries, including the U.S. following President Joseph Biden's election, did join COVAX, they also decided to use their own massive buying power to cut deals directly with the pharmaceutical giants to vaccinate as many of their own as they could. And in February 2021, the U.S. government took the additional step of invoking the Defense Production Act to restrict exports of 37 raw materials critical for making vaccines.[61]

Image credit: Stratos Brilakis / Shutterstock

COVAX has received support, including $4 billion[62] pledged by President Biden for 2021 and 2022, but nowhere near what's needed to reach its goal of distributing two billion doses by the end of this year.[63] By May, in fact, it had distributed just 3.4 percent of that amount.[64]

Biden recently announced that the U.S. would donate 500 million doses of vaccine this year and next,[65] chiefly to COVAX; and

[61] Holton, Kate, and Elizabeth Piper. "'We need more': UN joins criticism of G7 vaccine pledge." Thomson Reuters. June 10, 2021. *www.reuters.com.* Web. https://www.reuters.com/business/healthcare-pharmaceuticals/g7-donate-1-billion-covid-19-vaccine-doses-poorer-countries-2021-06-10/.

[62] "Fact Sheet: President Biden to Take Action on Global Health through Support of COVAX and Calling for Health Security Financing." The White House. February 18, 2021. *www.whitehouse.gov*. Web. https://www.whitehouse.gov/briefing-room/statements-releases/2021/02/18/fact-sheet-president-biden-to-take-action-on-global-health-through-support-of-covax-and-calling-for-health-security-financing/.

[63] Berkley, Seth. "COVAX Explained." Gavi, the Vaccine Alliance. Undated. *www.gavi.org*. Web. https://www.gavi.org/vaccineswork/covax-explained, accessed July 11, 2021.

[64] Samuel, Sigal. "Why Covax, the fund to vaccinate the world, is struggling." Vox. May 20, 2021. *www.vox.com*. Web. https://www.vox.com/future-perfect/22440986/covax-challenges-covid-19-vaccines-global-inequity.

[65] Siddiqui, Sabrina, and Saeed Shah. "U.S. to Donate 500 Million Covid-19 Vaccine Doses to Lower-Income Countries." *The Wall Street Journal.* June 10, 2021. *www.wsj.com*. Web. https://www.wsj.com/articles/u-s-to-donate-500-million-covid-19-vaccine-doses-to-lower-income-countries-11623263573.

at their June summit, the G-7 governments announced plans to provide one billion doses altogether.[66] That's a large number and a welcome move, but still modest considering that 11 billion doses are needed to vaccinate 70 percent of the world.[67]

COVAX's problems have been aggravated by the decision of India[68] to ban vaccine exports in the face of the surge of the virus in that country — India was expected to provide half of the two billion doses COVAX had ordered for this year.[69] In addition to developing and equitably delivering vaccines and medicines around the world, COVAX's program is focused on helping low-income countries train vaccinators, create distribution networks and launch public awareness campaigns, all of which will be many times more expensive to achieve than vaccine purchases, but no less critical.[70]

Another proposal, initiated in late 2020 by India and South Africa, and backed by 100 countries mostly from the Global South, calls for the World Trade Organization (WTO) to suspend patents on vaccines so that pharmaceutical companies in the Global South can manufacture them without violating intellectual property laws; this would allow the launch of production nearer to the areas that need them the most.[71]

That idea hasn't taken wing, either.

[66] Holton, Kate, and Elizabeth Piper. "'We need more': UN joins criticism of G7 vaccine pledge." Thomson Reuters. June 10, 2021. *www.reuters.com.* Web. https://www.reuters.com/business/healthcare-pharmaceuticals/g7-donate-1-billion-covid-19-vaccine-doses-poorer-countries-2021-06-10/.

[67] Irwin, Aisling. "What It Will Take to Vaccinate the World against Covid-19." *Nature News.* March 25, 2021. *www.nature.com.* Web. https://www.nature.com/articles/d41586-021-00727-3.

[68] Jayakumar, P. B. "India's Export Ban Hits COVAX Alliance; Covid-19 Vaccine Shortfall 190 Million Doses." *Business Today.* May 28, 2021. *www.businesstoday.in.* Web. https://www.businesstoday.in/latest/economy-politics/story/india-export-ban-hits-covax-alliance-covid-19-vaccine-shortfall-190-million-doses-297228-2021-05-28, accessed July 11, 2021.

[69] Chowdhury, Debasish Roy. "Modi Never Bought Enough Vaccines for India. Now the Whole World Is Paying." Time. May 28, 2021. *www.time.com*. Web. https://time.com/6052370/modi-didnt-buy-enough-covid-19-vaccine/.

[70] Wouters, Olivier J., et al. "Challenges in Ensuring Global Access to Covid-19 Vaccines: Production, Affordability, Allocation, and Deployment." *The Lancet 397,* no. 10278 (2021/03/13/ 2021): 1023-34.

[71] "Urgently waive intellectual property rules for vaccine." Amnesty International. December 10, 2020. *www.amnesty.org.* Web. https://www.amnesty.org/en/latest/news/2020/12/urgently-waive-intellectual-property-rules-for-covid-19-vaccine/, accessed July 11, 2021.

The pharmaceutical companies, always zealous about the sanctity of patents, have trotted out familiar arguments (recall the HIV-AIDS crisis):[72] Their counterparts in the Global South lack the expertise and technology to make complex vaccines quickly enough; efficacy and safety could prove substandard; lifting patent restrictions on this occasion could set a precedent and stifle innovation; and they had made huge investments with no guarantees of success.

Critics challenged these claims, but the bio-tech and pharmaceutical giants have more clout, and they simply don't want to share their knowledge.[73] None of them, for instance, has participated in the WHO's Covid-19 Technology Access Pool (C-TAP),[74] a platform created expressly to promote the voluntary international sharing of intellectual property, technology and know-how through non-restricted licensing.

On the (only faintly) brighter side, Moderna announced last October that it wouldn't enforce its Covid-19 vaccine patents during the pandemic — but didn't offer any technical assistance to pharmaceutical firms in the Global South.[75] AstraZeneca gave the Serum Institute of India a license to make its vaccine and also declared that it would forgo profits from vaccine sales until the pandemic ends. The catch: it reserved the right to determine that end date, which it may declare as early as this July.[76]

[72] Hoen, Ellen, et al. "Driving a Decade of Change: Hiv/Aids, Patents and Access to Medicines for All." *Journal of the International AIDS Society* 14, no. 1 (2011/03/27 2011): 15.

[73] Wallach, Lori, and Joseph E. Stiglitz. "Opinion | Preserving intellectual property barriers to Covid-19 vaccines Is morally wrong and foolish." *The Washington Post.* April 24, 2021. *www.washingtonpost.com*. Web. https://www.washingtonpost.com/opinions/2021/04/26/preserving-intellectual-property-barriers-covid-19-vaccines-is-morally-wrong-foolish/.

[74] "How WHO C-TAP Works?" World Health Organization. October 27, 2020. *www.who.int*. Web. https://www.who.int/initiatives/covid-19-technology-access-pool/what-is-c-tap, accessed July 11, 2020.

[75] Loftus, Peter. "Moderna Vows to Not Enforce Covid-19 Vaccine Patents During Pandemic." *The Wall Street Journal.* October 8, 2020. *www.wsj.com*. Web. https://www.wsj.com/articles/moderna-vows-to-not-enforce-covid-19-vaccine-patents-during-pandemic-11602154805, accessed July 11, 2021.

[76] Mancini, Donato Paolo. "AstraZeneca Vaccine Document Shows Limit of No-Profit Pledge." *Financial Times.* October 7, 2020. *www.ft.com*. Web. https://www.ft.com/content/c474f9e1-8807-4e57-9c79-6f4af145b686, accessed July 11, 2021.

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In May, President Biden surprised many people by supporting the waiving of patents on Covid-19 vaccines.[77] That was a big change given the degree to which the U.S. government has been a dogged defender of intellectual property rights. But his gesture, however commendable, may remain just that. Germany dissented immediately.[78] Others in the European Union seem open to discussion,[79] but that, at best, means protracted WTO negotiations about a welter of legal and technical details in the midst of a global emergency.

And the pharmaceutical companies will hang tough. Never mind that many received billions of dollars from governments in various forms,[80] including equity purchases, subsidies, large preordered vaccine contracts ($18 billion from the Trump administration's Operation Warp Speed program alone), and research-and-development partnerships with government agencies.[81] Contrary to its narrative, Big Pharma never placed huge, risky bets to create Covid-19 vaccines.

[77] Maxmen, Amy. "In shock move, US backs waiving patents on Covid vaccines." *Nature News.* May 6, 2021. Nature Publishing Group. *www.nature.com.* Web. https://www.nature.com/articles/d41586-021-01224-3, accessed July 11, 2021.

[78] Borger, Julian, and Patrick Wintour. "US-Germany rift as Berlin opposes plan to itch Covid vaccine patents." *The Guardian.* May 6, 2021. *www.theguardian.com.* Web. https://www.theguardian.comworld/2021/may/06/us-germany-rift-covid-vaccine-patent-waivers, accessed July 11, 2021.

[79] Stevis-gridneff, Matina. "Biden's Support for Vaccine Patent Waivers Faces Uphill Effort in Europe." *The New York Times.* May 6, 2021. *www.nyt.com.* Web. https://www.nytimes.com/2021/05/06/world/europe/coronavirus-vaccine-patent-eu.html, accessed July 11, 2021.

[80] Weiland, Noah, et al. "Pfizer Gets $1.95 Billion to Produce Coronavirus Vaccine by Year's End." *The New York Times.* July 22, 2020. *www.nyt.com.* Web. https://www.nytimes.com/2020/07/22/us/politics/pfizer-coronavirus-vaccine.html, accessed July 11, 2021.

[81] "Operation Warp Speed Contracts for Covid-19 Vaccines and Ancillary Vaccination Materials." Congressional Research Service. March 1, 2021. *www.crsreports.congress.gov*. Web. https://crsreports.congress.gov/product/pdf/IN/IN11560, accessed July 11, 2021.

How does this end?

Various mutations of the virus, several of them highly infectious,[82] are now traveling the world, and new ones are expected to arise. This poses an obvious threat to the inhabitants of low-income countries where vaccination rates are already abysmally poor. Given the skewed distribution of vaccines, people in these countries may not be vaccinated, even partially, until 2022, or later. Covid-19 could therefore claim more millions of lives.

But the suffering won't be confined to the Global South. The more the virus replicates itself, the greater the probability of new, even more dangerous, mutations — ones that could attack the tens of millions of unvaccinated in the wealthy parts of the world, too. Between one-fifth and one-quarter of adults in the U.S.[83] and the European Union[84] say that they're unlikely to, or simply won't, get vaccinated. For various reasons, including worry about the safety of vaccines, anti-vax sentiments rooted in religious and political beliefs and the growing influence of ever wilder conspiracy theories, U.S. vaccination rates slowed starting in mid-April.[85]

As a result, President Biden's goal of having 70 percent of adults receive at least one shot by July 4, 2021, was not realized. At least half of the adults in 25 states still remain completely unvaccinated.[86] And what if existing vaccines don't ensure

[82] Bollinger, Robert, and Stuart Ray. "New Variants of Coronavirus: What You Should Know." Johns Hopkins Medicine. *www.hopkinsmedicine.org*. Web. https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/a-new-strain-of-coronavirus-what-you-should-know, accessed July 11, 2021.

[83] Saul, Stephanie. "Covid-19: U.S. Vaccine Confidence Rises Though Skeptics Remain, Survey Says." *The New York Times.* May 27, 2021. *www.nyt.com.* Web. https://www.nytimes.com/live/2021/03/30/world/covid-vaccine-coronavirus-cases, accessed July 11, 2021.

[84] "Over a quarter of adults in EU indicate they are unlikely to take Covid-19 vaccine." Mynewsdesk. May 13, 2021. *www.mynewsdesk.com*. Web. https://www.mynewsdesk.com/eurofound/news/over-a-quarter-of-adults-in-eu-indicate-they-are-unlikely-to-take-covid-19-vaccine-427227, accessed July 11, 2021.

[85] Bump, Philip. "Analysis | The vaccination slowdown has slowed down." *The Washington Post.* May 13, 2021. *www.washingtonpost.* Web. https://www.washingtonpost.com/politics/2021/05/13/vaccination-slowdown-has-slowed-down/, accessed July 11, 2021.

[86] Dan Keating et al. "At least 183.8 million people have received one or both doses of the vaccine in the U.S." *The Washington Post,* July 12, 2021. *www.washingtonpost.com*. Web. https://www.washingtonpost.com/graphics/2020/health/covid-vaccine-states-distribution-doses/?tid=a_classic-iphone&no_nav=true, accessed July 12, 2021.

protection against new mutations, something virologists consider a possibility?[87] Booster shots may provide a fix, but not an easy one given this country's size, the logistical complexities of mounting another vaccination campaign and the inevitable political squabbling it will produce.

Amid the unknowns, this much is clear: for all the talk about global governance and collective action against threats that don't respect borders, the response to this pandemic has been driven by vaccine nationalism. That's indefensible, both ethically and on the grounds of self-interest.

About the author

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Menon was awarded the Ellen Gregg Ingalls Award for Excellence in Classroom Teaching (at Vanderbilt University) and the Eleanor and Joseph F. Libsch Award

[87] Adam, David. "What scientists know about new, fast-spreading coronavirus variants." *Nature News.* May 24, 2021. Nature Publishing Group. *www.nature.com.* Web. https://www.nature.com/articles/d41586-021-01390-4, accessed July 11, 2021.

for Distinguished Research and the Christian R. and Mary F. Lindback Award for Distinguished Teaching (at Lehigh University). He was selected as a Carnegie Scholar (2002–2003) and has also received fellowships and grants from the Woodrow Wilson Center, the Council on Foreign Relations, the Rockefeller Foundation, the John D. and Catherine T. MacArthur Foundation, the Smith Richardson Foundation, and the U.S. Institute of Peace. Menon has written more than 50 opinion pieces and essays for the *Los Angeles Times*, *Newsweek*, *Financial Times*, *International Herald Tribune*, *Christian Science Monitor*, *Newsday*, *Chicago Tribune*, *Boston Globe*, and Washingtonpost.com. He has appeared as a commentator on NPR, ABC, CNN, BBC, Canadian Broadcasting Corporation, Australian Broadcasting Corporation, and World Focus (PBS). He is the author, most recently, of "The Conceit of Humanitarian Intervention."

Going to Work with COVID-19:

National Security, Economic Security and Public Health Authority

Image credit: Sirichai Saengcharnchai / Shutterstock

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"Economic security is national security."[1]
U.S. Commerce Department, June 2021

Introduction

COVID-19 is a multitrack problem within the global and American societies. It is simultaneously a national security problem and a public health concern that has impacted the American economy in a hugely negative and unexpected manner. The terrible irony of 2020 and 2021 is that what Usama Bin Laden hoped to achieve from the September 11, 2001, attacks is exactly what Covid-19 accomplished through its viral scourge: a shutdown of the American economic engine, and an accumulation of over 600,000 casualties. Thank God Bin Laden never knew the

[1] U.S. Commerce Department. "Strengthen U.S. Economic and National Security." 2021. *www.commerce.gov*. Web. https://www.commerce.gov/about/strategic-plan/strengthen-us-economic-and-national-security. 2021.

potential for the devastation of a lethal virus versus aircraft converted into aviation fuel-armed missiles.

American national security rests on our superior economic engine, and that is why Bin Laden targeted the nation's economic engine and more. In the economy, Bin Laden's focus was air transportation and air commerce, banking, finance and government regulators. Covid-19 attacked and undermined the same economic engine components as Bin Laden, and again, so much more. The U.S. economic engine sustains our ability to compete globally, and Covid-19 demonstrated that we have many flaws in our plans, and that our actual execution during this significant national emergency was a precarious roller-coaster ride.

The terrible irony of 2020 and 2021 is that what Usama Bin Laden hoped to achieve from the September 11, 2001, attacks is exactly what Covid-19 accomplished through its viral scourge: a shutdown of the American economic engine, and an accumulation of over 600,000 casualties.

Today, while still tallying a series of Covid-19 failures and victories, the American political right has launched a multi-state attack on the public health professionals who tried to stand in the gap and save us from purposeful and callus inaction while responding to Covid-19's attack at the federal level. One of these potential Covid-19 failures is in America's so called, "red" or Republican-leaning states. Red state legislators and red state governors are stripping their own public health officials of the power they used to defend the nation/community against Covid. New laws neutering public health bureaucrats' ability to direct anti-Covid prophylactic measures are emerging. The rationale behind this wave of legislation is that these state public health officials allegedly exceeded their mandate, acted beyond the actual need Covid created, and that these bureaucrats imposed unnecessary restrictions which drove the economy to record production and transaction lows. (Noble, 2021) In his article, "Comparing the Covid-19 Recession with the Great Depression?," David Wheelock, senior vice president and special policy advisor at the Federal Reserve Bank of St. Louis, concludes, "The 2020 contraction might turn out to be the sharpest, but also the shortest, in modern times and perhaps of

all time in the United States ... The [Covid-19] virus and the public's response to it will likely make that determination." (Wheelock, 2020)[2]

Economic strength is a national security imperative

American National Security revolves around the DIME-FIL — diplomacy, information, military, economic, financial, intelligence, law/law enforcement — or what we call the "instruments of national power." Undergirding all the others is the economic instrument. Covid-19, in both first order and second order ways, attacked American economic power in a manner not seen since the Great Depression and World War II. In the June 2021, Brookings Report publication, "Social and Economic Impact of Covid-19, Brookings Paper #158," authors Eduardo Levy Yeyati, a nonresident senior fellow in global economy and development at Brookings Institution, and dean of the School of Government at Universidad Torcuato Di Tella; and Federico Filippini, visiting professor at Universidad Torcuato Di Tella, described the pandemic's impact on world gross domestic product (GDP) growth as "massive." Figure 1 below depicts "Global GDP growth in an historical perspective." Using the graphics, authors Yeyati and Fillippini note that the Covid-19-induced recession is the "deepest since the end of World War II." And in Figure 2, virtually all International Monetary Fund (IMF)-covered countries experienced negative GDP growth in 2020. (Brookings Paper #158, 2021) This is a clear illustration of Covid-19 at work on the world economy.

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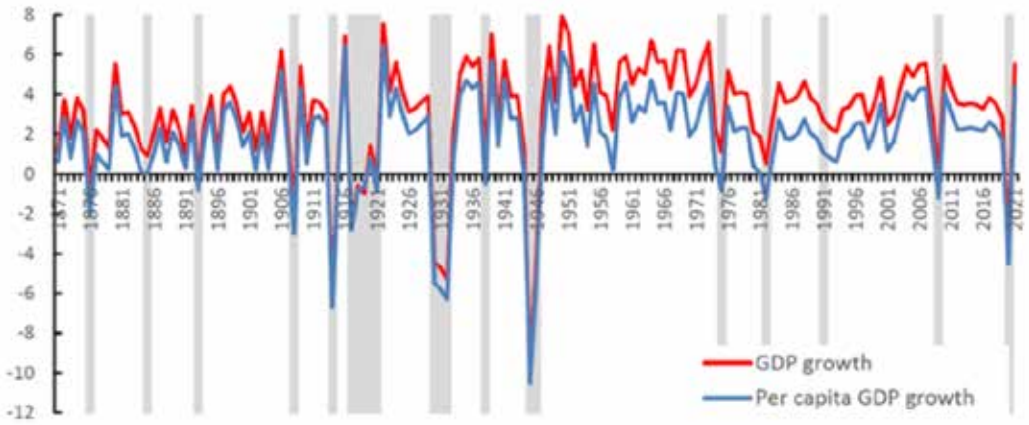
[2] Adds Wheelock: "By almost any measure, the 2020 recession began with sharp declines in economic activity, employment and equity prices that rivaled or exceeded the initial declines of the Great Depression. The Great Depression persisted, however, and when it finally reached a trough nearly four years later, economic activity, employment and consumer and equity prices were all far below their initial levels. The 2020 contraction might turn out to be the sharpest, but also the shortest, in modern times and perhaps of all time in the United States. The debate among forecasters has recently focused on the likely pace of the recovery and whether the increase in economic activity since May will be sustained or turn out to be merely an uptick before a second dip. The virus and the public's response to it will likely make that determination."

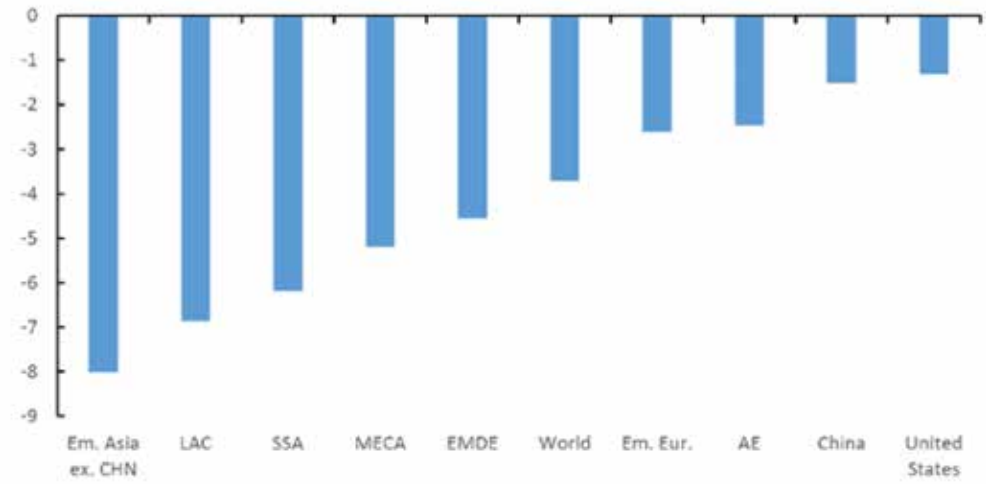
Finally, in the narrative, the authors further predicted the global economic recovery will remain below pre-virus GDP levels through the end of 2021. (Brookings Paper #158, 2021)

FIGURE 1. GLOBAL GDP GROWTH IN A HISTORICAL PERSPECTIVE



Sources: Bolt et al. (2018), Kose, Sugawara, and Terrones (2019, 2020), and IMF-WEO Apr-2021. Shaded areas refer to global recessions.

FIGURE 2. GLOBAL GDP GROWTH 2020



Source: IMF-WEO Apr-2021. Note: AE = Advance economies; Emerging Asia ex. CHN = emerging and developing Asia excluding China; EM. Eur = Emerging and developing Europe; LAC = Latin America and the Caribbean; MECA = Middle East and Central Asia; SSA = sub-Saharan Africa.

If economic strength is a key pillar of national security, then the damage identified in Figures 1 and 2 above has potentially broad and long-term effects for some aspects of security.

Traditionally, our initial thoughts about national security have centered on how America's national security infrastructure is under pressure from the usual mil-to-mil* players — Russia, Iran, China and North Korea — and post-9/11 non-state terror organizations, plus the traditional transnational crime networks, the newly emerging non-state cyber actors, the environment, and now, post-January 6 domestic extremists. The current POTUS (the President of the United States) and two of his three most recent predecessors discussed during their terms, and with scientists and medical advisors, the need to prepare for the expansion of national security to meet a potential viral threat. Unfortunately for the nation, the virus arrived on the watch of the one U.S. president not discussing it, the one who was the most ill-prepared and ill-equipped, and the one who was in a state of denial about the catastrophic danger we faced. To successfully address this widening swath of threats, America needs a well-functioning economy. Covid-19 woke America to a new "gray zone"[3] (Bothwell, 2021) threat axis — an airborne viral menace — and reminded us that the DIME-FIL is an expansive national security concept, full of potential national security gray zone challenges.

Not your grandpa's national security anymore

In 2021, national security is well beyond DIME-FIL's "M" — the military instrument of power — as the sole national security consideration. Within the non-military threats, or non-conventional threats (Bothwell, 2021), economic

* Mil-to-mil is an under-studied and perhaps over-promoted element of American foreign policy; as in the so-called "mil-to-mil relations." These are the cultivated ties the U.S. military has with foreign militaries. These mil-to-mil relations consist of military training and liaison exchanges, joint exercises, and senior level consultations. (See E-International Relations, "Mil to Mil," February 6, 2011. https://www.e-ir.info/2011/02/06/mil-to-mil/

[3] Gray zone conflicts/threats are security challenges initiated through purposeful aggression that exceeds the bounds of normal competition but remains below the threshold of conventional warfare. Gray zone conflicts result from adversarial attempts to change the status quo for benefit through gradual belligerence that might be difficult to publicly attribute to the aggressor. Adversaries that initiate gray zone conflicts avoid the costs associated with conventional warfare while miring their opponents in questions involving international law, policy, and trade, thereby effectively preventing decisive responses. Although gray zone conflicts are typically initiated by weaker powers, China and Russia are also proponents, which raises the stakes for U.S. national security strategy. Gray zone conflicts as defined and discussed per the Bothwell article and Chairman of the Joint Chiefs of Staff, Joint Publication (JP) 3-0, Joint Operations (Washington, DC: The Joint Staff, January 17, 2017, Incorporating Change 1, October 22, 2018), as part of Chapter V and campaign planning. The JP and the Bothwell article articles are referring to Phase 0 operations under JP 5-0, Joint Operation Planning (Washington, DC: The Joint Staff, August 11, 2011).

Image credit: Sanders / Shutterstock

security is rapidly becoming a conventional national security threat (Fatić, 2002). Covid-19 opened our eyes to this just as our eyes have now opened to our other non-conventional/gray zone national security vulnerabilities — white supremacy, energy supply, food and water access, the melting Arctic, etc. (Obama NSS, 2015). We now recognize these and the economy as viable threats which can no longer be ignored; proactive engagement is required to address these matters.

Recognition of Covid-19-related economic national security factors has risen such that the Council on Foreign Relations (CFR) hosted webinar discussion events, including "Concurrent Session: Pandemics and the New Way of Working." In this video, David Martinez interviewed Emerita Torres, vice president of policy, research, and advocacy at the Community Service Society of New York (formerly of The Soufan Center), and Nayyera a Haq, chief foreign affairs correspondent and host of the nightly newscast "The World Tonight" on the Black News Channel. The two remarked in their responses to Martinez's questions that the pandemic exacerbated pre-existing work dynamics, created gaps and seams in technology, evidenced the disproportionate impact of Covid-19 on people of color and cast a spotlight on future U.S. demographic and work-force change. This latter consideration includes a U.S. working-age population in which people of color will be the majority by 2040, and in which the majority of U.S. workers will be without a college degree by 2030; this is significant. (CFR, 2021)

Of particular note here are the gaps and seams in cyber domain technologies and labor shifts. While an in-depth treatment of these is not possible here, I would be remiss not to reinforce the expansive nature of threats to national security in the cyber domain, a major gray zone consideration, and fluctuations in the domestic labor market. First, cyber-attacks like SolarWinds (Jibilian and Canales, 2021) and ransomware attacks (CISA, undated, and NPR, 2021) executed by overseas non-state entities are a formidable concern. (Update: One such recent example is the Associated Press report on NPR on July 3, 2021, that:

> **"A ransomware attack paralyzed the networks of at least 200 U.S. companies on [July 2], according to a cybersecurity researcher whose company was responding to the incident. The REvil gang, a major Russian-speaking ransomware syndicate, appears to be behind the attack, said John Hammond of the security firm Huntress Labs. He said the criminals targeted a software supplier called Kaseya, using its network-management package as a conduit to spread the ransomware through cloud-service providers" (NPR, July 3, 2021).**

And, as we emerge from the Covid-19 lockdowns and restart and restructure the economy, businesses will need to adjust and establish new norms for survival and the re-establishment of economic security, i.e., our collective and individual responses need to recognize — if not outright support — the U.S. Commerce Department's observations[4] and the U.S. Labor Department's statistics. Specifically, the Labor Department's research showed that "in April 2021, the share of U.S. workers leaving jobs was 2.7% … a jump from 1.6% a year earlier to the highest level since at least 2000." The jump is the result of a desire not to return to the office, and the search to find a new work-life balance and work style after pandemic workloads, stress burnouts, and the emergence of new workplace tech that will keep workers at home. (Weber, 2021) Moreover, at the same time, InsuranceJournal.com is warning us with a headline: "Workers Refusing Covid-19 Vaccine Could Lose Their Jobs." (Kopit, 2021)

These challenges swing like a playground see-saw, and are potentially a very hard ride if your riding partner leads by establishing a rider imbalance to your detriment. A disruption in the economy with the breadth and depth of Covid-19 undermines economic stability and worker confidence, and can potentially see-saw us into a generation-impacting imbalance. We must find the means to adjust to a new normal, and we should grasp an operational reality: immediate future economic security is in flux, and this impacts national security. Covid-19 is the

[4] National security is beyond the "M" or the military instrument of power. Covid opened our eyes to this just as our eyes were being opened to our national security vulnerabilities in the cyber domain. It occurred first through state sponsored attacks like SolarWinds, then through "Ransomware" attacks from non-state actors located in states that are our largest near-peer competitors and those sponsoring the former.

principal reason why, and finding a novel way to apply the defeat mechanisms[5] to Covid-19 and its gray zone successors is the reality of the task at hand.

A Covid-19 economic case example: Houston Methodist federal court case and the EEOC

Ironically, one of the first significant examples of new Covid-19 economic disruptions in business is in the public health/medical arena. On April 1, 2021, Houston Methodist Hospital in Houston, Texas, announced a policy requiring employee vaccinations against Covid-19 by June 7, 2021. In response, 117 employees filed a federal lawsuit to block the mandatory vaccinations and the consequential potential terminations for non-compliance with the new policy. On June 7, 2021, Houston Methodist followed through on its new policy and became the first U.S. hospital to require all employees to receive mandatory Covid-19 vaccinations as a condition of their continued "employment at will" status.[6] Employees who failed to comply and failed to provide proof of vaccination by "Monday, June 7th were suspended without pay for 2 weeks. After that, they would be subject to termination." (Brown, 2021) On June 12, 2021, the U.S. District Court for the Southern District of Texas dismissed the employees' lawsuit.[7] Among other things, the Texas Federal District Court considered as "advice" the May 28, 2021, United States Equal Employment Opportunity Commission's (EEOC) operating instructions to American businesses. The EEOC told American businesses they were allowed to *require* employees to have vaccinations against Covid-19 as a condition of returning to their redesigned workplaces.

[5] "Defeat Mechanisms 2-11. A defeat mechanism is a method through which friendly forces accomplish their mission against enemy opposition (ADP 3-0). Tactical forces at all echelons use combinations of the four defeat mechanisms: destroy, dislocate, disintegrate, and isolate." Department of the Army, "ADP 3-90 Offense and Defense. *Army Doctrine Publication.*" July 31, 2019. *www.fas.org.* Web. https://fas.org/irp/doddir/army/adp3_90.pdf.

[6] Texas employment law. "Pay and Policies." https://www.twc.texas.gov/news/efte/pay_and_policies_general.html#:~:text=The%20basic%20rule%20of%20Texas%20employment%20law%20is,reason%20at%20all%2C%20with%20or%20without%20advance%20notice. "The basic rule of Texas employment law is employment at will, which applies to all phases of the employment relationship – it means that absent a statute or an express agreement (such as an employment contract) to the contrary, either party in an employment relationship may modify any of the terms or conditions of employment, or terminate the relationship altogether, for any reason, or no particular reason at all, with or without advance notice."

[7] The District Court dismissal was appealed; no decision has been announced.

In its summary press release, the EEOC said,

- "Federal EEO laws do not prevent an employer from requiring all employees physically entering the workplace to be vaccinated for Covid-19, *so long as employers comply with the reasonable accommodation provisions of the ADA and Title VII of the Civil Rights Act of 1964 and other EEO considerations*.[italics are author's] Other laws, not in EEOC's jurisdiction, may place additional restrictions on employers. From an EEO perspective, employers should keep in mind that because some individuals or demographic groups may face greater barriers to receiving a Covid-19 vaccination than others, some employees may be more likely to be negatively impacted by a vaccination requirement.
- "Federal EEO laws do not prevent or limit employers from offering incentives to employees to voluntarily provide documentation or other confirmation of vaccination obtained from a third party (not the employer) in the community, such as a pharmacy, personal health care provider, or public clinic. If employers choose to obtain vaccination information from their employees, employers must keep vaccination information confidential pursuant to the ADA.
- "Employers that are administering vaccines to their employees may offer incentives for employees to be vaccinated, as long as the incentives are not coercive. Because vaccinations require employees to answer pre-vaccination disability-related screening questions, a very large incentive could make employees feel pressured to disclose protected medical information.
- "Employers may provide employees and their family members with information to educate them about Covid-19 vaccines and raise awareness about the benefits of vaccination." (EEOC, 2021)

Covid-19 helped reset lifestyle imperatives: A Gallup survey

Recognizing the impact of the economic instrument of power has significant implications for supporting our national security policy and our reality in the workspace, post-pandemic and beyond. In fact, there is not only a concern about this as a workplace issue, but it is also a lifestyle imperative. Covid-19 public health requirements cover freedom of association, group dynamics and social engagement. A Gallup Company survey from May 2021 found 57 percent of respondents support requiring Covid-19 vaccination proof to travel by airplane, while 55 percent of respondents support vaccination substantiation to attend

large-crowd events. Some of these concerns fall along political lines: "Democrats largely support proof for all activities." (Brenan, 2021) Figure 3, Figure 4 and Figure 5 provide details of the Gallup survey.

FIGURE 3.

Americans' Preferences for Requiring Proof of Vaccination for Participation in Activities

Would you favor or oppose businesses requiring people to show proof of COVID-19 vaccination in order to do the following over the next several months?

	Favor	Oppose
	%	%
Travel by airplane	57	43
Attend events with large crowds, such as sporting events or concerts	55	45
Go to your worksite to do your job*	45	55
Stay in a hotel	44	56
Dine in at a restaurant	40	60

*Among those employed full or part time.

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FIGURE 4.

	Travel by airplane	Go to events with large crowds	Go to your worksite to do your job*	Stay in a hotel	Dine in at a restaurant
	%	%	%	%	%
Vaccination status					
Have been/Will be vaccinated	74	71	59	56	52
Will not get vaccinated	8	7	6	6	5
Worry about getting COVID-19					
Very/Somewhat worried	77	72	66	59	55
Not too/Not at all worried	49	48	36	37	34

*Among those employed full or part time.

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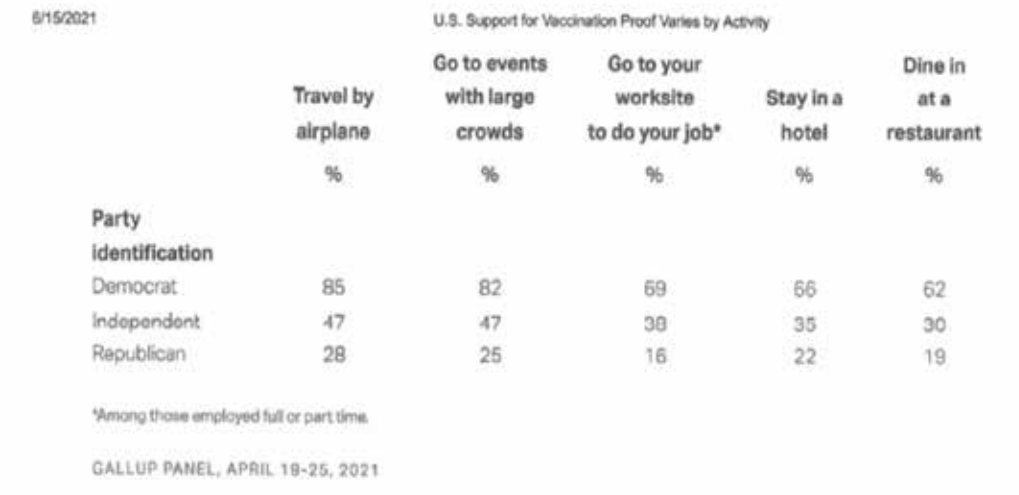
FIGURE 5.



8/15/2021

U.S. Support for Vaccination Proof Varies by Activity

	Travel by airplane	Go to events with large crowds	Go to your worksite to do your job*	Stay in a hotel	Dine in at a restaurant
	%	%	%	%	%
Party identification					
Democrat	85	82	69	66	62
Independent	47	47	38	35	30
Republican	28	25	16	22	19

*Among those employed full or part time.

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National security case law, the U.S. Constitution and Covid's political stamp

Domestic law, economic power and national security are interwoven in the bedrock federal cases of *Youngstown Sheet and Tube Co. v. Sawyer*, 343 U.S. 579 (1952),[8] and

[8] *Youngstown Sheet & Tube Co. v. Sawyer*, 343 U.S. 579 (1952). The supporting national security concerns of *Youngstown* are now largely curried by the Defense Production Act (DPA), 50 U.S.C. § 4501-4568, which FEMA describes as "the primary source of presidential authorities to expedite and expand the supply of materials and services from the U.S. industrial base needed to promote the national defense." Former POTUS Donald Trump did not read *Youngstown* Steel, and found out the limits of his own executive powers the hard way when he unsuccessfully dictated that he had authority to open and close states and to dictate the opening and closing of businesses, when in fact he did not. Trump said, "The president of the United States calls the shots" and "They can't do anything without the approval of the president of the United States" and, finally, "When somebody's the president of the United States, the authority is total..." Trump also said there were "numerous provisions" in the Constitution that gave him that power, but he didn't name any on that day or any day; and, "Trump claims he, not governors, has authority on opening state economies ... while Trump has the clear authority to rescind or change federal health guidelines, state and local officials do not need to follow the federal government's orders, legal experts say." (Morgan Chalfant, "Trump claims he, not governors, has authority on opening state economies," https://thehill.com/homenews/administration/492503-trump-claims-he-not-governors-has-authority-on-opening-state). Further, "while Trump can issue federal regulations to prevent the spread of diseases, he does not have the authority to reverse a public health restriction put in place at the state or local level." (Martha Kinsella, et al. 2021. "Trump Administration Abuses Thwart US Pandemic Response." January 21, 2021. The Brennan Center. *www.brennancenter.org*. Web. https://www.brennancenter.org/our-work/research-reports/trump-administration-abuses-thwart-us-pandemic-response.) Trump was wrong across the board because the Tenth Amendment of the U.S. Constitution reserves these police powers to the states, the states' respective governors and legislators/legislatures. The president only has persuasion and possibly coercion as political carrot–and-stick options. Former President Trump ultimately invoked the Defense Production Act and redirected private industry to produce personal protective gear (PPE), ventilators and the like to fight the pandemic. The presidential power regulation discussed here is instructive to have in our background as we look at the idea that "Economic security is national security," which is discussed throughout this article.

Jacobson v. Massachusetts, 197 U.S. 11 (1905); and also, the First, Fourth and Tenth Amendments to the U.S. Constitution.

In *Youngstown*, the U.S. Supreme Court issued a milestone decision that limited the power of the U.S. president to invoke national security in an exercise of executive power to seize private property. In this 1952 case, it was American steel mills alleging a violation of Fourth Amendment rights by being forced to support U.S. Korean War efforts. The case demonstrated the Supreme Court's willingness to take on the political questions and complexities of governmental actions for and against a portion of the military-industrial complex.[9] It also laid bare the gaps and seams of federal control over domestic businesses in a potential violation of the Fourth Amendment to the U.S. Constitution, even in the face of a national security concern. In the aftermath of *Youngstown*, firing off "national security" as a magic bullet to impose federal will and override the Constitution does not always hit the intended target.

Image credit: Maxime / Unsplash

The *Jacobson* case in 1905 pitted a First Amendment challenge to a state's public health authority under the Tenth Amendment against an individual's rights and freedom of action. In *Jacobson*, the Supreme Court upheld the Commonwealth of Massachusetts' mandate that students attending public school in the state receive a compulsory smallpox vaccination over a 1904 due process challenge by Pastor Henning Jacobson. The court's decision articulated that individual liberty is not absolute and is subject to the state's police power that emanates from the U.S. Constitution's Tenth Amendment and is found in many state constitutions.

[9] "Military-industrial complex" is a phrase introduced by outgoing President Dwight Eisenhower in 1961 as he warned of the challenges intrinsic to the close relationship between the U.S. federal government and the U.S. federal defense industry. The unofficial phrase highlights the actual or potential "comfortable" relationship that can develop between government entities (namely the Department of Defense) and privately held defense-minded manufacturers/organizations. This union can produce obvious benefits for both sides – defense/war planners receiving the tools necessary for waging war (while also furthering political interests abroad), while defense companies become the recipients of lucrative multi-million or multi-billion-dollar deals. See https://www.militaryindustrialcomplex.com/what-is-the-military-industrial-complex.php.

Under the 1791 Tenth Amendment, "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people." (U.S. Constitution, 1791). The Tenth Amendment demonstrated the understanding that the Constitution granted explicit or implied powers to the United States government in the Constitution, and where these exclusively federal carve-outs are not present, the law and legislation fall to the states and state government. For example, think about the first three articles of the U.S. Constitution — articles that established the legislative, executive and judicial branches of the government — as examples of explicit federal power excluded from the states and reserved to the federal government. These articles cannot be lawfully executed, modified or attacked by duly elected or appointed state-level officers. (U.S. Constitution, 1791).

Pastor Jacobson objected to his son's mandatory vaccination in order to attend public school in Cambridge, Massachusetts. The pastor brought his objections under the U.S. Constitution's First Amendment on religious liberty and other grounds. He asserted rights under the Free Exercise Clause of the First Amendment to avoid the mandatory smallpox vaccination required to attend public school during a smallpox outbreak.[10] The law dictating vaccination in order to attend a public school in the commonwealth was enacted in 1855[11] in compliance with Massachusetts's exercise of federal and state constitutional authority. In a testament to the correctness of the court and Massachusetts state actions, the vaccination versus non-vaccination death rates for vaccinated Cambridge

[10] Michael R. Albert et al. "The Last Smallpox Epidemic in Boston and the Vaccination Controversy, 1901–1903." *N Engl J Med,* p 344:375-379 (2001). "In May 1901, an outbreak of smallpox, initially unrecognized, was followed by a series of outbreaks in various neighborhoods of Boston. From 1901 to 1903, there were 1,596 cases of smallpox with 270 deaths, in a city with a population of approximately 560,900. The attack rate was 3 cases per 1,000 persons, with a case fatality rate of 17 percent. Of 243 consecutive patients with smallpox who were admitted to the smallpox hospital on Southampton Street, 18 (7 percent) were Black, although Blacks made up only 2 percent of Boston's population in 1900. Of the 238 patients whose birthplace was identified, 49 percent were immigrants, whereas only 35 percent of the city's residents were foreign-born; Canadian-born residents, accounting for 21 percent of the patients, made up 9 percent of Boston's population at the time. During the epidemic, 60 percent of cases occurred in males who were among 754 patients with smallpox who had evidence of vaccination (there were 82 deaths and a case fatality rate of 11 percent), whereas among 842 unvaccinated patients, there were 188 deaths (a case fatality rate of 22 percent). The law requiring that children be vaccinated in order to attend public school, which had been enacted by the state in 1855, appeared to be effective in providing protection against the epidemic. A review of 700 cases showed that 130 (19 percent) occurred in children 1 to 5 years old, but only 21 (3 percent) occurred in children 6 to 10 years old; the number of children in each age group was similar."

[11] *Ibid.*

students were significant. The vaccinated were spared and the death rate of the unvaccinated was twice that of the vaccinated. History has recorded the smallpox vaccinations provided effective protection during this epidemic — a highly visible templet for today.[12]

In *Jacobson*, Justice Harlan stated the question before the court, "Is this statute . . . inconsistent with the liberty which the Constitution of the United States secures to every person against deprivation by the State?" (*Jacobson v. Massachusetts*, 197 U.S. 11, 25 (1905)). Harlan confirmed that the Constitution protects individual liberty, *and* that this liberty is not "an absolute right in each person to be, in all times and all circumstances, wholly free from restraint."

> **"There is, of course, a sphere within which the individual may assert the supremacy of his own will and rightfully dispute the authority of any human government, especially of any free government existing under a written constitution. But it is equally true, that in every well-ordered society charged with the duty of conserving the safety of its members, the rights of the individual in respect of his liberty may at times, under the pressure of great dangers, be subjected to such restraint, to be enforced by reasonable regulations, as the safety of the general public may demand."**
>
> *Jacobson v. Massachusetts, 197 U.S. 11, 29 (1905)*

Thus, Massachusetts had the authority to enforce compulsory vaccination laws for public school students under the state's constitutional police powers, and the federal police power established in the Tenth Amendment. Requiring a smallpox vaccine does not violate the First Amendment, *According to settled principles, the police power of a State must be held to embrace, at least, such reasonable regulations established directly by legislative enactment as will protect the public health and the public safety.* [italics are author's] (*Jacobson and Wright v. DeWitt School Dist. No. 1 of Arkansas County*, 385 S.W.2d 644 (1965)).

[12] Michael R. Albert, M.D., Kristen G. Ostheimer, M.A., Joel G. Breman, M.D., D.T.P.H. "The Last Smallpox Epidemic in Boston and the Vaccination Controversy, 1901–1903." *N Engl J Med,* p 344:375-379 (2001).

For the 'common good': Jacobson case controls the Methodist Hospital workers' lawsuit

Fast forward to the Texas federal lawsuit, and we can apply the *Jacobson* rationale; the U.S. District Court did precisely that in dismissing the Methodist Hospital employees' claims.

The court dismissed the lead plaintiff's and co-plaintiffs claims alleging the "vaccines are experimental and dangerous," and that using the vaccinations would somehow cause them to commit an illegal act. The plaintiffs also argued that the injection requirement violated public policy. The court considered these claims to be "false" and "irrelevant" and that the vaccine injection requirement was consistent with public policy. The Texas Federal District Court, citing the U.S. Supreme Court, took notice of the facts that an involuntary quarantine for contagious diseases and a state-imposed requirement of mandatory vaccinations do not violate due process. Finally, the district court cited the EEOC's May 28, 2021, directions as "not binding, but it is advising" in dismissing the case and acknowledging the hospital's right to terminate those vaccine refusers as valid. (*Bridges v. Houston Methodist Hospital*, 2021). The district court cited the plaintiff's misunderstanding of Texas employment laws and the role and powers of the U.S. Secretary of Health and Human Services. Additionally, it called to attention the federal court's public policy pronouncements as an important reason for dismissal. The policy pronouncements emphasis aligns with what became the Jacobson rules, and is also reflective of *Compagnie' Francoise De Navigation a Vapeur v. Bd of Health of State of Louisiana*, 186 U.S. 380 (1902), which found a law requiring involuntary quarantine during a yellow fever outbreak was a reasonable exercise of state police powers. The plaintiffs' claims all failed as a matter of law in the "common good" litmus test — the common good of the larger body over the rights asserted by an individual.

How we regulate the economy and the nation's working environments has always had a political dimension, but Covid-19 exploded the political divide on the home front.

The 'common good' and the constitutional component

The *Jacobson* court said an individual's constitutional right must give way to the "common good." Specifically, "[T]he liberty secured by the Constitution of the United States to every person within its jurisdiction does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint. There are manifold restraints to which every person is necessarily subject for the common good." Actions for the larger good — "the common good" in this case — overcome the individual good when the emergency is manifest for official government action; the Methodist Hospital case followed this line.

During the pandemic, the Tenth Amendment of the U.S. Constitution rose from the shadows to assert its dominion through the long-held interpretation of the *Jacobson* case, assuming new importance. The amendment dictates that state and U.S. territorial governors, legislators, public safety, and public health officials control the opening and the closing of the U.S. economy on a state-by-state basis during a state of emergency like Covid-19. And, in some ways, collaterally empowered private sector business executives in a similar manner. Each state gets to control the menu of options and how they are consumed, exercised or rejected. The same is true of business, as their actions affect our national security, based on their increase or decrease in economic power, business activities and economic security.

How we regulate the economy and the nation's working environments has always had a political dimension, but Covid-19 exploded the political divide on the home front! From controversial (for some) mask-wearing mandates to violence on airplanes, and from vaccination policies to violence in grocery stores and physical arguments over business capacity limits, the pandemic has put us on a new and different path. Pre-pandemic, most aspects of *Jacobson* had been considered settled law. But new challenges — from the feeble and baseless to those fabricated for political self-preservation, as well as others posing a legitimate challenge to the regulation of church activities by federal, state, regional and local-level government leaders — are afoot. In the end, across the country, the results of the

baseless, the feeble, the fabricated and the legitimate all seek to uproot and usurp the standards, rule, holding and "common good" rationale of *Jacobson*.[13]

Covid's political stamp is a red backlash

Little discussed, but fundamental post-Covid-19 change is impacting the authority of public health officials to act in the "common good." Multiple states have enacted measures limiting public health officials' scope of authority in the wake of the coronavirus pandemic. The advice or direct action by public health officials helped to shutter business and close the national economy in prophylactic shutdown actions to stop or slow the mass spread of the virus.

On the National Academy for State Health Policy website, observers can watch in real time the changes in state emergency orders, mask mandates and travel advisories (NASHP, 2021). Elected officials reacting to the politicization of public health actions made in the common good by public health officers are striping power from these state-level public health officers. Observers can track this assault on the power of public health officials to act in the common good state by state in articles like "These 8 States Passed Legislation to Limit Public Health Officials' Authority." (Route-Fifty, 2021) In a report highlighted in the article, "Proposed Limits on Public Health Authority: Dangerous for Public Health Report," (National Association of County and City Health Officials, 2021) which includes a "50-State Survey of Legal Protections for Public Health Officials" made necessary because acting in the common good has jeopardized their personal safety. (Network for Public Health Law, 2020) Additional material on the topic is available from the Association of State and Territorial Health Officials (ASTHO) [14]"Emergency Declarations and Authorities Fact Sheet." (ASTHO, undated)

[13] The combination of Covid-19 and the defeat of former POTUS Trump has led to numerous Republican-led red states changing the authority of state voting officials and state voting laws. (See, Brennan Center, "Voting Laws Roundup: May 2021." https://www.brennancenter.org/our-work/research-reports/voting-laws-roundup-may-2021. May 2021.) "As of June 21, 17 states enacted 28 new laws that restrict access to the vote. With some state legislatures still in session, more laws will certainly follow, which we will track in the next roundup later this year." (See also, Marie Feyche, "US states have enacted 22 restrictive voting laws so far this year: report." *Jurist*, May 31, 2021. https://www.jurist.org/news/2021/05/us-states-have-enacted-22-restrictive-voting-laws-so-far-this-year-report/.)

[14] Chief health officers and officials in each U.S. state, federal territory and jurisdiction are the members of the Association of State and Territorial Health Officials. https://www.astho.org/.

These various documents demonstrate some of the "backlash" over public health officials' actions during the pandemic.

The ASTHO report provides examples of laws that would:

- Prohibit requiring masks in any situation, including cases of active tuberculosis. In North Dakota, a new law would remove the authority of the state health office to require face masks or covering.
- Block the closure of businesses necessary to prevent the spread of disease, allowing for super-spreader venues. In Kansas, a new law removes the governor's ability to close businesses during a public health emergency.
- Ban the use of quarantine. In Montana, a new law prohibits local board of health emergency orders from separating those individuals who are not yet ill, but reasonably believed to be infected or exposed. Prohibition of quarantine orders undermines the basis of infection control and would make it impossible to stop outbreaks of deadly diseases spread by individuals who are not yet symptomatic.
- Block state hospitals and universities from requiring vaccinations for employees and students in dormitories to protect state residents. In Arizona, a new law prohibits requirements that a person receive a vaccination, except in K-12 school settings, and creates criminal penalties for violating the ban.
- Strip local governments, including local health agencies, of the ability to respond to local conditions in an emergency. In Texas, a proposed bill would preempt local emergency action to the extent that it is inconsistent with orders of the governor or state health department.
- Set arbitrary time limits for emergency orders. In Florida, a new law provides for automatic expiration of local orders after seven days (a majority vote of the local governing body is required for an extension of such emergency orders), limits the total duration of local orders to 42 days and prevents the issuance of a substantially similar order for the same emergency if a previous order has expired.
- Give unilateral power to legislatures to stop public health actions. In Ohio, a new law will allow the legislature alone to rescind any order or action by the state health department or director of health to control the spread of contagious or infectious disease. The governor, who vetoed the law, issued a statement saying that the law "strikes at the heart of local health departments' ability to move quickly to protect the public from the most serious emergencies Ohio could face." The Governor's veto was overridden by the legislature and the law [took] effect June 23, 2021."

The report reaches four conclusions:

1. Legislation to block reasonable public health measures like mask wearing, social distancing, and quarantining poses an immediate threat to life and health.
2. Legislation to stop expert public health agencies from leading the response to health emergencies creates unforeseen, serious risks to life and health.
3. Legislation that strips authority from public health agencies and the executive branch infringes on the constitutional separation of powers and undermines effective government response.
4. These laws could make it harder to advance health equity during a pandemic that has disproportionately sickened and killed Black, Hispanic and Latino, and Indigenous Americans. (Dangerous for Public Health, 2021)

Conclusion

"Economic security is national security," and public health actions are national security. "Anger over responses to the pandemic led some legislators to limit health officials' role in public health emergency mandates ... [and] raised the profile of once-obscure local public health officials, as their decisions about lockdowns or mask orders became political fodder. Emotional burnout became common, and some pandemic front liners faced threats of violence, leading to a wave of resignations, retirements or firings among public health leaders during the last year." (Route Fifty, 2021). Public officials are under attack as Covid-19 progresses.

Covid-19 clearly laid the economy low, but to blame and neuter public health officials who are acting to save lives is a mistake. These actions are not supported by the Gallup Survey results, nor will they correct the problems identified in the Brookings Report.

The American safety net that provided essential national security, economic security, and health protection in the past through the legislative process and our courts of law is vanishing under siege. It is vanishing via federal legislative inaction, red state legislatures and red state governors' political actions that ignore 'the common good' in favor of individual rights and corporate interests. The safety net is under challenge in the courts. Both state and federal legislators

are more focused on this mode of attack than recognizing the role social justice and the social determinants of health (Artiga and Hinton, 2018)[15] play in public health; or the pressing need to address them. (The Conversation, 2020) The ASTHO Report is but one example. Further, the Brennan Center proposes solutions to some of these dilemmas in reports generated by its National Task Force on the Role of Law and Democracy. Task force solutions include "legislation to protect government science from political interference, strengthen[ing] federal ethics laws, and curb[ing] the practice of placing acting officials in key government positions" in addition to new restraints on executive branch actions. (Kinsella, 2021, and Morgan, 2020)

We have entered an arena where the "common good" is less common, and partisanship is the emerged norm. We have entered an arena where public health guardians executing emergency mandates are villainized and require police protection to ensure their safety. When the upheaval from Covid-19 settles, harking back to the integration of economic security with national security mentioned by David Wheelock, will national security, economic security and public health officials retain the power and authority to protect the U.S. citizenry? The Supreme Court's uneven, sometimes waning support[16] for *Jacobson* during this pandemic leaves many questions unanswered (Don Jacobson, 2021 and Williams, 2021). Will the nation's security be improved or weakened in the end? "The virus and the public's response to it will likely make that determination …" (Wheelock, 2020). More than 600,000 casualties represents the cost of the last such determination, our real-time gray zone conflict; will we remember?

When it is all said and done, if we don't believe that championing public health promotes the 52-word paragraph we know as the Preamble to the U.S. Constitution[17] — protecting the health of our people, our communities and the places where

[15] "The social determinants of health are the conditions in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions."

[16] "Uneven to wanning support," refers to SCOTUS rulings on religious challenges to Covid restrictions in California and New York discussed earlier.

[17] U.S. Constitution., Preamble. "We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America."

we live, learn, work and play — then we may not fully understand the 52-word national security directions the framers of the Constitution were giving us.

About the author

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Dr. Sanders was previously a U.S. Naval War College Military Law and Operations professor (2014-2019); director of the Defense Institute of International Legal Studies, U.S. Department of Defense (2011-2014); commanding officer of the U.S. Naval Legal Service Office, North Central (2007 and 2009-2011); a deputy assistant judge advocate general (2007-2009); and the in-country legal mentor for the Afghan National Army's 1st Judge Advocate General and the Afghan Ministry of Defense's 1st General Counsel equivalent (2004-2005). His work included rule of law instruction to military, civilian, NGO and regional organizations in the U.S., Liberia, Sierra Leone, Democratic Republic of the Congo, Chad, Afghanistan, Colombia, Australia, Djibouti, Yemen, Myanmar, and the Philippines. (2004-2014).

He earned his LP.D. in law and policy and Bachelor of Electrical Engineering from Northeastern University, his LLM from the U.S. Army JAG School, and his Juris Doctorate from Catholic University's Columbus School of Law; along with several other master's degrees. Dr. Sanders has served on several boards of directors, including the Rhode Island Black Heritage Society Board, the U.S. Secretary of Defense's Recovering, Wounded, Ill and Injured Members of the Armed Forces Task

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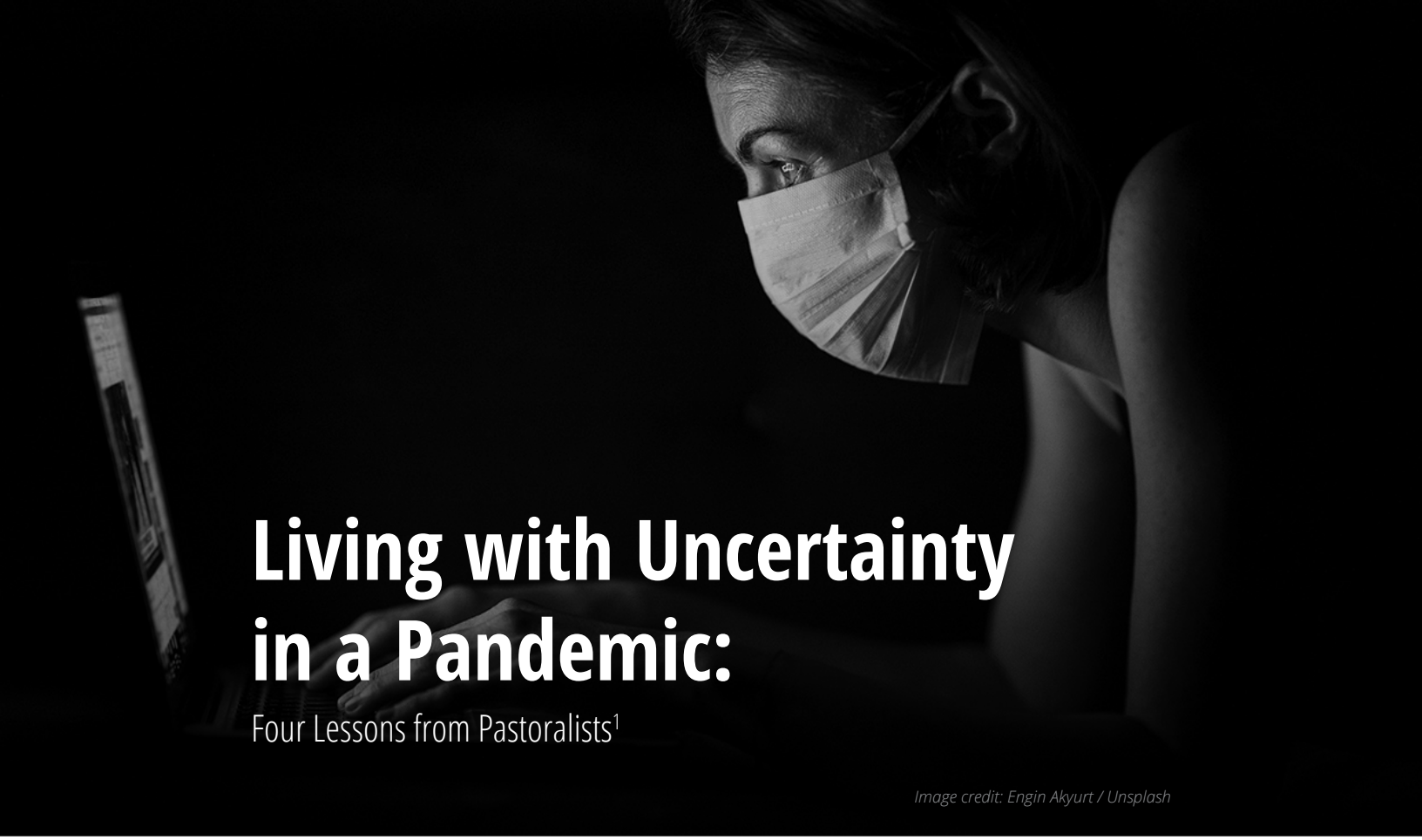

Living with Uncertainty in a Pandemic:

Four Lessons from Pastoralists[1]

Image credit: Engin Akyurt / Unsplash

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Moments of surprise can expose deep uncertainties and even ignorance. They also uncover issues of contested politics, unequal social relations and the capacities of states and citizens. The coronavirus (COVID-19) pandemic is one such moment.

In times when our normal ways of doing things are massively disrupted, when we don't know what will happen where and when, and uncertainties are everywhere,

[1] This article first appeared on the PASTRES blog (www.pastres.org) and emerges from the PASTRES programme, supported through an Advanced Grant from the European Research Council. It draws on work under the STEPS Centre on the uncertainties of and the responses to epidemic disease.

we must learn to adapt rapidly and radically. This has been life and living with the coronavirus. For those of us accustomed to predictability and stability, with systems that function continuously and reliably, this sort of uncertainty — now being experienced the world over — is unsettling; it provokes anxiety, stress, dislocation and sometimes panic.

But for many people living in highly variable environments, where shocks of drought, flood, snowfall, locust swarms or human and animal disease are regular occurrences, uncertainties are always part of everyday life. Indeed, uncertainties are not only lived with, but lived off,[2] as variability, mobility, flexibility are central parts of livelihood systems in pastoral settings, as we have learned during the pandemic.[3]

A question we have been asking in our European Research Council-funded PASTRES[4] programme (Pastoralism, Uncertainty, Resilience: Lessons from the Margins) is: Can we learn how to address uncertainties within wider society — including around disease pandemics — from pastoralists who live with and from uncertainty? What are the logics, practices, strategies and social and political arrangements that allow for adaptive, flexible responses in the face of uncertainty, generating reliability in turbulent times? And, does this result in a new politics of uncertainty — and so accountability and responsibility?[5]

Of course, the spread of a global pandemic virus of massively lethal potential is very different from the more traditional problems faced by pastoralists — whether in mountainous Tibet, lowland Ethiopia or the hills of Sardinia.[6] There are, however,

[2] Krätli, Saverio, and Nikolaus Schareika. "Living Off Uncertainty: The Intelligent Animal Production of Dryland Pastoralists." *The European Journal of Development Research* 22. 1 Dec. 2010. 605-22.

[3] Simula, Giulia, et al. "Covid-19 and Pastoralism: Reflections from Three Continents." PASTRES. 27 Nov. 2020. https://pastres.org/2020/11/27/new-paper-Covid-19-and-pastoralism-reflections-from-three-continents/.

[4] PASTRES (*Pastoralism, Uncertainty and Resilience: Global Lessons from the Margins*) is a research programme that aims to learn from pastoralists about responding to uncertainty and resilience, with lessons for global challenges. The project is hosted by the ESRC STEPS Centre at the Institute of Development Studies, University of Sussex and the European University Institute in Florence. It is led by Prof Ian Scoones (STEPS/IDS) and Dr Michele Nori (EUI), with supervision support from Dr Jeremy Lind (IDS).

[5] Scoones, Ian, and Andy Stirling. "Politics of Uncertainty: Challenges of Transformation." Taylor and Francis. 2020. doi:10.4324/9781003023845.

[6] "Cases." PASTRES. PASTRES, 16 June 2020. https://pastres.org/cases-and-themes/cases/.

some themes that emerge from our research that offer pointers. Here, we outline four of them.

1. Multiple knowledges

In navigating uncertainties, pastoralists must engage with multiple sources of knowledge, triangulating among them.

In navigating uncertainties, pastoralists must engage with multiple sources of knowledge, triangulating among them. This may involve engaging with expert or scientific knowledge derived from, say, weather reports; or it may involve informed advice on pasture condition or animal disease. It may involve reference to or consideration of local, embedded traditional knowledge; it could include consulting local experts — traditional healers, prophets and soothsayers — to gain, for example, to understand the seasons from signs in nature or messages from the spirit world. And, it may involve informally-shared updates and locally-rooted practical knowledge from friends, neighbours, relatives and others — these days often via mobile phone through Facebook or WhatsApp groups.[7] For example, these may include information on the state of grazing, the availability of water in a well or the source and quality of forage.

All these sources — formal, informal, real-time, predictive — are combined and reflected upon and, in turn, feed into action. No single source is relied upon solely on its own. This sometimes frustrates development experts who spend huge amounts of money providing sophisticated forecasting or satellite monitoring systems, complete with user-friendly online mobile interfaces such as those used in climate/weather forecasting, drought early warning or market information systems.

It is the same with disease response systems: Again, huge efforts are made to predict and prepare, and to communicate meaningful expert advice. But, this information must be incorporated into and complement locally embedded

[7] Tasker, Alexander John. "Processes of Hybrid Knowledge Creation in Pastoralist Development [Ph.D. Dissertation]." Brighton, United Kingdom: University of Sussex/ProQuest Dissertations Publishing. Accessible from http://sro.sussex.ac.uk/id/eprint/80671/, 2018.

knowledge. This, then, must become part of regular practice. Yes, we know that hand-washing and "social-distancing" are important, but such practices — these changes to our normal routine — only happen when other sources of knowledge and advice combine. Just relying on formal models and accredited expertise — "the science"[8] — is not enough in the context of deep uncertainties. Reducing everything to directive risk management is insufficient, and is in fact misleading, as uncertainty, ambiguity and ignorance must be embraced.[9]

Pastoralists know this when they hear a climate forecast and an early warning message from the government. Local experience and assessment is an essential complement to the official message. Only when such a message is fully trusted will it be accepted. Today, publics everywhere are grappling with how to respond to public health messages about the risks of Covid-19, along with orders to isolate and quarantine. In these situations, people's personal, experienced, embodied uncertainties must also be addressed. Accepting the existence of plural knowledges, even some that may be regarded as "unscientific," is essential when navigating uncertainty and ignorance.

2. How time is experienced

Very often external interventions — whether around disease or drought — are constructed around the notion of an "event" and a timeline around which a staged series of risk management measures are deployed.

Forecasts that assess the probabilities of something happening assume that, based on past experience or modelled futures, we can predict and manage people and things. So, whether it is the varying levels of "early-warning" alerts around a drought, or the stages of a response in an unfolding epidemic, the planning system imagines time in a linear, ordered, managed way. The result is the sequential deployment of interventions, managed by "emergency" teams and "rapid response" facilities.

[8] Scoones, Ian. "Science, Uncertainty and the Covid-19 Response." STEPS Centre. The ESRC STEPS (Social, Technological and Environmental Pathways to Sustainability) Centre, 15 Mar. 2021. https://steps-centre.org/blog/science-uncertainty-and-the-Covid-19-response/.

[9] Stirling, Andy. "Keep It Complex." Nature 468 (12/01 2010): 1029-31.

But this isn't the way most people experience time. The ordered, hierarchical administrative time of crisis and emergency management has to articulate with the more complex flows of lived-with time in everyday life. Whether this is people responding to a pandemic disease in their family or neighbourhood, or a group of pastoralists managing highly variable grazing across far-flung territories with mobile herds, the experience of time may be quite different to those of preparedness planners and early-warning system administrators.

How the present, the future and the past are experienced may vary dramatically. Memories of past droughts or disease outbreaks loom large, while expectations of the future are affected by current conditions, as well as deeper cosmologies. Futures are not simply a linear extension of the present, as in the liberal modernist view, but are deeply intertwined with memories, experiences and histories. These will differ across class, gender, age and race, affecting how different people anticipate and respond. Everyday, unfolding time is therefore a flow, not an event.

Image credit: Sanjoy Karmakar / Shutterstock

For people responding to a disease, or managing mobility and seeking out pasture, time may therefore not be so obviously punctuated with distinct events, and responses may not appear in neat sequences. Instead, a host of other considerations apply — people's lives, livelihoods, spiritual needs or mental states. All of these can affect what is done when, and by whom.

3. Reliable systems

Uncertainties provide major challenges to standardised systems that assume stability. Following policy analyst and risk management expert Emery Roe, we

can understand pastoral systems as "critical infrastructures,"[10] with the objective of reliably delivering desired outputs (milk, meat, hides, services and overall well-being) in the context of multiple uncertainties. Just as an energy supply system aims to keep the lights on, and a health system aims to provide effective healthcare, pastoralists also must generate reliability through a range of practices. And they seem to be quite good at it.

What are the features of this? Reliability emerges from an understanding of the wider system and its vulnerabilities, as well as insights into local contexts. Horizon scanning must combine with the day-to-day practices that allow rapid, adaptive responses. Herders and market traders must do this all the time, regularly checking on grass, water, prices and so on, while having a good sense of the overall system. They will not rely on an "expert decision system" from outside, but they must build reliability through their own networks, among individuals, kin, age-groups and communities. Communication and deliberation is central, facilitated these days by mobile communications. When a disaster strikes, knowledge, resources and labour can be mobilised rapidly, and animals can be moved, fodder purchased or water supplied.

Most standard, engineered systems designed for stable conditions are poor at generating reliability under such variable conditions. A health system relies on a regular flow of patients with a standard set of ailments requiring a prescribed array of treatments. This is fine under "normal" conditions, but when a disease outbreak occurs, such systems quickly become overwhelmed, and there is a need to think differently.[11]

Part of this is basic capacity, particularly in systems that are underfunded, but it also relates to the capacities of the professionals involved. Very often it is the frontline workers — doctors, nurses, pharmacists — who are left to innovate, to create reliability on the move. Managing an intensive care unit in a hospital may be more similar than we think to the embedded skills, aptitudes and practices

[10] Roe, Emery. "A New Policy Narrative for Pastoralism? Pastoralists as Reliability Professionals and Pastoralist Systems as Infrastructure." STEPS Centre. The ESRC STEPS (Social, Technological and Environmental Pathways to Sustainability) Centre. 15 Jan. 2020. https://steps-centre.org/publication/a-new-policy-narrative-for-pastoralism/.

[11] Chapman, J. "System Failure: Why Governments Must Learn to Think Differently, 2 ed." London: Demos. 2004.

of pastoralists, who must make agile, sometimes difficult, choices when facing variability.

4. Collective solidarities

If states cannot provide, businesses struggle and experts are overwhelmed, what, then, can we turn to?

If states cannot provide, businesses struggle and experts are overwhelmed, what, then, can we turn to?

Because externally defined, top-down risk management based on predictive science is always insufficient under radical uncertainty and ignorance, we must also rely on ourselves — on community action and forms of solidarity and mutuality. Such initiatives are emerging during the coronavirus pandemic, including the explosion of locally-organised "mutual aid" groups[12] helping those in self-isolation and quarantine. Across Europe, a new, rediscovered moral economy is confronting the crisis.

How such arrangements work will, of course, depends on the setting and the challenge, but in pastoral areas, collective approaches to herd and flock management have always been vital in responding to variability. For example, a common tactic is to split a herd between young and vulnerable calves and milk cows who remain at home with additional fodder, and those that must migrate to distant pastures for the dry season. Mobility, flexibility and modular approaches to managing livestock and territory are the watchwords. These responses only work if they can mobilise labour, and this requires reciprocal relationships across kin and age groups and across communities.

In the past, east African pastoralism was characterised by extensive redistributive practices, as livestock were shared, loaned and redistributed across multiple ownership arrangements, facilitated by segmentary lineage structures and age groups with specific responsibilities. This allowed for horizontal redistribution, friendship alliances across territories and marriage contracts that allocated stock. While such arrangements have declined due to the individualisation and

[12] Booth, Robert. "Community Aid Groups Set up across UK amid Coronavirus Crisis." *The Guardian.* Guardian News and Media. 16 Mar. 2020. https://www.theguardian.comsociety/2020/mar/16/community-aid-groups-set-up-across-uk-amid-coronavirus-crisis.

commoditisation of pastoral production, the cultural values and embedded practices still remain, and are often remobilised in times of severe crisis.

The revival of community and neighbourhood solidarities around Covid-19 is an example of how such social relationships are crucial in responding to uncertainty. Even in the commercialised, individualised West, they can still re-emerge around a redefined sense of collective responsibility. In tackling a pandemic and working across nations, individual and collective actions must combine, public and private interests must converge, and centralised and local decision making must interact.

Covid-19 has changed everything: how we live, how we relate, how we engage with expertise and how states and citizens interact. Deep uncertainties[13] and extensive ignorance, as well as contested ambiguities, necessarily reshape society and politics, suggesting that a simple resort to old-style modernising control and stability is futile. We have learned to adapt fast, but with uneven consequences as contrasting social groups, regions and countries have been differentially affected. In the future — for this will not be the first or last time such a shock emerges — we must rethink our approaches to disease preparedness,[14] accepting and even embracing uncertainty, and we have to reconsider the basic parameters of what is effective development,[15] recasting our ideas of progress and modernisation for a turbulent world. In doing so, perhaps we can learn from others, including pastoralists, who have long embraced uncertainty as part of life.

Covid-19 has changed everything: how we live, how we relate, how we engage with expertise and how states and citizens interact.

[13] Scoones, Ian. "What Is Uncertainty and Why Does It Matter?" In *STEPS Working Paper 105*. Brighton, UK: The ESRC STEPS Centre. Accessible from https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/14470, 2019.

[14] Leach, Melissa, et al. "Rethinking Disease Preparedness: Incertitude and the Politics of Knowledge." *Critical Public Health*. 2021. 1-15.

[15] Leach, Melissa, et al. "Post-Pandemic Transformations: How and Why Covid-19 Requires Us to Rethink Development." *World Development* 138. 1 Feb. 2021. 105233.

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As a result of a 15-year study conducted by Professor Scoones and a team of rural livelihoods researchers, the understanding of the impact of the 2000 Zimbabwe land reform has been transformed, leading to policy shifts within the region and internationally. The groundbreaking work has changed the terms of land reform debate in Zimbabwe and elsewhere in Africa, and it has sparked new discovery in other parts of the country by Zimbabwean researchers supported by program grants. The work done by Scoones and his team has led to new government policy initiatives and a reappraisal of approaches to food security assessments and livelihood resilience-building for smallholder farmers.

Scoones' books include "Living with Uncertainty: New directions in pastoral development in Africa" (1995), "Dynamic Sustainabilities: Technology, Environment, Social Justice" (2010) and "Sustainable Livelihoods and Rural Development" (2015).

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Nori has some 20 years of field experience on the technical as well as socio-economic aspects of natural resource management in different regions of the world (mostly Africa, but also Asia and Latin America), where he has mainly dealt with the livelihood systems of pastoral communities.

His current concern is to adequately inform policy decisionmaking on aspects of rural development, food security and natural resource management in the Mediterranean region — a domain where migrations plays an increasingly important role.

Science Doesn't Work That Way[1]

Image credit: angellodeco / Shutterstock

Gregory E. Kaebnick, Ph.D.
Director, Editorial department; Editor, Hastings Center Report; Research scholar

The COVID-19 pandemic seems to take every public problem — vast social inequality, political polarization, the spread of conspiracy theories — and magnify it. Among these problems is the public's growing distrust of scientists and other experts. As Archon Fung, a scholar of democratic governance at Harvard's Kennedy School, has put it, the U.S. public is in a "wide-aperture, low-deference"[2] mood: deeply disinclined to recognize the authority of traditional leaders, scientists among them, on a wide range of topics — including masks and social distancing.

[1] This article was first published by *The Boston Review* on April 30, 2021 (accessible at https://bostonreview.net/science-nature/gregory-e-kaebnick-science-doesnt-work-way), and is republished with permission from *The Boston Review* and Gregory E. Kaebnick.

[2] Fung , Archon. "Post-Expert Democracy: Why Nobody Trusts Elites Anymore." Harvard Kennedy School. February 3, 2020. *www.hks.harvard.edu*. Web. https://www.hks.harvard.edu/more/policycast/post-expert-democracy-why-nobody-trusts-elites-anymore, accessed 15 July 2021.

The Covid-19 pandemic seems to take every public problem — vast social inequality, political polarization, the spread of conspiracy theories — and magnify it. Among these problems is the public's growing distrust of scientists and other experts.

As the world continues to struggle through waves of disease, many seek a world more inclined to listen to scientific experts. But getting there does not require returning to the high-deference attitude the public may have once held toward experts. Turning back the clock may well be both impossible and undesirable. In a way, a low-deference stance toward experts and authorities is just what a well-functioning democracy aims at.

There is a deep puzzle here for science and policymaking. Complete rejection of expertise not only makes little epistemic sense (for there is no doubt that expertise exists); the complexities of the modern state make trust in others' expertise indispensable. On the other hand, unqualified deference to those in positions of power and privilege vitiates the basic principles of democracy.

How do we reconcile these facts? A recent report I helped edit at The Hastings Center, a nonpartisan ethics research center, proposes one possible path forward: building robust institutions for "civic learning."[3] On this view, the way to restore public trust in science is to empower citizens to become critical consumers of expertise by providing meaningful opportunities to deliberate about issues, make decisions and shape policy. This vision joins up with other calls recently made by scholars of ethics, science and law for "systems that can provide for open and inclusive decision-making in an institutionalized manner, rather than as ad hoc efforts"[4] — systems that might take such participatory forms as citizen panels, advisory councils, public hearings and other fora.

[3] Jennings, Bruce, et al. "Civic Learning for a Democracy in Crisis." *Hastings Center Report*, vol. 51, no. S1, 2021, pp. S2-S4, doi:https://doi.org/10.1002/hast.1221.

[4] Norheim, Ole F., et al. "Difficult Trade-Offs in Response to Covid-19: The Case for Open and Inclusive Decision Making." *Nature Medicine*, vol. 27, no. 1, 2021, pp. 10-13, doi:10.1038/s41591-020-01204-6.

Realizing the promise of this vision for civic learning and public deliberation will take work on many fronts, given the overlapping causes of our current crisis of expertise. Some of these are large, structural issues: widening economic inequality, political polarization, and the nature of social media. When people feel that they have been left out, they can come to believe — indeed, they can have good reason to believe — that the cards are stacked against them; one consequence is that they are less likely to trust what they are told and more likely to fall for disinformation and conspiracy theories.[5]

But beyond these structural matters, there are also certain views that stand in the way of more robust democratic engagement with expertise, including views about the nature of scientific knowledge. If the Covid-19 pandemic has taught us anything about scientific expertise, it is that any effective program of civic learning will have to take on popular but deeply misleading narratives about how science works.

Essential to such revision will be building a more mature skepticism about truth claims and objectivity — one that appreciates the inevitably social and political aspects of scientific practice, especially when it shapes policymaking during high-stakes crises such as the Covid-19 pandemic, without at the same time suggesting reliable scientific knowledge is impossible.

Any program to restore trust in science will have to take on popular but misleading narratives about how science works.

Philosopher and sociologist of science Bruno Latour discussed this challenge in a widely cited paper published in 2004 in which he described the misuse and misunderstanding of the social constructivist view of science he had helped develop.[6] On the constructivist view, facts are created by networks of scientists talking and arguing with each other, creating the technologies and institutions that make new understandings possible and working toward shared understandings.

[5] Brooks, David. "America Is Having a Moral Convulsion." *The Atlantic*. 5 Oct. 2020. *www.theatlantic.com*. Web. https://www.theatlantic.com/ideas/archive/2020/10/collapsing-levels-trust-are-devastating-america/616581/.

[6] Latour, Bruno. "Why Has Critique Run out of Steam? From Matters of Fact to Matters of Concern." *Critical Inquiry*, vol. 30, no. 2, 2004, pp. 225-248, doi:10.1086/421123.

The view is sometimes taken to mean, however, that facts are simply made up. Latour thought his work had been misinterpreted this way, and he feared that the misinterpretation had filtered out into the wider world, fostering public skepticism about truth claims as it spread.[7]

Whether Latour was right about the impact of this particular field of scholarly work on public distrust would be difficult to prove, given the many social and economic factors in play. But scholarly skepticism about truth and objectivity has hardly been limited to the sociology of science; a great deal of work in the humanities and social sciences has long raised broadly similar concerns. Philosophers from various traditions — including but not limited to those lampooned as "postmodernist" — have cast doubt on the idea we can describe the world as it really is, independent of our ways of talking about it. Political scientists have noted, as Deborah Stone put it in her influential book "Policy Paradox: The Art of Political Decision Making" (1988), that "facts do not exist independent of interpretive lenses, they come clothed in words and numbers."[8] Psychologists and economists, for their part, have produced reams of literature on the many cognitive biases that affect our thinking, even our perceptions.

Even my own fairly down-to-earth field of bioethics, which tends to eschew grand questions about truth, has highlighted the slipperiness of facts. Fifty years ago, in the first article of the first issue of the *Hastings Center Report*, the late Daniel Callahan, one of the cofounders of bioethics, mused that "what we choose to call a fact is strongly conditioned by our interests and biases. Whoever said

Image credit: Sanjoy Karmakar / Shutterstock

[7] Kofman, Ava. "Bruno Latour, the Post-Truth Philosopher, Mounts a Defense of Science." *The New York Times.* 25 Oct. 2018. *www.nytimes.com.* Web. https://www.nytimes.com/2018/10/25/magazine/bruno-latour-post-truth-philosopher-science.html.

[8] Stone, D.A. "Policy Paradox: The Art of Political Decision Making." Norton. 1988.

'You can't argue with facts' had not been reading any scientific journals."[9] If ideas have consequences, then this broad movement within the humanities and social sciences may have played some role in fostering public skepticism about science. At any rate, addressing the skepticism must start by accepting the broad and long-term scholarly problematizing of truth and objectivity. We cannot insist on any simplistic, unqualified deference to "scientific expertise."

> **"Whoever said 'You can't argue with facts' had not been reading any scientific journals."**

How are we to resolve this problem? "The good thing about science," astronomer and popular science communicator Neil deGrasse Tyson likes to say, "is that it's true whether or not you believe in it."[10] And the proof that it's true is that it works — as shown by smart phones, those constant reminders of successful science.[11]

But this can't be the right answer, in part because not everything that masquerades as science is science; Tyson's reply doesn't go far enough in helping us to identify which is which. Nor will the reassurance that science is true, whether or not we believe in it, assuage the victim of climate change, who would like her fellow citizens to act on what the climate science is saying. Tyson recognizes as much; his vision is ultimately one of deference to *science* (even if not to *scientists*) — a world in which, as he put it in an interview this week in the *New York Times Magazine*, "science would reign

... what objectivity science is able to deliver derives not from individual scientists but from the social institutions and practices that structure their work.

[9] Callahan, Daniel. "Values, Facts and Decision-Making." *Hastings Center Report*, vol. 1, no. 1, 1971, pp. 1–1, doi:https://doi.org/10.2307/3561862.

[10] Tyson, Neil deGrasse. "Neil DeGrasse Tyson Teaches Scientific Thinking and Communication." MasterClass. *www.masterclass.com*. Web. www.masterclass.com/classes/neil-degrasse-tyson-teaches-scientific-thinking-and-communication.

[11] Tyson, Neil deGrasse. "Neil DeGrasse Tyson on the Pandemic Year: Science Needs Better Marketing." *The Wall Street Journal*. 18 Mar. 2021. *www.wsj.com*. Web. www.wsj.com/articles/neil-degrasse-tyson-on-the-pandemic-year-science-needs-better-marketing-11616106660.

supreme once again."[12]

Thus we are back to the problem of deference. The truth is that many people believe that scientists are biased, whether because climate scientists exchange[13] impassioned emails about how to present and interpret their data or because medical researchers tend to say and do[14] what Big Pharma wants. At the same time, many people are also told that science proceeds according to textbook caricatures[15] of "scientific method": blocking out one's biases and seeing the world as it really is. The facts must speak for themselves, and the good scientist learns to hear them without letting prejudices and preconceptions get in the way. Tyson's celebration of science tends in this direction. Science deserves deference in part, he argues, because its practitioners self-consciously render themselves free of bias,[16] indeed even of emotional investment:

If only it were that easy!

Chasing this circle of ideas, what we end up with — a split-screen view of objective *science* and biased *scientists* — is a trap. On an exalted view of science, actual scientists can never measure up. If they are just like the rest of us, of course they have filters and biases (and indeed ones that they cannot perfectly eliminate). But if they work with filters and biases, they are frauds, and the legitimacy of scientific knowledge is vitiated.

The way to square this circle is to acknowledge that what objectivity science is able to deliver derives not from individual scientists but from the social institutions and practices that structure their work. The philosopher of science Karl Popper

[12] Marchese, David. "Neil DeGrasse Tyson Thinks Science Can Reign Supreme Again." *The New York Times.*19 Apr. 2021. *www.nyt.com.* Web. www.nytimes.com/interactive/2021/04/19/magazine/neil-degrasse-tyson-interview.html.

[13] Henig, Jess. "'Climategate'." FactCheck.org. 21 June 2021. *www.factcheck.org*. Web. www.factcheck.org/2009/12/climategate/.

[14] Facher, Lev. "Anti-Vaccine Activists Co-Opt a Populist Slogan to Oppose Immunization Law." STAT. 28 Feb. 2020. *www.statnews.com*. Web. www.statnews.com/2020/02/28/anti-vaccine-activists-big-pharma-maine/.

[15] Kitcher, Philip. "What Makes Science Trustworthy." *Boston Review*. 12 Feb. 2020. *www.bostonereview.net*. Web. bostonreview.net/science-nature-philosophy-religion/philip-kitcher-what-makes-science-trustworthy.

[16] Marchese, David. "Neil DeGrasse Tyson Thinks Science Can Reign Supreme Again." *The New York Times.* 19 Apr. 2021. *www.nyt.com.* Web. www.nytimes.com/interactive/2021/04/19/magazine/neil-degrasse-tyson-interview.html.

expressed this idea clearly in his 1945 book "The Open Society and Its Enemies": "There is no doubt that we are all suffering under our own system of prejudices,"[17] he acknowledged — "and scientists are no exception to this rule."[18] But this is no threat to objectivity, he argued — not because scientists manage to liberate themselves from their prejudices, but rather because objectivity is "closely bound up with the *social aspect of scientific method.*"[19] In particular, "science and scientific objectivity do not (and cannot) result from the attempts of an individual scientist to be 'objective,' but from the *friendly-hostile co-operation of many scientists*." Thus Robinson Crusoe cannot be a scientist, "For there is nobody but himself to check his results."[20]

More recently, philosophers and historians of science such as Helen Longino,[21] Miriam Solomon,[22] and Naomi Oreskes[23] have developed detailed arguments along similar lines, showing how the integrity and objectivity of scientific knowledge depend crucially on social practices. Science even sometimes advances not in spite but because of scientists' filters and biases — whether a tendency to focus single-mindedly on a particular set of data, a desire to beat somebody else to an announcement, a contrarian streak or an overweening self-confidence. Any vision of science that makes it depend on complete disinterestedness is doomed to make science impossible. Instead, we must develop a more widespread appreciation of the way science depends on protocols and norms that scientists have collectively developed for testing, refining and disseminating scientific knowledge.

Thus Robinson Crusoe cannot be a scientist, "For there is nobody but himself to check his results."

[17] Popper, Karl R. "The Open Society and Its Enemies." Fourth edition (revised). Princeton University Press. 1963. *Heinonline Legal Classics Library*.

[18] *Ibid.*

[19] *Ibid.*

[20] *Ibid.*

[21] Longino, Helen E. "Science as Social Knowledge: Values and Objectivity in Scientific Inquiry." Princeton University Press. 1990.

[22] Solomon, Miriam. "Social Empiricism." MIT Press. 2001.

[23] Oreskes, Naomi. "Why Trust Science?" Princeton University Press. 2019.

Image credit: Sanjoy Karmakar / Shutterstock

A scientist must be able to show that research has met investigative standards, that it has been exposed to criticism, and that criticisms can be met with arguments.

The implication is that science works not so much because scientists have a special ability to filter out their biases or to access the world as it really is, but instead because they are adhering to a social process that structures their work — constraining and channeling their predispositions and predilections, their moments of eureka, their large yet inevitably limited understanding, their egos and their jealousies. These practices and protocols, these norms and standards, do not guarantee mistakes are never made. But nothing can make that guarantee. The rules of the game are themselves open to scrutiny and revision in light of argument, and that is the best we can hope for.

This way of understanding science fares better than the exalted view, which makes scientific knowledge impossible. Like all human endeavors, science is fallible, but still it warrants belief — according to how well it adheres to rules we have developed for it. What makes for objectivity and expertise is not, or not merely, the simple alignment between what one claims and how the world is, but a commitment to a process that is accepted as producing empirical adequacy.

As Solomon argues[24] in an essay in the report I helped edit, disseminating this more mature view of science is necessary if we are to cultivate public awareness of the difference between good and phony science. Doing so could also help to reshape public perceptions about the social standing of scientific experts. The fact that scientific truths are a matter of social agreement brings them down to earth. Where the Tysonian view that science is true whether you believe it or not may be heard as aggressive, self-congratulatory or dismissive of criticism, the norms of science point toward humility, openness to challenge and a recognition

[24] Solomon, Miriam. "Trust: The Need for Public Understanding of How Science Works." *Hastings Center Report*, vol. 51, no. S1, 2021, pp. S36-S39, doi:https://doi.org/10.1002/hast.1227.

of one's dependence on social embeddedness. Science is certainly a special way of producing information, but it is special not because it is free of bias. It is special because of its rigorous processes for producing and vetting agreement.

The Covid-19 crisis has offered a real-time demonstration of these aspects of scientific practice. We have all been watching as scientists collectively produce and sort through information about the course of the illness, how the virus is transmitted, which measures we can take to prevent it and possible treatments for the disease. The process is messy; results don't always agree; bad information gets airtime; certain studies are more reliable than others; some scientists will change their minds as new information comes to light. What ultimately matters are the methods for articulating and exploring the uncertainty.

Even the mistakes that experts have made along the way, such as the early report that there was no asymptomatic transmission, and the World Health Organization's long-lasting position that there was very little airborne transmission, can provide public insight into the nature of science. If scientists own up to these mistakes, they can reveal the give and take — the fundamental testing and tentativeness — on which science depends. And by understanding this process, we can all better assess and appreciate the contributions of scientific experts: We can see when they are adhering to the norms of science, so we can make more accurate assessments about which scientific experts are trustworthy.

About the author

Gregory E. Kaebnick explores questions about the values at stake in developing and using biotechnologies and, particularly, in questions about the value given to nature and human nature.

A researcher in the areas of synthetic biology and other emerging genetic technologies, Kaebnick is also the director of the editorial department and the editor of the *Hastings Center Report*. He has testified before Congress on ethical issues concerning the use of new genetic technologies and served on a National Research Council and National Academy of Sciences committee, Gene Drive Research in Non-Human Organisms: Recommendations for Responsible Conduct.

Dr. Kaebnick is currently the principal investigator of a project on the role of values in impact assessment of emerging technologies and a coinvestigator of a project on the potential social and ethical implications of using gene editing technologies on human germline cells. Previously, he led two projects that examined ethical concerns about synthetic biology: "The Ideal of Nature: Appeals to Nature in Debates about Biotechnology and the Environment," funded by the National Endowment for the Humanities, and "Genetic Ties and the Future of the Family," funded by the National Institutes of Health, which explored the ramifications of genetic paternity testing for the parent-child relationship.

He is a co-editor of the special issue "Democracy in Crisis: Civic Learning and the Reconstruction of Common Purpose," 2021.

The Great Forgetting, Part I

Why We Forget Epidemics and Why This One Must Be Remembered[1]

Image credit: Ashkan Forouzani / Unsplash

Nina Burleigh
Investigative journalist, New York Times best-selling author

The second Moderna shot made me sick — as predicted. A 24-hour touch of what an alarmed immune system feels like left me all the more grateful for my good fortune in avoiding the real thing and for being alive at a time when science had devised a 95 percent effective vaccine in record time.

To distract myself from the fever as I tried to sleep, I visualized strands of synthetic messenger RNA floating into my cells to produce the alien spike protein that attracted my warrior T-cells. I drifted off envisioning an epic micro-battle underway in my blood and had a series of weird nightmares. At about two a.m., I woke up sweating, disoriented and fixated on a grim image from one of the studies I had consulted while writing my own upcoming book, "Virus: Vaccinations, the

[1] This article was originally published by *TomDispatch* at https://tomdispatch.com/the-great-forgetting/ on April 22, 2021, and is republished with the explicit consent of the author and *TomDispatch*.

CDC, and the Hijacking of America's Response to the Pandemic (May 18, 2021), on the COVID-19 chaos of our moment. In his 2007 Vaccine: The Controversial Story of Medicine's Greatest Lifesaver,"[2] medical science writer Arthur Allen described how, in the days of ignorance — not so very long ago — doctors prescribed "hot air baths" for the feverish victims of deadly epidemics of smallpox or yellow fever, clamping them under woolen covers in closed rooms with the windows shut.

Mildly claustrophobic in the best of times, my mind then scrabbled to other forms of medical persecution I'd recently learned about. In the American colonies of the early eighteenth century, for example, whether or not to take the Jenner cowpox vaccine was a matter of religious concern. Puritans were taught that they would interfere with God's will if they altered disease outcomes. To expiate that sin, or more likely out of sheer ignorance, medical doctors of the day decreed that the vaccine would only work after weeks of purging, including ingesting mercury, which besides making people drool and have diarrhea, also loosened their teeth. "Inoculation meant three weeks of daily vomiting, purges, sweats, fevers," Allen wrote.

To clear my thoughts, to forget, I opened my window, let in the winter air, and breathed deep. I then leaned out into the clean black sky of the pandemic months, the starlight brighter since the jets stopped flying and we ceased driving, as well as burning so much coal.

Silence. An inkling of what the world might be like without us.

Chilled, I lay back down and wondered: What will the future think of us in this time? Will people recoil in horror as I had just done in recalling, in feverish technicolor, the medically ignorant generations that came before us?

> **When America reached the half-million-dead mark from Covid-19 at the end of February, reports compared the number to our war dead. The pandemic had by then killed more Americans than had died in World War I, World War II, and the Vietnam War combined — and it wasn't done with us yet.**

[2] Allen, Arthur. "Vaccine: the controversial story of medicine's greatest lifesaver." 1st ed. ed. New York: W.W. Norton. 2007.

The glorious dead

Image credit: Sanjoy Karmakar / Shutterstock

When America reached the half-million-dead mark from Covid-19 at the end of February,[3] reports compared the number to our war dead. The pandemic had by then killed more Americans than had died in World War I, World War II, and the Vietnam War combined — and it wasn't done with us yet. But the Covid-19 dead had not marched into battle. They had gone off to their jobs as bus drivers and nurses and store clerks, or hugged a grandchild, or been too close to a healthcare worker who arrived at a nursing home via the subway.

Every November 11, on Veterans Day, our world still remembers and celebrates the moment World War I officially ended. But the last great pandemic, the influenza epidemic of 1918-1920 that became known as "the Spanish flu" (though it wasn't faintly Spain's fault,[4] since it probably began in the United States), infected half a billion people on a far less-populated planet, killing an estimated 50 million to 100 million victims — including more soldiers than were slaughtered in that monumental war. Despite the cruel, unimaginable number of deaths, the influenza epidemic fell into a collective memory hole.[5]

When WWI ended, our grandparents and great-grandparents turned away and didn't look back. They simply dropped it from memory. Donald Trump's grandfather's death from the Spanish flu in 1919 changed the fortunes of his family forever, yet Trump never spoke of it — even while confronting a similar natural disaster. Such a forgetting wasn't just Trumpian aberrance; it was a cultural phenomenon.

[3] "Covid-19 Data in Motion: Monday, June 7, 2021." Johns Hopkins Coronavirus Resource Center. 7 June 2021. https://coronavirus.jhu.edu/.

[4] Brockell, Gillian. "Trump is ignoring the lessons of 1918 flu pandemic that killed millions, historian says." *The Washington Post.* WP Company.3 Mar. 2020. https://www.washingtonpost.com/history/2020/02/29/1918-flu-coronavirus-trump/.

[5] *Ibid.*

That 20th-century virus, unlike Covid-19, mainly killed young, healthy people. But there are eerie, even uncanny, similarities between the American experience of that pandemic and this one. In the summer of 1919, just after the third deadly wave, American cities erupted in race riots.[6] As with the summer of 2020, the 1919 riots were sparked by an incident in the Midwest: A Chicago mob stoned a Black teenager who dared to swim off a Lake Michigan beach that whites had unofficially declared whites-only.[7] The boy drowned, and in the ensuing week of rioting, 23 blacks and 15 whites died. The riots spread across the country to Washington, D.C., and cities in Nebraska, Tennessee, Arkansas and Texas, with Black veterans who had served in World War I returning home to second-class treatment and an increase in Ku Klux Klan lynchings.

As today, there were similar controversies then over the wearing of masks and not gathering in significant numbers to celebrate Thanksgiving.[8] As in 2020-2021, so in 1918-1919, frontline medics were traumatized. The virus killed within hours or a few days in a particularly lurid way. People bled from their noses, mouths and ears, then drowned in the fluid that so copiously built up in their lungs. The mattresses on which they perished were soaked in blood and other bodily fluids.

Doctors and nurses could do nothing but bear witness to the suffering, much like the frontliners in Wuhan and then New York City in the coronavirus pandemic's early days. Unlike today, perhaps because it was wartime and any display of weakness was considered bad, the newspapers of the time also barely covered the suffering of individuals, according to Alex Navarro,[9] editor-in-chief of the University of Michigan's "Influenza Encyclopedia"[10] about the 1918 pandemic.

[6] "The Red Summer of 1919." *history.com*. A&E Television Networks. 2 Dec. 2009. https://www.history.com/topics/black-history/chicago-race-riot-of-1919.

[7] *Ibid.*

[8] Hauck, Grace. "We're celebrating thanksgiving amid a pandemic. Here's how we did it in 1918 – and what happened next." *USA Today*. Gannett Satellite Information Network. 24 Nov. 2020. https://www.usatoday.com/in-depth/news/nation/2020/11/21/covid-and-thanksgiving-how-we-celebrated-during-1918-flu-pandemic/6264231002/.

[9] Little, Becky. "Why the 1918 Flu Became 'America's Forgotten Pandemic'." history.com. A&E Television Networks. 7 July 2020. https://www.history.com/news/1918-americas-forgotten-pandemic.

[10] "Influenza Encyclopedia. The American Influenza Epidemic of 1918: A Digital Encyclopedia." University of Michigan Center for the History of Medicine and Michigan Publishing. https://www.influenzaarchive.org/, accessed 8 June 2021.

Strangely enough, even medical books in the following years barely covered the virus.

Medical anthropologist Martha Louise Lincoln believes the tendency to look forward — and away from disaster — is also an American trait. "Collectively, we obviously wrongly shared a feeling that Americans would be fine," Lincoln said of the early days of the Covid-19 pandemic. "I think that's in part because of the way we're conditioned to remember history... Even though American history is full of painful losses, we don't take them in."

Guardian columnist Jonathan Freedland argues that pandemic-forgetting is a human response to seemingly pointless loss, as opposed to a soldier's death. "A mass illness does not invite that kind of remembering," he wrote.[11] "The bereaved cannot console themselves that the dead made a sacrifice for some higher cause, or even that they were victims of an epic moral event, because they did not and were not."

Instead, to die of Covid-19 is just rotten luck, something for all of us to forget.

Who will ask rich men to sacrifice?

Given the absence of dead heroes and a certain all-American resistance to pointless tragedy, there are other reasons we, as Americans, might not look back to 2020 and this year as well. For one thing, pandemic profiteering was so gross and widespread that to consider it closely, even in retrospect, might lead to demands for wholesale change that no one in authority, no one in this or possibly any other recent U.S. government would be prepared or motivated to undertake.

In just the pandemic year 2020, this country's billionaires managed to add at least a trillion dollars[12] to their already-sizeable wealth in a land of ever more grotesque inequality. Amazon's Jeff Bezos alone packed in another $70 billion in

[11] Freedland, Jonathan. "History suggests we may forget the pandemic sooner than we think." *The Guardian.* Guardian News and Media. 29 Jan. 2021. https://www.theguardian.comcommentisfree/2021/jan/29/history-forget-pandemic-spanish-flu-covid.

[12] Ingraham, Christopher. "World's richest men added billions to their fortunes last year as others struggled." *The Washington Post.* WP Company. 2 Jan. 2021. https://www.washingtonpost.com/business/2021/01/01/bezos-musk-wealth-pandemic/.

2020, while so many other Americans were locked down and draining savings or unemployment funds. The CEOs of the companies that produced the medical milestone mRNA vaccines reaped hundreds of millions of dollars in profits by timing stock moves to press releases about vaccine efficacy.[13]

No one today dares ask such rich men to sacrifice for the rest of us or for the rest of the world.

Image credit: Sanjoy Karmakar / Shutterstock

The pandemic might, of course, have offered an opportunity for the government and corporate leaders to reconsider the shareholder model of for-profit medicine. Instead, taxpayer money continued to flow in staggering quantities to a small group of capitalists with almost no strings attached and little transparency.

A nation brought to its knees may not have the resources, let alone the will, to accurately remember how it all happened. Congress is now investigating some of the Trump administration's pandemic deals. The House Select Committee on the Coronavirus Crisis has uncovered clear evidence of its attempts to cook and politicize data.[14] And, Senator Elizabeth Warren led somewhat fruitful efforts to expose deals[15] between the Trump administration and a small number of health-care companies.[16] But

[13] Pacheco, Inti. "Insiders at Covid-19 Vaccine Makers Sold Nearly $500 Million of Stock Last Year." *The Wall Street Journal.* Dow Jones & Company. 12 Feb. 2021. https://www.wsj.com/articles/insiders-at-Covid-19-vaccine-makers-sold-nearly-500-million-of-stock-last-year-11613557801.

[14] "Chairman Clyburn Releases Memo With New Evidence Of Political Interference In Pandemic Response." House Select Subcommittee on the Coronavirus Crisis. 16 Dec. 2020. https://coronavirus.house.gov/news/press-releases/chairman-clyburn-releases-memo-new-evidence-political-interference-pandemic.

[15] "Warren, Schumer, Blumenthal Release New Findings and Documents from Investigation of Trump-Kushner 'Project Air Bridge' Coronavirus Response." *warren.senate.gov*. 9 June 2020. https://www.warren.senate.gov/oversight/letters/warren-schumer-blumenthal-release-new-findings-and-documents-from-investigation-of-trump-kushner-project-air-bridge-coronavirus-response.

[16] "Lawmakers Criticize Trump Administration Deal That Allowed Manufacturer of Covid-19 Antiviral Drug Remdesivir to Charge U.S. Purchasers the Highest Prices in the World." *warren.senate.gov*. 6 July 2020. https://www.warren.senate.gov/oversight/letters/lawmakers-criticize-trump-administration-deal-that-allowed-manufacturer-of-covid-19-antiviral-drug-remdesivir-to-charge-us-purchasers-the-highest-prices-in-the-world.

sorting through the chaos of capitalist mischief as the pandemic hit — all those no-bid contracts cut without agency oversight, and with nothing more than a White House stamp of approval affixed to them — will undoubtedly prove a dirty, messy and time-consuming Augean stables-like task, proving almost impossible.

In addition, looking too closely at the tsunami of money poured into Big Pharma that ultimately did produce effective vaccines could well seem churlish in retrospect. The very success of the vaccines may blunt the memory of that other overwhelming effect of the pandemic, which was to blow a hole in America's already-faded reputation as a healthcare leader and a society in which equality (financial or otherwise) is supposed to be foundational.

Forgetting might prove all too comfortable, even if remembering could prompt a rebalancing of priorities from, for instance, the military-industrial complex, which has received somewhere between 40 percent and 70 percent of the U.S.[17] discretionary budget over the last half century, compared to public health, which received 3 percent to 6 percent of that budget in those same years.[18]

The most medically protected generation

For most Americans, the history of the 1918 flu shares space in that ever-larger tomb of oblivion with the history of other diseases of our great-grandparents' time that vaccines have now eradicated.

Until the twentieth century, very few people survived childhood without either witnessing or actually suffering from the agonies inflicted by infectious diseases; think smallpox, diphtheria and polio among those expunged. Parents routinely lost children to disease; people regularly died at home. Survivors — our parents, grandparents and great-grandparents — were intimately acquainted with the sights, smells and sounds associated with the stages of death from an incurable disease.

[17] Desjardins, Jeff. "Animation: Over 50 Years of U.S. Discretionary Spending in 1 Minute." *Visual Capitalist*. 12 Sep. 2018. https://www.visualcapitalist.com/50-years-u-s-discretionary-spending/.

[18] *Ibid.*

Viewed from above, vaccines are a massive success story. They've been helping us live longer. We are safer from disease than would have been unimaginable little more than a century ago. In 1900, U.S. life expectancy was 46 years for men and 48 for women. Someone born in 2019 can expect to live to between 75 and 80 years old, although due to health inequities, lifespans vary depending on race, ethnicity and gender.

We belong to the most medically protected generation in human history, and that protection has made us both complacent and risk averse.

The scale of change has been dramatic, but it can be hard to see. We belong to the most medically protected generation in human history, and that protection has made us both complacent and risk averse.

The history of twentieth-century vaccine developments has long seesawed between remarkable advances in medical science and conspiracy theories and distrust engendered by its accidents or failures. Almost every new vaccine has been accompanied by reports of risks, side effects and sometimes terrible accidents,[19] at least one involving tens of thousands of sickened people.[20]

Children, however, are now successfully jabbed with serums that create antibodies to hepatitis B, measles, mumps, rubella, diphtheria, tetanus, pertussis — all diseases that spread through communities well into the twentieth century, killing babies or permanently damaging health. A number of those are diseases that today's parents can barely pronounce, let alone remember.

[19] Fitzpatrick, Michael. "The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis." *Journal of the Royal Society of Medicine*. The Royal Society of Medicine. March 2006. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1383764/.

[20] Seeff, Leonard B. "Yellow Fever Vaccine-Associated Hepatitis Epidemic During World War II: Follow-up More Than 40 Years Later." Epidemiology in Military and Veteran Populations: Proceedings of the Second Biennial Conference. 7 Mar. 1990. U.S. National Library of Medicine. 1 Jan. 1991. https://www.ncbi.nlm.nih.gov/books/NBK234464/.

Remembering is the way forward

The catastrophe of the Spanish flu, globally and in this country (where perhaps 675,000 Americans are estimated to have died from the disease),[21] until Covid-19 came along, had been dropped in a remarkable manner from American memory and history. It lacked memorial plaques or a day of remembrance, though it did leave a modest mark on literature. "Pale Horse, Pale Rider," Katherine Anne Porter's elegiac short story, for instance, focused on how the flu extinguished a brief wartime love affair between two young people in New York City.

We are very likely to overcome the virus at some point in the not-too-distant future. Some of the earlier safeguards are being relaxed as this is written. As hard as it might be to imagine right now, the menace that shut down the world will, in the coming years, undoubtedly be brought to heel by vaccines on a planetary scale.

And in this, we've been very, very lucky. Covid-19 is relatively benign compared with an emergent virus with the death rates of a MERS or Ebola or even, it seems, that deadly 1918 flu. As a species, we will survive this one. It's been bad — it still is, with cases and hospitalizations remaining on the rise in parts of this country and new outbreaks of variants occurring in a number of countries around the world — but it could have been so much worse. Sociologist and writer Zeynep Tufekci has termed it "a starter pandemic."[22] There's probably worse ahead on a planet that's under incredible stress in so many different ways.

Under the circumstances, it's important that we not drop this pandemic from memory as we did its 1918 cousin. We should remember this moment and what it feels like because the number of pathogens waiting to jump from mammals to us is believed to be alarmingly large. Worse yet, modern human activity has made us potentially more, not less, vulnerable to another pandemic. A University of Liverpool study published in February 2021 found at least 40 times more mammal

[21] Klein, Christopher. "Why October 1918 Was America's Deadliest Month Ever." *history.com*. A&E Television Networks. 5 Oct. 2018. https://www.history.com/news/spanish-flu-deaths-october-1918.

[22] "In the Groves of Misinformation: A Conversation with Zeynep Tufekci (Episode #233)." *samharris.org*. YouTube. 2 Feb. 2021. https://www.youtube.com/watch?v=CFu4gk3r030.

species could be infected with coronavirus strains than were previously known.[23] Such a virus could easily recombine with any of them and ultimately be passed on to humanity, a fact researchers deemed an immediate public health threat.

In reality, we may be entering a new "era of pandemics." So suggests a study produced during an "urgent virtual workshop" convened in October 2020 by the United Nations Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (ISPBES) to investigate the links between the risk of pandemics and the degradation of nature.[24] Due to climate change, intense agriculture, unsustainable trade, the misuse of land and nature-disrupting production and consumption habits, more than five new infectious diseases emerge in people every year, any one of which could potentially spark a pandemic.

That ISPBES study predicted that "future pandemics will emerge more often, spread more rapidly, do more damage to the world economy, and kill more people than Covid-19, unless there is a transformative change in the global approach to dealing with infectious diseases."

Is our species capable of such a change? My inner misanthrope says no, but certainly the odds improve if we don't delete this pandemic from history like the last one. This, after all, is the first pandemic in which the Internet enabled us to bear witness not only to the panic, illness and deaths around us, but to the suffering of our entire species in every part of the globe in real time. Because of that alone, it will be difficult to evade the memory of this collective experience and, with it, the reminder that we are all made of the same vulnerable stuff.

[23] "Study Predicts Where New Coronaviruses Might Come From." University of Liverpool. https://www.liverpool.ac.uk/research/news/articles/study-predicts-where-new-coronaviruses-might-come-from, accessed 9 June 2021. From: Maya Wardeh, Matthew Baylis and Marcus Blagrove, "Predicting mammalian hosts in which novel coronaviruses can be generated." *Nature Communications*. DOI:10.1038/s41467-021-21034-5.

[24] "'Escaping the Era of Pandemics': IPBES Workshop on Biodiversity and Pandemics." Bonn, Germany: Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES). Accessible from https://ipbes.net/sites/default/files/2020-12/IPBES%20Workshop%20on%20Biodiversity%20and%20Pandemics%20Report_0.pdf, 2020.

The Great Forgetting, Part 2

Swept into a COVID-19 Hell of Profits[1]

Image credit: Manoej Paateel / Shutterstock

Nina Burleigh
Investigative journalist, New York Times best-selling author

Now that we're unmasking, and the economy seems set to roar into the 2020s, what will we remember about how disastrously, how malignantly, the Trump administration behaved as the pandemic took hold? And will anyone be held to account for it?

The instinct to forget pandemics, as I earlier pointed out when it came to the 1918 "Spanish flu," has historically been strong indeed.[2] Similarly, in these years, the urge to forget official malfeasance and move on, it turns out, has been at least as strong. In fact, Washington's failure to investigate and bring to account those who

[1] This article was originally published by *TomDispatch* at https://tomdispatch.com/swept-into-a-covid-hell-of-profits/ on June 3, 2021 and is republished with the explicit consent of the author and *TomDispatch*.

[2] Burleigh, Nina. "The Great Forgetting." *tomdispatch.com*. 22 Apr. 2021. https://tomdispatch.com/the-great-forgetting/.

led the nation and ultimately the world into the folly of the Iraq War may be the most egregious recent example of this.[3]

In the end, that's why I wrote my new book "Virus"[4] — to memorialize a clear and accessible historical record of the deliberate and deadly decision making that swept us all into a kind of hell. I had the urge to try to stop what happened to us from being instantly buried in the next round of daily reporting or, as appears likely now, relegated to the occasional voluminous government or foundation report on how to do things better.

In the early months of 2020, as rumors of distant death morphed into announcements of an imminent pandemic, followed by a patchwork of state and local lockdowns, most Americans were too stunned by daily events to absorb the bigger picture. Memories of those days still click by like surreal snapshots: prepper shopping, toilet-paper hoarders, forklifts moving bodies into refrigerated trucks, and a capricious leader on TV night after endless night talking[5] about quack cures,[6] his own ratings[7] and how he "liked the numbers low." Meanwhile, he left desperate states to compete with each other for badly needed protective gear.[8]

What looked like chaos or *ad hoc* decision making by an improbably elected fraudster president was, in fact, deeply rooted in ideology; specifically, in the belief that the job of the government was neither to exercise leadership, nor activate

[3] Smith, William S. "15 years after the invasion of Iraq, still zero accountability for the war." The Hill. 20 Mar. 2018.www.thehill.com. Web. https://thehill.com/opinion/national-security/379156-15-years-after-the-invasion-of-iraq-still-zero-accountability-for.

[4] Burleigh, Nina. "Virus: Vaccinations, the CDC, and the Hijacking of America's Response to the Pandemic." New York, Oakland, London: Seven Stories Press. 2021.

[5] Alba, Monica, and Lauren Egan. "White House considering scaling back Trump's daily coronavirus briefings in coming weeks." nbcnews.com. 6 Apr. 2020. *www.nbcnews.com*. Web. https://www.nbcnews.com/politics/donald-trump/white-house-considering-scaling-back-trump-s-daily-coronavirus-briefings-n1192671.

[6] "Coronavirus: Outcry after Trump Suggests Injecting Disinfectant as Treatment." BBC News. 24 Apr. 2020. *www.bbc.com*. Web. https://www.bbc.com/news/world-us-canada-52407177.

[7] Riechmann, Deb. "Trump's CDC Visit Turns into Scattershot Defense on Virus." WSLS-TV10. 7 Mar. 2020. *www.wsls.com*. Web. https://www.wsls.com/news/politics/2020/03/06/trump-cdc-visit-called-off-after-virus-infection-concern/.

[8] Soergel, Andrew. "States Forced Into Bidding War for Medical Equipment." *U.S. News & World Report*. 7 Apr. 2020. w*ww.usnews.com*. Web. https://www.usnews.com/news/best-states/articles/2020-04-07/states-compete-in-global-jungle-for-personal-protective-equipment-amid-coronavirus, accessed 10 June 10 2021.

government agencies to assist the American people. It was to promote private industry and its profits as *the* solution to anything and everything pandemic.

Image credit: B. Zhou / Shutterstock

That ideology led to profiteering, politicized science and mass death. Now, as the pandemic wanes in this country (at least for the time being, though not necessarily[9] for the unvaccinated), it deserves an investigation. Somewhere between 600,000[10] and more than 900,000[11] Americans have died so far from Covid-19. A significant number of those deaths were unnecessary; even the former administration's medical expert, Dr. Deborah Birx, has said.[12]

The virus arrived in America after the Trump administration — steered by right-wing Heritage Foundation policy wonks and their donor-class comrades — had already laid waste to key agencies like Health and Human Services (HHS) and the Centers for Disease Control (CDC). Their instant response to the pandemic was to similarly sideline government emergency-management experts, put inexperienced 20-something volunteers in charge of finding and distributing protective gear, and to circulate lists of possible suppliers — one of whom was a typical recommendation: a Silicon Valley entrepreneur with no medical contracting experience, snagged a cool $86 million contract from the state of New York for ventilators he would never deliver.

[9] Shapiro, Leslie, and Dan Keating. "The Unseen Covid-19 Risk for Unvaccinated People." *The Washington Post*. 28 May 2021. *www.washingtonpost.com*. Web. https://www.washingtonpost.com/health/interactive/2021/covid-rates-unvaccinated-people/?itid=hp-top-table-main-0430b.

[10] "Covid-19 Data in Motion: Wednesday, June 9, 2021." Johns Hopkins Coronavirus Resource Center. *www.jhu.edu*. Web. https://coronavirus.jhu.edu/, accessed 10 June 2021.

[11] Sullivan, Becky. "New Study Estimates More Than 900,000 People Have Died Of Covid-19 In U.S." npr.org. 6 May 2021. *www.npr.org*. Web. https://www.npr.org/sections/coronavirus-live-updates/2021/05/06/994287048/new-study-estimates-more-than-900-000-people-have-died-of-Covid-19-in-u-s.

[12] Brown, Matthew. "Trump White House Covid-19 Coordinator Deborah Birx Says Most Deaths Could Have Been Avoided." *USA Today*. 29 Mar. 2021. www.usatoday.com. Web. https://www.usatoday.com/story/news/politics/2021/03/28/deborah-birx-most-Covid-19-deaths-after-first-100-000-were-avoidable/7037470002/.

While most of the country hunkered down in a state of stunned paralysis, a faction of Trumpworld recognized the pandemic not for what it took away — human lives and livelihoods — but for what it offered. The chaos of the moment allowed them to road-test their dream system, to prove once and for all that the forces of supply and demand — the instinct to make a buck — could do a better job managing a natural disaster than the government of the United States and its bureaucrats.

Is any of this likely to be investigated? Will anyone be held accountable for what appears to have been a response deliberately mismanaged by religious zealots and crony capitalists, crews equally cynical about expertise, science and the government's ability to prevent or ameliorate disaster?

What we don't know about the Trump pandemic disaster

Here, as a start, is a rundown of where inquiries into that management disaster now stand.

Buried in the alphabet soup of the Coronavirus Aid, Relief, and Economic Security Act, or CARES, is the Pandemic Response Accountability Committee (PRAC), established in March 2020 to keep track of the federal money (by now $5.5 trillion) that was to be spent on pandemic relief.[13] It's a consortium of agency inspector generals, headed by Michael Horowitz, a career Department of Justice lawyer. His name will be familiar to anyone who followed the Trump-Russia investigations. He produced a report in 2019 that — to the dismay[14] of Trump's supporters — failed to conclude that the FBI had illegally begun investigating connections between Vladimir Putin's Russia and the Trump campaign as a political dirty trick.

PRAC is authorized to conduct oversight of pandemic-related emergency spending of any sort. Its inspector generals have already issued nearly 200 pandemic-related oversight reports and charged 474 people with trying to steal more than

[13] "Statement from PRAC Chair Michael E. Horowitz on OLC Opinion on Special Inspector General for Pandemic Recovery Oversight Jurisdiction." pandemicoversight.gov. 1 May 2021. *www.pandemicoversight.gov. Web.* https://www.pandemicoversight.gov/news/articles/statement-prac-chair-michael-e-horowitz-olc-opinion-special-inspector-general.

[14] Breuninger, Kevin. "DOJ Watchdog Horowitz Says FBI's Conduct in Trump-Russia Probe Doesn't 'Vindicate Anybody'." CNBC. 11 Dec. 2019. *www.cnbc.com*. Web. https://www.cnbc.com/2019/12/11/horowitz-fbis-conduct-in-trump-russia-probe-doesnt-vindicate-anybody.html.

$569 million.[15] (Details in its quarterly reports are available online.[16])

While PRAC has been genuinely nonpartisan in its acts, its focus so far has been on the small fry of the pandemic era, not the truly big fish. In its most recent semi-annual report, for example, it makes clear that 55 percent of its charges had to do with fraud in the Paycheck Protection Program, and 40 percent were related to fraudulent unemployment assistance claims.[17] Among the bigger PRAC successes: charging a Texas man in a $24 million Covid-relief fraudulent loan scheme, and seven men in another fraud scheme in which they used their ill-gotten pandemic gains to buy, among other things, a Porsche and a Lamborghini.

The CARES Act also authorized the Government Accountability Office (GAO) to monitor the federal response to the pandemic. The office's most recent semi-annual report included 16 recommendations in selected public-health areas like testing, vaccines and therapeutics, only one of which has so far been implemented. A source at the GAO told me that a report on some contracting irregularities can be expected this summer.

So far, such government self-assessments have shown little appetite for dealing with the true cronyism, profiteering and disastrous politicization of the federal pandemic response by Trump's minions. Among the schemes begging for a deeper look is Operation Airbridge.[18] Led by the president's son-in-law, Jared Kushner, it was an attempt to use federal funds to underwrite the air-shipping costs of private companies in an effort to speed the delivery of the kinds of personal protective equipment that were in such short supply last spring. That unorthodox effort included large no-bid contracts granted to a small group of private healthcare companies without restrictions on pricing or even on where the desperately

[15] "Fighting Covid-19 Fraud." Washington, DC: Pandemic Response Accountability Committee (PRAC). https://www.pandemicoversight.gov/news/articles/fighting-covid-19-fraud, accessed 10 June 2021.

[16] "Reports." Washington, DC: Pandemic Response Accountability Committee (PRAC). https://www.pandemicoversight.gov/oversight/reports, accessed 10 June 2021.

[17] "The Pandemic Response Accountability Committee: Semiannual Report to Congress." Washington, DC: The Pandemic Response Accountability Committee. Accessible from https://www.pandemicoversight.gov/sites/default/files/2021-05/PRAC%20Semiannual%20Report%20102020%20to%20032021.pdf, 2021.

[18] Allen, Jonathan, et al. "Jared Kushner's Highly Scrutinized 'Project Airbridge' to Begin Winding Down." nbcnews.com. 12 May 2020. *www.nbcnews.com*. Web. https://www.nbcnews.com/politics/white-house/jared-kushner-backed-project-airbridge-be-largely-grounded-n1204646.

needed products were to be delivered.

In the spring of 2020, as hospital workers began popping up on social media and network news programs, the frontliners clad only in garbage bags and makeshift or reused face masks, and sometimes in tears and pleading for help, the White House maintained its focus on private enterprise as the way out of the disaster. The administration called for volunteers to staff what would become another public/private bonanza, the White House Covid-19 Supply Chain Task Force, also helmed by Trump family fixer, Jared Kushner.

We don't know what, if anything, Kushner's group actually accomplished. The audacity of the former administration's disregard for federal rules and regulations, coupled with the scale of the no-bid contracts they issued, certainly attracted political pushback at the time. Democrats and civil-society groups in Washington filed requests for more information about how such contracts had eluded federal guidelines, and where the supplies actually went.

It's possible, however, that we may never know.

Ventilating money

In April 2020, a group of Democratic senators led by Elizabeth Warren, citing the administration's secrecy, opened an investigation into the operation. They sent a letter to the six Operation Airbridge beneficiary healthcare giants — Cardinal Health, Concordance, Henry Schein, McKesson, Medline, and Owens and Minor — requesting explanations of reported "political favoritism, cronyism, and price-gouging" in the ongoing supply effort. "Taxpayers have shelled out tens of millions of dollars on this secretive project, and they deserve to know whether it actually helped get critical supplies to the areas most in need," Warren said that June.

Three of the six suppliers did, in the end, give the senators copies of memorandums of agreement (MOAs) indicating that they "had complete discretion about how to distribute supplies across hotspot counties" and that "nothing in the MOAs appears to prevent a supplier from sending all of its supplies designated for hotspots to just a single customer in one of the hotspots." The government hadn't, in fact, put any kind of conditions on the cost for that protective equipment and

the Trump Justice Department would insist that it was none of anyone's business how suppliers arrived at the prices they charged.

Using taxpayer funds to grease private enrichment was, of course, a Trump family tradition, going back to the Eisenhower years when Donald's father, Fred, fleeced the government of millions of dollars in loans aimed at housing World War II veterans. Hauled down to Capitol Hill to explain himself, the New York builder was unrepentant, arguing that a loophole in the law allowed for his private gain and, under such circumstances, only a fool would have left all that money on the table.

What from the outside came to look like White House-inspired chaos — of which Operation Airbridge was just one example — should, in fact, be seen as a deliberate effort to disengage the federal government and leave the blame and logistics problems to Covid-afflicted states, at the time mostly run by Democrats.

Image credit: Chansom Pantip / Shutterstock

On March 24, 2020, for instance, New York Governor Andrew Cuomo begged the federal government to help get more ventilators for what was clearly going to be a surge of coronavirus patients. (New York City's healthcare system was already overwhelmed by then.) At the time, hooking up patients to ventilators seemed like the best way to go, though doctors later realized that, for many patients, the tricky disease could be foiled earlier with anticlotting and steroid medication.

"How can you have New Yorkers possibly dying because they can't get a ventilator?" asked Cuomo. Three days later, Trump tweeted, "General Motors must … start making ventilators, now! Ford, get going on ventilators, fast!"

Yaron Oren-Pines, an electrical engineer for tech companies like Google, tweeted back at the president, "We can supply ICU ventilators, invasive and non-invasive." Within days, he turned up on a list vetted by Kushner's team of volunteers and, at their recommendation, officials in New York closed a deal with him.

The only problem: Oren-Pines had no ventilators and had never been in the medical supply business. When he failed to deliver on the $86 million deal, Wells Fargo froze[19] his account and New York canceled the order, demanding the money back, though by summer 2020, it had yet to collect a final $10 million.[20]

The 'Great Forgetting'?

In addition to making various large or politically well-connected healthcare companies far wealthier, the administration also lavished staggering billions of dollars on a small group of Big Pharma firms for Operation Warp Speed, the project Trump leadership backed to develop vaccines and medicines to treat Covid-19.[21] Those contracts, too, were written outside normal government channels, and the companies themselves were chosen by a panel of industry insiders without any oversight.[22] Many of them stood to (and did) profit from the soaring stock prices of those firms when the news about clinical trial successes was released.

In November 2020, to launch an investigation into that situation, Senator Warren teamed with Representative Katie Porter (D-CA) to request copies of all federal contracts for Covid-19 therapeutics and vaccines. "The American people," they stated, "deserve to know that the federal government is using their tax dollars to develop Covid-19 medical products at the best possible price for the public — not to line the pockets of wealthy companies by cutting corners in consumer protection,

[19] Noyes, Dan. "Silicon Valley Engineer Tweeted to Trump Promising Ventilators to NY, Then Scored $86M Contract; but the Ventilators Never Came." ABC7 News San Francisco. 9 May 2020. *www.abc7news.com*. Web. https://abc7news.com/trump-ventilators-new-york-yaron-oren-pines-silicon-valley/6165621/.

[20] Bensinger, Ken. "A Man Who Got $69 Million After Tweeting At Trump Apparently Tried To Sell Masks To California." BuzzFeed News. 7 May 2020. *www.buzzfeednews.com*. Web. https://www.buzzfeednews.com/article/kenbensinger/coronavirus-masks-trump-tweet-california.

[21] Cohrs, Rachel. "Trump administration spent billions in hospital funds on Operation Warp Speed." STAT News. 2 March 2021. w*ww.statnews.com*. Web. https://www.statnews.com/2021/03/02/trump-administration-quietly-spent-billions-in-hospital-funds-on-operation-warp-speed/.

[22] Pradhan, Rachana. "How Pharma Money Colors Operation Warp Speed's Quest to Defeat COVID." Kaiser Health News. 30 Nov. 2020. *www.khn.org*. Web. https://khn.org/news/article/how-pharma-money-colors-operation-warp-speeds-quest-to-defeat-covid/.

pricing, and quality."[23]

Warren raised questions about a Department of Health and Human Services (HHS) deal with Gilead Sciences for the pandemic therapeutic remdesivir (part of the "cocktail" of drugs administered to Donald Trump and other Republican insiders like Chris Christie and Rudy Giuliani when they got Covid[24]). HHS had indeed acquired a large supply of remdesivir at an exorbitant cost[25] to American taxpayers, and Gilead itself would charge American hospitals $3,200 per treatment for it, $860 more than its price in other developed countries.[26]

In addition to Warren, who sent a letter to the Trump administration requesting information on HHS's pricing negotiations with Gilead for the drug, other people stood up.[27] For instance, Dr. Rick Bright, former director of the Biomedical Advanced Research and Development Agency (BARDA), filed a whistleblower complaint alleging that Dr. Robert Kadlec, a Trump HHS political appointee, had engaged in multiple schemes to funnel contracts to politically connected companies — and that this had begun even before the pandemic was a reality. According to Bright, Kadlec then pushed him out of the government, despite the fact that federal law officially protects whistleblowers.

In his complaint, Bright alleged, among other things, that in 2017 a Kadlec friend

[23] Warren, Elizabeth, and Katie Porter. "Warren, Porter Request All Federal Contracts for Covid-19 Therapeutics and Vaccines." warren.senate.gov. 19 Nov. 2020. *www.warren.sentae.gov*. Web. https://www.warren.senate.gov/newsroom/press-releases/warren-porter-request-all-federal-contracts-for-Covid-19-therapeutics-and-vaccines.

[24] Warren, Elizabeth. "Lawmakers Criticize Trump Administration Deal That Allowed Manufacturer of Covid-19 Antiviral Drug Remdesivir to Charge U.S. Purchasers the Highest Prices in the World." *warren.senate.gov.* 16 July 2020. https://www.warren.senate.gov/oversight/letters/lawmakers-criticize-trump-administration-deal-that-allowed-manufacturer-of-covid-19-antiviral-drug-remdesivir-to-charge-us-purchasers-the-highest-prices-in-the-world.

[25] Inserro, Allison. "Gilead Sciences Sets US Price for Covid-19 Drug at $2340 to $3120 Based on Insurance." AJMC. 5 Aug. 2020. https://www.ajmc.com/view/gilead-sciences-sets-us-price-for-covid19-drug-at-2340-to-3120-based-on-insurance.

[26] Warren, Elizabeth. "Lawmakers Criticize Trump Administration Deal That Allowed Manufacturer of Covid-19 Antiviral Drug Remdesivir to Charge U.S. Purchasers the Highest Prices in the World." *warren.senate.gov.* 16 July 2020. https://www.warren.senate.gov/oversight/letters/lawmakers-criticize-trump-administration-deal-that-allowed-manufacturer-of-Covid-antiviral-drug-remdesivir-to-charge-us-purchasers-the-highest-prices-in-the-world.

[27] Warren, Elizabeth, et al. *warren.senate.gov*. 16 Nov. 2020. https://www.warren.senate.gov/imo/media/doc/2020.11.16.%20Letter%20to%20HHS%20re%20Remdesivir%20Pricing.pdf.

and Big Pharma consultant pressured the agency to maintain a contract with a company owned by a friend of Jared Kushner's, even after an independent review determined it should be cancelled.[28] Bright testified before Congress, and the fate of his whistleblower suit remains to be litigated.

As for the rest of the inquiries, so far, money and power appear to have eluded the investigators.

As for the rest of the inquiries, so far, money and power appear to have eluded the investigators. It's unclear whether Senator Warren's and Representative Porter's requests met with any response from the former administration, or even whether they've continued their inquiry into Big Pharma and no-bid contracting. They have made no further announcements and neither office replied to requests for updates.

You won't be surprised to learn, I'm sure, that the name "Jared Kushner" is, so far, not to be found in GAO or PRAC reports.

The best chance for public accountability — if not legal liability — might be the U.S. House of Representatives, especially its Select Subcommittee on the Coronavirus Crisis, launched in April 2020. The Trump administration blew off the committee's subpoenas for former HHS Secretary Alex Azar and then-CDC Director Robert Redfield to testify in December 2020. Next, the administration blocked documents and witnesses related to politicized data, testing and supply shortages, among other areas of inquiry. But the subcommittee did manage to expose emails from Trump political appointees, revealing efforts to skew CDC data. It is also investigating some whopping no-bid or sole-contractor deals the former administration cut with preferred businesses. One was a $354 million, four-year contract awarded on a non-competitive basis to Phlow Corp.,[29] whose doors opened in January 2020 to manufacture generic medicines to fight Covid. It's the largest contract ever awarded by BARDA, and includes a 10-year option

[28] "What the Bright Complaint Reveals about the Trump Administration's Covid-19 Response." Public Citizen. 13 May 2020. https://mkus3lurbh3lbztg254fzode-wpengine.netdna-ssl.com/wp-content/uploads/Bright-Complaint-Fact-Sheet-final.pdf.

[29] The United States Congress: House of Representatives. July 14, 2020. https://coronavirus.house.gov/sites/democrats.coronavirus.house.gov/files/2020-07-14.Clyburn%20to%20Phlow%20contractor%20re%20PPE_.pdf.

worth $812 million.

And the House has continued to seek transparency. According to a Brookings House Oversight Tracker, as of March 2021, 30 percent of congressional oversight letters and 40 percent of its hearings were related to the federal government's pandemic response.[30] But there are signs that the Biden administration, while more cooperative, is not eager to force agencies to comply with requests the previous administration ignored.

My sense is that the emergency created by the insurrection at the Capitol last January, and the desperate need of the new Biden administration to have palpable policy achievements in order to do well in election 2022, has taken the steam out of any inclination to dig deeper into the profiteering, cronyism, political scheming and chaos with which the Trump administration met the Covid-19 virus. That toxic mix of mismanagement and irresponsibility went far deeper than an article like this can possibly indicate, leaving so many hundreds of thousands of potentially unnecessary deaths in its wake.

Think of it as a memory hole, still brimming with schemes and money.

About the author

Nina Burleigh is a best-selling author, journalist and lecturer. She is a *New York Times* best-selling author of seven lively, acclaimed works of creative nonfiction. An investigative journalist and lecturer, Burleigh's seventh work, "Virus: Vaccinations, the CDC, and the Hijacking of America's Response to the Pandemic," has just been published by Seven Stories Press and is a real-life thriller that delves into the official malfeasance behind America's pandemic chaos and the triumph of science in an era of conspiracy theories and contempt for experts.

[30] Teel, Kennedy, et al. "Early Oversight in the 117th Congress: Three Takeaways." The Brookings Institution. Brookings. 1 Apr. 2021. https://www.brookings.edu/blog/fixgov/2021/03/25/early-oversight-in-the-117th-congress-three-takeaways/.

Burleigh has written hundreds of works of journalism, essays and book reviews on a wide array of topics, including culture, politics, gender issues, science and the environment. Her books share a theme of examining the tension between belief and science, religion and rationality in post-Enlightenment life. She is an adjunct faculty member at the Arthur L. Carter Journalism Institute at New York University, has been an adjunct professor of journalism at Columbia University, and a university lecturer in the Department of Religion, Philosophy and History University of Agder, Norway. She has appeared in numerous documentaries and radio and television programs.

Health-war Politics, Economy, Indian Society and *Vasudhaiva Kutumbakam*

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Introduction

The nature of Indian society believes in *Vasudhaiva Kutumbakam*,[1] a Sanskrit verse in Hindu texts; "Vasudhaiva" being the earth, and "Kutumbakam" meaning the family. *Vasudhaiva Kutumbakam* is translated as "the world is one family." The complete Sanskrit verse explains that Indian philosophy carries people with a generous heart and all of humanity is a family. The verse reads:

> **"One is a relative, the other stranger, say the small minded. The entire world is a family, live the magnanimous."**

[1] See Maha Upanishad Chapter 6.Verse 71. अयं निजः परो वेति गणना लघुचेतसाम् । उदारचरितानां तु वसुधैव कुटुम्बकम् ॥ (महोपनिषद्, अध्याय 4, श्लोक 71) (Ayam nij paro veti ganana laghuchetsam. Udarcharitanam tu *Vasudhaiva KutumbakamVasudhaiva Kutum-bakam*).

This ancient tradition of millennia ago is a non-Western practice that does not believe in, but rather eschews war, hatred or any kind of imperial expedition for land and resources. The history of India has informed the practice of this belief, and the country has never adopted an annexation policy for land, wealth, and power on foreign lands. While Mongols, Turks, Mughals, Dutch, French, Portuguese, and British armies annexed India at different times in history. India never reverted to war and annexation. The Western foreign policy of European industrialization bred capitalism, eventually leading to years of war, including the First and Second World Wars, in which land, wealth and power grabs were the unstated objectives. Still, India never back tracked from its adherence to the idea of the world as one family, the concept of *Vasudhaiva Kutumbakam*.

That the world is but one family, at times difficult to comprehend, given its reliance on perseverance and consistency in practice that, when short-changed or neglected or ignored often leads to the exact opposite concept: the world as individuals after their own individual pursuits. Post-independence India implemented *Vasudhaiva Kutumbakam* as an objective of foreign policy, dating to its days of supporting anti-colonial struggles in Africa, Asia and Latin America. Later would come a lead role in the 1961 establishment of the Non-Aligned Movement (NAM), a union of developing states bonded in mutual respect, mutual non-aggression, mutual non-interference, equality and mutual benefit, and peaceful coexistence. India raised its voice against the apartheid system of segregation and discrimination in South Africa. In sum, *Vasudhaiva Kutumbakam* has been in play in India during many epic international moments.

Since 1990, as globalization and market-oriented policies have stepped to the forefront of sociopolitical and socioeconomic issues, India has worked successfully as a family member of one world to mitigate and assist with African and Asian economic, political and social challenges. Former President of India Pranab Mukherjee, who served as the 13th chief executive of his country from 2012 to 2017, displayed *Vasudhaiva Kutumbakam* in forging India's foreign policy objectives, announcing, "The international community must work together now, with wisdom, to create tolerance and understanding for addressing the

"The international community must work together now, with wisdom, to create tolerance and understanding for addressing the complex issues confronting mankind, and *Vasudhaiva Kutumbakam* comes in mind."

complex issues confronting mankind, and *Vasudhaiva Kutumbakam* comes in mind."[2] Even today, the Indian government uses this foreign policy goal on all the different international platforms — from the UN, the UN High Commissioner for Refugees (UNHCR), European Union, the Association of Southeast Asian Nations (ASEAN), African Union, Southeast Asian Association for Regional Cooperation (SAARC) and bilateral country deliberations. India has provided critical relief in emergencies in Yemen (2015 evacuation of civilians caught in Saudi Arabian airstrikes), Bangladesh (2007 Cyclone Sidr), Myanmar (2008 Cyclone Nargis), Mozambique (humanitarian and disaster relief in 2019) and Fiji (2020 Cyclone Yasa). India was represented during recent negotiations of the Paris Agreement, and now the COVID-19 pandemic has prompted India's creation of *Vaccine Maitri*, or "Vaccine Friendship."

India has helped to fulfill the global demand for pharmaceuticals and medical support, and has made possible high recovery rates and corresponding low fatality rates at the domestic level. India supported the creation of SAARC Covid-19 Fund in 2020 — established to mitigate the risks associated with the pandemic in the South Asia region — with an initial $10 million USD contribution. Further, the country has facilitated a special visa program for doctors and nurses, is coordinating a regional air ambulance agreement and building a network for epidemiology to prevent future pandemics. These efforts, in their initial stages and born of *Vasudhaiva Kutumbakam*, have benefitted Bhutan, Bangladesh, Maldives, Myanmar, Mauritius, Nepal, Seychelles and Gulf countries in the initial stages.

[2] Mukherjee, Pranab. "President's speech at the Banquet hosted by the President of Israel in Jerusalem." Indian Ministry of External Affairs. 14 Oct. 2015. https://www.mea.gov.in/Speeches-Statements.htm?dtl/25933/presidents+speech+at+the+banquet+hosted+by+the+president+of+israel+in+jerusalem+october+14+2015, accessed 20 May 2021.

Keeping age-old relations with Africa, India's *Vaccine Maitri* program of assistance delivered more than 210,000 vials of Covid-19 vaccine to 43 African countries (Table 1) in the initial stages. India's provision of Covid-19 vaccines has been impactful: more than 158,000 vials to SAARC countries, more than 42,000 vials to ASEAN countries, more than 17,000 vials to Central Asian countries, more than 59,000 vials in the Gulf countries and more than 57,000 vials to Canada, UK and UN Peacekeepers, as noted in Table 2. More *Vaccine Maitri* impact includes more than 58,000 vials to South America and Central America countries, and 3,000 vials each to Oceania and Caribbean countries, as recorded in Table 3.

TABLE 1.[3] INDIA GLOBAL SUPPORT UNDER *VASUDHAIVA KUTUMBAKAM* (AFRICA CONTINENT)
(COVID-19 VACCINE SUPPLIES IN 100,000)

Country	Grants	Commercial	Total
Algeria	0	0.50	0.50
Angola	6.24	0	6.24
Benin	0	1.44	1.44
Botswana	0.30	0	0.30
Cameroon	0	3.91	3.91
Comoros	0	0.12	0.12
Cape Verde	0	0.24	0.24
Djibouti	0	0.24	0.24
DR Congo	0.50	0	0.50
Egypt	0.50	0	0.50
Ethiopia	0	21.84	21.84
Eswatini	0.20	0.12	0.32
Gambia	0.36	0	0.36
Ghana	0.50	6.00	6.50
Guinea	0	1.94	1.94
Guinea Bissau	0	0.29	0.29
Ivory Coast	0.50	5.04	5.54

[3] Ministry of External Affairs, Government of India. 26 Apr. 2021. https://www.mea.gov.in/vaccine-supply.htm, accessed 27 Apr. 2021.

Country	Grants	Commercial	Total
Kenya	1.00	10.20	11.20
Lesotho	0	0.36	0.36
Liberia	0	3.60	3.60
Malawi	0	0.96	0.96
Mali	0	3.96	3.96
Mauritius	1.00	3.00	4.00
Mauritania	0	0.70	0.70
Morocco	0	70.00	70.00
Mozambique	1.00	3.84	4.84
Namibia	0	0.30	0.30
Nigeria	1.00	39.24	40.24
Niger	0.25	3.55	3.80
Papua New Guinea	0	1.32	1.32
Rwanda	0.50	2.40	2.90
Sao Tome and Principe	0	0.24	0.24
Senegal	0.25	3.24	3.49
Seychelles	0.50	0	0.50
Sierra Leone	0	0.96	0.96
Somalia	0	3.00	3.00
South Sudan	0	1.32	1.32
Sudan	0	8.28	8.28
Togo	0	1.56	1.56
Uganda	0	8.64	8.64
Zambia	0	2.28	2.28
Zimbabwe	0.35	0	0.35

TABLE 2.[4] INDIA GLOBAL SUPPORT UNDER *VASUDHAIVA KUTUMBAKAM* (ASIA, UK, CANADA)
(COVID-19 VACCINE SUPPLIES IN 100,000)

Country	Grants	Commercial	Total
Afghanistan	5.00	4.68	9.68
Bangladesh	33.00	70.00	103.00
Bhutan	5.50	0	5.50
Maldives	2.00	1.12	3.12
Nepal	11.00	13.48	24.48
Sri Lanka	5.00	7.64	12.64
Cambodia	0	3.24	3.24
Laos	0	1.32	1.32
Myanmar	17.00	20.00	37.00
Bahrain	1.00	0	1.00
Iran	0	1.25	1.25
Kuwait	0	2.00	2.00
Oman	1.00	0	1.00
Palestine	0	0.25	0.25
Saudi Arabia	0	45.00	45.00
Syria	0	2.57	2.57
UAE	0	2.00	2.00
Yemen	0	3.60	3.60
Albania	0.50	0	0.50
Mongolia	1.50	0	1.50
Serbia	0	1.50	1.50
Tajikistan	0	1.92	1.92
Ukraine	0	5.00	5.00
Uzbekistan	0	6.60	6.60

[4] Ministry of External Affairs, Government of India. 26 Apr. 2021. https://www.mea.gov.in/vaccine-supply.htm, accessed 27 Apr. 2021.

Country	Grants	Commercial	Total
Canada	0	5.00	5.00
UK	0	50.00	50.00
UNO peace- keepers	2.00	0	2.00

TABLE 3.[5] INDIA GLOBAL SUPPORT UNDER *VASUDHAIVA KUTUMBAKAM* (REST OF WORLD)
(COVID-19 VACCINE SUPPLIES IN 100,000)

Country	Grants	Commercial	Total
Argentina	0	5.80	5.80
Bahamas	0.20	0	0.20
Brazil	0	40.00	40.00
El Salvador	0	0.20	0.20
Guatemala	2.00	0	2.00
Guyana	0.80	0	0.80
Jamaica	0.50	0	0.50
Nicaragua	2.00	1.35	3.35
Suriname	0.50	0	0.50
Bolivia	0	2.28	2.28
Guyana	0.80	0	0.80
Paraguay	1.00	0	1.00
Trinidad and Tobago	0.40	0	0.40
Fiji	1.00	0	1.00
Papua New Guinea	0	1.32	1.32
Solomon Islands	0	0.25	0.25
Nauru	0.10	0	0.10
Barbados	1.00	0	1.00
Belize	0.25	0	0.25
St. Lucia	0.25	0	0.25
St. Kitts and Nevis	0.20	0	0.20

[5] Ministry of External Affairs, Government of India. 26 Apr. 2021. https://www.mea.gov.in/vaccine-supply.htm, accessed 27 Apr. 2021.

Country	Grants	Commercial	Total
St. Vincent and Grenadines	0.40	0	0.40
Antigua and Barbuda	0.40	0	0.40

India's assurance of vaccine production and its capacity to deliver capacity to help all humanity in fighting the pandemic is a tribute to the country's belief that the world is one family. Of India's efforts to contribute to the fight against Covid-19, Minister of External Affairs Subrahmanyam Jaishankar addressed the UN General Assembly in September 2020, reporting:

> **"(The assistance) is not only in keeping with our age-old tradition of *Vasudhaiva Kutumbakam*, but to utilize India's growing capacities for the benefit of humankind. As a prominent nation in an increasingly multi-polar world, the international community has greater expectations of us, and we, in turn, are prepared to demonstrate our willingness to shoulder greater responsibilities. We have never seen a contradiction between this internationalism and the nationalism that endeavors at nation building."[6]**

The global community has been on the receiving end of India's concept of *Vasudhaiva Kutumbakam*. The mobilization to provide such impactful support has been provided without any partiality, and not as a leverage or means to strengthen its trade policy, to realize business expansion or for any other economic agendas; only to fulfill its foreign policy objective of *Vasudhaiva Kutumbakam*.

Practice of Vasudhaiva Kutumbakam and the health war

The produced-in-India pharmaceutical products *Covaxin* and *Covishield* have been recognized and used worldwide. As a result, more than six million vaccinations have been gifted to the world community, and India has exported more than 60 million doses of Covid-19 vaccines since January 20 this year;[7] the

[6] Jaishankar, Subrahmanyam. "Statement by External Affairs Minister in Rajya Sabha on the Vaccine Maitri Initiative." Ministry of External Affairs, Government of India. 17 Mar. 2021. https://www.mea.gov.in/Speeches-Statements.htm?dtl/33653/statement+by+external+affairs+minister+in+rajya+sabha+on+the+vaccine+maitri+initiative, accessed 20 May 2021.

[7] *The Hindu*. 20 Mar. 2021.

Image credit: Manoej Paateel / Shutterstock

current objective is to deliver two billion doses to 119 countries by 2021.[8] Through India's efforts and programs, the global community has been better able to address the pandemic, and the concept of *Vasudhaiva Kutumbakam* has been at play with every vaccine shipment sent, every relief effort provided, every funding contribution offered. Peter Hotez, professor of pediatrics and molecular virology and microbiology at the Baylor College of Medicine in Waco, Texas, has commented, "The rollout of Covid-19 vaccines by India in collaboration with leading global institutions has rescued the world from the deadly Corona virus and the contribution by country must not be underestimated. The Covid-19 vaccine rollout is India's gift to the world in combating the virus."[9] In sum, nearly 4 million people have died in the world because of complications of the coronavirus, and India has been an active leader on behalf of the world community to fight this deadly virus.

The second phase of Covid-19 stormed ashore in the month of April 2021 in India, flooding the country's health system like a violent tsunami. Within no time, the number of Covid-19 patients increased from 100,000 to some 400,000 daily, but then decreased to 190,000 every day by the end of May; the world has reciprocated the Indian philosophy of *Vasudhaiva Kutumbakam* and responded affirmatively to the country's needs, as evidenced in Table 4. Indian Foreign Secretary Harsh Shringla has shared that many countries are also responding to his country's healthcare needs because India played a proactive role in providing essential pharmaceutical products and vaccines to the world community in the first phase of pandemic; [10]now reciprocation is seen.

[8] *The New York Times.* 25 Apr. 2021.

[9] Hotez, Peter. 10 May 2021. Press Trust of India. Delhi. 10:15 IST.

[10] Shringla, Harsh. "Transcript of Special Briefing by Foreign Secretary on International Cooperation on Covid Pandemic." Ministry of External Affairs, Government of India. 29 Apr. 2021.

TABLE 4. GLOBAL SUPPORT TO INDIA (2ND PHASE OF COVID-19, APRIL 2021 ONWARDS)

Countries	Vaccination and Pharmaceuticals, Instruments and Other Items
USA	In different, separate shipments: 60 million doses of the AstraZeneca vaccine, PPE kits, therapeutics, ventilators, laboratory tests, 440 oxygen cylinders and regulators, Oxygen-generating equipment, oxygen concentrators, raw material for Covid-19 vaccines, 423 oxygen cylinders with regulators (200 size D, 223 size H), 210 pulse oximeters, 184,000 Abbott Rapid Diagnostic Test Kits, 84,000 N-95 face masks, 17 H-size (large) oxygen cylinders and 700,000 Abbott Rapid Diagnostic Test Kits, 125,000 vials of Remdesivir. [11]
USAID	$23 million USD aid to India, 960,000 rapid diagnostic tests of Covid-19, 100,000 N-95 masks for healthcare workers, thousands of medical oxygen concentrators for 320 primary healthcare facilities, 1,028 Type-H oxygen cylinders (large), 600 Type-H oxygen cylinder regulators, 20 adaptors, 844,800 N-95 masks.[12]
UK	In different, separate shipments: 120 non-invasive ventilators, 20 manual ventilators, 495 oxygen concentrator devices, 120 oxygen concentrators, 95 oxygen concentrators, 100 ventilators, 280 oxygen concentrators, 40 ventilators, 60 ventilators.[13]
France	8 oxygen generators, 28 ventilators, 200 electric syringe pumps, 28 AFNOR/BS flexible tubes, 500 anti-bacterial filters, 500 machine filters, 500 related patient circuits.[14]
Germany	24 cryogenic oxygen containers, 120 ventilators.[15]
Italy	1 oxygen generating plant, 20 ventilators (with an installation team onboard). [16]
Ireland	700 units oxygen concentrators, 365 ventilators[17]
Norway	$2.4 million USD aid to India through Red Cross India.[18]

[11] Herman, Steve. "US to Send Oxygen to India." VOA News. 26 Apr. 2021. https://www.voanews.com/covid-19-pandemic/us-send-oxygen-india, accessed 27 Apr. 2021.

[12] "Several countries step up to help India fight against Covid-19." *India Today*. 9 Apr. 2021. https://www.indiatoday.in/coronavirus-outbreak/video/several-countries-step-up-help-india-fight-against-covid-19-1796268-2021-04-29, accessed 10 Apr. 2021.

[13] "Covid: Countries send aid to ease India's oxygen emergency." BBC News. 25 Apr. 2021. https://www.bbc.com/news/world-asia-india-56881083, accessed 27 Apr. 2021.

[14] "Covid: Countries send aid to ease India's oxygen emergency." BBC. 25 Apr. 2021. https://www.bbc.com/news/world-asia-india-56881083, accessed 27 Apr. 2021.

[15] *India Today*. 4 May 2021.

[16] Carswell, Simon, and Sorcha Pollak. "Countries rush to India's aid as Covid cases overwhelm hospitals." *Irish Times*. 26 Apr. 2021. https://www.irishtimes.com/news/world/asia-pacific/countries-rush-to-india-s-aid-as-covid-cases-overwhelm-hospitals-1.4547226, accessed 15 May 2021.

[17] *The Economic Times*. 3 May 2021.

[18] Carswell, Simon, and Sorcha Pollak. "Countries rush to India's aid as Covid cases overwhelm hospitals." *Irish Times*. 26 Apr. 2021. https://www.irishtimes.com/news/world/asia-pacific/countries-rush-to-india-s-aid-as-covid-cases-overwhelm-hospitals-1.4547226, accessed 15 May 2021.

Countries	Vaccination and Pharmaceuticals, Instruments and Other Items
Belgium	9,000 vials of Remdesivir.[19]
Luxembourg	58 ventilators.[20]
Portugal	5,503 vials of Remdesivir, 20,000 liters of oxygen per week.[21]
Sweden	120 ventilators, 1 million doses of AstraZeneca vaccines (4 to 5 million AstraZeneca vaccines are in waiting). [22]
Denmark	53 ventilators, 1 million Euro to Red Cross India to fight pandemic. [23]
Russia	Sputnik vaccination, oxygen concentrate, 20 tons oxygen concentrators, lung ventilation equipment, monitors, medicines, other essential pharmaceutical, 20 oxygen production plants, ventilators, 200,000 medicine packs [24]
Romania	In different, separate shipments: 80 oxygen concentrators, 75 oxygen cylinders, 40 high-flow oxygen therapy equipment.[25]
Uzbekistan	100 oxygen concentrators, 2,000 pieces of Remdesivir, 51 oxygen concentrators from Indian Community Association in Uzbekistan.[26]
Saudi Arabia	80 metric tons liquid oxygen.[27]

[19] "Norway announces $2.4 million aid towards Covid relief in India." *India Today*. 29 April 2021. https://www.indiatoday.in/coronavirus-outbreak/story/norway-announces-2-4-million-aid-towards-covid-relief-in-india-1796096-2021-04-29, accessed 92 Apr. 2021.

[20] Schmall, Emily, and Karan Deep Singh. "Amid Second Covid Wave, World Responds to India's Distress Call." *The New York Times.* 26 Apr. 2021. https://www.nytimes.com/2021/04/26/world/asia/india-covid-vaccine-world-response.html, accessed 27 Apr. 2021.

[21] "Oman sends special medical assistance to support India's fight against Covid-19." *Times of Oman*. 12 May 2021. https://timesofoman.com/article/101218-oman-sends-special-medical-assistance-to-support-indias-fight-against-covid-19, accessed 13 May 2021.

[22] *The Economic Times*. 3 May 2021.

[23] "Explained: The current travel rules between India and Germany." https://www.thelocal.dk/20210507/explained-the-current-travel-rules-between-india-and-germany-2, accessed 11 May 2021.

[24] "Norway announces $2.4 million aid towards Covid relief in India." *India Today*. 29 Apr. 2021. https://www.indiatoday.in/coronavirus-outbreak/story/norway-announces-2-4-million-aid-towards-covid-relief-in-india-1796096-2021-04-29, accessed 29 Apr. 2021.

[25] Associated Press. 1 May 2021.

[26] Mohan, Geeta, and Milan Sharma. "Ministries fumble as questions raised on fate of oxygen, foreign aid rushed to Covid-hit India." 4 May 2021. *India Today*. https://www.indiatoday.in/coronavirus-outbreak/story/ministries-fumble-as-questions-raised-on-fate-of-foreign-aid-for-india-1798567-2021-05-04, accessed 10 May 2021.

[27] Schmall, Emily, and Karan Deep Singh. "Amid Second Covid Wave, World Responds to India's Distress Call." *The New York Times.* 26 Apr. 2021. https://www.nytimes.com/2021/04/26/world/asia/india-covid-vaccine-world-response.html, accessed 27 Apr. 2021.

Countries	Vaccination and Pharmaceuticals, Instruments and Other Items
UAE	6 cryogenic oxygen containers.[28]
Kuwait	282 oxygen cylinders, 60 oxygen concentrators, ventilators, other medical supplies.[29]
Bahrain, Kuwait, Qatar	Daily shuttling of vehicles of Indian Army, Indian Navy and aircraft of the Indian Air Force to ferry oxygen generators, medical supplies, lab equipment, medical personnel to Covid-19 hotspots from domestic sources and abroad.[30]
Oman	30 oxygen concentrators, 100 oxygen cylinders, essential medical supplies of ventilators, SPO2 monitors and medicines. [31]
Israel	150 oxygen gas and respirators, 3 large oxygen generator plants, 360 oxygen concentrators.[32]
Bhutan	40 metric tons liquid oxygen produced by Motanga Industrial Estate, Longkhar District, Bhutan, to be supplied to Assam in India every day. [33]
Bangladesh	10,000 vials of Remdesivir injection.[34]
Singapore	4 cryogenic tanks to be used for transporting oxygen, 7,511 oxygen concentrators, 516 BiPAPs, 256 oxygen cylinders, 8 cryogenic tanks.[35]
Hongkong	800 oxygen concentrators, 300 oxygen concentrators. [36]
Thailand	15 oxygen concentrators, 15 oxygen concentrators from Indian Community Association, Bangkok.[37]

[28] "Egypt joins international efforts, sends tons of medical aid to India to face coronavirus outbreak." *Egypt Today*. 1 May 2021. https://www.egypttoday.com/Article/1/101511/Egypt-joins-international-efforts-sends-tons-of-medical-aid-to, accessed 11 May 2021.

[29] "Norway announces $2.4 million aid towards Covid relief in India." *India Today*. 29 Apr. 2021. https://www.indiatoday.in/coronavirus-outbreak/story/norway-announces-2-4-million-aid-towards-covid-relief-in-india-1796096-2021-04-29, accessed 29 Apr. 2021.

[30] *Ibid.*

[31] "Oman sends special medical assistance to support India's fight against Covid-19." *Times of Oman*. 12 May 2021. https://timesofoman.com/article/101218-oman-sends-special-medical-assistance-to-support-indias-fight-against-covid-19, accessed 13 May 2021.

[32] "Israel to send life-saving medical equipment to India amid Covid-19 crisis." *India News*. 4 May 2021.

[33] *The Economic Times*. 3 May 2021.

[34] "Covid: Countries send aid to ease India's oxygen emergency." BBC. 25 Apr. 2021. https://www.bbc.com/news/world-asia-india-56881083, accessed 27 Apr. 2021.

[35] Press Trust of India. 24 April 2021.

[36] Haidair, Suhasini, and Dinakar Peri. "Coronavirus: India expects supplies from about 15 countries." *The Hindu*. 29 April 2021. https://www.thehindu.com/news/national/coronavirus-india-expects-supplies-from-about-15-countries-oxygen-containers-medicines-expected-this-week/article34416171.ece, accessed 30 Apr. 2021.

[37] Mohan, Geeta, and Milan Sharma. 4 May 2021. Ministries fumble as questions raised on fate of oxygen, foreign aid rushed to Covid-hit India. *India Today*. https://www.indiatoday.in/coronavirus-outbreak/story/ministries-fumble-as-questions-raised-on-fate-of-foreign-aid-for-india-1798567-2021-05-04: accessed on 10 May 2021.

Countries	Vaccination and Pharmaceuticals, Instruments and Other Items
South Korea	300 oxygen concentrators and diagnostic kits.[38]
Japan	50 million USD to India assistance, 300 respirators, 400 oxygen concentrators. [39]
Egypt	300 oxygen cylinders, 50 oxygen concentrators, 8,000 Remdesivir vials, 30 defibrillators shock, 20 electrocardiograms, 20 ventilators, 100 patient beds, 50 syringe pumps, 50 infusion pumps. [40]
Mauritius	200 oxygen concentrators.[41]
Australia	Medicines, oxygen supplies, non-invasive ventilators, PPE kits.[42]
New Zealand	1 million NZ dollars (about USD 720,365) to Red Cross India.[43]

Domestically in India, all the three wings of the country's armed forces as evidenced in Table 5, and Indian Railways, operator of the nation's railway system, have successfully deployed, subject to the control of the central government as per the Constitution of India.[44] This launch of these entities has had a meaningful impact on the fulfillment of the medical needs of Covid-19 patients in different parts of India. And, the Indian Navy operation, *Samudra Setu*, or "Sea Bridge," has successfully repatriated back to India around 4,000 citizens stranded in neighbouring countries amidst the Covid-19 outbreak last year.[45] Additionally,

[38] Associated Press. 1 May 2021.

[39] Murakami, Sakura. "Japan prepared to provide 300 respirators to India." Reuters. https://www.reuters.com/world/india/japan-prepared-provide-300-respirators-india-2021-04-30/, accessed 13 May 2021.

[40] "Egypt joins international efforts, sends tons of medical aid to India to face coronavirus outbreak." *Egypt Today*. 1 May 2021. https://www.egypttoday.com/Article/1/101511/Egypt-joins-international-efforts-sends-tons-of-medical-aid-to, accessed 11 May 2021.

[41] Mohan, Geeta, and Milan Sharma. "Ministries fumble as questions raised on fate of oxygen, foreign aid rushed to Covid-hit India." 4 May 2021. *India Today*. https://www.indiatoday.in/coronavirus-outbreak/story/ministries-fumble-as-questions-raised-on-fate-of-foreign-aid-for-india-1798567-2021-05-04, accessed 10 May 2021.

[42] "Global community rushes financial, medical assistance to India to combat Covid surge." *India Today*. 29 Apr. 2021. https://www.indiatoday.in/india/story/global-community-rushes-financial-medical-assistance-in-dia-combat-covid-surge-1796094-2021-04-29, accessed 5 May 2021.

[43] "Norway announces $2.4 million aid towards Covid relief in India." *India Today*. 29 April 2021. https://www.indiatoday.in/coronavirus-outbreak/story/norway-announces-2-4-million-aid-towards-covid-relief-in-in-dia-1796096-2021-04-29, accessed 29 Apr. 2021.

[44] Union List. 2021. The Constitution of India. Publication Divisions. Government of India.

[45] "Seven Indian Navy Ships Deployed for Op Samudra Setu II." Indian Navy. 6 May 2021. https://indiannavy.nic.in/content/seven-indian-navy-ships-deployed-op-samudra-setu-ii, accessed 12 May 2021.

Operation *Samudra Setu* actively participated in fulfilling the requirement of medical oxygen and deployed medical officers, nurses, paramedics and support staff to the different parts of the country during this second wave of pandemic (Table 5).

TABLE 5. COVID-19 AND INDIAN MILITARY ACTION IN 2021

1. Action of Air Force
24 April (Chinook Helicopter, C-17, An32 transport aircrafts of Indian Air Force actions)[46] • Brought 4 empty cryogenic oxygen containers from Singapore to Panagarh air base in India. • Loaded 2 empty cryogenic oxygen containers in the two rounds from Pune to Jamnagar. • Transported 2 empty cryogenic oxygen containers from Jamnagar to Jodhpur. • Covid-19 testing equipment from Jammu to Leh. • Covid-19 testing equipment from Jammu to Kargil. **08 May (C-17 and IL-76 transport aircrafts action)[46]** • Airlifted oxygen tankers in Agra, Baroda, Begumpet, Bhopal, Bhubaneswar, Chandigarh, Dimapur, Gwalior, Hindan, Indore, Jamnagar, Jodhpur, Lucknow, Mumbai, Nagpur, Panagarh, Pune, Raipur, Ranchi, Surat, Udaipur, Vijaywada. • Airlifted containers, cryogenic oxygen tanks, oxygen generators, ventilators and cylinders from Singapore, Dubai, Bangkok, UK, Germany, Belgium, Australia, Ventilators, Israel. **11 May (C-17 transport aircrafts action)[46]** • Airlifted medical supplies from Frankfurt, Germany.
2. Action of INS (Indian Naval Ship) Navy

[46] "Indian Air Force continues its efforts towards Covid 19 relief." Indiana Air Force. 24 Apr. 2021." https://indianairforce.nic.in/content/covid-19-relief-efforts-indian-air-force, accessed 11 May 2021.

02 May (INS Tabar, INS Trikand, INS Jalashwa, INS Airavat — Operation Samudra Setu II) • Brought 40 MT liquid medical oxygen-filled cryogenic containers from Manama, Bahrain. • Brought liquid oxygen tanks and medical supplies from Doh, Qatar and Kuwait. **05 May (INS Talwar, INS Kolkata, INS Jalashwa, INS Shardul, INS Airavat — Operation Samudra Setu II)** • Brought two 27-ton liquid oxygen tanks from Bahrain. • Brought two 27-ton oxygen tanks, 400 oxygen cylinders and 47 concentrators from Kuwait. • Four warships brought nine 27-ton oxygen tanks and more than 1,500 oxygen cylinders from Qatar and Kuwait. • Brought 3,600 cylinders, eight 27-ton (216 tons) oxygen tanks, 10,000 rapid antigen detection test kits and seven concentrators from Singapore. • Brought three oxygen-filled cryogenic containers from Persian Gulf. **07 May (Navy doctors for public)[47]** • Additional deployment of medical officers, nurses, paramedics and support staff at PM Cares Hospital in Dhanvantari, Ahmedabad.
10 May (Navy hospital for public)[48] • 50-bed Covid-19 Care Centre established by Indian Navy in Khurda district in Odisha. **11 May (INS Kolkata, INS Trikand, INS Airavat — Operation Samudra Setu II)[5]** • Brought liquid medical oxygen and critical medical equipment from Singapore, Kuwait and Qatar.
3. Action of Defence Research and Development Organization (DRDO)[49]
• Establishment of Covid-19 hospitals in different parts of the country. • Anti-Covid-19 drug like glucose developed after affirmative clinical trial results 11 May 2021. Aids faster recovery of hospitalized patients, reduces supplementary oxygen dependence.
4. Action of Council of Scientific and Industrial Research (CSIR)6
24 April • Equipment including bio-safety cabinets, centrifuges and stabilizers produced by Council of Scientific and Industrial Research (CSIR) given to Union Territory of Ladakh to enhance testing.

But, while the government action of connecting its armed forces to civilians to address emergency needs in this pandemic is appreciated by the world community, opposition political parties in India have expressed their outrage, claiming the government's mobilization to fight the pandemic will compromise

47 "Additional Deployment of Naval Personnel from WNC for PM Care Covid Hospital Dhanvantari, Ahmedabad." Indian Navy. https://indiannavy.nic.in/content/additional-deployment-naval-personnel-wnc-pm-care-covid-hospital-dhanvantari-ahmedabad, accessed 7 May 2021.

48 "Indian Naval Ships Airavat, Kolkata and Trikand Reach India with Liquid Medical Oxygen and Critical Medical from Singapore, Kuwait and Qatar." Indian Navy. https://indiannavy.nic.in/content/indian-naval-ships-airavat-kolkata-and-trikand-reach-india-liquid-medical-oxygen-and, accessed 11 May 2021.

49 "All you need to know about DRDO's new anti-Covid-19 drug 2-DG." *Business Today* (India). 10 May 2021. https://www.businesstoday.in/latest/trends/all-you-need-to-know-about-drdos-new-anti-covid-19-drug-2-dg/story/438692.html, accessed 12 May 2021.

national security at international borders. Even though the health war against the pandemic has been continuing successfully, opposing parties have different perceptions, based on their political ideologies and beliefs. Despite its self-sufficient, no-foreign-aid policy eschewing the charity of other nations since 2004, the government responded affirmatively to the world call, creating programs, calling on agencies for special support, easing restriction to address vital needs and desperate circumstances, and more — all efforts aimed at saving lives during the second phase of pandemic.

It wasn't enough, and criticism from opposition parties was directed at most of these efforts to manage the pandemic's spread. These political naysayers — at the national level, within the 28 states and across eight union territories raised their objections at each step, at each action that was taken against the pandemic by the Indian government.

Health war and political parties

The subject of health comes under the State List, one of three lists in the legislative section of the Constitution of India. Each of the states has a constitutional responsibility to public health management. People elect their constitutional representatives serving as chief ministers belonging to either national parties or regional parties. The responsibility of each state's government is to ensure and manage improvements in the local public health capacity, from district to village levels. Ten states have regional party chief ministers, four states have Bharatiya Janata Party (BJP, a major Indian political party) leaders, and 14 states have coalition governments with BJP. Three Indian states have Indian National Congress (INC, or "Congress," a rival party to BJP) representatives, and three have coalition governments with Congress.

The 17th Parliament of India was formed in the year 2019. While BJP increased its majority in the body, the National Democratic Alliance (NDA), a right-wing political alliance led by BJP, garnered the most votes in a five-week, seven-phase election that attracted a record 912 million voters, including an all-time turnout of female balloteers. Other parties receiving Parliament seats included INC, the United Progressive Alliance (UPA, a coalition of predominately center-left political parties) and a number of other smaller parties. Since the Parliament

elections, the central government has resolved the pending issues mentioned in its election manifesto, such as the abolition of the 1954 Article 370, thereby designating the single state of Jammu and Kashmir as two reorganized union territories, the Union Territory of Jammu and Kashmir, and the Union Territory of Ladakh. The Citizenship Amendment Act (CAA) was created in 2019 to supersede its 1955 predecessor and create a path toward Indian citizenship for persecuted religious minorities from Afghanistan, Bangladesh and Pakistan who are Hindus, Sikhs, Buddhists, Jains, Parsis or Christians, and arrived in India before the end of December 2014. And, an emotional, impassioned debate has developed in India with the government's actions on the National Population Register (NPR) and the National Register of Citizens (NRC), a nexus of sorts that deals with census, demographic and citizen-status data and addresses the sticky issue of the status of illegal migrants in India. Inter-related, yet separate and apart for each other, the CAA, NPR and NCR have become a political cricket ball being willowed about from one side to the other. Yet, the debate over headcounts, demographics and citizenship may be a moot point, says Abhinav Prakash Singh, an assistant professor of economics at the University of Delhi. The Indian economist relates:

> **"Covid-19 settles the debate on the NPR and NRC by demonstrating the necessity for a complete and verifiable database of population and citizens, as even now many people are outside the ambit of [the] Covid-19 pandemic relief measure due to the lack of such a database. Such a database and State capacity of need-based surveillance, unshackled by strict privacy concerns, are central to the success of countries like South Korea, Taiwan, China, and Singapore in containing the pandemic."**[50]

The Pandora's box keeping such decade-old conflicts belongs to opposition parties, but it has lost its significance with the resolution of these pending issues by the Center government *before* the arrival of Covid-19 in India. India's current political opposition being anarchist in nature, this pandemic came as a rescue idea for UPA-allied national and regional parties. The UPA in the different states has fabricated propaganda and has not focused on the pandemic alarm. The

[50] Singh, Prakash Abhinav. "Modi 1.0 will help Modi 2.0 deal with the pandemic." 30 Mar. 2020. *The Hindustan Times*. https://www.hindustantimes.com/columns/modi-1-0-will-help-modi-2-0-deal-with-the-pandemic-opinion/story-CePuKWzH5WwKcx9Teb8LOK.html, accessed 5 May 2021.

Central government has worked to provide much-needed relief measures, but UPA allies have acted destructively and are continuously opposing the national government's efforts on pandemic management — this should be a grave concern for Indian polity itself. As a result, opposition parties are therefore, constrained to be constructive rather than perpetually anarchist in orientation; in other words, the parties cannot appreciate the decisions being made on behalf of the people's welfare; they are constrained because of their ideological opposition to BJP. Today, it seems appropriate to consider what might be described as informal modes of opposition.

It is a question of survival, and a concerted effort to make their presence felt at the national level, that this informal mode of opposition parties has articulated its strength at each one's different ruling state levels. The opposition political parties ruling in the different states in India (such as Andhra Pradesh, Chhattisgarh, Delhi, Jharkhand, Kerala, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana and West Bengal) neither understood the gravity of the situation, creating anarchic conditions for the migrating workers, nor implemented national government pandemic-driven policies for the people in the year 2020 and ongoing 2021.

The Indian government defined social distancing as a non-pharmaceutical, infection-prevention practice to decrease the morbidity and mortality due to disease. Being the second most populous country in the world, the government had to engage and inform all the people about the gravity of the pandemic situation, while also involving them in lockdown participation in the fight against this contagious disease. Millions of people in India responded well to the call of Prime Minister Narendra Modi and, in doing so, the people may have experienced a sort of psychotherapeutic lift during the tough time.

Likewise, the people of different countries have responded to similar calls for supportive participation by their elected leaders during the pandemic. In India, all the opposition parties have denied the existence of pandemic in 2020 and have criticized what they believe to be the government's failure to develop policies. In one instance, in response to the government's announced intentions to conduct a dry-run inoculation exercise, one opposition leader said:

> **"Covid-19 is only for the opposition, so that we are unable to do anything. I will not get the vaccine now. I am telling you about myself. Am I going to trust a vaccine given by the BJP? Oh, get lost."[51]**

Being informal in nature, all the opposition parties had built their teams of rumormongers by using different statements in generating opinion against the government's hard work. But, says India's *Economic Times*, the work was significant:

> **"India went into a war mode, with government efforts to combat the pandemic being led by 'corona warriors' who donned white lab coats, PPE kits in hospitals and ambulances, and khaki in the streets as police personnel worked day and night to ensure the compliance of lockdown … India practiced social distancing on a never-before scale that kept the country's 1.3 billion population indoors all day and delivered more than a few fringe benefits."[52]**

The opposition parties had grabbed India's lockdown as an opportunity, and the drum-beat of ill will began with the criticism of the idea of social distancing and the masking of common people as a solution, as well as the dismissal of the government's overall response to the pandemic. "This was completely avoidable. We had time to prepare. We should have taken this threat much more seriously and have been much better prepared,"[53] noted Rahul Gandhi, a Parliamentarian and former president of INC.

In the early stages of the pandemic, the world community had no medical support — no testing mechanism, no vaccine — so, instead initiated lockdowns as a preventive measure. Virologists associated with different research institutions

[51] Rehman, Asad. "Won't take 'BJP vaccine,' says Akhilesh Yadav; attracts flak. *Indian Express*. 3 January 2021. https://indianexpress.com/article/india/akhilesh-yadav-coronavirus-vaccine-bjp-7130434/, accessed on 13 May 2021.

[52] "One year since a complete lockdown was announced, we look back on how India fought COVID." *The Economic Times of India*. 24 Mar. 2021. https://economictimes.indiatimes.com/news/india/one-year-since-a-complete-lockdown-was-announced-we-look-back-on-how-india-fought-covid/first-lockdown-announced/slideshow/81662838.cms, accessed 25 May 2021.

[53] Gandhi, Rahul. "We had time to prepare, this is sad, says Rahul Gandhi as coronavirus cases cross 500 in India." *India Today*. 24 Mar. 2020. https://www.indiatoday.in/india/story/we-had-time-to-prepare-this-is-sad-rahul-gandhi-on-coronavirus-in-india-1659061-2020-03-24, accessed 15 May 2021.

began investigating Covid-19 characteristics worldwide, working tirelessly to discover any solution.

The informal mode of opposition parties in India started campaigning against the nation's lockdown on the pretext of its negative impact upon the working class, peasantry, rural and urban poor. But these doom-and-gloom government opponents, unfortunately, had not planned any alternatives; even vague ideas about or proposals for material and financial support were a long time coming. Rather than criticism without solution, it was social service organizations, religious communities (Sikh and Hindu temples), Rashtriya Swayamsevak Sangh (RSS, a volunteer organization that has provided services including masks, soaps and food to many across India during pandemic lockdowns) and thousands of welfare societies that came forward to assist in the effort to quell the spread of the virus.

The selfless individual efforts of film personalities, entrepreneurs and industrialists provided food, arranged for bus transportation for members of the working class, supported the distribution of free masks, and assisted medical facilities for months together in India. It is important to note here that the Sikh temples, in different countries around the world — in Europe, USA, Canada, Australia, Africa and Asia — provided kitchen facilities and medical support to thousands of people during the pandemic period. The New York Times noted, "The Gurudwara [a Sikh place of worship] has served 145,000 free meals for New York hospitals workers, people in poverty and anyone else in search of hot meal … [and] the Golden Temple in Amritsar, India, serves more than 100,000 people every day."[54] *Pradhan Mantri Jan Dhan Yojana*, or "The Prime Minister's People's Wealth Scheme," (an affordable-access financial-services program for citizens) and other central government policies, along with the concerted efforts of service organization and other entities, worked together in the first and second phase of Covid-19 in India.

[54] Krishna, Priya "How to Feed Crowds in a Protest or Pandemic? The Sikhs Know." *The New York Times.* 8 June 2020. https://www.nytimes.com/2020/06/08/dining/free-food-sikh-gundwara-langar.html, accessed 10 June 2021.

Political parties and vaccination program

India's vast experiences in its 1985-launched Universal Immunization Program have been brought into play in the battle against the pandemic. Lessons learned over three-plus decades have helped in the conducting of successful dry-run exercises and the testing of the Covid-19 vaccination process at ground level. The program, which today provides a dozen disease vaccinations, is actively supported by a long list of outlets: 10,000-plus participating private hospitals, 600 Central Government Health Scheme (CGHS, the Indian healthcare carrier for state employees) providers, thousands of government dispensaries, a like number of Primary Health Centers (PHCs), hundreds of civil hospitals at the district level and Anganwadi rural child care centers. This army of support facilities, agencies and outlets has been instrumental in carrying out the vaccinations of more than 2.5 million[55] people of all groups from 18 years to 100 years of age across the world's seventh-largest country by area.

Image credit: Mr Subir Halder / Shutterstock

The opposition voice of misinformation continues. This informal mode of opposition parties bombarding the Indian population with fake statements against the national vaccination drive advances anarchism in society and builds chaos across its targeted space. Different opposition parties' leaders have tried their best to label these Indian vaccinations as the "BJP vaccine"; efforts seek to create skepticism and mistrust toward the vaccine;[56] the reliability of the vaccine has been brought into question and exaggerated;[57] and other half-truths have been spread to discourage Indians from being vaccinated.

Interviews with farmers in rural India, with industrial workers in different big cities and with people living in the slums of metropolitan cities have revealed

[55] Indian Ministry of Health and Family Welfare. 25 May 2021. https://www.mohfw.gov.in/, accessed 13 June 2021.

[56] *The Economic Times*. 2 Jan. 2021.

[57] *The Times of India*. 9 Jan. 2021.

that many people are refusing to take the vaccination because of the propaganda spread by opposing parties. Representative of the success of the campaign and the fear bred in its audience is the idea that "It will kill us, and opposition leaders are also not getting vaccinated, then why we?"[58] The opposition parties have used social media outlets such as WhatsApp, Twitter, Facebook, Instagram, TikTok, orkut, newj, vido, KineMaster, Biugo, Vivo, Moj and others as tools to pronounce and strengthened their arguments against the government's reliance on the vaccination as a means of managing the spread of the pandemic and reducing the daily cases and deaths attributed to it.

Programs introduced by the state governments that promise free food grains for proof of vaccine have been less successful than anticipated; the actions, and in many cases the interference, of government opposition have played a damaging and retarding role in the programs' promise. Among the intimidating tactics that have proven successful are physical attacks on doctors' teams; witnessing such altercations, many villagers have chosen to leave their homes rather than be vaccinated. Further, opposition fake-news ploys have included spreading the rumor that the vaccine will make men impotent and unable to produce families — a particularly effective message in Muslim- and Christian-dominated areas. Perhaps these tactics have been borrowed from a previous campaign: In 2007, Pakistani clerics opposed to the government's polio vaccination program used male impotency as an argument against it, broadcasting on an illegal FM channel that the effort to vaccinate was "a conspiracy of the Jews and Christians to stunt the population growth of Muslims." The BBC News report goes on to note: "A WHO report for 2006 said 66 localities in these areas were not covered by the immunization staff due to logistical problems, and coverage in 320 localities was 'poor' because of the anti-vaccine propaganda."[59]

In sum, the spread of misinformation is as difficult a challenge to beat as the pandemic itself. The emotional and anarchic card against the Covid-19 vaccination has been playing profusely in India, and as a result, the desired result

[58] India TV. 20 May 2021. "Aaj Ki Baat" program broadcasted at 1900 Hour.

[59] Yusufzai, Ashfaq. "Impotence fears hit polio drive." BBC News. 25 Jan. 2007. http://news.bbc.co.uk/2/hi/south_asia/6299325.stm, accessed 17 June 2021.

of the first phase of vaccination was not realized. In the government opposition's campaign, about 10 million healthcare workers and 20 million frontline workers were targeted, along with 270 million people aged 50 years and younger with comorbidities.[60] Sadly, just 60 percent of healthcare workers and only 26.3 percent frontline workers have received the vaccine, as of March 2021.[61] At the same time, India has administered 30.6 million people the first dose of the vaccine.[62] This is the result of the ideological intoxication of the opposition parties that have created the anarchy even in the minds of the healthcare workers and frontline workers about the success rate of the Covid-19 vaccine.

In sum, the spread of misinformation is as difficult a challenge to beat as the pandemic itself.

This mind-poisoning propaganda has made thousands of vaccine jabs wasted, as people have not turned out, despite the counter arguments of directors, chief medical officers and renowned senior medical practitioners of top-most hospitals. Also, to counter claims that the Covaxine and Covishield vaccines can be life-threatening, Prime Minister Modi, along with different cabinet ministers, BJP ruling state chief ministers and their cabinet ministers; Indian Army, Air Force and Navy generals; and other scientists have publicly lined up for their vaccinations, leading by example to the Indian people. Meanwhile, conversely, opposition party leaders, including UPA allies, chief ministers in states and other party associates have neither supported nor endorsed governmental mass awareness vaccine campaigns, nor have they allowed media outlets to share information and images of their vaccinations — at least those who choose to vaccinate.

The vast mass of less-educated people living in rural or semi-urban areas in India are more vulnerable to rumor and innuendo and more likely to hear and digest

[60] *Gulf News*. 1 Jan. 2021.

[61] Sharma, Neetu Chandra. "Over 60% healthcare workers receive first dose of Covid-19 vaccine." Mint. 16 Feb. 2021. https://www.livemint.com/news/india/over-60-healthcare-workers-receive-first-dose-of-covid-19-vaccine-11613488879136.html, accessed 8 May 2021.

[62] Vinaykumar, Rai, and Mudit Kapoor. "Covid-19 vaccination: At current rate, India will take 10.8 years to vaccinate 70% population." *Business Today*. 18 Mar. 2021. https://www.businesstoday.in/coronavirus/covid-19-vaccination-current-rate-india-take-12-years-vaccinate-70pc-population/story/433737.html, accessed 19 May 2021.

messages of pending doom, such as the opposition's messaging against the impact of the Covid-19 vaccines. Today, such negative advertising has reached these villages — and not accidentally, but as a specifically targeted high-value base — whose demographics are representative of the basic unit of third-tier federalism of India. It is this rural-villages tier, made up of self-governing, politically diverse *Panchayat raj*, or councils, that is showing the effects of the opposition's successful messaging. It is difficult, however, to pinpoint the exact impact — countless Covid-19 cases and deaths that occur in these outlying villages and settlements are not recorded as Covid-related.

And while the opposition parties line up to counter the government's efforts in *Panchayat raj* villages, their tactics have not been strictly psychological; there are signs of physical interference, different from the harassment of medical teams. Following the first phase of the pandemic, the PM Cares fund (Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund) distributed thousands of medical ventilators to the opposition political parties' ruling states such as Andhra Pradesh, Chhattisgarh, Delhi, Jharkhand, Kerala, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, and West Bengal. However, the machines went unused during the second phase of the pandemic.

The opposition's anarchic ideological intoxication and physical interference are far more dangerous for the country than the pandemic itself. The "Anarchy with Pandemic" has become the action program of the opposition parties, and the number of Covid-19 patients in India has reached more than 30 million. The massive advertisement of opposition parties' two-word slogans — "Modi Vaccine," "BJP Vaccine," "Conspiracy Vaccine" and "Killer Vaccine" are some of the nametags placed by political naysayers — must stop immediately, or else we risk an international perception of India as a worse-case victim, not of Covid-19, but of fictitious stories and figment-of-the-imagination beliefs.

The anarchic tendencies expressed by opposition party leaders become more profound because of their reluctancy to be vaccinated with one or the other of the Astra Zeneca potions. Asks one internet headline, "Why has Rahul Gandhi not yet

taken vaccine?"[63] With such a platform provided the government for a response to Gandhi's unvaccinated status, BJP member Ravi Shankar Prasad seized the opportunity: He called Gandhi "arrogant," "ignorant" and a failed part-time politician, adding, "India is not facing vaccine starvation but Shri Gandhi is facing attention starvation. Why has Rahul Gandhi not yet taken vaccine? Is it an oversight or he doesn't want it or has he already taken one in many of his undisclosed trips to foreign locations but doesn't want to disclose?"[64]

The cat-and-mouse, back-and-forth game was extended when Gandhi responded in a letter to the prime minister, stating, "India is home to one out of every six human beings on the planet. The pandemic has demonstrated that our size, genetic diversity and complexity make India fertile ground for the virus to rapidly mutate, transforming itself into a more contagious and more dangerous form. The double and triple mutant strains that we are currently grappling with are only the beginning, I fear." He continued: "Allowing the uncontrollable spread of this virus in our country will be devastating not only for our people but also for the rest of the world."[65] But, it begs the original question: Why hasn't Gandhi, or others in political and service leadership not supported the ruling government and taken their vaccinations?

Recently, twelve opposition political party leaders wrote a letter to Prime Minister Modi, claiming the pandemic has turned into an "apocalyptic human tragedy" in the country. The leaders demanded universal free vaccination for all, as well as a demand for the repeal of the Indian Agriculture Act of 2020 and the withdrawal of the three laws which deregulate the sale of farmers' crops[66] — these would appear to be contradicting calls, one focused on the implementation of a free vaccination program, the other playing on the impassioned and even violent protests of farmers and unions for better market conditions; the vaccination vs.

[63] "Statement of Sh. Sarad Pawar and Mr. Ravi Shankar Prasad." Press Trust of India. 9 Apr. 2021.

[64] Ghosh, Deepshikha. "'Why Has Rahul Gandhi Not Yet Taken Covid Vaccine?': BJP Hits Back." NDTV. 9 Apr. 2021. https://www.ndtv.com/india-news/why-has-rahul-gandhi-not-yet-taken-covid-19-vaccine-bjp-hits-back-2410036, accessed 17 June 2021.

[65] Gandhi, Rahul. "Letter to PM." Indian National Congress. 7 May 2021. https://www.inc.in/media/press-releases/shri-rahul-gandhi-s-letter-to-the-prime-minister-1, accessed on 8 May 2021.

[66] *The Economic Times*. 13 May 2021.

volatility elements at play here are another action by the opposition to breed anarchy through instability.

There's more that opponents of the current Indian central government are doing to upset the socio-political cart. The "Congress toolkit controversy" is one such example, the ruling BJP accusing rival INC of "creating a 'tool kit' that aims to tarnish the image of the country and Prime Minister Narendra Modi by calling the new strain of coronavirus as "Indian strain" or the "Modi strain."[67] At the center of the fray is the idea of a tool kit that is shared among like audiences as a guideline or guidelines to shape narrative, to gain favor, to successfully influence and more (tool kit pointers: "amplify our work," "create a social media team," "collaborate with friendly media," "liaise with local leaders for special considerations," "respond to help requests only if from members," "prioritize media requests," "contrast work done by us with lack of work done by them").

The anarchic philosophy of the opposition, and an example of the impact of such a toolkit, can be seen in India during the 2021 West Bengal State legislative assembly elections. The INC, the Communist Party of India, the Communist Party of Marxist, and other radical political organizations silently diverted their votes in favor of Trinamool Congress—only to halt the ruling BJP juggernaut without any common election manifestos or understanding. With the chaotic combination victory, and subsequent blocking of BJP success, more than 11,000 people have been rendered homeless in the region, 40,000 or more have suffered brutal attacks and more than 2,000 people have become refugees in neighboring states as a post poll result.[68] Such anarchism will not work in fighting against the pandemic, but it has a disturbing impact upon the country's economy and society.

Pandemic economy and Indian society

The Indian government's actions in the first-phase fight against the pandemic has been critically examined by such international financial-services juggernauts

[67] "What is 'Congress toolkit' controversy: All you need to know." *The Times of India*. 19 May 2021. https://timesofindia.indiatimes.com/india/what-is-the-congress-toolkit-controversy-all-you-need-to-know/articleshow/82761578.cms, accessed 17 June 2021.

[68] "Brutal Attacks on Hindu Community." Press Trust of India. 20 May 2021.

as the International Monetary Fund (IMF), World Bank, Moody's Investor Service. The consensus is that the steps undertaken in the first phase were well-received, and that the country's economy is expected to rise. Strengthening mechanisms are many as the country looks forward. Pandemic relief measures at the forefront include the provision of medical insurance to frontline health workers and income support extended to vulnerable groups using Direct Benefit Transfer (DBT), India's own system of subsidy-transfer directly to the people through their bank accounts are the major pandemic relief measures and the affirmative action of implementation of *Pradhan Mantri Ujjwala Yojana*, or Prime Minister's Lighting Scheme, increasing liquid petroleum gas cylinder coverage and free cylinder delivery during the pandemic period, which helped provide some 80 million people still using coal or wood access to cleaner cooking fuels. Born of the "Digital India" initiative, Digilocker is a document-storage program placing all educational, medical, passport and PAN card details of every Indian in a digital form over a cloud storage system so they can access them from anywhere without having to carry all the documents physically.

Another Digital India entry, BharatNet, has expanded broadband connectivity and improved telecommunications, while the government's continued advancement in integrating governance and social media has improved communication opportunities across the world's second most populous country. Construction of 1.8 crore houses (18 million) and a vast expansion of electrification have changed lives and lifestyles among India's underserved population. And, the *Ayushman Bharat Yojana* national health insurance program is designed to offer free access to healthcare for low-income earners, similar to the U.S. Medicaid program.

All of the above initiatives, programs and advancements have strengthened Indian society and positively impacted the country's ability to address the pandemic. Says economics Assistant Professor Singh:

> **"The massive infrastructure built by implementing policies would have been unthinkable a few years ago. Today, India's banked population is more than 80 percent, a sharp increase from around 50 percent in 2014 and now boasts of 380 million bank accounts, 1.25 billion Aadhaar [identity] cards and 1.21 billion mobile phones, more than 600 million RuPay [credit] cards attached to associated [government financial services] accounts, and 1.2 billion transactions are being done over [Indian mobile payment**

> **app] BHIM UPI alone, which accounts only for the 5 percent market share in the bourgeoning UPI ecosystem. Because of this, India today is in a far better position to deal with the pandemic."[69]**

The peak of Covid-19 cases and deaths in the year 2020, and the subsequent decline in each category has been examined and systematically analyzed and found the steps taken by the government lend promise to "gradual improvement in economic activity." Notes Moody's:

> **"India's economy had the biggest contraction, 24 percent year-over-year in the second quarter, because of a long and strict nationwide lockdown. Restrictions have eased only slowly and in phases, and localized restrictions in containment zones remain. As a result, the recovery has been patchy. We therefore forecast a gradual improvement in economic activity over the coming quarters. However, slow credit intermediation will hamper the pace of recovery because of an already weakened financial sector."[70]**

The subsequent second phase of Covid-19 has devastated the Indian society and disturbed the supply chain of medicinal pharmaceuticals and the availability of other essential instruments and the supply of medical support in April 2021. This new wave has defined the economic development parameters and national security concerns about demand-procurement-distribution-supply efficiencies relative to hospitals and pharmacies. The emphasis of central and state governments to shore up domestic production capacities is designed to reduce redundancies. Moody's continues its analysis: "Pandemic management would continue to improve over time, thereby reducing the fear of the contagion and allowing a steady normalization of social and economic activity. As a result, the Covid-19 virus is expected to become a less-important macroeconomic concern throughout 2021 and 2022." [71]

[69] Singh Prakash Abhinav. "Modi 1.0 will help Modi 2.0 deal with the pandemic." *The Hindustan Times*. 30 Mar. 2020.

[70] "Moody's revises India's 2020 gdp forecast to -8.9% from -9.6%." *The Hindu*. 12 Nov. 2020. https://www.thehindu.com/business/Economy/moodys-revises-indias-2020-gdp-forecast-to-89-from-96/article33082321.ece, accessed 7 May 2021.

[71] *Ibid.*

No national lockdown in India was imposed in the second wave of Covid-19, and it helped the poor, the vulnerable household, the labor force and the agricultural worker in the unorganized sector find the necessary ways to earn a living and manage their homes. That all the indicators of economic development are improving, despite the changing landscape carved by the devastating pandemic, is a sign of affirmative growth rate. The agricultural labor force, non-farm labor force and small- and medium-sized entrepreneurial enterprises are working either at full capacity or at partial load are the affirmative indicators of economic growth.

This second pandemic wave did not chase the labor force to emigrate to their hometown despite some migration being recorded. The pandemic is under control in the big cities and district headquarters, but it is rising in the villages at an alarming speed. The government must act now to reach out to the country's rural villages, communicating, informing and assisting to provide all the necessary tools to minimize the Covid-19 impact on the one hand, while also bolstering the locales' economies.

Conclusion

Today, the UPA allies have been caught in a classic squeeze as the central government is working to minimize the social impact of the pandemic. At the same time positive and effective governance is critical, Socialist, Communist, militant Naxalite and other opposition elements have turned to devastating tactics designed to create anarchy and chaos as a means of slowing or stopping the forward progress being experienced as a result of BJP-NDA leadership.

The call by the current government for national unity may work in this pandemic situation via a coalition government at the national level, but the people have given the complete majority to the BJP-led NDA for the 17th Parliament of India. Moreover, the ideological differences between the UPA and NDA will not make it conceivable to work in an environment of national unity under the present circumstances.

Overall, Parliamentary democracy never works as an absolute mechanism; the ruling party has a relatively greater number of seats and a larger percentage of the

popular vote than does the opposition. People aligned with a political party believe in their ideas about society and state. With a 1.34-billion population in India, 50/50 or 60/40 percentage splits in support create complex political challenges. This pandemic, for many a horrible, debilitating once-in-a-lifetime experience, should be the common concern for all the political parties in India; no 50/50 or 60/40 or even 70/30 split. The opposition parties must act now. They must step back from their biased and often untrue messaging and anti-vaccination propaganda. It is time for the leaders of the opposition parties to step up, embrace the promise of the vaccine as a best-chance scientific medical tool, get their jabs and support the current government's efforts in the fight against Covid.

It is true to say that once the opposition parties' leaders are vaccinated, falling in line with science and medicine, the campaign against vaccination will die its own death. Once this happens, we will feel the difference and the increased participation in India's vaccination program. It will help to minimize the impact of a third wave of Covid-19 on Indian society. Economically, the GDP of India will depend upon the success rate of vaccination and its campaign to inoculate the population. Even the World Bank suggests that "making the right investments now is vital both to support the recovery when it is urgently needed and foster resilience. Our response to the pandemic crisis today will shape our common future for years to come."[72] All the political parties should forget their petty interests, understand and recognize the pandemic as a national disease. By acting affirmatively, all can curb its impact and help the country build a durable, equitable and sustainable economy.

All the ruling parties in India and all the opposition parties in India should forget their left, right, conservative or liberal ideologies and should stand united in this national health war. This is the unspoken truth of a multi-party democratic system — to stand together at the time of any emergency.

This paper concludes with a Sanskrit verse, the simple translation — "The truth is one, sages call it by different names" — is taken from the original collection of

[72] "A Strong but Uneven Recovery." World Bank. 7 May 2021. https://www.worldbank.org/en/publication/global-economic-prospects, accessed 7 May 2021.

Vaidik Sanskrit hymns: "To what is one, sages give many a title."[73] In other words, the truth is one, but the learned refer to it with different names. The truth prevails that India is a nation, and we should stand united behind the nation in fighting against Covid-19 pandemic. The democratic system allows checks and balances in the examination of the function of the ruling party governance; the system also allows the same for opposing voices. But, at a time of emergency, standing together as one family — *Vasudhaiva Kutumbakam* — is the only solution.

About the author

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He has shared his expertise on different aspects of Africa before audiences of the International Geography Union (2004, 2008), Ronald H. Brown Institute (2008), United Nations Organization (2012), World Policy Council (2014, 2016), European Commission of African Studies (2014), Council for the Development of Social Science Research in Africa (2015), IBSA, BRICKS-IKS (2016, 2018, 2019) and many others. Professor Kumar has been published in nearly 150 different books, journals and newspapers. He has actively contributed his opinion on India and Africa in the different international media channels of BBC, Aljazeera (English), ABC (USA), Yomiuri Shinbun (Japan) and All India Radio.

[73] एकम सत वप्रिा बहुधा: वदन्तः (Eikam Saty Vipra Bahuda Vadanti). The Rig Veda/Mandala 1/Hymn 164. https://en.wikisource.org/wiki/The_Rig_Veda/Mandala_1/Hymn_164, accessed 17 June 2021.

Eroding the Gains of Mobility:

COVID-19 and Impact on Low-income Migrant Zimbabwean Women

Image credit: Peter Kvetny / Unsplash

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Introduction

Zimbabwe's protracted economic crisis and high unemployment rate have left many Zimbabweans living in conditions of extreme material deprivation and marginalization. For women, this is coupled with caregiving roles with children, the elderly and the incapacitated. Some women lack professional skills, while those who possess such skills find themselves unemployed or working in jobs where they are over-qualified and underpaid.

All this translates into a lack of or limited opportunities to earn regular, stable, adequate incomes. For many Zimbabwean women who are low-income earners, migration has become in the last two decades a potential way out of precarious economic circumstances. Migration provides low-income earners with the opportunity to mitigate the socioeconomic impacts of both macro and micro

factors in Zimbabwe, and to fulfill social obligations that come with motherhood and caregiving roles. Literature on migrant women around the world shows that — notwithstanding the logistical and physical challenges migration entails, especially for low-skilled migrants and those moving without the requisite documents — many women in difficult economic circumstances count migration as one of the most viable options, if not the only remaining option.

Against the background of Zimbabwe's protracted economic and humanitarian crisis, amid a lethal cocktail of macroeconomic instability, climate shocks and policy missteps, many Zimbabwean women have migrated to neighboring countries in Southern Africa and beyond. This article addresses the impact of Covid-19 on low-income migrant Zimbabwean women. It discusses how Covid-19 has eroded and even reversed the gains of migration among low-income migrant Zimbabwean women, especially in terms of their capacity to meet basic needs, while raising their families both in Zimbabwe and in their receiving countries. Covid-19 has negatively impacted these women's socioeconomic status.

This article draws attention to low-income migrant women's pre-Covid-19 socioeconomic circumstances. It juxtaposes these circumstances with the women's current situation in environments where the pandemic and accompanying restrictions and lockdowns have curtailed opportunities for employment and exacerbated an already difficult situation for many low-income migrant women. Covid-19 presents the women with untenable choices as they ponder the short- and long-term costs and benefits of returning to Zimbabwe or remaining in their receiving country without stable incomes, if any. Similar trends of return migration due to declining opportunities in the receiving countries and the negative impacts of Covid-19 are growing and have been noted elsewhere (Rajan, 2020).

The class dimension of migration

In writing about the circumstances of migrant women, it is important to acknowledge the class dimension as it regards migration. Class mediates migrant women's experiences and produces differential circumstances for them in both Zimbabwe and receiving countries. In a broader context, the circumstances of migrant women who have traveled from the Global North (where countries are technically and socially better developed) to live in the Global South (these are the

lower-income countries on one side of the Global North-South divide) are different from those of the majority of migrant women, who are moving in the opposite direction (Jaji, 2020). Thus, different trajectories in the North-South dichotomy have varied racial and class outcomes for migrants (Alloul, 2021).

This class dimension intersects with legal status and lack of labor rights, both of which have a bearing on the kinds of jobs low-income migrant women have access to and the incomes they are able to earn.

The class dimension is also explored in studies on migrant women from less-privileged economic backgrounds who mostly have little to no skills (Tigno, 2014), and also in research on highly skilled migrant women (Khattab et al, 2020). These circumstances and the lack of resources to undertake the journey influence the outcomes of migration (van Hear, 2014). While there are migrant women who experience upward social mobility, there are many others who fail to translate social, economic and educational resources into upward social mobility in the receiving country (Cederberg, 2017). Class determines both mobility and immobility, and forces these travelers of different socioeconomic statuses into different migration and professional routes (Bonjour and Chauvin, 2018). This class dimension intersects with legal status and lack of labor rights, both of which have a bearing on the kinds of jobs low-income migrant women have access to and the incomes they are able to earn.

Contexts characterized by stringent border policing and immigration laws render "illegality" visible (de Genova, 2013), and this has become a critical consideration for many low-income migrant women. Class intersects with race in shaping immigration policies and migrants' experiences (Bonjour and Duyvendak, 2018; Bulmer and Solomos, 2018; de Genova, 2018). It is in consideration of the class dimension that this article unbundles the descriptor "Zimbabwean migrant women" and specifically addresses the circumstances of women who are in low-income occupations susceptible to sudden and unforeseen events such as the outbreak of Covid-19.

Low-income migrant women and pre-Covid-19 circumstances

Migration entails numerous challenges. Included during the physical journey from one location to another are such challenges and dangers as lack of proper travel documents, falling victim to human trafficking syndicates, and the very real possibilities of sexual and gender-based violence. Migration also creates situations in which women have to juggle work with parenting and other traditional gender roles, similar to what has been noted among Filipino migrant women (Mohyuddin, 2017; Parreñas, 2005).

Migration entails numerous challenges. Included during the physical journey from one location to another are such challenges and dangers as lack of proper travel documents, falling victim to human trafficking syndicates, and the very real possibilities of sexual and gender-based violence.

However, it should be noted here that migration can also have a positive impact on migrant women's social status inside their family circle; the self-confidence that matures with assuming the role of breadwinner and acquiring decision-making power is one of those impacts (Jaji, 2016; Shakya and Yang, 2019). The challenges and opportunities that migration presents create situations in which it is also possible for migrant women to find new chances for life improvement and liberation at the same time they experience gender inequalities and constraints (Danaj, 2019). Migration, in some cases, enables women to improve their families' economic circumstances and at the same time make a contribution to national gross domestic product (GDP). In the Philippines, for instance, overseas migration contributes 10 percent of the GDP, and half of these migrants are women (Mohyuddin, 2017; Tigno, 2014).

Migration, in some cases, enables women to improve their families' economic circumstances and at the same time make a contribution to national gross domestic product.

For unmarried women, improved economic circumstances are accompanied by acquisition of decision-making power, especially on how

their remittances are to be used by their families. Prior to Covid-19, some migrant Zimbabwean women used their incomes to assume more decision-making roles in their marriages and families, which enabled them to enjoy an improved socioeconomic status deriving from being a breadwinner and the power that this entails (Jaji, 2016). Against the backdrop of the economic crisis in Zimbabwe, many migrant women explained that their migration greatly improved their economic circumstances, as they could now afford basic necessities and pay for their children's education, which they had struggled to do before they left Zimbabwe.

The opportunities that migration presented to these women enabled them to subvert the patriarchal ideology, especially in cases where men were unable to fulfill traditional cultural obligations that legitimized their assumption of male privileges, including exercising power over the women in their lives. When migrant women "encroach" into spaces designated as male, this inevitably leads to a relaxation of the patriarchal grip. This "loosening" is facilitated by the migration — mobility itself takes the women out of the national space, which is the Zimbabwean patriarchy's physical domain. Even in instances in which migrant women were in low-income jobs that came with little if any job security, the fact they could sustain themselves and their children without having to depend on men enabled them to exercise a considerable degree of independence, which they had not experienced prior to migration.

The outbreak of Covid-19, and the fact that its precautionary measures have differential and unequal impacts on people working in various sectors, necessitates inquiry into how low-income migrant women — in this case, low-income migrant Zimbabwean women — have fared under the intermittent lockdowns implemented in many countries around the world.

Low-income migrant women and Covid-19 restrictions

As countries increasingly become inward-looking, particularly in response to Covid-19, migrants, in this case low-income migrant women, find themselves in a transformational state in which they are both part of and not part of the sending and receiving countries.

In a global context where Covid-19 has affected everyone — even those who have not contracted the virus — poor people are easily forgotten or ignored, and yet they are the least capable of coping with the socioeconomic effects of something as unanticipated as the pandemic. The socioeconomic impacts of Covid-19 follow the contours of past medical, economic and political calamities. As countries increasingly become inward-looking, particularly in response to Covid-19, migrants, in this case low-income migrant women, find themselves in a transformational state in which they are both part of and not part of the sending and receiving countries. Low-income migrant women are not only among the poor but are also among a group of people whose already-limited rights have been constrained and contested even further by the pandemic due to growing inclination to erect physical and legal barriers around the nation-state.

This inclination to exclude migrants and limit their movement — whether intentional or systemic or for lack of resources — has grown with Covid-19 (Ikotun et al, 2021; Opiłowska, 2021; Radil et al, 2021). Coping with the pandemic within the context of proper legal/travel documentation places low-income migrant women in a particularly difficult situation because of the lack of access to such validation, the inability to secure the same, and even the awareness of what is required. In a global and in a regional context, where the poor are disproportionately affected in emergency and crisis situations such as those generated by disease outbreaks, natural disasters and violent political conflict, the logistics become even greater and more inaccessible. And, even in rich countries, the poor and the migrants, especially women, tend to be the most affected, for example, by economic crisis (see León-Ross et al, 2013).

Economically stable people around the world have focused on how not to get infected by the coronavirus. They have moved their work activities to online platforms and taken other technological and logistical measures. However, the poor in general, and low-income migrant women in particular, have had to make tough choices. Staying at home in compliance with the lockdowns means losing incomes or risking starvation. In many instances, the closure of workplaces under the lockdowns — intended to curb the spread of the virus — has resulted in loss of incomes and, by extension, loss of accommodation due to non-payment of rent (IOM, 2021). Whereas more-prosperous countries have provided greater

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funding and instituted charitable programs to address joblessness and homelessness during the pandemic (Parsell et al, 2020), many less-prosperous or under-developed countries have not been able to respond in a similar manner, leaving vulnerable populations such as low-income migrant women in especially difficult circumstances. Evictions lead to vulnerability to sexual and gender-based violence, as low-income migrant women are forced to live in even more insecure physical environments. Although low-income migrant women may have been able to meet basic needs and even provide for other family members in Zimbabwe, the fact they work in insecure and low-paying jobs means that most of them do not have savings to mitigate the impact of unforeseen crises such as Covid-19.

The Covid-19 outbreak has exacerbated and brought into sharp focus various issues that affect low-income migrants. Many low-income migrant women are undocumented. As such, they most often work at jobs that come with little if any labor rights or job security; many face abuse, irregular pay at the whim of dishonest employers, unrealistic work hours and appalling work environments. Covid-19 has exaggerated and solidified the exclusionary nature of the nation-state. Categorization of populations within national boundaries into "insiders" and "outsiders" is an inherent part of the nation-state framework of governing people and establishing decrees and procedures surrounding mobility. However, Covid-19 has resulted in the population of those identified as "not belonging" to the nation-state becoming even more prone to discrimination and exclusion; in some instances, this leads to xenophobic attitudes and physical attacks (Elias et al, 2020).

Specifically, the pandemic has had adverse effects on migrants facing legal challenges due to their undocumented status (IOM, 2021). Lack of proper documents, combined with Covid-19 restrictions on mobility, has resulted

in increased exposure to law enforcement. The pandemic has thus added an extra layer of surveillance and subject visibility through stringent policing and curtailment of mobility, which is particularly detrimental to undocumented migrants, who are already wary of law enforcement because of their immigration status. Moving around at a time when cities and towns are emptier than before leads to more encounters with law enforcement, which undocumented migrants may have previously been able to avoid by blending into crowded spaces. Yet, the hand-to-mouth existence compels low-income and undocumented migrants to leave their homes in order to earn incomes for daily subsistence at a time when mobility can result in deportation for lack of proper immigration documents.

When Covid-19 became a global pandemic and countries instituted travel restrictions, many migrant women working in the hospitality industry and its related sectors were laid off, as hotels, restaurants, events and other tourism-related businesses were among the first to close their doors (Gursoy and Chi, 2020; Rukasha et al, 2021). It can be argued here that low-income migrant women are mostly in occupations in sectors that are designated as "non-essential" under Covid-19 restrictions. For example, Covid-19 safety measures have had an adverse impact on the hotel, catering, recreation and travel industries that rely on global tourism. This has had reverberations in other sectors that similarly employ migrant women; for example, the fresh produce sector, which is in the supply chain of the hospitality industry, has suffered as a result. Employers in these sectors have limited options but to lay off workers whose services have been rendered redundant or unnecessary by pandemic-related disruptions. And, the lack of or limited labor rights means that the women are laid off with no legal recourse. In migrant-receiving countries such as South Africa, migrants provide cheap labor, not only in the sense of low wages and salaries but also in terms of the absence of vibrant labor unions, which leaves these economically strapped sojourners vulnerable to abuse and exploitation (Rutherford and Addison, 2007). They have become even more vulnerable in the context of Covid-19.

The lockdowns under Covid-19 are particularly disruptive to livelihood strategies that rely on mobility. Covid-19 has negatively affected low-income migrant women in jobs that have greatly been affected by the safety precautions instituted to curb the spread of the pandemic. Apart from the hospitality industry, other

sectors affected by the pandemic are the beauty and cosmetic sectors and informal trading ventures that employ low-income women.

Many low-income migrant women work in sectors where mobility is an integral part of earning an income. For instance, care and domestic services and the hospitality and vending industries require physical presence. Unlike the formal sector where employers can arrange for employees to work online from home, people in the informal sector are required to be physically present at the workplace. The lockdowns also affect migrant women who earn incomes through informal trading, for example, vending. Like the hospitality industry, the informal trading sector where the majority of poor people work, including low-income migrant women, has been identified as "non-essential" around the world, closed down as one of the precautionary measures to curb the spread of the coronavirus. The overall outcome of these pandemic actions has been the loss of incomes in sectors hardest hit by Covid-19 travel restrictions and lockdowns (Fletcher et al, 2021).

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While many governments provided Covid-19 cash payouts to cushion low-income earners from the impact of the lockdowns and subsequent loss of wages, these relief packages did not include provisions for undocumented migrants and low-income migrants in general. The latter are also excluded from social services such as healthcare, and this has been a challenge even before the pandemic, as illustrated by Crush and Tawodzera (2014). In fact, Crush and Tawodzera argue that migrants in South Africa experience "medical xenophobia." This is salient because many low-income migrant women live in crowded residential areas where self-isolation and social distancing measures are difficult to implement or practice, which translates into a high risk of infection. In addition, the individual battle against contracting the virus necessitates access to healthcare services and

facilities with maximum care capabilities for Covid-19 patients. To complicate matters, undocumented migrant women may avoid seeking healthcare in the event of infection for fear of being reported to the authorities (Kvamme and Ytrehus, 2015). Finally, there are varied positions among countries in the global South on whether visitors and undocumented migrants should have access to free vaccination. Where free vaccinations are withheld from undocumented and low-income migrants, this creates a situation in which people who can least afford the vaccines are the ones who are excluded from access to free vaccination.

Covid-19 and implications for socioeconomic status

Where low-income migrant Zimbabwean women once sent remittances to family members remaining behind in Zimbabwe, the subsequent loss of regular incomes through pandemic lockdowns has resulted in a quick slide into insecurity and uncertainty for these stay-behind family members.

Covid-19 has a negative economic impact not only on low-income migrant women's capacity to meet basic needs but also on their social status. Where low-income migrant Zimbabwean women once sent remittances to family members remaining behind in Zimbabwe, the subsequent loss of regular incomes through pandemic lockdowns has resulted in a quick slide into insecurity and uncertainty for these stay-behind family members. This, then, results in a corresponding erosion of social status, as these low-income migrant women fail to respond to the needs of family members who depended on them prior to the pandemic and depend on them now as well. The gains in socioeconomic status these women had made before the global spread of Covid-19 have since been reversed, scuttling hopes for a greater investment in life following their return to Zimbabwe.

Among the low-income migrant women are single mothers who have to pay school fees for their children. In this respect, loss of personal income has also led to failure to pay for children's online school classes and the disruption of their education. If this situation continues, it may lead to the children working in low-income occupations just like their mothers thus perpetuating a cycle of poverty and generational insecurity.

Overall, Covid-19 has placed low-income migrant Zimbabwean women in an untenable situation as illustrated by cases of those who were laid off in countries such as South Africa (IOM, 2021). The high level of desperation this has created has compelled some of the women to return to Zimbabwe without savings. This basically means a return to uncertainty without coping strategies; Zimbabwe is affected not only by its long, drawn-out economic crisis, but also by the same safety measures that are forcing the migrant women to leave the receiving countries and return home. Undocumented migrant women who return to Zimbabwe after losing their jobs in their receiving countries have no guarantee they can leave Zimbabwe again, and their economic future is uncertain. Many of these find themselves in situations that require them to make difficult choices under difficult circumstances.

Conclusion

Covid-19 has adversely affected low-income migrant women in legal and socioeconomic terms and exacerbated an already difficult situation for them. Restricted mobility and lockdowns occur within the context of exclusionary migration regimes that associate unlimited mobility with the spread of Covid-19, hence the closure of borders around the world. This does not spare migrants who are already in the receiving country, as they must contend with layoffs and precarity. Low-income migrant women who are undocumented experience an added layer of surveillance and undesired encounters with law enforcement. The pandemic has brought about multifaceted forms of exclusion and uncertainty within the context of the growing association of unfettered mobility with the spread of the disease and hierarchical access to global healthcare, which is manifest in the prioritization of citizens.

Many low-income migrant Zimbabwean women live in neighboring countries where they had already grappled with xenophobic sentiments, and the pandemic has only fed into this hostility. The many challenges emanating from Covid-19 are illustrated by low-income migrant women's return to Zimbabwe notwithstanding the fact that the country is still mired in an intractable economic crisis.

Abut the author

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From China Virus to Africa Virus in Guangzhou:

Sino-African Paradoxes in the Context of COVID-19

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The COVID-19 pandemic, which began in the city of Wuhan, Hubei, China, in December 2019, has led to an increase in acts of Sinophobia as well as prejudice, xenophobia, discrimination, violence and racism against people of East Asian, North Asian and South Asian descent and appearance around the world. This includes the verbal invective of former U.S. President Donald Trump, who referred to the virus as the "China virus." The upsurge of anti-Chinese sentiment, Sinophobia (from the Latin *Sinae* "China" and the Greek *phobos*, "fear"), against the backdrop of the suspicion of the spread of Covid-19, manifesting itself in feelings such as hatred or fear of China (and related countries), its people, its diaspora or its culture, has been accompanied by a wave of sympathy — a compassion among many people to denounce the injustice inflicted on an entire people without distinction and differentiation.

Paradoxically, in Guangzhou — a busy port city just northwest of Hong Kong — invectives and accusations by city authorities appear most-directed against Africans of sub-Saharan origin in particular, as warnings of a second wave of the pandemic were raised in April 2020.

What happened in Guangzhou in April 2020?

On April 12, 2020, in an announcement entitled "Guangdong Provincial Public Security Department: foreigners in Guangdong should be investigated and isolated and other prevention and control measures,"[1] Rihua Yang, deputy executive director of the Guangdong Provincial Department of Public Security, said that according to the "Law of the People's Republic of China on the Prevention and Control of Infectious Diseases," during the period of prevention and control of the epidemic, foreigners in Guangdong would be investigated, inspected, sampled, isolated and so on for the prevention of coronavirus. If a foreigner were to refuse to cooperate with the investigation, were to refuse to cooperate with the implementation of centralized medical observation of isolation and isolation treatment, or were to obstruct the performance of duties, Rihua Yang said, "the public security agency will issue warnings, fines, detention and other penalties following Article 50 of the Public Security Management Penalty Law."

Some Africans reported that police and local authorities had harassed them in other cities in China, and that hospitals and restaurants had refused them entry.

One Chinese online newspaper, cj.sina.com.cn/, carried the March 15, 2020, announcement by Wen Guohui, mayor of Guangzhou, that 119 cases of Covid-19 had been imported into his city from abroad. Wen also listed the leading countries of origin of the imports: 30 cases from the United Kingdom, 19 cases from the United States, 13 cases from the Philippines, 9 cases from Nigeria, and 7 cases from France. One would have expected that the "strict controls" announced

[1] Yang, Rihua. "Law of the People's Republic of China on the Prevention and Control of Infectious Diseases." Sina. 12 Mar. 2020. *www.cj.sina.com.cn*. Web. https://cj.sina.com.cn/articles/view/1664176597/633151d501900tldv.

would apply to all nationals of these countries without distinction. In practice, the Guangzhou authorities targeted Africans, who were forced to undergo screening and isolation.

The May 2020 Human Rights Watch report, "China: Discrimination Against Africans in the Context of Covid-19,"[2] revealed that forced quarantines, deportations and denial of services had occurred in Guangzhou. The NGO noted that Chinese authorities had visited the homes of African residents, screened them on the spot or asked them to take a test at the hospital. Some had been ordered to stay in their homes, with surveillance cameras or alarms installed outside their apartments.

There is a need to turn such statements into concrete actions that end the horrific dehumanization of Africans in China.

"There is no scientific basis for such a policy. Most of the imported Covid-19 cases in the province were Chinese nationals returning from abroad," the report stated. "Many Africans had already tested negative for the coronavirus, had not traveled recently, or had (not) been in contact with known carriers."

Some Africans reported that police and local authorities had harassed them in other cities in China, and that hospitals and restaurants had refused them entry.

In its April 21, 2020, editorial, Africa Briefing Magazine[3] reported that more than 300 human rights organizations and nearly 1,800 activists in Africa had sent an open letter to Moussa Faki, chairperson of the African Union, calling for immediate corrective action on the "xenophobic, racist and inhumane treatment of Africans in China."[4]

[2] "China: Covid-19 Discrimination Against Africans. Forced Quarantines, Evictions, Refused Services in Guangzhou." Human Rights Watch. May 2020. *www.hrw.org*. Web. https://www.hrw.org/news/2020/05/05/china-covid-19-discrimination-against-africans.

[3] "African human rights defenders call for action over Chinese abuse." *Africa Briefing Magazine*. 21 Apr. 2020. *www.africabriefing.org*. Web. https://africabriefing.org/2020/04/african-human-rights-defenders-call-for-action-over-chinese-abuse/.

[4] *Ibid.*

The signatories represented a wide range of African civil society organizations and individuals on the continent, as well as people living in Europe and the United States. Also included were groups representing women, workers, students, lawyers, academics, businesspeople, clergy, artists and journalists.

The letter stated:

> **"...we want to express our most profound concern and strongly condemn the recent acts of discrimination, xenophobia, and racism against Africans in China. We welcome the statements of the group of African ambassadors in Beijing and the reactions of various African governments, as well as your good offices..."**

There is a need to turn such statements into concrete actions that end the horrific dehumanization of Africans in China.

The petitioners added: "Pointing fingers at ... Africans is xenophobic and racist ... It is inhumane and goes against all the principles of dignity and shared humanity that should ideally guide Sino-African relations." The letter also noted that "recurring complaints about the illicit activities of Chinese companies in Africa" and states that future cooperation between African countries and China must "establish clear standards of mutual accountability."

The reaction of the Chinese government

Faced with these accusations, the Chinese government reacted. In an announcement[5] aired on China's national television — China Global Television Network (CGTN) — on April 14, 2020, the Chinese government denied discriminating against Africans in Guangzhou, stating it "rejects differential treatment" and has "zero tolerance for discrimination."

"China's deputy foreign minister Chen Xiaodong," the media outlet reported, "met with diplomats from more than 20 African countries about the reported mistreatment of African people in the southern Chinese city of Guangzhou and

[5] "Chinese government denies discrimination against Africans in Guangzhou." China Global Television Network (CGTN). 14 Apr. 2020. *www.news.cgtn.com*. Web. https://news.cgtn.com/news/2020-04-13/China-denies-discrimination-against-Africans-in-Guangzhou-PEPqwgJ8qY/index.html.

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assured that all foreigners are treated equally under China's virus prevention rules."

Chen added, "The Chinese government attaches great importance to the health and safety of foreign nationals in China, treats them equally and rejects any discriminatory measures in the fight against the coronavirus outbreak."

Recently, there have been reports that Africans living in Guangzhou have been evicted from their rented apartments and turned away from hotels because of suspicions of coronavirus cases among Nigerians. However, Chen told ambassadors and representatives of African countries in Beijing that the Chinese government is paying close attention to these issues, and Guangdong province has applied "non-differential" measures to Chinese and foreign travelers. Under local regulations, health authorities would immediately begin lifting restrictions on African people who were not confirmed Covid-19 patients or had been in close contact with them (including suspected cases), he added.

Chen reiterated that China treats all foreign nationals equally and would ensure that Africans were treated equally, fairly and in a friendly manner. He also asked the diplomats to tell an accurate and complete story of the Chinese government's prevention and control measures. Guangdong is a province at the forefront of China's opening up; it faces enormous pressure to prevent a resurgence of Covid-19, Chen added.

For their part, African diplomats[6] expressed concern about the treatment of Africans in Guangzhou but said they appreciated the new measures taken by the local government and would write immediate and comprehensive reports back home. "China and Africa are good brothers and partners, and the current problem in Guangdong province is a matter for China and Africa, and can be solved through

[6] York, Geoffrey. April, 2020. "African diplomats protest alleged racism and inhumane treatment of migrants in China." *The Globe and Mail*. 12 Apr. 2020. *www.theglobeandmail.com*. Web. https://www.theglobeandmail.com/world/article-african-diplomats-protest-alleged-racism-and-inhumane-treatment-of/.

negotiation. No outside force can undermine the friendship between Africa and China,"[7] added their Chinese counterparts, alluding to an eventual western instrumentalization of the incident.

Other Chinese state media have also published articles seeking to refute criticism that Chinese authorities have mistreated African nationals, accusing Western media of "causing problems between China and African countries."

In addition, foreign ministry spokesman Zhao Lijian announced on April 12, 2020, "Guangdong's anti-epidemic measures for African citizens in China."[8] "China and Africa are good friends, partners and brothers," the spokesman said. "Our friendship has been forged based on joint efforts to achieve national independence, liberation, economic development and better living conditions over the past decades. This tried and tested friendship is a treasure for the Chinese and African peoples. Humanity shines through the darkness of the epidemic."

Added Zhao:

> **"After the outbreak of Ebola epidemics in three West African countries in 2014, the Chinese government assisted as early as possible and fought side by side with African countries and peoples. Now, in the face of the Covid-19 pandemic, China and Africa are once again overcoming difficulties hand in hand, and our friendship is rising again. We will not forget Africa's support in the most challenging times. While overcoming challenges at home, we also give love and care to all African citizens in China, especially African students. As the situation in Africa worsens, the Chinese government and people have been urgently delivering lots of supplies to the continent."**

Zhao also recalled China's assistance to Africa:

> **"Our assistance, which reflects our deep friendship for our African brothers and sisters, is a testimony to our fine tradition of mutual assistance and support, and has been very well received by African countries and**

[7] "China denies discrimination against Africans in Guangzhou." China Global Television Network (CGTN). 13 Apr. 2020. *www.news.cgtn.com*. Web. https://news.cgtn.com/news/2020-04-13/China-denies-discrimination-against-Africans-in-Guangzhou-PEPqwgJ8qY/index.html.

[8] Lijian, Zhao. "Guangdong's Anti-epidemic Measures for African Citizens in China." Ministry of Foreign Affairs of the People's Republic of China. April 2020. *www.fmprc.gov.cn*. Web. https://www.fmprc.gov.cn/mfa_eng/xwfw_665399/s2510_665401/t1768779.shtml.

> **the African Union. While ardently fighting the virus at home, China has donated large quantities of test kits, masks, protective suits, goggles, face masks, forehead thermometers, medical gloves, shoe covers, fans and other supplies to the African Union and African countries. We will continue to assist our African brothers to the best of our ability." (Lijian 2020)[9]**

Finally, the foreign ministry spokesman reported China's policy of "zero tolerance" for discrimination in these words:

> **"During our fight against the coronavirus, the Chinese government has placed great importance on the lives and health of foreign nationals in China. All foreigners are treated equally. We reject differential treatment and have zero tolerance for discrimination."[10]**

Understanding anti-Black racism in China

China is not the only country with a racism problem. It is a global scourge, and it seems no one is immune. In every society, there are those who act and believe in a highly racist manner and those who do not. China, like most places, is full of both types.

What makes the problem different in China is the ease with which one can encounter racist behavior and beliefs. It can be strongly argued that it is not because the Chinese, as a people, are more or less racist than any other nationality. Racist sentiment may seem prevalent simply because it is so blatantly and concretely expressed when and where it exists.

There is a wealth of documents, articles, books and commentaries tracing Chinese racism from the 1960s to the 1990s.

One of the first books to document Chinese racism against Africans in post-1949 China is Emmanuel Hevi's "An African Student in China,"[11] published in London in

[9] *Ibid*

[10] *Ibid.*

[11] Hevi, Emmanuel. "An African Student in China." London: Pall Mall Press. 1963. 220.

1963. In his book, Hevi reports his experience with the arrests of Chinese girls for their friendships with Africans, and in particular, Chinese feelings of racial superiority over Blacks.

Image credit: Jon Tyson / Unsplash

In "Anti-Black Racism in Post-Mao China," Barry Sautman (2009)[12] reveals the manifestations of anti-Black sentiment on Chinese students since the end of the 1970s. Anti-Black racism in China is rooted in Han-minzu racial ideologies, which perceive Blacks as occupying the bottom of the "racial ladder."[13]

Unlike the observations of researchers such as Michael Omi and Howard Winant (1994),[14] who have advanced the theory that racial or even racist projects have only European origins, the reality under other skies, particularly in China, reveals a different story. The term often used by the Chinese state to describe ethnicity and nationality is the concept of "minzu," which is essentially defined by the homogeneity of a given group of people who share a common history, culture and ancestral lineage. Sun Yat-sen, the provisional first president of the Republic of China and is referred to today as "Father of the Nation," advanced this belief by self-endowing the Han majority with superior racial qualities, stating, "... the greatest strength is common blood. The Chinese belong to the yellow race because they come from the blood of the yellow race. The blood of the ancestors is passed down through the race by heredity, which makes blood kinship a powerful force."[15]

This racist concept of group difference has been used by previous empires up to the Chinese Communist Party (CCP) in the contemporary context to racially assimilate all officially recognized ethnic minorities toward a Han racial and

[12] Sautman, Barry. "Anti-Black Racism in Post-Mao China." Cambridge, UK: Cambridge University Press.

[13] Dikötter, Frank. "The Discourse on Race in Modern China." London: Hurst. 1992. 38-39, 49.

[14] Omi, Michael, and Howard Winant. "Racial formation in the United States: From the 1960s to the 1990s." London: Routledge. 1994.

[15] Dikötter, Frank. "The construction of racial identities in China and Japan." Hong Kong: Honkong University Press. 1997. 4.

ethnic identity.[16] According to Anwar Ouassini, Mostafa Amini, Nabil Ouassini (2021),[17] the emphasis on the supremacy of Han Chinese culture and race is part of the categorization of non-Han and non-European communities as barbarians in need of civilization based on their "history, blood, ancestry, culture, land and minzu characters."[18] Even Chairman Mao criticized this ideological framework as "Han chauvinism" to describe the blatant racism and discrimination against other ethnic minorities, of which Blacks are one of the most targeted. For Buckley and Ramzy (2020)[19], Finnegan (2020)[20], and Roberts (2020),[21] the racial, ideological projection of Han superiority can also be seen as the foundation of the CCP's current genocidal campaigns against Uyghurs in Xinjiang province to cleanse Uyghur culture and identity and forcibly assimilate the Uyghur minzu as second-class citizens.

Speaking specifically of Blacks, in "From Campus Racism to Cyber Racism: Discourse of Race and Chinese Nationalism," Yinghong Cheng (2011)[22] reports that some Chinese internet users use "extremely racist language"[23] in denouncing the presence of Africans in Guangzhou, pointing out these examples: "This is a racial invasion!";[24] "Public safety is gone!"[25]; "Are they becoming the 57th ethnic group?"; "China is not a refugee camp, our resources are already limited. They

[16] Joniak-Lüthi Agnieszka. "The Han: China's Diverse Majority." Seattle: University of Washington Press. 2015.

[17] Ouassini, Anwar, et al. "#ChinaMustexplain: Global Tweets, Covid-19, and Anti-Black Racism in China." *The Review of Black Political Economy*. 3 Mar. 202. https://doi.org/10.1177/00346446219926 87.

[18] Joniak-Lüthi, Agnieszka. "The Han: China's Diverse Majority." Seattle: University of Washington Press. 2015. 121.

[19] Buckley, Chris, and Austin Ramzy. "China is erasing mosques and precious shrines in Xinjiang," *The New York Times*. 25 Sep. 2020. *www.nytimes.com*. Web. https://www.nytimes.com/interactive/2020/09/25/world/asia/xinjiang-china-religious-site.html.

[20] Finnegan, Ciara "The Uyghur Minority in China: A Case Study of Cultural Genocide, Minority Rights and the Insufficiency of the International Legal Framework in Preventing State-Imposed Extinction," *Laws* 9 (1). 2020. https://doi.org/10.3390/laws9010001.

[21] Roberts, Sean. "The War on the Uyghurs: China's Internal Campaign against a Muslim Minority." (Oxford, UK: Princeton University Press. 2020.

[22] Cheng, Yinghong. "From Campus Racism to Cyber Racism: Discourse of Race and Chinese Nationalism." *The China Quarterly*. 2011. 207, 561-579.

[23] *Ibid.*

[24] *Ibid.*

[25] *Ibid.*

don't respect law and order, it's in their nature, not to mention their body odor."; "Go home, African dogs! You are only here to share our businesses and women!"[26]

Olfactory stereotypes against Black people are among those shared by some Chinese

Image credit: Clem Onojeghuo / Unsplash

Some Chinese women in romantic relationships with Africans have been humiliated by Chinese men who believe they have been manipulated by a racial cliché that exaggerates the virility of Black men at the expense of Chinese men. This has led some internet users to attack Chinese women in relationships with Black men in obscene language and written from a nationalist perspective, posting that such women were shaming "our country" and "our ancestors" by sleeping with "ugly and smelly" Black men.[27]

The widespread belief in black olfactory stereotypes was echoed by Shanshan Lan (2017)[28] in her book "Mapping the New African Diaspora in China: Race and the Cultural Politics of Belonging": "Many of our African interlocutors reported unpleasant experiences on bus journeys when some Chinese covered their noses at the sight of Africans or avoided sitting next to them."[29]

Furthermore, several authors agree that the current Covid-19 context has amplified social and racial inequalities. As per Anwar Ouassini, Mostafa Amini,

[26] Cheng, Yinghong. "From Campus Racism to Cyber Racism: Discourse of Race and Chinese Nationalism". *The China Quarterly*. 2011. 567.

[27] *Ibid.*

[28] Lan, Shanshan. "Mapping the New African Diaspora in China Race and the Cultural Politics of Belonging." Oxfordshire: Routledge. 2017.

[29] *Ibid.*

Nabil Ouassini (2021)[30] in their article, "#ChinaMustexplain: Global Tweets, Covid-19, and Anti-Black Racism in China," the Black community in China has been the target of a racial projection that has aimed to categorize their bodies as sick and their physical presence as a threat to the viability and security of the Han majority. The resulting actions have led to large-scale bans on Blacks entering restaurants, engaging in business transactions, seeking treatment in hospitals and renting apartments. Additionally, Blacks have been forced into government-sanctioned quarantines, says Jenni Marsh (2020).[31]

Although previous studies on racism in China are many, they generally do not address the context of the Covid-19 pandemic. Even the above-referenced article by Ouassini, Amini, Ouassini, which focuses on anti-Black racism in China, is limited to exploring how Twitter has been used to raise awareness of anti-Black racism in China. The analysis seeks to address the realities of Africans in China, especially the consequences of Covid-19 on their relationship with the Chinese.

Understanding Sino-African relations through the lens of Afro-pessimism

During and after the events in Guangzhou, some commentators have argued that anti-Black prejudice is at the root of Sino-African student conflicts. Anti-Black bias can, in turn, be seen in the context of a resurgence of elitist values that link and denigrate those who are dark with those who are poor. Traditional Chinese culture idealized light skin and, at least among the elite, associated it with intellectual endeavor. The most attractive man was a "white-faced scholar"[32]

The Chinese government believes that "issues of race and racism exist only in Western countries and that there are no racial problems in China."

[30] Ouassini, Anwar, et al. "#ChinaMustexplain: Global Tweets, Covid-19, and Anti-Black Racism in China." *The Review of Black Political Economy*. 3 Mar. 2021. https://doi.org/10.1177/0034644621992687.

[31] Marsh, Jenni. "China says it has a 'zero-tolerance policy' for racism, but discrimination towards Africans goes back decades." CNN. 25 May 2020. *www.cnn.com*. Web. https://www.cnn.com/2020/05/25/asia/china-anti-african-attacks-history-hnk-intl/index.html.

[32] Sautman, Barry. "Anti-Black Racism in Post-Mao China." Cambridge, UK: Cambridge University Press. 2009. 428.

(*baimian shusheng*) whose lack of manual labor implied high status, a potentially affluent life and a fair complexion. Fair skin continues to be a standard of female beauty. Many urban Chinese women try to avoid the sun, and some use whitening creams. Chinese lexicon, like other vocabularies or languages, associates the word "black" with negative qualities, as in *heixin* (black heart), *heiren* (black person, but also one without a residence permit), *heishi* (black market), *heishehui* (gangster organization) and *heihua* (bandit slang). Urban Chinese have long associated the dark skin of manual laborers, especially peasants, with inferior economic and cultural status.

When Western intrusion began in the mid-19th century, Chinese writers propagated racial typologies treating all foreigners as inferior.

Racial stereotypes in China have a long history, ably documented in the studies of Frank Dikötter, a Dutch historian who specializes in modern China. When Western intrusion began in the mid-19th century, Chinese writers propagated racial typologies treating all foreigners as inferior. The image of Blacks, however, was significantly worse than that of other groups. Africans were portrayed as natural slaves from the most backward of continents.

Prominent intellectuals in Republican China disseminated Black intellectual and aesthetic inferiority notions while equating Blacks with China's subaltern classes. Also, according to Gong, a Chinese character to whom Dikötter (1992) refers in his book, "The Discourse on Race in Modern China," Blacks are racially inferior with limited intelligence, and as civilized as the "stupid peasants"[33] (*yunong*). "Gong further remarked that Africans and Australian aborigines had 'small brains' and had attained the level of civilisation of 'dumb peasants' (*yunong*) in China".[34]

Proponents of eugenics have transposed the idea of a biological hierarchy to the classes: intellectuals were the first elements of a race; the intellectually and morally incompetent were at the lower levels.

[33] Ouassini, Anwar, et al. "#ChinaMustexplain: Global Tweets, Covid-19, and Anti-Black Racism in China." *The Review of Black Political Economy*. 3 Mar. 2021. https://doi.org/10.1177/00346446219926 87.

[34] Dikötter, Frank. "The Discourse on Race in Modern China. London: Hurst. 1992. 116.

The coming to power of the Communists in 1949 brought about a break with racial hierarchies and the supposed link between race and class. An ideological inversion marked class relations. The moral and political qualities of the poor peasants are exalted and externalized in the theories that Asia, Africa and Latin America constitute a revolutionary country that will encircle and end the domination of the developed world. Universalist ideals are illustrated by posters of Third World revolutions and a famous photo of Mao surrounded by exchange students of all races. But the promotion of international solidarity and the pre-eminence of the poor quickly faded in the 1980s, replaced by official national interest, individual enrichment and social recovery; in short, hard-core capitalism. This political shift, coupled with outside influences, led to a rejection of egalitarianism among students.

Frank Wilderson (2020)[35] asserts that Blacks are constitutively excluded — their power to enact or establish stripped from them — from the category of the autonomous, rights-bearing human being of modernity. He further postulates that Blacks do not function as political subjects; instead, he says, "Our flesh and energies are instrumentalized for postcolonial, immigrant, feminist, LGBT, and labor agendas."[36] His contentions can be glaringly observed in China. The assertion that humanity is made legible by the irreconcilable distinction between humans and "Blackness" is one of the first tenets of Afro-pessimism. For Afro-pessimists, the Black person is positioned, *a priori*, as a slave. The definition of slave is taken from Orlando Patterson (2018),[37] who theorizes slavery as a relational dynamic between "social death" (the slave) and "social life" (the human).

[35] Wilderson, Frank B. III. "Afro-pessimism." New York: Liveright. 2020.

[36] Wilderson, Frank B. III. "The Argument of "Afropessimism." *The New Yorker*. 20 July 2020. https://www.newyorker.com/magazine/2020/07/20/the-argument-of-afropessimism.

[37] Patterson, Orlando. "Slavery and Social Death." Cambridge, Massachusetts: Harvard University Press. 2018.

Conclusion

Most of the existing literature on the African diaspora focuses on the experiences of Blacks in Europe and North America. This is due in part to the historical legacy of the trans-Atlantic slave trade.[38] In addition, race is a problematic topic in China because it is not part of the official discourse. The Chinese government believes that "issues of race and racism exist only in Western countries and that there are no racial problems in China".[39] As a result of this official propaganda, the general Chinese public still believes that racial discrimination is a purely Western phenomenon. Another difficulty is the lack of studies by Chinese intellectuals on the topic. "In the Chinese language, there is no single word for race."[40] Perhaps the closest equivalent is Zhong Zu (zhong means seed, race, species and type; zu means lineage, nationality and ethnicity). The paucity of race studies among Chinese scholars (both in mainland China and Taiwan) may be attributed to the political sensitivity of the topic, translation issues and difficulties in comparing the distinct historical trajectories and cultural contexts between China and Western countries, Shanshan (2017) suggests.

However, recent studies have begun to challenge this homogenization of the African diaspora by drawing attention to comparative studies of Black diaspora experiences in different parts of the world.[41,42] China offers a compelling case study for the African diaspora in East Asia because of its unique position as a historical ally of many African countries in their anti-colonial and anti-racist struggles and its recent transformation into a global economic power.

[38] Gilroy, Paul. "The Black Atlantic: Modernity and Double Consciousness." London: Verso Books. 1995.

[39] Lan, Shanshan. "Mapping the New African Diaspora in China Race and the Cultural Politics of Belonging." Oxfordshire, UK: Routledge. 2017. 14.

[40] *Ibid.*

[41] Patterson, Tiffany and Robin Kelley. "Unfinished Migrations: Reflections on the African Diaspora and the Making of the Modern World," African Studies Review. Vol. 43, No. 1, Special Issue on the Diaspora (Apr., 2000), 11-45.

[42] Zeleza, Paul. "African Diasporas: Toward a Global History," *African Studies Review*. Vol. 53, (Oct.2013), 1-19.

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South Africa's Response to COVID-19 Pandemic through a Multimodal Approach

Image credit: Tai's Captures / Unsplash

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Introduction

The advent of the COVID-19 pandemic has taken an unprecedented economic toll on many countries' social and economic sectors; as such, this paper looks at the multimodal approaches adopted by the South African government in an effort to mitigate the impact of the pandemic. The outbreak of Covid-19 has been seen to possess far more danger than previous viral outbreaks, as it can spread rapidly, even by asymptomatic carriers. South Africa's economy, while maintaining inflation stability of between 4.13 and 6.3 percent since 2010, has been unable to effectively address historical socioeconomic inequality, unemployment and poverty. There should be significant systemic changes in the economy to unlock demand and prepare for sustainability. The government believes that the country must massively mobilize all of its energy on economic activities that will set the country on a sustainable recovery path.

The South African economy's problems have been exacerbated over time by persistently low levels of investment and expansion. The economy has also been hit by a number of declines, including a reduction of state-owned enterprises (SOEs). Nevertheless, the South African government has managed well the Covid-19 pandemic situation, considering the devastating conditions the world is experiencing. Governments around the world, including South Africa, have adopted a wide variety of measures in reaction to the Covid-19 pandemic (Oqubay, 2020). The response by South Africa to the Covid-19 outbreak has been important in the region; Devermont and Mukulu (2020) believe President Cyril Ramaposa has been a successful communicator, speaking openly to the citizens about the challenges ahead.

The government worked to close borders and limit travel plans, public functions and other social gathering and movement within the country (Devermont and Mukulu, 2020). The changing warning levels and policies instituted by the government in response to the pandemic's ever-changing nature helped to facilitate and led to greater compliance by members of the public. Many countries try to respond and reorient themselves in the face of an uncertain future. This article looks at the multimodal approaches adopted by the South African government in mitigating the outbreak of the Covid-19 pandemic.

Many countries try to respond and reorient themselves in the face of an uncertain future.

Research methodology

The research conducted utilized a qualitative approach, due to the inaccessibility of information gathering from an individual; as a result of Covid-19, this study collected data primarily through an extension of review of current literature, and — to add credence to the secondary sources — the data collected were analysed based on content. Adopting content analysis, the criteria for selecting documents reflect the issues on which the researcher is seeking evidence.

Literature consideration

As just one example of the negative impacts and unprecedented economic toll the pandemic has taken on many countries' social and economic sectors, one may need to look no further than the increasing unemployment rates not seen since the Great Depression. Amid the coronavirus pandemic, South Africa and other African governments remain constrained by poor healthcare systems, scarce resources, economic and spatial limitations on effective social-distance steps (Oqubay, 2020). However, many African governments signalled their readiness to respond to the pandemic effect by implementing lockdown rules. Under South Africa's national lockdown implementation policy, the country's most disadvantaged social groups struggle to feed their families (Reddy et al, 2020) and are unable to wash their hands regularly because they do not have access to clean water. Many cannot separate themselves if they live in crowded slums. As such, many households and employees across many countries are trying to reorient themselves in the face of an uncertain future.

Governments around the world have implemented a large number and a wide variety of policies in response to the Covid-19 pandemic, including South Africa. The Covid-19 pandemic found a weak South African economy (Ikwegbue, Enaifoghe, Maduku, and Agwuna, 2021). In reality, by the time the pandemic hit African shores, the South African economy had been in a slump for two quarters (Ikwegbue et al, 2021). As a consequence, the Covid-19 pandemic exacerbated the economic downturn. (Ikwegbue et al, 2021.) further highlighted that many people have lost their homes, many have gone without money for long periods, and many go hungry daily. Given the magnitude of the many challenges, the necessary economic solutions could very well witness significant consequences as well. The already long cycle of economic depression, exacerbated by the Covid-19 crisis, has also resulted in low levels of capacity utilisation in the different sectors of the South African economy. This pattern is expected to persist, painting a bleak picture for total fixed capital growth.

The substantial decline in the variable of gross fixed capital investment is a disconcerting trend, considering that this variable is crucial in maintaining and increasing the economy's productive base. Several governments, including South Africa, are gearing up to respond to the socio-economic shock caused by Covid-19

(Bodewig et al, 2020). The International Monetary Fund (2020) has instituted a policy tracker that summarizes the key economic responses that nearly 200 governments are taking to limit the human and economic impact of the Covid-19 pandemic. Some of the early actions in countries hit hard by the coronavirus pandemic range from "large economic stimulus packages and the lowering of interest rates to social safety nets for millions of their citizens." (Bodewig et al, 2020).

The next section details the impact of Covid-19 restrictions in South Africa and the effect of the nationwide lockdown on the country's economy. This includes an examination of the impact of Covid-19 on the South African economy and the government's subsequent policy strategy, including adopted multimodal approaches. This next section also looks at the various strategies adopted by the South African government to enhance economic recovery, post-Covid-19.

Image credit: Mukurukuru Media / Shutterstock

The impact of Covid-19 on South Africa's economy today and tomorrow

The impact of Covid-19 restrictions in South Africa and the full effect of the nationwide lockdown on the economy is yet to be fully understood. Policymakers and researchers have lacked access to the quality, up-to-date data necessary to conduct rigorous analyzes of how and to what extent these rapidly changing policies have worked to mitigate the health, political and economic consequences of the pandemic (Ikwegbu et al, 2021). However, Statistics South Africa predicted that the country's economy could be expected to contract by as much as 51 percent in the second quarter of 2020 (Köhler and Bhorat, 2020). In expectation of the socio-economic ramifications, the Department of National Treasury (2020), highlighted that the government of South Africa proposed an R500 billion stimulus package that included numerous support packages for small- and medium-sized enterprises, the informal sector (that part of any economy that is neither taxed

nor monitored by any form of government) and municipalities. As indicated in the South Africa 2020 supplementary budget review, the government must adopt approaches that support economic recovery during Covid-19 and beyond (Department of National Treasury 2020).

Leveraging its experience with the still-raging HIV/AIDS and tuberculosis — TB is South Africa's leading cause of death — the South Africa government deployed mobile research units, designed to drive the manufacture of 10,000 ventilators, during the Covid-19 lockdown (Devermont and Mukulu, 2020). Scholars like Smart, Broadbent and Combrink (2020), argued that the lockdown did not work in South Africa, and they raised the concern that it should not be mandated in the future. However, in its early stages between March and May 2020 (when lockdown levels 5 and 4 were implemented), the lockdown slowed the rate of infections — to about 3 percent a day — but not without its costs (Devermont and Mukulu, 2020). Although crime decreased in general between March and May 2020 during the most severe level-5 lockdown, there were, however looting cases and gender-based abuses among partners, in particular liquor store break-ins, and more than 17,000 people were arrested (Devermont and Mukulu, 2020). Far more troubling are reports of violence by security forces. At least eight police officers are being investigated for locking-related deaths in the course of the pandemic lockdown in South Africa.

As a result of the social distancing measures that curtail economic activity, supply chain disruptions affect prices, and remittances from abroad dry up (OECD, 2020). The government's response to the Covid-19 pandemic has benefited from lessons learned from the long history of past pandemics and epidemics (Hartzenberg, 2020). Indeed, ancient accounts detail how Mesopotamians from thousands of years ago reacted to the constant threat of epidemics by relying on spiritual traditions and by isolating people from others at the first signs of disease (Porter, 2005; Scott, 2017). Moving forward from the Mesopotamians, pandemics and epidemics have repeatedly and dramatically influenced the course of human history (Behbehani, 1983; Duncan-Jones, 1996; Crosby, 2003; Ziegler, 2013; Jannetta, 2014.), and governments have continued to follow a range of strategies in response.

The collection of accurate data has helped advance a common understanding of which policies are successful in alleviating the impact of an outbreak of disease (Snow, 1854; Paneth, 2004). Previous studies on pandemics and epidemics indicate that an effective strategy in one context may be ineffective in another because of a wide variety of potentially conditioning factors, including disease pathogenesis (Taubenberger and Morens, 2006; Kilbourne, 2006), the characteristics of the underlying population (Farmer, 1996; van Bavel et al, 2007; Bootsma and Ferguson, 2007, Hunter, 2007), and the available medical (Bandayrel et al, 2011; Albelin et al, 2011) and communications tools available (Chew and Eysenbach, 2010; Jarynowski et al, 2020) at the time. The study maintains that the data provided in this paper will also help policymakers and researchers determine how effective various strategies are in addressing the spread and health outcomes of Covid-19 (Flaxman et al, 2020).

The available research is necessarily preliminary, it indicates the types of policies adopted by the South African government in response to Covid-19, when state officials chose to enforce them, what those policies were designed to address, and how their construction was capable of positive impacts (Anwar et al, 2020; Corburn et al, 2020). The policies are significantly influenced by how the virus impacted the healing process outcomes across various sectors in country contexts (Anderson et al, 2020; Dorn et al, 2020; Barceló and Sheen, 2020). The dataset captured all of the above. (Büthe et al, 2020; Kubinec, 2020). Equally relevant is understanding why countries pursue various policies such as lockdown, with early analyses indicating that structural and political influences — the authoritarian or democratic nature of a country's institutions (Cronert, 2020) or its level of political partisanship (Allcott et al, 2020) — play an important role.

Image credit: Mukurukuru Media / Shutterstock

The results would not only help South Africa to strengthen its pandemic responses, based on its current actions, but can also create an influential knowledge base capable of responding

to potential outbreaks globally (Barrett et al, 1998; Miller et al, 2009). Meanwhile, given the unexpected initial outbreak in Wuhan, China, the South African government policies introduced in response to the Covid-19 pandemic constitute the single-largest natural experiment in recent memory, enabling researchers to enhance causal inference in any number of fields. Indeed, the government's response to the Covid-19 pandemic could advance the world community's understanding of a wide range of social factors — from the evolution of political institutions (Pierson, 2000; Przeworski et al, 1999; Gailmard and Patty, 2019) to the advancement of economic development (Meltzer et al, 1999; Correia et al, 2020) and the stability of financial markets.

Covid-19 and South African government response to enhance economic recovery.

With the economic impact of Covid-19 and the South African government's efforts to boost financial recovery, it is ironic that from an economic point of view, the costs of the Covid-19 response are likely to outweigh the economic costs of the pandemic itself.

With the economic impact of Covid-19 and the South African government's efforts to boost financial recovery, it is ironic that from an economic point of view, the costs of the Covid-19 response are likely to outweigh the economic costs of the pandemic itself, (Githahu, 2020: 1). The quantum of these economic costs determined the pathway of infections, the efficacy of the government response plan, the length and coverage of the lockdown, and the phased exit strategy employed (Ajam, 2020). Some of these costs would be felt immediately, while others would manifest themselves more in the long term and beyond. It has been argued that if the pandemic is left uncontrolled, it will affect working adults, reduce their productivity for a month or two, which is likely to keep many away from work while killing a small number of people, especially the elderly who are out of work (Qiu et al, 2020). This rationale has led to more laissez-faire policies focused on "herd immunity" after 60–70 percent of the population had already been infected. The Covid-19 pandemic needs leaders to stabilise their organisations in the middle of a crisis and plan for a new, more volatile future.

South Africa's fiscal vulnerability adds to the body blows the economy has taken as a result of the pandemic-imposed trade shutdown. Due to a lack of "fiscal space," the state is reluctant to devote enough funds to help the industry while preserving consumer purchasing strength. According to the International Monetary Fund (IMF) staff study that preceded the government's Rapid Financing Instrument order, South Africa's economic operation is expected to contract by 7.2 percent in 2020. As stated by the IMF (2020), Covid-19 brought several difficulties, including an 18 percent decrease in jobs between February and April; any third-income earner in February did not earn income in April, and work losses were felt more strongly among women and manual labour. Those at the bottom of the income scale also suffered greatly. According to the IMF's assessment, currently, the most affected industries are manufacturing, personal services, commerce, catering, lodging, transportation, storage and communications (IMF, 2020). Manufacturing and mining were both halted as a result of the crisis.

South Africa and much of the world enforced limits on social mobility and contact in an attempt to halt the spread of the Covid-19 pandemic, with a five-week national lockout from March 27 to May 1, supplemented by a risk-adjusted, staggered re-opening of the economy (Bhorat and Köhler, 2020a). A lockout scheme, on the other hand, was always likely to result in significant health deficits for people and families. These pandemic-related changes in wages, working hours and incomes for low-wage and vulnerable workers increased South Africa's already high levels of poverty and inequality. With these health losses in mind, President Ramaphosa unveiled the government's economic reconstruction and recovery plan (ERRP) to rebuild the South African economy after the pandemic's destruction (Bhorat and Köhler, 2020a).

The Ramaphosa Covid-19 stimulus plan, first unveiled on April 21, 2020, is massive, totalling about $26 billion, or 10 percent of the economy's gross domestic product (GDP). South Africa's package is the largest in developing markets in terms of GDP; it is far greater than that of other high-income nations, including South Korea and Canada. About 90 percent of the stimulus plan was devoted to increased welfare support, aid to communities for the distribution of basic programmes, job security via the Unemployment Insurance Fund (UIF), additional income relief through the tax system, financial help for small and medium enterprises, and the loan

guarantee programme, which was the largest portion. Notably, about 10 percent of the stimulus package, or $3.2 billion, was allocated to social assistance, with an increase in cash transfers or social grants at both the intensive (the amount of any existing social grant was increased) (Köhler and Bhorat, 2020a) and extensive (the introduction of a new, special Covid-19 Social Relief of Distress grant) margins for six months, from May to October 2020 (Bhorat and Köhler, 2020a).

Individuals above the age of 18 who are disabled and do not receive any other social grant or assistance from the UIF are eligible for the Covid-19 grant. The president's proposal in October includes a further expansion of the Covid-19 grant's availability; its significant penetration (4.2 million previously unreached individuals) in just four months (equivalent to the grants system's increase over the last ten years) and resulting poverty-reducing results were key factors in the decision to increase access (Bhorat and Köhler, 2020b). Indeed, recent analysis has shown that the Covid-19 grant allocation has been reasonably pro-poor. Finally, the South African government's stimulus package was high by global standards, and its scope in terms of assistance to the weak and vulnerable was extensive. The investment fund programme, which accounts for two-fifths of the stimulus bill, allows private banks to make loans to struggling businesses. While it is an important component of the stimulus package that connects government assistance to the private sector through banks, its disbursement has been sluggish and subject to the tight credit conditions of South Africa's financial institutions. Furthermore, such assistance has come at the cost of a massive increase in the fiscal deficit (Bhorat and Köhler, 2020). Any further stimulus packages would almost certainly be fiscally unsustainable. The task now shifts to seeking instruments on both the tax collection and spending sides to put the nation on a calculated and optimal fiscal consolidation course.

Multimodal approaches to social and economic impacts of the Covid-19 pandemic

In the government effort to control the continued spread of Covid-19 and mitigate the social and economic effects of the pandemic, different policy approaches have been adopted, including lockdown. Primarily, the informal-sector workforces and the self-employed in cities, like market vendors, are hit hard by the effect of the

Covid-19 lockdown measure (Cronert, 2020). This section looks at the multimodal approaches adopted by South African governments in responding to the social and economic impacts of the Covid-19 pandemic on the economy. It further presents the multimodal approaches to Covid-19 by the South African government, such as the economic measures and the subsequent adjustments to the division of revenue and departmental allocations. It also looks at the government's pledge to strengthen the public finances and to position the economy for quicker and inclusive growth. The big question is what is South Africa's bold response to the Covid-19 pandemic to mitigate the effect of lockdown beyond the pandemic? The economic cost of Covid-19 in South Africa from a socio-political and economic perspective remains unprecedented and is different from other global financial shocks.

i. Forging innovative economy through active strategy

South African government prioritises public spending as proposed in the 2020 budget in reaction to the impact of the coronavirus pandemic. The South African government is "determined not only to restore our economy to pre-coronavirus levels, but to forge a modern economy in a new global reality" (The Presidency, 2020). To stabilise debt, improve the productivity and structure of public spending, and to unleash economic prosperity through reforms, bold, forthright and committed thought and actions are needed. The South Africa cabinet has approved a budget process for 2021 that will lead to debt stabilisation. The 2020 Medium Term Budget Policy Statements (MTBPS) will outline efforts to reduce the deficit so that debt is 87.4 percent of GDP by 2023/24. To agree on and introduce far-reaching economic reforms, an extended relationship among government, industry, labour and civil society is needed. The national treasury has planned two situations to highlight the policy consequences South Africa faces. Debt tends to climb in the passive situation, and debt-service payments exceed spending on social and economic needs. In the active situation, the government responds quickly to debt stabilisation by cutting expenditures and enacting structural reforms.

ii. Restricting economic activity

The government has prioritised saving lives and has taken the tough step of heavily restricting commercial investment at a time when GDP growth is still

low. The magnitude of the situation, as well as the ongoing volatility of epidemiological and economic consequences, has necessitated fast decisions in response to rapidly changing circumstances. South Africa, like other middle- and low-income countries with limited savings, must strike a balance between vital public health and economic development. The government has implemented policies, such as extended lockdowns, with serious economic consequences, such as employment cuts, reduced tax revenue and increased poverty.

The pandemic's evolution and consequences remain largely unpredictable.

iii. Relief package to manage impact of the virus

In March 2020, the South African government launched a comprehensive recovery effort to deal with the virus's immediate effects. This entailed increasing capability in the public health sector as well as mitigating the impact of limited economic development on families and enterprises. Concurrently, the South African Reserve Bank has cut interest rates and bolstered the bond market, while signalling that it is prepared to take further steps if required. These Covid-19 changes expedite regular budget procedures to deliver funding to frontline services, regional and municipal governments, as well as businesses and households. However, the pandemic's evolution and consequences remain largely unpredictable.

iv. Avoidance of the impending public-finance crisis

As the government deals with the modern health and economic crises, a fiscal reckoning is on the horizon. The government's finances are dangerously strained. A debt crisis will ensue if immediate action is not taken during the budget process in 2021. Failure to control the country's ballooning debt and debt-service expenses, as well as failure to reduce the budget deficit, would damage the country's long-term economic prospects. Compensation and debt-service payments will be the highest spending elements in the medium term, outstripping government expenditures in human resources, social and economic infrastructure, and service delivery. As the municipal debt grows, a growing portion of tax income is passed to bondholders.

Strategic response to preserve the economy

Image credit: Ashkan Forouzani / Unsplash

In the quest to preserve the economy, the government of South African has managed the pandemic by responding in a phased manner. This includes preserving the economy through a set of immediate, targeted and temporary responses; a government effort to rebound from the crisis's immediate impact by encouraging investment and employment; and a pivot to prepare the economy for the rapid growth needed to regain the country's long-term stability.

The fiscal plan for Covid-19 includes R500 billion in economic relief (Bhorat et al, 2020), which includes R190 billion in key budget funding — R145 billion of which is instantly committed — to protect lives and support livelihoods, R70 billion in tax reform initiatives, and an R200 billion loan guarantee programme to support short-term economic development. Furthermore, the Reserve Bank has cut interest rates and given additional funding to the bond market, financial-sector rules have been relaxed to facilitate the flow of credit to households and enterprises, and commercial banks have implemented temporary payment holidays.

Major improvements in the public health sector are being made to ensure it can handle the virus' continued presence. Through the reprioritisation and new contributions of a total of R21.5 billion that is made available to healthcare, more than 1 million Covid-19 tests have been performed since the pandemic began, and the number of public-sector experiments has more than doubled in the last month, averaging about 14,000 tests each day (Köhler and Bhorat, 2020a). To date, more than 18 million South Africans have secured temporary Covid-19 grants, which would cost approximately R41 billion when combined with other interventions for disadvantaged households. The Covid-19 loan guarantee programme issued in excess of R10 billion in loans to small companies in its first few weeks of service.

The Unemployment Insurance Fund has given R23 billion in Covid-19 relief to more than 4.7 million jobs as of mid-June 2020 (Devermont and Mukulu, 2020). To the full degree possible, the wider public sector's balance sheets and operational capability have been changed to become part of the national response. State-owned enterprises, social welfare funds and public bodies such as the National Health Laboratory Service and the South African Social Security Agency are among those included in the response efforts. (Ikwegbue et al, 2021). In addressing the national emergency, the government has increased its collaboration with the private sector. The private health industry has made significant contributions, such as supplying urgent care beds at a low cost and supplementing measures to increase research. A private-sector programme, the Solidarity Fund, has supplemented the government's attempts to purchase medical and personal security equipment.

Strategies in South Africa to enhance economic recovery post-Covid-19

South Africa's adopted strategies to bolster economic recovery and its infection-prevention costs have resulted in loss of revenue. This is the case now and will be in the near future as a result of control steps. Lührmann, Edgell and Maerz (2020) articulated that the GDP encompasses the sum of the final products of all its enterprises, families, individuals and the public sector. As the virus infects individuals and households, it affects the household sector, the corporate sector, labour markets, the public sector, the balance of payments, foreign investment, prices and money supply (Correia et al, 2020). All of these impacts could combine to cause a downturn in economic growth (a contraction in GDP) that is currently difficult to predict, with estimates ranging from 6 to 16 percent (Fernandes, 2020).

As individuals, businesses and governments decrease their productivity, they also reduce exports (mainly in industries such as mining and agriculture) and their purchases. The consequence of Covid-19 on the overall economy is contentious: Both imports and exports are expected to decline, but the further decline is still unclear. Social distancing and consciousness amid lockdown are only appropriate in the middle-class suburbs; it is simply not realistic in overpopulated rural villages and townships where access to safe drinking water and sanitation has been despicably lacking for decades. More so, from the other side, the longer the

lockdown remains implemented, the more it tends to raise the economic costs of the lockdown (Bodewig et al, 2020). Extending the lockdown to a certain stage risks not being able to stem the pandemic and being able to pay the full economic consequences of the lockdown. The South African government developed a system of lock-down levels ranging from Level 5 (most restrictions on social and economic activities) to Level 1 (normal, unregulated operations), with some services classified as necessary or covered.

The South African government unveiled a risk-based exit lock-down plan by May 28, 2020, with sectors such as mining soon to be operational (James et al, 2020). Also, sector-specific health guidelines would need to be negotiated — and more significantly, implemented — to ensure employees' lives are not placed at a preventable risk (e.g., availability of personal protective equipment and adequate training) (Department of Cooperative Government, 2020).

Conclusions

The public debate is on the immediate response to the pandemic's economic impact.

The public debate is on the immediate response to the pandemic's economic impact. That debate focuses on borrowing policies, the deployment of cash reserves, reprioritization of expenses, credit guarantee schemes and the balance sheet of the South African Reserve Bank. Such government policies as in the above areas can only be short term. In the medium term, the tax system may be the only viable basis for post-Covid-19 reconstruction financing. Inclusive development is the only way South Africa can dig out of this economic pit as a recovery measure. Such recovery measures cannot simply concentrate on rising growth rates, but must also change the course and nature of growth to a more employment-intensive, inclusive, climate-friendly and digitally smart path. The road forward calls for a radical reconceptualization of responsibilities and relationships between civil society and the public sector to forge a new social compacts development. Stringent regulations are required to enable civil society to co-create a future post-Covid.

About the author

Andrew Enaifoghe holds a master's degree and a doctorate in public administration from the University of Zuzuland. Prior to earning these advanced diplomas, he earned a bachelor's degree in history and international studies, with honours, at the Ambrose Alli University in Ekpoma, Nigeria, in 2007. He is a dynamic young researcher, and his areas of interest are multidisciplinary, covering social sciences and humanities. He specializes in subjects centering on citizen innovative participatory democracy, and he lists research contributions in socio-political, socio-economic, decolonization, history and education relating to Africa governance and development. Enaifoghe has multiple peer-reviewed article publications, book chapters and several conference proceedings. He is a guest editor to an international jounal.

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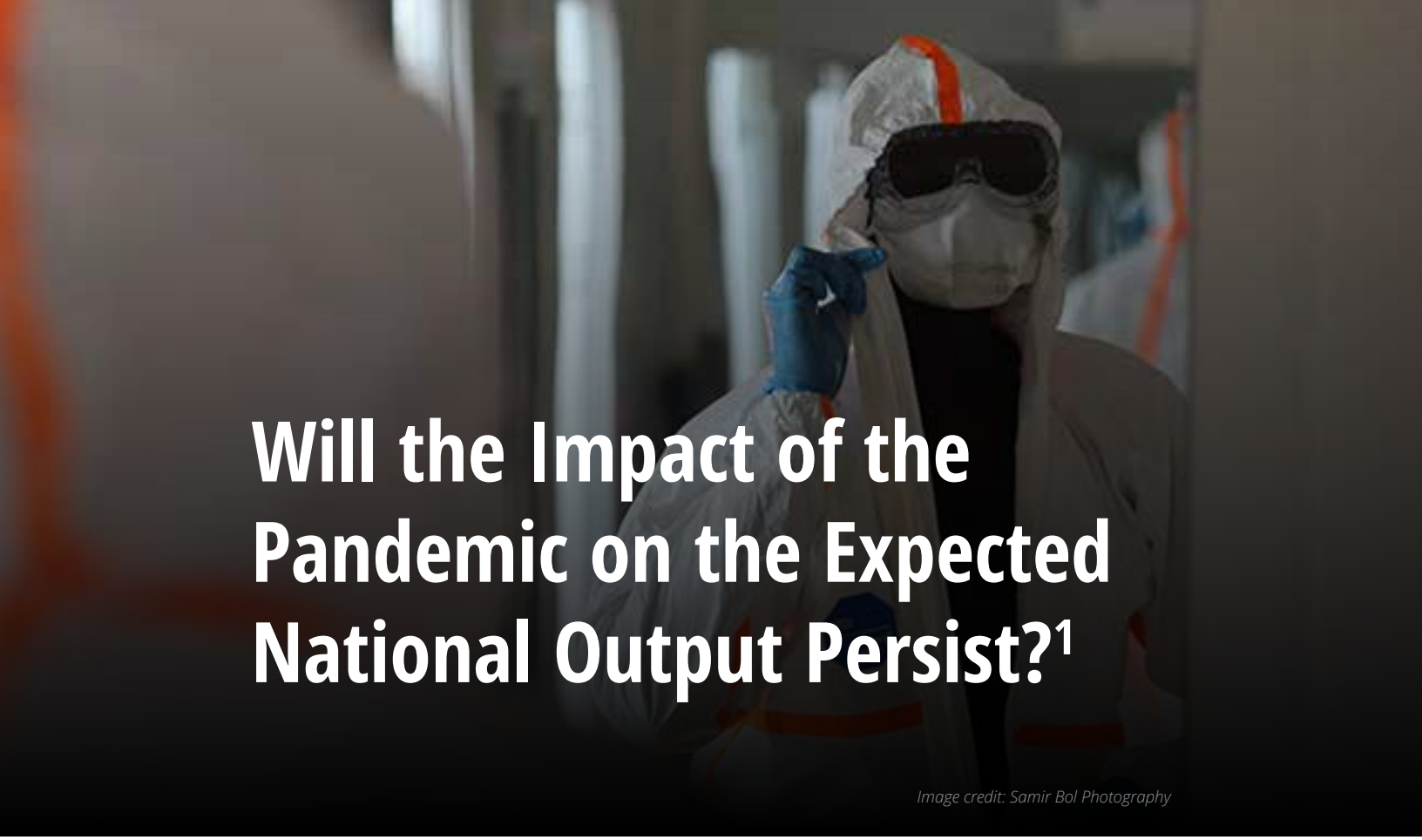

Will the Impact of the Pandemic on the Expected National Output Persist?[1]

Image credit: Samir Bol Photography

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Introduction

Though many countries declared national emergencies and imposed restrictions, including travel bans in March 2020 due to the COVID-19 pandemic,[2,3] the subsequent waves of the health crisis remain detrimental. Global infections

[1] This article was originally published by The Sudd Institute on March 6, 2021 and accessible at https://suddinstitute.org/publications/show/60b9c59aa6872 and is republished with the explicit consent of the author and The Sudd Institute: *https://suddinstitute.org/*. This Special Issue produced by The Zambakari Advisory includes author updates and additions to the original Sudd Institute article.

[2] Cheng, C. et al. 2020. "Covid-19 Government Response Event Dataset." (CoronaNet v.1.0). *Nature Human Behaviour* 4, 756–768.

[3] Falk. M. T., and E. Hagsten. 2020. "The unwanted free rider: Covid-19, Current Issues in Tourism." DOI: 10.1080/13683500.2020.1769575.

While restrictions have saved lives, they have also triggered recessions.

and deaths, for example, continue to rise, with some countries experiencing third or fourth waves, and counting. In addition, authorities across the globe have taken swift measures to cushion against the devastating impacts of the pandemic with different reaction functions. In many instances, government responses remained conditional on the level of national fiscal space, with some strongly supporting vulnerable households and injecting huge liquidity into the banking sector, saving jobs, keeping firms operating, checking bankruptcies and shielding many citizens from spiraling into poverty.

The pandemic has hampered growth, international travel, trade, migration and remittances, which are the lifelines in some countries. While restrictions have saved lives,[4] they have also triggered recessions.[5,6] As Ozili and Arun have noted,[7] the Covid-19 pandemic brought the global economy to its knees through two channels. First, the infections necessitated the imposition of social distancing measures, which forced financial markets, businesses and a broad range of economic activities to shut down. Second, the indirect consequences of the first-round effects hit even harder, convincing Ozili and Arun[8] (p.1) that "the exponential rate at which the virus was spreading, and the heightened uncertainty about how bad the situation could get, led to flight to safety in consumption and investment among consumers, investors and international trade partners." While the containment measures curbed infections, they also affected the global economy, leaving permanent scars — referred to as *hysteresis*[9] effects — in many areas.[10]

4 Deb, P. et al. 2020. "How the Great Lockdown Saved Lives." IMF Blog, June 2, 2020.

5 International Monetary Fund. (2020). World Economic Outlook: Statistical Appendix, October 2020. Washington, D.C.

6 World Bank. 2020. "Lasting Scars of the Covid-19 Pandemic," Chapter 3. Global Economic Prospects. June 2020. Washington, D.C.: World Bank.

7 Ozili, P.K., and T. Arun. 2020. "Spillover of Covid-19: Impact on the Global Economy." SSRN: https://ssrn.com/abstract=3562570 or http://dx.doi.org/10.2139/ssrn.3562570.

8 *Ibid.*

9 Hysteresis is a Greek word for "to be late or come behind," and was manifested through many channels.

10 Cerra, V. et al. 2020b. "Fighting the Scarring Effects of Covid-19." IMF Working Paper 20/73, Washington, D.C.

The pandemic also exposed pre-existing vulnerabilities in public health systems, revenue bases, petroleum sectors and public infrastructure.[11,12]

The Covid-19 pandemic disrupted economic activity in South Sudan.[13] To contain the spread of the virus, Juba — the governmental nexus — imposed containment measures before the first case was reported in April 2020. The cases, however, have continued to rise, estimated at nearly 11,000 infections and more than 100 deaths, respectively, as of July 5, 2021.[14] The containment measures implemented have included the closure of churches, mosques, schools and universities, as well as public gatherings. Government authorities collaborated with their international partners in an effort to support vulnerable households. On its part, the Bank of South Sudan (BSS) supported businesses by adopting accommodative monetary policy measures, including the reduction of reserve requirements and the cutting of policy rates to provide liquidity to the banking sector. BSS also suspended the requirement to raise paid-up bank capital and encouraged banks to restructure loans to financially distressed customers with viable businesses.

Notwithstanding the authorities' good intentions, South Sudan entered the crisis with weak fundamentals. In this context, monetary policy bore the brunt of the adjustments necessary to mitigate the crisis in a financially constrained country; adverse effects have tilted toward output, employment, price stability and social welfare. Some of these pre-existing challenges forced South Sudan to reopen the economy earlier than many of its peers.[15] It has been observed that South Sudan was basically open through end-2020, even as restrictions were announced officially, with only schools remaining essentially locked down.

This review contributes to the debate on how the Covid-19 pandemic-induced hysteresis effects could negatively impact growth in South Sudan. It addresses

[11] Garang. J. A. 2020. "Limitations of Covid-19 Pandemic Containment Measures in Fragile Context: The Case of South Sudan." Washington, D.C. 3 Nov. 2020.

[12] World Food Programme (WFP). 2020. "Covid-19: Potential impact on South Sudan: A WFP analysis of the market and food security implications of the pandemic." WFP. 20 Apr. 2020.

[13] Mayai, A. T. et al. 2020. "Economic Effects of the Covid-19 Pandemic in South Sudan." The Sudd Institute.

[14] See South Sudan Ministry of Health Statistics, July 2021.

[15] See Garang, J.A. 2020; and also, Hobdari, N. A., and A. Lahreche. 2020. "Four Things to Know About How Fragile States Like South Sudan are Coping with Covid-19." IMF Country Focus. 20 Nov. 2020.

two related questions: What channels would transmit the scarring effects of the pandemic to the ultimate national output? What can public policy do to support recovery?

The rest of the review proceeds as follows: Section 2 examines the literature on the hysteresis. Section 3 lays out the theoretical framework, relying on Keynesian economics to shed light on key factors affecting output. Section 4 discusses potential channels through which such effects could be transmitted to the output. Section 5 outlines a few policy implications and concludes the review.

Covid-19 pandemic versus global financial crisis and potential sources of hysteresis

The Global Financial Crisis (GFC; 2007-2008), which later metamorphosed into the Great Recession (2007-2009), differs markedly from the current coronavirus (Covid-19)-related downturn.[16] The latter has been accompanied by extraordinary domestic containment measures and policy support, running the gamut of fiscal, monetary, financial and structural considerations, limiting trade and mobility factors. Both crises — the financial and Covid-19 emergencies — will be noted for shedding jobs, reversing gains made over the years and locking in swift policy actions. However, the "Great Lockdown" will be remembered for the loss of lives and the deep scarring of productive capacities. The lockdown differs across economies and human sectors, with vulnerable countries and their populations bearing the brunt of the inequities.

The lockdown differs across economies and human sectors, with vulnerable countries and their populations bearing the brunt of the inequities.

While both crises have exhibited a level of uncertainty, the GFC did not experience the sharper global contractions evidenced in the ongoing, almost-two-years-long Covid-19 crisis. In addition to a more pronounced decline in output, the Covid-19

[16] Shibata, I. 2020. The Distributional Impact of Recessions: The Global Financial Crisis and the Pandemic Recession. The IMF Working Paper No. 20/96.

crisis has also witnessed a relatively quicker rebound in global activity, at least in some jurisdictions and countries such as China and United states. The international work force, for instance, is estimated to have lost close to four times the number of working hours than those that disappeared during the GFC of 2009[17]. During the current Covid-19 crisis, firms have shifted to digitalization, moving to e-commerce operations, bringing greater technological advances to simple business processes, allowing employees to work from home, enhancing delivery methods necessitated by enforced mobility restrictions and more. Though the ability to telework from home, and the access to such technology tools, differs across the globe and by regions and demographics, the deployment of digital platforms has been faster and more effective than during the GFC, oftentimes the result of technological advances that have resulted in tools being available today that were not in existence just 10 years ago. Furthermore, many central banks have moved more quickly to institute policy measures during the Covid-19 crisis than was the case previously. The U.S. Federal Reserve, for example, acted quickly and appeared more proactive than it was during the early phase of the GFC when it allowed a few firms — for example, global financial services giant Lehman Brothers — to fail.[18] The idea of saving from financial doom those corporations "too big to fail" came later, after the proverbial horse had bolted. Further, global regulatory architecture that was instituted as a necessary tool to address the GFC crisis, underscored the notion that international financial institutions and monetary standard-setters acted in a timely manner. It was truly a crisis like no others; today's pandemic has taken the place of the GFC crisis as one of even greater significance and consequences.

The International Monetary Fund (IMF) projects that the global economy contracted to -4.5 percent in 2020, a downturn from 2.8 percent in 2019. For Sub-Sahara Africa, growth declined to -3.0 percent in 2020 from 3.2 percent in 2019. In South Sudan, economic growth was projected to be 4.1 percent in 2020, up from 0.9 percent in 2019.

[17] ILO. 2021. "Covid-19 and the world of work." ILO Monitor. Updated estimates and analysis, 7th Edition.

[18] Boskin, J. M. 2020. "How Does the Covid Recession Compare?" *Project Syndicate*. August 24, 2020. Retrieved from: https://www.project-syndicate.org/commentary/Covid-economy-lessons-from-recessions-past-by-michael-boskin-2020-08.

For illustration purposes, the global economic impact of the pandemic has been large. The havoc wrecked remains severe and continues to mount; for one, it has retarded growth prospects among oil-producing countries. The International Monetary Fund (IMF) projects that the global economy contracted to -4.5 percent in 2020, a downturn from 2.8 percent in 2019. For Sub-Sahara Africa, growth declined to -3.0 percent in 2020 from 3.2 percent in 2019. In South Sudan, economic growth was projected to be 4.1 percent in 2020, up from 0.9 percent in 2019. Whereas recovery is anticipated in 2021, it remains uneven across countries and regions and will take time before a return to pre-Covid-19 levels.[19,20]

To illustrate the magnitude of the current global contraction, and the accompanying potential for additional scarring, Cerra, Fatás and Saxena[21] report that:

> **"Cumulatively, output losses [as a result of the pandemic] are projected to grow from $11 trillion through next year to $28 trillion over the next five years (IMF, 2020a). These large losses are the result of the scars left by the crisis, and it represents a setback to the pace of improvement in living standards, as the cumulative growth in per capita income is projected to fall by several percentage points for all country groups in the medium-term."**

The global economy witnessed significant job losses, with firms laying off workers and some businesses closing permanently.[22] For countries lacking sufficient fiscal-relief packages, job losses were most apparent among contact-intensive workers, women, youth and the elderly. For oil-dependent economies, the pandemic exacted losses in fiscal revenues and resulting in deeper reductions in spending, with implications in other critical areas as well. These fiscal challenges have forced countries to borrow externally, exacerbating debt dynamics for many, particularly those whose public debt positions were already deemed unsustainable during the pre-crisis period.

[19] International Monetary Fund. 2021. "World Economic Outlook: Statistical Appendix." April 2021. Washington, D.C.

[20] See also the ILO. 2021.

[21] Cerra, V. et al. 2020b. "Fighting the Scarring Effects of Covid-19." IMF Working Paper 20/73. Washington, D.C.

[22] *Ibid.*

Studies have shown that the aftermath of pandemics is usually correlated with higher inequalities, especially for low-skilled workers.[23] Second, those who lack facilities to work from home suffer, underscoring that the loss of gainful employment forces many households into poverty. Large job losses in the informal sector, especially for women and youth, is pushing millions into abject poverty. Preliminary estimates indicate that about 71 million people worldwide may have been pushed into poverty with the onslaught of the coronavirus in 2020.[24]

An economic crisis arises from any quarter. It could be a financial or political crisis or public health pandemic. Crises tend to cause large drops in economic activity, either in hours worked or income earned. This is what the Covid-19 pandemic did to the global labor market (Table 1):

TABLE 1. WORKING-HOUR LOSSES BY WORLD AND INCOME GROUPS IN 2020

INCOME GROUP	TOTAL	QUARTERLY ESTIMATES (IN PERCENTAGES)			
	2020	2020Q1	2020Q2	2020Q3	2020Q4
World	8.8	5.2	18.2	7.2	4.6
Low-income countries	6.7	2.5	13.4	7.6	3.3
Lower-middle-income countries	11.3	2.5	29.0	9.3	4.5
Upper-middle-income countries	7.3	8.4	11.5	5.6	3.9
High-income countries	8.3	3.0	15.8	7.3	7.0

Source: International Labor Organization (ILO) nowcasting model (see Technical Annex 1), January 2021.

The International Labor Organization (ILO),[25] for example, estimated that close to 8.8 percent of working hours were lost globally in 2020, relative to the fourth quarter of 2019. This loss is the equivalent of about 255 million full-time (FTE) jobs. Of the total employment loss estimated at 114 million jobs — not working hours — thirty-three million workers were pushed to unemployment, while another 81 million became inactive. Unfortunately, the world entered 2021 with economically

[23] Cerra, V. et al. 2020a. "Hysteresis and Business Cycles." IMF Working Paper 20/73. Washington, D.C.

[24] *Ibid.*

[25] ILO. 2021. "Covid-19 and the world of work." ILO Monitor. Seventh edition. Updated estimates and analysis, January 25, 2021.

taxing workplace restrictions in effect. ILO estimates indicate that about 93 percent of global workers were living in countries with workplace restrictions by January 2021, compared to 94 percent of global workers in September 2020.

TABLE 2. WORKING-HOUR LOSSES FOR 2020, PROJECTIONS FOR 2021 BY WORLD AND INCOME GROUPS

	PERCENTAGE WORKING HOURS LOST (%) Relative to Q4/2019				**EQUIVALENT NUMBER OF FULL-TIME JOBS LOST (48 hours/week; in millions)**			
	2020	**Baseline 2021**	**Pessimistic 2021**	**Optimistic 2021**	**2020**	**Baseline 2021**	**Pessimistic 2021**	**Optimistic 2021**
World	8.8	3	4.6	1.3	255	90	130	36
LICs	6.7	1.8	3.4	1.1	12	4	6	2
LMICs	11.3	2.6	4.7	1.2	110	26	46	12
UMICs	7.3	2.9	4.2	1.1	90	36	50	14
HICs	8.3	4.7	5.7	1.8	39	22	27	14
BY REGION								
Africa	7.7	2.5	4.2	1.4	29	10	16	5
Americas	13.7	5.9	7.1	2.6	50	22	27	10
Arab States	9.0	2.9	3.8	1.3	5	1	2	1
Asia and Pacific	7.9	2.1	3.7	0.8	140	36	65	14
Europe and Central Asia	9.2	5.7	7.0	2.0	30	18	22	7

Source: ILO, January 2021

(LIC: Low-income countries; LMIC: Lower-middle-income countries; UMIC: Upper-middle-income countries HIC: High-income countries)

According to the ILO January 2021 projections, drawing on the IMF's economic forecasts for October 2020, the baseline scenario projects a 3 percent loss in working hours in 2021 from the fourth quarter of 2019.[26] This translates to 90 million FTE jobs. In the pessimistic scenario above, however, working-hour losses

[26] ILO. 2021. "Covid-19 and the world of work." Updated estimates and analysis. Seventh edition.

in 2021 are expected to remain at 4.6 percent, or 130 million FTE jobs, relative to the fourth quarter of 2019. The optimistic scenario, assuming more favorable conditions, projects a loss of 1.3 percent of global working hours (or 36 million FTE jobs) over working hours lost in the fourth quarter of 2019.

Full recovery from any crisis — a crisis, for our purposes, being defined as financial collapse, world war, natural disaster and health pandemic, among other conflagrations having a disastrous social, economic and financial impact on individuals, society and the corporate sphere — takes time and plays out in different forms, including what economists refer to as recognition, decision and implementation lags. Crises can also leave permanent scars on the economy through specific channels. The first apparent channel is the labor market, with recession leading to loss of labor demand. Recessions and job losses translate into idle labor, which can result in human capital decay. Long-term unemployment discourages workers and causes underutilization of factors of production. Further, some labor market policies impede emotional and physical adjustments necessary in the return to full employment, causing frictions and consequently lowering participation rates. A paper by Güriş et al in 2017, for example, confirmed the presence of unemployment hysteresis in Turkey.

Second, hysteresis comes from the slowdown in capital investment in times of crises. Recession induces low expectations for future returns, and it undermines ongoing or robust investment. From the Keynesian perspective, reduction in investment decreases aggregate demand and lowers productivity. According to Kozlowski et al,[27] permanent damage can arise from the scarring on beliefs and the changes of behavior or perceptions. The researchers argue that "even if a vaccine cures everyone in a year, the Covid-19 crisis will leave its mark on the US economy for many years to come." (p.2) For illustration, Richards tests the effect of financial-related hysteresis in Alberta dairy investment in Canada and confirms presence of such scarring, with farmers observing longer periods in which herds do not grow or periods of contraction.[28]

[27] Kozlowski, J. et al. 2020. "Scarring body and mind: The long-term belief-scarring effects of Covid-19." *Covid Economics*, 8 (22), April 2020. CEPR Press.

[28] Richards, J. T. 1996. "Economic Hysteresis and the Effects of Output Regulation." *Journal of Agricultural and Resource Economics*, 21(1):1-17.

Third, disruption in learning as a result of school closures reduces the pace of human-capital formation. It is more severe for the less-privileged, who lack the necessary facilities and/or technical tools to learn from home. Some students may ultimately leave schooling, impeding social advancement. From Central African Republic to Mexico to South Korea, young learners have cited as barriers to their continued schooling the lack of educational facilities during the lockdowns, according to the interviews conducted by Human Rights Watch in April 2021.[29]

Fourth, the pandemic has disrupted supply chains of vital commodities, disturbing global trade. One such example is the toilet paper crisis that occurred in the U.S. in early 2020 when consumers could not find toilet paper on shelves in supermarkets. Other necessary products were similarly missing, as production and supply chain could not keep up with consumer demand and the belief that they would be unable to secure certain items — supply and demand in many cases led to hoarding, which, in turn, exacerbated demand. And, if the belief was that a lockdown or quarantine was inevitable, again, supply could not meet increased demand. To this end, the pandemic initially disrupted supply chains for manufacturing, the airline industry and more — some are still much-impacted, even in light of some restrictions being loosened. Concerted deglobalization and involuntary curtailing of trade have negative implications for the global and national economies. A World Bank paper[30] examining these issues concluded they are long-lasting challenges. The findings argue that deep recessions, which the pandemic has caused, will likely leave permanent scars through multiple channels by (1) lowering investment and innovation; (2) eroding the human capital

Image credit: Nichola Mandil Ukeil

[29] Human Rights Watch. 17 May 2021. Problems with education around the world during Covid-19. Under the theme "Years Don't Wait for Them: Increased Inequalities in the Right to Education Due to the Covid-19 Pandemic." Retrieved from: https://www.hrw.org/report/2021/05/17/years-dont-wait-them/increased-inequalities-childrens-right-education-due-covid

[30] See World Bank. 2020.

of the unemployed; and (3) disintegrating global trade and supply linkages. Once destroyed, replacing such stock capital is not easily re-established.

Fifth, permanent scars could occur through the loss of trust in key institutions and leaders, if they are assumed to be uncaring, untrustworthy, or unreliable. Low trust in public health officials can make it difficult to effectively address the crisis, and once the crisis is over, authorities may find it just as challenging to implement meaningful reforms. On a positive note, people have responded favorably when queried about their governments' and public institutions' actions during the Covid-19 crisis, especially in terms of the immediate support received from these public agencies.[31] Such favorable sentiments waned or returned to the previous skepticism in 2021 as restrictions were lifted.

Sixth, the rise in inequalities exacerbated during the pandemic may lead to permanent scars. A rise in such inequities is likely to lead to low productivity and create vicious cycles of low growth and an equilibrium trap, underscoring that at any low levels of per capita income, households find it difficult to save and invest much, and such low levels of investment translate into low rate of growth in a given national income.

In "Enhancing Access Opportunities," the IMF and World Bank argued in the May 2020 paper that the disadvantaged groups are more likely to suffer, with inequality shown to be rising in some jurisdictions.[32]

In light of the foregoing, efforts to enhance recovery and reduce the scarring effects come to fore.[33,34,35] Governments have come to mobilize resources, including the securing of external financial assistance from the IMF and other international financial institutions (IFIs). The speed of the IFIs' response and the size of emergency financing demonstrate the sensitivities of the international

[31] OECD. 2020. "Measuring public trust after a pandemic and economic crises," Webinar. 22 June 2020.

[32] IMF and World Bank. 2020. "Enhancing Access to Opportunities." Washington, D.C.

[33] See Cerra et al. 2013

[34] Fatás, A., and L. H. Summers. 2018. "The permanent effects of fiscal consolidations." *Journal of International Economics*, 238–250.

[35] See Jordà et al. 2020.

community to tackle global problems. The recently approved Rapid Credit Facility (RCF) for South Sudan, for example, was among the responses aimed at building confidence in the Public Financial Management (PFM), improving governance and accountability, ensuring debt sustainability and helping the country deepen relations with the donor community.[36] Relative to other countries in the region, these have been areas where South Sudan has lagged in recent years, and the country's efforts merit improvements. To this end, the ongoing staff-monitored program (SMP) for South Sudan remains geared toward supporting economic and financial exchange (FX) reforms, with further implications to deepen relations.

While the RCF was on-lent to Ministry of Finance and Planning (MoFP) to augment the Covid-19 response efforts and support the budget,[37] authorities have made arrangements to build FX from this and to support reforms. In this context, half of the amount has been assigned to budget support, and another half has been earmarked to supplement FX reserves. MoFP has sold its share to BSS, which uses the foreign exchange (FX)to intervene in the foreign exchange rate. Preliminary findings now indicate the FX market has broadly stabilized, through regular auctions to banks and forex bureaus.

Theoretical framework

Proponents of Keynesian economics have long argued that the short-run effects of a given crisis are primarily revealed in the long-run problems affecting economic growth and undermining a return to pre-recession-growth levels, contrary to neoclassical economists, who preach efficient market hypothesis. So, barring the rationale for self-correcting markets, the late economist Keynes saw laissez-faire economic policy as ineffective in the face of economic crisis, justifying government interventions to stimulate the aggregate demand. Keynes further posited those lower wages reduce consumption, engendering a paradox of thrift. This also induces a fear in the minds of workforce members who are concerned

[36] Bromley, D. W. et al. 2020. "The First Loan from The IMF Under The RCF: An opportunity to stabilize and restore confidence in the South Sudanese economy." Ebony Center for Strategic Studies. 16 Nov. 2020.

[37] IMF. 2021. "IMF Executive Board Approves US $174.2 Million Emergency Assistance for South Sudan to Address the Covid-19 Pandemic." Retrieved from: https://www.imf.org/en/News/Articles/2021/03/31/pr2194-south-sudan-imf-execboard-approves-us-174-2m-emergency-assistance-address-covid19.

about impending job loss. Spending less to avoid disaster and to protect — as bet they can — their future, consumption numbers sink across the board. The same goes for the corporate or business community; crises such as the current pandemic induce lower investment due to perceived, reduced future profitability. Lower household consumption and reduced private investment can create a trap unless the government intervenes to stimulate the slackened demand. Efforts to draw down on precautionary savings have sometimes come into play.

An unemployment rate may fail to return to a path of equilibrium, thereby resulting in skills atrophy, where the unemployed lose productive efficiency. Research has shown that skills atrophy can act as a signaling effect, where firms prefer to hire workers with a steady employment history. Cognitive dissonance — that mental unease that comes with holding conflicting beliefs, values, attitudes — is also a concern; unemployed workers may become disillusioned with their current job prospects or conditions and exit the labor force. Unemployment rates also spark capital depreciation, where capital goods, including factories, may wear and tear over time while shifting aggregate supply to the left, or upward. Finally, trade penetration, where domestic producers lose ground to foreign competitors, creates a significant impact on financial equilibrium. These may generate protectionist tendencies, mostly inherent under the classic infant-industry arguments, according to the international trade theory, which states that new industries require protection from international competition until they become mature, stable and competitive.

Suppose an unemployment rate shows the presence of the hysteresis. This means that past unemployment rates tend to cause the expected value of unemployment today — and in the future — to deviate from the steady state path. Drawing from the work of others, including Blanchard and Summers and O'Shaughnessy[38,39] hysteresis is, therefore, considered a unit root process, meaning that it shows an unpredictable pattern over time.

[38] Blanchard, O. J., and L. H. Summers. 1987. "Hysteresis in Unemployment." *European Economic Review* 3(1), 288–295.

[39] O'Shaughnessy, T. 2011. "Hysteresis in Unemployment." *Oxford Review of Economic Policy* 27(2), 312–337.

Potential channels of the hysteresis effects on the national output in South Sudan

South Sudan was among the first countries to take swift measures to contain the virus, beginning in March 2020. It was also among the first countries to ease restrictions and reopen the economy (Table 3).[40] Given the later nature and rise of infections, restrictions were imposed again in February through April 2021.

TABLE 3. SOUTH SUDAN AS EARLY EASER, INITIAL SPENDING RELATIVE TO EAST AFRICAN COMMUNITY AND SUDAN

Country	Covid-19 spending (as % of GDP)	Speed to reopening (lockdown date-reopening date)
Burundi	0.5	N/A
Kenya	0.3	March 15 - August 1, 2020
Rwanda	3.2	March 18 - July 29, 2020
South Sudan	0.2	March 24 - May 7, 2020
Tanzania	-	March 17 - May 21, 2020; June 8*[41], 2020
Uganda	0.36	March 18 - September 20, 2020
Sudan	0.24	March 13 - July 10, 2020

Source: Author's compilation; Collaborative Africa Budget Reform Initiative, 2020.

The presence of the high poverty rates, weak health systems, high informality and lack of social safety nets accounted for South Sudan's early reopening. The weak healthcare system and substantial informality have limited and continue to hamper the effectiveness of the containment measures in the country.

[40] Waakhe, S. "South Sudan Lifts Covid-19 Restrictions Despite Rise in Cases." The VOA News. 8 May 2020. Retrieved from: https://www.voanews.com/Covid-19-pandemic/south-sudan-lifts-Covid-19-restrictions-despite-rise-cases.

[41] * Shows when Tanzania was declared Covid-free and stopped reporting cases; around June 8, 2020.

The presence of the high poverty rates, weak health systems, high informality and lack of social safety nets accounted for South Sudan's early reopening. The weak healthcare system and substantial informality have limited and continue to hamper the effectiveness of the containment measures in the country. As observed, most people prefer to visit the nearest drugstore whenever they feel unwell; this is the result of inefficiencies and the lack of basic facilities available at public hospitals. The absence of a reliable health system to ensure contact tracing and testing has also raised the likelihood of increased cases of "silent spreaders" — those that go unreported — in the community during the pandemic.

Image credit: Nichola Mandil Ukeil

Further, the dependency ratio, at 82 percent in South Sudan, remains one of the highest, buoyed largely by the extended family system. This means that a given household has more people than expected, which limits the effectiveness of social distancing. Those affected can spread the virus easily to others in a crowded household.

Broadly, the Great Lockdown was ineffective in South Sudan because of the country's lack of social safety nets. As a corollary, families dependent on remittances from abroad were impacted substantially during the pandemic; loss of income in host countries also meant sending less home. In this connection, South Sudan might have "imported" lockdowns in more advanced economies, through its migrant workers — presumably a large share are working in less-skilled, contact-intensive sectors that may have been impacted by the Covid-19 crisis — for example, in the hospitality, manufacturing or production factories. If this is the case, then there may be a risk that South Sudan also imports the hysteresis from advanced economies.

The Covid-19 crisis hit South Sudan where it hurt the most: the oil sector. The shock was not only a health crisis, but it also evolved into a proper economic crisis, undermining the containment measures and inflicting long-term damage on the economy. With a budget crisis, it is even more difficult to keep paying people, to increase health spending or to ensure innovative education policies and to continue

to invest in the future. So, the hysteresis effect becomes really encroached.

Without facilities to work from home, and lacking social safety nets, households have been caught between a rock and a hard surface. Some found themselves facing tough decisions: either they stay home and starve, or come out and risk infection. Many chose the latter; some suffered a fatal ending from Covid-19, but went uncounted, partly due to the lack of contact tracing and limited testing.

While the duration and magnitude of the pandemic remain uncertain, five hysteresis effects could arise in South Sudan. A word about each is in order.

The Covid-19 crisis hit South Sudan where it hurt the most: the oil sector. The shock was not only a health crisis, but it also evolved into a proper economic crisis, undermining the containment measures and inflicting long-term damage on the economy.

First, with public schools closed and pupils lacking opportunities to learn from home, human capital acquisition has interrupted for millions. Before the Covid-19 crisis hit, South Sudan was already lacking many basic needs and was among the countries in Africa with the lowest human-development indicators. A bit of digression is necessary to contextualize historical political development for the reader. South Sudan has been the victim of tumultuous past conflicts, starting with the first civil war with Sudan, from 1955-1972, and later with the same adversary, from 1983-2005. Both led to the loss of unfathomable numbers of innocent lives, destruction of national assets and the decay of nascent institutions of governance. For close to 50 uninterrupted years, South Sudan has been involved in a military conflict, either during the liberation war with Sudan or internal strife.[42]

Sadly, South Sudan quickly descended into internal conflict in 2013 following the euphoric independence from Sudan in 2011. The bloody conflict ran from December 2013 through September 2018 and only came to an end when the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) was

[42] Nyaba, P. A. 1996. "The Politics of Liberation in South Sudan." Kampala: Fountain Publisher.

negotiated with the support of the Africa Union and signed in Khartoum. While the internal conflict has had a deleterious effect on the country, including the reduction of primary school enrollment by at least 80 percent from 2013 through 2016, according to Mayai[43,44] the Covid-19 pandemic has also compounded such challenges. Director of research at The Sudd Institute in Juba, Mayai, notes that pupils forced out of school are exposed to greater dangers, including early marriages for the case of girls. An effort to foster learning was hampered, even when pupils were advised in 2020 to turn on TV to receive lessons or to listen to local radio stations for coursework; many households were unable to take advantage of the opportunity for lack of access to the resources.

Second, labor market participation rate was affected, with working hours reduced. At public sector offices (critical services such as those provided at Juba Teaching Hospital and other critical facilities such as the John Garang Infectious Diseases Unit — this is where critical Covid-19 patients have been treated — are exceptions), working hours declined from eight to just three or four hours daily. This reduction between 50 and 60 percent of the eight-hour workday lasted throughout 2020. Despite the history of wage arrears, South Sudan managed to pay some staff, though the pandemic negatively impacted these workers' purchasing power. The public budget became even more constrained, and some public employees lost their incomes. Qualitative data indicators point to worsened outcomes. In this context, reducing labor market participation voluntarily or involuntarily could bear negatively on the country's output.

Third, the pandemic has pushed many into poverty. While it was high before Covid-19 struck, poverty has increased to even greater levels. At 51 percent in 2009,[45] the poverty rate rose to 82 percent in 2019 due to war, and was exacerbated by the pandemic, increasing to 88 percent in 2020.[46] This escalation has implications for meeting Sustainable Development Goals (SDGs). The pandemic has also widened

[43] Mayai, T. A. 2020a. "The Economic Impacts of Covid-19 Pandemic in South Sudan: An Update." The Sudd Institute Policy Brief. 26 Jan. 2020.

[44] Mayai, T.A. 2020b. "The Covid-19 Outbreak in South Sudan." The Sudd Institute Policy Brief and National Secretariat for HLFT. 20 May 2020.

[45] National Bureau of Statistics. 2009. South Sudan National Baseline Household Survey.

[46] See IMF. 2019; 2020.

the inequality among the haves and have-nots in the country. In a recent phone-based household survey the World Bank[47] conducted in June 2020 with a sample of 1,213 people, two out of three households reported loss of income. This means the households suffered from the pandemic through loss on basic income, which for some translates into loss of shelters and basic health services, among others.

Fourth, the impact of environmental damage on potential output is another channel delivering the impacts of hysteresis. As South Sudan relies on oil revenue, the pandemic has considerably affected global oil consumption, leading to a drop in oil prices, which has reduced government oil revenues and affected income of many of those who rely on federal salaries and business contracts. Without salaries, a number of civilians and soldiers have had to take jobs that negatively impact the health of the environment; illegal logging is one such "industry," while charcoal production and attendant trading are other activities now sought as a means to fend for their families. Soldiers and civilians along the Juba-Nimule Road Corridor, for example, and along many other accessible trade routes in South Sudan, have resorted to illegal logging and the cutting of trees for the production of building materials, fuel for home fires and charcoal for cooking, just to make ends meet. These illegal activities, which have increased due to the pandemic, have led to social and environmental impacts; women and children are not immune to the plight and are the victims of exploitation as they are forced to find viable incomes. The onset of the pandemic has constrained other sources of income, pushing land to charcoal production. In fact, preliminary findings of a study conducted recently by The Sudd Institute — in a collaboration with the University of Cambridge's Center of African Studies and similar institutions in Kenya, Tanzania and Uganda — show that large swathes of land have been cut for charcoal in the last several years, posing a threat to the biodiversity of the region.

Image credit: Nichola Mandil Ukeil

[47] Fatima, F. et al. 2020. "Monitoring Covid-19 Impacts on Households in South Sudan, Report No. 1." Results from a high-frequency phone survey of households. World Bank. 24 Nov. 2020.

A fifth impact of hysteresis in South Sudan regards public investment, particularly in the flourishing construction and road network during the postwar period of 2006-2012. Reduced investment has negative implications on the economy, through Keynesian multipliers. Therefore, the impact of the pandemic will likely be felt on the output in the future. For the case of this review, we examined public investment, particularly capital investment over the last five years, and observed that it remains erratic. The pandemic period has seen a huge reduction in planned investments (Table 4; see also Figure 2).

TABLE 4. EVOLUTION OF SOUTH SUDAN INVESTMENT EXPENDITURES, FY2016/17-2020/21,

	AS PERCENT OF OVERALL BUDGET		
Fiscal year	**Capital budget**	**Investment expenditures (on roads and Juba International Airport)**	**Other capital costs (on vehicles)**
FY 2016/2017	4.17	0.87	2.71
FY 2017/2018	3.05	0.26	2.79
FY 2018/2019	10.68	0.14	10.54
FY 2019/2020	58.82	44.23	14.59
FY 2020/2021	26.00	9.81	16.19

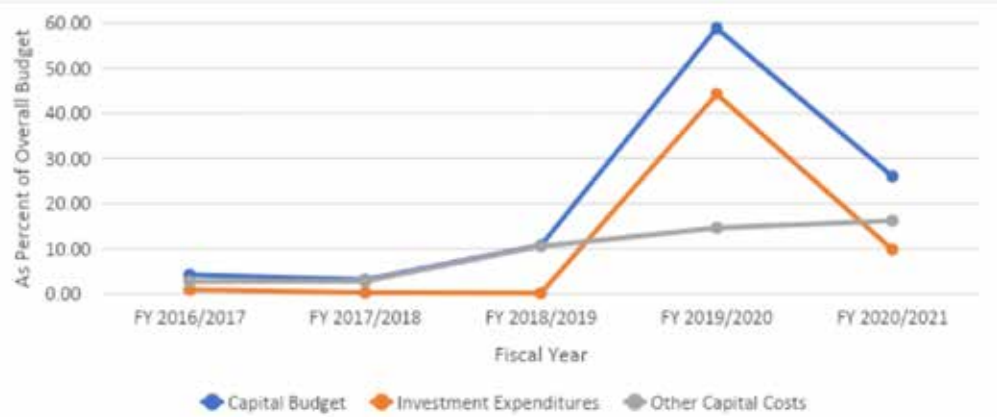
Source: South Sudanese Authorities, February 2021.

The FY2019/2020 capital budget shows a sizeable increase in investment and other capital costs; this comes following the signing of the Revitalized Agreement or R-ARCSS. The government saw it as vital to invest more resources in infrastructure, seen especially in its allocation of some 30k barrels of oil per day (bpd) to fund road projects. This explains the jump in the capital budget and the increased investment on roads in the subsequent years. Yet, when Covid-19 struck, it affected oil prices, causing a decline in production volumes, which, in turn, reduced the share of crude oil and the value accrued to the contractors. Further, the government also reduced oil consumption for road and airport expenditures from 30k bpd to 10k bpd, which, again, accounts for a significant reduction in investment from FY2019/2020 through FY2020/2021.[48]

[48] Though unapproved by the Parliament, the FY2020/2021 budget that bears presidential sanction is largely executed and ended on June 30, 2021. Readers should also note usual data caveats and rounding errors here.

Government priorities change. Roads and the Juba airport were among the victims of reductions in investment due to effects of the pandemic. Spending on vehicles, due to the expansion of the South Sudanese government following the Revitalized Agreement,[49] added to the country's spending priorities. The argument that the Covid-19 pandemic might have placed a dent in South Sudan's investment trajectory is evident in Figure 1 below.

FIGURE 1. SOUTH SUDAN CAPITAL BUDGET AND INVESTMENT, FY2016/17 - 2020/21



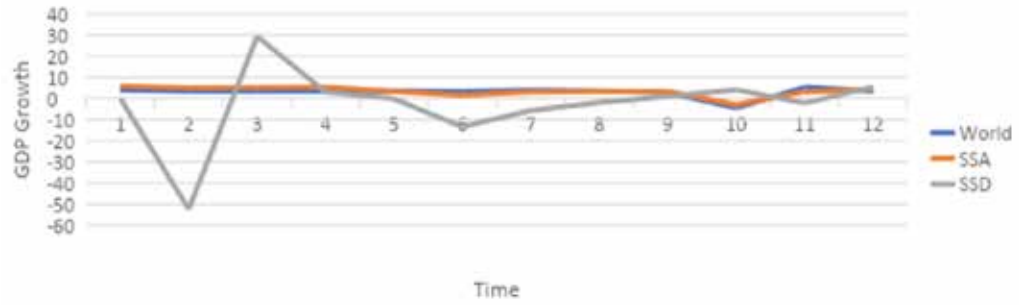
Source: The South Sudanese Authorities, 2021.

The impact of the pandemic is further evidenced by the drop in oil prices. Consider this single cause-and-effect scenario: The government's ability to create and provide safety-net program funding for those impacted by the pandemic becomes greatly restricted when a primary source of revenue — oil — is affected. The lack of federal support — more accurately, the government's inability to provide support — has forced vulnerable populations to leave their homes in search of employment; these jobseekers, desperate for work at nearly any cost, have been further exposed to pandemic dangers. This conundrum underlines the existence of the need for South Sudan to institute functioning social safety nets, and the fact that none exists has had negative implications. It has been observed that even the statutory national schemes such as the country's social security funds, pensions, severance and health insurance, among others, exist only on paper; there is little

[49] The Unity Government was formed in February 2020 before the Covid-19 lockdown.

that takes place in regards to the application of such assistance, further testimony to the inadequacy or lack of South Sudan's financial safeguards.

FIGURE 2. SOUTH SUDAN'S GDP GROWTH OVER THE YEARS



Source: IMF World Economic Outlook, October 2020 (Average GDP growth: 2002-2011; Actual Per annum growth: 2012-2019; Projections: 2020-2025).

Figure 2 shows that the recovery in South Sudan followed a V-shaped pattern after the 2012 conflict with Sudan, with growth picking up quickly in 2013. However, the December 2013 conflict dealt a huge blow to the economy — recovery to pre-war levels did not occur until 2019. While full implementation of the Revitalized Agreement could boost recovery, the impact of the Covid-19 pandemic points to an uncertain outlook. That said, if oil prices recover, and market confidence picks up in light of the glimmer of hope from the ongoing foreign exchange market and the fiscal and monetary reforms under the staff-monitored program(SMP,) it is likely that growth in South Sudan could follow a V-shaped recovery, similar to the rebound from the 2012 conflict.

Conclusion and policy implications

A survey of the literature points to an unescapable conclusion that the pandemic aggravated macroeconomic outcomes by reducing fiscal receipts, affecting external sectors, impeding public investment, intensifying inflationary pressures, and triggering both income and job losses in the private and public spaces. Broadly, the Covid-19 pandemic has exacerbated already-existing weak fundamentals in South Sudan, subsequently worsening macroeconomic and social indicators. The pandemic will likely leave enduring scars on the economy through the several channels highlighted above, with serious implications on the expected national output.

In an effort to foster inclusive recovery from the pandemic, the authorities have prioritized immediate needs while keeping an on eye on the medium-term objectives, indicating that the government in Juba continues to face multiple challenges and competing needs. Broadly, these challenges include the alleviation of a humanitarian crisis, implementation of the R-ARCSS and the stabilization of the macroeconomy, all while responding to the continued myriad threats of the pandemic. Convinced that these four key objectives are intertwined, the government has embarked on providing limited resources to train and integrate the national army; establishing state governments; improving security conditions, working on delivering a permanent constitution and building public confidence among peace partners — all of which remains difficult. On the humanitarian front, the focus has been to mobilize resources from the donor community to support the vulnerable households. The South Sudan Safety Net Project (SSSNP), running through November 2022, is among those championed to ensure social protection through World Bank support.

Furthermore, the authorities in South Sudan are also moving to ensure key deliverables. In this context, MoFP has set up the Cash Management Committee. The government continues to reinforce PFM reforms, including the enhancement of electronic staff payments, consolidation of Single Treasury Accounts (TSA) and a more effective and efficient transmission of non-oil revenues. The National Revenue Authority (NRA) has also been empowered to improve tax administration and operationalize other functionalities, including staffing, while adopting digitized platforms. These good-faith efforts notwithstanding, NRA faces connectivity and capacity constraints and policy slippages. On the other hand, the Bank of South Sudan continues to intervene in the foreign exchange market to stabilize rates while working to enhance supervisory roles and asset quality. Once the pandemic abates, the BSS intends to advise other such institutions to proceed with their capitalization plans. The BSS would resume the policy in place before Covid-19 struck, which will entail the requirement that banks raise new paid-up capital, merge with others, or voluntarily liquidate.

Conducting a prudent monetary policy that prioritizes price and financial stability, improving the business environment and supporting full employment are proven measures that strengthen an economy.

Finally, considering the scarring effects of the pandemic, strengthening public systems to enhance recovery prospects and to withstand future shocks remains of vital importance. Targeted fiscal, monetary and structural reforms will be needed to ensure recovery. This must include investing in health systems, enhancing spending efficiency, facilitating digital technology to provide vulnerable households with access to resources, and intensifying revenue mobilization to safeguard fiscal and debt sustainability in the medium term. Conducting a prudent monetary policy that prioritizes price and financial stability, improving the business environment and supporting full employment are proven measures that strengthen an economy. To avoid overwhelming South Sudan's already-stretched capacities, such reforms must be incremental, prioritized and focused. Above all, they must be recognized as imperative, and must garner a meaningful commitment to succeed.

About the author

James Alic Garang is a co-founder and scholar at The Sudd Institute, an independent research organization focused on informed and accountable policy and practice that responds to the needs, wants and well-being of the South Sudanese people. Garang's areas of interest include macroeconomics, development economics, financial sectors and financial inclusion. He has held a number of academic and professional positions, including internships at the African Development Bank in Tunisia (2009-2010), as a lead evaluator on the banking sector during the "Comprehensive Evaluation of the Government of South Sudan, 2006-2010," a consultant with the World Bank (2013-2014) and as a board member serving on a variety of charitable organizations and academic affiliations.

A former McNair Scholar and a member of the Omicron Delta Epsilon international economic honor society, Garang holds a Ph.D. in economics from the University of Massachusetts, Amherst. He has served as Deputy Dean of Faculty for Economic and Social Studies at Upper Nile University, and as Senior Economist at the Ebony Center for Strategic Studies in Juba. Garang is currently a Senior Advisor to the Executive Director of the IMF Executive Board in Washington, D.C.

The Year of Trying Not to Die

COVID-19 and Our Ethical Calculus

Image credit: Engin Akyurt / Unsplash

Beth G. Raps, Ph.D.
Independent scholar

> **"Language is a virus."**
> *William Burroughs*

Introduction

I've been trying to come up with a simple way to explain to myself and others how everyone making whatever decision they are making about COVID-19 is doing so within a framework we can understand if we choose to — however irrational we may find the decisions (theirs, and even ours). I'm doing this because the polemicizing and polarization the pandemic is being used to increase bothers me.

Understanding for myself, as well as providing a way to make understandable to others, what I see as the "ethical calculus" we make regarding Covid-19 is my goal in this essay; to show that in essentially every case we can identify, it *is* an ethical calculus — and not some irrational maneuver or manipulation on the part of the other.

I've explored this in my essay in a way that tries to respect parsimony. In doing so, I've missed much that is important to represent in the heuristic I've developed and use in this paper. I've contemplated some of what is missing in my "Self-criticism" section near the end.

I'm writing this paper because I'm interested to help experts and laypeople understand how each other makes decisions about Covid-19 — in particular because their decisions affect each other. This has wide application in policymaking, science communication, public health policy and communication. This interest animates my earliest academic writing, and it continues today.[1]

I'm also interested in equalizing power between the scientific worldview and other worldviews. I think respect for lay knowledges is essential and comes prior to laypeople respecting scientific knowledges.[2]

Last but most important, I'm interested in compassionate action. So, after reading this essay, my hope is that you may have more compassion for others' decision making and your own. You may be less quick to distance yourself from those you disagree with. In this era of increasing polarization and polemic, that alone might spare lives, relationships, resources and the possibilities for pluralistic participatory democracy. ("Participatory" including, for example, a view of democracy in which people vote on public health decisions through our personal vaccine decisions.)

Our opportunities now are great, as are our threats. This essay is just what that word means: an "attempt" to take us in a useful direction, which for me, as a philosopher, is an Irenist one, in the direction of peace.

[1] Raps, Beth. "An Ecology of Knowledge: How the Academic Community Relates to Epistemic Difference." Ph.D. diss. Florida State University. 2001.

[2] Raps, Beth. "In Science Communication, Why Does the Idea of a Public Deficit Always Return?" *Public Understanding of Science* 25. No. 4. 2016. 460-464.

Axioms

The motility of facts

- Facts devoid of context convince no one.
- People are convinced by what are called "facts" because of the locus of their arising (construction, creation, invention, discovery).
- A fact is a piece of information. It is not *knowledge* until someone holds it as true.
  - Case: The Catholic Church tells us a fact vs. a scientific source tells us a fact, we weight it differently.
  - Case: When the Church supports a scientific fact, this affects our valuation of the Church, not the fact.
- What about when the Church raises an issue concerning a scientific fact that science had ignored?
  - Case: The U.S. Conference of Catholic Bishops' 2001 statement on climate change[3] was arguably the only document at the time spelling out some critically important ethical implications of contemporaneous IPCC (Intergovernmental Panel on Climate Change) research.

I mean to beg the question why, when we know better as a scientific community, do we try to enforce belief on laypeople rather than collaborate with publics' belief sets? I believe it is in part because we do not understand what it means, that knowledge is communal.

Knowledge is communal

We know in community. We make and use knowledge within a context, which can be understood as communal. We canton ourselves and only sometimes communicate across our epistemic communities.

We know what information to trust through communities we feel close to or part of. Information we trust we call "knowledge." This is true of laypeople, and it is true of experts.

[3] Fay, William P. "Global Climate Change A Plea for Dialogue Prudence and the Common Good." United States Conference of Catholic Bishops. United States Conference of Catholic Bishops, June 15, 2001. https://www.usccb.org/resources/global-climate-change-plea-dialogue-prudence-and-common-good.

Outsiders to any community have trouble "enforcing" facts. This accounts for the variegated success of attempts by governments and para-governmental bodies to enforce Covid-19 behaviors, which are based on Covid-related decision making, which are based on what Covid-19 information a community accepts.

We make and use knowledge within a context, which can be understood as communal.

Science's job and ours

In a democracy at least, it is not science's job to tell us as laypeople — and we are always also laypeople — what to do. The hypothesis underpinning my construction of the heuristic put into play in this paper is that it is my membership in a given community that guides how or even whether I apply information emanating from that community — that is, whether I consider it "knowledge."

Certainly, we each belong to multiple epistemic communities. This is how, as experts, we can also be laypeople. Certain factors make it *possible* to override proximity for example, my knowledge of one of my communities being historically on the receiving end of abuses that were legitimated by experts. Another factor that helps balance out a missing proximity is a personal commitment to the intellectual hygiene of fallibilism or skepticism.

My community memberships may vie with each other, which causes interesting permutations in the charts below, influenced by such factors as my

- family community
- workplace community
- faith or philosophical community
- other affiliations whence I get my identity, core values, and sense of worth.

Case: Some of us may have hoped Covid-19 would decrease demand for commercial aviation in the long term. But, although our community is privileged, we did not reckon with the still-greater privilege of others: In fact, there has been an increase worldwide in the use of private planes by the very wealthy.

This essay and the heuristic below seek to show that we each make decisions out of self-interest, complexly constructed, based on an assay of the information our most proximate communities have accepted as knowledge, as voiced in the two examples below:

> **"I believe that the accumulation of knowledge always happens … across broken rather than continuous lines; through false beginnings, corrections,oversights, and rediscoveries; thanks to filters and schemata which blind and, at the same time, illuminate."[4]**

> **"I see complexities and ambivalences everywhere; I am willing to settle, until I can get something better, for conjectural knowledge and possible truth; I make ethical judgements as an assay of pros and cons, of daily living and heroic idealism."[5]**

Image credit: Adam Nieścioruk / Unsplash

The Covid-19 decisionmaking prediction chart (a work in progress)

Component factors

The point of the Covid-19 decisionmaking prediction chart is to be a heuristic that helps us know what questions to ask and how to conceptualize the way people who are not us are always already making decisions about Covid. My point is that these decisions are understandable and not to be dismissed or condemned, but to be taken seriously — if for no other reason than to improve uptake of expert information in their decision making.

Ideally, I'd like the chart to help us do much more than improve uptake of the knowledge we produce; I'd like us to care more about and criticize less the people who don't do what we tell them to do for both near-term and long-term

[4] Ginzburg, Carlo. "On the European (Re)discovery of Shamans." *London Review of Books* 15.

[5] Davis, Natalie Zemon. "On the lame." *American Historical Review* 93. No. 2. 1988. 572-603.

reasons discussed elsewhere in this paper. We might even use the chart to help us understand our own ethical calculus related to Covid-19 for diverse types of decisions.

The chart

Here is the chart before being put into play, so you can easily see what is factored into it:

DESIRED EXPERIENCE	**INPUT:**				**OUTPUT:**	**Predictive value of science in my decision**	**Likelihood I will use science alone to decide**
Taking an action under pandemic conditions obtaining at the present moment	**Primary community identity**	**Primary survival risk**	**Primacy of this risk to me**	**Primacy of science on this risk to me**	**Decision regarding Covid-related action**		

'Survival risk'

What I term "Survival risk" in the chart is explored in this table, whose columns build on each other from physical survival to existential survival. While the physical is foundational to all the others, it is not necessarily the most important to everyone, as you will see when these relative risks are put into play in the cases below.

SURVIVAL RISK TABLE

Type of risk	Physical	Emotional	Mental	Existential
Key factor	Health	Resilience	Sanity	Peace

Enabled by	Access to food, water, healthful environment, shelter, temperature control; impacted by access to money	Physical survival; adequacy between our channels for emotional expression and supportive emotional inflow (e.g., love, respect, appreciation)	Belief we and those we identify with have what we need for physical survival; ditto for emotional survival; adequacy between our working understanding of what is going on around us and our success in applying that understanding	Adequacy between our trust in life and the demands placed upon us by life
Absence results in:	Illness	Despair	Anguish	Nihilism
Ultimate risk:	Death	Death	Death	Death

Putting the chart into play: some cases

I. An expert epistemic community member who is over 65.

DESIRED EXPERIENCE	**INPUT:**				**OUTPUT:**	**Predictive value of science in my decision**	**Likelihood I will use science alone to decide**
Taking an action under pandemic conditions obtaining at the present moment	**Primary community identity**	**Primary survival risk**	**Primacy of this risk to me**	**Primacy of science on this risk to me**	**Decision regarding Covid-related action**	High	High
	Scientific	Physical	High	Great			

II. An older clergyperson whose denomination embraces science and who has caught Covid-19 in their denomination's retirement home for clergy needs to make a decision about a Covid-related action that affects their physical survival.

DESIRED EXPERIENCE	**INPUT:**				**OUTPUT:**	**Predictive value of science in my decision**	**Likelihood I will use science alone to decide**
Taking an action under pandemic conditions obtaining at the present moment	**Primary community identity**	**Primary survival risk**	**Primacy of this risk to me**	**Primacy of science on this risk to me**	**Decision regarding Covid-related action**	High	High
	Spiritual	Physical	High	Great			

III. The same older clergyperson whose denomination embraces science and who has caught Covid-19 needs to make a decision about a Covid-related action that affects their existential survival.

DESIRED EXPERIENCE	**INPUT:**				**OUTPUT:**	**Predictive value of science in my decision**	**Likelihood I will use science alone to decide**
Taking an action under pandemic conditions obtaining at the present moment	**Primary community identity**	**Primary survival risk**	**Primacy of this risk to me**	**Primacy of science on this risk to me**	**Decision regarding Covid-related action**	Zero	Zero
	Spiritual	Existential	High	None			

IV. An academically high-achieving teen who knows there is greatly decreased risk to their physical survival from Covid-19 who is making a Covid-related decision that affects their emotional survival, for example, to return to campus even though they have the option of online school.

DESIRED EXPERIENCE	**INPUT:**				**OUTPUT:**	**Predictive value of science in my decision**	**Likelihood I will use science alone to decide**
Taking an action under pandemic conditions obtaining at the present moment	**Primary community identity**	**Primary survival risk**	**Primacy of this risk to me**	**Primacy of science on this risk to me**	**Decision regarding Covid-related action**	Low	Low
	Close-knit friend group	Emotional	High	None			

V. Expert-community member and parent of the teen in IV who knows their teen has become suicidally depressed after long periods without face-to-face social interaction.

DESIRED EXPERIENCE	**INPUT:**				**OUTPUT:**	**Predictive value of science in my decision**	**Likelihood I will use science alone to decide**
Taking an action under pandemic conditions obtaining at the present moment	**Primary community identity**	**Primary survival risk**	**Primacy of this risk to me**	**Primacy of science on this risk to me**	**Decision regarding Covid-related action**	Some	Low
	Family	Mental	High	Some			

VI. The same, over-65 expert epistemic community member who is also a person of deep religious faith wanting to attend religious services on-site after a year of not doing so. It's unlikely they will use science *alone* to resolve the conflict. But they must use something, or a combination of somethings, as according to their self-reporting, this is an issue of profound importance and their existential survival is at stake. It's utterly unlikely they will use even the best science available, and *nothing else*, to make their decision.

DESIRED EXPERIENCE	**INPUT:**				**OUTPUT:**	**Predictive value of science in my decision**	**Likelihood I will use science alone to decide**
Taking an action under pandemic conditions obtaining at the present moment	**Primary community identity**	**Primary survival risk**	**Primacy of this risk to me**	**Primacy of science on this risk to me**	**Decision regarding Covid-related action**	Helpful but not sufficient	Uncertain
	Conflicted	Existential	High	High			

In closing

Self-criticism

Like any heuristic, the chart is not the truth. Many important factors are notably missing from the Covid-19 "Decision-making prediction chart." For example, it is at present entirely a-racial, unmarked by ethnicity and its historic and structural considerations. It also doesn't obviously take gender, physical ability or economic status into consideration. Where these might be factored in at present is in the community of primary identity. But that will mean oversimplifying people's community identity to such an extent as to make them one-dimensional.

No one is entirely identified with only one community. Take a queer, Asian-American MD making a decision impacting their immigrant parents. Take a straight, white governor of a populous state whose own children, and the children of nearly everyone he knows, are private-schooled, regularly gather unmasked for no good medical reason, determining when to reopen his state's public schools.

Casuistry

> **"I am arguing for politics and epistemologies of location, positioning and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims. These are claims on people's lives ..."[6]**

Using cases to constrain, probe and discuss these conflicts is a longstanding philosophical strategy. The point of the chart — while oversimplifying the number of factors to be taken into consideration for those attempting to influence public behavior through science and policy communications — is to help the expert community ask the right questions when we communicate with laypeople, as well as (even more importantly) when we craft policy prior to any communication. Even the few factors taken into consideration in the chart are far too seldom/almost never taken into consideration by members of the expert community. Instead, experts resort to tactics much more simplistic than the chart: blaming laypeople, alleging stupidity, cupidity and obstinacy on the part of laypeople who won't do as the experts tell them, up to and including the allegation of manipulation by lay community leaders.

Science is a virus some of us get, and others are exposed to but don't get — and some of us seem immune to.

It's also designed to help the putative layperson trying to get beyond their community's allegation of, say, manipulation on the part of an expert community, to evaluate from a more inclusive perspective all the possible factors that might affect their Covid-related decision making.

If, therefore, members of the expert community thought ahead to this putative layperson who might be convinced to make decisions more consistent with expert-community knowledge if certain factors hitherto unaddressed were at least thought about in determining not just communications programs but research programs, the chart will also have been helpful.

[6] Haraway, Donna. "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective." *Feminist Studies* 14. No. 3. 1988. 575-599.

I hope the chart and its uses help us explore the lived implications of what experts tell others to do from any lofty (ungrounded in "partiality," as Haraway puts it) perspective. I hope it reminds us to call on our own lived experience and multiple community memberships when we make decisions for or allegations about other people, and at least to consider assuming that everyone is always making understandable decisions if only we took the time to understand them, starting with a very few component factors, using the chart. This alone will reduce polemic and polarization that are not helping our nation's public health and other social policy crises.

I hope the chart helps us question our overly physical assessment of risk when we do so on another's behalf and amplify the range of things that can be compassionately considered as risks. I hope it helps us see how limited the body of knowledges we call "science" actually *are* in making a risk-related decision.

It's important to acknowledge that science deals with the observed, thus the observable. The farther out from the physical you get in the chart's "Survival risk table," the less likely it is that science will have anything useful to offer. The emotional is hard to measure. So is the mental. The existential, for example, is just not science's purview, no matter what some hard-core materialists may like to claim.

Image credit: Mufid Majnun / Unsplash

Science is a virus

A virus, by definition, requires a living host. It cannot survive outside its context. It is a kind of organic code, a piece of information, that we pass on to each other in community. As such, a virus is a kind of knowledge. Where Covid-19 is knowledge we wish we didn't have, language is a virus most of us are glad to have caught. Science is a virus some of us get, and others are exposed to but don't get — and some of us seem immune to.

If we in an expert community want laypeople to catch our virus, it is our job to create "interest" (= *inter* + *est*, i.e., "what is between" us, with thanks to Isabelle Stengers) in what science has to say. This we achieve by "... above all, doing what

one can so that this thing ... is able to concern her, to intervene in his life, possibly to transform it.[7]

Implications of the chart for practice

It is our job to interest others in applying the best available Covid-19 science in their lives. Those who don't currently might do so to a fuller extent if we esteemed their communities' knowledges more fully and showed how they can co-exist with ours. The chart oversimplifies that fullness — but includes important elements for us to consider.

Again, the point of the chart is not to enable experts to force people more effectively to do our illustrious will, even if we think it may save their lives. It is to help us to understand the stakes of their decision making much better than we seem currently to seek to. The origins of the chart and this paper were an interfamilial dialogue (by text, as it happens) with one member whose primary risk was simply physical, making wrong another family member whose primary risks were more complicated for their Covid-related decision making. Both are frontline workers. Standing outside their dialogue, and with epistemic communities having structured my thinking for many years, I could easily see the risk factors leading to the decision making that were being undervalued or simply dismissed. Family harmony might be served if we had greater understanding — that is to say, compassion — toward each others' community allegiances, and the ways they pull us in decision making about risk.

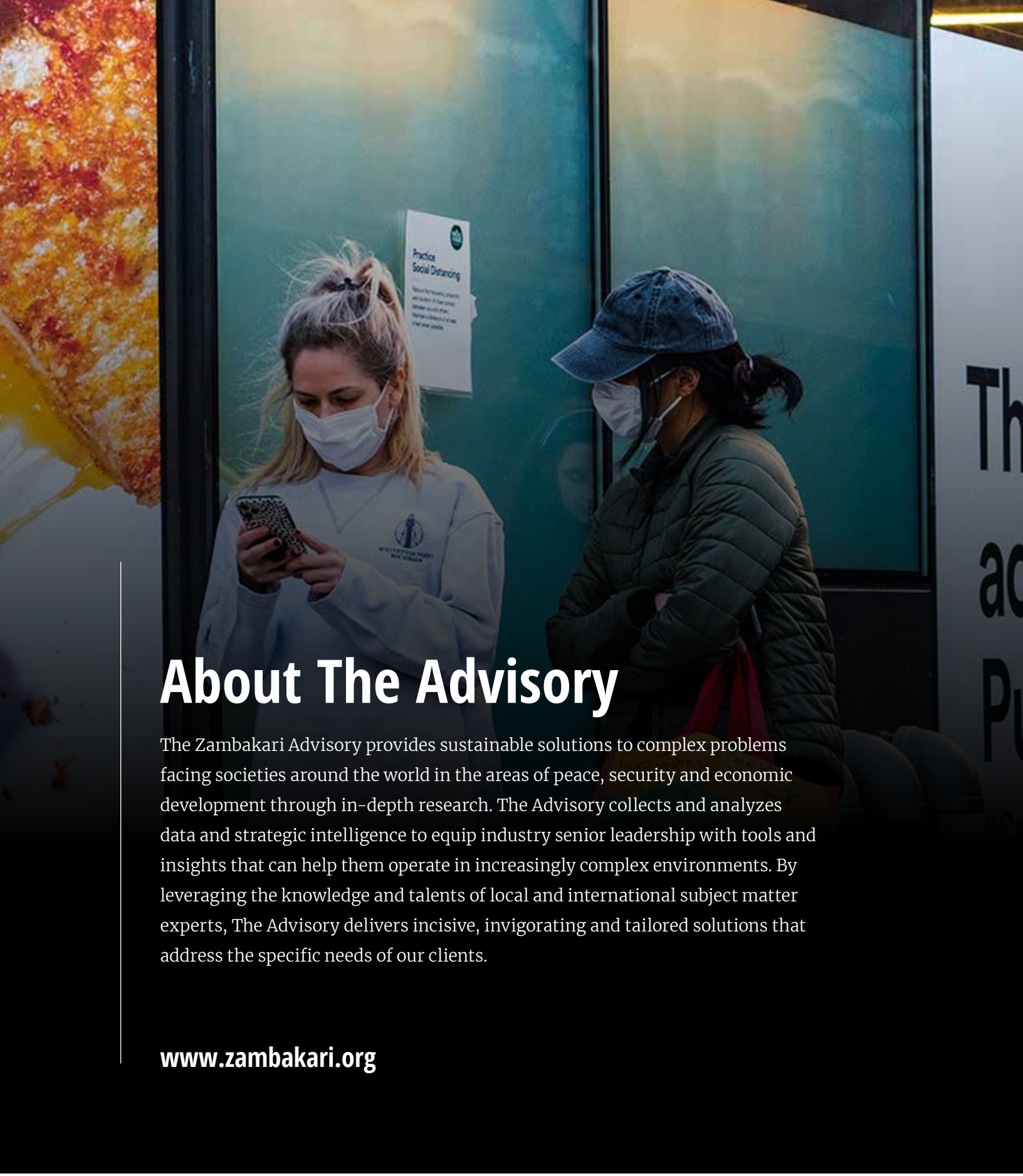
Displaying compassion in policymaking and its communication is hard-won, takes time and is worth it if we want to improve uptake and integration by laypeople of expert knowledge. I hope this chart may interest you in using it to that end — again, in the aim of sparing lives, family harmony, relationships, resources and the possibilities for democracy.

[7] Stengers, Isabelle. "*La Volonte de Faire Science: A Propos de la Psychanalyse.*" Le Plessis-Robinson: Editions Synthelabo. 1992.

About the author

Beth Gillian Raps earned her Ph.D. in philosophy of education and educational foundations from Florida State University in 2001. Earlier, she received a B.A. in French and creative writing from the Johnson Center at the University of Redlands in California. A progressive activist, she has worked in the nonprofit sector as an organizer and fundraiser since 1985. In 2006, at age 26, Raps founded the nonprofit Adaptation Network, "a kind of one-stop resource center for all things related to adaptation to climate change," says earthisland.org.

Certified in money coaching with individuals and organizations since 2009, Raps is the author of a number of blogs, including Raising Clarity and Raps in French and English for writing, book-coaching, translation and editing; and rapsraps on Tumblr for, she writes, "persuasion to justice, healing, self-determination, and other wild ideas." Raps not only believes in but works with the unseen and teaches willing clients to do the same.



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Conflict is the end result of powerful influences, from system polarity to outside intervention, from opposing interests to socio-cultural dissimilarity and more. The contributions of The Advisory to the international discussion include influential explorations and answers driven by real-world data:

- "Whose Peace, Which Justice?" City of Peoria, Arizona, 2019
- "The Cost of Violence and the Business of Peace," Phoenix 100 Rotary Club, Arizona 2019
- "To Punish or to Reform? Survivor Justice in Africa," 2016
- "The Misguided and Mismanaged Intervention in Libya," 2016
- "Sequences of Transitional Processes: A Democratic Journey?" – for the Berghof Foundation in support of conflict transformation, 2015
- "Nation and State-Building in South Sudan: Identity, Violence and Democracy," University of Washington, Seattle, 2014
- "Political Drivers of Violence and the Challenge of Democratic Nationbuilding," 2013

THE ADVISORY EQUIPS INDUSTRY LEADERS WITH THE TOOLS AND INSIGHTS NECESSARY TO OPERATE SUCCESSFULLY

In the Headlines

Our work is recognized in media outlets around the world as a solutions-based voice. The Advisory provides answers to complex challenges in the areas of peace, security and economic development.

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The Zambakari Advisory publishes multiple-perspective reports on world events; produces sociopolitical analyses targeting frontline policymakers, decision makers and scholars; and is featured regularly in peer-reviewed journals. A sampling of Advisory media milestones includes:

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WORK FEATURED IN "MOST INFLUENTIAL RESEARCH OF 2015" BY TAYLOR & FRANCIS, PUBLISHERS OF "VALIDATED, TRUSTED RESEARCH FROM THE WORLD'S BRIGHTEST AND BEST MINDS."

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