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Editorial: Ethics, Values and the Treaty to Prohibit Nuclear Weapons

75 years after the first explosions of nuclear weapons we have seen today the ratification of the UN Treaty to prohibit nuclear weapons. There are a few other technologies that humankind have made that are capable of destroying the whole planet. Eubios Ethics Institute founded Youth Peace Ambassadors in 2010 in Hiroshima with UNESCO. In 2014 we held a field trip of the 14th Asian Bioethics Conference to Nagasaki.

It is fitting on 22 January 2021, this issue launches the Statement "Ethical Values and Principles for Healing Society in Light of the COVID-19 Crisis", from the World Emergency COVID19 Pandemic Ethics (WeCope) Committee, as the result of dialogue between 50 persons from all around the world. One of the principle values is peace and nonviolence. It may have taken the pandemic to bring home to people the fragility of life on this planet, which is still actively destroying the lives and hopes of many around the world. Thank God, it was not a nuclear winter, because the toll would have been 2 billion instead of 2 million.

The dozen papers include studies on the impact of COVID-19 on different communities and the measures that people have taken to try to control this pandemic. In the monthly IPHA conferences that we are hosting we see many papers as a result of numerous research studies that are really opening up the field of public health ethics in a manner which had not been explored in such detail before. It is not the mighty hydrogen bomb which has shown us the fragility of human existence. Rather it is a little virus, that has now started to mutate and naturally play an evolutionary game with the lives of its host, us.

Surely it is also with a note of hope to see the inauguration of U.S. President Biden, who immediately rejoined the USA to the Paris Climate Accord, and the World Health Organization, and has declared he will be part of COVAX, the effort to make the COVID-19 vaccine accessible to people in every country in the world. So, I think it's quite reasonable at least for today that bioethicists can be proud of what we've been doing to fight for preservation of the environment for all living creatures and of humanity itself. Let us double our efforts to work so that those countries which have nuclear weapons will never have a reason to use them, and will eventually give up such as suicidal technology.

Ethical Values and Principles for Healing Society in Light of the COVID-19 Crisis

Statement of the World Emergency COVID19 Pandemic Ethics (WeCope) Committee (22 January 2021)

1. Preamble

As an independent, multidisciplinary, and cross-cultural committee, comprised of ethicists from cultures and nations across the world, in the context of our previous statements, we offer the following statement and recommendations on Ethical Values and Principles for Healing Society in Light of the COVID-19 Crisis.[1]

We hope that this joint statement will widen the scope of reflections both within and between communities and nations and will help share a mutual vision for a healing society by elucidating ethical values and principles that can assist in making better societies. The possibility of better societies can be achieved through the participation of all people to consider what would be "better", and through the transformative potential of what every person on the planet has learned from COVID-19.

Areas of potential transformation include both individual and societal development, including but not limited to public health, education pathways, economic flows, institutional dynamism, hierarchical systems, authoritative relationships and broader issues of social conventions. In the context of earlier WeCope Statements on Autonomy and Responsibility, State and Governance, and the Environmental Implications of COVID-19, we need to broaden our conception of a healing society taking into account bioethical consideration for all spheres of life. Other potential transformation points relate to identifying tensions and the dynamics of unsustainable or asymmetric inputs and outputs, fragile structures, or contexts that demonstrate imperatives that are counter to common perceptions of morality such as non-beneficence, maleficence, unjustness, irresponsibility, or non-autonomy. Ethical visions related to these themes may aid in increasing awareness, and herein we discuss some of the applicable principles and humbly issue recommendations.

2. Healing Society

The term "healing society" suggests that humanity is injured which marks the cycle of evolution of all life forms wherein injuries are perceived as new challenges and often lead to paradigm shifts. This is precisely why global society adopted the Millennium Development Goals (MDGs) followed 15 years later by Sustainable Development Goals (SDGs). In this statement we add another new dimension that plays an important role in the healing of an injured world which centers on the ethos of interrelationships between living beings wherever and whoever they are.

To begin healing society, one may focus on its basic component, the human person, upholding the individual's dignity, rights, values, and humanity. Perhaps this would manifest statecraft and social conventions built on trust, rather than coercion backed by a monopoly on legal violence. By social conventions we mean more than social agreements or social contracts; the structuring of society should be based on effective practices that allow the construction of a new ethic in which the rules and ideas enable people to articulate their differences as individuals and social beings. The common human good can withstand a reasonable asymmetry of ownership, of information, but not privileges and rights, especially pertaining to the right to use violence as a means.

To solve the challenges wrought by the past cycle of domination and inequality creating dynamics, those with the most shall no longer be granted unfair privilege and rights to shape society through policy or brute force. Legal systems should be secondary to other normative systems such as those of morality or ethics. The curative society invites us to forge our social relationships based on ethics, rather than merely law.

It is not naïve utopianism to recognize that a foundational agreement of non-violence allows for coexistence and cooperation to develop into universal co-evolution. This co-evolution not only allows peaceful co-existence of peoples, cultures and nations, but also of humans, non-humans and natural systems. Humanity has so far survived the tension and balance of mutually assured destruction (MAD), of a prolonged acceptance of inequality enforced by systemic privilege, and the right to use violence. By recognizing the violent path we have travelled (e.g., by acknowledging the resources spent on weapons development, of profit from suffering, and the very mechanisms of violence), we may integrate the knowledge we learned into a broadening universal awareness of the devastation such a path incurs.

We may heal, with awareness and loving compassion, senseless suffering, and achieve the goal of preventing future suffering or cycles of systemic violence. Policies of domination, forceful coercion, and extraction of common resources should become dis-incentivized until they cease. One should recognize that an absolutely broad definition of violence, may become violent itself. Some attempts to solve violence may lead to institutionally mandated structures that are accompanied by the blind force of law on citizens and in that sense, the purpose of non-violence can be distorted by itself. Our common humanity has become

[1] The authorship of this statement reads as Andrew Bosworth, Darryl R.J. Macer, Nader Ghotbi, Nilza Maria Diniz, Manuel Lozano Rodríguez, Suma Parahakaran, Ayoub Abu Dayyeh, Abhik Gupta, Kayo Uejima, Sukran Sevimli, Thalia Arawi, Laura Victoria Puentes, and Marlon P. Lofredo, and other members of the WeCope Committee (listed at the end of this Statement). This Statement draws on ideas and literature from many sources and benefited through comments from the full Committee members and other persons as well.
https://www.eubios.info/world_emergency_covid19_pandemic_ethics_committee

more evident because of living through a global pandemic, where no nation is immune to the virus.

Recommendation 1:
Adopt the principle of non-violence (*ahimsa*). Achieve that principle while broadening the definition, not weakening it. Attempt to move towards increasing levels of universality of that broadening definition. This could be formalized in a universal agreement on non-violent means to competition and dispute resolution.

3. Education

Post-COVID educational opportunities should emphasize inquiry-based learning, which in addition to other curricula, integrates cross-cultural bioethical themes. Education should develop the synthetic capabilities of the senses, including observing, understanding and listening. Adopting experiential and outcomes-based educational methods and frameworks may build the knowledge, attitudes, skills and ethical habits of learners,[2] with an additional focus on reflection, in order to develop critical thinking and ethical capacity of students, and with the goal of increased participation and contribution towards betterment of themselves and their communities.

Wherever possible, the components of the five human values of love, truth, peace, right conduct and non-violence should be considered and implemented. To achieve these values, teaching methodologies may adopt mindfulness and awareness, as an integrated approach to learning. Along with inspiration based upon modelled examples of concepts, it can provide students the support they need for the integration of affective domains (feelings, attitude and beliefs), and allows for a true love of life celebrating all individuals and an integrated community.

Additionally, in terms of the implementation of education by means of online technology, extra effort should be made to demonstrate the principle of "education for humanness" through critical thinking. Critical thought has two aspects: one, the analytic function, which refers to the competence of learners to examine the content of learning and understand the concrete application of concepts in real life and context, and two, the integrative function, which addresses the formative aspect of learning with respect to human values, attitudes, and openness to reality.

Increasing the creative, adaptive resilience of students is paramount. Education opportunities should be abundant and have a clear aim to support individual and communal wellbeing. Education should multiply opportunities, while providing support for those who choose to target specific goals. Policy and research should also counter negative effects of commercial advertising on students, especially those lacking the cognitive ability and/or bioethical maturity to understand the persuasive content of the material. Education should be consistent with the self and scientific evidence.

The curriculum should balance subjective force and objective reality, the contradictions of which can be replaced by the idea of intersubjectivity. The relativism of the subjective in the face of doubts about objectivity in some philosophical conceptions such as contemporary pragmatism, can be included in the concept of intersubjectivity. This social concept highlights the articulation between the individual reality of each subject which can be understood as a social construction based on language. What lies at the basis of communication is not necessarily mutual agreement but mutual understanding. Perhaps what is considered true is a shared world that the speaker and the interpreter share.

Recommendation 2:
Society should strive to create an educational experience consistent with not only a social or cultural epistemology, but based on self-directed and scientific evidence, which elicits intellectual leaps, matching independent imagination and a strong creative power, with the best knowledge of the given facts.

Recommendation 3:
In order to foster solid ethical values, the curriculum should equip students to:
a) Appreciate the human and ecological conditions around them and personally interpret their experiences through critical ethical reflection, and think of innovative, ethical, and creative solutions to problems they encounter.
b) Recognize the intersubjectivity that allows an increase in the scope of consciousness, individually and collectively.
c) Balance subjective force and objective reality as experienced by students towards an increase of the boundaries of awareness, both individually and collectively.
d) Promote organic educational development pathways, which support the mental and physical wellbeing of learners.

4. Economics

It is possible to transition the economy using the challenges of COVID-19, towards healthier and resilient dynamics, which support the wellbeing of all members of society.

The primary dynamic that must change is the coercive and deceptive extraction of wealth from public resources (e.g., the "commons"), internally and externally. Current power politics needs to be restructured to better represent the people, and to provide more methods for consensus building. It is not necessary to tax all financial activities or redistribute private wealth. However, it is necessary to acknowledge and correct the inappropriate loss of land,

[2] WeCope Committee (2021), Implications of COVID-19 for Education.

water and property as a result of colonization and other financial privileges that have led to severe inequality, as well as a divergent decoupling of financial markets from real economic facts. It does require drastically supporting those with the least wealth, and limiting the moral hazard perpetrated by those with the most, as well as some creative ideas that are grounded in both fact and necessity.

The response by economic authorities to COVID-19 demonstrated the fragility of the economic structures at the start of 2020. It was not a new or creative response, rather it was only different in the quantity of money created and delivered. This situation is unprecedented because it is clear that a repeat of past strategies (that coincidentally benefit an increasingly smaller and wealthier group), can no longer save the broader economic system. If it continues like this, the final break can be dramatic. It is not enough to simply save the smallest percentage and expect the unproven trickle down to increase to a rate that can revive the economic growth.

Because the system failed to reform until the very last minute, a dilemma of 'too little too late' is overcome using the dynamics of weekly or bi-weekly injections of public funds, to the public itself. This has saved lives and has forestalled the nearly inevitable structural collapse. In theory, gradually increasing the frequency and amplitude of the handouts can synchronize economic activity and create a new rhythmic engine of growth, even in the midst of the economic chaos at present.

Those changes must be done soon and undertaken with unparalleled commitment, and they should be directed at those who are most vulnerable and in dire need of economic help. This will subsidize the wellbeing of the public as a whole. It must not be used as a tool of inflation only, but first as a source of protection for those worst affected by COVID-19, and secondly as a tool of demand creation for economic stimulation. It is also an opportunity to reflect on the thesis of inflation as a source of extraction and power. It is also a chance to build new economic infrastructures, and rollback the extractive and unproductive forces that have thrived until now.

Novel redistributive dynamics may support both resilient wellbeing and public health. Since financial markets have decoupled from real economics, there is less hazard in adopting certain non-counterparty bound mechanisms, as the fallacious and fictitious nature of wealth may allow for the directed altering of financial ratios and direct the flow towards a common goal. The same loopholes and mechanisms of extraction that were once realized without zero-sum linear constrictions can easily be used as a source of funding for the public good. This is a temporary ability, as the financial markets must also eventually return to reality, but a great opportunity, nonetheless. Such an action combined with simultaneously increasing the distribution of ownership businesses via various creative means can ultimately result in the re-coupling of financial and real economics circles; even if it does not create equality in the rates of wealth increasing, it will create equality in direction. Some ships will rise faster than others, but we can support all ships.

A precursor to such a transition, as well as an inevitable by-product of attempts to make such change, will likely involve vast debt restructuring and relief, and possible debt jubilees, as well as eliminating individuals' income and purchase taxes. Economics should no longer be structurally violent, via coercive or punitive paternal models of authority. Relaxation of the fortified gatekeeping of economic activity will allow micro-currents of transactional economic energy to stimulate and reshape economic processes. Allowing abundant economic activity to take place and the wealth of profit to sink through distribution helps free capitalism for all and secure socialism for those who need it.

Recommendation 4:
Develop an economy that structurally supports vulnerable members of society and all others. Decree and adopt for them the same monetary and financial mottos such as: 'something from nothing', 'whatever it takes' and, central bank policy backing, which are currently afforded only to the privileged few. This may include a basic universal income, which should increase in line with a global price inflation tracker that follows rates of change in cost of living, including food and energy, as well a basket of commodities to maintain relative purchasing power.

Recommendation 5:
Embark on a public awareness program for transparent formal and informal economic education, at all levels, that explains how universal basic income works. Where it is not possible due to indebtedness or fiscal mismanagement, or lack of transparency or political will, alternative schemes involving a combination of redistributed public land and productive resources, combined with conditional but universal access to needed low interest loans may suffice.

5. Rights

International society is, in good measure, founded on mutual respect and adoption of the Universal Declaration of Human Rights. The governing statutes of all countries enshrine human rights in law, although it is true that not everyone can celebrate their full human rights. A healing society is one in which there is self-determination and respect for human rights and responsibilities of all persons.

During the quarantine and lockdowns, most directives dictated as a response to COVID-19 have been coercive and forceful, and yet have been impossible to effectively enforce. They have commonly been damaging to attempts to self-organize by individuals, at grassroots, or to locally decided community responses to the situation. The absence of consistent scientific facts, and abundant fearmongering, has made the situation more perverse and

ritualistic. Healing from this mindless mentality will require concerted effort of research-policy evaluation.

Human security means people must have what they need and have freedom from fear. It depends on resilience and resilience depends on the freedom for individual moral agents to make decisions that increase their wellbeing. The reflexive lockdown response has ensured that the pandemic's health effects were not limited to the direct effects of the virus but multiplied the suffering indirectly and in more complex ways.

There was a wide range of styles of lockdowns and other measures that could be a simple approach but were often mismanaged. Analysis of the impacts reveal the complexity of myriad other public health issues. Estimated deaths related to a broad range of issues, from malnutrition in children, to missed treatments and diagnosis of non-COVID-19 diseases, to long-term poverty, to breakdowns in food supplies, and rising prices, were some of direct consequences still being experienced.

Instead of choosing modulated or tempered democratic responses, some policy makers over-reacted without considering the long-term effects. By decimating social and economic systems, 'the cure may be worse than the disease', collective resilience is lower as a result, should there be a continued crisis.

Therefore, we refer readers to the recommendations of our **Autonomy and Responsibility Statement**:

Recommendation 1: The concepts of autonomy and of responsibility should be considered in their broad moral meaning (and not in a narrow legal meaning), and in the cultural context to understand the different ways they can be expressed and the specific meaning they can acquire. In the current pandemic individual autonomy must be balanced with social responsibility to control the spread of the infection.

Recommendation 2: The exercise of autonomy and of responsibility require some basic political, economic, social, and educational conditions to be truly and effectively developed. Otherwise, people can neither be recognized as autonomous, nor can they be held morally responsible. In the current pandemic, basic conditions for the exercise of autonomy and responsibility should be assured.

Recommendation 5: Moral legitimacy of individual autonomous decisions depends on their universal potential to be adopted by all. Therefore, they ought to be altruistic, cooperative, and helping to strengthen solidarity and equality. These general requirements for moral behavior become even more important in exceptionally vulnerable and demanding situations such as the current pandemic.

And we refer readers to the recommendations of our **State and Governance Statement:**

Recommendation 5: Human rights and fundamental freedoms are not to be unwittingly and unnecessary compromised by the State in its COVID-19 management.

Recommendation 1: State policies and regulations promulgated for the prevention and control of COVID-19 need to be just, compassionate and humane, science-based, and truly responsive, non-discriminatory and equitable. This time of global health emergency is an opportunity, as well as a challenge, for governments around the world to prove themselves as resilient, cohesive, trustworthy, credible, and legitimate institutions capable of creating and implementing laws and policies that build resilient, cohesive, and trusting communities.

6. Well-being

Well-being is being comfortable, healthy and happy. The long-term damages of our responses to COVID-19 are still unknown and have not fully realized but they have the potential to cause the worst public health effects by an order of magnitude. The devastating response to COVID-19 has failed by not recognizing the duality of security against insecurity, and seeking total security against a specific threat, which created the opposite in a multiplied fashion. In reflection it is worth considering Karl Popper's words, "... *only freedom can make security secure*."

Currently, there are different degrees of social chaos in most countries' politics, as they respond to outbreaks and new mutations of the virus. Healing from chaos is achieved by way of synchronization and dampening of extreme actions on all sides. The many facets of human security in a new world order can only be addressed with the willing participation of individuals who have the audacity to hope for increasing their wellbeing, and to achieve that a better balance between freedom and security must be reached.

Traditional models of social contracts point out the difficulty to fully balance equality and freedom because state models choose to privilege one or the other. Social justice starts from the deconstruction of the opposite relationship between freedom and equality and the redefinition of solidarity as a unifying element. Solidarity allows the compatibility of individualism and private freedom, with life in society, identifying the similarities of the people who are part of a group. Thus, solidarity is the recognition that differences with other people are less important than the desire to avoid pain and suffering. Utilitarianism can also achieve a connection between freedom and equality, which has been taken advantage of by the use of economic analysis in law, through the concept of "prospective responsibility", which aims at efficiency.

The most sustainably secure social systems are those which are not paternalistically and coercively enforced by centralized dictates of law or a top-down ideology, rather security comes from the willing participation and mutual interdependencies which arise from, and are inherent to, healthy self-organization of moral agents. One half should not dominate the other, nor can a select few effectively dictate to the many. A thorough analysis of different systems of government and democracy needs to be conducted to examine the balance between the common good and individual self-determination.

Recommendation 6:

We may promote well-being by:

a) Enacting policies which recognize that security requires mutual participation, and that pursuing a

policy of an absolute form of security results in insecurity of other forms.

b) Enacting policies which engage the public are necessary to negotiating common security. This may be achieved by providing a range of options, and outcomes, and recognizing the freedom individual moral agents have to decide over the best outcome, as well as developing new options based on feedback.

c) Developing channels to negotiate with the public on a case-by-case basis, to defuse tensions and dampen any chaotic potentials, and to offer reasonable conditions to opt in or out of decrees.

d) All countries should transparently evaluate the impacts of policies that include restricted movement, mask mandates, and heightened surveillance, and the benefits and liabilities of individual agency. The assessment may include analysis of the misery that resulted from the policies, the lives saved, and the enhancements in the maturity of health-minded and loving citizens.

7. Lessons Learnt on Ethical Policy

The essence of cross-cultural bioethics is to increase and serve the well-being of all beings, and to increase their maturity to discuss policies and to make informed decisions. The pandemic has provided many opportunities for reflection on the efficacy of response towards bioethical imperatives. It has not been easy to face the challenges. From a dynamic perspective, one of the consistent aspects of policy response has been the application of simple responses to complex issues, as well as short-term appearance versus long-term effects.

The hard truth is that many of the responses to the COVID-19 pandemic exacerbated unhealthy conditions. This may have been a result of misunderstanding, mal-intent, fear of the pandemic, and/or an opaque vision of society. Together, it has resulted in dilemmas far beyond the biological effects of the virus. Attempts to influence health and well-being are essentially futile, if applied without holistic facts. There may be fractal logical fractures, repeating at scales and causing more fractures and fragility, rather than providing solutions. Simple solutions, which ignore these facts, create dislocations that damage the whole.

There are plenty of negative situations arising from misunderstanding, mal-intent, and/or opaque visions, including foremost the discounting of myriad health problems other that COVID-19, discounting of social and political grievances, and economic realities. These have all been rolled up into the container labeled Sars-Cov-2, and summarily made worse, rather than better for the mass majority of humans.

The cumulative result is that unsustainable extremes that will repeat ad-infinitum, ad-nauseum must be reconciled. The failures of policy to this point can still be remedied if the right lessons are learnt and responses applied. The big challenges are economic, psychosocial, and structural, and may impact all facets of life. Structurally, society must not simply be thought of as gears and cogs moving in a direction, or its antithesis regarding any opposition or resistance. Rather, we must integrate an understanding of energetic dynamism and non-directional pathways, which balances the benefits of lower dimensional chaos with the divergent risks of higher dimensional chaos, with the caveat of quantum absoluteness. Achieving this awareness in society will require that past assumptions and expectations continually face re-evaluation with evolving awareness.

Psychosocially, dissonance is prevalent as a result of fractured order, best described as an independent divergent localized perspective which is made worse as the coercive dominant fill the narrative vacuum; it is a form of chaotic dislocation. In some cases, dampening those voices will be beneficial and in others, elevating the quiet will be the best option. Discourse in the public sphere can be a healing force. Tolerance of divergent views is where the society begins healing.

The challenge of holism is to acknowledge the repeating fractal aspects of an ideology, for better and for worse. It is easy to promote holism, but it is the most difficult to enact it. This is most true in the economic sphere of life. One example for the need to correct simple responses to complex issues and the failure to do so can be found in tax receipts. Governments knowingly or unknowingly created a Faustian dilemma once they arbitrarily judged some businesses as essential and others as non-essential, thus placing themselves as the determiner of values beyond their capability, morally or legally, to calculate. It is a new twist on the classical dilemma whereby picking up the tool forces them into an impossible role to play. It is detrimental to the populace as they become dependent on such subject arbitrations that cannot meet the necessary demands. Overall, it ensures entropic reification in a dynamic whereby the lower path becomes the only path, as higher-awareness and higher-complexity balances are traded for overly simple energetic balances.

In each society, and at each lockdown, the definitions of essential have shifted. Inadvertently the rule-makers used their position to pick losers and winners in society. This economic suppression has and will continue to hurt the governments and the citizens which trust them. Inclusive capitalism it is not, it is the very definition of exclusive privilege, and it repeats at scales and function.

If we are to enact inclusive capitalism, which is not corrupted from the inception, we must end the artificially imposed scarcity, and its counterpart of manipulated demand. The goal becomes one of sustainable abundancy that repeats at all scales, allowing for the beneficial distribution of resources and the moral agency needed to sustain a higher complexity of homeostasis without the suffering caused by disproportionate inflationary effects. The creation of a reflective index that is a non-linear calculation of connectivity and distribution ratios, and growth curves of local resources, will be helpful. The diversity of homeostasis on a directionally non-binary index, once achieved, will provide a dynamic map that will

correlate with inflationary and deflationary pressures integration into classical accounting systems, with the caveat of incentivizing the non-exploitation of nature.

Recommendation 7:
Create an index that in essence is an anti-misery index, perhaps called the 'Potential Abundancy Index'. It should account for the connectivity, and potential for access of individuals to the totality of resources in the locality of the measurement, the growth of resources, and the score made relative to other localities, without a singular point of reference, but a dynamic floating score, in a floating continuum. It should also incorporate other factors of importance including the hurdles to connection, such as gatekeeping functions, and entropic costs as a score detractor.

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Reflections on the impact of COVID-19 pandemic on life and the world

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Abstract
The COVID-19 pandemic has presented the world with an unprecedented global challenge that has impacted almost everyone. The pandemic has caused major disruptions in systems of work, education, finance and in domestic affairs, affecting nearly every aspect of people's lives. Besides health and safety, this pandemic also caused havoc in the lives of people, in lockdowns, movement control, school closures, high levels of emotional distress, higher risks of violence and increased food insecurity. Drawing from experiences of some countries around the world, this paper reflects on the said impacts, challenges and future scenarios of this pandemic to individuals, communities, and nations.

Introduction
The COVID-19 pandemic has presented us with an unprecedented global challenge, touching every community in every nation of the world. The pandemic is causing systems of work, education, finance and domestic lives to grind to a halt, affecting nearly every aspect of people's lives. Besides the impact on health and safety, this pandemic also has caused havoc in the lives of people, in lockdowns, movement control, school closures, high levels of emotional distress, higher risks of violence and increased food insecurity. The impact of the pandemic has been estimated to double its adverse effect on the lives of people. The socio-economic chaos caused by COVID-19 is indeed widespread and devastating – a large number of people are already at risk of sinking into abject poverty, *"while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year"* (WHO, 2020).

Business entities and enterprises that support workforce are facing great challenges to survive this ordeal; many had already crashed, leaving their workforce jobless. Globally, it is estimated that almost half of the 3.3 billion workforces are in danger of losing their jobs. The most vulnerable are workers in the informal sectors "*because the majority lack social protection and access to quality health care and have lost access to productive assets*" (WHO, 2020). Especially for daily wage earners, loss of income translates into the inability to feed themselves and their families. Protracted movement control or lockdowns in an extreme situation, will pose serious food security issues, especially with the vulnerable segments of societies. In this paper, the authors wish to reflect on some impacts, challenges and future scenarios of this pandemic to individuals, communities, and nations.

How the pandemic impacts lives?
Public health
The COVID-19 pandemic is the worst public health crisis the world has faced in over a century. Initially, most COVID-19 cases were confined to the Wuhan province and within the Chinese borders, but the subsequent months saw a steady rise in spread to other nearby regions and eventually to the whole world. Air travel and movement of people across borders and regions have greatly intensified the spread of this virus. As of 16 December 2020, there have been 72,196,732 confirmed cases of COVID-19, including 1,630,521 deaths, reported to WHO (WHO, 2020).

The World Health Organisation (WHO) declared the outbreak as a *Public Health Emergency of International Concern* on March 11, 2020 (Sharma and Bhatta, 2020). Despite the advice by WHO and actions taken by nations worldwide, the spread of virus appeared unstoppable. Many countries have experienced cycles of a spike of cases. Malaysia, for example, had managed to bring down daily cases to single digit in mid-2020, only to see a subsequent high spike. This pandemic has placed enormous stress on the public health capacities of countries. Many countries had to divert their resources from other sectors to public health. As the number of cases rises, health facilities need to cope with the increase in patients demanding specialized care, placing enormous stress to the public health system. Many poorer countries with large and dense population struggle to manage the crisis adequately. Many countries struggle to provide adequate testing kits, medical supplies, personal protective equipment (PPE) to its front-liners and patients, and its timely distribution to affected centers. Front-liners such as doctors, nurses, paramedics and first responders and the overall public health system may be ill-prepared to deal with the pandemic. To mobilize resources and direct them to targeted areas of response requires a robust crisis management system in place; without it, there will be ineffective use of resources, resulting in the frustration of the general public. For example, "*the hospitals in Nepal lack Intensive Care Unit facilities, isolation wards and medicines to treat COVID-19. Additionally, the implementation of infection prevention and control mechanisms are not strictly followed*" (Sharma and Bhatta, 2020).

The measures taken to contain the pandemic, such as lockdowns, stay-home curfews and movement control have increased the incidents of domestic violence and mental health problems. This situation requires adequate health interventions in affected communities, as without such interventions, family and community institutions can be impacted. Further, extended lockdowns can result in food shortages, and may contribute to childhood malnutrition. The longterm impact could well be a rise in the incidence of chronic conditions attributable to the ack of physical

exercise and loss of income and livelihood. The resource committed to deal with COVID-19 pandemic has overstretched the capacity of many countries. In turn, this scenario will reduce the capacity of many health systems to cope with existing disease burdens; cessation of routine surgeries, health checks, and immunization programs may cause outbreaks of preventable communicable diseases, rising cancer rates, and increasing numbers of late-stage complex medical conditions (Haw et al., 2015). It is also feared that the ensuing economic recession and job loss may result in extreme stress to people, especially those who are directly impacted with the scenario – which may increase suicide rates in societies.

Food insecurity

Before the advent of COVID-19 pandemic, many regions of the world had already faced major food insecurity, resulting from political conflicts, rise in internally displaced peoples (IDP) and refugees, degrading socio-economic conditions, disruption of food supply chains, impacts of natural disasters, climate change and food destroying pests. The increase in global food insecurity has negatively impacted vulnerable communities in many regions of the world. Although there is an adequate supply of global primary food (grains) with relatively stable prices, many countries have experienced "*high food price inflation at the retail level, reflecting supply disruptions due to COVID-19, currency devaluations and other factors*" (World Bank 2020). Many countries have tried to control the prices of their primary commodities, which enable less fluctuation of major food prices. However, the restrictive nature of lockdowns inevitably pushes prices up. In such situations, countries with low and middle-income communities will face more severe impacts, as a larger portion of their income is spent on food compared to high-income communities. With reduced incomes, many vulnerable communities may have to reduce the quantity and quality of the food they consume. It has been forecasted that "*an additional 137 million people could face acute food insecurity by the end of 2020, an 82 percent increase compared to the pre-COVID estimate of acutely food insecure people in the world*" (World Bank, 2020; Anthem, 2020).

The impacts of food insecurity during the pandemic are likely to be diverse within and across countries. As alluded earlier, people in the informal economic sectors and vulnerable groups, such as the unemployed, women and children are likely to be impacted severely. Poorer communities are more likely to feel the pinch from a hike in food insecurity, because of their liquidity and cash-flow constraints and lower adaptive capabilities (Smith and Wesselbaum, 2020). In addition to the pandemic, agricultural and natural disasters such as extreme weather events and pest problems can hurt food production and create further stress on the local, national, and regional food systems (Haw et al., 2015). According to a UN report, food insecurity and displacement are linked closely. "*Nine out of ten of the world's worst food crises are in countries with the largest number of internally displaced persons, while the majority of displaced people are located in countries affected by acute food insecurity and malnutrition*" (UN News, 2020). To add to this dilemma, COVID-19 mitigation efforts like border closures, trade restrictions and movement control measures have made it difficult for food producers to access markets, subsequently disrupting food supply chains. The sluggish economic environment has also resulted in job loss and disrupted the livelihood of millions of people around the globe (UN News, 2020; Ejembi et al., 2020).

Education

Education is another sector that is badly hit by the COVID-19 pandemic. In an attempt to stall the spread of COVID-19, many governments around the globe have momentarily shut schools and institutions of higher learning. This was done to effectively enforce physical distancing. According to the UN Educational, Scientific and Cultural Organisation (UNESCO) about 60% of students are affected by the COVID-19 pandemic worldwide, and about 1.19 billion students are out of school in 150 countries of the world (UNESCO Education 2020). COVID-19 led to the annulment of the 2020 examinations conducted by Cambridge International Examinations (CIE). The affected examinations include Cambridge IGCSE, Cambridge O Level, Cambridge AICE Diploma, Cambridge International A Level and AS, and Cambridge Pre-U examinations scheduled for May/June 2020 throughout the world (Upoalkpajor & Upoalkpajor, 2020). The closure of schools has not only reduced the enrolment percentage and learning for now, it has the potential of increasing the numbers of school dropouts in the long run. This can negatively affect socioeconomic opportunities in the future.

The effects of COVID-19 as it relates to school closures are projected to have an extremely negative impact on the vulnerable and risk intensifying the prevailing universal inequalities. With the prolonged spread of COVID-19 pandemic, susceptible children will have insufficient prospects to learn at home. Most of the children in this category may not have access to internet facilities. Even to the privileged students, the migration from the school environment to home-based teaching may not produce the desired result. This is because home-based teaching is meant to augment the school-based teaching. For instance, parents are supposed to complement children mathematics lessons by practicing mathematics at home. There is no doubt that many parents around the world will be able to effectively school their children at home. This cannot be said of the general population. Certainly, there are some significant disparities among families in the extent to which they can assist their children's learning (Oreopoulos et al., 2006). Many parents may not have the luxury of time to commit to teaching their children. Again, the non-cognitive abilities of the resources and the quantity of knowledge is an issue. Consequently, these incidents would lead to an increase in the discrepancy in human capital growth for the affected partners.

The serious short-term interruption of schools is felt by many families around the world. Home-schooling is not only a major shock to the productivity of parents but also the learning and social life of children. Without testing, teaching has quickly moved online, alongside student assessments. This spontaneous movement comes with uncertainty for all parties to the education sector, as everyone is involved in one form of trial and error or the other. Numerous continuous assessments have been haphazardly graded or cancelled (Burgess and Sievertsen, 2020). According to Marinoni et al. (2020), the African continent has 77% of higher education institutions (HEIs) closure, while Asia Pacific and Europe have 55% apiece and that of Americas stood at 54%, even though at the time of their survey Africa was not the worst hit by the COVID-19 pandemic. This shows that the African leaders' precautionary measures led to a high percentage of HEIs closure.

The percentage of HEIs has affected both the admission of local and international students in all the aforementioned regions. This shortfall may snowball to 2021 because families and students are badly hit and are yet to recover from the consequences of COVID-19 pandemic and may not have the wherewithal to pursue higher education at the moment or the near future.

The suspension of in-person classes' or school closure and the implementation of distance education can unhelpfully affect students' education via four major ways: less time devoted in learning, stress symptoms, change in the manner of student's interaction, and the dearth of learning enthusiasm (Di Pietro et al., 2020).

Another impact of the COVID-19 pandemic on education can be seen in the shrinking of the financial space to fund education, as a result of the shock on government income and economic slump. In developing states numerous items in the 2020 education sector budget may not be executed due to the swinging financial shortage. Nevertheless, more funding is needed to preserve the learning process as part of the state's palliative procedures. The most pressing needs for governments around the world at the moment is how to improve teachers' incentive, learners' readiness and stimulate local digital and media enterprises (Upoalkpajor and Upoalkpajor, 2020).

Impact on cities and urban centers

In highly urbanized cities, the typical pathogen exchange mechanisms of COVID-19 transmission are exacerbated, so it is no wonder that 95% of all COVID-19 cases worldwide have occurred in cities and urban areas (UN-Habitat, 2020). Therefore, disease prevention is a crucial concern in urban planning. Approximately one billion people globally live and work in informal, under-serviced and insecure urban environments, and billions more depend on patchy and inadequate piped water, power, and affordable healthcare in cities with declining infrastructures. Restraints of the precarious places in which individuals live and work signify that it is practically impossible to segregate the people with symptoms. Apart from this, most essential workers such as cleaners and waste collectors in cities and urban places are prone to high-risk. This category of workers is the lowest paid in most urban areas of the world. Therefore, lockdowns in cities and urban areas have resulted in extensive economic difficulty and job losses, mostly for migrant employees and their families. The above situation can also affect low-income states, especially those in Africa that depend on inward remittance. Up to 16% of the GDP of African state comes from remittances from Europe, America, and Asian countries that experienced lockdown in most of the year 2020 (The Economist, 2020).

The COVID-19 pandemic showed that cities and urban areas are extremely fragile; therefore, their inhabitants are unsafe. As of 1 June 2020, the global spread of COVID-19 stood at above six million identified cases and more than 371,000 deaths, predominantly amongst city/urban residents (WHO, 2020). At the metropolitan level, the social distancing procedures, movement restrictions, and closure of public restaurants put in place by governments have obstructed food consumption behavior. This can impact on diets. Also, some cities experienced panic buying, leading to hoarding of goods by supermarket owners (Pulighe and Lupia, 2020). The lockdown strategy also extensively impacted on economic and societal costs in urban areas. In many urban centers, mostly in developing countries, lockdowns in reaction to the spread of COVID-19 have cast light on many economic and social concerns, some of which include homelessness, healthcare, debt, and food insecurity (Björklund and Salvanes, 2011). The situation is made worse by the fact that most of the city dwellers in this context are daily wage earners. This corroborated the position of Braimah (2020), which shows that the lockdown measures in most African cities have led to utter poverty, Job losses, family pressure, hunger, and incompetence to pay bills.

On a positive note, the outstanding lockdown procedures to render our city streets empty with limited vehicles have improved the quality of air in our cities at the time of lockdown. This means that if we eradicate all combustion automobiles from cities by permitting a few public means of transport and the transport of essential supplies, the quality of our air improves greatly. This finding wouldn't have been possible without COVID-19. Lockdown measures have resulted in the availability of clean air in urban/city areas. During the lockdown period, the news thrives with descriptions of extraordinarily blue skies and improved visibility. Observers disclose a severe decline in gas and particle smog over cities in situations of confinement (IQAir, 2020). Cities of Delhi, London, Los Angeles, Milan, Mumbai, New York, Rome, São Paulo, Seoul and Wuhan have registered reductions ranging between −9% and −60% compared to 2019 data, and between +2% and −55% compared with the prior four-year average (Baldasano, 2020:2). Limited economic activities during the lockdown in most cities have also promoted cleaner environments. There is a significant drop in air pollution

because COVID-19 has reduced all travel. "*COVID-19 pandemic is shutting down countries across the world, causing a significant decline in air pollution in major cities as countries implement stricter quarantines and travel restrictions*" (Macer et al., 2020:406)

Conflict zones, refugees and displacement

Before the advent of COVID-19 pandemic, conflicts were a critical social determinant of health, yielding broad health concerns ranging from limitations on health systems to hitches in accessing and delivering health services. COVID-19 increased governments' capacity to use limitless executive authorities that could exacerbate crises and have an overwhelming impact on conflict-affected populaces. Even though the UN Security Council has called for an international truce in conflict areas to allow safe passage to defenseless populations for teaching them how to prevent and respond to COVID-19, this call has not been followed. Global treaties and peace agreements have also been unheeded as the world concentrated on the COVID-19 pandemic. Also, as observed by the UN High Commissioner for Human Rights, COVID-19 brought about an alarming increase in security agents brutality and violation of human rights under the pretext of emergency procedures to curb the pandemic (Haw et al., 2015).

The difficulties faced by the masses as a result of COVID-19 prevention measures have triggered protest in parts of the world. In Africa, for instance, some countries like Malawi, Nigeria, Rwanda, Kenya, Ivory Coast South Africa and Zimbabwe experienced protests. These protests met with police brutalities attempting to prevent the masses from violating the lockdown orders. In states like Uganda, South Africa, Kenya, and Nigeria, there are reported cases of police confrontation and subsequent death of poor citizens. In South Africa, security agents have been indicted for employing extreme force while executing COVID-19 lockdown measures (Miller, 2020). They have arrested over 230,000 people and are accused of being responsible for the death of 11 South Africans (Haffajee, 2020). In Nigeria, police brutality was witnessed in states like Ogun, Lagos, and the Federal Capital Territory. The ruthlessness by the police negates some of the procedures that allow people to go out for essential reasons like the purchase of foodstuff and medication. While there were 400 established cases and 12 deaths in Nigeria, the death toll arising from extrajudicial execution by law enforcement agents stood at 18 people (Aljazeera, 2020).

The lockdown strategy has also affected refugee and internally displaced persons (IDPs). As for humanitarian situations, most governments have postponed receiving new refugees and asylum seekers. For instance, in Uganda from 25 March 2020, refugee response centers at the boundary points and the Department of Refugees (DOR) offices in Kampala were closed (Bukuluki et al., 2020). While these measures were aimed at curtailing the spread of COVID-19, they also had negative implications on the refugees and other vulnerable groups (Mbiyozo, 2020). This also negates the United Nations High Commissioner for Refugees (UNHCR) policy on refugees, which states that refugees in all settings should be given access to safe, cheap, enough and nonstop water to cover domestic and personal uses (UNHCR, 2019). This is goal number 6 of Sustainable Development Goals (SDG), which is to guarantee availability and effective management of water and hygiene for all people by the year 2030 (Bukuluki et al., 2020). In situations of lack of access to water, refugees in cities will face challenges to stick to public health procedures, such as self-isolation, improved hygiene, and social distancing (Kluge et al., 2020).

Refugees are prone to the risk of poor health consequences when contracting COVID-19, aggravated by poor living standards and hurdles in accessing healthcare. This makes them the most vulnerable among all category of the population. The situation in Sweden can be used to buttress this point. It was discovered that during 2020 period of the COVID-19 pandemic, refugees in Sweden who were previously confronted by challenges such as unemployment, crowded living conditions and strains in obtaining health care were the worse hit (Mangrio et al., 2018). In Sweden, more migrants have died due to COVID-19 compared to the rest of the population (Elisabeth et al., 2020). A good number of these refugees who died in Sweden as a result of COVID-19 pandemic were from Eritrea and Somalia. As usual, the refugees dwelling places are overcrowded and socially destitute areas of Sweden (Valeriani et al., 2020). More so, Truelove et al. (2020) substantiate the ongoing argument, when they posit that the COVID-19 pandemic has more dreadful consequences in refugees' camps than the overall population in Bangladesh. Most of the confirmed COVID-19 cases are Rohingya refugees from Myanmar, with about 600,000 found in the Kutupalong-Balukhali Expansion Site (Truelove et al., 2020)

Conclusion

The COVID-19 pandemic can be viewed from social perspective, mainly from vulnerability and resilience discourses (Moorthy, Benny & Gill, 2018). While this pandemic has impacted people across the globe, as discussed earlier, the groups in the lower societal strata are more severely impacted. Therefore, it is critically important to put in place robust systems and mechanisms that can increase the resilience of these groups to face this pandemic. It is time for the international communities to pull support and resources to assist the most vulnerable segments in our societies. There should be concerted global initiatives to soften the impacts of COVID-19, especially in the health, economic and social sectors.

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Organized religion, spirituality and COVID-19

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Abstract
There appears to be a significant difference between organized religion and spirituality. In this paper I will compare both and explore some impacts of these differences in terms of the way that people of faith have responded to the COVID-19 pandemic, how people have been exposed to the virus through religious sites and festivals, and how religious institutions have responded to the COVID-19 pandemic.

The function of religion
There are a number of functions of organized religion for human lives. In terms of the worship of the Creator God, many people have addressed a need for some form of organization to provide order or a direction of our spirituality through the establishment of various religious practices. Spirituality is generally associated with improved emotional health (Kowalczyk et al., 2020), as well as with better outcomes from medical treatment (Best et al., 2015).

There are a number of references in different faith systems to the advantages of more than one person praying together, or praying in large groups at the same time, whether that be in the daily prayer services found in temples, churches and mosques or sharing prayers at the same five times in the day among the followers of Islam. It may also be in prayers to the rising sun in Shinto or Apache religion. We also see ritualized prayers at certain times in our lives such as birth, death, circumcision, or teenage confirmation of faith or coming of age ceremonies. We also see even some details in the placement of our hands in prayer that range across culture.

I have observed very religiously observant elderly ladies in both Catholic countries and Buddhist countries, who find the religious rituals and organization in their respective places of worship a great comfort to them. They may light candles or light incense, with the energy of fire, and the smell, as well as the symbolism of the burning of a flame that will be temporary, as is life. These symbols that remind us of our mortality may well be useful reminders of seeking God and our need to pray. They also should remind us that the faithful in their hearts will find organization of religious services in their own village and circle to which they are born and live in, a route to spirituality. That may be because of their genes, their parents, and the spirit living in their culture.

Religion has had mixed impacts on the environment. Some particular animal species are seen messengers of spirits and of God, so that particular birds may be seen as messengers of God or evil, the presence of a black cat maybe an omen in some culture, and a wandering deer from the forest may be seen as a messenger of spirits. Many taboos on the hunting of animals or the picking of plants, serve as important preservers of biodiversity (Bosworth et al., 2012). Before you ever belittle a custom or a taboo, learn more about the wisdom it may represent.

The false dichotomy and spiritual snobs
Some critics of organized religion, strict adherence to denominations of faith, and religious rituals, may attack what they see as a superficiality of organized chanting, using words of distant languages such as Latin masses in services, priestly clothes and hats, and other symbols of faith, claim that these are somehow distinct from true faith of direct connection to God through spirituality. It's actually snobbery to believe that one's own faith and spirituality is better than another person, just because of a rejection of organized religion.

In the same spirit, however, there are those who had a distinctly negative impression of organized religion that may well have good reason to reject it. Over time around the world, we can clearly see religious authorities may become instruments of earthly oppression and repression of the free spirit of human beings. There are many modern incarnations of the Spanish inquisition and the "Holy Crusades", and inter-religious conflicts are often still tied to nationalism and political regimes. As a Christian, I see this independence of thought enshrined in the Universal Declaration of Human Rights as freedom of belief, implicit in the concept of "Imago Dei" (The image of God). Rather to reflect the wonderful human diversity, we can argue that whatever gets you through the night, as long as you do not harm others, can be embraced as it builds our relationship with the Spirit.

Actually "smells and bells" (the expression that incense, gongs and chanting with music) are forms of sensory stimulation that can make many of us closer to the spiritual. It's probably no coincidence that we can see incense has independently evolved as a facilitator of spiritual experiences in a number of religious spaces, whether we be Russian Orthodox or Buddhists. These can be vehicles of spirituality, but as Ghotbi (2021) writes, "Worshipping your religion is just creating another form of idolatry".

Inside the English traditions we may also find this distinction between the "High Church and Low Church", and the high Church tends to be associated to more organized religion including incense and a fixed religious liturgy (Order of Service), whereas a low church maybe freer in terms of the way that it teaches. However, tradition still sets up a pattern in each space of worship, whether it be a familiar drum beat, an electric guitar, drums and folk music, or a pipe organ. All can fulfil certain urges for human reflection and worshiping of God and spirit(s). I appreciate that in some places we can seamlessly move between both in the same day, depending on meeting the need for some modern or classical music, some hour-long

academic exegesis of scripture, ablution of our body to wash our hands, feet and mouth, and a simple hug or smile. We need all. God bless all.

Separation of us and them

The monotheism and polytheism debate is another example of a snobbish argument that was often used in colonization, basically to say that my gun is bigger than yours (i.e. My god is bigger than yours). We can see elements of polytheism in Judaism (meant to be the founder monotheistic religion pathing the way to Christianity and Islam), and elements of monotheism in Hinduism (meant to be polytheistic). There are traditions in all faith systems of a balance between knowing our Creator God and knowing many spirits, and also prayers to our ancestors.

The exclusive clauses of salvation have sadly been used to separate the "enlightened" from the "pagan", and are even still used to kill some people, and to suppress culture. It certainly seems a paradox that someone who looks at the grains of sand in a beach or a desert could think that they have an exclusive revelation of the Creator. For the Christians, the words that only through faith in Christ Jesus can you enter the Kingdom of heaven, need to be balanced with the teaching that God is all loving and there will always be religious and faithful people that have not seen a Bible.

The evangelist zeal to convert the "pagans" to one's religion has a number of misadventures, as well as a lot of genocidal blood. Anthropologists changed this evangelical focus to writing books and papers about "lost" people, as elements of encyclopedias to celebrate the conquests of knowledge. Ironically the same rituals that were suppressed as songs of the devil by evangelists of Christianity and Islam, and some other forms of human creativity, were applauded by some anthropologists – sometimes even shipping a few token indigenous people who were not massacred to be circus side shows.

At the same time religion has brought out the best in some people's creativity. Church music is a common art form that is appreciated in the wider community well beyond Christians, and we actually see some broader celebration of Christmas carols and Easter masses. We also see participatory songs and dances in many religious festivals. Likewise, we can find the melodious chanting of Buddhist monks something which also brings about a feeling of spirituality. The drumbeats of Native American music songs and particular dancing rituals, and the call to prayer from the minarets of mosques, are also expressions of organized music that please the ears and hearts of many souls. We can also see meditation and yoga as techniques that can be seen in all religions, yet their rediscovery as secular health techniques was led by reference to Eastern spirituality.

Religion and the Pandemic

Religious leaders have important responsibilities in public policy and health (Barmania and Reiss, 2021). It is beyond the scope of this article to make any judgment on how effectively those roles are performed, but some religious leaders have led by example promoting hand washing and physical distancing, wearing masks, and promoting equitable distribution of medical resources and vaccines. Barmania and Reiss (2021) present how religion is important for COVID-19 health promotion by examining how religion plays an important role in determining how likely it is that someone will get infected with COVID-19, they draw on both complexity theory and approaches to dealing with religion in science education to suggest how religious leaders can help in the efforts against COVID-19.

I refer readers to some ongoing projects to map the responses of religious authorities to COVID-19.[3] Various academic associations also have provided recommendations, such as the American Psychological Association.[4] Religious faith can increase resilience to quarantine and other stressful situations that have been a feature of 2020 in most countries.

In some theological discussions the explanation of the timing of rains, sunshine, plagues, pandemics, disastrous weather, volcanoes, earthquakes and winds can be seen as directly attributable to God speaking to our community. We have the expression that this attribution of the unexplained is the "God of the Gaps", and with modern technology and understanding of weather patterns or tectonic plates, we don't need to refer to God as a reason for natural disasters, or for the patterns of rain. However, if God is the creator of all the universe, it doesn't really matter if God is using tectonic plates or weather patterns or chaos theory or zoonotic transfer of diseases, to bring about the occurrence of natural events. The necessity of chance can explain the way that the Creator God can allow randomness and chaos to lead the way of the world (Polkinghorne, 1989).

Rather the real issue is the more interesting and a deep philosophical question of predestination versus free will, which we really will not know the answer to, because it's not a scientific question. You cannot prove that you believe in God because God came to speak to you through God's intervention, or through the prayers of the faithful friend, or God came to answer to your prayers directly. And conversely you cannot disprove that events didn't occur because of human sin or the absence or power of prayer.

It's rather a personal journey that we take as to how we attribute different events with different causes. Perhaps a common response of both organized religion and spirituality is to say that we should be thankful for everything that we are given whether it came about by chance or by divine intervention or by someone's blood, sweat and tears (i.e. hard work). As scientists we can

[3] https://berkleycenter.georgetown.edu/subprojects/religious-responses-to-covid-19

[4] https://www.apa.org/topics/covid-19/faith-crisis

explore how much the influence of genes, nurture, television, capitalism, communism, culture and so on is, but we actually have to respond to a more important question.

Religion and COVID-19

This brings us to the question of what are the demands of your faith that shape your response to the COVID-19 pandemic. The response of religion should be to feed the hungry and take care of the sick, and we can see some significant progress in the expression of practical religious faith systems through the solidarity seen by governments, businesses and religious organizations in 2020.

The central ethical principle underlying science is beneficence, the pursuit of understanding of the mechanisms of the world is founded in understanding the scientific mechanisms. This is not only seen in major faith systems that have been critical for the advancement of the scientific method, Christianity and Islam, but also in some indigenous epistemologies of knowledge (Macer, 2015). The former Head of State and former Prime Minister of Samoa, Tui Atua Tupua Tamasese Ta'isi Efi (2009) described the importance of the Samoan concepts of *tapu* (the sacred) and *tofa sa'ili* (the search for wisdom) in identifying ethical practices for application in research. He argues that it is possible to find a middle ground between ideas and practices grounded in religion, the spiritual, the sacred and science. Against the background of an exploration of different facets of the Samoan concept of *tapu*, which encompasses the sacred-ness of the origins of all things as well as the affinity between people, the cosmos, and animate and inanimate earthly phenomena, he envisages a Pacific bioethics that reaching out for wisdom.

As many people lost their employment, soup kitchens and food delivery from religious organizations, has been a positive opportunity to show love. Some existing systems, such as mission soup kitchens and Sikh Gurdwaras, were ideally set up to rapidly expand, and they have risen to the challenge. Religious festivals have also been opportunities for practical solidarity, from Diwali (Vyas, 2021) to Christmas. 2021 will be another test of faith as we see the scramble for the vaccines.

There is a common religious focus on mobilizing urgent direct assistance to meet the social and economic needs of vulnerable communities, and advocacy that gives voice to the voiceless by pressing for action on and support to these communities at all levels (G20, 2020). Many local faith communities are mobilizing support for food, shelter, and livelihoods, but "Despite notable mobilization of volunteers and financial resources, religious community efforts to protect and support vulnerable communities suffer from weak coordination with, and limited support from, public health and other efforts, so that efforts over- all are far more fragmented and less effective than could readily be possible." (p. 46). One of the questions that has emerged in the pandemic is how does each society define, "essential religious services"? Although we can find commonalities where faith systems come together, there have also been reports around the globe of religious discrimination hindering the responses to the pandemic, especially when this occurred among religious pilgrims (Sarkar, 2020).

Hopefully, epidemiology and mortality have proven that the pandemic is not what some extremists said – namely that it is a message from God to kill off sinful people, because despite early claims of some faithful people that they would be safe in their house of worship, some houses of worship have actually been seats of severe infection. For example, some of the early outbreaks in Korea were linked to religious places of worship. Including the Shincheonji Church of Jesus. A number of cases in Iran and Turkey were reported among those who visited Iran's Shia Muslim holy sites of Qom and Mashhad in February 2020 (Al-Rousan and Al-Najjar, 2020). A large delegation of Islamic Tablighi-Jamaat in Kuala Lumpur was the cause of the second wave of the pandemic in Malaysia, with attendees from the event travelling to Brunei, Cambodia and Indonesia (Che Mat et al., 2020).

With regards to the first question, it doesn't seem that "sinful" people are being targeted by COVID-19; rather we see a higher mortality rate in older people and people with pre-existing conditions. The mortality is also higher in men than women. Despite the ageism that elderly people find in the normal ethical dilemmas of rationing of healthcare, futility, and organ allocation, it is a breath of fresh air that the elderly are receiving their vaccines first in many countries.

This false argument that sinful people will be killed off because they are especially targeted by a virus or disease was seen a few decades ago with the human immunodeficiency virus (HIV) and AIDS, where my 1993 research on attitudes to disease found that many people differentiated between so-called sinful people who got it through their behavior, and so-called innocent people — the people who caught it through blood transfusions, or medical malpractice (Macer, 1994). After decades of research, most people can be effectively treated with drugs to manage HIV, and many people in developing countries have access to these drugs.

Another group of people that has severe effects after infection by the sars-cov2-virus are those with pre-existing health conditions. We shouldn't argue that people who are obese, became obese because of over-eating or gluttony or that they are dying at higher rate because of their sin. Similarly, while some diabetics are at high risk, and some diabetics are diabetic because they have consumed too much soda drinks and sugar, it is the food culture that influences people to become addicts to sugar. In one sense, the disease is not very different to a number of wide-ranging infectious diseases that kill many babies and infants in the world today, and people living in poverty are at higher risk. The response of providing vaccines to these at-risk persons earlier, is one based on love of others, the Golden Rule, a common religious command.

Religious prohibitions that are linked to health promotion in some religions, include avoidance of drinking alcohol, drug taking, gluttony, sexual activity with multiple

partners, and suicide. Conversely the Islamic and Sikh recommendations to wash before a religious service, and expressions such as "cleanliness is next to Godliness", are important to reduce the spread of disease. This was a phrase popularized by the Methodist leader John Wesley in the late eighteenth century (Callahan et al., 2010).

One of the central sacraments to the Christian faith is that of holy communion, where people share bread and wine. In the first lockdown in many countries all religious services were prohibited including receiving holy communion (Norman and Reiss, 2020). In a number of countries this communion service uses grape juice rather than wine, and also uses individual cups rather than drinking from the same container that is merely wiped by a cloth between mouths. One could expect the global nature of COVID-19 and public health education will further push communities towards the use of individual cups as a matter of hygiene. In some cultures where the climate permits, religious services have shifted to outdoor settings only.

Religious leaders have also taken important roles in reducing the spread of disease through both the gathering of large numbers of people at funerals, and also touching the dead body. Jaja et al. (2020) described how funeral gatherings in South Africa were linked to some spreading of COVID-19. There are reports that in some countries, including Indonesia, families took their dead relatives bodies from morgues to ensure that they received a proper burial (Karmini and Milko, 2020). Although COVID-19 is not so severe as Ebola, it is still a public health risk.

The centrality of intensive interactive rituals that are tied to the communal benefits of religion (e.g., social support, emotional catharsis, perceived healing) will result in a continual tension between many religious groups' desire for in-person gatherings and the social distancing requirements necessary to limit the spread of COVID-19 and other infectious diseases (Baker et al., 2020). For those who research the sociology of religion, the impact of the shift to Internet based gatherings of worshippers is an interesting research question, with overlaps to the concepts of virtual meetings in all spheres of our human co-existence.

Religious exceptionalism is something I have seen in the United States, reinforced by interpretations by the Supreme Court that freedom of religion is more important than following public health policies to avoid having crowds of people gather together.[5] This decision was counter to public opinion where 4 in 5 persons opposed separate standards for places of worship.[6] Even we find that some religious followers still reject masks, believing that God will protect them.

Perry et al. (2020) found that *"Analyzing panel data collected in the thick of the COVID-19 crisis, we find Christian nationalism was the leading predictor that Americans engaged in incautious behavior like eating in restaurants, visiting family/friends, or gathering with 10+ persons (though not attending church), and was the second strongest predictor that Americans took fewer precautions like wearing a mask or sanitizing/washing one's hands. Religiosity, in contrast, was the leading predictor that Americans engaged in more frequent precautionary behaviors."*

The issue of religious freedom is a sensitive one everywhere, and a political issue in the United States, which has the largest toll in human lives lost to COVID-19. Better communication may have avoided the emergence of a confrontation between a right to gather to worship and the necessity of public health restrictions on gatherings of multiple people. One could predict that it is more likely that the general public will criticize religious places that promote an exceptionalism for religious services, especially as more infections are spread. Evolution would predict that the types of mutations to make the virus more transmissible detected at the end of 2020 will become even more common.

There are a variety of approaches to deciding whether a practice is ethical or not. In the Western Abrahamic and post-Enlightenment worldviews, there is a strong belief that universal values can be realized through objective criteria. Contrastingly, the Indic systems believe that while universal values exist, they are not achievable, because human beings apply their own subjective experiences and emotions to their knowledge of values (Singh Rai et al., 2010). Therefore, whereas the former ascribes a degree of objectivity as a prerequisite for legitimacy, the latter considers subjectivity as a major influencing factor specific to individuals, groups, cultures, and so on. This world view will tolerate many individual choices as long as they do not do harm and will also tolerate belief in attempting to improve ourselves.

End of life Care

There has been significant criticism of the decisions taken by many medical authorities and hospitals, especially in the early months of the pandemic, to refuse permission for the loved ones of dying patients to be at the bedside of persons dying from COVID-19. Although video telephone calls were often provided, these are not a substitute for holding the hand of a spouse, parent or child, when the person in dying.

There are also concerns that the loved ones may not be able to personally see the dead body of their loved one. Religious and cultural values are violated by such practices, and accommodations to the public heath rules need to be considered.

[5]https://www.usatoday.com/story/news/politics/2020/12/15/churches-take-covid-19-supreme-court-sides-religious-freedom/3813310001/

[6] https://www.pewforum.org/2020/08/07/americans-oppose-religious-exemptions-from-coronavirus-related-restrictions/

Many of the ethical issues raised by COVID-19 are not unique to the disease. Decisions over the extent that life sustaining treatment should be applied, and when it should be removed have been explored in medical ethics. Hsin and Macer (2006) found that the Taoist idea to flow with nature in the refusal of excessive life sustaining treatment was shared among elderly Christians, Buddhists and followers of other religions in Japan, New Zealand and Taiwan.

Unity and solidarity

The year 2021 offers a chance for our world to show solidarity. There is some rejection of those who don't wear masks, and I sometimes see the comments that someone didn't wear a mask and therefore they deserve to have coronavirus. Sadly, some people are taken in by conspiracy theories that deny the virus, even as they utter their last words before being intubated.

God will protect us through wearing a mask and following the science of public health. It is a blessing if God gave you an immune system that will protect you, but asymptomatic people can still spread the virus to others who are not so blessed.

If someone was not taught proper hygiene, then teach it to them; do not blame them. Particular groups of people living in crowded rooms, slums, refugee camps, usually did not enter these spaces because of their free will. Fortunately, in the world today, most people see a disease as more actively attacking those born with an unfortunate genetic lottery, those living with poor nutrition and in poverty as victims of the economic system, rather than because of any moral fault of their own. There needs to be health evangelism rather than a culture of the saved and the unsaved – be the change in the world that you desire.

Religion and spirituality remind us of our membership of the community of living beings and souls (Macer, 1998). Paul Tillich (1963) wrote in *The Eternal Now*, *"One cannot be strong without love. For love is not an irrelevant emotion; it is the blood of life, the power of reunion of the separated."* In the words of Erich Fromm (1963), *"If I truly love one person, I love all persons, I love the world, I love life. If I can say to somebody else, 'I love you', I must be able to say: 'I love in you everybody, I love through you the world, I love in you also myself'.*

Acknowledgments and dedication

This is a work in progress, and I will add academic and scriptural references. Your comments are very welcome! This describes a living work, and I wish to thank just a few of the special people who have helped me on my journey (I do not list their titles). I thank my father John Macer for his passion and love of nature to get up early to walk around lakesides and rivers watching fish, enjoying birds, and listening to the wind. I thank my mother Eileen Macer for the eyes of an artist to see the beauty of both the real and the symbolized in art, and in these the love of life. I thank Heather Hammonds for her focused prayer which helped bring me to faith. I thank John Bowker, Humitake Seki, Jayapaul Azariah, Helena Martin, Yeruham Frank Leavitt, Farhat Said-Pervaiz, Joanna Hammonds, Ananya Tritipthumrongchok, Lian Bighorse, Paul Hammonds, Tim Forester, Sahin Aksoy, Minakshi Bhardwaj, Timothy Boyle, Jasdev Rai Singh, Sang-yong Song, Nader Ghotbi, Mihaela Serbulea and Wendsler Nosie, for the discussions on this paper, prayers, support and joy of life.

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Belief in god vs. worship of a religion

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Abstract

Religions are human interpretations of the meaning of life and the position of the man in the world, and how human actions and relations should be regulated to protect their harmony; they are not direct words of a god(s). There is some wisdom in them as well as ideas that may need a reconsideration, which is very human, and the only way to find the truth is to critically examine each teaching based on the current knowledge and understanding and attending to the needs of a rapidly changing society and environment. Unfortunately, most organized religions require a blind acceptance of certain pillars promoted as fundamental 'beliefs', implying that critical evaluation is not welcome. This cannot continue as the new generation more and more finds some of these beliefs irrelevant to the issues of the time. Respecting equal rights for men and women, and autonomy over sexual and reproductive choices are examples. Spirituality can be a way out of this state of conflict, and it can have benefits for all people from any religious tradition.

Introduction

A study over religion versus spirituality may start by reviewing the literature left by Albert Schweitzer (1875 - 1965), the recipient of the 1952 Nobel Peace Prize after his work on the concept of "Reverence for Life" (Schweitzer, 1936). Schweitzer was a theologian, a medical doctor, a humanitarian, and a pioneer bioethicist. Especially his work translated as "The Quest of the Historical Jesus" (1910) is worth mentioning in which he examined how the image of Jesus had changed with the times. He concluded that the life and thinking of Jesus must be interpreted through convictions of "late Jewish eschatology" and later attempts at understanding him by making parallels to a different way of thinking had been misleading. By dared to critically examine his own beliefs as a Christian, Schweitzer proved he was a man searching for the truth. One of his significant convictions was that: "*We are brothers and sisters to all living things and owe to all of them the same care and respect that we wish for ourselves*." (Brabazon, 2000).

I was born to religious parents. They are used to their religious beliefs and are not interested in examining them. However, I had many questions about those beliefs since my childhood and I was looking for 'better beliefs' and kept searching for other religious interpretations of the world. I was essentially searching for a 'substitute' religion, after disappointment over the official religion in my homeland, thinking that everyone needs to be affiliated with some religion. In other words, I was searching for a compatible religious 'identity'. However, nowadays, I see the younger generation mostly in total disbelief over religion in general. I see myself as belonging to a generation between two very different generations, one before and one after. The generation before is mostly resistant to change and the generations after are much less interested in following religious traditions of the past. I have been trying to reduce this generational gap by seeking the truth; if I can find pieces of it in the past and relate it to the present, connecting them with reason and facts, and get the courage to express the findings truthfully. A recent survey in Iran has surprised religious commentators by revealing that over 50% of the population has lost its religion (Maleki et al., 2020). The overwhelming majority of college students where I teach are non-religious, especially those from Japan, China, Vietnam and other Asian countries, the main exception being some students from Indonesia, Bangladesh, Pakistan and the Philippines. One may even observe a revolt among some of the latter group against the radical beliefs they left behind after moving to Japan.

An implication of organized religions is that they have a series of fixed fundamental beliefs. Most organized religions require their followers to abide by these fundamental beliefs, to not question or critically debate them, and stay committed to confirming them when asked. As an example, the Twelver Shia Islam which is the official religion in the Islamic Republic of Iran, requires all followers to believe that the Twelfth Imam is still alive, albeit 1100 years have passed since his disappearance, and

he is coming to fight evil and win a war that will set the world on its final course before the end of times! My own critical examination of the facts and the history around this belief has convinced me that it is an untruthful myth. However, as an Iranian, my life would be in danger if I expressed doubts about this story. In 2014, the Islamic Republic of Iran executed a 37-year-old man after finding him guilty of heresy for insulting prophet Jonah; Mohsen Amir-Aslani who had doubted the story in Quran of Jonah being swallowed by a large fish only to be returned alive days later, was hanged for making "innovations in the religion" and "spreading corruption on earth" (Kamali Dehghan, 2014). That is so unfortunate when we learn that the story of Jonah in Judaism represents the teaching of repentance and being forgiven by god, and in Christianity Jonah's story is a model for resurrection and coming back to life. The story of Jonah demonstrates how a single story may be interpreted differently by three related religions.

There are other radical differences in the teachings of the Abrahamic religions, Judaism, Christianity and Islam. For example, the historical fact that Jesus was crucified is probably the most significant event in Christianity; however, Quran says (verses 4:157-4:158) and Muslims believe that Jesus was not crucified but was bodily raised up to heaven by God (Lanier, 2016). Another major difference is over the status of Jesus in Islam and the meaning of trinity. A fundamental belief in Christianity is that Jesus was (son of) god. However, Quran says that Jesus is a man, not god or his son, and trinity is understood to refer to the father, son and the mother (Mary) instead of the holy spirit (Quran 5:116):

"*And when Allah said: O Jesus, son of Mary! Did you say unto mankind: Take me and my mother for two gods beside Allah? he said: Be glorified! It was not mine to utter that to which I had no right. If I said it, then you'd know.*"

How is it possible that Abrahamic religions differ so much on such fundamental beliefs? Can we suggest that these differences exist because the teachings do not have the same (divine) origin but are interpretations of the founders of these religions? But where is the source of the Christian beliefs? Aslan (2013) explains: "In 325 C.E., Emperor Constantine brought together bishops in the city of Nicaea to permanently fix the Christian faith, commanding them to reach a consensus on the doctrine of the religion. After months of negotiations, the council handed to Constantine the Nicene Creed, outlining for the first time the officially sanctioned beliefs of the Christian church, that Jesus is the literal son of God, true God from true God. This was a popular belief resulting from the popularity of the letters of Paul as opposed to those of James, the brother and successor of Jesus who was executed in 62 C.E. After the destruction of Jerusalem in 70 C.E., Christianity had become a gentile religion and needed a gentile theology; that is precisely what Paul provided."

Discussion

There are already various arguments to demonstrate that religions are human interpretations of what god(s) would want humans to believe and to do, including archeological, historical, and logical examinations of the various religious texts; there is a small bibliography at the end of this short article for those who may be interested in reading further on the subject. However, I present in here a mathematical argument to support my claim! Let's assume there are N religions (R) in the world (N=the number of all religious sects that exist). For any R_i (i =1, 2, 3, 4, …) that may be a true reflection of the god, there are N-1 religions that hold a different view of what god wants humans to believe or to do. Assuming that god must have made up his mind over what is right and what is not, and there is one truthful religion out there, there should be N-1 religions with beliefs and practices that are different from the righteous word of god. In a situation like that, nobody can be sure which religious sect is based on the truthful words of god. That is basically how various sects formed! In other words, if a religion is divided into sects with different 'beliefs', as in Christianity and Islam, one may accept that the differing beliefs and practices follow the differences in human interpretations, not the divine. If the divinity was clear, they would not disagree so much to need to form a separate sect! Whenever various sects branch out of a religion each having string claims of self-righteousness over the other sects, that is itself a proof to their non-divinity. This may be the reason why Emperor Constantine needed the bishops to agree on Christian beliefs and then ban all others in 325 C.E. (Aslan, 2013).

If humans are prone to mistakes and sins, and religion is supposed to stop them from that, how would that be possible when the religion itself is based on human interpretations made at a point in time long in the past and 'fixed' for eternity? Isn't it the task of a religious person to seek the truth? How can they do so if they stop themselves from examining the beliefs that they have committed themselves to, only because of being born to it, or being assigned to it because that was the dominant religion where they lived. The new Coronavirus pandemic provided an opportunity to examine the religious claims all over the world. In Iran, closing down the sacred tombs of Imams and their sacred family members, and then using alcohol to disinfect the facilities, while alcohol is considered 'unclean', had its impact. These are just examples. I have studied and followed many religions and I have found similar issues with each and every one. The basic issue is that religions are human interpretations about creation, existence, and life and what they really mean. These interpretations cannot be complete and free from error, especially as they suffer from being relatively old and relevant to a time when human knowledge and information was much more limited. Closing the door to a critical reexamination of one's beliefs, only serves to widen the gap with an evolving knowledge and understanding of the world. As a Christian choosing this tradition to express my spiritual beliefs, I have a clear stance regarding certain claims: No, god did not father a human child to have him crucified so that he could forgive our sins if only we attested to that!

To be ethical requires one to express what may be truthful, and to seek the courage to do that. To simply say these are faith systems and all are true, may be a politically easy tactic but is confusing, untruthful and therefore unethical. One should not blindly allow any belief system, whether ideological such as communism, or religious and fatalistic such as the Twelver Shia Islam, especially when there has been evidence of harm to the lives of millions of people. I often told my Muslim friends: "Remember your duty to not stray from the path of god. Worshipping your religion is just creating another form of idolatry." This is especially important in Islam, because the most important pillar of Islam was to believe in one god and to pursue only the god, not anything else including the religion or a sect in it or a person associated with it.

Searching for God has been a human endeavor for thousands of years (Aslan, 2017). The search is not over; nobody has the final answers; nobody knows the god in full; maybe humans will never will, but it doesn't mean they can claim the search to be over and dig their old religious records to find directions for now and the future. The next generations will look back at us with pity, like we were the fans of a mythical story of fantasy and magic similar to Harry Potter, but only too boring and frequently irrelevant. A good example is when the public health system wanted to promote the use of condoms to slow down the spread of HIV and there was opposition from certain religious groups that god would not allow that! How did they know god would oppose the use of condoms to prevent HIV? Was it a genuine divine command, or just a human interpretation based on digging in old human interpretations?

The Center for American Progress released a report in 2019 to warn the U.S. public of exploitation of religious liberty to deny access to healthcare, to discriminate against foster and adoptive parents, to form dark money channels, and to deny this liberty from some religious traditions while providing it to a select few (London & Siddiqi, 2019). They also recommended policies and practices to reinstate a balanced and inclusive vision of religious liberty, to ensure that religious exemptions do not undermine patient health, to prohibit for-profit businesses from claiming exemptions from anti-discrimination laws, and to extend nondiscrimination laws at the federal level. Some say the problems that existed in medieval times, such as the condemnation of Galileo for reporting his scientific observations, do not exist anymore. However, the last four years in the U.S. provide a strong counterargument. As Roose (2020) has documented:

"A Pew Research Centre report from 2016 showed 81% of white evangelical Christians voted for Trump compared to 16% for his Democratic challenger, Hillary Clinton. White Protestants (58%) and white Catholics (60%) also voted for Trump over Clinton in a campaign defined by Trump's racist and insensitive comments toward Mexicans and Muslims, as well as his poor treatment of women. Despite four years of a presidency defined by Trump's unprincipled behavior, not to mention over 228,000 deaths from the COVID pandemic, white religious support for Trump has slipped only slightly. The latest Pew Research Centre report shows Trump is favored over his current Democratic opponent, Joe Biden, among white evangelicals (78%), non-evangelical white Protestants (53%) and white Catholics (52%)."

An anonymous commentator in social media wrote: "*America! It is time to take responsibility for your theology*."

On the other hand, a spiritual person who finds some truth in every religion, as well as some falsehood, can share beliefs with *any* of all those religious sects. This is important because it helps avoid religious discrimination and opens the way to an examination of one's beliefs in the context of an advancing body of knowledge and a better understanding of the world. The time to spread magical stories of religious miracles is over.

For me and an increasing number of people in my generation, spirituality is the answer to most issues with organized religion. An example is the increasing interest in the work of liberal theologians like John Shelby Spong, a retired American bishop of the Episcopal Church, who has called for a fundamental rethinking of Christian belief away from theism and traditional doctrines. Currently, he has tens of thousands of supporters who like to hear that he does not know who the real god is, what it is like, and that it may be a mystery never to be totally understood. So, he asks for all religions and their followers to respect one another and asserts the only reason he is a Christian is that he was born to that tradition and it is possible for him to approach the mystery of god from that tradition.

Spirituality helps with mental health, known specifically as spiritual health, helps people from different religions come together, is flexible to individual perceptions of the mystery of god(s), and fills the emotional void that humans need to fill in order to find purpose in life and meaning in existence (Baynes, 2019). One can follow cultural traditions of the religion he is born to if he/she chooses to, as this is commonly a matter of identity formation. However, a big mistake would be to rely only on religious beliefs for policymaking, which could lead to disaster. Some examples are the policy issues related to the right to have an abortion, marriage and divorce, LGBT rights, and religious discrimination.

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Spiritual healthcare and mental health issues during the COVID 19 pandemic

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The coronavirus disease 2019 (COVID-19) pandemic is stressful for people. Fear and anxiety of getting infected, social distancing and stigma due to infection during the COVID-19 pandemic can all lead to mental health issues that warrant specific coping measures, resources and counter methods. The COVID-19 infection is associated with delirium/encephalopathy, agitation, stroke, insomnia, loss of sense of taste and smell, anxiety and depression (Benjamin et al., 2020; Ling et al., 2020).

Anxiety is a generalized response to an unknown threat or internal conflict, whereas fear is focused on a known external danger. Emotions are defined as "passions of a short duration." Emotions are intimately linked with organic life that may lead to "abnormal excitation of the nervous network," inducing changes in heart rate and secretions, or interrupt "the normal relationship between the peripheral nervous system and the brain." The fear of getting infected or being infected along with the anxiety of uncertainty due to lack of specific therapy for COVID-19 remains a risk factor for mental health issues. These mental health issues require specialized but holistic care.

Palliative care is specialized medical care focused on providing relief from the symptoms and stress of terminal illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

During such anxious moments of the disease many seek spiritual guidance and healing. It is said that "*spirituality is universal, deeply personal and individual; it goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity.*" (Mc Sherry and Smith, 2012)

According to Florence Nightingale's philosophy of care, spirituality is inherent in humans and is the deepest and strongest source of healing. The nursing community needs to learn more about spiritual needs of the patients as well as receive training on how to impart spiritual therapy to the willing but needy patients.

An observational study of nurses regarding spiritual dimensions of nursing care reported that 84% of nurses identified patients with spiritual needs, buy only 40% felt that they were able to meet their patients' spiritual needs. 54% of the qualified nurses stated that they had not received any instruction into the spiritual dimension and 73% felt that they did not receive sufficient training into this aspect of care (van Meurs et al., 2018).

The spiritual dimension of human personality is closely linked to one's religious beliefs. It is stated that: *"The spiritual dimension tries to be in harmony with the universe, and strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness, or death."* (Murray & Zenter, 1979). Religion is an organized and public belief system of worship and practices that generally has a focus on a god or supernatural power. It generally offers an arrangement of symbols and rituals that are meaningful and understood by its followers. The major religions practiced in India are Hinduism, Islam, Christianity, Sikhism, Buddhism and Jainism. Religion and spirituality are not the same thing, nor are they entirely distinct from one another. Spirituality may incorporate

certain elements of religion as it is generally a broader concept.

The practice of being compassionate and practicing compassionate presence, i.e., being fully present and attentive to patients and being supportive to them in all of their suffering including physical, emotional, and spiritual are ways to improve the mindset of affected patients. The various aspects of spiritual care include: *"Listening to patients' fears, hopes, pain, and dream, obtaining a spiritual history, being attentive to all dimensions of patients and their families: body, mind, and spirit, incorporating spiritual practices as appropriate, involving Spiritual Counselor as members of the interdisciplinary health care team"* (MacLean et al., 2003; Selby et al., 2017).

The basic spiritual needs of a person could include a meaningful philosophy of life (values, love, peace, positivity, acceptance), comfort, forgiveness, hope, etc. and moral sense), a sense of the transcendent (outside of self, view of God and something beyond the immediate life), a trusting relationship with God (faith), a relatedness to nature and people (friendship), experiencing love and forgiveness and a sense of life meaning. The person may not verbalize their spiritual pain, so it's important to be aware of their behavior and actions too. For example, they may seem afraid of being alone or refuse help when they appear to need it. Some of the methods for obtaining spiritual history are:

1. FICA model talks about faith and belief, importance of faith or belief in one's life, support systems in the form of communities (churches, temple, mosque or likeminded people), and how to address these issues in a patient's healthcare.

2. HOPE questions are used by physicians for formal spiritual assessments. H of the mnemonic HOPE refers to a patient's basic spiritual resources, such as sources of hope, without immediately focusing on religion or spirituality. It leads to meaningful dialogues with a variety of patients whose spirituality lies outside the tenets of religion or within the religion (Anandarajah & Hight, 2001).

3. SPIRIT model provides a framework for recording the spiritual insights of a patient or a path to assess spirituality (Maugan (1997):

S—Spiritual belief system	Do you have a formal religious affiliation? Can you describe this? Do you have a spiritual life that is important to you? What is your clearest sense of the meaning of your life at this time?
P—Personal spirituality	Describe the beliefs and practices of your religion that you personally accept. Describe those beliefs and practices that you do not accept or follow. In what ways is your spirituality/religion meaningful for you? How is your spirituality/religion important to you in daily life?
I — Integration with a spiritual community	Do you belong to any religious or spiritual groups or communities? How do you participate in this group/community? What is your role? What importance does this group have for you? In what ways is this group a source of support for you? What types of support and help does or could this group provide for you in dealing with health issues?
R — Ritualized practices and restrictions	What specific practices do you carry out as part of your religious and spiritual life (e.g. prayer, meditation, services, etc.) What lifestyle activities or practices do your religion encourage discourage or forbid? What meaning do these practices and restrictions have for you? To what extent have you followed these guidelines?
I — Implications for medical care	Are there specific elements of medical care that your religion discourages or forbids? To what extent have you followed these guidelines? What aspects of your religion/ spirituality would you like to keep in mind as I care for you? What knowledge or understanding would strengthen our relationship as physician and patient? Are there barriers to our relationship based upon religious or spiritual issues? Would you like to discuss religious or spiritual implications of health care?
T—Terminal events planning	Are there particular aspects of medical care that you wish to forgo or have withheld because of your religion/spirituality? Are there religious or spiritual practices or rituals that you would like to have available in the hospital or at home? Are there religious or spiritual practices that you wish to plan for at the time of death, or following death? From what sources do you draw strength in order to cope with this illness? For what in your life do you still feel gratitude even though ill? When you are afraid or in pain, how do you find comfort? As we plan for your medical care near the end of life, in what ways will your religion and spirituality influence your decisions?

4. FACT: The FACT tool helps to take spiritual histories in a clinical setting. It is said that a spiritual history tool depends upon five criteria: brevity, memorability, appropriateness, patient-centeredness, and credibility. The chaplain-developed FACT stands for: F-Faith (and/or Belief); A-Active (and/or Available, Accessible, Applicable); C-Coping (and/or Comfort)/Conflict (and/or Concern); and T-Treatment (Larocca-Pitts, 2008).

Questionnaire to take spiritual case history of a patient:

RELIGIOUS BACKGROUND AND BELIEFS
What religion did your family practice when you were growing up? How religious were your parents? Do you practice a religion currently? Do you believe in God or a higher power? What have been important experiences and thoughts about God/higher Power? How would you describe God/higher Power?

SPIRITUAL MEANING AND VALUES
Do you follow any spiritual path or practice (e.g., meditation, yoga, chanting)? What significant spiritual experiences have you had (e.g., mystical experience, near-death experience, drug-induced dreams)?

PRAYER EXPERIENCES
Do you pray? When? In what way(s)? How has prayer worked in your life?

Some of the methods suggested for spiritual care include meditation, peaceful prayer practices, support groups and reading scriptures. Meditation is a contemplative practice, engaged in across various religious and spiritual traditions as a means of quieting, focusing and transforming the mind. Meditation cultivates self-awareness and provides the optimum conditions for practicing the skill of mindfulness. Generally, the goal of meditation is to intensify personal and spiritual growth, in addition to calming the mind and body.

Of the different types of meditation, mindfulness meditation has been shown helpful for people with depression and anxiety, cancer, fibromyalgia, chronic pain, rheumatoid arthritis, type 2 diabetes, chronic fatigue syndrome, and cardiovascular disease.

Prayer may elicit the relaxation response, along with feelings of hope, gratitude, and compassion—all of which have a positive effect on overall wellbeing. There are several types of prayer, many of which are rooted in the belief that there is a higher power that has some level of influence over your life. This belief can provide a sense of comfort and support in difficult believe.

Yoga is a centuries-old spiritual practice that aims to create a sense of union within the practitioner through physical postures, ethical behaviors, and breathe expansion. The systematic practice of yoga has been found to reduce inflammation and stress, decrease depression and anxiety, lower blood pressure, and increase feelings of wellbeing.

Barriers to providing spiritual needs

1. The lack of Universal language of spirituality makes it a difficult concept to discuss.
2. Patient & families may not understand the concept of spirituality or know to how to respond to questions of spirituality.
3. Nurses, Doctors and other staff caring for patient may not feel comfortable or competent to discuss spiritual matters.

Conclusion

If care is shown with compassion and spiritual guidance, it may prove helpful in tackling the mental health issues of patients with COVID-19 infection, the physicians, associated health professionals along with the public kept under long lock down period.

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Healthy lifestyle is the key for a healthy society

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Abstract
Healthy citizens are important for a healthy society. When people are healthy, they can not only enhance their capability to fight different virus outbreaks but also participate in the building of better and healthier societies. However, different forms of sickness as a result of people's lifestyle are appearing in many countries. Ironically, in a developing country like the Philippines, policies for health-enhancing activities have gained minimal support. This paper will argue that promoting a healthy lifestyle that involves five essential elements – feet, fork, fingers, sleep, and heart – is necessary for a healthy society. This means that people must be physically active, eat pre-dominantly plant-based food, avoid vices such as smoking and too much alcohol, get enough sleep, and establish deep connectivity and reciprocity with their fellow human beings and the rest of creation as exemplified by many indigenous peoples. While some people choose to stay healthy through their conscious choices, many carelessly behave unhealthily. This is where government policies and programs for proactive health and wellness must be crafted and implemented. Instead of focusing much on prescriptive medicine, government should support the promotion of healthy lifestyle as an important modality to ensure that citizens are healthy and have a strong immune system not only to fight a pandemic but more so in preparing them in their vital role to build better and healthier families and communities necessary for a more reliable and healthier society.

Introduction

People are predisposed to various diseases based on their way of living and occupational habits (Sharma & Majumdar, 2009). The way we live our lives today may lead to chronic diseases, which are products of how we design our daily activities, from the movements we do, the food we eat, and the quality of sleep we take. Sickness due to unhealthy lifestyle results in deaths and additional health expenditures. According to the World Economic Forum Report, 60% of all deaths worldwide in 2005 (35 million) resulted from noncommunicable diseases and accounted for 44% of premature deaths. What's worse, around 80% of these deaths occur in low and middle-income countries like India which are also crippled by an increasing burden of infectious diseases, poor maternal and perinatal conditions and nutritional deficiencies (World Economic Forum, 2008). The report also points to countries like Brazil, China, Russia and India which currently lose more than 20 million productive life-years annually to chronic diseases and the number is expected to grow by 65% by 2030 (World Economic Forum, 2008). In 2007, nearly 3.1 billion people were economically active, and the figure is estimated to exceed 3.6 billion in 2020 (Sharma & Majumdar, 2009). Workplaces should make possible healthy food choices and encourage healthy lifestyle. Unhealthy diets and excessive energy intake, physical inactivity and tobacco use are major risk factors for non-communicable diseases, the report said (World Economic Forum, 2008).

Globally, lifestyle diseases lead to mortality. Almost two-thirds of the 57 the million deaths in 2008 occurred in low and middle-income countries (WHO, 2010). But the good thing is, they are preventable, and can be lowered with changes in diet, lifestyle, and environment (Sharma & Majumdar, 2009). Lifestyle diseases which are primarily caused by bad habits of people as well as their inappropriate relationship with other beings and with their environment are rising over time. While the onset of lifestyle diseases is gradual and may take years to develop, once encountered do not lend themselves easily to cure (Sharma & Majumdar, 2009). Medicine for this chronic disease would have been unnecessary if the lifestyle of people meets the human body's essential needs. Improving our diet and lifestyle can prevent 80% of non-communicable diseases (heart disease, stroke, type2 diabetes) and 40% of cancer (WHO, 2019).

Medicines cure diseases. However, shreds of evidence on the different adverse effect of drugs in our body have swarmed health journals (Pijl & Meinders, 1996; Keene & Davies, 1999; McGregor, Callaghan & Hunt, 2008). Seemingly, one medicine cures a specific illness but causes another ailment due to side effects. Medicine treats a body in emergency cases. Pharmaceuticals may manufacture drugs and convince the people that these are preventive measures to disease. Thus, the irony - medicine is not meant to prevent; it is supposed to cure.

In recent years, the Philippines has experienced rapid economic growth, but it has caused more damage to its populace than good. There may be an increase in purchasing power for most people, but this consumption has not had a substantial impact on people's healthy lifestyle. Vigorous economic activity certainly does not equate to quality of life. Most often than not, people are buying because it offers convenience and instant gratification. One of the consequences of this consumeristic attitude of people is the proliferation of different lifestyle disorders.

The healthcare system of the country was tested as the COVID pandemic struck. The "tip of the iceberg" speaks of a fragile foundation. The system works to cure, but not to prevent. Health program and initiatives of the Department of Health vaguely support the healthy lifestyle of the people. No known program from the department explicitly helps Filipinos avoid non-communicable diseases. What is striking to know is that Non-Communicable Diseases (NCD) mostly affect people in their productive years, from

45-60. What then is the government priority at this stage of development? This paper will argue that there should be a shift of paradigm on its policies and programs.

The Philippine constitution provides for education of every Filipino. According to this constitution, education is free for all regardless of economic, social status, religion, and ethnicity**.** Its fundamental objective is to provide a workforce for national development, produce a profession to take the lead for the nation's advancement of knowledge to improve the quality of life of Filipinos, establishing, maintaining, and supporting a wholly adequate and integrated system of education relevant to the needs of the people and society. Every individual has the right to claim this from the government. There is no judgment on the government. However, the failure of the state to actualize this mandate is revealed in its failure to educate individuals to become productive citizens and use knowledge to acquire a good quality of life.

The quality of life varies from individual to individual. To put this into context, quality of life in the 21st century is mostly dependent on the individual's health. "Health is wealth" is an adage, suggesting that the quality of life is based on the health status. The health status of an individual is an integrated system. It's not only the absence of disease. It also means enhancement of other factors such as peace, freedom and capabilities to be able to face life's different challenges and take advantage from its opportunities. The indicators of the quality of life include nutrition, health, education, social, and leisure/recreation (Papageorgiou et al., 1970). These factors are highly individualized; this operates from the individual level. As human beings, our freedom to choose for ourselves is innate in us. Our ability to select actions using the stimulus outside us is efficient.

We may have the capacity to decide, but our decision is also sometimes affected by how we interact with the natural and social environment. Thus, this paper discusses how individuals are sometimes reduced to just following instead of deciding. This attitude is detrimental to our capacity to be at our best human form, that is to determine deliberately, especially when it comes to health and wellness.

Healthy lifestyle as the medicine

A lifestyle of physical inactivity is frequently associated with chronic diseases. In sociology, the word lifestyle reflects an individual's way of life, how he expresses and translates his values, and forges a sense of self. A lifestyle is formed by a group of people or a society where patterns of behavior, influences, resource spending attitude, work, and activity describe how they use their time and money. Therefore, lifestyle is mainly dependent on the structure of society (Mora Ripoll, 2012).

In the 20th century, humanity faced a significant lifestyle shift. Our society has settled in the nest of comfort. The industrial revolution was regarded as one of the considerable accomplishments of humans. While we enjoy this comfort, it subtly destroys our values and our worldviews about the interrelatedness of life – that our life is a SONG: our relationship with Self, Others, Nature and God. This concept of interconnectedness of different myriads of life forms was destroyed during the modern period. In the 21st century, the automation of almost everything has declined the naturalness of life. The lifestyle that we create leads us to self-destruction. For Huntington (1996), it is culture rather than what is truth that dictates people's activities in the societies today. The capitalist culture that promotes endless consumption of goods, unlimited entertainment and too much focus on individual achievements has destroyed not only our relationships with others, nature and God but also our relationship with self. This has resulted in the occurrence of many diseases in human beings.

The rising cases of chronic diseases around the world have also created concerns in the medical and allied fields. Countless researches were done on how to combat these diseases. They are creating formulation medicines to elevate the quality of life for those who are affected by these diseases. Lifestyle was pointed out as the culprit of these diseases. Chronic disease is regarded as a lifestyle disease.

Lifestyle as a medicine is the idea that the way one lives can promote inner peace, harmony and well-being as well as prevention and cure to health problems feared by most. The growing number of medical professionals prescribing a lifestyle shift is remarkable. Doctors are starting to recommend a lifestyle shift, starting on the food we take, followed by physical movements, sleep and various relationships that we nurture. This shift of paradigm gets back to how each individual is empowered to choose a lifestyle that is most favorable to him as well as to others.

Although lifestyle is affected by society and culture, humans have the freedom to design their lifestyle by becoming informed and using this information for better food choices, activities, and rest. Living a way of life that relies mostly on a plant-based diet, regular physical movement and good rest, managing stress efficiently, and avoiding substances that alter the natural interaction of the body as well as living in peace and harmony with the rest of creation may be challenging, but it is not impossible. In fact, many indigenous peoples who were considered by modern people as primitive, have shown that they are more advanced in terms of attitude and life values as compared to many "educated" persons. While the society may judge them as lazy persons who are just content on what they have, Bayod (2018) argues that this is so because they are not so concerned with accumulating wealth for the future. They generally live in the present moment. Since they are not capitalists but are "communists" by principle and by practice (Bayod, 2018), they are not into chasing wealth for their own advantage. They work to be able to help the community. Since their life is intricately interwoven to their land or ancestral domain, they not only develop a reciprocal relationship with their land, but also treat their land as a sacred being. Thus, they

practice deep communion with their land. In addition, since they are living with trust to God's providence, they have less stress in terms of exerting more effort to chase wealth – an attitude that puts so much stress to a lot of people in the urban centers.

In a country like the Philippines, a plant-based diet is still possible, considering that it's an agricultural country. There is a climate that favors the growth of food the whole year-round. Regular physical activity is highly likely for all walks of life. A lifestyle shift is possible for every Filipino. However, there is a prevailing mindset among many Filipinos that eating meat is a symbol of high social status. Driven by technological advances, many of the food they consume today is easy to grab food, energy-dense food, high in sugar or fat but low in nutrients. Many of these foods are available in almost every corner, convenient to get and commonly costing less. Hence consumers mindlessly bring this to their table. People also eat more but move less. The food environment takes a new form these days. Food establishments that offer high sugar content are sprouting, and many young adults take it as a habit. For them, it's a fashion, a fad to get in regularly, affecting the lifestyle by promoting a high-calorie, low-nutrient diet.

Highly effective advertisements on food and other products promote these items and deceive consumers for-profit purposes spreading in all media forms for all ages. Media exposure of the populace also has gone higher, especially in urban areas where connection to the internet is faster and more robust. This reality has continued for decades, hence the rise of lifestyle diseases.

Ultimately, food consumption and movement engagement are highly dependent on individual choices. However, behavior changes occur only in a supportive environment. In this time, affordable healthy food must replace food shelves in grocery stores and food stalls, and opportunities for regular physical activity must be created or organized for maximum participation.

Survey of the lifestyle of Filipino college students

We conducted a simple on-line survey to college students. There were 250 college students who answered the simple survey questionnaire. Their answers are shown below:

Questions & Responses (%)	Yes	No
I do a 30-minute exercise (walking, jogging, cycling) every day	12%	88%
I prefer to eat fish and vegetables rather than meat products like pork, beef and chicken	25%	75%
I do not usually eat junk and processed foods	31%	69%
On the average, I sleep more than six hours every night	31%	69%
Most often I am facing screen (computer, laptops and cellphones)	96%	4%
I have my regular prayer schedule	45%	55%
I have very good relationship with my families and friends	79%	21%
I spend time going out in my house to inhale fresh air	36%	64%
I think I am more stressed now than before	46%	54%
I smoke cigarettes	16%	84%
I drink alcoholic drinks	57%	43%
I have enough time to rest	39%	61%
I believe I have a healthy lifestyle	39%	61%
I believe I have the power to change my current lifestyle	74%	26%

The results show that a lot of Filipino students are living an unhealthy lifestyle. Most of them think that they are more stressed now with the "new normal" mode of education. However, a lot of them still have regular prayer and a good relationship with their families as a source of strength during this pandemic. This was also confirmed in the study of Arnado & Bayod (2020) on the help-seeking behavior of young Filipino students. They found out that spirituality and the presence of their family members are the major sources of strength of the students. Because of these, they become resilient in the midst of challenges brought about by the COVID-19 pandemic.

But what is striking in the result is that many young Filipino students are really living an unhealthy lifestyle starting from the food they eat, their lack of regular exercise and the activities they indulge in. What is affecting Filipinos over living a healthy lifestyle is the policies and support of the government. As pointed out, lifestyle is affected by the structure of society. People's activity and consumption behavior can be influenced by policies or governance to support the lifestyle shift proposed in this paper.

Role of government in promotion of healthy lifestyle

The government must consider the evidence that a healthy populace is an asset to progress and development. As pointed out earlier, lifestyle choices are largely dependent on each person; however, the ecological framework suggests that there are multiple influences affecting individuals' behavior, such as social circumstances, the surrounding physical environment, and wider socio-political forces (Biddle, 2015). This approach acknowledges that social and environmental factors impact individuals' behavior, especially when information in social media can travel in split-seconds around the

world. Gone are the days that people confined themselves in their immediate natural habitat. The world has become a "small village". We are not only influenced as a member of a small community but also of the whole world. Without the government supporting policies and innovations for the health and wellness of the people, citizens will follow an unhealthy lifestyle. In terms of programs and policies, the government must promote and support healthy lifestyle of its citizens through the following:

1. Encourage the use of bicycles for healthy citizens and a healthy planet by constructing bicycle lanes.
2. Require Local Government Units (LGU) to have "eco-parks" where people can have space for exercise, meditation, to breathe fresh air and to commune with others and with nature.
3. Encourage a vegetable diet by creating a system to ensure that vegetables are free from pesticides and other chemicals. There are technologies that can detect the level of pesticides and formalin that are present in the vegetables and even fish. They can use such technology and make it mandatory that all vegetables and fish that enter into the market will be subjected to testing.
4. Require work establishments to have health and wellness programs for their employees. Included in the program (among others) must be bicycle parking space and shower room for the employees who use bicycles.
5. Allocate a budget for promotion of healthy lifestyle rather than spending billions in buying synthetic medicines from pharmaceutical companies. Only those that are very important should be purchased.

The problem is that the government is reactionary or reactive in its programs and policies especially in matters of people's health and also public health. This is more manifest during the COVID-19 pandemic. The country has no explicit program to proactively promote the health and well-being of its citizens. Thus, when COVID-19 strikes, the country is facing difficulty in terms of ensuring the health and wellness of its citizens. Instead, it spends billions to help those who have been contaminated by the virus and to provide financial support to those who are affected by the imposed lockdowns. These expenses could have been avoided if the government had a functional health and wellness program to ensure healthy lifestyle of its citizens.

Physical activity environment

Physical activity is a way for prevention of lifestyle diseases. Systematic analysis has revealed its compelling effect on the human body. The neighborhood design should facilitate walking and bicycling for transportation. Public parks, playgrounds, school vicinity, and recreation centers should be well designed to invite users. The government sectors, including transportation, city planning, and private enterprise must create an environment that promotes physical activity as a consolidated effort of the health sectors and all essential government units. Crafting of legislation and ordinances to compel individuals to adhere and develop their habit of physical activity follows the claim that social, cultural, physical environment and policies are essential factors influencing a person's behavior (Carlson, Dean & Sallis, 2017). Ordinances that promote physical exercise of people must be accompanied with concrete social and infrastructure supports.

Moreover, interventions in the rising number of lifestyle disease cases should be done in multi-levels. For instance, the transportation sector can help improve walkways and road intersections close to schools (environmental level), support school transports and require speed limits (social level) and convey instruction projects to encourage walking and bicycling to class (individual level). Schools and offices must provide parking areas for bicycles that are safe and secure and o shower room for people who may want to take a bath before attending to their daily work in offices and schools. A variety of measures are expected to assess the ecological, social, and personal changes created by this intervention (González, Fuentes & Márquez, 2017).

The role of the government is very critical in designing physical activity environment. Its features must hold the promise of increasing physical activity. Governing bodies such as the Center for Disease Control, American Heart Association, World Health Organization all recommended these environmental changes to reduce the impact of chronic disease on society (Carlson, Dean & Sallis, 2017).

Role of schools in the promotion of healthy lifestyle

Despite the support of research proving the benefits of physical activity to school children, the Philippines has not done reforms to respond positively to these findings. The inability of educational leaders to prioritize changes favoring the increase of children's physical activity is evident in multiple ways. One is the time allotment of physical education in the curriculum. Physical education is a subject area wherein school children learn and experience physical movement necessary for their full development (Fairclough & Stratton, 2004). Aside from other liberal arts subjects such as philosophy, psychology, humanities and religious studies, physical education is a subject where students must understand the unity of the body and mind. They gain a heap of benefits aside from the fun they encounter in the class by moving. The curriculum for physical education in the Philippine allots only 45-60 minutes per week, instead of at least 240 per week recommended by the World Health Organization (WHO) and the Center for Disease and Control (CDC).

Next is training sufficient number of teachers for physical activity, especially grade schoolteachers, grades 1-6. The stage of development where these children belong is crucial in attaining their maximum growth and development. Teachers' professional training to enhance the physical activity level of students has not increased in number and substance (Figueroa, Lim & Lee, 2016).

Another issue is the school culture that prohibits young children from physical activity. In many schools in the Philippines today, teachers are discouraged to ask students to help in the cleaning of the school surroundings. Most often, public schools ask the parents to help in the *"Brigada Skwela"*, a yearly program of the Department of Education

to clean and beautify schools for opening of classes. Throughout the year, they hire janitors to do the cleaning. While young children should focus on their studies, giving them at least 30 minutes in the morning and 30 minutes in the afternoon a chance to clean their room and beautify their school surroundings through gardening and tree growing activities will not only provide opportunities for physical activity and exercise but also an opportunity to develop friendship and camaraderie among their fellow students. In addition, it will also help them become responsible citizens and nature lovers in the future.

The next issue is insufficient facilities and equipment. Almost all schools in the country have a standard facility, providing at least a gymnasium type of building. Some have a sophisticated design, but many are just a standard open court type gymnasium and, most of the time, are venues for other activities and school programs.

These problems in schools need support from the government and the constitution to take the lead for the nation's advancement of knowledge and improving the quality of life of Filipinos. Reforming the educational system by providing quality physical education is vital in support of healthy citizens in the country. The leading expert in obesity Dr. John Foreyt, stressed that developing healthy lifestyle habits should start with the young to prevent obesity. The habit of physical activity by the young can start in physical education classes.

Food choices

A policy that addresses the environment that improves food choices is an effective preventive solution. In part, a person's failure to choose healthy food and activity can be blamed on the environment when it is not conducive to food choices. The changes in this environment need policies and practices necessary for effective obesity prevention (Booth et al., 2001). Around the shelves in the grocery stores, they display highly processed food packed with energy and preservatives. 75% of the display contains high calorie but is low in nutrients. With its colorful packages and low prices, they lure the costumers to grab and bring it home, some of them are even mindless about the nutritional value these foods contain.

The role of the environment in promoting healthy eating is essential; although food choices are profoundly an individual matter, the facilitation of these choices is greatly affected by the environment. This is where policy determinants of eating behavior can come in. There is a growing literature on the influence over food choices by family peers, social networks, the physical environment, socioeconomic status, cultural norms, and values examined as determinants of food choices (Larson, 2009).

The department of health should get access these data to respond appropriately to the concern over food choices of Filipinos, especially the school children. School children are not capable of defending themselves from the persuasion of advertisements and cheap food commodities from grocery stores and convenience stores. Most often than not, they choose food with the price as the first consideration; second is the convenience and third is nutritional value. This way of choosing is an inverted way of choosing. Food stalls along the school vicinity have increased in number, displaying high fat and sugar content foods. While we encourage entrepreneurship from the people, there should also be regulations of the food choices they offer to their consumers. The Ecological Systems Theory possesses a strong model for this regulation.

Health as connectivity to the source

I would like to advance our thesis that health is also enhanced when we are always connected to an ultimate source. This is where, mediation, yoga, mindfulness exercise and prayers, are important resources in establishing inner peace and harmony, and therefore, health and well-being of people. But with the advancement of secular culture, spiritual and religious aspects in the lives of people are put into the sideline. Instead of connecting to the source through meditation and prayer, a lot of people go to entertainment activities when they experience boredom, anxiety or problems. Instead of talking to their families or spiritual directors or qualified professionals or even trusted friends, many of them go to bars and parties to enjoy and drink hoping that their anxiety will vanish. However, they forget that anxiety or problems are part of being human. In fact, Joyce Rupp says that anxieties, problems and griefs are part and parcel of existence as human beings (Rupp, 1988). Since we are not only composed of body but also spirit, our final home is not here on earth bus somewhere beyond this physical reality (Bayod, 2020). Thus, there is always something within us that is yearning for something beyond our physical realities. Prayer as connectivity to the source will help us to achieve peace and serenity in the time of distress.

Conclusion

Health and economy have a vital relationship. The rising incidence of chronic disease places great pressure on the country's healthcare system. Healthy lifestyle as medicine needs to be promoted by the government as a paradigm. If this happens, there will be a trickle-down effect to communities, families and individuals. Investing in an environment that promotes health as not only an absence of disease but also enhancement of capabilities is timely and relevant during this pandemic and as we move into the so-called new normal. Today's generation should be prepared to thrive in a seemingly fast-paced world, sublimed in a sedentary lifestyle of the people. The impact of health on the economy should not be underestimated. The government must prioritize health over profit (Frank, 2004).

Healthy lifestyle as a medicine is a more cost-effective strategy compared to the current approaches of prevention and treatment. Practical application of lifestyle medicine enables health care professionals to show their concern to the ailing population. They will be directed to what matters most in the healthcare system, which is health instead of

profit. Notably, lifestyle medicine reduces total costs and increases the quality of life

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Overcoming death: the state of man in the midst of a pandemic

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Abstract

This paper is a philosophical inquiry about the state of man during the pandemic. By philosophy, I mean a rational investigation of profound and critical questions that seeks to address fundamental issues pertaining to the meaning of life. This study attempts to understand how the sovereign rule of the state is controlling the population in the midst of the coronavirus crisis. It argues that political power, through fear, has isolated human beings away from each other in the name of public health protocols. State power plays on the vulnerabilities of the people to take advantage of the situation. The state apparatus is exercising full and unprecedented disciplinary measures as an extreme form of bio-power purportedly meant to mitigate the crisis. However, what is not seen is the reality that unjust structures and the unequal situations of individuals in human society have resulted to more hardships on the part of the poor, thereby diminishing their sense of self-worth. The most profound question when it comes to the pandemic, this paper argues, is existential – the reality of death.

The will to live

In the midst of death, the poor have no other choice but to accept the possibility of losing everything. The reality of living during the pandemic is defined by fear, control, and anxiety. But the above-mentioned are not always borne out of the terrible consequences from a natural disaster. Michel Foucault (2007) reminds us that "such a spectacle is induced by the power of the state apparatus who possess absolute control over the physical, social, and economic life of the population." During this COVID-19 pandemic, every human being is forced to separate himself from others in the name of public health. It is an extreme form of bio-power, according to Daniel Mishori (2020), which reveals

an "unprecedented authoritarian control." The pandemic is telling people that human freedom cannot be absolute.

The new normal seeks the re-organization of society. But going back into our old ways and practices is not just about comfort or convenience. People also need to make cruel choices if society must erase inequalities and unjust practices that undermine the dignity of the powerless. The priority of rich countries is the re-establishment of neoliberal policies that reinforce the socio-economic divide in the world. Big corporations are more concerned about a return to their rent-seeking ways and profitmaking activities. The financial muscle of powerful companies allows them to continue to make money while small businesses fail. It short, only those who are in the peripheries of society are truly affected by the impact of the coronavirus.

What can philosophy teach us in the midst of this lack of reasonability in society? How can one truly live in a post-pandemic world? Philosophy has something to do with the way we put our experiences into question. It is not just about explaining reality and accepting things for what they are. Wisdom, Aristotle (1958) reminds us, has something to do with praxis. Philosophy, in this way, seeks to address something that is more fundamental. While the pandemic has put us in a position to see naked life as primordial, critical reflection opens up that aspect of our lives in which we realize the need to put an end to our negative prejudices and ultimately, dismantle unjust structures that undermine the lives of others.

Hartsell et al. (2020) tells us that every philosophical inquiry takes "a presumptive position and an optimistic social view about what political and social arrangements will be created due to the COVID-19 pandemic." This study is aware of the tendency of philosophy to be eccentric. As such, we must be wary of the "dominant discourses of morality, especially the kind of ethics that are associated with the Western and European modernity" (Mansueto, 2020). In this sense, it matters to look into the conditions on the ground or peripheries. The ordinary man can tell us stories that reveal the state of being in the midst of this emergency.

For example, the latest typhoon to hit the Philippines, *Ulysses*, has worsened the already difficult situation of the Filipino people due to the pandemic. But an issue has emerged. Some non-government organizations (NGOs) have attempted to question the resilience of the Filipino people. By questioning the idea of resilience, some arm-chair analysts forget that they are making a frontal attack against the Filipino spirit of "*bayanihan*", which can be loosely translated in English as a form of heroic deed for one's fellowmen. It is a type of solidarity in which people see the meaning and value of one's community.

The ultimate concern of every man out there is his survival. But what is the meaning of survival? Is survival about escaping from an imminent physical danger? The meaning of survival in this public health emergency is not a matter that is purely biological or economic. Common sense tells us that there is an existential meaning to all our problems. The "will to live" is rooted in the way we put real meaning into our lives and the courage to pursue things despite all. Life can mean nothing without the courage to be. Precisely, even in the midst of a great disaster, the ability to overcome every hardship, including death, depends on the human will.

The apparatus of power

The pandemic makes manifest the paralysis of human society. This paralysis is not natural but man-made. Globalization is one of the culprits as to why we are in this situation. (Tanabe, 2020; Maboloc, 2020; Sable, 2020) The world is interconnected by way of trade and migration. Yet, the real thread that holds everything together is the hegemonic political order in the world. Powerful and affluent nations control international trade rules and policies. For this reason, the poor in the Deep South have no means but to live in accordance with the unjust realities that they are forced into. What this results in is the reality of poverty, diseases, and violence.

Global inequality has been exacerbated by the pandemic. While lockdowns have been imposed in North America and Europe, at least the citizens of affluent nations have received a considerable sum of money as subsidy from their governments. In contrast, the poor in countries such as the Philippines have to endure long lines, missing lists, and exposure to the virus just to receive the small subsidy that the government doles out to the poor or those who have lost their jobs (Bayod, 2020). But the question of accountability when it comes to the terrible impact of the pandemic should be global in scope. Unjust global structures have contributed to the difficult lives of the people in the Third World before, during, and even so after this pandemic.

According to Thomas Nagel (2005), "we do not live in a just world." But while citizenship is the basis of justice in the domestic affairs of every state, it should be noted that the greater tragedy happens elsewhere. The consequences of policies like "America First" show that migrant workers are the least in terms of government priorities. It also means that the poor in the Third World have to continue living their miserable lives. When the global economy came to a halt, the top 10% in the economic ladder have not been affected by the cataclysmic nature of the present COVID-19 pandemic.

It is not nature but bio-politics that has separated individuals from each other. Local experiences have been well-documented (Tudy, 2020). Strict measures are firstly in the name of public health, which is the goal of the state. The rules imposed by the state are meant to be followed, like military orders. They come in the form of curfews, street lockdowns, and general restrictions to travel. To ensure that this strict discipline is observed, the military might of the state is made visible to the public eye. Ardent political critics are calling out governments for stiff policies since in democratic countries such as South Korea and Japan, the people have not been stripped of their capacity to make autonomous decisions.

A background may be needed to understand the role of the state as an apparatus of power. For Foucault (1977), the spectacle has been transformed from the visible torture of the human body to the invisible reality of discipline in society. Institutions systematically take away from the people their freedoms, reducing human persons into docile bodies that are manipulated by the powerful. The state of emergency due to the coronavirus gives politicians the opportunity to take advantage of the public. The fear and anxiety induced into the minds of people force them to believe that the difficult sacrifices that they have to endure every day are all worth it.

The abolition of man

The coronavirus pandemic abolished the human being. Man has ceased to become a fellow to the other man. The worst enemy in a disaster is hopelessness. This hopelessness is exacerbated by the prejudice of people against each other. For Karl Gaspar (2020), what has happened is that populist regimes have dictated how people are supposed to behave. Echoing Giorgio Agamben, the eminent anthropologist from Mindanao thinks that illegitimate political power now disguises itself as a form of scientific expertise. Gaspar believes that what is happening is lockdowns serve as a pretext for the withdrawal of the rights of citizens.

Surveillance determines how people in the society must move. Some rules hinder people from cooperating with each other in a spontaneous way. Health experts prevent people from seeing each other because of the health threat but bureaucrats often forget the fact that people actually draw strength from each other, not from some government rule or policy. People who are suffering due to the virus are dying without even seeing their family, deprived of the care and attention from the presence of one's family, denied of the love and attention as one faces the ultimate reality of death. Raymundo Pavo (2020) explores this point when he asks: "is it possible for people to remain indifferent, or eventually slip into indifference?"

What worries Gaspar (2020) is the lack of resistance from the people. He is not questioning the role of experts or the power of any government to manage the crisis situation that the population is into. Rather, he is simply making that observation as to the utter lack of voice of the public. It is not a political form of resistance but a moral one, grounded in the respect for the dignity of human beings. People have continued to go on with their monotonous lives under the threat of mental fatigue due to the lack of meaningful activities. Millions of ordinary people are living in the dark pit of life's absurdity due to the uncertainty of the times.

Governments are sometimes making the lives of the people more difficult. Whole families are in a difficult situation with the loss of a permanent source of income. The lack of safety nets is a result of government neglect and irresponsibility. The problem is the culture of corruption in some governments. What people complain about when their movement is being restricted is not something physical. It also has something to do with the value of human freedom. Lockdowns imprison people inside their heads. Therein, it is no longer the virus that they will fear. They will fear losing the meaning of their lives.

Human life cannot be reduced into a biological thing. The biggest threat out there is the lack of hope of people. The pandemic, as an existential issue, puts to task the meaning of being human. People have nothing to depend on except the strength of their will. According to Martin Heidegger (1996), man's being is a "being-in-the-world." What this means is that the being of man is about his power to be in the world (Dy 1986). This potential is revealed in man as a being-towards-death. Man, in this way, is an "unfinished project" (Sartre 2007). We are in the process of a constant unfolding. For Heidegger (1996), death is the finality of this unfolding.

Conclusion

In conclusion, the most important question about the pandemic is something that cannot be answered solely from the perspective of the health expert. There is an existential question that ultimately each person must confront himself if he wants to overcome these trying times. People have to appeal to philosophical reflection to find the light. Overcoming death, in this respect, is a matter of putting meaning into our lives. People do not see the reality of dying. They will choose comfort over wisdom, money over peace of mind, and pleasure over real happiness. They see human suffering or death as something that is "not mine" (Dy 1986). But death, as the pandemic reveals, is the finality of human existence.

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A century with agony or death with comfort

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Abstract
The elderly population is increasing worldwide. Autonomy is an abstract concept and when it comes to the autonomy of an elderly patient, it becomes more complex. Moreover, there are some cultural traits in some communities that influence the provision of autonomy in older patients. The significance of familial clout in decision making usually overrides the geriatric person's autonomy. Elderly people mostly prefer the quality of life (QOL) versus prolonging life, so it is essential to give special consideration to the QOL rather than mortality. However, there are some sociocultural factors which can oblige healthcare providers to give futile medical treatments despite knowing its ineffectiveness. As the medical technology advances, the rank of old increases which leads to more intense competition for scarce resources. Despite scanty resource, the usage of resources on the elderly can influence the care of the other members of the population. Financial scarcity in healthcare organization calls for setting limits on healthcare resources and instituting priorities among healthcare services. However, the concept of age-based rationing may promote inequality towards basic goods and services for the geriatric population. The following strategies: fostering patient empowerment, providing patient care partnership, care counselling, cost-effective analysis (CEA), advance directives, and raising awareness can help in promoting high quality and ethical based care in the geriatic population.

Introduction
A 99-year-old female patient with a language barrier came from Chitral; she was about to complete the century of her life when diagnosed with a sarcoma in the right upper limb. The family members admitted the patient to the hospital where the only option with some hope for survival given by the doctors to the family was amputation of the right arm. The family member didn't tell the patient but consented to this and asked the doctors to proceed. Arm amputation was done. The patient was depressed when she discovered this and said that the suffering of cancer treatment was making her feel worse rather than the disease itself. She got discharged and readmitted again after one week with complaints of fever and purulent discharge from the wound, was diagnosed with sepsis and shifted to the special care unit. The family member asked the healthcare provider to use aggressive treatment to save the life of the patient despite the fact that she herself complained of miserable existence and continuous suffering.

There will be two billion people aged sixty and over by 2050, out of which 75% will live in the developing world (Lunenfeld and Stratton, 2013). As medical technology advances, the rank of old increases, which makes the competition more intense for scarce resources. This scenario leads to so many questions that need to be analyzed through the lens of ethics.

1. Do older patients have any right to choose their treatment options?
2. Does medical futility actually impair patient's quality of life?
3. Why did doctors give only options that are aggressive in nature?
4. In Pakistani culture can only children decide about their parents' health in old age?
5. In attempting to provide beneficence, to what degree is the family violating the elderly's right to autonomy?
6. To what degree is coercion present in this situation?
7. Is coercion towards the elderly population acceptable?
8. To what extent the harm imposed by surgery outweighs the benefit?
9. Does the patient's autonomy decrease as age increases?
10. If resources are scarce, which group of people should be privileged?
11. Is healthcare a right or a privilege?
12. Should age be the criteria for rationing allocation?
13. Does rationing by age violate the concept of justice?

This paper will reflect on this scenario based on different ethical principles and theories.

Our position versus counter-arguments

Autonomy versus deontology

"I want to go when I want. It is tasteless to prolong life artificially. I have done my share; it is time to go. I want to go elegantly". (*Albert Einstein)*

For several decades, respect for personal autonomy has been a cornerstone in bioethics. The term autonomy is widely used in the healthcare profession. It is actually a very abstract concept and when it comes to the autonomy of an elderly patient, it somewhat becomes more complex. Autonomy actually implies that every person irrespective of their age, gender, race, and colour has a right to make decisions about one's life. There are some external and internal factors that may desecrate the autonomy of the patient; examples are age, gender, and culture. Older people are mostly the victims of ageism. Due to stereotypical thinking, like less cognitive thinking and physical deterioration, so many geriatric populations have to struggle with family members and healthcare providers regarding their autonomy in healthcare decisions. Indeed, older age may carry physical instability and cognitive impairment, but it is not the dependency, instability, and vulnerability that threaten the autonomy of an older patient, but the sociocultural context and institution that restrict their exercise of autonomy. The concept of adaptation from an independent life to dependence is most challenging for older people. Moreover, there are some cultural traits in some communities that influence the provision of autonomy in older patients. Families play a protuberant role in the life of geriatric population particularly in Asian culture because of the concept of the extended family system. The significance of familial clout in decision making usually overrides the patient's autonomy.

The family's decision for the aggressive treatment was based on the attachment with the person. Most of the family members think in term of beneficence and do all possible ways to keep that person alive. In Asian culture and mostly in Islamic perspective it is the duty of the child to take care of their parents in older age. Sometimes this concept of beneficence overrides patient's autonomy and causes paternalism. Moreover, when an individual lacks capacity especially in the elderly and has no concept of advance directive, healthcare providers usually seek a substituted judgment from the surrogate decision maker. Literature reveals that surrogate decision makers (family members) are the best to understand and decide regarding patient treatment (Blackler, 2016). However, some other studies divulge that surrogate decision making is based on false assumptions regarding patient's values. Moreover, it is challenging for the surrogate to make their own beliefs and interest distinct from those of the patient.

Quality of life versus futile treatment

"I hate persons who would prolong their lives
perverting nature's course to keep off death" (*Euripides, 500 B.C.).* The progress of current technologies and treatment approaches has prolonged the life or the functioning of the physical being, but it has provoked the necessity of dealing with some essential ethical issues. One of the major dilemmas in this concept is "whether physical existence is synonymous with living" (Burkhardt and Nathaniel, 2008, p.232). Quality of life (QOL) is a subjective and individual construct. Nobody can judge the quality of another's life based on their own values. Elderly people mostly prefer the quality of life versus prolonging life, so it is essential to give special consideration to the QOL rather than mortality. (Bornet, Truchard & Rochat et al., 2017). In addition, advancement in treatment approach has given the opportunity to sustain life but without meaningful existence in the geriatric population (Karnik & Kanekar, 2016). Furthermore, futile medical treatments are useless as they produce no positive results, increase pain and suffering, upsurge financial burden on the family and lastly prolong the process of death with suffering. Moreover, Hippocratic Oath proclaims to evade aggressively or nihilistically treating patients whose recovery is questionable.

However, some school of thought believe that the physician is obligated to elude maleficence and endeavour for beneficence; consequently, physician authority is more essential than the patient's autonomy. Nevertheless, some believe that providing futile medical treatment infringe on the ethical principles of non-maleficence. However, there are sociocultural factors which oblige healthcare providers to give futile medical treatments despite knowing its ineffectiveness. Due to some religious and cultural beliefs, most Asian families may request for continuity of treatment, expecting a miracle from God. According to Islamic perspective, life is a divine mercy and humans have no right to decide about death. Moreover, families also are fighting with their conscience and consider discontinuation of treatment as a sense of negligence for their loved one. Thus, a continuation of futile treatment sometimes helps the families to cope effectively and provide an opportunity to be with their loved one during the last hours.

Nevertheless, sometimes families do opt for these futile treatments because they consider "cure is equal to care" which means they think that cessation of treatment causes suspension of care. Therefore, the persistence on futile treatment is essentially a request for getting care, not cure. (Aghabarary & Nayeri, 2017)

Age-based rationing versus fair opportunity rule

"When they no longer can serve the land, they ought to quit this life, and clear the way for the youth" **(**Euripides, 500 B.C.). Higher mortality rates increase the length of stay and upsurge the cost of care in the elderly as compared to the young. The elderly consumes a large number of resources due to having the most complex illnesses. Allocation of resources in a developing country like Pakistan is the most challenging task. Despite scanty resources, the usage of resources on the elderly can influence the care of the other population. Financial scarcity in healthcare organizations calls for setting limits on healthcare resources and instituting priorities among healthcare services.

According to Beauchamp and Childress (2013), distributive justice plays an essential role in countries where resources are limited. Distributive justice is defined as the fair and equitable distribution of benefits and burdens because of inadequate resources; it is impossible to divide the resources equally. Now the question arises that which population group should be given a priority? In the above scenario loads of human and material resources were spent which gave nothing but a death with suffering to a 99-year-old patient. Age could be used as a criterion for rationing in prioritizing healthcare. On the basis of quality-adjusted life years criteria, the young will fare better than the older in allocation (Beauchamp and Childress, 2013). Besides, the utilitarian view also favors that the distribution of healthcare resources should be in a manner that maximizes the overall benefit. The social utility of resources to the young population can be maximized by denying access to healthcare to some of the vulnerable population, particularly the elderly. Daniels' prudential lifespan also argues that age rationing is judicious and suggests that the unbiased person would choose to shift resources that prolong the lives of the elderly to the treatment of the younger person (Beauchamp & Childress, 2013; Brauer, 2009).

The concept of age-based rationing perpetuates the concept of injustice by stereotyping the elderly and devalues the status of older people. The anti-ageism counter-argue against the use of age-based criteria for the decision of life-prolonging treatments. The fair opportunity rule from Rawls asserts that individuals should not receive benefits on the basis of unjustifiable advantages and disadvantages (Beauchamp and Childress, 2013). The lotteries of biopsychosocial life do not provide a floor for morally acceptable discrimination in resource allocation. Moreover, the egalitarian view also promotes the idea of equal distribution of resources as a right to healthcare.

Justification for our positions and its consequences

Our perspective is in favor of giving patient autonomy a priority at all stages of life. We believe that the involvement of the patient in a treatment approach enhances determination towards health-seeking behaviors. Moreover, in order to provide patient-centred care, it is essential to preserve the dignity of the person through maintaining autonomy. Besides, violating the autonomy may lead to forced choices that are inconsistent with personal wishes and cause depression as evident in our case. In addition, autonomy cherishes the sense of independence among the elderly which further improves their quality of life. Furthermore, promoting individuality increases the chance of successful ageing. Likewise, the impact of decrease in autonomy can cause increase vulnerability for futile medical treatment.

However, in order to provide equitable distribution of resources, the principle of autonomy and justice may be in conflict in the case of the elderly. But spending a disproportionate amount of money at this age is imprudent. Rationing by age is a non-discriminating strategy and morally acceptable because each person will receive some share at some point in time (everyone is young and later gets old). So, it is logical to spend the resources based on anticipatory life expectancy and to avoid deliberate prolongation of life at all cost. Allocation of resources which are not cost-effective and produce fewer benefits in elderly would have been used in a different population. Saving the life of the young will provide more quality-adjusted life years (QALYs) as compared to saving the life of an older person. So, age can be used as a clinical indicator for making a decision regarding aggressive treatment. Moreover, society also benefits from the increase in economic productivity bhy diverting the healthcare resources from an elderly with complex illnesses to the younger population who can work to uplift the society.

The negative consequences at our position would be the denial or guilt of family members that they could have done something differently. Moreover, the concept of age-based rationing may promote inequality even towards basic goods and services. Furthermore, it may cause patient dumping and demarketing of services. It is the hospital practice of relocating or repudiating to treat a patient who is uninsured, impecunious and undesirable to admit. Elderly would become more often the victim of patient dumping. Moreover, promoting quality of life might ignore the interest and claims of the elderly. Furthermore, they will be more victimized by ageism and will have to sacrifice for the benefit of others.

Conclusion and recommendations

Elderly people are the most vulnerable group of people in terms of practicing autonomy. In eastern cultures, the family mostly overrides the autonomy of the elderly person. So, it is essential for the healthcare provider to advocate on behalf of the patient especially nurses as they are the frontline in providing care to the patient. Moreover, it is essential for the society to confront the issue of healthcare rationing especially when resources are limited. Moreover, some strategies need to be developed in order to balance the need of the changing population. The following recommendation can be implemented in order to promote a positive change at every level:

Fostering patient empowerment: It is an interactive process between healthcare providers and the patient in order to enhance his capacity for decision making. Healthcare providers especially nurses can advocate and the family needs to resign power and embrace the patient as an equivalent partner.

Provide patient care partnership: The hospital management may provide a brochure which includes the rights of the patient and the things they could expect during their hospital stay. This should be in different languages. This also includes information regarding patient care and treatment modalities.

Care counselling: The concept of care counselling should be included in the hospital policy especially in the care of the geriatric population. This team should include the patient, physician, geriatrics nurse's practitioner, family and the hospital ethics committee.

Cost-effective analysis (CEA): Cost-effective analysis should be done for rationing allocation. In this, the relative cost and the outcome (benefit) of a different course of action need to be analyzed effectively.

Advance directives: The concept of advance directive needs to be introduced especially in the geriatric population. The nurses need to explore patient personal values, understand their disease process and significant cultural traits that can influence their decision-making capacity.

Raising awareness: Moreover, as a healthcare provider, it is essential to increase public awareness regarding the concept of advance directives, elderly rights and autonomy through community education, research and through education of nurses and other healthcare providers.

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Transgender Realities in the Context of COVID-19 In Bangladesh

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Abstract
"Transgender" is the historically adopted appellation as "hijra" in Bangladesh. From the ancient period till the 1980s their identity remained a great question mark and they were a forgotten cohort of the society often discriminated and marginalized. Many years of dedicated work, research and advocacy efforts from different actors like NGO, CBOs, Human Rights & Advocacy Networks and other national and international public and private sectors active engagement to fight for the rights of transgender ultimately brought some changes in their societal and legal identity as humans. Government of Bangladesh allowed and approved the proposal from the Ministry of Social Welfare to give transgender a social identity and status quo as "Third Gender" in Government issued documents. However, when this COVID-19 global pandemic appeared in the country their existence became more challenging and vulnerable too. The livelihood of this community to earn their living became more difficult, the lockdown made them homebound which was difficult for them for longer when they are used to staying outside most of the time either on the streets or in the park, garden, market, or railway and bus station. They were unable to go for their health care needs, testing and diagnosis of STI, other disease including COVID-19 which was supported earlier by the NGO and community organization who also stopped their fieldwork activities during this high-risk lockdown period. It is high time to investigate and find out the facts and findings of the transgender community to reveal and advocate for their access to humanely important basic needs like health care and hygiene, testing facility, food, social safety net and other needs to be ensured and secured during this essential social distancing and lockdown period, so that they don't become the victim of this COVID-19 exposure and vulnerability. There health care, hygiene, social safety are essentially and equally important like all other citizens of society to keep them safe, well-fed and infection free in this COVID-19 distressing reality.

Key Words: *Transgender, COVID-19, Third Gender, Hygiene, Social safety, Social amenities. Marginalized, Discriminated, Hijira.*

Introduction and Background

In Bangladesh, "transgender" is the historically adopted appellation as "hijra" which is often translated to mean this

transgender, which is basically the persons whose gender identity and expression differ from their sex identity at birth, the lexicon of "transgender" more known word in the South Asian context for portraying the hijra community (both male & female). [1,2] In the country according to the Ministry of Social Welfare (MSW) official statistics account for 10,000 transgender persons but the total number exceeds half a million, and they were mostly a forgotten cohort of community in the early 1980s. Their existence in the society is always viewed upon, as if they are born to live with an isolated communal existence under a guru (leadership) who tend to be always more connected, powerful, and strong also set the rules for that community and encourage them to follow a kinship and hierarchical existence. [3,4]

From an ancient legacy to follow through ages, the transgender community is portrayed to play an entertaining role either on the street in various form, or at the house where a newborn baby is blessed get snatched by them from the mother's lap to ask for money. Sometimes they even go for further uncivil engagement for their earning and livelihood management either by selling sex or snatching things or begging on the street.

Discussion

A researcher explained to Human Rights Watch that such interactions can escalate if individuals refuse to give hijras any money: Collecting money is not always a pleasant interaction as it can become abusive. Hijras often use abusive words, or the colloquial to express anger and frustration or the body language they use while asking money from people, the person gets easily offended or irritated and tend to avoid them and their presence nearby.[5,6] Ditiya, a hijra in Dhaka, told Human Rights Watch: *"The public thinks that hijras are awful. 'The way hijras speak is disgusting. They don't know how to be polite. They'll take off their clothes for no reason.' How is this [perception] entirely my fault?* [5,6]

Over the years continued efforts and advocacy action by the national and international Transgender (TG) community actors network and the development agencies and the human right group who are the spine to support the transgender self-help community and also gradually succeeded to some extent in the solidarity claim on the very realization of the rights and realities of these marginalized communities.

In reality, the transgender are a marginalized people who are often discriminated and devoid of their basic social amenities especially health, housing, and education as well as in areas such as employment and immigration because of their transgender identity.[7, 8,9, 10]

Rupa, a 34-year-old hijra expressed, "*Once I went to the doctor in the hospital, I saw people hesitate to sit near to me. Everyone was staring at me. I was kept waiting for a long time to see a doctor. All the other people in the waiting room had already been seen. Is this not discrimination?"* [11]

Kanta, a 42 year old Hijra who lives from the sex business, said, [11] *"In my passport, bank account and voter ID, everywhere I am mentioned as a woman, so what is the meaning of recognition to me? However, I will keep fighting for the rights of the hijra community."*

Pinky a 32 year old Hijra shared, *"I am grateful to our government for making space for us. However, we have a long journey to go."*[11]

One big milestone was when the Government of Bangladesh approved and allowed the proposal from the Ministry of Social Welfare to give transgender a social identity and status quo as "Third Gender" in government. documents including passport, national voter identity, land registration document, and bank applications, including other relevant official and legal identity as a citizen of Bangladesh. Also, the Bangladeshi constitution provides a guarantee of equality before the law on the basis of citizenship, not on the basis of sexual identity. Pakhi, a 38-year-old hijra mentioned: ***I was so happy to hear about the recognition! At least now we have an identity in this society. Nevertheless, the situation remained the same***. [11, 12, 13, 14]

Subsequently in 2014-15 budget the government also expanded transgender relevant programs in 35 districts and also created provision of employment for only 18 persons. Some NGOs and private sector organizations offer a non-discriminatory job, an offer like Ready Made garments (RMG) industry but here the main complexity is that they can work at the garment factory but recruiters only keep the option of male and female in their job application offer, so if they join by hiding status, once it gets disclosed they are discriminated and quite often have to quit the job.[11, 12, 13, 14] Also these job opportunities seem very nominal in comparison to a large number of transgender people who still remain outside the formal labor sector and they tend to continue their same practice of livelihood management as was in the past. The earning know-how and skillsets of the community is very limited to, mostly selling sex, which even morally blamed and often they are heavily discriminated and stigmatized in the society, thus live in an unstable economic situation.

To state more loudly, in this 21st century modernized world their fate is still entrapped into their ancestors inherited basic unskillful engagement for instance on the street showbiz, selling sex, and stealing newborn to earn lives or entertaining people in any cultural occasion. Because of this they often become the victim of many violent activities by the people in public spaces, in the police station and inside the prison , sometimes by other administration, also by hooligan/gangster, or even at home by the family members too. These have become an acceptable practice since the society and the law adopted this since this third gender the community does not comply with the hetero normative structure of Bangladesh society [4, 7, 8, 9]

Pinky a leadership of Badhan Hijra Sangha (self-help Group) stated in one of the study interview [1] *"Sometimes we want to visit a specialist because of a critical medical situation, but we cannot. We are often informed that the doctors are not present. Therefore, we often have no choice*

but to take care of our medical issues ourselves, even if we are in critical medical need."

To measure the economic impact of COVID-19 crisis on the Third Gender community in Bangladesh, an impact study was done by Innovision consulting Bangaldesh on 51 Transgender. 82% of the respondents did not earn a single penny in the last two weeks and only 18% of the respondents earned an average amount of BDT 1,444 in the last 14 days.[7, 9, 15,]

A total of the respondents who used to send money to their home have stopped sending money due to the crisis, 59% of the respondents did not get any kind of support during the crisis period. 86.36% need to defer their loan payment due to low income during the crisis period, 9% will borrow money to repay the loan, 5 % will sell their assets to pay back loans.[7, 9, 15]

Among the total of 51 persons, 41% respondents received support during the last two weeks of an average amount of BDT 940 from the Government and from private individual and initiatives. Among them, 81% do not think the support will continue. Respondents are counting on reliefs for the upcoming days. Some will try to look for jobs and some will start begging, All of the respondents wanted food and monetary assistance for the remaining crisis period.[7, 9, 15]

During the lockdown and social distancing period all the transgender persons urgently need food, cleaning supplies, medicine, safe housing, and general economic support. Although Social distancing is one of the proven scientific options of preventing COVID-19 by stopping the rapid spread of COVID-19 but for many of the poor in Bangladesh's cities and towns, living and working conditions make distancing impossible and the word remains more as jargon to them rather a practice. Bangladesh Prime Minister Sheikh Hasina in her 31-point directive on Bangladesh's response to COVID-19, called for "special attention" and relief for "the most disadvantaged people" including the hijra community.[8, 10, 15.]

Also according to the UN High Commissioner on Human Rights statement, lesbian, gay, bisexual, trans and intersex (LGBTI) people may be particularly vulnerable during the COVID-19 pandemic. It even appears more severely when the people have co-morbidity or compromised immunity especially the People living with HIV/AIDS, tuberculosis or any other communicable and non-communicable illness like diabetes, Blood Pressure or cardiac illness. In many instances the homeless people, the population that includes many LGTBI people, are less able to protect themselves through physical distancing and safe hygiene practices, increasing their exposure to contagion, access to health services, de-prioritization of required health services, Stigmatization, discrimination, hate speech and attacks on the LGBTI community, domestic violence, and abuse, access to work and livelihood, are the major issues to look into in this COVID-19 realities since many transgender communities are of a great disadvantageous situation with COVID-19. Lockdown, social distancing and also with other prescriptive health and lifestyle maintaining issues where these days they have on a single penny to live on, little food to feed themselves, and even a safe space to stay safe and healthy [16, 17]

I will have to go to the street and start begging. I don't see any other way. - Lara (27); Jatrabari

We are all looking towards the Government. How will we survive without any relief? -Ghuji (26); Rayer Bazar. [11, 15,]

Very recently, through the apex foundation MJF (Manusher Jonno Foundation) the socially excluded and marginalized community were supported by a cluster of NGO and community organizations, namely: Bangladesh Youth Leadership Center, LEDARS, Bandhu SocialWelfareSociety, VAFWSD, BGS, ESDO, JSKS, BASA, Ghashful, IED, FIVDB and GUK who have distributed soaps, sanitizers, and masks disinfectants kits among 12000 marginalized individuals including food support (rice, lentil, potatoes and oil) among 5328 households of whom there were a certain number of transgender communities who were also inclusive in this support list .[9, 10, 11, 18]

Conclusions

Here it very important and pertinent to pay attention on these special community who are already positioned as marginalized and isolated due to stigma and discrimination, while this COVID-19 invaded the country their existence became more at stake and vulnerable too. Since these people cannot earn their livelihood any more, the lockdown made them home bounded since they cannot be at home for longer rather they spend most of their time outside either on the street, or in the park, garden, market, or railway and bus station. Now in this homebound environment which is much taxing for this community since they cannot go for their health care, testing, and diagnosis of STI, other disease including COVID-19 while they used to be supported earlier by the NGO and community organization who are also remained stopped from their fieldwork activities during this lockdown period.

It is high time to pay due attention to the government development partners, and NGO, CBO and private sector agencies including Human rights activists and networks to this special community person along with the other poor community whom the Govt is already trying their best efforts to keep them safe, well-fed and infection free in this COVID-19 distressing reality.

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COVID-19 pandemic and its impact on the socio-economic context of Bangladesh

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Abstract
The COVID-19 pandemic is causing a variety of socio-economic changes around the world. There is a widespread outbreak of coronavirus in Bangladesh. Due to this terrible situation, various changes are taking place in the context of the people of Bangladesh. In this paper, the social changes caused by coronavirus economically and socially such as food habits, communication system, communication rituals, online education activities, online shopping, unemployment, economical threat, and changes of marriage pattern have been highlighted. This commentary also reveals the challenging issues of Bangladesh due to COVID-19. This commentary reveals the context of how political and social organizations have stood by the helpless people in dealing with coronavirus. Attempts have been made to find out the social impact and challenges of COVID-19 for the Rohingya refugees who came to Bangladesh from Myanmar. Above all, the main goal of this commentary is to highlight the huge changes that have taken place in the socioeconomic condition of Bangladesh due to the COVID-19 pandemic.

Introduction
On December 31, 2019, the first coronavirus outbreak took place in Wuhan, China. Maintaining a safe distance to protect against coronavirus infection, wearing mask, hand washing with soap and avoiding the touch of eyes, nose and mouth have been given more importance. It is also important to stay at home to prevent COVID-19 (World Health Organization, 2020). Coronavirus outbreaks usually cause fever, cough, aches, and shortness of breath. Coronavirus also causes headache, chills, vomiting, diarrhea and nasal congestion.

Schools, colleges, workplaces, public gathering have been temporarily shut down to protect from the outbreak of COID-19. Coronavirus infects people of all ages but puts more at risk especially those with heart disease, chronic disease, cancer and diabetes (WSJ, 2020). It is very difficult to maintain social distancing for a densely populated country like Bangladesh where most people use public transport. Also due to financial difficulties, many people can't afford services of auto rickshaw and taxi. In addition, many people live in slums in extremely close proximity. So, the coronavirus is a big threat to them (Aljazeera, 2020).

The outbreak of coronavirus has created a panic situation among people and at this time people from many sections of the society are cooperating with foods, masks, hand sanitizers, and soaps. It is possible to control the spread of coronavirus through social distancing and quarantine. Nowadays people are using social media, electronic media and other digital devices to spread various rumors in the society which later create various problems. For many economically vulnerable people in society, regular soap use and living in a separate room is actually much more difficult (Dhaka Tribune, 2020).

The first COVID-19 in Bangladesh was found on March 7. But many people think that Bangladesh was affected by coronavirus long before this. With the outbreak of corona in April, 803 people tested positive and 39 people died. Bangladesh cancelled all flights by March 15 with almost all countries except United Kingdom. The government also banned all kinds of political, social, cultural, religious rallies and gatherings. It was very difficult to maintain social distancing in Bangladesh within the protocol, especially in the capital city of Dhaka where about 1.1 million slum dwellers are living. Coronavirus has caused a lot of stress and anxiety on people (Anwar et al, 2020). The coronavirus is not confined to any specific border and has already become a pandemic. Healthcare systems in many developed countries around the world are struggling to control coronavirus, so it is a big challenge for Bangladesh. Hospitals also do not have enough PPE. Doctors and nurses also do not have enough training to deal with the virus.

The government of Bangladesh started a lockdown from 27 March 2020 to control the outbreak of coronavirus and has done utmost effort to keep the people at home. In such a difficult situation for Bangladesh, there are many more unprecedented problems (Siddika & Islam, 2020). The most vulnerable people in Bangladesh have humanitarian needs due to the coronavirus. Currently, business and economic activities are being managed through social distancing and public health guidelines. At present, the new normal and the standard of life is actually possible through maintaining health guidelines and social distancing. Depression, unemployment, joblessness, falling of RMG export, remittances, socio-economic development projects, insecurity, poverty and many more are occurring in society. (Shammi et al, 2020).

Impacts on the socio-economic context of Bangladesh

The impacts of the COVID-19 Coronavirus on various socio-economic contexts in Bangladesh are highlighted below.

The impact on the transportation system

The transport sectors in Bangladesh are losing around TK 5 billion (85 Bangladeshi *taka* is about 1 $US) everyday due to the impact of coronavirus. There are about 4 million vehicles in the country such as buses, trucks, covered vans, pickup vans, three wheelers and easy bikes and they have 50 million associated workers (*The Independent*, 2020). Comparing coronavirus time with before, only 25% of buses are working on long routes and 50% in Dhaka. People used long route transports only for emergency work. In addition, public transport buses may now carry only 50% of the passengers in compliance with the health guidelines but for this the passengers have to pay a 60% higher fare (Dhaka Tribune, 2020). About 5 million people in the transportation sector are facing a difficult life due to the coronavirus pandemic. Those low-income people, especially drivers, helpers, workshop mechanics are going through a miserable life because of the pandemic. Nevertheless, trucks, covered vans, emergency service vehicles in the lockdown have been kept running (The Business Standard, 2020).

Impact on the middle-class social system

Every section of the society is facing various problems due to the coronavirus pandemic. The middle class of Bangladesh society is living a life of hardship which can be called as a "no way-out situation". Many people do not have enough money to deal with this situation, but they are not able to talk about this difficult reality. In addition, many people are getting half-salary due to the coronavirus, which is inadequate to manage their lives. On the other hand, due to this difficult reality, many of them have to return to their village from the capital city of Bangladesh (Bangladesh Post, 2020). Socially poor and migrant workers bear the most brunt of coronavirus induced lockdown; they include lower middle class such as unpaid private school teachers, office assistants, salesman, receptionists, data entry operator, beauticians, mobile phone service men, repair shops who having to go through the most difficult times (The Asian Age, 2020).

Impact on the migration system

There are about 10 million migrants in Bangladesh who play a role in about 7% of Bangladesh's GDP. Due to the impact of coronavirus, remittances from previous year in Bangladesh have decreased by 25% (World Economic Forum, 2020). About 200,000 workers have not been able to join the workforce due to lack of legal work permits and necessary documents since the global lockdown began. Due to such problems, the poverty rate in Bangladesh may be 20.5% to 44% and 16-42 million people may become poor. The Bangladesh government has decided to provide two million TK returns and 200 million TK in cash incentives for workers to get out of this situation. In addition, various organizations have provided support such as The United Nations access to information program services in Saudi Arabia "*Probash Bondhu*" through which medicine services were provided (UNDP, 2020). 60,000 workers go to different countries for different jobs every month but due to the impact of coronavirus workers in different countries are losing their jobs and the number may increase further in the coming days (Rashid, 2020).

Impact on government and social organizations

Successful management depends heavily on political order in any difficult time in society. Also state capacity, social trust, and leadership play a big role. The government of

Bangladesh has also made efforts to keep people at home to prevent coronavirus. Government also tried to keep hospitals, kitchen, markets, drugstores and essential services open. On the other hand, it has shut down educational institutions and made essential businesses online to reduce the spread of the coronavirus and cancelled the public programs of *Pohela Boisakh* and outdoor activities of *Eid-Ul-Fitr* (The Independent, 2020). Government and non-governmental organizations have provided various forms of assistance to help the poor and vulnerable people. But the roles of non-governmental organizations need to be further enhanced (E-International Relations, 2020).

Impact on the communication system

Since the outbreak of the coronavirus, people have become increasingly confused about some of the latest phrases such as stay at home, social distancing, quarantine, and lock-down. But the government and non-governmental organizations provide different types of information to help understand these phrases. Lack of communication has often led to complication in hand washing and mask use. There are different interpretations on different TV channels.

Impact on the rural social system

The coronavirus has also had a major impact on the rural education system in Bangladesh. The rural education system has had to face various challenges such as the lack of electricity and inadequacy of computers and smart phones (UCA news, 2020). In the case of the outbreak of coronavirus, there is often a negative reaction in the rural society over maintaining the correct procedures of the World Health Organizations. Misinformation and unawareness have also created various problems in the rural society for a long time (reliefweb, 2020). The COVID-19 pandemic has a huge impact on the income opportunities of rural society in Bangladesh. Unavailable transportation system has caused huge losses in the agricultural sector. The negative impact of coronavirus on the agricultural sector has reduced GDP for 14.10%. Other professions in rural society have also seen a reduction of about 65%. To address this problem, workers and farmers need free food, medicine, cash grants, and low interest loans (Light Castle Partners, 2020).

Increasing interest in becoming an online entrepreneur

Small businesses have faced multiple challenges and risks because of the Coronavirus pandemic. They struggle to make ends meet. However, online small businesses have served as critical and recovery solutions (Youth Business International, 2020). The coronavirus outbreak posed a serious threat to small shops and factories (Ikea Foundation, 2020). On the other hand, COVID-19 coronavirus can actually be called a blessing for entrepreneurs, because 85% of the commerce companies that closed started working online again. Fashion related products, medical equipment, masks, and hand sanitizers have created a huge market (The Business Standard, 2020).

Impact on the rising unemployment rate

Every group of people in the world has suffered physically and mentally from the effects of coronavirus but the vulnerability in the life of the unemployed is extremely deplorable. According to the ILO, coronavirus can wipe out 7.20% of working hours or 125 million full time workers. If such a situation continues for a long time, the economic situation will be more deplorable (The Financial Express, 2020). Along with the coronavirus, floods, landslides, monsoon rain have created more unemployment problems in vulnerable communities. About 72% of the people were unemployed due to movement restrictions and the closure of their workplaces. Another reason behind the occurrence of unemployment is lack of seeds, fertilizers, floods, home isolation, lack of resources, lack of knowledge and guidance (Concern world-wide, 2020). 20 million people working in the informal sector have already lost their jobs due to coronavirus. There are about 60.8 million people in the formal and informal sectors and 27 million people are self-employed. Unemployment has also affected the readymade garments sector. They have to depend on foreign buyers. The Bangladesh Garment Manufacturers and Exporters Association said on March 31 that 1048 factories reported that 907.14 million PCS worth $2.87 billion export was cancelled/ held up (E-Prothom Alo, 2020).

Impact on mental health

To cope with the dreaded situation, people have to face various mental challenges. In fact, the viral outbreak in the media and social media has in many cases created different types of social panic among people. In quarantine there are often victims of self-harm and emotional outburst due to helplessness, depression, and sleeping disturbance. To get rid of this situation, we need to have regular physical exercise, healthy nutritional foods and mental strength. It is better to avoid social media, limit browsing news and avoid unnecessary thinking (Hossain et al, 2020). Currently our daily lives, relationships, workplace, and mental illness have a huge impact on emotional exhaustion, exacerbation, of pre-existing condition, poor sleep, lack of concentration, etc. (reliefweb, 2020).

Expansion of online learning activities

Educational institutions in Bangladesh have been shut down since March 26 due to the rapid spread of the coronavirus. So, many students are staying in their native town/ village and various surveys have been conducted for online teaching of the student at college and university. The survey has found that 34% of students were in rural areas and 66% were in urban locations. On the other hand, these surveys found that 55.3% of students could access laptop, PC or tablet but 44.7% said they could not (The Business Standard, 2020). Due to coronavirus, the education system in Bangladesh is going through a strange

situation. Home schooling and online learning lessons are being organized to help children control their risk in this difficult situation. Institutions are creating student assessment through previous test scores, and assignments. Institutions are also trying to provide proper guidelines to students using Google classrooms and Google meet (The Daily Star, 2020).

Increased interest in online shopping

As a result of the coronavirus pandemic, people are more inclined towards online shopping and all the maximum products of small fashion in Bangladesh are going online (UNB, 2020). But issues of low-quality products, delayed, complicated refunds and selling fake products are increasing. Facebook is often used for these tasks (Dhaka Tribune, 2020). Facebook based shops are facing various problems in their product collection because the industries were closed for a long time. They also have to face practical constraints like shipment suspension (The Business Standard, 2020).

Impact on food habits

People are struggling a lot to adjust to the current situation because. The restaurants, hotels, business were shattered. Human food purchasing habits suffer the fear of being infected by the virus. Food availability has also undergone major changes during this time (CGIAR, 2020). In a survey of the COVID-19 pandemic 18% of urban respondents and 10% of rural respondents said no food was stocked. In addition, in the current difficult situation, the condition of nutrition in the lives of adolescents can be a big problem (gain, 2020).

Increasing domestic violence

Violence against women and children increased during the coronavirus lockdown in Bangladesh. These violations are due to social activities and financial pressures. At least 4249 women and 456 children have been victims of domestic violence during this period. In addition, the level of violence is increasing day by day due to their husband becoming more frustrated in this situation. A survey by the Manusher Jonno Foundation showed 848 cases of physical, 2008 mental, and 85 sexual violence cases and 1308 financial restrictions. In addition, criminal activities like rape, kidnapping are happening at this time (DW, 2020).

Impacts on early marriage and marriage system

The coronavirus pandemic has caused a number of changes to the wedding ceremony and cancellation of largescale ceremonies to prevent the transmission of the virus. The weddings are held in a family atmosphere (UNB, 2020). Due to the report of coronavirus, catholic marriages in Bangladesh have dropped. While in average there are 1700 unions celebrating marriage on local churches every year, 2020 has less than 200. Expenses have also been reduced due to restriction on attending weddings (AsiaNews.it, 2020). On the other hand, many parents are taking advantage of the spread of the virus to marry their daughters at an early age. They can easily do this without informing anyone in the community. Besides, many are trying to reduce their poverty by marrying their daughters during this difficult situation (Dhaka Tribune, 2020). A study of the BRAC interviewed 557 people in 11 districts, 72 of whom said 73 child marriages happened during the coronavirus pandemic. Plan International said about 40 child marriages had already taken place in Kurigram (Financial Express, 2020).

Impact on Rohingya refugees

Rohingya refugees from Myanmar started living in Bangladesh since August 25, 2017. Currently 1.1 million people are in need of humanitarian assistance due to the crisis of coronavirus in the Rohingya refugee camps. First cases of COVID-19 were seen in 19 Rohingya refugees and confirmed and 29 cases of 860,000 refugees in the period of June became positive (World Vision, 2020). The Rohingya refugee camps in Bangladesh, where 1.1 million Rohingya people live in densely populated areas, are going through a much more vulnerable situation due to the coronavirus. The lack of potable water, running water for toilets, lack of proper health treatment, lack of medical facilities, shortage of testing capacity, low information system, crowded houses are the cause of vulnerable situation (reliefweb, 2020).

Among the Rohingya refugee camps in Bangladesh, various preparedness and responses issue have been taken up for COVID-19. Among the sectors of preparedness and responses are the health sector, water, sanitation hygiene sector, nutrition sector, food security sector, protection sector, education sector, and logistics sector. 44,972 wash facilities and public buildings were disinfected in the camps. The government has also arranged isolation for surveillance testing and case management for COVID-19 in Rohongya camps and has provided 21 Bangladesh Civil Service doctors at Ramu and Chakaria upazilla health complexes. Also working for the camps and host community are 289 staff and volunteers on mobile nutrition (ISCG, 2020).

The trend of social rumors and lies is on the rise

Many people have already been arrested by the Digital Security Act for spreading rumors about the coronavirus on social media and television channels (Human Rights Watch, 2020). In March, 79 people were arrested for spreading rumors on social media in Bangladesh. Also 17 people including Upazilla Chairman, UP member, district council member, municipal councilor have been suspended for not distributing governmental aid among the helpless poor people (UNB, 2020).

Conclusion

One of the biggest threats to the current social system is the widely discussed human to human infection. It is difficult to describe all the socio-economic and political changes that have taken place due to the coronavirus. Developing countries like Bangladesh have to go through

many challenges to overcome these social changes. Since society is changing so fast, we can easily see these changes due to coronavirus and the structure of our society. Due to globalization, urbanization and reflexive modernization, various types of risks and uncertainties are increasing in the society. So, developing countries should pay more attention to these issues. The country's disaster management needs to be more robust as well as raise awareness about coronavirus among the people. Since most of the people in Bangladesh are still facing various problems, the government should take various steps to prevent the crisis. Also, every person in the society should help to prevent it on their own initiative activities. People must take care of their mental health, deal with anarchic situations, think positively, gather accurate information, and effectively counter various social rumors caused by coronavirus. Since the coronavirus is already causing various social changes in the society, it can be said that it can bring about further changes in our socio-economic life.

Abbreviation

GDP- Gross Domestic Product
ILO- International Labor Organization
PC- Personal Computer
PCS- Personal Care Services
RMG- Ready-made Garments
TK-Taka
UNDP- United Nations Development Programme
UP- Union Parishad

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Banking against all odds: concerns of government bank workers in the Philippines amid the COVID-19 crisis

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Abstract
The COVID-19 crisis has been affecting workers from all walks of life all over the world. While other government agencies in the Philippines made drastic changes in the

delivery of services, the government-owned banks continued to provide needed services, for these are very important for the people and the economy. However, the bank employees faced many anxieties and inconveniences, knowing that they had to face clients during the pandemic. The purpose of this phenomenological qualitative study is to understand the concerns of government bank employees in their job as an essential workforce that safeguards the public's financial needs amid the COVID-19 crisis. It employed a descriptive phenomenological qualitative research design. Ten government bank workers, seven regular and three contractual employees, participated in the semi-structured key informant interview (KII). Results revealed two themes for their struggles: psychological pressures and physical exhaustion. As regards their coping mechanisms, they relied on social support, prayer, and resiliency. Although being public bank servants continued to be a challenge during this pandemic, the informants found ways to serve the clients and remained committed to their banking profession.

Introduction

Along with the adverse economic effects due to the COVID-19 pandemic, government bank employees face many difficulties and challenges while still providing uninterrupted financial services. Despite having an assurance of security of tenure in their jobs, many employees fear the chilling consequences of being infected with COVID-19 disease and can cause in their lives. As of November 2020, the number of recorded positive cases already breached the 50 million mark. With the absence of a vaccine, this pandemic is causing misery to all humans (Yamin, 2020), not counting the effect on the economy worldwide. How much more may be expected to the front-liners? For example, healthcare professionals experienced both physical and psychological pressures. They had to deal with the fear of viral infection to oneself and family, increased workload, new work arrangements, and caring for patients and colleagues (Walton et al., 2020). In the Philippines, some people were feeling fearful and anxious in their dealings with people, which made them, especially health care professionals (HCP), hesitant to go to work (Tudy, 2020). Non-clinical professionals performing essential roles also experienced the same distress (Williamson & Greenberg, 2020). The increasing reports of positive cases forced the government to limit economic activities to essential ones, affecting many Filipinos' lives (Nicomedes et al., 2020). Hence, the pandemic did not spare anyone or any sector with its devastating effect.

As the employees and workers worldwide struggled with the physical and psychological pressures, they somehow developed coping mechanisms that helped them survive during the COVID-19 crisis. For instance, frontline staff are advised to seek social support, and are encouraged to access and seek COVID-19 information from verified and reliable sources only (Williamson & Greenberg, 2020). Some people who were exposed to a moral and traumatic event, aside from having a psychological injury, somehow develop a degree of "post-traumatic growth (Greenberg et al., 2020).

Several studies have already been published on the effects of COVID-19 pandemic, although the findings are still subject to in-depth analysis and validation as the pandemic is still ongoing. However, very minimal literature looked into the lived experiences of the bank front-liners. Actually, some people do not consider bank employees as essential frontline workforce despite rendering services vital to the sustainability of the country's economy. Hence, this study's findings can provide a glimpse of how bank employees deal with the difficulty brought about by the pandemic. Moreover, the findings contribute to the literature as to how bank employees deal with the challenges during a pandemic. To understand the government bank employees' experiences in their job amid COVID-19 pandemic, we present a literature review focusing on the phenomenon.

The bank industry

The Philippines recognizes the vital role of banks in its economy. Banks should be globally competitive, dynamic, and responsive to the demands of a developing economy (R.A. 8791, "The General Banking Law of 2000"). Government bank employees have a commitment and passion for serving even through tough times because they have a sworn duty to their countrymen. Aside from having a legal decree, government banks also have a social mandate to spur countryside development and alleviate poverty. According to a Philippines government bank, their vision is "to promote inclusive growth, especially in the unbanked and underserved areas, through the delivery of innovative financial products and services powered by digital banking platforms" (Land Bank of the Philippines official website, 2020).

Psychological and physical effects of the pandemic

Maintaining workers' psychological and physical health is an essential ingredient in winning the fight against any pandemic. The quarantine, isolation, and other forms of restrictions imposed on individuals create a loss of freedom, boredom, stress, anger, and anxiety (Sharma, & Verma, 2020). Consequently, these psychological effects will have a long-term and negative impact on an individual if not appropriately addressed. A study conducted during the Ebola outbreak showed that mental disorders such as stress, anxiety, and post-traumatic stress disorder (PTSD) could occur even after the year of the outbreak (Sharma & Verma, 2020). In the same study, lack of information and misinformation can also cause further mental injury. Moreover, a pandemic's psychological effects include depression, worry, anxiety, and poor quality of life (Restubog et al., 2020). Indeed, exposure to the virus can also lead to immense physical and psychological exhaustion (Nagesh & Chakraborty, 2020). This only shows that this kind of pandemic really affects a person's physical and mental health, whether during, or/and after a disease outbreak.

Challenges of non-healthcare workers performing essential roles

Healthcare professionals are not the only ones experiencing vulnerability to the COVID-19 pandemic. Non-healthcare-related essential workers had also felt the effects of this crisis when required to perform their jobs in a risky manner and dealt with it daily. For instance, employees felt a higher risk of viral infection due to a lack of resources and support and no clear company policies or guidelines, which made them feel that they were ignored by their employers (Williamson & Greenberg, 2020). Overcoming psychological pressures without social support is not easy when social support structures such as churches, schools, and workplaces have been closed (Jung & Jun, 2020). Another challenge for workers worldwide is a significant reduction in work hours, loss of jobs, and other related effects (Restubog et al., 2020).

Aside from the struggles that government bank workers are experiencing in their regular and normal job routine, the effects of COVID-19 have added up to their existing luggage. Government bank workers are also suffering from anxiety and stress due to the fast spread of the virus that makes their jobs even more difficult. Banks ensured their employees and customers' safety by implementing social distancing measures, thereby limiting over the counter services and shortening banking operating hours (Khoo, 2020). This health safety protocol contributes to the burden of fears and anxieties that bank employees experience. In another study, working from home had a downward effect on employee performance and team performance (van der Lippe et al., 2020). Undeniably, there are several areas to understand the potential adverse consequences of this phenomenon. Government bank workers face so many pressures, whether internal or external, particularly from fear of the virus and work productivity and efficiency. Thus, the COVID-19 pandemic hinders banking employees' satisfactory performance (Sembiring et al., 2020). Another study conducted in Nigeria showed that some economic agents declined to work for fear of acquiring the COVID-19 disease (Ozili, 2020). Hence, the situation of government bank employees is understandably a difficult one.

The concerns of non-healthcare-related essential workers amid COVID-19 pandemic should be discussed and addressed by the government. The focus should be to mitigate the adverse impact of the COVID-19 pandemic on the vital workforce, like the bank employees, because they are continuously working hard and exposing themselves to a life-threatening risk to help stabilize the economy.

Methods

Research design

In this study, we employed a qualitative phenomenological design. Phenomenology is about studying people's lived experiences (Creswell, 2007), way of going deeper into their world. Specifically, we followed the descriptive phenomenological approach to understand government bank employees' lived experiences in their job amid the COVID-19 pandemic. We dig into their struggles and strategies. Our goal was to see who the government bank employees are and how they live in the context of the COVID-19 pandemic. Listening to their stories allowed us to have a glimpse of how bank employees as essential workers went through their routine work amid the pandemic.

Study participants and sample

The participants of the study were employees of a government bank. We set up criteria for the participants so that we can ensure that we could draw out the lived experiences based on the objective of the study. The criteria included the following: (a) The informants must be Filipino government bank employees occupying officer or rank-and-file position whether permanent or contractual employment status; (b) They must be in the category of "in-active-duty," meaning they are currently in service, and (c) They must have been with the bank for more than three years. We limited the inclusion to a minimum of 3 years in service because, below three years in service, government bank employees might not have adjusted well to their situation and might not have in-depth knowledge and competency in their job. In the end, ten government bank employees, composed of seven men and three women, were able to participate in the Key Informant Interviews (KII). The number was within the range suggested by Morse (1994).

Due to the nature of the study and the difficulty of getting informants, we utilized purposive sampling. This sampling technique enabled us to select the informants who had the experience of the phenomenon and could give credible information (Creswell & Plano Clark, 2011). We selected the informants who were government bank workers and work in the Davao Region and the National Capital Region.

Data Collection

The main sources of the data were from the responses of the Key Informant Interviews (KII). According to Kumar (1989), KII is usually chosen since a limited number of participants are needed to provide information about the phenomenon. We decided to use this technique because there were very few who satisfied the inclusion criteria. We asked them face-to-face or through social media platforms. We also made phone calls and asked if they were willing to participate. We received several denials from some government bank workers, and others refused to reply to our private social media request. After accepting our interview request for those willing, we wrote and sent letters to them asking for their participation. For those who gave their positive responses, we then set the interview immediately. Due to the COVID-19 pandemic, a face-to-face interview was done with social distancing and wearing a face mask. Social media interviews were also carried out with delays in the question and response between the main questions to follow-up questions. We

had to consider the informant's availability (online status) in his/ her social media account.

We followed the data collection circle identified by Creswell (2007). First, we located our intended informants who satisfied our inclusion criteria by asking and seeking their permission. Before asking them according to the interview guide, we first established good rapport with them. They were allowed to use any language they wanted. Second, we conducted the key informant interview (KII) as the main technique in collecting the data. We depended on the choice of the participants where the interview could happen. However, due to the pandemic, most of the interviews were through social media platforms. Third, for social media platforms, we copied in a word file for the transcription while for a face-to-face interview we recorded the information and transcribed it later. Fortunately, we were able to deal with social distancing issues except for some response time delays. Fourth, we stored data safely. Fifth, we did the analysis and interpretation after the interviews using the method suggested by Colaizzi (1978) and the technique applied by Tudy and Gauran-Tudy (2020).

Analysis and interpretation of data

In the analysis of the data, we followed Colaizzi's (1978) method. The seven steps in Colaizzi's method are: 1) Each transcript should be read and re-read to obtain a general sense about the whole content; 2) For each transcript, significant statements that pertain to the phenomenon under study should be extracted; These statements must be recorded on a separate sheet noting their pages and lines numbers; 3) Meanings should be formulated from these significant statements; 4) The formulated meanings should be sorted into categories, clusters of themes, and themes; 5) The study's findings should be integrated into an exhaustive description of the phenomenon under study; 6) The fundamental structure of the phenomenon should be described; 7) Finally, validation of the findings should be sought from the research participants to compare the researcher's descriptive results with their experiences. For steps one to 4, we used tables in the analysis as applied by Tudy and Gauran-Tudy (2020).

Trustworthiness

To ensure trustworthiness, we strictly observed credibility, transferability, dependability, and confirmability, as asserted by Guba (1981). We experienced pressures from work, co-employees, and family members. We could easily relate to their experiences. Moreover, we subjected our outputs to member checking and debriefing. We showed the informants the findings of the study and asked for their approval to ensure the correctness of the data. For debriefing, we asked experts to review our papers and considered their comments and suggestions.

Transferability refers to the application of the findings into similar situations. For instance, we wrote the stories of government bank employees so that their experiences can be relatable to other contexts. As Merriam (1998) explained, transferability is about using the results in a different situation. In promoting transferability, we provided a detailed description of government bank employees' phenomenon in the Philippines by following standards method in phenomenological research. We discussed how we recruited the participants and how we collected, analyzed, and interpreted the data. In the discussion of the themes, we also provided actual responses from the participants.

Dependability refers to consistency. We provided an audit trail, including our social media conversations, audio recording, research committee notes, experts' comments, and peer reviewers' suggestions. We subscribed to the idea that the shared experience of the informants would make the study very dependable. We did this to analyze the data, making sure we identified common themes from their responses. In the discussion section, we provide supporting literature.

Confirmability is the linking of the findings to the sources of the data. To achieve this, researchers must show that the findings emanate from the source and not from their predispositions (Shenton, 2004). We kept the original texts of the interviews and provide audit trails of the process of data gathering. We ensured flexibility and subjectivity through member checking.

Ethical considerations

We secured permission to conduct the study from the manager and officers of the chosen government bank, where our potential informants belonged. We assured the prospective informants that we would uphold confidentiality and respect their rights. We also secured their informed consent by asking them to sign the form before proceeding with the interviews. In the encoding of names, we used pseudonyms to protect their privacy and to ensure confidentiality. We kept confidential any other information, such as the place or the department where the informants worked. We made adjustments subject to their pleasure if they felt uncomfortable during the interview. As a protocol, we were mindful of issues that were critical to disclose.

Struggles of government bank employees in their jobs amid the COVID-19 crisis

Based on the study's purpose, we present the results into two clusters: discussion on government bank employees' struggles in their jobs amid COVID-19 crisis and their coping mechanisms. Our first line of questioning focused on the struggles of the informants. After the interviews, we analyzed the data, and two themes emerged. These were *psychological pressures* and *physical exhaustion*.

Psychological pressures

One of the shared experiences among government bank employees was the feeling of fear. The perceived chilling effects of the COVID-19 pandemic created anxiety on their part. Most informants said that reporting to work was scary because they might get infected with the virus. They

were uncomfortable being in constant contact with clients and handling cash, checks, or bank documents. Lourdes, a 40-year-old bank employee who had been working in the bank for more than 15 years, expressed her experience by saying:

"I fear being infected with the virus through our day to day interaction with various clients and transmitting it to our family at home. Handling of cash, checks, and other documents from various clients whom we did not know whether they are infected, asymptomatic, or exposed to COVID-19 makes us anxious every time we are at the office".

Most of the informants considered themselves a threat to their families. They knew they were in contact with a lot of people at work. One participant shared her experience in this manner: "*It is a struggle to wake up each day, not knowing if you will catch the virus or not, that you may take it home to your family and compromise their health as well".*

Based on the informants' sharing, people, especially clients of the bank, are considered carriers of the virus, thus creating an anxious situation for government bank employees. They felt horrified when dealing with clients and handing or receiving money, checks, or other bank documents. Though these are part of their social mandate and commitment to serve, their effect was dreadful. In short, they felt fearful.

Physical Exhaustion

Government bank employees expressed having difficulties in traveling from residence to place of work and vice versa. Added to that is the necessity of buying food, medicines, and office supplies. Since the scenario where our informants live and work included a lockdown or quarantine having tight security checkpoints, they felt it tough to survive in this crisis. For example, Vincent, a 26-year-old bank employee who had been with the bank for more than three years, shared his struggle regarding transportation: "*I am having difficulties in traveling to the assigned branch or office. During the enhanced community quarantine, people traveling to different barangays, municipalities, and provinces were required to undergo strict checking through multiple checkpoints. Even though we were essential government employees with IATF passes, some checkpoints have different protocols. Some would not even allow these IATF passes and would require providing other documents before entering their barangay or municipality".*

Our informants also said they found it hard to look at and buy food, hygiene products, and office supplies. Some of them expressed their sentiments at work. They also described scenarios wherein they found it difficult to perform their role. For example, some of their co-workers complained of lack of supply of alcohol and face masks. They attributed this factor to the limited supply, the vast demand, and only a handful of establishments that opened. Alice, a 45- year- old Bank Officer who had been in service for more than 20 years, was more specific in narrating her own experience: "*There is a shortage of food supply, availability, or accessibility of some of our basic needs. There is also a shortage of supply of masks and alcohol, and the costs are super high. There are limits of going out like used codes, and curfews were being implemented."*

These narratives provide a bird's-eye view of government bank employees who are having a tough time during the COVID-19 pandemic, affecting them not just mentally but also physically. Undeniably, the struggles and concerns were real experience for the informants. It appeared that for them surviving in this crisis is not an easy feat.

Coping mechanisms

We asked the informants how they managed all the struggles they experienced. After analyzing all their responses using Colaizzi's method, three emerging themes were identified. These were social support, prayer, and resiliency**.**

Social support

Government bank employees learned different strategies and devised effective measures in dealing with their struggles. There were instances in the office where they were confronted with the fear in dealing with clients. All the informants supported and followed the government's guidelines which to them served as a light that guides them through the darkness. Lourdes, a 40-year-old senior bank employee who had been in service for more than 15 years, shared her way of surviving this crisis: "*For as long as we follow the government's COVID-19 protocols and keep ourselves healthy, we can go on with our customary routine."*

According to the informants, they protected themselves by wearing face mask and shields, handwashing frequently, and maintaining social distancing to avoid being infected by the virus. Also, they tried to organize themselves and devise measures to counter the spread of the virus. They helped each other. Alice described it this way: "*Strategies being implemented include disinfecting the office as often as possible. We put up plastic barriers and wear face masks and shields to protect ourselves and practiced social distancing between ourselves and the customers. We buy tablets of Vitamin C for less exposure to the virus and boost our immune systems, and some of our branches do skeletal workforce mechanism".*

Informants also noted that putting all their support, confidence, and trust to government authorities and co-employees were not enough to counter those psychological pressures and physical exhaustion they experienced. First, they tried to stay connected with their families and co-workers in the government. JeePat, a 26-year-old banker who had just been in service for four years, shared her mindset: "*You cooperate with your co-employees and voice out your concerns. Suggest strategies that may help the bank operation, especially in crowd management. Take care of your mental and physical health. Maintain good communication with your loved ones and pray".*

These statements show the kind of coping mechanisms government bank employees apply to survive in this crisis. Social support and clear communication from government

authorities and co-employees, and deep connection with families and friends put the informants' situation on the brighter side. Government bank employees managed to survive this ordeal, and they found ways to keep on living. They employed effective means not to be infected by the virus. In other words, they would instead cooperate, support, and help government authorities and co-employees rather than being fearful and querulous.

Prayer

For the informants, this catastrophic event allowed them to experience the feeling of gratitude and amplify their spiritual connectedness to God, knowing that many businesses were not able to sustain their operations, and many employees lost their jobs. Being government employees, they were lucky enough to keep their jobs. They felt fortunate as compared to those in the private business sectors. Jeepat said: "*Be thankful (to God) because you are part of a company that is well established and can take a blow even during pandemic. Many people went jobless in a blink of an eye. Businesses closing down due to bankruptcy. But you are part of a government institution that can take care of its employees even on global crisis. So, it is like a push and pull feeling in my everyday life."*

They get their strength by putting their trust in God. Prayer had been their powerful weapon. For instance, Mark, a 45-year-old security guard of the bank, narrated his trust in God in this way: "*We have to be careful not to contract the virus. We have to pray every day because we do not see our enemy. We could be dead in an instant. Then, I pray that God will help people understand to what we are doing. They do not get angry. I hope we understand each other.*"

Informants also suggested that other government bank employees live a simple and quiet life and surrender everything to God. They needed to focus on things that matter, intangible things, and the things that nourished the soul. Alice shared her thoughts in this way: "*I learned to live a quiet and simple life. No lipstick, no wearing of makeup in going to the office, eat healthier food which are good boosters to keep my immunity strong. I learned to focus on things that are more important and useful. That everything, from basic needs down to other life's essentials and even life itself, is just being borrowed and that one-day God, the giver of these all, will take them away from us."*

The participants felt blessed and spiritually nourished through their contribution to their community, and their self-worth was realized by providing financial support to their countrymen. Their suggestion to other government bank employees was to restore a healthy and balanced life. There is a need to focus on activities that add value to one's existence, thus finding God's divine purpose and mission set for us in our lives.

Resilience

Undeniably, bankers should adapt and institute measures to mitigate the impact of COVID-19 and sustain their everyday jobs. This is about resilience. They need to entice clients to use digital banking channels to do banking transactions to sustain its operations. For example, while limited banking hours reduced the level of services provided, the informants introduced the use of digital technology to counter the difficulties induced by this pandemic. Restie, a 36-year-old government bank employee who had been with the bank for more than 10 years, shared his game plan: "*Government services and banking transactions must be accessible through technological and online means for the efficiency of service delivery and people must as well be introduced to the said methods."*

Moreover, the informants practiced the art of positivity in which they realized that dwelling in the past will just make things worse. Instead, they practiced the attitude of accepting adversities as opportunities and being prepared to deal with it accordingly. Jemar, a 34-year-old utility/ messenger of the bank for more than 5 years, shared his mechanism to survive in this pandemic: "*I work double-time and have a sideline job like aircon cleaning, computer, and electronic services to address and cope with my financial needs."*

Despite their situation, government bank employees remained positive. They stayed hopeful by putting their trust on their colleagues, having confidence in government authorities, constant communication with loved ones, and surrendering their fate in God. With these mechanisms' help, the informants did not lose hope and kept on fighting to overcome the crisis that COVID-19 had brought them. Similarly, despite the informants' struggles that prompted psychological pressures and physical exhaustion, they were immensely proud of being at the forefront in the battle against the COVID-19 pandemic. They realized that their commitment to serve during this pandemic affirmed their obligation or their oath of office as public servants. JeePat, when asked about her insights as a government bank employee, shared her views, saying: "*We had to be extra cautious for us to protect ourselves. At the same time, we continue the same passion for work as stated in our mandate to help people grow financially. We are the channel of financial assistance from the national government to the LGUs. So, our operation is vital during this time."*

Also, some informants explicitly articulated their call of duty despite risking their own lives in the name of public service. As government bank employees, they were mandated to continue their operations as their services become more vital and essential in this crisis. For example, Vincent shared how he observed resilience in his job: "*Working amidst the COVID 19 crisis was more than just a job. It was more of social welfare. It was giving good public service. It is risking one's life daily and facing the possibility of getting the disease. Some are forced to live far from their families."*

Government bank employees showed how dedicated they were to their chosen profession. Their commitment was beyond question. They felt fulfilled and proud of their contribution to their community, and their self-worth was realized by providing financial support to their

countrymen. Also, they were able to be resilient by outweighing the cost of risking one's life with the benefit of having a sense of purpose and meaning in life by serving and helping their countrymen during this difficult time.

Discussion

We learned good insights from the participants' sharing, such as their concerns and struggles during the present pandemic. We also learned from their coping mechanisms, particularly about the importance of social support, prayer, and resilience in government bank workers' overall well-being. Their struggles and coping mechanisms were pieces of information for us, other government bank workers, and society.

COVID-19 pandemic is a global phenomenon, and it is much felt in the Philippines considering the high increase in the daily positive cases as days and months go on. With little or few attempts to study this phenomenon in the country, particularly on bank employees' lived experience, this study provided a glimpse of how the essential workforce cope with the adverse impact of the pandemic. Being a banker, and at the same time, a public servant is not a comfortable journey for these workers. They identified their struggles with psychological pressures and physical exhaustion. The said struggles were expected, considering the psychological and physical toll on the participants. COVID-19 is not just a health pandemic, but it is rapidly becoming a global economic crisis (McKee & Stuckler, 2020). Fearing for one's life created pressures for government bank workers. Understandably, the informants experienced different degrees of hardship. Although limited studies were conducted on this topic, government bank workers and healthcare professionals in other countries did have similar experiences and struggles. Healthcare workers in Sardinia, Italy, for instance, experienced physical and mental exhaustion. The fear of passing the disease to their families has added to the hardships they are now facing (Bellizzi et al., 2020). These government bank workers, though not showing serious mental fatigue, still shared the same sentiments brought about by the pressures from the COVID-19 pandemic.

Government bank informants felt the fear of contracting the disease. Several studies about the impact of the COVID-19 pandemic on mental health showed that fear is a by-product of disease outbreaks. Moreover, fear of the unknown raises' anxiety even in healthy individuals (Usher et al., 2020). For example, people are rushing to go home early to avoid further exposure to the virus, which greatly affects their job, such as low productivity or/and poor quality of work output. Likewise, there are unverified information that causes misinformation, which creates psychological havoc among the people. Indeed, the COVID-19 pandemic does bring health and life risks and psychological pressures, which contributed to increased anxiety (Cao et al., 2020), a reality felt by bank employees.

Working in a bank and serving the public amid COVID-19 pandemic is not only scary but difficult as well. This was how psychological pressures and physical exhaustion came in as experienced by the informants. Government workers struggled to cope with the mental and physical hardships. Nevertheless, all informants continue to weather the storms of living with the pandemic because their trust and support in/from the government seemed to produce positive results.

We found interesting responses from the informants facing hardships how to avoid being caught up in the scourge of fear. They resorted to prayer, social support, and resilience tactics. They looked for ways to escape from psychological pressures and physical exhaustion. They seek guidance and protection from God. They also asked for the attention, help, and support of society, families, and colleagues. Social support diminishes the psychological pressures during a pandemic, and effective and robust social support is needed to survive in any health crisis (Cao et al., 2020). They managed to handle themselves in situations where they were very vulnerable despite mental and physical fatigue. They tried flexible tactics to reduce the likelihood of contact with the virus. Some informants applied the "Eudaimonic Approach" to human resilience, "*eudaimonia perspective* emphasizes meaning-making, self-realization and growth, quality connections to others, self-knowledge, managing life and marching to one's own drummer. These qualities may be of importance in the confrontation with significant life challenges" (Ryff, 2014). In South Korea, the government highlights the importance of getting reliable information, maintaining social networks, expressing negative emotions, continuing daily life activities, and pursuing pleasant experiences to cope with mental health problems (Jung & Jun, 2020). Nonetheless, the informants developed coping mechanisms that were important and necessary for them to avoid the adverse emotional, physical, and mental effects.

The informants had their ways of resolving their struggles by clinging on to the intangible form of trust acquired through social support. Trust is a key ingredient among organizations and workers who are willing to work during a public health crisis; trust among organizations and professionals can be realized through the frequent provision of information. It suggests that regular communication and encouragement to workers from the government and employers make them feel protected (Imai, 2020). Certainly, trust will foster harmonious relationships between organizations and individuals, promoting cooperation and teamwork that will help defeat this COVID-19 pandemic.

Social support and communication are critical in these trying times. Social connectedness and communication are difficult during this time because there is a need to maintain physical distancing while lack of social connectedness can cause physical, emotional, and mental issues. Thus, setting up regular phone calls or video conferences with family, friends, and colleagues can bridge the gaps brought on by social distancing (Usher et al., 2020). As social beings, people need each other.

Moreover, the informants consider resilience as one of their coping mechanisms. Filipinos are known for their resilience. They can adapt to life in any part of the world, as manifested by the Overseas Filipino Workers (OFW) scattered worldwide (Quito, 1994). Although their struggles may seem endless, they are determined to cope with the crisis. According to Smith et al. (2020), they viewed the word resilience as an individual's ability to endure adversity; thus, the informants embody what it is to have resilience in their work amid COVID-19 pandemic. We found it inspiring because even our informant, a contract worker with minimum salary, had been with the bank for more than five years, was working double time and had a sideline job addressing and coping with his financial needs due to reduced work per hour pay. His monthly household income had diminished, yet he still had to pay the bills and feed his family. His situation is like those disadvantaged or low-income workers who have essential jobs with no options for working from home, and alternative work arrangements (Shaw et al., 2020). A government employee may have to accept delivery services or similar contracts after his half-day regular work shift. Still, government bank workers remained optimistic, coupled with their adaptability to the ever-changing situation that helped them survive this pandemic. According to Mogaji (2020), individuals must survive and adapt to change, especially financial and emotional stress. Expectedly, none of the informants feared of losing their jobs as the government has this "security of tenure" principle, and they are considered an essential workforce for financial stability and security in these trying times.

Implications of the study

The study findings provide essential pieces of information for government banks. On the one hand, government banks may maximize their employees' commitment and passion for serving. They can channel the energies of these employees to be more productive in work. On the other hand, government workers continue to rely on social support and strengthen their faith and resilience.

The findings of the study are also a good source of information for bank clients. Everybody is having difficulty at this time. Understanding and cooperation are most welcome, especially for bank employees who are there to render service despite the pandemic's limitations and dangers. This study widens our understanding of the lives of the informants and opens other areas of interest to dig deeper into the world of government bank employees. For example, how does the pandemic affect the whole banking industry? What about the experiences of those in private banks? Also, an in-depth study on people's perceptions and reactions towards government bank workers could be another interesting topic that would paint a bigger picture of this phenomenon.

Concluding remarks

This study highlights the struggles and coping mechanisms of government bank workers. The findings describe their struggles of psychological pressures and physical exhaustion during the COVID-19 crisis. However, social support, prayer and resilience are their coping mechanisms. They continue performing their job despite fear, inconvenience, and stress. They consider being a public servant a plus factor in terms of having a sense of fulfillment. They even advise other government bank employees to be proud and thankful of their situation. Moreover, the results of the study may serve as an inspiration to other government bank workers because working amid COVID-19 pandemic is not an apocalypse for them but rather, it is a challenge and a way of life that they are supposed to live. Finally, the findings would not only benefit the informants, but also other government workers and other professionals, inside or outside of the banking industry. They might consider their coping mechanisms to continue living a happy and meaningful life while at the same time being committed and having the passion to serve.

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COVID-19 and food security: The Eastern Visayas State University experience in the municipality of Burauen

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Abstract

The COVID-19 global health crisis has affected numerous lives, jobs, and properties. The virus is infectious and deadly, and the most vulnerable are the poor and the elderly. Due to its contagious nature, businesses were forced to shut down causing tremendous damage to many workers. The municipality of Burauen in Leyte as well as its neighboring towns are not exempt from the virus wrath. People perished and many lost their livelihood, disabling them if not limiting their purchasing capacity for food and sustenance. The Eastern Visayas State University Burauen Campus is primarily an agricultural school. With the existence and persistence of COVID-19, such campus rose to the challenge by elevating its food production with the hope of providing food security not only in the town where it is located but also to neighboring municipalities. This paper will delve into the problems and challenges the school faced, and likewise its methods and strategies to hurdle the difficulties it handled to help provide cheap but healthy agricultural products for the people.

Introduction

COVID-19 has brought considerable disturbance to the whole of humanity. It began in China but rapidly spread throughout the globe as the virus was considered highly contagious. This prompted the World Health Organization to assess the situation as a pandemic (World Health Organization, 2020). Countless lives perished and the count continues. Countries imposed shutdown, hoping to mitigate its further spread. Health experts suggested

methods to lessen its transmission like frequent washing of hands, wearing of face masks, and physical distancing (World Health Organization, 2020). Despite these measures imposed, the COVID-19 continued its transfer among hosts making it almost impossible to stop. This is beside the fact that there those who elect to ignore the practice of these health measures.

The spread was uncontrollable, and the Philippines was not spared from the virus wrath. The moment it began crawling out of China, the Philippine government issued a lockdown beginning on March 15, 2020 (Staff, 2020). Manila, the capital of the Philippines and the most populous among the country's cities, implemented lockdown and immediately followed it with other local government units. The strategy was meant to slow down the transmission of the virus because the lesser the movement of people, the lesser would be the transfer of the disease.

The disease may have slowed down, but for various reasons, its transmission continued. A number of returning residents from various parts of the country went back to their homes encouraging local government units to intensify border control and the usual health protocols (Inter-Agency Task Force for the Management of Infectious Diseases, 2020). It will be inhumane to bar these returning residents from going back home because their lives away from home was already difficult and risky, and denying them from returning home will be tragic. However, the risk was always present that they might be carriers of the virus. The possibility that the virus would reach the provinces was real and imminent and if this happens, lives, jobs, and the local economies will be in danger.

The Eastern Visayas State University Burauen Campus is an academic institution, and its flagship is agriculture. It has a land area of approximately 33 hectares, big enough so that when utilized up to maximum capacity, it can produce agricultural products to supply food in the local market and hopefully stabilize the food demands of consumers. Food is essential for human survival, and shortage of it has negative implications to his socio-economic life.

The campus has envisioned that if this unfortunate event reaches the place, it would be wise to prepare beforehand. The dreadful virus started in December of 2019, and having learned of its high transmissibility, EVSU Burauen campus tried to anticipate its effects beginning February of 2020.

COVID-19 and food security

The COVID-19 has interrupted various facets of human life ranging from jobs, businesses, trades, commerce, production of goods and many others. These distractions have resulted in closure of businesses, job losses, hunger, and despair plunging revenues of billions of dollars from various businesses (Maboloc, 2020). Governments from all over the world addressed these concerns by imposing lockdowns and stricter health protocols, while addressing repercussions that may affect economic activities. This is an extraordinary phenomenon as it is a fact that man needs to work in order to survive. The pandemic is affecting all four pillars of food security which are availability, access, utilization, and stability (FAO, 2008).

Among the effects of community quarantine being imposed by the Philippine government is for people to stay home. This strategy lessens movement of social life thus minimizing contacts among people. Physical distancing can be properly imposed since few people will be going out (Devereux, Bene, & Hoddinott, 2020). Agriculture in the Philippines is not highly mechanized even in the production of the country's basic staple food, rice. Human labor is still the primary force in rice production, and this is further evident in rural areas. Limiting the movement of persons as well as imposing physical distancing diminishes the availability of food, and gravely affects poor farmers from earning their usual income (Laborde, Martin, Swinnen, & Vos, 2020). However, the same government initiated a method in order to safeguard the food necessity of Filipinos. They presented the P17.5-billion refocused 2020 DA budget and the proposed P24-billion stimulus package for agriculture under the "Bayanihan to Recover as One Act" or "Bayanihan 2" (DA Communications, 2020)

Closure of business establishments has both affected owners and workers. Bigger establishments like food chains resorted to take out of food only. Shopping malls limit the entrance of shoppers in order to avoid crowding and to maintain health standards. These scenarios illustrate laying off of employees, causing them great discomfort where majority of them are minimum wage earners (Maboloc, 2020). The usual number of waiters in a restaurant is no longer pragmatic for a very few customers. The rampant job losses experienced by a number of Filipinos resulted in shortage of purchasing power. Food may be available but, if the purchasing power of an individual is impaired, food insecurity is possible. The extent of the increase of poverty due to the pandemic may still be incalculable considering that the phenomenon is still ongoing, but the reality of it is certain (Laborde, Martin, Swinnen, & Vos, 2020).

Utilization is another pillar of food security that also needs to be addressed. Are the consumers taking the right nutrients in their food intake? Food does not have to be delicious to be nutritious. The basic food nutrition of Go, Grow, and Glow is a decent guide for a person to live healthily. Laborde (2020) mentions a recent survey in Ethiopia that shows the pandemic has caused poor households to reduce nutritious food intake and redirect the loss of less nutrient food, making consumers susceptible to adverse health problems (Laborde, Martin, Swinnen, & Vos, 2020). The Philippines is a developing country, and there are many poor families. If the pandemic perpetuates, then food utilization will be a factor in the country's food insecurity.

This health crisis poses greater risk on food stability or sustainability. There is no guarantee that if this situation sustains, agricultural activities continue. There is always the possibility of interruption whenever there is infection

among workers. For instance, in the harvesting of crops like sweet potato, social distancing can be applied implying lower risk of virus transmission. But this is not the case in rice production. In the Philippines, planting rice is mainly done by human hands and plenty of hands at that, and time is always essential. Here, social distancing is a remote possibility, and the danger of virus transmission is high. In such case, production will be hampered causing workers to be isolated under quarantine resulting in low or non-production (Laborde, Martin, Swinnen, & Vos, 2020).

The agricultural production of Eastern Visayas State University Burauen campus: striving towards cheaper and healthy food sustenance

The Eastern Visayas State University Burauen Campus is under the auspices of the Eastern Visayas State University Main Campus of Tacloban City, Leyte, Philippines. The Burauen Campus is located 46 kilometers from Tacloban City. It is mainly an agricultural school where its flagship is Bachelor of Science in Agriculture. It covers a vast land area consisting of approximately 33 hectares.

COVID-19 first struck in Wuhan City, China in December 2019 (World Health Organization, 2020). From there, it spread rapidly to other countries due to its highly contagious nature causing alarm among nations. Besides its high infectious rate, it was likewise initially perceived as deadly, but later data showed that it was particularly so among the elderly. When quarantine measures were imposed, the first reaction was how to gather food while citizens were limited from going out of their houses. The most vulnerable in this situation are the poor. Citizens in the upper class have savings, so food hoarding is not a concern. But for the poor, to find money is one thing, and to budget the food they bought is another thing (Abellanosa, 2020). The risk of losing one's job was critical since aside from the limitations imposed, business owners were also forced to close down for fear of contracting the virus. Food security became the major concern for the administration of EVSU Burauen. In February of 2020, it immediately directed its focus on cultivating as many land areas as possible.

With the virus' communicability, the school perceived that it was only a matter of time that this dreaded disease would infect some inhabitants of the town. Unfortunately, the municipality of Burauen was the first among the towns in Leyte to register its first COVID-19 patient and until today the number is growing but recovery rate is also high. The campus since then has planted various agricultural products like rice, corn, eggplant, bottle gourd, sweet potato, cassava, squash, upland spinach, watermelon, and many others. Rice is the basic staple food among Filipinos, so it was the first priority. Vegetables have always been generally considered as nutritious and good source of vitamins and minerals. These farm goods have a good chance of helping stabilize food supply in the area and even through neighboring towns.

Budget to initialize the endeavor was initially a deterrent for the campus because it only caters to a thousand students during that semester, and the money it generates from such number is minimal. There are also other financial matters that needed to be addressed like purchasing of antiviral measures, like alcohol, disinfectants, wash areas and thermal scanners, salaries of employees and farm workers, and other miscellaneous and operating expenses. But the meagre budget coupled with hardworking individuals made the propagation of these agriculture products a reality. Another hindrance the campus faced was manpower. Strict health protocols were strictly monitored by government officials. For instance, the compliance with social distancing and wearing of face masks at all times in workplaces was a concern in rice production. On the one hand, a bigger number of farm workers is necessary but if one is infected, it will hamper the entire procedure. On the other hand, a smaller number of workers will faithfully comply with these protocols, but this will impair the time element in the production of rice. Working under the warmth of the sun with face masks on is hard. This condition weakened the farm workers body prompting them to ask for break from time to time. The advantage was that since workers worked alternately, the production was complying indirectly with protocols. The production of farm products other than rice was not an issue and health standards were carefully exercised. For instance, planting of corn seeds needs proper spacing from one seed to another. During harvest time, farm workers do not crowd since grown corn plants are already distant from each other, so health standards are followed. Health protocols were the major concern, but they were addressed well through initiative and creativity.

Data based on the report submitted by the school shows that the area for rice production increased from 0.7 hectares in 2019 to 1.6 hectares in 2020. As a result, there was a significant increase of rice produce from 9,240 kilos to 25,760 kilos in 2020 (Eastern Visayas State University Burauen Campus, 2020). As a basic staple food among Filipinos, there should be a substantial increase for this particular product in order for it to be catered to the market (Eastern Visayas State University Burauen Campus, 2020).

In order to coincide with the concepts of food security and catering nutritious food primarily to the people of Burauen, vegetables and fruits plantation was enhanced. Vegetable and fruit production was second among the list of priorities. From 0.4 hectare of tilled land in 2019, it was increased to 1. 3 hectares in 2020 resulting in 7,212.85 kilos of various vegetables harvested and sold for human consumption at a low price (Eastern Visayas State University Burauen Campus, 2020).

These were the initial fruits and vegetables planted and harvested for the first half of 2020. There are other variations that have been planted that await harvesting like jackfruit and *guyabano*. Meanwhile the administration is still planning on other variants to plant.

Root crops are also good sources of nutrition. In rural areas, several types of root crops are grown in the backyard among households. These types of food may be

eaten during breakfast, lunch or dinner and even snack time. They are so rich in nutrition that sometimes locals replace rice with these products. The school increased its root crops production from 0.2 hectare in 2019 to 0.4 hectare in 2020. The increase in land area cultivated generated 1,435 kilos and the produce was made available to consumers inside and outside of the school. In addition, corn production was likewise ventured but only on a minimal extent harvesting only a total of 400 kilos for the entirety of 2020 (Eastern Visayas State University Burauen Campus, 2020).

Rice

Dragon Fruit

Citrus

Bottle Gourd

Upland Spinach

Watermelon

Squash

Eggplant

Ampalaya

There is no certainty yet as to when this pandemic will end. Vaccines are already on their advanced stage of human trial, while some pharmaceutical companies have already applied for emergency use authorization of their products in some countries. Vaccines are primarily developed by wealthy countries, and it is likely that third world countries like the Philippines will be at a disadvantage. Hence, multilateral agreements among countries must be at stake for humanitarian purposes (Maboloc, 2020). However, a new variant of the virus has been discovered in some countries like the United Kingdom which is again another challenge for scientists. This new unfortunate development will be another puzzle on the human mind as to until when this unfortunate occurrence will last and then return back to normal. The continuous rise of COVID-19 cases all over the world is still evident despite promising results of several vaccines. Everyone probably hopes to go back to where our world used to be without the need for masks and physical distancing; the freedom to go shopping in malls without going through strict measures; and the liberty to hold conferences, social gatherings, meetings and even religious

assemblies. The challenge continues for the Eastern Visayas State University Burauen Campus, but the opportunity to rise above the hardship remains steadfast.

From agricultural products, EVSU Burauen will expand helping the municipality and even the province to achieve food security. It has started to venture into farm animal products. At present, it owns 4 water buffalos and 2 cows, but already intends to purchase 1 male water buffalo and 1 bull. This will allow the female animals to propagate their own kind. Additionally, the campus recently purchased 1 set of chicken layers, several native chicken, and a pair of goats. A piggery is next in line, but since it needs more preparation like a concrete pig pen and a comfortable and clean place, it will take a few months before it can be realized. Further, since pork is a food generally favored by Filipinos, the EVSU Burauen administration will pursue for its realization.

The challenge was enormous, but hard work pays off. This objective is founded on the campus' altruistic concern (Bautista, 2020) for the people. The sight of remarkable harvest of all these agricultural crops coupled with the service the school offers to the general public is humbling. The school does not intend to compete with the same goods in the market. Its proximate goal is to increase the supply of food at an affordable price at this time of tragedy. The general mood and disposition at this time is down and taking advantage of the situation like increasing the prices of commodities will not help with the burden, but to do the exact opposite will. Its ultimate goal is to stabilize food security in the immediate municipalities.

Conclusion

COVID-19 is here to stay even with the availability of vaccine. In fact, even before it reached the market for human consumption, a new variant of the virus was already discovered. Experts scramble to test whether their newly created vaccines will combat the new variant. Promising signs of these vaccines' efficacy and safety are documented, and signs of a better tomorrow might become a reality. people need to be pragmatic to life's approach. Food is a necessary element in human survival, and its production must be sustained. COVID-19 will not be the last virus that humankind will face. Realistically, there will be more and they might be deadlier and extremely contagious. Health protocols will be upgraded to protect humanity and cheaper but healthier food must be made available for human consumption.

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Changes of health care practice in the field of ophthalmology during the COVID-19 pandemic

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Abstract

The new coronavirus SARS-Cov-2 (COVID-19) has disrupted all aspects of medical care around the world. Ophthalmology practices have also been affected by this pandemic all over the world. Due to this pandemic, new regulations were introduced in ophthalmology for patient examinations and surgical practice. Ophthalmologic procedures requiring close examination and physical contact have been reported to pose a high risk for SARS-CoV-2 transmission for ophthalmologists. Guidelines on measures to prevent the risk of contamination related to COVID-19 have been published in this regard, and it was stated that all treatments should be stopped, except for emergency situations. The number of patients has been

reduced. It was recommended to pay attention to examination rooms and sterilization of instruments and devices. It was recommended to provide personal protective equipment during examinations, to make these examinations as short as possible focusing on diagnosis. Non-urgent procedures were postponed. In addition, breathing shields were placed on biomicroscopes to protect against contamination.

In an assessment of the American Society of Retina Specialists (ASRS), it was reported that a significant percentage of retinal patients were at risk of vision loss and required regular intravitreal injection therapy. At the same time, the age range of this patient group has become one of the special groups because it is included the age range above 65 years of age, which is defined as the age range at higher risk of the COVID-19 epidemic worldwide. Also these patients were found to be the group at risk for higher mortality and morbidity in this epidemic due to the prevalence of other pre-existing systemic diseases. Among these patients in the risky group, there were those who did not want to come to the hospital with their own requests, those whose treatment was disrupted, and therefore also experienced vision loss. The patients were recommended to continue their treatment and their treatments were carried out in order to prevent vision loss, by arranging examination and operating rooms in a way that the patients were least likely to be exposed to contamination. It is important to plan the treatment and follow-up of the patients in a way that minimizes the risk of contamination as much as possible and at the same time considering the situations that require emergency treatment. These are some of the ethical issues I will discuss.

Key words*: COVID-19, examination, ophthalmology, practice*

Introduction

The new type of Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2), which was first seen in China in December 2019 and spread rapidly to the world, is the cause of the coronavirus (COVID-19) disease [1].

The World Health Organization (WHO) declared the COVID-19 virus outbreak a pandemic on March 11, 2020, and designed guidelines and strategic responses to contain infection worldwide. Proactive efforts and lockdowns designed to contain the spread of the virus have been implemented in many countries [2,3].

Governments have established wide-ranging control measures to reduce COVID-19 transmission and thus reduce the pressure on health systems. Most countries initially imposed travel bans from certain locations (e.g. China), followed by the establishment of quarantine measures. Movement of people was restricted except for necessity, working and health conditions [4].

Transmission Risk In Ophthalmology

One of the first to announce the COVID-19 outbreak in China was doctor Lin Wenliang. Lin Weliang was an ophthalmologist who was infected with COVID-19 from a glaucoma patient he examined. Dr. Lin Weliang died weeks later due to COVID-19. He was one of our first colleagues to die due to COVID-19. Ophthalmology specialty is one of the risky areas for COVID-19 transmission so concerns in the ophthalmology community have grown. Ophthalmologists are also included in the group of high-risk healthcare professionals, such as dentists, otolaryngologists, and anesthesiologists who are routinely exposed to aerosolized respiratory secretions, especially because they are very close to patients during the examination. It has been reported that ophthalmologists are particularly at risk of infection in terms of interaction with a large number of patients, close contact with patients, and spread through contact with infected secretions [4].

In the study of Loon et al., it was stated that ophthalmologists and other healthcare professionals work close to patients' eyes and this can be a source of infection. Seitzman and Doan stated that occupational exposure to the virus in the healthcare industry is mostly due to airborne transmission through infected droplets. They reported that for biomicroscopic eye examination and ophthalmologic procedures involving face-to-face contact, the risk of exposure to this infection is high because the viral load is particularly high in the nasal cavity [5,6].

On the other hand, since the ophthalmological practice includes more than one examination, it can be said that the risk of cross infection to other patients and healthcare professionals increases as a result of the longer hospital stays [7].

In our country, in the guidelines of the Ministry of Health, ophthalmological examination and operations have been classified among high-risk procedures for COVID-19 transmission [8].

COVID-19 disease caused by the new coronavirus SARS-Cov-2 has disrupted all aspects of medical care all over the world. Ophthalmology practices have also been affected by this pandemic all over the world.

To avoid possible viral autoinoculation by touching the mucous membranes of the face, the United States Centers for Disease Control and Prevention recommended the use of protective glasses over contact lenses or a face shield [9]/

Transmission Protection Recommendations and Precautions in Ophthalmology

Although the possibility of viral transmission through tears is low, it has been emphasized by the American Academy of Ophthalmology that personal protective equipment should be used to cover the mouth, nose and eyes for ophthalmologists. In most ophthalmological examinations, high risk of SARS-CoV-2 transmission to ophthalmologists has been reported due to close distance and physical contact between patients and doctors. [10]

Therefore, it has been reported that ophthalmologic examination procedures should not be performed without the use of personal protective equipment. Sterilization of devices and instruments should be part of the routine examination. In addition, it has been stated that patient education is also important in disinfection of the surfaces

that patients come into contact with during their visits and to prevent infection through the ocular surface. It was stated that patients should wash their hands properly and avoid any contact to face and eyes. In addition, it has been recommended to pay attention to hygiene rules when using contact lenses and to use glasses if necessary [11].

During the pandemic period, with the recommendation of the Ministry of Health, all examinations and procedures have been postponed except for eye examinations that require urgency and eye diseases that may result in vision loss if not done urgently. The Turkish Ophthalmology Association has published information on diseases that require urgent intervention, with the opinion of its sub-specialties and in parallel with the practices in the world. Thus, it is aimed not to neglect the treatment of patients who may be harmed if they are not treated due to the pandemic, that these patients benefit from health services primarily and that there is no additional health handicap. In health services, these guidelines, which were created with these criteria, were tried to be followed [12].

Despite this, in our ophthalmology practice, when the first peak of the pandemic passed and ophthalmology examinations increased in the relaxation phase, we noticed some patients who did not come to the hospital environment voluntarily despite having symptoms in the restriction phase and some of these patient have experienced irreversible vision loss with different degrees.
Infection precautions are divided into three categories.

1-Use of personal protective equipment

The American Academy of Ophthalmology published a report for ophthalmologists advising them to wear masks and eye protection when caring for patients with the potential to become infected with COVID-19. Reports highlighted that COVID-19 can be transmitted by aerosol contact with the conjunctiva if eye protection is not used. In addition, patients should be asked to avoid speaking as much as possible during the slit lamp examination [10,13,14].

2- Environmental Control

In biomicroscopic examination, protective breathing shields should be added to biomicroscopes to prevent contamination through droplets due to the close distance between the patient and the ophthalmologist. The patient and the physician must wear a mask, and talk should be avoided during the examination. After each examination, the protection shield of the biomicroscope unit and the surfaces in contact with the ophthalmologist and the patients should be disinfected frequently. Lai et al., reported the importance of ventilation in waiting areas and suggested taking measures to achieve a higher proportion of fresh air with improved air dilution [15].

3-Administrative Control

For every patient, the balance between the need to provide patient care and vision protection and the risk of transmission of COVID-19 must be considered. In the guidelines of the American Academy of Ophthalmology and in a review of Lai et al. about ophthalmology practice during the COVID-19 outbreak, it was recommended that the patient be examined in emergency situations and that appointments be postponed for individuals suspected of COVID-19 [15]. In general, elective visits and elective surgery should be delayed. Medical care should only be provided in emergencies. In recent studies, it has been reported that most patients with COVID-19 were accompanied by fever findings. For this reason, temperature measurement should be done at the ophthalmology clinic admissions. If eye conditions are not urgent, patients with fever should be directed to necessary places and their eye appointments should be rearranged. A triage procedure should be performed to identify patients who may benefit from telemedicine or internet-based visits, and whose appointments can be rescheduled safely, except for patients who need to be seen urgently by an ophthalmologist [16,17].

It has been stated that teleophthalmology will emerge as an important part of clinical practice as technology that provides opportunities in the digital environment, especially for examination techniques, advances [18],

In administrative control, efforts should also be made to prevent crowding of waiting areas. For this purpose, measures should be taken by paying attention to social distance in waiting areas [17], Throughout the pandemic, each hospital has created its own algorithms and ensured control in terms of infection control measures, adhering to the circulars issued by the Ministry of Health and relevant authorities.

Health Service Delivery In Ophthalmology During The Pandemic Period

(Determination of the groups to be treated)

The American Society of Retina Specialist (ASRS) reported in its March 2020 assessment of COVID-19 that a significant percentage of retina patients are at risk of vision loss and should receive regular intravitreal injection therapy. For this reason, it has been reported that there is a special group in this pandemic period. The risky age range defined by this worldwide pandemic is over 65 years of age. The patient group who received intravitreal injection in ophthalmology practice is generally in this age group [19]. These patients were also in the risky group in terms of mortality and morbidity in this pandemic due to the frequency of accompanying other systemic diseases.

For patients with retinal disease during the COVID-19 pandemic, the plan should be aimed at minimizing risks. During the pandemic, it has been reported that the risk of exposure to COVID-19 disease should be reduced for both the healthcare workers and the patient, and action should be taken in consideration of the risks of irreversible vision loss for the patient. It has been reported that it is appropriate to avoid regimens requiring frequent follow-up for those who receive treatment. The necessity of determining strict safety practices and the treatment that requires urgent care and setting priorities are also reported [20].

In the study of Yang et al., consistent with previous studies, they showed that disruptions in treatment can

cause a remarkable deterioration in visual acuity. It has been stated that visual acuity results may change depending on the length of treatment interruption. The effects of the treatment interruption should be investigated in long-term studies. In addition, more detailed guidance of global medical retina specialists is needed in the difficult conditions during the COVID-19 pandemic [21-23].

The patients were advised to continue their treatment in order to avoid vision loss. With the arrangement of examination and operation rooms in a way to reduce the risk of contamination, the treatment of the patients was carried out. Some of the patients did not want to come to the hospital of their own accord and disrupted their treatment and therefore suffered vision loss. It is important to plan the treatment and follow-up of the patients in a way that minimizes the risk of contamination as much as possible and at the same time considering the situations that require emergency treatment.

In Turkey, the number of patients in eye clinics has been reduced, disinfection of the equipment in the examination room, widening of the waiting rooms, determination of the number of patients according to the capacity of the waiting room, keeping patients' relatives in the garden rather than in the clinic, triage at the hospital entrance, screening the patients to be operated, to arrange the operating rooms, to use full laminar flow theaters for the operating room, to use mobile ventilation devices that clean the room from extra viral load, to take a 30-45 minute break between operations and to perform extra disinfection measures in the room to reduce the aerosol load during eye surgery. Measures such as the use of sterile medical drapes covering the patient's head with an operating microscope have been implemented. Each patient to be taken into the operating room was screened, although it varied according to the practice of the health institution. In some institutions, all patients were asked for lung X-ray scanning and, if necessary lung CT scanning, blood tests and evaluation of these tests by the internal medicine doctor, if necessary, COVID-19 tests in suspected cases. Some medical centers stipulated more strict criteria such as direct COVID-19 antigen test for all patients to be operated. During these screenings, some patients who have no known typical symptomatic disease, were diagnosed as COVID-19, and were quarantined. The treatment of these patients were arranged accordingly, based on the degree of the urgency.

The procedures applied in ophthalmology practice in the pandemic have also been the cause of a separate discussion. Before the pandemic, in especially high volume ophthalmology clinics in our country, due to the high number of patients and the demand for eye care, there were too many people in the appointment list and it was very crowded in the waiting rooms of the ophthalmology departments and the ability to allocate very little time to patients. Ironically, because the patients were allocated at regular intervals with longer times in the pandemic period, new arrangements with less number of patients waiting for eye examination in the ophthalmology departments during the pandemic is actually thought to be must be in normal eye care practice. An eye care service where the physician can spend better time for the patient in a reduced number of patients may be more ethical and even more effective or cost-effective in the management of some eye pathologies. This model could be experienced in our country or possibly in similar countries due to the pandemic. Solution must be found for more patient flow to serve more patients in the new normal after the pandemic.

Expectations after the Pandemic Period

It is highly likely that changes in pandemic ophthalmology practice will have an impact on future ophthalmic health delivery practices. After the pandemic period , there will be an hard work flow due to patient density and delayed surgeries. In addition to the importance of innovations that will help in the remote diagnosis and decision-making process with artificial intelligence, the importance of each country having guidelines based on ethical rules and regulations is understood. It is expected to develop policies compatible with the solidarity in the field of health between countries. Patient management with remote telemedicine is expected to become a model in some applications in the future. Research that has been postponed due to the pandemic will continue to increase after the pandemic. In ophthalmology education, the shortcomings in practical application will be tried to be completed.

Possible Ethical Situations in Ophthalmology Practice During the Pandemic Period

The COVID-19 pandemic has raised the issue of ethics in ophthalmology healthcare, as in all medical practices. In the COVID-19 pandemic, it is important how to implement the health service that will be offered as restricted as well as protection from transmission. At this point, the issue of ethical principles should be discussed. As a matter of fact, it should be determined how, and to whom, health services will be provided in addition to non-urgent, postponed, elective surgical interventions. Performing elective surgeries that may be delayed, not intervening in patients requiring urgent surgery, and not taking necessary precautions in patients to be examined may cause ethical concerns. Therefore, guidelines regarding ethical situations in medical practice during the pandemic period can be guiding.

Guidelines prepared by the Ministry of Health and professional organizations in different countries can help in this regard. There are four basic principles of medical ethics. The autonomy of the patient, the principle of non-harm, the principle of beneficience and justice are these four basic principles. In one article, ethical issues are discussed in case studies related to patients in ophthalmology practice during the COVID-19 pandemic. Medical ethics experts have recommended that decisions be made regarding these situations, following four basic principles. Of course, each patient will be evaluated

individually. Detailed information about the patient's illness, the principle of autonomy, the principle of not harming the patient, the principle of beneficence based on the benefit of the patient, as well as the principle of justice, which expresses justice among individuals for patient care, summarizes these principles. It is autonomous in patient decisions. It should also respect the principle of justice. The physician should respect the patient's autonomy, take into account the benefit-harm situation for the patient and watch over the principle of justice. In an article discussing ethical dilemmas regarding ophthalmological care, the case scenarios asked to the ethics experts and the ethical situations related to COVID-19 were asked. Ethics experts seek answers to four questions that need to be addressed in any situation. What is the proximity and severity of the expected harm without intervention? What is the effectiveness of the intervention under consideration? What are the treatment risks for the patient? What are the risks of treating the patient for the healthcare team? It was stated that each case needs an individual risk benefit analysis. As in the teachings in medicine, there is no disease, just like the saying there is a patient, each patient is evaluated in their own way. A detailed informed consent interview with the patient is required. Different responses may be obtained for similar situations among patients. Although there is no objective scoring tool for the process of treating patients in ophthalmology, the approach should be the same [24].

Among the restricted appointment schedules, it was evaluated how a physician could make risk stratification in a limited information environment (such as the patient's retinal status, estimated risk of infection). In this case, it was stated that as a moral responsibility, triage should be performed for each patient whose appointment will be delayed, according to the proximity and severity of the harm. Although it is difficult and time consuming in terms of logistics, it is stated that this is the ethically appropriate situation.

During this pandemic, risk stratification is required based on what is known about the patient's ophthalmic status. Every physician should do his best. As stated in the article, the law enacted in New York state (USA) on the treatment of critically ill patients in inadequate conditions due to human and resource scarcity, during the emergency, hospital physicians and nurses, unless gross negligence, decision and action has been granted exemption from legal and criminal liability [24]. This pandemic period reminded everyone that we have responsibilities for both ourselves and others. As a public disclosure, the security measures to be followed regarding COVID-19 were presented in both public spaces and private sector. Warning messages were published in the form of public service announcements from the media. An effort was made to raise public awareness. The number of patients was reduced in order to avoid density in hospitals. During this period, it happened in patients who did not want to take the risk of vision loss and come to treatment.

Conclusion

With the COVID-19 epidemic that affects the whole world, patients with diseases other than COVID 19 are greatly affected by this situation. Throughout the pandemic, we must act by minimizing the risks so that patients, healthcare professionals and our environment can escape from this situation with as less harm as possible. As ophthalmologists, while managing the acute pandemic in this difficult period, we must take the necessary protective measures to protect ourselves, while treating our patients' ophthalmological conditions that threaten their vision, independence and even their quality of life. While doing these practices, we must deliver health services by adhering to the principles of professional ethics.

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