

Eubios Journal of Asian and International Bioethics



EJAIB Vol. 30 (4) May 2020

www.eubios.info

ISSN 1173-2571 (Print) ISSN 2350-3106 (Online)

Official Journal of the Asian Bioethics Association (ABA)

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Wearing Masks in COVID-19 Pandemic, the Precautionary Principle, and the Relationships between Individual Responsibility and Group Solidarity

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Abstract

This paper argues that a number of medical professionals, medical authorities, governments and the World Health Organization, have acted unethically during the COVID-19 epidemic and pandemic by advising members of the public not to wear masks to protect their own health and the health of those around them. Although by April 2020 most authorities have changed their advice to recommend or even compel citizens to wear face coverings and masks when in public, we need to examine the question of failed moral responsibility and the accountability for this erroneous advice.

Failure to apply the ethical principles of non-maleficence and the precautionary principle

The precautionary principle is widely recognized in international law, yet it was not used during the COVID-19 crisis by most governments, presidents, chief medical officers, national medical associations and even the World Health Organization (WHO). They have failed to apply this principle to a very simple public health measure that everyone can do to protect themselves and their community, wearing face covers and masks. At last we can see by April 2020 a change of heart in these so-called wise people to change their previous paternalistic recommendations not to wear masks or face coverings, to now please wear face coverings or even face a penalty if you do not wear face coverings in some countries. I wish to address the question of moral responsibility for this erroneous advice that was provided by many medical professionals and medical associations. I would go so far as to suggest that these persons have blood on their hands and should be disturbed in their sleep at night. Tens of

thousands of lives have been lost because of their recommendations not to wear masks.

Actually many people thought that they should wear masks, and most in East Asia just went ahead to wear masks, but in Western countries, and in many other countries around the globe, people were specifically advised not to wear masks. This was counter to scientific evidence despite the false claims to advise people not to wear masks. For example, Jefferson et al. (2011) in a *Cochrane Review* of dozens of studies already had shown a decade ago that ordinary masks were effective and recommended to wear masks. Wu et al. (2014) had already presented evidence from the SARS epidemic in Beijing that use of face masks by the public reduced risk of infection significantly for those who used them. It is no surprise that the community transmission of SARS-CoV-2 would also be reduced by use of masks and face covers, since it worked in the SARS-CoV-1 epidemic.

Fortunately, we can see some dramatic change of heart in the USA which has the highest number of infections and deaths from COVID-19. For example, on 29 February, the U.S. surgeon general Dr. Jerome Adams tweeted in capitals "STOP BUYING MASKS" and said that masks do not offer any benefit to the average citizen. On 3 April 2020 the U.S. Centers for Disease Control and Prevention recommended that Americans wear "cloth face coverings fashioned from household items or made at home from common materials ... as an additional, voluntary public health measure."

There have been criticisms of WHO by many persons about many things, but I question how they could ignore scientific evidence and be so reluctant to have people wear a face cover. In the WHO statement, *"There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure. However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19."* (WHO, 2020a). They start to admit some use for masks, however, *"We can certainly see circumstances on which the use of masks, both home-made and cloth masks, at the community level may help with an overall comprehensive response to this disease."*

Actually in 2019 WHO (2019) issued advice to wear masks in times of an epidemic and pandemic in WHO guidance on "Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza". That statement recommends face mask use in the community for asymptomatic individuals in severe epidemics or pandemics in order to reduce transmission in the community; this is based on mechanistic plausibility for the potential effectiveness of this measure.

A study in Singapore in March 2020 had already demonstrated how asymptomatic persons were spreading the SARS-CoV-2 virus (Wei et al., 2020), which led to a change in the Singapore government's recommendations. However, the Singapore government had already ordered the Armed Forces to deliver 5.2 million masks to 1.3 million households across the city, on 1 February 2020, when Singapore had recorded just 13 cases of the

coronavirus. There have been some medical voices against the voices of authorities not to wear masks. Burch (2020) wrote, *"Despite hearing that face masks 'don't work,' you probably haven't seen any strong evidence to support that claim. That's because it doesn't exist."*, and also provided some easy to use guidelines on how to make more effective face coverings. As Wei et al. (2020) wrote, *"The possibility of presymptomatic transmission of SARS-CoV-2 increases the challenges of COVID-19 containment measures, which are predicated on early detection and isolation of symptomatic persons."*

Even three weeks after Singapore, the American Medical Association President said, *"there is 'little benefit to wearing a mask', and 'the CDC does not recommend that people wear face masks to protect themselves from respiratory viruses.' This includes COVID-19"* (Berg, 2020a; 21 Feb). The American Medical Association (2020) "Statement on CDC's recommendation for public on cloth masks" on 3 April, 2020 accepted the public use of masks, and also it was reported that some healthcare institutions had been refusing to allow physicians from wearing their own mask when the physicians had made a medical judgment that their own mask was safer than the ones the institution had provided to them (Berg, 2020b). There were reports that some institutions only had enough masks to provide one mask a day to their professionals. In some countries, there were reportedly even less masks.

There are still other authorities that remain against general mask use, such as European Centre for Disease Prevention and Control (2020) who wrote in their "Using face masks in the community" statement, "There is no evidence that non-medical face masks or other face covers are an effective means of respiratory protection for the wearer of the mask" At the same time they state, "For communication purposes, it is important to emphasize that the people who use face masks in the community want to protect their fellow citizens in case they are infected. They do not want to unknowingly spread the virus, and wearing a mask should not be misconstrued that they want to protect themselves from others. Wearing a mask is not an act of selfishness and should be promoted as an act of solidarity." Perhaps this is a way for medical authorities to save their public face while not further causing the deaths of citizens.

Individual responsibility and group solidarity

It has been quite a contrast to look at the policies announced in different countries over whether people should wear masks to protect themselves, and/or others from infection during the time of COVID-19. This is a very simple example to illustrate the evolution of individual responsibility and group solidarity, although it is related to rather diverse cultural traditions around the world. Personally, I found it very interesting because I lived in Japan for several decades and am totally used to seeing people wear masks especially during the pollen season in the spring. It was also common sense that everyone would wear a mask if you had any infection to avoid spreading the disease to other people. Almost every household has masks as a regular item in their cupboards. Throughout 2020 East Asians have continued to use masks to attempt to prevent COVID-19 infection. In China, Hong Kong, Taiwan, South Korea and Japan mask-wearing has become the norm, with some stores refusing entry to those without face covers.

Hong Kong authorities gave advice to wear masks in public on 24 January, and in China on 31 January. Taiwan had even stockpiled enough masks that they did not have a shortage.

When we compare the situation in different countries we can see a full range of policy statements and actual practice between countries (and/or individual institutions and commercial premises) which make it compulsory to wear a mask before you enter into a supermarket, or enter to a medical clinic, pharmacy or hospital, and countries who publicly state that you have no advantage to wear a mask so you shouldn't be wearing masks. Some of the countries with mandatory face mask use include Austria, Bosnia-Herzegovina, Czech Republic, Indonesia, Israel, Kenya, Morocco, Panama, Slovakia, Ukraine, Vietnam; and the island of Luzon, the Philippines, and the city of Jena in Germany. Some countries recommend using masks, but unless there are sufficient masks available a fabric face cloth can be used as an alternative, For some examples see Andelane (2020), Feng et al. (2020), Huo (2020), Ting (2020). I also found it interesting to be a mask wearer during mid-March 2020 in Geneva, London and Istanbul, noting that in all these places I was almost the only person wearing a mask. On my last day in Geneva on the 12 March I did see several other people wearing masks, and on a flight from Istanbul to Los Angeles on the 14 March surprisingly I was among 20% of the people wearing a mask on the flight – being one of 4% on the flight in the reverse direction 2 weeks earlier.

One of the rationales that the U.S. Centers for Disease Control provided for their previous statements to ask the public not to wear a mask, or statements not recommending to wear a mask earlier, was that there was a shortage of surgical masks and the mask should be provided to first responders, including medical staff because there was a shortage of masks in the country. It is interesting if that is the same rationale that is given in other countries, nevertheless it raises a number of individual and collective issues of expectations and responsibilities for public health. Since we know that in many viral infections of the respiratory tract there are many asymptomatic persons who can spread the virus, and that among young adults perhaps more than half the persons are asymptomatic, it is simple public health prevention to let people wear masks.

In article 4 of the Universal Declaration on Bioethics and Human Rights it states that human beings have both autonomy and responsibility and that these should be balanced. So when the government tells citizens who wanted to wear a mask that they should not wear a mask, it is providing a directive like a paternalistic big brother to tell citizens do not wear masks because we do not have enough masks and you should give your masks to the medical staff who really need it. They actually made calls that citizens should give any N-95 masks they have as a donation to medical staff. The same government was actually negligent not to have a national stockpile after decades of discussions of pandemic preparedness.

For those of us who felt that it was a matter of responsibility to wear a mask so as not to have any risk of infecting others, it's a very strange message from public health officials. The fact that when you go to a hospital even under normal circumstances medical staff are wearing masks suggest that mask have an important function in

preventing infection. It would therefore seem to be unethical for the double standards to allow medical staff not to be infected by wearing masks, while also telling the public you can go to the supermarket and your essential work without a mask. They said the mask is not going to help you.

In fact, providing this misinformation is unethical for public health authorities to have recommended not to wear masks. It is also a complete contradiction that after two months of saying don't worry now they suddenly say, "Yes you need to wear a face covering when you go in public." This is such basic knowledge that actually I saw many people in the USA wearing masks and thus "contravening the advice of the CDC" throughout March 2020, especially immigrants in the USA from divergent spaces such as East Asia, Persia and Latin America.

On the positive side I think that the police in California have been quite rational about the enforcement of social distancing, when compared to some other Western style democracies that fine or imprison apparently healthy individuals who went out of their house. There have been tragedies in some countries where police have killed persons who seem to be breaking the rules of social distancing and quarantine. That is a topic for another paper, and of course physical distancing has had positive impacts in the pandemic.

An Erosion of Trust

When we have a public health emergency, trust is very critical and I don't know how citizens will feel about public health officials who have earlier said they should not wear a mask or face covering. The same officials also tried to blame citizens who wanted to go to the beach or on a nature walk, and some parts of California closed beaches while saying there was no advantage to wear a mask.

Further epidemiological analysis will let us examine how many deaths were caused by the erroneous advice not to wear masks which has been admitted to now be inappropriate guidance from the health authorities. How much did this contribute to the spread of disease? Probably not washing hands was more of a factor, or failure to keep physical distance from each other. Ignorance may also have been a cause of a rapid rise in COVID-19. Given the need for economies to restart, and after a realization of the broader impacts of the recession caused by stay at home orders, the new normal will be to wear masks. This is not rocket science, but a lesson of SARS that many countries failed to learn. Let us see when governments will actually change their advice and admit their mistake of telling persons not to wear masks. At least some governments, and some medical professionals, have now admitted their mistake and changed their policies.

In this paper we can see how exploring recommendations of mask use is an issue of accountability for public health officials and medical professionals who told their patients and people don't wear masks because it doesn't help you. This is certainly an issue of individual responsibility and group solidarity, but I think everyone should wear a cover over their mouth and nose from the beginning. In the age of informed choice I did not expect erroneous paternalism to have arisen again in 2020.

The World Emergency COVID19 Pandemic Ethics Committee (WeCope)

Terms of Reference

The World Emergency COVID19 Pandemic Ethics Committee (WeCope) is a multidisciplinary group of persons from a *variety of professional backgrounds* who are of *cross-cultural and global background* who are independent of government, who *are living in different countries under different conditions during the same COVID-19 crisis* are tasked with the following:

- 1) To act as an independent forum to gather accounts of the experiences and perspectives, specially concerning good practices, and alleged human rights abuses.
- 2) To consider the interface between the theory and practice of ethics around the world and the need for ethical initiatives in research, policy, and information sharing in the world emergency responses and aftermath of the COVID-19 pandemic.
- 3) To compile and produce reports and policy statements that may guide individuals, civil society organizations (both non-profit and for-profit), governments, and international entities in their responses to the global health emergencies linked to COVID-19, which have utility both in the current pandemic and further ones.
- 4) To be of service to those who seek our assistance, and to the most vulnerable among us.
- 5) To act quickly and issue reports and statements quickly.

For more information:

https://www.eubios.info/world_emergency_covid19_pandemic_ethics_committee

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- A useful website is https://en.wikipedia.org/wiki/Face_masks_during_the_2019-20_coronavirus_pandemic
- (This paper was presented on 9 April 2020, at the Second International Public Health Ambassadors Conference).

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Japan's management of COVID-19

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The Japanese government has been strictly controlling the use of PCR tests by medical doctors, requiring them to show that a patient has been affected with severe symptoms before they can ask for the permission to have the test done. The limitations were so strict that the Japanese Medical Association complained reporting that hundreds of doctors' requests for these tests were denied. This policy is wrong, because the main function of PCR tests in COVID-19 is for case-finding not clinical diagnosis.

COVID-19 can be 'clinically' diagnosed based on a number of criteria in patient history and symptoms, physical examination, blood tests (lymphopenia, high CRP, thrombocytopenia, etc.), X-ray and/or CT-scan. In fact, the PCR tests have a relatively high false-negative test result, which is about 30% for deep nasal swabs, and 40% in deep throat swabs. The PCR tests are useful when clinical diagnosis is difficult or there are doubts, such as when symptoms are not specific, or do not exist at all, but it is important to rule out COVID-19, for example in a person who may have been exposed to an infected person. Otherwise, the doctor may send a symptomless carrier back to the community to infect others. In other words, the main use of PCR test is for case-finding; it is for population surveillance. That is why doing a lot of it is recommended. Using these tests, medical doctors may find potential carriers even if they do not show symptoms.

However, the Japanese government by wrongly using the PCR test as an 'official confirmation' of COVID-19 without which the diagnosis is not accepted and not counted, even in the most clinically apparent cases, is only creating difficulty in the job of medical doctors to control the infection and treat their patients. It is worth remembering that the sooner the treatment of COVID-19 is started (with Avigan, for example), the prognosis will be better. By not allowing the medical doctors to use the PCR test to 'confirm' their clinical diagnosis, the treatment of clinically apparent cases is delayed which may aggravate the prognosis and final outcome.

One may ask why the Japanese government may intrude into medical diagnosis as such? The most possible explanation is that they may want to downplay the risk of infection in Japan, so as to salvage the Olympics as well as the economy which is under pressure especially in the tourism and hospitality sector. This suspicion got more support after the announcement that the Olympics has been delayed to 2021; there was a surge in the number of infected people in the days following the cancellation.

Moreover, keeping the number of infections down by not allowing those who have not been tested to be counted, can be very dangerous. It sends the wrong message to the community about the level of safety. Also sending a potential carrier home is dangerous if he/she has a family living together. Other countries do the quarantine outside home, in a special facility for all such cases, but not sending the potential carrier back to their family members.

I knew about the COVID-19 cluster in Oita a few weeks before it was announced in the news, because a famous Japanese doctor who sees my Iranian friend in Oita had told him about it. This is their conversation:

Doc: Be careful! I have about 30 Coronavirus patients under my care in Oita!

Friend: But there was no public announcement?!

Doc: It is not announced as long as we cannot confirm our diagnosis because the PCR tests are controlled and we cannot have them performed. But I am sure about these patients because I could see the changes in their chest CT scan.

Friend: So, what do you do with them?

Doc: They are sent home for self-quarantine. If their condition gets worse, we may admit them to hospital.

Then we can ask for a PCR test.

This intrusion of politics into health policy is unethical. The desire to have the Olympics in place even if it may put people at danger, or the desire to run businesses as usual even if it put workers and their customers at danger, should not lead to deception and mismanagement of a life-threatening epidemic. In other words, the policies of a government, whether the policies are directly related to health or indirectly impact health, including those of the ministry of health, should be 'healthy policies'; this means that any government policy should consider the possible impact on the health of people. Also, as it has been shown in other parts of the world, transparency of the government and communication of the information at hand can lead to trust and compliance with regulations such as social distancing.

Fortunately for Japan, people are well familiar with the use of masks to prevent spread of respiratory infections, and it is less common to receive guests in one's home; people commonly visit a café or restaurant to meet friends. However, opening of the schools can increase the risk of infection spread as kids can take the infection home after catching it from other kids in school activities. The issue of when to open the schools and whether to start work from home for company employees has been a hot topic.

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Ethical implications of 'Rationing' vs 'Rationalization'

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Abstract

Public health manages the largest possible volume of resources for health. However, and regardless of the national budget for healthcare, there is a chronic incapacity to respond positively to all healthcare needs of all people, in all circumstances. This reality is aggravated in exceptional situations. When resource scarcity worsens, the need for resource allocation intensifies.

"Rationing" and "Rationalization" are two different scarce resource allocation strategies. However, most authors use the two terms interchangeably, with great detriment to the establishment of ethically sound guidelines for priority setting in healthcare. Therefore, it is urgent to revisit the two concepts, particularly in the current pandemic situation in which the allocation of resources for healthcare is reaching extreme and unseen levels, with a dramatic impact on patient care.

This paper presents a conceptual comparative definition of "Rationing" and "Rationalization", stresses the different ethical requirements and implications of both, identifying the ethical principles that are at stake, and circumscribes the ethically legitimate specific fields of their application. Examples of the different outcomes deriving from either rationing or rationalization will be presented.

Keywords: Ethics, Public health, Resource allocation, Rationing, Rationalization, Discrimination, Justice, Human dignity, COVID-19

Introduction

Public health manages the largest possible volume of resources for health, namely human, technical and pharmacological resources. Although there are strong discrepancies in each country's investment in public health, they all suffer from an incapacity to respond positively to all healthcare needs, of all people, in all circumstances.

Chronic scarcity of healthcare resources

Notwithstanding how much the healthcare budget increases (and it does tend to increase in the Western world), it still remains chronically insufficient, mostly due to: cutting-edge technologies and state-of-the-art drugs which, although very expensive, are also highly efficient and frequently the last and only resource to prevent death or permanent injuries; increasing number of patients with chronic diseases, which were fatal in the past (e.g. HIV) and, although cannot yet be cured, are reasonably well controlled to allow people to live; significant increases in life expectancy, worldwide, but mostly in the Western world, increasing also the number of years each person needs healthcare; demographic growth all over the world, but mostly in the Southern hemisphere, increasing also the number of persons in need for healthcare.

The powerlessness of national healthcare systems to provide everyone with all the health services they need, is (naturally and unavoidably) aggravated in exceptional situations, such as wars, natural disasters and pandemics. When resource scarcity worsens, the need for resource allocation intensifies; and when allocation of scarce resources intensifies, the need to convey fair criteria of distribution scarce resources and the prioritization of patients sharpens.

"First-come, first-served" and "high-severity, high-priority"

Daily resource management systems do not apply to the exceptional and challenging conditions of a pandemic, in which both the scarcity of resources and the number of people who need them to survive, worsen. We refer to the usual "first-come, first-served", combined with the "high-severity, high-priority" triage systems.

The first system corresponds to the lottery model, which some advocate in extreme situations in the sense that, in the impossibility of formulating a criterion of justice that is consensually recognized as objective, "drawing lots" avoids any subjective assessment. This implies, however, the lack of responsibility of those who have the power and duty to make decisions. Nevertheless, no clinical management can alienate its responsibilities, its duties, which would be equivalent to resigning from its functions.

The second model, that of prioritizing the most serious patients, would be imperative from a human point of view, providing relief to those in greater suffering. However, it cannot be applied in an aggravated situation of scarce resources, because it would imply using the most efficient therapeutic resources in patients who are least likely to benefit from them.

The overriding of these two systems is not specific to the current pandemic or even to other exceptional situations mentioned above. Also, in the day-to-day management of health services, they are overlooked in specific situations, as is the case, for example, among transplant candidates: patients in a more serious clinical situation may not even be admitted on the waiting list and those who enter on the list may go straightaway to a high position due to the combination of several clinical factors.

From an ethical point of view, it is important to save life and to promote the health and well-being of the largest number of people (utilitarian perspective), which the "first-come, first-served" and the "high-severity, high-priority" triage system does not always guarantee; and they most certainly compromise it when the scarcity of resources is the reality (a good example is, once again, the prioritization in the transplantation's list). These common triage systems do not work when resources are very limited and specifically in cases of life and death.

In these extreme contexts (more than in any others) there is a need to "rationing" and "rationalization" of scarce resources. Regrettably many authors use the two terms interchangeably, what entails a serious loss for the establishment of ethically sound guidelines for the unavoidable priority setting. In the current pandemic situation, in which the scarcity of resources for healthcare is reaching extreme and unseen levels, with a dramatic impact on patient care, it is urgent to revisit the two concepts.

“Rationing” versus “Rationalization”

“Rationing” and “Rationalization” are two different resource allocation and prioritization setting strategies. They are different concepts, they have different foundations, they entail different consequences, and they draw different guidelines for patient’s care. Therefore, they should not be mistaken.

Conceptual definition

“Rationing” and “Rationalization” they both derive etymologically from the Latin word *ratio, onis*, which could mean both the “calculation”, a numerical calculation, and the capacity to calculate, intelligence or judgment. Conceptually, “rationalization” focuses on the human faculty to make good judgments; “rationing” focuses on the result of the judgment, on its product. Through time, both concepts received particular significances and connotations according to their uses.

Today, “rationing” refers to official restrictions to the consumption of essential goods, to the limits to the quantity of a product available when there is a shortage of goods. It has a negative connotation by focusing on the limits. A good example of the rationing of goods is the limited number of items of the same product that are superiorly authorized to be sold/bought during a social crisis, as it happened with groceries when the coronavirus lockdown was declared.

Within the healthcare sector, “rationing” refers to the distribution of limited resources by a limited number of people, following specific criteria. These criteria focus on the person’s features, such as the profession. For instance, considering the current shortage of medical face masks, the few available should be delivered to whoever has the greatest need, such as healthcare professionals and other professionals, who are in the front line, in direct contact with the public. Rationing criteria focus on the person’s features (such as profession, but also age, gender, nationality, etc.).

Today, “rationalizing” refers to the most rational, logic, reasonable use of limited resources solely under the criterion of making the most of it. The goal is the optimization of the resources available, making them as efficient as possible. It has a positive connotation by focusing on the performance. Within the healthcare sector, a paradigmatic example is the allocation of human organs for transplantation, which follows a strict criterion of rationalization: the scarce organs are allocated to those persons who can do better by receiving them.

Briefly, while rationing focus on persons and their characteristics, rationalizing focus on resources and their performance.

Ethical implications

“Rationing”, by distributing the resources available by a small group of people in need, discriminates this group positively. Positive discrimination can be ethically justifiable when contributing to a broader compliance to social justice. In this case, it requires transparency in the criteria and in the procedure of distribution, as well as in the results foreseen. The norms should be transparent and consensual.

Nevertheless, the application of “rationing” to healthcare resources also entails a negative discrimination

towards all the other persons who are left without adequate assistance, thus challenging the ethical principle of justice. From a utilitarian perspective, rationing healthcare resources can be ethically legitimate or justifiable if it contributes to maximize the overall good.

“Rationalizing”, by optimizing of the resources available, by promoting their efficiency, focuses solely on the resources available, and requires only their best use. The procedure of assigning health resources to patients is objective and rigorous. Therefore, although only few patients receive what many needed, the rationalization system does not discriminate (positively or negatively) against anyone, therefore neither does it infringe the principle of justice.

Furthermore, only the rationalization of scarce resources respects the principle of human dignity. Indeed, the rationing of resources allocates them according to a previous evaluation of the patients, based on different personal criteria. The rationalization system respects the absolute, equal, unconditional and inalienable value of all persons, and the selection of patients or their prioritization is established by aiming at the higher efficiency from the resources available.

The rationalization system combines the utilitarian perspective, maximizing the efficiency of the healthcare resources, with a deontological perspective that, regardless of consequences, requires respect for axial principles, namely human dignity and justice.

Specific domains of ethical legitimacy

“Rationing” and “Rationalization”, being two different concepts, with different ethical foundations and implications, can both be ethically used in healthcare, although not in the same context.

“Rationing” should only be applied to the distribution of non-vital scarce resources and when promoting the well-being of the majority, under a utilitarian perspective. It is ethically arguable that, to maximize the well-being of the majority, few can be affected. However, no life can be sacrificed to save another, what would imply the different value of human lives. Therefore, and retaking a previous example, the rationing of medical face masks is possible – enhancing the protection of those more exposed to the risk of infection –, but not of the life-saving ventilator – selecting people to be cared, and others to be left to die.

“Rationalizing” is the only ethically legitimate system for the distribution of vital scarce resources, when the lack of access to those means causes death. Any other allocation system entails choosing the life and death of people, and therefore are not ethically acceptable. Rationalizing acknowledges the utilitarian, and consequentialist requirement to maximize the general well-being, but also complies with the deontological requirement to respect key ethical principles such as justice, at the social level, and human dignity, at the personal level.

Conclusion

The concepts of “rationing” and “rationalization” cannot be used as synonyms, and their ethical legitimacy depends on the contexts they are applied to, leading their respective application to the same clinical situation toward different management of scarce resources: the rationing of ventilators to COVID-19 patients would most probably exclude an otherwise healthy 80 years old person, and

consider a 50 years old chronic disease patient; the rationalization of the ventilators, would just provide the ventilator to the patient who could benefit the most.

The distinction between “rationing” and “rationalization” and their ethical application contributes to mitigate the scarcity of resources and to guarantee the equally respectful treatment of each and every person.

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Recognitive and redistributive claims in COVID-19 Outbreak

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Abstract

In every disaster that occurs in a country, the most affected are the poor and the vulnerable sectors. While international and national aid agencies and national government usually provide immediate support, most of their responses fall into “dole-out” system motivated by the concept of “tulong” and “awa” (help and pity) for the victims. On the other hand, local people and civil society organizations in the Philippines also responded to disaster-stricken communities and people but with the concept of “pagtutulungan” and “bayanihan” (helping each other and working together) with a strong motivation to empower the people and their communities to cope up the adverse effects of disasters. This paper will explore the two different disaster response paradigms (“tulong” at “awa” which promotes only redistribution versus “pagtutulungan” at “bayanihan” which promotes both recognition and redistribution) of the different responders during this covid-19 outbreak in the Philippines and discover its effects among the masses. This paper will argue that to be able to pacify the agitation and anger that exist among some of the poor and vulnerable sectors in the country, the government and other aid agencies must

employ both recognition and redistribution as important components in their engagements with these people.

Introduction

The intention of this paper is to explore and assess the two prevailing paradigms (“awa” at “tulong” and “pagtutulungan” or “bayanihan”) in responding to the needs of persons especially the poor that are the usual victims of disasters in a country or society. The paper starts with the basic definition of a person and what constitutes personhood. The paper then argues that the different engagements of aid agencies to the poor have their own built-in assumptions about the personhood of the poor. These different assumptions have resulted in different treatments which have produced different psychological effects in the poor. This paper will further argue that in disaster response such as in COVID-19, recognition of the inherent worth of the persons regardless of social status is an imperative while working on the redistribution of goods and other economic benefits to appease the cry of the poor during the COVID-19 crisis and empower them to take charge of their own destiny. While recognitive and redistributive justice can be considered as separate, they are complementary approaches to solving the problems of injustices and inequalities that for so long had been afflicting the poor in the Philippines. However, it is not the intention of this paper to dwell deeply into the different arguments for and against these two approaches of justice. The humble aim of this paper is just to evaluate the different paradigms of engagements being used by aid agencies both from the government and civil society organizations to respond to the needs of the poor during this pandemic and evaluate where these paradigms of engagement fall in the spectrum of recognition and redistribution. After evaluation, the paper offers a possible paradigm of engagement that aid agencies and those working to respond to the needs of the poor might consider.

Let me begin with this basic question, what is a person? In the psycho-spiritual world, we speak of two dimensions of a person: the core and the periphery. The core constitutes the being of a person. The core is the source of his dignity and worth as a person. The periphery constitutes the other faculties of a person. This is about his achievements, possessions and positions. The core is the “being” while the periphery is in the “doing” or the “having” domain. We are told that the most important of the two is the core because this is the being of the person. But the periphery is also important although in a lesser degree. Taken properly, the periphery adds flavor to the core. Just like a gift that is wrapped beautifully, a wrapper makes the gift so attractive externally but wrappers are not the real gifts.

Gabriel Marcel said that man is an incarnate subjectivity. For him, man is a body but he is more than his body. Man also, is a spirit. Because man is not only a body but also a spirit; man has inner freedom and autonomy. His freedom and autonomy make him above animals and plants. Because of his freedom and dignity, man is an end in itself, according to Kant. For Kant the autonomy of man is the basis of his dignity. Because of his dignity, man should never be used as a mere instrument for others' happiness (Maboloc, 2012).

In the political context, a person is defined according to his citizenship. His membership to a state or a society gives him rights and privileges. Sometimes, his citizenship is the sole basis of the granting of his rights and privileges, not his being a person with inherent rights and dignity. In some association or groups, membership signifies requirements. Hence, if you are not qualified you cannot be a member, ergo you cannot have rights and privileges that the members of that organization enjoy.

Axel Honneth's forms of intersubjective recognition (love, respect and solidarity)

In this section, I will briefly discuss Axel Honneth's concept of personhood in his theory of recognition. Honneth (1995) outlines patterns of intersubjective recognition which are love, rights and solidarity in chapter five of his book, *The Struggle for Recognition: The Moral Grammar of Social Conflicts*. These three forms of recognition according to Honneth are important in the making of the person. For him, without the experience of love, respect and solidarity, the person will not develop his true identity. To be able to develop his identity and to contribute something to the society, a person needs recognition of who he is – as an equal member of a society endowed with equal rights and liberties. In short, he must be recognized as a full citizen of the society. This struggle for recognition is not only political, but basically moral. Renante Pilapil, a scholar of Honneth, who is currently based in Mindanao, said that “beyond the political, there is an inherent moral character of recognition struggles that are largely based on individuals' normative expectations upon the society, central to which is the recognition of their identity” (Pilapil, 2015: 60). When we speak of identity here, we are not simply talking about the external or the peripheral dimensions of the person such as his achievements, possessions and positions but more on the inside or the being of that person. Identity then refers to that which makes a man truly human.

Love and self-confidence

Drawing insights from Hegel, Honneth (1995: 95) says that love is the first stage of the reciprocal recognition because in the experience of loving and being loved, the subjects mutually recognize and confirm their needs for each other. In short, in the experience of loving care, both the subjects know and reassure themselves to be united in their neediness of each other as well in their dependence from each other (Honneth, 1995). With the experience of mutual love, the person's existence is not only affirmed but also enhanced. The absence of love might lead to negation and denial of self and its capacity to love. Not allowing the person to experience and give love constitutes a kind of evil in the world because it runs contrary to the very nature of the person, which is love. For love to be called love, it must be shared. Sharing of love requires the recognition of the existence of the other.

Honneth (1995: 107) says that recognition is a constitutive element of love. It is an affirmation of person's autonomy that is guided and supported by love. Although this experience of love is basically planted in the family, its seeds may, through commitment, germinate and spread towards the larger circle of social relationships wanting to be fulfilled and recognized. Just like the child who develops trust because of the loving care and attention of his

parents, the adult who experiences genuine love and care not only in relationships with family but also with others in larger circles of relationship, develops self-confidence. This sense of confidence in oneself is needed as the person climbs up the ladder towards self-actualization in the Eriksonian sense. In Honneth, this self-confidence which is the product of an experience of love is a necessary psychological condition for self-realization (Pilapil, 2015: 68). However, the experience of love and its expressions may differ from one person to the other, from one culture to other and even from one era to another. Thus, Honneth moves to his second pattern of intersubjective recognition: legal recognition.

Rights and self-respect

In his second form of recognition of persons, Honneth wants that individuals should have equal rights and be recognized as legal persons by virtue of being a person and not based on social standing, status or roles in the society. Honneth (1995: 110) asserts that individual rights must be detached from concrete role expectations. He endorses three categories of rights, namely, (1) the civil rights that protect the person's life, liberty and property from unauthorized state's interference; (2) political rights that guarantee the person's the opportunity to participate in the processes of public will-formation, and (3) the social rights that ensure a person's fair share in the distribution of basic goods (Honneth, 1995: 115). For Honneth these rights make a person a full-fledged member of a political community.

As a full-fledged member of an organization, a person is entitled to an equal share not only of the benefits but also the burdens of the organization subject to existing rules and regulations of the organization. Thus, a full-fledged member of the society should not only claim his entitled benefits but also share something to the society. As a free and rational being, he has a duty to also contribute something for the betterment of the society. This duty should not be imposed on him from the outside but must be coming from his inner conviction. Through mutual recognition of their rights as free and equal members of a political community, Honneth says that a person develops self-respect (Honneth 1995: 118). It is clear that without recognition of their rights, the individuals will not develop a sense of self-respect. If a person has no sense of self-respect, it is very difficult for him to give respect to others.

This implies that there must be institutionalization of these rights and the state should ensure that all individuals will receive these rights. But in the actual practice in many societies, a person really needs to demand these rights from the state. It is not automatic that the moment you are born, you will immediately have these rights. In many cases, you really have to demand them from the state. This prompts Pilapil (2015: 71) to ask this important question: “if rights enable persons to develop self-respect, does it mean that those who are incapable of demanding their rights would have no chance of developing self-respect?”

In the Philippines, there are many people who are not capable of demanding their rights. While some are capable of demanding their rights, not all of them are granted the rights that they are demanding, for so many reasons. In the context of this pandemic, a lot of people, especially the poor, demand that they should be given the freedom to move and continue their livelihood. In a sense, they are

demanding their right to live. Not only the poor but also the rich whose businesses are hampered by the lockdown, are also clamoring for their right to continue with their business activities. But the government has to impose this lockdown for public safety and security. While the rich can still bear the burden of this policy, the poor people are the ones who are hurt the most. Thus, they are demanding for their right to live.

Solidarity and self-esteem

The third form of intersubjective recognition for Honneth is solidarity. This solidarity can easily be established if persons not only recognize and respect each other but also appreciate each other's unique contribution to the society. This appreciation should not be accorded only to those of high status and roles in the society like the doctors, scientists, engineers and the like. This appreciation should also be accorded to ordinary people like farmers, janitors, security guards, garbage collectors, street vendors and those that fall under this category of jobs. Honneth (1995) says that when a member of the society is given appreciation and also the chance to appreciate themselves and others, solidarity can be easily established. This is because esteem or appreciation inspires not just passive tolerance but also felt concern about the person through which the shared goals of the community are realized (Pilapil, 2015; Honneth 2007). Honneth's concept of solidarity is not only about shared feelings of sympathy but more on the shared concern and interests (Pilapil, 2015). Thus, a collective uprising of the poor that is based on a shared interest or concern is an expression of solidarity in the same manner that a collective action to care for the victims can also be an expression of solidarity. Following the rules on quarantine not through coercion but through a shared concern for the safety of all can also be an expression of solidarity.

For Honneth, a democratic society that values and tolerates free expression is helpful in the development of solidarity among the people (Honneth, 1995: 129). In the context of a health emergency situation such as the COVID-19 pandemic, how can we judge and support the "best" expressions of solidarity? Can we say that those who continue to stay at home as mandated exhibit the best expression of solidarity? How about those who joined in collective demonstrations to demand for their rights and to pressure the government to recognize them as persons of equal value as the rest of the people in the country? How about those who joined in the relief operations to help the front-liners and the people in need? Can there be evaluative framework to judge the validity of these expressions of solidarity? There should be. However, it is not the intention of this paper to dwell deeply into this matter.

Injustice, moral suffering and political resistance

For Honneth, the struggle for equality of rights and justice is not only political but also moral. He considers the moral implications to the persons in his analysis of the different issues of injustices in the society. In his theory of justice, Honneth is concerned with the actual happening or cases of injustice or moral suffering as a result of unrecognition or misrecognition, disrespect and maltreatment (Pilapil, 2015). It is important for Honneth to go back to the experiences of the individual person and how these

experiences enhanced or constrained his psychological growth as a person. To be able to combat the forces that may cause moral wounds of the person, Honneth proposes three forms of recognition, namely, love, respect and solidarity or esteem which for him, constitute the social preconditions for the formation of the moral self of the person (Honneth, 1995). As a social being, man has to enter into a mutual relationship with others to be able to experience and satisfy his needs for love, respect and esteem as well as affirm his capacities to also give the same to others. Without the experience of the different forms of recognition in the person's relationships with others, it would be very difficult for that person to develop self-confidence, self-respect and self-esteem which are necessary ingredients in the formation of his healthy psychological and moral self (Pilapil, 2015).

It is then important for Honneth that society must have institutional rules that are publicly affirmed and justified to satisfy the moral expectations of individuals, to be recognized for who they are as persons. If institutional rules and practices deny and violate their claims to be recognized, respected and have a fair treatment of their unique identity, works and contributions to the society, a feeling of social injustice may happen that may result to rebellion or uprising (Honneth, 2003).

One instance of unfair treatment that the poor or the masses experienced during this health emergency situation was the implementation of the enhanced community quarantine guidelines. While there are many of the poor who were arrested for violating curfew rules, the rich and the powerful who violated the protocols are not yet given sanctions by the authorities. Why is that so? Is it because of their status as "rich persons" and maybe contribution as politicians that they are accorded "respect" by the implementing authorities? Are the authorities afraid of them because of their status in the society? What about the poor who also contribute a lot in the society such as janitors, drivers, street vendors, and the like? Are their contributions not enough? Are they not worthy of respect? Since most of these poor rely solely on their daily work to have food on their table, denying them their rights to do and perform these tasks is tantamount to slowly annihilating them in the society. In the first place, the poor people were not consulted and therefore, not considered in the deliberation and decision to implement the ECQ protocols and guidelines. There is no doubt that the implementation of the ECQ is needed during this pandemic; but imposing this immediately without consulting the poor and listening to their side is an example of disrespect and misrecognition of their rights and capacities as equal members of the society. However, in a public health emergency situation, time is very crucial and the government has to decide immediately for the good of all. Since grassroots consultations take so much time, it is quite impossible to have a series of consultations with all the sectors who will be affected before coming up with a decision. This is understandable of course. But when it becomes a pattern in the way the government and the elites treat the poor in the society – like they are treated as "less" because of their status, this will result to an experience of moral suffering which can be a breeding ground for political resistance.

These individual experiences of suffering inspire collective sharing of the same stories and narratives on the

ground. A lot of poor people can resonate with the experience of moral injuries suffered by their “kababyans” (fellow, companions or comrades). This sharing of struggles may ultimately result in collective works of emancipation. Benhabib (2002) said that moral or psychological injuries occur not only in individuals but also in groups since he links the distorted processes of recognition of individual identities to the process of collective oppression or marginalization. It is very likely that the uprising among the poor residents of San Roque, QC, on 1 April 2020 is a microcosm of the collective aspirations of the poor and the masses to be emancipated from all experiences of injustice, disrespect, misrecognition and ill treatment they suffered from the hands of the powerful, the elite and the ruling class.

When they are pressed further why they are violating the protocols of social distancing and the enhanced community quarantine by staging a street protest or demonstration, their leader said that they don’t have any intention to cause trouble, they just want to be noticed and to be recognized that they need food (GMA News Online, April 2, 2020). If you try to examine the statement of the leader of the protesters, it is very clear that their need for food is just secondary to their needs for recognition as persons and as full-fledged members of the society. Giving them food will probably silence them for a while but it does not heal their broken self because their deeper need is not food but due recognition and respect of their moral worth as persons. When they are only treated as troublesome “beggars”, they are only given food but the giver does not even bother to talk to them, or ask them questions that matter to them. In short, there is no effort on the part of the giver to enter into their world, understand them and establish relationship with them as persons and as humans with agency and endowed with dignity.

This has been the paradigm of the government and other aid agencies mostly coming from the elite, in their disaster response to poor victims. The victims and the ordinary people are made to feel powerless in the midst of disaster. When they are only seen as passive objects of pity, their agency is diminished (Gaspar, 2014: 92). I have observed this awful scenario in my experiences as a responder to Typhoon Pablo which hit Mindanao in 2012. As we arrived to the places of disaster after establishing legwork from local people, there were responders from the national government and other aid agencies who treated the victims badly. For them, these people were under the mercy of the government and other donors. Thus, they should behave properly and obey their rules and regulations. Part of the rule was to ensure that the cameras were in placed before they lined up to get their share and then they had to write their names and have them signed in three separate sheets of paper. The people who got the relief goods did experience temporary relief from their hunger. But certainly, they did not feel the genuine love and care from these responders because they were never recognized as persons with moral dignity and agency and they articulated that during our interviews and psycho-social interventions with them.

Engagement through “Pagtinabangay” (helping each other) in the grassroots

What should be the purpose of disaster response such as food packs and cash assistance in a disaster such as COVID-

19? Is it just to give relief goods for the poor to have food on their table during the lockdown? What will happen after the lockdown if most of these people are not still empowered psychologically to take control of their destiny? What if most of them still do not have jobs or any means of getting income?

Last year a series of earthquakes jolted the provinces of Davao del Sur and North Cotabato, as one of the early responders (who is also a victim), we (local people, even the victims themselves) mobilized the community to be able to help each other in this time of need. The framework of engagements that we embraced was “pagtinabangay” in our local dialect and “pagtutulungan” in Filipino which can be both translated into “helping each other” in English language. We considered the victims as partners in our mission or work. In our weeks of going to the disaster-stricken communities, we saw *Mindanaons* helping their fellow *Mindanaons*. We did not limit our engagement to distribution of relief goods (although we really see to it that relief goods kept coming to them) but we expanded our engagements. We coordinated with the community leaders to be able to do psycho-social and spiritual interventions, livelihood support and even rehabilitation to the community. We gathered many volunteers and we experienced overwhelming support from fellow *Mindanaons*. We aimed to create and maintain enabling conditions for the people to take control and hold their healthy psychological self despite the trauma caused by the disaster. We provided avenues for them to articulate their fears, worries, disappointments and also their dreams and aspirations for the future.

In a sense, through our engagement (though minimal and small scale), we tried to help the victims of disasters regain and restore their self-confidence, self-respect and self-esteem. We treated them as partners in the road to recovery. We listened to their ways of dealing with their fears and trauma. We affirmed their courage and faith. In short, we recognized and treated them as persons with human agency and capacities. According to Honneth (1995), recognition of persons is precondition for the formation of an intact identity. Since the victims did not only suffer the loss of their homes, their livelihoods, and their loved ones, but also their sense of self, recognition of their person and treating them as such helps in the restoration not only of their broken dreams but more so their broken selves.

Ideally, this should be done by the national government and the aid agencies given their huge material and also human resources. But sadly, this kind of framework is not yet instituted and institutionalized in this country. This is partly due to the requirement of time given by these agencies to operate in a disaster-stricken community, not to mention the different bureaucracies that they have to go through before, during and also after their engagements. But for me, the main reason is the kind of attitude that many of these responders have towards the poor, especially in the provinces. In our experiences here in Mindanao, for so many years we have been neglected by the national government so we really did not wait for the national government to help us even if the president of the republic, President Rodrigo Roa Duterte (PRRD) is coming from our place. The *Mindanaons* are known for their spirit of “bayanihan” which helped them cope with any disaster. In fact, weeks after the series of earthquakes,

many communities were seen as “rising from the ashes”. But it does not mean that they don’t need help from the government and the rich sectors especially from the capital.

Since we have been used to help each other because of our “bayanihan” spirit and our attitude of “panagtibangay”, we were able to pull ourselves from the abyss of misery and despair and rise up as one community to continue to face life and build our future even if we have to start it from scratch. One concrete example of that is how our school was able to rise up after all our tall buildings collapsed. Our alumni engineers came to the rescue by building 50 classrooms as our temporary classrooms so as not to disrupt the education of the students. Other alumni and stakeholders also pledged financial and material support. Despite being a victim ourselves we still organized many community outreach activities to provide material and moral support to the communities especially those at the peripheries because they are most often not reached in the distribution of relief goods coming from other agencies. PPRD is an alumnus of our high school department but we did not really pressure him to come and help us because we know he has plenty of concerns in the country. He only came on the 30th of December 2019 during the alumni homecoming. During this time, operation of the school was already back to its “normal” course. I don’t even know if he gave financial assistance. For us, his coming to our school is already enough to console us that our “Tatay” (Father) did not forget us.

Another concrete expression of the characteristic of “pagtinabangay” that I have experienced during my engagements with the victims of earthquakes in our region was their concerns not only for themselves but also for others during the distribution of relief goods. Normally we gave rice, canned good, eggs, noodles, biscuits and galloons of potable water since a lot of water sources were destroyed due to the earthquakes. People were really thirsty. They can survive for days without food but certainly they cannot survive without potable water. A large number of people flocked towards our vehicles loaded with potable water to have their share as they had been thirsty for many days. The reason of the delay of distribution was usually because the roads were not yet passable many days after the earthquakes due to landslides. Thus, you can imagine how thirsty the people were. However, there were communities that when we arrived the people through their “pagtinabangay” had already restored their water system. They were not anymore in need of water. Instead of taking advantage of the free galloons of distilled and mineral waters, they refused to accept these and suggested that it would be good if we could give these items to the communities that were in dire need. There were also communities who only needed rice or canned goods or tents and they only took what they needed saying that other people might be in dire need of those items and it would be better to share their portion to them. I was amazed by this attitude of these people. Despite their awful situations, they still had concern and care for the other victims. They were not taking advantage of the situations to satisfy their wants and greed. Some of them even volunteered to help us in order to have a smooth and peaceful distribution of goods and to ensure that everyone had their share of the goods

according to their needs. Thus, our series of distribution of goods were very smooth, peaceful and fulfilling.

What I am trying to emphasize in this section is the importance of embracing a framework of “pagtibangay” because there is an equal treatment between the helper or donors (usually the rich) and the helped (the victims of disasters, usually the poor) unlike in the paradigm of “tulong” (help) and “awa” (pity) that the donors always assume a superior standing (moral and material) over the recipients of help. When the engagement is motivated by the paradigm of “pagtinabangay”, there is recognition and respect for the people. When the people are recognized and respected, they will be motivated to participate in the programs and projects for the recovery, rehabilitation and development not only of their own communities but also of others. Among the victims themselves, their sense of “pagtibangay” allows them to show concern for their fellow victims. Thus, there was no hoarding of the relief goods. They wanted everyone to have their share of the blessings they received. Indeed, when you engage the local people to value “pagtinabangay” through genuine participatory approach to reconstruction by recognizing their capacities to contribute for the solution of the problems they have experienced, people reclaim their agency and move towards restoration of their own sense of meaning and direction (De Wet, 2006).

Engagement Via “Awa” at “Tulong” (pity and help) by the governments and aid agencies

The whole country now is battling with the threats of COVID-19. After the government implemented a strict protocol as regards community quarantine and physical distancing, the poor and the daily wage earners have suffered the most. PPRD assured the public that help will be given to them especially to the poor. However, because of high bureaucracy and colorful party politicking in this country, some poor people and communities in many Barangays (villages) have not yet received the food packs and other forms of assistance that are intended to them which prompted some groups (particularly from the left) to stage protests and demonstrations. The natural response of the government and other aid agencies especially the elite, is to distribute these goods so that they will not cause further trouble that might result to social unrest. When there is social unrest, the businesses of these elites will be affected. Thus, to avoid that possibility, they urged the government to distribute food packs. They also did their share of distributing relief goods to the poor.

However, the paradigm of their engagement is mostly “dole-out” and motivated by “awa” or a sense of (pity) to these poor that is why they feel obligated to do “tulong” or any kind of (help) which is basically food packs and cash assistance. There is nothing wrong in giving help to the poor because we pity the poor. In fact, because we pity them, we feel obligated to help them.

However, this kind of engagement only treats people as passive objects of pity. The problem with this approach is that there is no equality in the relationship as the donor assumes a superior standing compared to the needy recipients of help. Another problem of this approach is that it only considers the problem of hunger as a physical problem which can only be solved by mere distribution of food from the national government and other aid agencies. There is no conscious effort on the part of the responders

to sit down and talk to the people intimately, person to person, subject to subject. When governments and disaster agencies take the local and the grassroots people for granted because they are helpless and just passive objects of pity and monopolize their disaster responses and initiatives through a centralized command system, human agency is not empowered and tends to disappear (Gaspar, 2014). When people are not given due recognition of their human agency, it will result not only in a sense of dependency on the part of the poor and the victims but also create in them a deep psychological and moral wound. This moral wound cannot be cured by mere distribution of material goods such as food packs and redistribution of economic benefits like cash assistance, subsidy, scholarship and work opportunities.

What the national governments and some aid agencies are doing right now are just repeating and even reinforcing the cycle of poverty and dependency by neglecting the moral agency of the person and treating them as passive objects of “awa” (pity) and “tulong” (help) from them who are of advantaged status. In the distribution of food packs, many poor people are even neglected because the national agency that is in-charge of the distribution did not consult the local people and only relied on their list of poor people from the Department of Social Welfare and Development (DSWD) baseline data which was conducted in 2015. Another problem in the Philippines today is the lack of updated data on the status of the people on the ground. Many of those who are listed in 2015 survey for the implementation of the Conditional Cash Transfer (CCT) might have already recovered from poverty and those that are in dire need of help are not in the lists. Instead of helping these people, they might drown into the valley of dependency. Some of them even buy unnecessary things because they received cash assistance. While those that are in dire need but not in the lists, are drowned into poverty and despair because of the government’s unrecognition of their situation. In the first case, the government destroys their moral agency to take control of their destiny while in the second case, the government inflicts deep psychological wounds to the poor by neglecting them.

The relation of recognition and redistribution in a disaster response

On April 1, 2020, a group of protesters in Quezon City (QC), which is in the National Capital Region, staged a rally, demanding food and other assistance from the government in the midst of the intensive implementation and monitoring of the enhanced community quarantine and lockdown status in the region. Instead of listening to their cries and sentiments, the Philippine National Police (PNP), according to the report, used violence in trying to disassemble them and even arrested those who they believed to be the leaders and instigators of the protest. (CNN Philippines, April 1, 2020). The same report said that before they arrested them, the PNP made an appeal to them to return to their homes because what they are doing is against the law but since the protesters remained to be defiant, they were forced to implement the law and arrest them (CNN Philippines, April 1, 2020).

Meanwhile, the local government of QC denied the claims of the protesters and asserted that the distribution of food packs was on-going and continuous throughout the

city and the barangays to ensure that affected families are looked after during this crisis period. The mayor even instructed her staff to review the lists to ensure that no one would be left out in the distribution of food packs and other aids (CNN Philippines, April 1, 2020).

This prompted me to ask this question: can distribution of food packs and other aids help in the healing and rebuilding of the broken psychological self of the protesters and the masses after for so long, they were neglected, maltreated and oppressed by the society who considered them as “less” in terms of their dignity because they were poor and “pasaway” (nuisance) who did not work so hard but always complained to the government by joining in street protests and demonstrations?

For me the protesters need both recognition of their dignity as persons and also concrete economic aid such as food packs. Due to lockdown, they were not able to work to earn money for their basic needs. Wanting to voice out their sentiments, they joined protests and demonstrations to demand their rights. While many others (especially in the provinces) who also experienced difficulties because of the lockdown due to this pandemic just waited silently for the government to give them what was promised to them, it does not mean that they are not complaining. They might not be too vocal about it in public but when you try to ask them, they have many stories of disappointments and you can sense that they are starting to lose their hope. This has been the sentiments of many of my neighbors who are tricycle drivers, street food vendors, and daily wage earners. Until this writing, they have not yet received the relief goods and cash assistance from the government. They are not even sure if they will be included because the government has criteria for those who can receive the assistance. Unlike during earthquakes that many local people (rich and the middle class) who were well-meaning reached out to them and helped them, this time it is different. People are compelled to stay in their respective homes because of lockdown.

Listening to their sharing, I have come to realize that indeed, their claims are not only food packs to appease their hungry stomach. They are also longing for recognition, love and respect for who they are. Honneth is right when he says that recognition is a vital human need. This need for recognition does not exist only among the poor. They are also evident now among the middle class – the professionals, the government workers and those who have small businesses. In the food and cash assistance of the government during this time of pandemic, they are mostly excluded. They used the social media as their platform to express their disappointments, rants as well as hope. They want to be treated as equal. For me their sentiment is anchored on their need to be recognized as members of the society with all their rights and privileges. I do not really think that they are after the food. I think, they just want that the government also talk to them and explain to them why they are not included. It would even be better for the government to tap their generosity for help whether through cash or through volunteering in the packing and distribution of these goods to the poor. Honneth says recognition of the contribution of individuals to the community enhances self-esteem (Honneth, 1195).

As mentioned above, this is not the intention of this paper to dwell deeply on the debate between distribution and recognition paradigms. However, to have some

theoretical grounding, I would like to mention John Rawls' theory of justice which focuses mainly on the redistribution of primary goods such as rights and liberties of individuals as well as economic opportunities as important component of justice. Then I will argue that even in Rawls' theory of justice, the concept of recognition of persons is implied and in Honneth's theory of recognition, he is also talking about redistributive justice.

John Rawls and redistributive justice

In the chapter two of his *"A Theory of Justice"*, Rawls mentions the two principles of justice that people under the veil of ignorance should adhere to in setting up a just and fair society. The first principle states that "each person should have an equal right to the most extensive scheme of equal basic liberties compatible with a similar scheme of liberties for others." The second principle states that "social and economic inequalities are to be arranged so that they are both (a) reasonably expected to be to everyone's advantage, and (b) attached to positions and offices open to all" (Rawls, 1999: 53). According to Rawls, these two principles of justice are a special case of a more general conception of justice which can be expressed as "all social values – liberty and opportunity, income and wealth, and the social bases of self-respect – are to be distributed equally unless an unequal distribution of any, or all, of these values is to everyone's advantage." (Rawls, 1999:54). For Rawls, among the primary goods such as rights, liberties, opportunities, income and wealth, the primary good of self-respect has a central place (Rawls, 1999). The rights and liberties he mentions in his theory are those that are defined and instituted in the public structure. Thus, for him the question whether man is free or not can be answered by the determining his rights and duties established by the government and other major institutions of society (Rawls, 1999). When we try to discover his general conception of justice, we can find out his concern about recognition of persons by highlighting the social bases of self-respect as central in the redistribution of primary goods to the citizens. Rawls defines self-respect or (self-esteem) as having two aspects. Firstly, it includes a person's sense of his own value which includes his conception of a good life, and his plans that he thinks worth carrying out. Secondly, self-respect implies a confidence in one's ability and his power to fulfill his intentions (Rawls, 1999: 386). It is clear then that Rawls recognizes that self-respect is the essential fuel that sustains the individuals in their search for a meaningful life (Pilapil, 2015). Without self-respect, nothing is worth doing and people lack the will to pursue the things that they see as valuable. Thus, all their desires and activities become empty and vain (Rawls, 1999: 386).

How do people gain self-respect? According to Rawls (1999: 477) the bases of self-respect are not only the person's income or his social status but the public recognition of his rights and liberties. In short, his two principles of justice must be implemented in the society so that people will acquire self-respect. His two principles of justice can be acceptable to all (rich and poor). For the rich and those that contribute so much to the society, their efforts are recognized and rewarded in terms of high salaries and other benefits. Thus, they will be expected to have the motivation to contribute more. For the poor, laws and practices in society are arranged properly to their

advantage because the state also recognizes their situation. Thus, subsidies and other forms of aids and welfare policies are directed towards the poor. Rawls' theory of justice promotes fairness to all by recognizing the different needs and capacities of the people. In the redistribution of economic benefits, Rawls allows inequality so long as it will benefit the poor. In short, he has preferential option for the poor but without neglecting the rich.

Axel Honneth and recognitive justice

In his theory of justice, Honneth treats redistribution issues as cases of misrecognition. He speaks of three forms of recognition (love, respect and solidarity) and their corresponding effects to the person (self-confidence, self-respect and self-esteem) (Honneth 1995). For him, these three forms of recognition are the necessary ingredients for the making of the person. Does this mean that Honneth is only concerned about recognition in his theory of recognition and does not care about just redistribution of resources? I do not think so. In fact, if you examine his three categories of justice or rights (mentioned above), his number three category is the social rights which ensure each person a fair share in the distribution of basic goods (Honneth, 1995: 115). In his theory of recognition, Honneth did not categorically say that redistribution of goods and other economic benefits is not needed. He did not also insist that recognizing and loving the person without giving concrete material help is enough. He mentions however, that the injustice and the unequal distribution of basic goods are not really redistribution issues but issues of (mis)recognition of the equal dignity of persons by those who are supposed to implement a fair distribution of these goods. In short, for Honneth, this lack of recognition results in inequality in the redistribution of basic goods. The problem of redistribution happens because people lack recognition of the inherent worth of a person regardless of his status, role or contribution in the society. If government and other aid responders recognize the inherent worth of each one as equal members of the society, they will see to it that all will have an equal share in the redistribution of goods and other economic benefits during disasters or emergency situations.

Conclusion

In this paper we have shown the two different (but complementary) engagement paradigms of the government and other aid agencies in responding to the needs of the most affected persons in the society during this time of pandemic. On one hand, there is the engagement (normally from the government and other aid agencies) motivated by "awa" and "tulong" (pity and help) which sometimes only focuses on the redistribution of goods and treats the victims as passive objects of their pity. In this engagement, there is no conscious effort to listen and talk to the people and consider them as partners in the process. This engagement lacks recognition of the agency of persons. On the other hand, there is another form of engagement (normally from the civil society organizations and Church-based groups) motivated by a concept of "pagtutulungan" "pagtinabangay" (helping one another) which treats the poor and the victims of disasters as partners in the process of recovery, rehabilitation and reconstruction. In this engagement, the poor and the victims of any disaster are recognized and treated as

persons with capacity and agency. Most of the works of the agents of this form of engagement are centered on community organizing, psycho-social and spiritual intervention, education, and a portion on livelihood support and relief operations.

I would like to argue that in any engagement with the poor people (whether during disasters or in the normal situation) a healthy balance between recognition and redistribution should be used as the paradigm of engagement. The "tulong" at "awa" should be coupled and coordinated with "pagtutulungan" so that people feel that they are genuinely loved and cared for by the government and those of the privileged class in the society. In fact, "awa" (pity) as a cultural nuance among the Filipinos given their collective experiences of being colonized and subjugated by foreign rulers can be a unifying force that binds people together towards collective actions to help and support each other to be emancipated from different forms of evil that beset them. One of those is poverty and inequality.

There is no competition between recognition and redistribution in the works of helping the poor to be liberated from poverty and oppression. John Rawls and Axel Honneth can actually complement each other in the actual establishment of a just society. In fact, recognition of the equal worth of persons regardless of status, roles and contributions in the society fuels fair redistribution of goods and other economic benefits. The fair redistribution of goods as a result of recognition satisfies not only the economic and material needs of people, it also heals their wounded psychological selves. During this time of pandemic, giving the poor the food that they need but without letting them feel the love will not be of real help for them. On the contrary, we might inflict more wounds to their already shattered psychological selves. However, loving and recognizing their worth as persons without having the concrete means to provide them the material things they badly need for the moment and the opportunities to earn income in the future so that they will not be dependent on help from others is not also complete since as concrete beings, they also need concrete solutions to their concrete problems.

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Relationships between Sri Lankan culture, diets and COVID-19 disease control

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Abstract

The coronavirus disease (COVID-19) pandemic is a tragedy that plagues the world today and is confronting everyone in today's world. The world community has come together to face the virus without any previous experience. Sri Lanka, a South Asian country, has taken steps to combat the virus in a manner different from the rest of the world. Cultural values, medical interventions and diplomacy of Sri Lanka have been used for this purpose. This paper asks how Sri Lankan culture contributes to the control of COVID-19 in Sri Lanka? The objective of this study is to explore the role of culture and diet in the control of the COVID-19 in Sri Lanka. Food habits, cultural customs and religious beliefs vary from country to country. I propose the culture of Sri Lanka has been helpful with medical doctors to control the Sri Lankan condition. Sri Lanka's culture is endemic and its survival is influenced by climate, geography and socio-economic background. This situation may change in comparison to other countries.

Introduction

Disasters can come before us in different ways. Disaster scholars have separated disasters into two main categories. These are man-made disasters and natural disasters. Disasters in any way can harm human life. "COVID-19" has influenced the lives of people around the world. This affects the entire country of Sri Lanka irrespective of caste and ethnicity or religion. The coronavirus disease (COVID-19) pandemic is a "tragedy" that plagues the world today and is confronting everyone in today's world. The world community has come together to face the virus without any previous experience. Sri Lanka, a South Asian country, has taken steps to combat the virus in what I think is a manner different from the rest of the world. Cultural values, medical interventions and diplomacy of Sri Lanka have been used for this purpose. Currently there is no specific antiviral treatment for COVID-19. People with COVID-19 receive supportive care to help relieve symptoms. But to prevent infection there are many mechanisms by applying traditional cultural value systems and respecting new medical instructions. The objective of this study is to identify the role of culture in the control of the COVID-19 virus in Sri Lanka

Geographical situation of Sri Lanka

Sri Lanka is officially a Democratic Social Republic country, and an island country in South Asia. It is located in the Indian Ocean to the southwest of the Bay of Bengal and to

the southeast of the Arabian Sea. The geography of Sri Lanka includes coastal plains in the north and hills and mountains in the interior. According to Akimoto (2020) geography and environment is as in Table 1.

Table 1: Geographical Situation of Sri Lanka

Location	Southern Asia, island in the Indian Ocean, south of India
Total Area	65,610 sq. km
Land Area	64,630 sq. km
Water Area	980 sq. km
Coastline	1,340 km
Climate	Tropical monsoon; northeast monsoon (December to March); southwest monsoon (June to October)
Terrain	Mostly low, flat to rolling plain; mountains in south- central interior
Lowest point	Indian Ocean 0m
Highest point	Pidurutalagala 2,524m

Sources: Buddhist Social Work in Sri Lanka- (p.3)

The maximum length is 435 km and the maximum width is 225 km and the total land area is 65,610 sq km. (p.3). The total population of this country was 2i.32 million in 2019 (21,481,334). Sri Lanka's population practices a variety of religions. Wikipedia, the free encyclopedia mentions that as of the 2011 census, 70.1% of Sri Lankans were Theravada Buddhists, 12.6% were Hindus, 9.7% were Muslims (mainly Sunni) and 6.2% Roman Catholic and 1.4% other. Buddhism is considered the state religion of Sri Lanka, and has been given special privileges in the Sri Lankan constitution such as government protection and fostering of Buddhist Dharma. However, the constitution also provides for freedom of religion and the right to equality among all its citizens.

Coronavirus disease (COVID-19)

On 31 December 2019, the World Health Organization (WHO) China Country Office was informed about cases of pneumonia of unknown cause, detected in Wuhan City, China. The Chinese authorities identified a new type of coronavirus, subsequently named COVID-19. On 30 January 2020, WHO Director-General declared the outbreak of COVID-19 as a Public Health Emergency of International Concern (PHEIC), and on 11 March 2020; he declared the outbreak a pandemic. "Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus" (para.1). "Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness." At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. "WHO will continue to provide updated information as soon as clinical findings become available" (para.4) WHO (2019)". *Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several*

coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19". Thus, Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Culture

Culture differs from country to country. Culture refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving. "Man is a cultural animal" is a popular definition. "Civilization" builds on culture. Sri Lankan culture has a history of more than 2,500 years. Culture is not easily defined. A culture is a tool. A culture is created based on religion. Sri Lankan culture has developed with the influence of Buddhism. That is why in a multi-religious, multicultural country, similar cultural identity is built. "Culture is the characteristics and knowledge of a particular group of people, encompassing language, religion, cuisine, social habits, music, and arts". Wikipedia includes: "A cultural norm codifies acceptable conduct in society; it serves as a guideline for behavior, dress, language, and demeanor in a situation, which serves as a template for expectations in a social group." According to The Center for Advanced Research on Language Acquisition: "Culture encompasses religion, food, what we wear, how we wear it, our language, marriage, music, what we believe is right or wrong, how we sit at the table, how we greet visitors, how we behave with loved ones, and a million other things," Cristina De Rossi, an anthropologist at Barnet and Southgate College in London, told Live Science. Healy & Link (2012) claim that: "Multicultural social work focuses on understanding the importance of culture in people's lives, access to resources, and way of communicating with one another." (p.12). Thus, Culture is the characteristics and knowledge of a particular group of people, encompassing language, religion, cuisine, social habits, music, and arts.

Pandemic

According to WHO, a pandemic is the worldwide spread of a new disease. It's most often used with reference to influenza, and generally connotes that an epidemic has spread to two or more continents with sustained, person-to-person transmission. Initially WHO on 24 February 2020 said, "For the moment, we are not witnessing the uncontained global spread of this virus, and we are not witnessing large-scale severe death or disease," WHO Director-General Mr. Tedros Adhanom Ghebreyesus said in a news conference. This pandemic, which is confined to China, is rapidly spreading beyond the reach of anyone around the world. Merriam Webster defined that; "an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population: a pandemic outbreak of disease" WHO has publishing reports on the coronavirus epidemic and proposing various measures to combat it. Lambert (25 February 2020) said; "The coronavirus outbreak that began late last year in China has now spread to 29 countries, touching every continent except South America and

Antarctica. While the vast majority of cases are still in China, the virus is gaining a foothold in other countries, raising fears the world is on the brink of a pandemic."

Over the last century, there have been four flu pandemics, including the most recent 2009–2010 "swine" or H1N1 pandemic. The deadliest pandemic, which began in 1918, was also caused by an H1N1 virus, of avian origin. Though often popularly called the Spanish flu, there is no consensus on where that virus originated. It's estimated that the 1918 pandemic caused about 675,000 deaths in the United States. Thus, a pandemic is the global spread of a new disease, according to the WHO. The term is most often used in reference to influenza.

Social sensitivity

"Social sensitivity" refers to people who are alert to social activities or problems and mentally associated with them. "Social sensitivity describes the proficiency at which an individual can identify, perceive, and understand cues and contexts in social interactions along with being socially respectful to others. This is an important social skill and having high levels of social sensitivity can make you more well-liked and successful in social and business relationships." Around the world there are people working against the coronavirus (COVID-19) for the same purpose, and there is a community of people who think and act only for themselves. They have no sense of social empathy; an example of someone with low social sensitivity would be an individual who only talks about themselves, interrupts and talks over others, and who ignores social cues to stop talking. An example of someone with high social sensitivity would be a person who understands conversational cues and stops talking in order to listen at the appropriate time. Let's consider how Sri Lankan culture contributes to the control of COVID-19 in Sri Lanka?

Sri Lankan situation

The rapidly spreading COVID-19 pandemic worldwide has had an impact on Sri Lanka. The way of facing the situation of Sri Lanka, compared to the rest of the world, is quite different. The Ministry of Health and Indigenous Medical Services in collaboration with welfare service institutions and organizations are closely working together. President of Sri Lanka is closely monitoring the situation and strengthening preparedness. As of 10 April 2020, the spread of coronavirus (COVID-19) in Sri Lanka and its disadvantages are as shown in Table 2.

Table 2: Sri Lankan situation-COVID-19

Source: Health Promotion Bureau (Last updated on 2020.04.09)

According to the above statistics, the spread of	
Description	Number
Total Confirmed Case	189
Active Cases	135
Recovered & Discharged	47
Deaths	7
Total number of individuals in hospitals	242

coronavirus in Sri Lanka has been curbed. According to the Sri Lankan Director General of Health, the main "method" they use is prevention. Sri Lanka has a free and universal healthcare system. It scores higher than the regional

average in healthcare having high life expectancy and a lower maternal and infant death rate than its neighbors.

It is known for having one of the world's earliest known healthcare systems and has its own indigenous medicine system. Sri Lanka has its own indigenous scheme of traditional medicine which is called "*Hela wedakama*" (apart from Ayurveda). This system has been practiced for many centuries in the island nation. The Sri Lankan Ayurvedic tradition is a mixture of the Sinhala traditional medicine, Ayurveda and Siddha systems of India, Unani medicine of Greece through the Arabs, and most importantly, the *Desheeya Chikitsa*, which is the indigenous medicine of Sri Lanka.

Suggestions were put forward by the Government Medical Officers' Association in order to manage the current COVID-19 crisis in the next 14 days (26-03-2020) (Base on WHO). This disease condition can be classified in to 04 stages: I. No cases; II. Sporadic cases; III. Clusters; (a) Home clusters, (b) Small group clusters; IV. Community Transmission.

At present Sri Lanka is at stage III a. (GMOA Sri Lanka-26 March 2020). We can ask what measures Sri Lanka has taken to control the coronavirus? Early intervention; a special announcement issued by the Presidential Secretariat on 11 March 2020 said that the risk of COVID-19 coronavirus spreading in the country is high and requested the public to support the program launched by the government to prevent the spread of the virus. Sri Lanka has taken several measures to control the coronavirus.

Establishment of an anti-corona prevention national unit ; Chief of members is the Sri Lanka Army Commander. Some other key persons: Health Minister of Sri Lanka, Senior Deputy Inspector General of Sri Lankan police, chairman of the Medical Council, specialist doctors, welfare officers, attorneys, representatives of the Presidential Secretariat and key government officials.

Here is a list of some more:

1. Closing (lockdown) the country on time
2. Systematically imposing curfews in selected areas
3. Early identification of risk zones and districts
4. Identifying the affected people
5. Identifying patient-associated groups/ networks
6. Establishment of home based prevention services
7. Home based quarantine
8. Open 47 quarantine centers
9. Establishment of prevention centers
10. Rebuild hospitals
11. Improve welfare services
12. Closure of airports/ports
13. Strengthening of public health services
14. Proper management of the Sri Lanka army/police
15. Build a strong public opinion
16. Perform religious rituals
17. Utilization of indigenous medical systems in Sri Lanka

The Director-General of Health Services Dr. Anil Jasinghe said: "*The support of the public in planning and implementing the above measures was high.*" All religious leaders came forward to educate the public on the success of the above program. Sri Lankan society considers "altruism" to be of high value. It is a cultural value derived from the influence of Buddhism. Sharing, caring, and helping each other is considered a virtue.

Sri Lanka has very strong family relationships. In Sri Lankan culture, the family has a deep spiritual inseparable bond. The Buddhist philosophy has been inspired by Buddhist culture for this bond. So, the family itself has their own mechanisms to share their support among family members and mutual support. Gamage (2012) stated that: *"From childhood Sri Lankans are encouraged to tell all of their thoughts to their parents and submit to their direction, counsel and advice. The husband and wife work together and co-operate in raising the children. Each has different assigned duties and responsibilities, as do the older and younger siblings and grandparents. The father acts as an authoritarian figure and the mother takes the major role as a mediator between children and their father in communication. They are admonished to be good because any disgrace that is committed is a disgrace to the family. In times of misfortune they are assured of the family's support, sympathy and love. This background of sharing and caring with responsibility and accountability creates commitment, trust and strong work ethics within the family."* (p. 68)

These cultural value systems have contributed to the success of the government programs. It received the maximum support of the public in the implementation of the state assistants. The role of the religious leaders was also effective in maintaining the welfare services to the rural level. Facebook page Somananda (27 March 2020- at 1.25) published; (English translation of an advertisement displayed in front of a Buddhist temple in Sri Lanka) *"Is your child hungry because of the curfew? If you have anything you need here, please come and take and go it for free. If there is a poor family these days, please inform"*.

Buddhism has done a great job in developing the culture of Sri Lanka. This is supported by the following research reviewed finding by Gohori (2017), *"Sri Lanka researchers interviewed and held discussions with high-ranking Buddhist, senior governmental officials, researchers- including University professors-and other people during the research. An idea to set up a college of social work education for Buddhist monks came up as a by-product of the research. The purpose was to make Buddhist monk practices more effective by providing contemporary social work knowledge and skills to the monks. As soon as they started discussing social work among themselves, questions arose. While WPSW has been around some 150 years, Buddhist monks have been practicing similar activities for over 2500 years. Even today, there are many examples of "good practice" by Buddhist temples and monks"* (p. 19)

Sri Lanka is a multi-ethnic, multi-religious country. Each community had its own unique set of religious and cultural values. Religious harmony is very high. The *Indian Express Newspaper* (2016) reported that: *"Sri Lanka is a multi-ethnic, multi-religious country. Each community had its own unique set of religious and cultural values. Religious harmony is very high."* The *Indian Express News Paper* (2016) reported that: Rev. Cardinal Malcolm Ranjith, who is Colombo's (Sri Lanka) Archbishop, had said that: Respect reserved for Buddhism should remain intact in the constitution, He expressed this view while participating in a Buddhist ceremony at the Sri Sambodhi Viharaya in Colombo, *Daily Mirror* reported. Justifying his contention, Cardinal Ranjith said that the teachings of Buddhism bring people relief whenever they are confronted with mental pain and discomfort. He then went on to say that Sri

Lanka's prominence rests on Buddhism, and therefore, there should be no change in the "foremost place" which it currently enjoys in the country's constitution. *"We all live in a country nourished by Buddhism,"* Cardinal Ranjith pointed out" (<https://www.newindianexpress.com/world/2016/aug/08/Does-Vatican-disapprove-of-Cardinals-nod-to-give-Buddhism-foremost-place-in-Sri-Lanka-1507022.html>. Retrieved on 9 April 2020).

This indicates that Buddhism has been influenced by the existence of other religions. Some of the Christian rituals are in line with the influence of Buddhism, for example.

Foods Habits in Sri Lanka

I would like to propose that food is also linked to the immunological response of persons to disease, though I do not yet have any evidence of specific links to COVID-19. Food customs in any country are based on culture, or "food is a symbol of culture". It is also important to mention that the country has a unique food culture with a long history. Sri Lanka's culture of food is still deeply rooted in the ancient teachings of Buddhism and the underlying message of it all seems to share without thought. The website cultural.gov.lk - mentioned that:

"There were evidences on the cultivation of cereal by the Aryans before other human groups. As explained in the ancient writings, the meals of our ancestors were mainly based on rice. There was interesting information about paddy cultivation in historical sources. According to the historical evidence, the tank which is an essential factor for the cultivation of paddy was introduced in the days of King Pandukabhaya. There were around 20,000 tanks in the South and North. The ancient Pali writings stated about seven varieties of cereal. There were 317 kinds of paddy varieties in the past. It was said in the folklore that there were more than 1,000 paddy varieties. The cereal-like sesame green gram, millet, kurakkan, thanahal, undu, gram, dhal and cowpea were cultivated in Chenas (Shifting Cultivation)" (para.3)

According to the above factors, it is clear that the ancient Sri Lankans had rice and other cereal for their main food. Generally the level of nutrition in Sri Lanka is high, which prepares people for facing disease. In addition to the main staple, they have other food items such as meat, fish, eggs and vegetable and fruits. In ancient Sri Lanka, there were a number of methods in relation to cooking rice. They can be identified as rice gruel, milk rice, tempered rice, *ambul bath*, cooked rice with bee honey, cooked rice with ghee, and cooked rice with spices. Among the other types of cooked rice, rice mixed with cereal tempered rice with vegetable, rice kept in water and mixed with onion, chilies, coconut milk, lemon juice, salt water, and so on, *sunsahal* rice, yellow rice, rice mixed with green gram, *agiti hal* rice, and kudu bath were important. The kings had offered milk rice for Buddhist priests and even today it is a meal with high cultural value.

In Sri Lankan food culture, fish and meat were widely consumed by our ancestors. The freshwater fish varieties like Lula, *Madakanaya*, *Magura*, *Kavaiya*, *Pethiya*, Prawn and Crab were taken for food in the past. However, there was no evidence for eating sea fish varieties. Now sea fish has become a popular food item. Among the eggs that consumed in the past Chicken eggs, *Thara* eggs, (Duck) *Kalukum* eggs and *Kesbe* eggs (Turtle) were very popular.

Fruits native to Sri Lanka

People in Sri Lanka eat a lot of fruits which prepare us to better survive disease. Some fruits native to Sri Lanka include Coconut, *Jambu* or ("wax fruit"), Sugar Apple, Soursop, Pomegranate, Guava, Jackfruit, Papaya, Avocado, Mangosteen, Pineapple, Banana, Rambutan, Woodapple, Durian, Mango, Passion fruit. There are also some vegetables and fruit imported from the West such as Carrot, Beet, Leaks, Cabbage, Mangoes, Rambutan, Papaya, Pineapple, Grapes, Apple and Pears. The Muslim culture also inherited some food items in Sri Lanka and they mainly include musket, *boondi*, date and *watalappam*.

Use of spices in Sri Lanka

Doctors believe that the Sri Lankan method of cooking is good for health. They believe that the spices used in Sri Lanka are responsible for this. Dr. Anurudha Padeniya, who is the Government Medical Officers Association (GMOA) President, (March 24, 2020- Hiru Youtube) advised using Sri Lanka's spice with food to strengthen the body capacity to prevent coronavirus. (Go to Dr. Anurudha Padeniya YouTube channel to listen to him). According to Lakpura.com it mentions that; "*Spices enhance the color, fragrance, and flavor of food. In addition many of them also have many health benefits. Used in the right combination, spices can turn the simplest food into an aromatic and rich experience in the world of cooking. Of course, used incorrectly, if the wrong spices are combined, they will make food taste terrible and bitter.*" A few spices in Sri Lanka include: Curry Leaves (*Karapinch*) (The Curry Tree (binomial name: *Murraya koenigii*) is a tropical tree native to India and Sri Lanka), Turmeric (*Kaha*) Turmeric (binomial name: *Circuma longa*), Clove (*Karambunatti*), (Cloves, which are the flower buds of a form of evergreen tree; originate from the Maluku Islands, Indonesia.), Cinnamon (*Kurundu*), (Cinnamon refers to *Cinnamomum Verum* or 'true cinnamon,' which is a plant endemic to Sri Lanka.), Pepper (*Gam Miris*) (Pepper generally refers to black, white and green pepper.), Cardamom (*Enasal*) (Cardamom, also known as Cardamon, is a small spindle shaped seedpod with black seeds inside), Lemon Grass (*Sera*), Nutmeg and Mace (*Sadikka and Wasawasi*), Vanilla, Ginger. There are many other spices in Sri Lanka, but these are the main ones.

In nourishing the Sri Lankan food culture, the influence of Buddhism and Ayurvedic medicine contributed in a big way. This is evident from the customs and ethics that prevailed in the country. Further, different beliefs, blessings and worships have also contributed to the nourishment of the country's food habits.

Thus, the above information suggests that Sri Lanka possessed an inherited and culturally valuable food culture. Although there were some changes, this culture has been existing without any danger.

Ayurvedic medicine in Sri Lanka

Ayurvedic medicine in Sri Lanka has been influenced by countries like India and China. But Sri Lanka has a unique system of medicine. This is called "Helavedakama". *Daily Mirror* (10 April, 2020) said that; "*Prevention is the best way. Herbal plants are known to possess excellent immunomodulatory, (same word in web) immunostimulant and immunoenhancing properties and generally act by*

stimulating both innate and acquired immune systems. Some compounds found in the medicinal plants perform anti-viral activities. They can inhibit viral replication, block viral attachment and prevent viruses from entering host cells" (internalization). Dr. Sandun Liyanage, (Interview with *Daily Mirror*- 10 April, 2020; Dr. Sandun Liyanage, BAMS (University of Colombo), at present serves as the Community Medical Officer (Soranathota division) Department of Ayurveda, Uva Province.

There are many home remedies with the above properties which have been used traditionally in Sri Lanka for a long time. The best and the most popular method is boiling Ginger and Coriander or '*Paspanguwa*' and drinking half a cup in the morning and in the evening. Also drinking half a cup of the following, *Venivelgeta*, *Nelli* and *Rasakinda*, garlic water, *Heen maduruthala*/Bin kohomba are effective home remedies. Their medicinal properties are scientifically proven. Adding garlic and cinnamon to curries or when preparing foods may also be effective in producing anti-viral effects. Preparing porridge from *Monarakudumbiya*, *Heen bovitiya*, *Yakinaran*, *Elabatu* leaves are similarly effective.

Vitamin C plays an important role in the immune system. It contributes to the immune strength by supporting various cellular functions in the immune system. 'Masan, Lime, *Naran*, Oranges, *Nelli*, Guava' contain more vitamin C compared to other fruits. Fumigation with *Agil*, *Gugul*, *Haldummala*, *Neem* oil/leaves, turmeric kill/sedate the germs in the atmosphere. Tie a thread which bears a piece of *Perunkayam* (*Asafoetida*) or *Vada Kaha*; which is a traditional method to prevent germs (<http://www.ayurveda.gov.lk/>)

Research methods are used in medical science to find solutions. But in Ayurvedic medicine, that knowledge has been acquired through the optional knowledge. It is hereditary wisdom. There is evidence that traditional medicine existed in Sri Lanka before the development of Western Medicine. Therefore, the above ideas cannot be easily dismissed.

Conclusion

When we look at Sri Lanka's numerical information regarding the Corona Prevention Campaign, it is clear that it is in control. Culture has a major impact on the existence of a nation. Culture helps to showcase the personality of a country, also helps to show the morality of a nation. Similarly, the culture of a country can be influential in determining the existence of a nation. Those who possess a great "civilization" are the owners of a good culture. People in Sri Lanka have quit smoking. Drinking is under control. It is based on this culture that a "flexible human community" has been created to support the government's activities, following religious practices and living in their homes. An important factor revealed here. It is a "race as a nation" to take care of the poor even in the face of oppression. Religious leaders have done their best. It is the religious leaders who nurture and take care of the "culture" that is created through religion.

Sri Lanka has adopted a "preventative model" By using that model, hospitals around the world can avoid the crowd of patients. The death toll will be reduced. The "culture and human nature" of the country will be an important factor for that.

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A search for a COVID-19 cure in Siddha medicine

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Abstract

A traditional Tamil system of medicine is known as Siddha medicine, practiced for years in Tamilnadu, a South Indian state of India. There is a central institute devoted to the practice of Siddha medicine in Chennai. The origin for the practice of Siddha goes back to BC 4000. Archeological evidence suggests that the practice of Siddha was prevalent in the Dravidian civilization in a land called Kumarikandam, a Lemuria continent present in the Indian Ocean. Kumarikandam is now submerged in the ocean. This Dravidian practice of medicine is contemporary to the practice of medicine in the submerged lands of Egypt, Mesopotamia, China and Greece. The practice of Siddha for 5000 years or more stands as proof for its service to the humanity in maintaining health and preventing disease in that ancient period.

Siddha is rooted with mythology as its origin was devoted to Lord Shiva. Lord Shiva is supposed to have handed over such a practice to Parvathi known as Shakti who passed on the divine knowledge to Nandi. Nandi had passed on that sacred knowledge to the practitioners called Siddhars. The Tamil Siddhi is the origin for the word Siddha which means having precision and heavenly blessings.



Figure 1 The script of Siddha medicine written and recorded in Olai Chuvadi

Siddhars had great yogic power which sharpened their intellect with heightened intuition. Using such intellectual power, they explored the natural resources surrounding them. They researched and learned knowledge about the characteristics of plants, metals, minerals and animal products which led them to create concoction of drugs. The process involving purification, dose determination, setting limits to toxicity, antidote and clinical application were preserved in the form of palm leaves scripts called olai chuvadi.



Figure 2. Saint Thiruvalluvar

To maintain and perpetuate the unique legacy of Siddha Medicine, disciples of Siddhars were trained, with an ancestral lineage of 18 Siddhars with Agasthya, the prime architect of this form of medicine. These disciples recorded and transcribed the oral instruction of formulation and therapy on palm leaf manuscripts which became the treasure house of Siddha medicine. Siddhars were men of great intellect, poets, philosophers and humanist and had laid the foundation stone for the practice of Siddha Medicine.

The individual was considered as a microcosm of the universe. They suggested that the human body is made up of primordial elements, earth, fire, air and space. There are three humors –vatha, pitta and kapha and seven physical constituents. It is said that food is the basic building block which gets processed into humors, tissues and wastes. The equilibrium maintained between the humors is considered as health and its imbalance as disease state.

The greatest poet of Tamil is Thiruvalluvar (Figure 2) who has written the immortal Thirukkural. Thirukkural consists of 1330 couplets (kurals in Tamil). There are 133 sub divisions (Adhigaram) containing 10 couplets each. These 133 subdivisions lie under 3 main divisions such as Arathupal (deals with life), Porutpal (finance) and love life. It is translated into 85 languages.

The saint poet has succinctly given a definition of health and medicine as shown by the following couplet. Thirukkural - Maxims for life. Once a day # 948. Diagnose the disease and understand its seeds; Identify the cure and make sure it succeeds.

Siddha medicine trusts in cosmic oneness which suggests that the five senses correspond with the five elements. Ether (Veli) is responsible for hearing; air (katru) for sense of touch; fire (thee) for sight; water (neer) for taste; and earth (mann) for the sense of smell.

Siddha believes in the harmony of body, mind and spirit. It aims to bring the innate harmony of the individual. Therapy aims in restoring the balance between the mind-body system. It emphasizes the importance of diet and lifestyle for maintaining health and disease. Siddha medicine advocates pathiam (diet restriction) and apathiam (non-restriction), which is essentially a list of do's and don'ts. Siddha lays emphasis on the concept that "Food itself is medicine and medicine itself is food".

The diagnosis is based on clinical acumen of the practitioner using pulse, tongue, complexion, speech, eye, stools and urine examination, named as "eight types of examination". The examination of pulse is very important in confirming the diagnosis.

Treatment consists of three distinct categories: Deva Maruthuvam, (divine method); Maanida Maruthuvam (rational method); and Asura Maruthuvam (surgical method). Siddha drugs are classified as herbal product (Thaavaram), inorganic substances (Thaathu), and animal products (Jangama). In the divine method, medicines like parpam, chenduram, guru, kuligai prepared from mercury, sulphur and pashanams are used.

In the rational method, medicines prepared from herbs like churanam, kudineer, vadagam are used. In surgical method, incision, excision, heat application, bloodletting, leech application etc. are practiced. This branch also deals with traumatology and accidental injuries called Varma. There are more than 100 vital points that are junctions of bones, tendons, ligaments, blood vessels and nerves called Varma points. Pranic energy is found concentrated in these points which, upon manipulation, produce curative effect.

Such a practice of medicine has not reached world wide application. In the present pandemic of Coronavirus infection few practitioners of Siddha claim that they have a cure for such viral infections as it is recorded in the Olai Chuvadi. One of the Siddhar family in one of the villages practices such medicine and wants to share their knowledge to cure such a pandemic disease which cripples human lives and economy. The scientific basis of such claim is not based on literature available but because of the family having a Olai chuvadi with instructions for such a therapy.

There is no scientific validation or support in any form from different agencies that deal with approving drugs for therapy with clinical trials. The practitioners are poor; they do not have financial support or modern technology to support such mode of treatment. The ethical question how to deal with such a claim – ignore it or support it or how to deal with a such situation is for everyone to ponder. Folk medicine and tribal medicine have their places in the communities they deal with and who believe it.

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Healing mind and body by Mantras, Ayurveda and Yoga

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Mantra is a Sanskrit word that is derived from two root words: 'man' referring to mind, and 'tra' referring to an instrument. Therefore, a mantra is a mind-instrument that uses sound vibrations to channel the mind.

The universal Mantra is *Om*, or *Aum*, a deeply divine sound, an all-embracing sound of the universe. It is a single syllable that is the sound of harmony itself, and when we chant it, we invite that harmony within us. The sound of *Om* is considered the first sound of the universe, the life-breath of the Creator. So chanting *Om* as we breathe in and breathe out fills us with the creation's energy.

There are several chants for world harmony, for example (*Lokah Samstah Skhino Bavantu*), may all being in the entire Universe be happy.

Chant for world harmony *Lokah Samastah Sukhino Bhavantu*; translation: May all beings in the entire universe be happy and free. This is a popular mantra for peace, not just for one's own self or family, but for the world, and the universe (literally, all the worlds in the entire universe). It encourages one to go beyond his own identity and his small world, to identify with the entire creation and all its beings, since the Being is the same in all creatures.

There are Mantras for truth and of course there is also mantra for healing. It is the *Mrityunjaya* (*mrit-yoon-jaya*), a secret mantra that was only passed along verbally for generations. It is widely known now, as a healing mantra to ward off illness, improve health (mental and physical), and even untimely death.

Om Trayambakam Yajamahe Sugandhim Pushti Vardhanam. Urvarukam Iva Bandhanan Mrityor Mukshiya Mamritat.

How are mantras chanted? Generally, one picks a favorite mantra, a quiet spot, and an undisturbed time. Start by chanting your mantra out loud 7 times, then chant it softly 7 times, then silently 7 times. After that, you can stop counting, and simply repeat it silently over and over again. Note: If you have trouble with the enunciation of the Mantras, YouTube has clips of how to pronounce them. You should be able to look up each Mantra by its first few words.

How to chant *OM*: Wherever you are right now, adjust your posture to sit up straight, and close your eyes. Take a deep breath and let it go. With your next deep exhale, let an *Aaaaaa* slip out low and rumbly from your belly. Keep it going as it rolls itself into an *AUM* sound. When you are half-way through your breath, slowly bring your lips together into an *Mmmmmmmmm*. And then taper off into silence. That's one *Om*! Chant *Om* 3 times to feel yourself in tune with your inner being.

Here is a Mantra for seeking truth:

Asato Ma Sat Gamaya

Tamaso Ma Jyotir Gamaya

Mrityor Ma Amritam Gamaya

Translation: from unreal lead me to real, from darkness lead me to light, from death lead me to transcend it. This is

a deeply meaningful mantra, of a seeker searching for truth and light beyond death. And not just any truth, but the Eternal Truth, that is not limited by body, mind and intellect. These mantras exhibit their healing properties by inner peace, cleaning lungs and attaining purity.

Here's one last mantra that is recited often at the end of prayers, rituals or invocations. It is meant to be a call (as well as a reminder for oneself) for *Shanti*, meaning peace in Sanskrit. Peace within, peace without, and peace divine.

Om Shanti: Shanti: Shanti:

Ayurveda and Yoga are two limbs of Vedas, which help us heal and cure several illnesses. Traditionally, yoga (which has presently become popularized in the West) was therapeutically used as a part of Ayurvedic practices to delve into the actualization of the true self (*atman*) and the nature of reality (*Brahman*). Spiritually speaking, the Ayurveda and the practice of yoga ultimately seek to liberate the soul (*jiva*) from the cycle.

To understand spirituality and spiritual healing in Hinduism one must first understand the ultimate goal in Hindu philosophy, which is to free oneself from the cyclical nature of existence. This liberation is termed *moksa*, which is essentially the same ultimate goal in the practice of yoga, termed *kaivalya*.

Techniques such as mantras and meditation used in yoga, which have been adopted from Ayurveda, attempt to spiritually link the self and consciousness to the natural world that surrounds it. This is a broad look at the spiritual focus of Hindu philosophies to maintain the well-being of rebirth (*samsara*) and the tremendous constraining moral principle that is *karma*.

This paper attempts to present how by using Mantras, Ayurveda and Yoga many health issues and illnesses can be resolved without using any chemicals and toxins. However, if there is an emergency, one should seek an allopath.

Ayurvedic healing procedures

Various healing tools and methods are utilized by Ayurveda as follows: diet, herbs, colors, Pancha Karma, lifestyle recommendations, aromas, sound, meditation, and yoga. Over the years people have started recognizing the easy applicability of various Ayurvedic methods/products/tactics in day-to-day life.

How does Ayurveda cure diseases?

The main aim of Ayurveda is re-establishing the balance/harmony in the person for attaining optimal health. The treatment process targets specific health problems and recommends medicines for internal cleansing, by getting rid of the substance that can cause the disease by internal cleansing, by getting rid of the substance that can cause the disease.

Who practices Ayurveda?

In ancient India, Ayurveda was the only way of healing and scriptures like *Charaka Samhita* and *Sushruta* were considered the holy texts of healing. Today, the practice is regaining its prominence with more and more Ayurvedic learning and healing centers springing up in rural and urban India, equally. There are over 6 hundred thousand registered Ayurvedic practitioners and 3 thousand providing Ayurvedic treatments. More and more of the population is now resorting to Ayurvedic treatments and

the nation is again going back to its roots for health and harmony.

Principles of Ayurveda

The basic principles of Ayurveda comprise of three Fundamental universal energies: viz.

• **Satva, Rajas and Tamas.** Ayurvedic therapies take into account the five basic energies namely –

• Akasha (Space), Vayu (Air), Teja or Agni (Fire), Jala (Water), and Prithvi (Earth)

Medicines in Ayurveda are prescribed after understanding the body type of the person. Their proportion varies from person to person.

Practitioners believe that well-being is affected by constant fluctuating of vital energies, or *doshas*, and treatment aims to restore the *doshic* balance. There are –

- Vata dosha – combination of ether and air.
- Pitta dosha (process of metabolism) – governs movement, seen as force which directs impulses, respiration, circulation, and elimination.

- Kapha dosha – combination of water and earth elements, responsible for growth, gives protection,

- Seven types of body tissues (or dhatus) which provide nourishment to the mind and body: viz. Rasa (fluid) Dhatu, Rakta (blood) Dhatu, Mamsa Dhatu, Meda (fat) Dhatu, Asthi Dhatu, Majja Dhatu, and Sukra Dhatu.

‘Stomach fire’ – jatharagni and twelve other types of fire in the body, are responsible for diverse metabolic activities. There are three types of body waste: viz. Purisa (faeces), Mutra (urine) and Sveda (sweat)

Pancha Mahabhutas is the foundation of all Ayurvedic diagnosis and treatment routines.

“Mahabhutani kham vayuragnirapah ksitistatha! sabdah sparsasca rupam ca raso gandhasca tadgunah !!

According to Ayurveda, everything in the Universe is composed of the Pancha Mahabhutas. The five mahabhutas along with their properties, in complex multi-cellular organisms like human beings, are mentioned as below:

- Akasa (Space) – corresponds to spaces in the body, for instance abdomen, mouth and nostrils.

- Vayu (Air) – signifies the movement, essentially muscular movement and movement of the nervous system.

- Agni (Fire) – controls the enzyme functions like digestive system, metabolism, intelligence etc.

- Ap or jala (Water) – present in all body fluids such as saliva, plasma, digestive juices.

- Prthivi (Earth) – manifests the solid structure of the body including flesh, teeth, bones, hair.

Yoga for health

1.Yama(ethics) truth, ahimsa, asteya (not-stealing), 2. Niyama(discipline), 3. Asana (posture), 4. Pranayama (rhythmic control

of breath), 5. Pratyahara (looking inward) ,6. Dharna (concentration) ,7. Dhyana (meditation), 8. Samadhi (state of super consciousness)

The asanas are not created out of the blue. They have come into existence as a methodical approach to living. The asanas have a great potential to change the behavioral pattern of the practitioner which in turn changes the mental stature, enabling the practitioner to proceed further and remain in a positive path.

We have standing, sitting, twisting, asana with forward, backward, inverted movements and contractions. The main path of Iyengar Yoga is precision: If hands have to be straight, they have to be absolutely straight. If you have to bend the knee it has to be at right angles. The precision in the asana is not merely meant for the alignment of the part, but for the proper functioning of the human being. If the body is aligned with precision then the breath is aligned with that same precision, if the breath is balanced then the mind, emotions and senses get balanced. We have to study the connections of how these precise adjustments work on the entire human being.

Regular practice of yoga, keeps one healthy, agile, disciplined, and coupled with vegetarianism keeps away from diseases.

Conclusion

During testing and epidemic times regular practice of Yoga, chanting of Mantras and intake of Ayurvedic medicine helps to build immunity and keeps several infections and disease at bay.

“Modern science is aware of mechanisms of building muscles & cardiovascular systems but what about the immune system?”

Modern science is aware of mechanisms of building muscles and cardiovascular system through exercise but what about the immune system? There are some thoughts that vitamins help, a healthy diet and a hygienic lifestyle helps but there does not seem anything specific at the moment that can help build immune system.

Gurujii provided us with a specific sequence of asana-s that help build the immune system. This was posted on the RIMVI notice board during the swine flu pandemic. This can help us not only avert the flu virus but also many more bacteria and viruses especially when they are lurking in the air and water!

Morning practice



- Uttardhanasana 5 min
- Ardha Mukha Svanasana 5 min
- Prasarita Padotandana 3 min
- Sirsasana 5 min straight, 10 mins of variations!
- Viparita Dandasana (on chair) 5 mins
- Sarvangasana 10 min
- Halasana 5 min
- Sarvangasana cycle 5 mins
- Setu Bandha Sarvangasana 5 mins
- Viparita Karani 5 min
- Savasana with Viloma / Ujjayi pranayama 10 min

How not to face coronavirus: the case of Spain

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Abstract

A country's political idiosyncrasies can shape its pandemic response. Both the recent history and the factors that might make governance uncomfortable set the context in which this happens. Among the many causes, stands out the lack of cohesion coming from questioned leaders usually eager to rule. These cravings don't rely upon political colors and pave the road for spine-chilling mortality just like any demographic vulnerability, e.g. an overaged population or an extreme weather. In the bottom there is a surging thirst for pastoral power that can be traded for such essential things like the life of the ruled ones.

Introduction

"Epidemics reveal the truth about the societies they hit"
(Applebaum, 2020)

Spain was, from the very beginning of the COVID-19 crisis, a very vulnerable country/economy. However, the deadly outlier results we face here, make the mere statistical chance a fishy explanation. In this case study I will focus on the more idiosyncratic components of COVID-19 outbreak from a Barcelona metropolitan area dweller compared with the situations I see, mainly, in the rest of Europe, on 4 April 2020. I've found three main traits that

give a partial but different explanation of the Spanish spine-chilling figures.

Pig-headed ignorance *Le sain imaginaire*

The way that European countries' leaders have faced the COVID-19 pandemic has determined the life (and death) of thousands of people in their respective countries and far beyond. The common people's perception of COVID-19 as well as the consensus built around it is that coronavirus has just any biochemical feature as in the virus category; this is not in a biological sense, for sure, but in the social side of what a disease means. In spite of the fact that R_0 is an undeniably valid indicator in epidemiology, I've learned first-hand that it's more context-sensitive than described in books. The Spanish case is like an upside-down script from the Molière's *Le malade imaginaire* (Molière, 2004) with plenty of VIPs boasting they cannot get sick!

Decision-makers' pigheaded ignorance in the mandate of preserving the citizens' life has whipped some countries with avoidable deaths. Definitely, Spain and Italy have done it in thoroughly and in unaccountable ways. For this purpose, I've established three ignorance levels according to the expeditious readiness taken.

3 degrees of COVID-19 ignorance in a European sample

Here we can see at least three great groups of decision-makers, the ones who have been proactive and have not waited for casualties before cancelling events, those who have not reacted timely, but have kept at bay the relative number of deaths, and finally, the ones who have proven to be a true nullity at work.

Table 1: Passivity and results before the COVID19

Country	Events suspended before first death	First Coronavirus reported case	Events cancelled	Reaction time since first case	Deaths before cancelling events	Deaths per million April 2	Health system
Germany	0	Jan 26	Mar 20	54	267	10.94533302	Bismarck
Italy	0	Jan 29	Mar 5	36	148	217.5818723	Beveridge
United Kingdom	0	Jan 30	Mar 17	47	71	34.64427751	Beveridge
Spain	0	Jan 30	Mar 10	40	36	195.315508	Beveridge
Belgium	0	Feb 03	Mar 14	40	4	71.44089733	Bismarck
France	0	Jan 23	Feb 29	37	2	61.77416884	Bismarck
Portugal	1	Mar 01	Mar 11	10	0	18.33333333	Beveridge
Czech Republic	1	Feb 29	Mar 11	11	0	3.641456583	Bismarck
Hungary	1	Mar 03	Mar 11	8	0	2.070393375	Bismarck
Austria	1	Feb 24	Mar 10	15	0	16.20421754	Bismarck
Poland	1	Mar 03	Mar 9	6	0	1.136063408	Bismarck
Greece	1	Feb 25	Mar 8	12	0	4.798464491	Bismarck

Table 2: Groups of countries regarding behavior before COVID-19

Level	Behavior	Country
0	Facing coronavirus	Portugal Czech Republic Hungary Austria Poland Greece
1	Playing with coronavirus	Germany
2	Meh!	Italy Spain Belgium United Kingdom France

This last group is formed by: Italy, Spain, Belgium, United Kingdom and France. The five countries share borders and have their weakest point in their factionalized elites or group grievance issues that worried their ruling classes more than COVID-19.

Some people might say that the smartest group enjoyed privileged information since they saw what the virus could do. Not so tricky: the WHO declared COVID-19 a Public Health Emergency of International Concern on 30 January 2020 and then declared COVID-19 a pandemic on March 11, 2020.¹ These announcements were for everybody and both groups' median date for cancelling events is the same: the day before the pandemic declaration. The true difference was the readiness and vision of the situation. Let's delve into it.



Figure 1: 8M feminist demonstration in Seville. José Angel García picture retrieved from a Diario de Sevilla article by Diego J. Geniz (Geniz, 2020).

The Spanish inflexion point

Spain, timely, suspended public events the day before the pandemic was declared by the WHO but only 2 days before the situation was as shown in the pictures (Fig 1, 2, 3). There were about 900 demonstrations planned to

celebrate Women's Day.² To cap it all, we didn't lack different sorts of political meetings:



Figure 2: Far-right populist political formation VOX's meeting in Madrid, there it was, at least, another one in Galicia.³

And, of course, plenty of people went to see the soccer match at the Stadium.

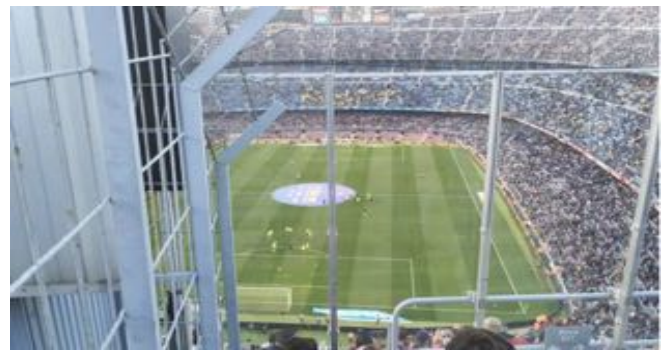


Figure 3: FC Barcelona Stadium March 7, 2020⁴

About public transportation, we'll talk later since it didn't peak in that weekend. Now let's see the inflexion point at a glance. It was the share of COVID19 casualties on March 7:

% Deaths March 7 across the EU15

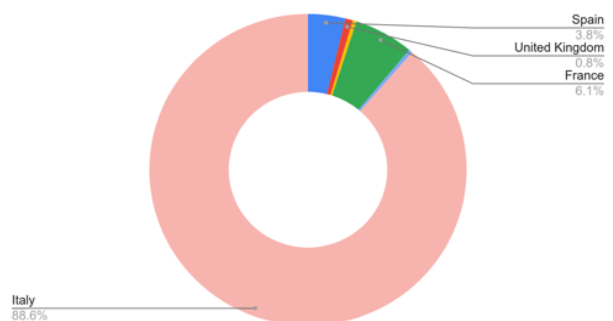


Figure 4: Donut chart with the share of coronavirus disease among a wide sample of European countries (EU27 minus Luxembourg plus the United Kingdom, Norway, Switzerland and Iceland) on 8 March

And two weeks before the situation was as in Figure 5.

¹ <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>

² <https://www.publico.es/sociedad/ano-mas-movimiento-feminista-tomara.html>

³ <https://www.lasvocesdelpueblo.com/video-vistalegre-iii-la-alternativa-con-9-mil-simpatizantes-y-afiliados-de-vox/>

⁴ <https://real-sociedad.diariovasco.com/aficion-real-sociedad-camp-nou-20200307193915-nt.html>

Spain's share of COVID-19 casualties among the EU15 sharply rose between the 7-21 March 2020. Even if we weigh this increment by the cases confirmed on 8 March, the results jump in our faces.

% Deaths March 21 across the EU15

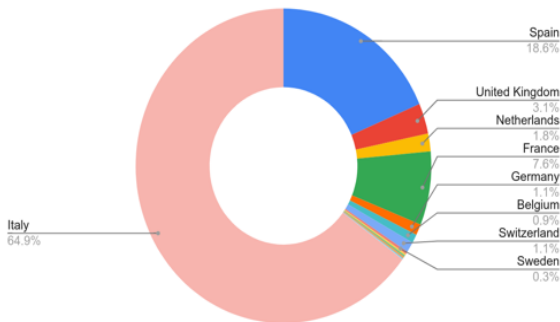


Figure 5: Donut chart with the share of coronavirus disease among a wide sample of European countries (EU27 minus Luxembourg plus the United Kingdom, Norway, Switzerland and Iceland) on 21 March.

Relative raise in COVID-19 (Mar 7 - Mar 21) across the EU15 (weighted by total cases)

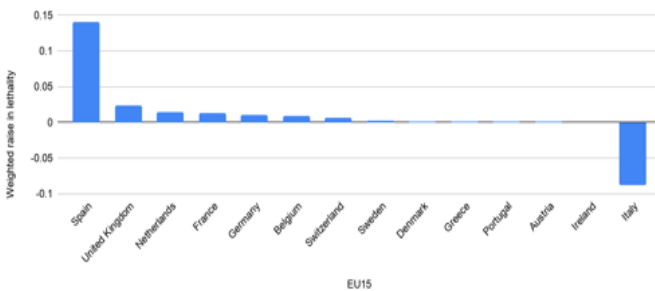


Figure 6: Relative rise in COVID-19 (7-21 March) across the EU15 (weighted by total cases)

How pigheaded ignorance became greater than life

1- Before

The unifying thread in this case of study is how political drags, when backed up properly, can become greater than life. Carmen Calvo, the Spanish Vice President, in a premonitory quote said: *"it is a matter of life or death"*, when asked if it was dangerous going to 8M demonstrations, a Public Health Emergency of International Concern (as declared by the WHO on 30 January 2020).⁵ Three days later, the March 8 concern turned into an official pandemic, as it was expected (McDonnell, 2020; Frieden, 2020).

In a similar situation, the Spanish Equality Minister, when asked if we were going to regret not having suspended on 8 March and Las Fallas in view of what is happening in Italy with 17 provinces closed now and many other places said: *"I think that no one doubts the management that the experts are doing to make each decision..."*.⁶

So Irene Montero trust in experts is almost a lie since, seemingly, she only trusted in the Spanish government expert, Fernando Simón, director of the Center for Coordination of Health Alerts and Emergencies, who said on January 31: *"Spain will not have, at most, beyond a diagnosed case."*⁷ He was not satisfied with this, and, the day before the 8M demonstration, he said: *"if my son asks me if he can go to the 8-M demonstration, I will tell him to do whatever he wants"*.⁸ I wonder how much experience he has telling others what they want to hear considering that on 30 January, the WHO warned on COVID-19 social distance prevention.⁹



Figure 7: Carmen Calvo, Spanish Vice, on the 8M demonstration



Figure 8: Equality Minister Irene Montero, in the middle, hardly not spreading COVID-19 in the 8M strike¹⁰



Figure 9: The director of the Coordination Center for Health Alerts and Emergencies, Fernando Simón, at the press conference Friday 18 March (Europa Press). Jm Cuadrado Jiménez (Handout / EPA) picture retrieved from a The Guardian article by John Henley (Henley & Guardian correspondents, 2020).

⁵ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

⁶ <https://www.youtube.com/watch?v=tkDEBonk754>

⁷ <https://youtu.be/zHims96F4QA>

⁸ blob:<https://www.abc.es/7063c8ce-b126-41af-a7fd-1d14023500d3>

⁹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

¹⁰ <https://www.elindependiente.com/wp-content/uploads/2020/03/7025b32aee6c177f478b13a1f297ff65-1440x808.jpg>

Besides a clumsy seer, Fernando Simón is also a member of the advisory committee of the European Centre for Disease Prevention and Control (ECDC). And, by the way, the European Centre for Disease Prevention and Control (ECDC) reported on 2 March: "Additional steps to consider include school and day care measures or closures, measures at the workplace, and measures related to mass gatherings."¹¹

But it's not about ideologies; on the opposite side of the political spectrum, the populist far right also bears its share of grunt. VOX, the most successful retrograde political option in the Spanish menu, ignored common sense, too.



Figure 10: Javier Ortega Smith, number two in the populist far-right party VOX, hardly not spreading COVID-19 in the Vistalegre event. Javier Lizón (EFE) picture retrieved from La Vanguardia website.¹²

2- After

It must be said that Spanish politicians *honestly* underestimated some features of COVID-19, like their scary contagiousness, so much so that they got sick with coronavirus. However, their attitude before and after hardly will be considered exemplary.

Irene Montero herself, during her quarantine, kept hammered away at the same drag and said about the COVID-19 crisis and the 8M: "It is essential that each person follow the instructions given by the health authorities at all times". She showed no regret over ignoring the European CDC warning against this kind of crowded events in the aforementioned March 2 report¹³ (Prieto, 2020); (Güell, 2020). Furthermore, her own husband, the Spanish Vice Pablo Iglesias, has been criticized for skipping over quarantine twice in less than a week (Méndez, 2020). This is while there were more than 30,000 complaints and 350 arrested in Spain for doing the same as the Vice (Rincón, 2020).

Fulfilling a quarantine is not a detail; it says a lot about a politician's maturity. Germany PM Angela Merkel self-quarantined herself and kept ahead with her tasks from home since she was in contact with an infected physician; the Canadian PM Justin Trudeau did a similar thing and the Israeli PM Benjamin Netanyahu too (Delfs & Donahue, 2020; Landau, 2020). And the most important thing is that

they self-quarantined, since unlike Pablo Iglesias, they are not living with a person with Coronavirus. This shows initiative in dealing with COVID-19; the cockiness to skip it over stopped being useful time ago.



Figure 11: Pablo Iglesias (right) in a speech on COVID-19 (EFE)¹⁴; ironically the screen says "we will stop this virus together".

About exemplary maturity, on the other extreme of the Congress, Javier Ortega Smith, after being confirmed as COVID-19 positive, said: "My Spanish antibodies will defeat the bloody Chinese viruses."¹⁰ According the Worldometer data¹⁵, on 25 March, Spain ranked as registering the highest daily deaths and overtook China as the second most affected by the virus. Even the Spanish epidemics expert, Fernando Simón was tested positive for COVID-19.¹⁶

3- Behind

It's not just about a bunch of plain stupid Spanish politicians; the government hid a dose of malice, too. Spanish PM Pedro Sánchez hid emergency measures against the coronavirus six days before 8M demonstrations (Semprún & Ruiz-Tagle, 2020). On March 2, thirteen days before the state of emergency declaration, the Spanish government was stockpiling masks. It put aside the apothecaries.

In the same vein, the Police had knowledge of the necessary preventive measures against the Coronavirus since January 24 when the Chief of Risk Prevention, José Antonio Nieto González, prepared a manual to prevent contagion. However, on March 14, three months before his retirement, he was suddenly dismissed (Montero, 2020). In his recommendations, Nieto González, included the material that the policemen should use, considering the airports as risky points, the use of disposable nitrile gloves for pat-downs, baggage searches and identifications from people coming from China; finally, he also recommended the use of FFPP2 masks: that's the current standard (Montero, 2020).

In order to cover all this dirty politics and stop publishing the dunce comments weeks before the lockdown, the government gave a generous 15 million euros gift/grant/ bribe/whatever to private media in the middle of this catastrophic crisis (Olmos, 2020). It's plainly

¹¹ <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-outbreak-novel-coronavirus-disease-2019-increase-transmission-globally-COVID-19.pdf>

¹² <https://www.lavanguardia.com/politica/20200314/474130186160/embajada-china-ortega-smith-racista-malditos-virus-chinos-coronavirus.html>

¹³ <https://www.ecdc.europa.eu/sites/default/files/documents/RRA-outbreak-novel-coronavirus-disease-2019-increase-transmission-globally-COVID-19.pdf>

¹⁴ <https://www.elindependiente.com/politica/2020/03/19/criticas-a-pablo-iglesias-por-saltarse-la-cuarentena-dos-veces-en-seis-dias/>

¹⁵ <https://www.worldometers.info/coronavirus/country/spain/>

¹⁶ <https://elpais.com/sociedad/2020-03-30/fernando-simon-da-positivo-por-coronavirus.html>

manipulating the people's perception so that they endanger themselves, which is partisan, exploitative, treacherous and opposed to what an ethical communication means (Lozano, 2018). Then, there is how the 2008 indignant crisis (the Spanish Occupy Wall Street) was solved.



Figure 12: Protester being beaten in the ground by anti-riot police. Josep Lago (AFP) picture retrieved from a El País article (El País, 2011).



Figure 13: Protester being beaten in the ground by anti-riot police (BBC News, 2019).

This is how the 2017 Catalan independence political crisis was solved. Let's see another perspective. On October 13, 2008 amidst a global financial crisis, the Spanish Council of Ministers approved a 100,000 million bail out destined to guarantee the banks' debt. Twelve years later, on March 24, 2020 amidst a global pandemic, the Spanish Council of Ministers approved the first tranche of the 100,000 million destined to safeguard the interests of the banks in their loans to companies in problems caused by the coronavirus (Gómez et al., 2020). Therefore, thanks to this background, the next images on how common people face COVID-19 makes sense.



Figure 14: Barcelona subway in rush hour on March 12, 2020

This image was taken two days after mass gatherings were cancelled but before the national lockdown.



Figure 15: Barcelona subway in rush hour on March 16, 2020¹⁷

This image was taken six days after mass gatherings were cancelled and the day after the national lockdown.

The subway on April 5 was eerie partly because over 800,000 people lost their jobs, in addition to half a million autonomous workers who stopped their activity, and another 620,000 people who have been affected by a work schedule reduction; it's just like nose diving in the darkest moments of 2008 recession only in a couple of weeks (Durán, 2020). The poor and vulnerable in my city, Barcelona, are hitting the bullet very hard: they face seven times greater COVID-19 infection rate (Jones, 2020). It's misery in its widest meaning. Thankfully, we have nice ministers who crack themselves up on it! (Europa Press, 2020)



Figure 16: Press conference of the Minister of Labor Yolanda Díaz and the Minister of Social Security José Luis

¹⁷ https://www.65ymas.com/sociedad/vagones-metro-autobuses-abarrotados-hora-lunes-barcelona_13570_102.html

Escrivá, Streamed live on 2 Apr 2020 in El Mundo YouTube channel.¹⁸

Conclusions

If you were cheered to go to a demonstration on March 8, then two days later told that there is a very menacing pandemic in your country but not for your Vice President who cares a damn about quarantine, how would you feel? It must be said that the situation in Spain was very fragile and even an apt government would have led to depressing results. Spain had a huge amount of international arrivals and an overaged population as well as one of the greatest Chinese diasporas in Europe before Pedro Sánchez's tenure. However, the death toll might have been less than half of the ones we lament today, just like France or the UK's rates.

Fernando Simón in his most insightful declaration (the bar was very low anyways) said on Feb 29 that banning massive gatherings "may bring very big consequences" (Rojas, 2020). Ten days later the consequences were not so big anymore. In those ten days, the 8M demonstrations happened, so that the political power of a government that has turned hegemonic feminism into a sort of political identity merrily sailed. According to UN women figures, Spain is one of the safest countries for a woman with a gender violence rate three-four times lesser than Germany, Italy or Finland.¹⁹ The real goal of these demonstrations was not to save women but save a political agenda from a Spanish ruling class that is more volatile now than it has been in this country's recent history. For this reason, the behavior of the government points to a greater concern for having the people quiet than safe and any true commitment against COVID-19 was delayed. It was a delayed politics of pain (Lozano, 2020).

Indeed, the ruling coalition as well as part of the opposition bet the Spanish citizens' health against their pastoral power, with their ability to create an identity that people follow and keep lucrative to manage. Obviously, we have been lost in the bet and the only thing we have in this terminus are laughs on a screen in a repression-color closed room.

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¹⁸ https://youtu.be/APOjy7y4_Iw ; this content is also worthy since it exposes the economic illiteracy of both ministers

¹⁹ https://www.endvawnow.org/uploads/browser/files/vaw_pr_evalence_matrix_15april_2011.pdf

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Who is the most vulnerable during a pandemic? The social model of disability and the COVID-19 crisis

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Abstract

According to the World Health Organization (WHO), 15% of the global population lives with some form of disability, of whom 2% to 4% experience significant difficulties in functioning. Persons with impairment are the most neglected sector in society. This inquiry looks into the social and medical model in terms of analyzing the impact of the COVID-19 pandemic on persons with developmental disorder. The paper argues that the medical model is insufficient to account for the needs of persons with disability. While the medical model requires that individuals with impairment should be given priority in terms of access to effective treatment, policies in the midst of public emergencies must be based on a comprehensive awareness of the social context of cognitive disability.

What is disability?

The World Health Organization (2011, p:213) defines disability as “an umbrella term for impairments, activity limitations, and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).” Impairment could be physical or mental. Physical disability prevents individuals from exercising their freedom of movement. In contrast, mental impairment affects the functions of the brain. Motor abnormality stirs the behavior of the person as in the case of Autism Spectrum Disorders (ASD).

Disability has an effect on social, economic, and political functionality of people. On the social side, persons with disability suffer from discrimination which not only restricts their flourishing but also the chance for a meaningful socialization of individuals with impairment. Economically, persons with physical disability are constrained in terms of the availability of jobs. It is usually the case that good jobs are given to members of society with normal functioning. Politically, persons with

impairment are unable to become a part of important public discussions on issues that affect them.

According to the Center for Disease Control in the US, there is a lack of data in terms of the experience of people with cognitive disabilities during emergencies. Present data on the COVID-19 Pandemic do not indicate the heterogeneities of victims. Recent reports, however, say that in the United States, a big number of those who succumb to the disease are Latinos or African-Americans. Dr. Deborah Birx explains that the high death rate comes from preexisting conditions of patients. In the Philippines, the Department of Health has not revealed any information on cases involving persons with impairment due to the right to privacy of patients.

Persons with disabilities are the most neglected sector in society. Individuals with cognitive impairment are discriminated in everyday life. Emergency situations in this regard only exacerbate their already difficult condition. For this reason, the present strategy of rationing food for the general population as is the case in the Philippines is a source of frustration for parents and caregivers of persons who suffer from cerebral palsy, Down’s syndrome, and autism, among others. The COVID-19 pandemic, with enforced lockdowns and restrictions in movement, means that children with autism cannot get their regular therapy. In a way, staying at home is the right thing to do insofar as the suspension of classes in Intervention Centers is a matter of public safety. However, discussion on matters of policy in terms of education does not consider the difference between children enrolled in regular schools and those who attend special schools.

The above attitude on the part of the general public and even the government is reflective of the discrimination that individuals with disability are subjected to. Of the thousands of registered businesses in the Philippines, those who include the concerns of persons with disability in their corporate social responsibility are very few. Overall, the stigma imposed on autistic children force parents to isolate their children from the public since the majority of the population do not have a basic understanding of the case of these children and their need for special care. It is for this reason that many parents fear for the future of their children knowing the lack of insight of the general population about their issues and concerns.

Disability in the Philippines

When it comes to disability in the Philippines, the biggest problem is the lack of an effective national strategy to address the issues and problems that prevent the development of the members of this sector. For instance, there is not enough regulation to ensure that intervention centers and special schools are following protocols in handling cases and in observing policies that will protect the good or well-being of children with disability. Without proper regulations from government agencies, caregivers may be susceptible to abusive and incompetent behavior.

Teachers, therapists, and their administrators, require training and accreditation. However, the government has not implemented any rational plan nor designed a program to regularly improve the knowledge and competence of caregivers. The social services department need to monitor that schools and intervention centers are safe. The problem may be rooted in the lack of looking for the reason why families of persons with disability often find

themselves working doubly hard in order to provide for the care of a child or an adult with special needs in the household. A survey from the National Statistics Office (2013) reveals the following:

"In the Philippines, the results of the 2010 Census of Population and Housing (CPH, 2010) show that of the household population of 92.1 million, 1.443 million Filipinos or 1.57%, have a disability. Region IV-A, with 193 thousand PWDs, was recorded to have the highest number of PWD among the 17 regions, while the Cordillera Administrative Region (CAR) had the lowest number with 26 thousand PWDs. There were more males, who accounted for 50.9% of the total PWD in 2010, compared to females, with 49.1% with disability. For every five (5) PWD, one (18.9%) was aged 0 to 14 years, three (59.0%) were in the working age group (15-64 years old), and one (22.1%) was aged 65 years and above."

The Center for Disease Control in the US says the prevalence of autism in the United States is 1.8% of the total US population or 1 in every 54 persons, according to the Autism and Developmental Disabilities Monitoring Network. In the Philippines, the Department of Health puts the number between 500,000 to 1,000,000 of the population. This suggests that the country lacks clear data and for this reason, any form of intervention on the part of the government appears limited at best, and problematic at worst, due to the lack of insight as to the situation and real struggles of persons with cognitive impairment in the country. The *Magna Carta for Persons with Disability* (RA 7277) has mandated the Department of Health to come up with a national health program for persons with disability. However, evidence of a successful program is wanting. The agency, on its website, acknowledges the wide gaps and problems. It says:

"In 2013, a Medium-Term Strategic Plan (2013-2017) was developed to strengthen the existing health program for PWDs. However, in the review done for the purpose, it was noted that in the implementation of the program in the past years, there were operational issues and gaps identified that need to be addressed. These include among others, the need to strengthen multi-sectoral action to harmonize efforts of stakeholders; clarify delineation of roles and responsibilities of concerned government agencies working for PWDs; strengthen national capacity, both facilities and manpower, to provide rehabilitation services for PWDs from primary to tertiary level of care; provide access to health facilities and services for PWDs; and, strengthen registration database for PWDs". (DOH, April 10, 2020)

Public emergency and the medical model of disability

Policy makers emphasize on the medical model during a public emergency. Local government units in the Philippines have problems in access to information during pandemics. To give an example, rumors often circulate on social media in terms of those who are suspected of infection. This causes a burden not only on the people who live around the neighborhood of Persons under Investigation (PUI) but also the family of a person who is suspected of being positive. The situation is unimaginably difficult if the case involves a child with some form of disability. People ostracize others for no apparent or logical reason than their unfounded fear or ignorance.

The medical model of understanding an emergency can stigmatize people. The problem with respect to this stigma is not limited to patients. Front-liners also suffer from being ostracized. This is a new phenomenon insofar as the present generation has not really been exposed to any form of pandemic. The Asian flu of 1957 that killed two million people and the Hong Kong Flu that killed a million have not been a cause of concern for Filipinos. The recent scare from SARS or MERS or H1N1 have not affected Filipinos. But COVID-19 is a different case. According to the *Philippine Daily Inquirer* (April 8, 2020):

"Doctors, nurses, and other medical personnel are literally putting themselves in harm's way to protect the greater Filipino population against COVID-19. And yet, in an alarming twist, an increasing number of them, instead of being accorded the hero's treatment they deserve, are being subjected to discrimination, harassment, and violence, mainly due to unfounded COVID-19 fears."

The issue becomes more problematic when we speak of persons with disabilities. Many of them reside in various community and institutional settings. Community settings include homes or households where children live with parents. Typhoons which occur in the Philippines devastate people and crops, but there is not enough studies or investigations done in terms of how it traumatizes or affects a person with mental impairment. In urban centers like Manila or Cebu, it is common to see persons with cognitive disability in the streets. It is difficult to determine if the country's social services department has concrete programs to provide protection to this sector of the population during emergencies.

Institutional settings refer to care centers and/or hospitals that house persons with cognitive disability. These places are viewed as treatment centers but not as holistic institutions. In a visit to one of these facilities in the country, the situation of patients is appalling. Some of them play with their feces. They are denied the full attention of caregivers or the medical staff. It is often the case that the immediate family of the patients no longer visits them. Indeed, such is a manifestation of a grave violation of human dignity. Just imagine if the COVID-19 infects one of these facilities. The effect would be devastating to persons whose lives are precious and yet have been deprived of love and meaningful support.

The COVID-19 Pandemic is often seen in terms of its impact on the economy and the social life of the general population. But reports say nothing about the potential impact of the disruptions of services needed by persons with mental disabilities in mental healthcare centers. In fact, it is difficult to find data as to how people with disabilities have been affected by previous outbreaks. There are lessons to learn like preparing the community and the bureaucracy. But as is often the case, the preparation is limited to that sector of society which is considered productive. Jonathan Wolff (2010, p:149) explains:

"We can see that what is commonly called the medical model of disability suggests that people with disabilities have a less extensive set of internal resources than others, and recommends that society act to boost this set largely by medical means. By contrast, the social model prefers to say that social structures discriminate against people with certain resource bundles, and thus we need to change social structures to eliminate such discrimination."

Unjust structures undermine the well-being of people. The medical model does not give a full picture of the problem. People suffer because of the lack of concern of others. But at the same time, the systems that are operative in society can be the source of oppression. Policies and rules restrict people with disability from achieving the public good. Oppression is created by systemic problems and so it is best that the society address the same by dismantling unjust systems. In this regard, a more appropriate model would be necessary in order to highlight the ethical dimension of the issue.

Vulnerability and the social model of disability

It is inevitable that people should act in order to prepare for the next pandemic. But people with disabilities have immense difficulty in getting involved when it comes to strategic planning. For obvious reasons, persons with mental impairment cannot participate in discussions. Still, even their immediate family is not given the opportunity to be able to express their concerns. As a consequence, the well-being of persons with disabilities is compromised. Knowledge and insight depend on dialogue and discussion. But when government authorities limit such only to a few stakeholders, vulnerable individuals are put at a great risk.

Another problem is the situation of caregivers, including parents who might be required to be isolated due to a confirmed contagion. While the communitarian nature of our society might be helpful, this is not something that can be relied upon, though Eva Feder Kittay (2001, p:571) thinks "family members are often the only shield against the slings and arrows of an uncaring society." Social isolation results in disrupted care as paid caregivers are prevented from travelling. In such a situation, the right thing to do is for families to sacrifice their personal concerns. In fact, caring for children with mental impairment should be the most important concern of parents.

When it comes to the social model of disability, it matters that all hospitals and healthcare facilities understand why they must provide immediate care to persons with autism and other disorder. It is about respecting the value of people. Persons with disability are not faceless human beings. They are wonderful individuals who have unique qualities. It is helpful for policy makers to look into heterogeneities in terms of the unique attributes of persons. Normally, government institutions categorize children together and disregard the special need of a child. The problem is not only a matter of lack of foresight in terms of social planning. It is a foundational issue that involves how society as a whole must put an end to our prejudice against others.

Emphasizing on the social model means human society must give utmost value to the dignity of all persons. Policies should be slanted toward the welfare of persons with cognitive impairment. Care for individuals with developmental disorders must include provisions that recognize the needs of families and every caregiver. Indeed, the respect for equality of human dignity can be enshrined in laws, social policy, and in social activities. Institutions do matter in this regard. Parents can only do so much given their other concerns and limited income. The government and its functionalities, therefore, must perform their moral role. The implementation of an

effective program will require an understanding of every situation.

Society has a moral obligation to care for every human person. Martha Nussbaum (2006, 101) is firm in this respect by saying that "we must also recognize that the problem of respecting and including people with impairments, and the correlative problem of providing care for people with impairments and disabilities, are vast, affecting virtually every family in every society." The social model in this respect is about understanding the role of justice and how the same matters in terms of realizing a world that sees persons in terms of their equal dignity. Ingrid Robeyns (2016, p:3), for instance, thinks that researchers have been inclined to investigate the neurobiological basis of autism, instead of considering the experience of impairment. All forms of disability, in reality, are fundamentally social in context. (Maboloc 2019, 1193)

On the account of the above, it is fair to say that caring for persons with impairment is both a moral obligation on the part of parents, and an institutional duty on the part of the government. For this reason, policies and rules must not hinder parents from providing immediate care for their child. The government and society as a whole must help promote a world in which each and every person is respected. The problem must be approached not just from the medical point of view, but from a social perspective as well. This would require "the knowledge and participation of parents and social workers in order to craft an appropriate, child-specific intervention for each child with a disability." (Bricout et al. 2004, p:51)

The lack of record or data simply indicates the lack of concern and attention on the part of the general public and the government as well. As a matter of recommendation, the government should begin to make a survey and create a national database that will serve as a repository of the required information so that in the future, disaster planning and resilience would include the concerns of children and persons with special needs. The failure to do so only indicates the lack of willingness on the part of society to be more inclusive. Indeed, "to enjoy a dignified life, certain things should be improved to make society truly just." (Maboloc 2019, 16)

Conclusion

The medical model is important, but when it comes to a huge problem such as a pandemic, human society must employ holistic approaches and measures that consider the social context of impairment. Notwithstanding the extent of poverty in the Philippines and how it impacts our lives, it is the moral imperative of any just society that every person with cognitive disability has to receive due equal respect when there is a pandemic or even if there is none. The legitimacy of every public institution depends on the ability to protect and promote the well-being of those who are helpless. By this, we mean that social institutions must serve human persons as ends in themselves. This is the essence of our responsibility for justice.

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Cybercrime pandemic

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Abstract

With the rising of the reported cases of COVID-19 and home quarantine being implemented, the Internet became a channel for effective human interaction. Doing most of the work online brought an increasing number of online fraudsters to exploit the public fear of the pandemic to attack people through cybercrime. This paper introduces what cybersecurity is all about. It also lists some of the cybersecurity issues that are being faced at this time. Further, it discusses forms of attacks being encountered and lists recommendations on how to be safe online.

Introduction

Ethics govern a person's behavior and is a critical part of cybersecurity approach. The study of cybersecurity ethics does not offer a simple solution to the many complex ethical dilemmas the IT professionals and organizations face on a daily basis.

Cybersecurity is about defending computers, servers, mobile devices, electronic systems, networks, and data from malicious attacks. It's also known as information technology security or electronic information security. It can be divided into a few common categories such as network security, application security, information security, operational security, disaster recovery and business, end-user education (Kaspersky).

A cyberattack is defined by Cisco as a malicious and deliberate attempt by an individual or organization to breach the information system of another individual or organization. Usually, the attacker seeks some type of benefit from disrupting the victim's network.

Techopedia defined cybercrime as a crime in which a computer is the object of the crime such as hacking, phishing, spamming or is used as a tool to commit an offense such as child pornography, hate crimes and the like. Cybercriminals may use computer technology to access personal information, business trade secrets or use the Internet for exploitative or malicious purposes. Criminals can also use computers for communication and document or data storage. Criminals who perform these illegal activities are often referred to as hackers.

COVID-19 was first detected in China at the end of last year and it has spread to more than 150 countries and territories. WHO Coronavirus disease (COVID-2019) situation as of April 8, 2020 reports the following total (new) cases in the last 24 hours (Table 1).

Table 1. Countries, territories or areas with reported confirmed cases of COVID-19, 8 April 2020 (Source: Coronavirus disease 2019 (COVID-19) Situation Report – 79)

Countries/territories/areas	Confirmed (new) cases	Deaths
Globally	1,353,361 (73 639)	79,235 (6,695)
Western Pacific Region	114,667 (1026)	3,922 (30)
European Region	720,219 (33,881)	57,639 (4,904)
South-East Asia Region	10,707 (1575)	426 (64)
Eastern Mediterranean Region	81,993 (3428)	4314 (165)
Region of the Americas	417,416 (33,174)	12 597 (1,500)
African Region	7,647 (555)	326 (32)
WHO Risk Assessment	Global level	Very high

The fields of public health and cybersecurity crossed with the COVID-19 pandemic in ways that nobody has ever imagined would ever happen. Although cybersecurity and public health are different challenges, yet the COVID-19 pandemic has cybersecurity relevance because it has become a serious reminder of long-standing problems, unresolved controversies, and unheeded warnings.

Businesses and public-sector organizations have increasingly offered or enforced work from home policies, and social interactions have rapidly become confined to video calls, social media posts and chat programs. As many companies adopt work-from-home policies in response to the COVID-19 pandemic, cybersecurity is a growing issue. Cybercriminals are seeking to exploit coronavirus to target companies and individuals.

COVID-19 has forced everyone else to become more dependent on the Internet as desperate measures, such as social distancing, disrupt economic activity and everyday life. Dependence on cyberspace creates vulnerability, and malicious attempts to exploit this sudden unplanned societal shift online have proliferated. Law enforcement officials report that criminals are, among other things, selling fake COVID-19 cures online, posing as intergovernmental or governmental health organizations in phishing emails, and inserting malware into online resources tracking the pandemic. This COVID-19-related

spike underscores that policy efforts to flatten the curve on cybercrime have not succeeded.

It was reported that cybercriminals are taking advantage of the increasing amount of time that people spend online due to new measures taken to stop the spread of the virus. Cybercriminals are following coronavirus concerns online and exploiting it. The health crisis has become their business opportunity according to the European Commission President, Ursula von der Leyen where hospitals, research hubs and medical centers are targeted

The World Economic Forum stated that as the coronavirus pandemic continues to disrupt global health, and economic, political and social systems, the risk of cyberattacks is another unseen threat rising in the digital space. It is taking advantage of the increased reliance on digital tools and the uncertainty of the crisis.

Types of attacks

Below are some of the COVID-19-related cyberattacks.

Ransomware

Cybercriminals could encrypt large amounts of critical hospital data and demand a large ransom to restore it. A ransomware attack against a hospital or any other health organization can put patients at risk. This might also result in a loss of human lives, either because the resources required to treat them are no longer available or the processes in the hospital are severely slowed down. It can disrupt the function of the institution and can cause procedure postponements. A group of hackers may publish personal data of thousands of former patients after the company fails to pay their demand.

10x Genomics Inc. was said to have experienced an attempted ransomware attack that also involved the theft of company data. The company is part of an international alliance that is sequencing cells from patients who have recovered from COVID-19 as part of an effort to understand possible treatments for the disease.

Phishing

Cybercriminals may send emails claiming to be legitimate organizations with information about the coronavirus.



Figure 1. Example of a fake Center for Disease Control and Prevention (CDC) email. (Source: U.S. Health and Human Services website)

Figure 1 shows an email designed to look like it is from the US Centers for Disease Control; the email might falsely claim to link to a list of coronavirus cases in your area. “You

are immediately advised to go through the cases above for safety hazard,” the text of one phishing email reads.



Figure 2. Example of a fake health-advice email. (Source: US Health and Human Services website)

Phishers have sent emails that offer purported medical advice to help protect someone against the coronavirus. The emails might claim to be from medical experts near Wuhan, China, where the coronavirus outbreak began.

Spam

Cambridge dictionary defined spamming as the activity of sending advertisements by email to people who do not want to receive them. The US Secret Service warned corporate America about fraudulent emails related to COVID-19 that contain malicious attachments. The agency said in the alert that it is investigating attempts in which the malicious email attachments, usually a Microsoft Office or WordPad file, would allow attackers to remotely install malware on computers to potentially harvest credentials, install key loggers or lock down the system with ransomware.

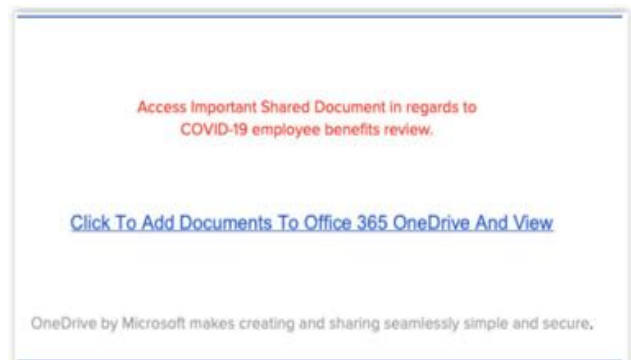


Figure 3. This attachment was found in malicious emails pretending to be from a CEO. (Source: Menlo Security)

Social Engineering

The attacker uses social skills to obtain information about an organization or its computer systems. He may claim to be unassuming and respectable, to be a new employee, repair person, or researcher and even offering credentials to support that identity. By asking questions, he or she may be able to piece together enough information to infiltrate an organization's network.

COVID-19 crisis is being used to carry out social engineering attacks themed around the pandemic to distribute different malware packages.

Vishing

Vishing is the social engineering approach that leverages voice communication. This technique can be combined with other forms of social engineering that entice a victim to call a certain number and divulge sensitive information.



Figure 4. Sample vishing content. (Source: DICT Cybersecurity, Philippines)

Smishing

Smishing is a form of social engineering that exploits SMS, or text, messages. Text messages can contain links to such things as webpages, email addresses or phone numbers that when clicked may automatically open a browser window or email message or dial a number.

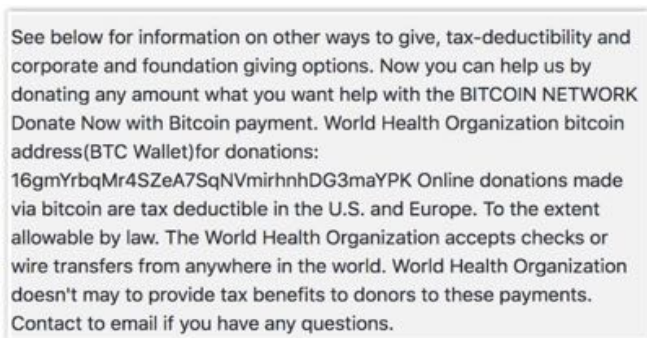


Figure 5. Text from scam email asking for aid for the WHO (Source: Trend Micro Security News)

Cybersecurity Issues

On March 23, 2020 Digital Watch website report that Hammersmith Medicines Research, a British company that previously tested the Ebola vaccine and is on standby to conduct the medical trials on any COVID-19 vaccine, has been hit by a ransomware group that initially promised not to target medical organizations. The criminals managed to ex-filtrate patient records, and published some of them online.

World Health Organization (WHO) warned about suspicious email messages attempting to take advantage of the COVID-19 emergency by stealing money and sensitive information. Also, it was reported that hacking attempts

against WHO's own computer systems and its partners have increased during the coronavirus outbreak. The reason behind cyberattacks is said to be unclear yet but a multitude of motives may be presumed for attacking prominent health organizations during this crisis. Cybercriminals may be looking for information about cures, tests or vaccines relating to the coronavirus to sell in the black market, encrypt sensitive data and hold it for ransom, or simply disrupt the operability of the institution.

Criminals may disguise themselves as WHO to steal money or sensitive information. (<https://www.who.int/about/communications/cyber-security>) WHO reminds everyone to verify the authenticity before responding if anyone on their behalf is asking for any of the following: asking for your username or password to access safety information, email attachments you didn't ask for, asking you to visit a link outside of www.who.int, asking you to charge money to apply for a job, register for a conference, or reserve a hotel, asking you to conduct lotteries or offer prizes, grants, certificates or funding through email.

Further, it stated that the only call for donations WHO has issued is the COVID-19 Solidarity Response Fund and any other appeal for funding or donations that appears to be from WHO is a scam. WHO is aware of suspicious email messages attempting to take advantage of the COVID-19 emergency. This fraudulent action is called phishing. It asks the recipient to: give sensitive information, such as usernames or passwords, click a malicious link, open a malicious attachment. Using this method, criminals can install malware or steal sensitive information.

United Nations has warned the public about the selling of fake coronavirus cures online to a cyberattack on hospitals' critical information systems. The criminals are exploiting the COVID-19 crisis as it steps up its fight against a proliferation of false information about the virus. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO) at a gathering of foreign policy and security experts in Munich, Germany, in mid-February said that aside from fighting the pandemic, they are also fighting an infodemic, referring to fake news that spreads faster and more easily than the virus.



Figure 6. Map of threats using COVID-19 (Source: Trend Micro Security News)

According to WHO, infodemics are an excessive amount of information about a problem, misinformation, disinformation and rumors during a health emergency which make it difficult to identify a solution. It can hamper an effective public health response and create confusion and distrust among people. To address this, a team of WHO

are working with search and media companies like Facebook, Google, Pinterest, Tencent, Twitter, TikTok, YouTube and others to counter the spread of rumors, which include misinformation. According to news reports, these companies are aggressively filtering out unfounded medical advice, hoaxes and other false information that they say could risk public health. In a rare move, Facebook and Twitter have taken down a post from a head of State that falsely stated that a drug was working everywhere against the coronavirus. Cybercriminals may disguise themselves as WHO to steal money or sensitive information.



Figure 7. Top countries with users accessing malicious COVID-related URL's (Source: Trend Micro Security News)

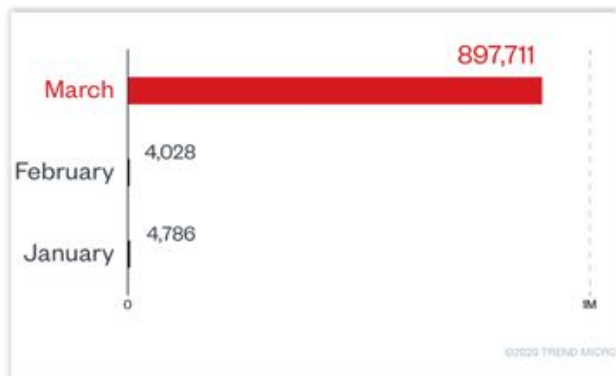


Figure 8. Instances that malicious COVID-related URL's were accessed (Source: Trend Micro Security News)

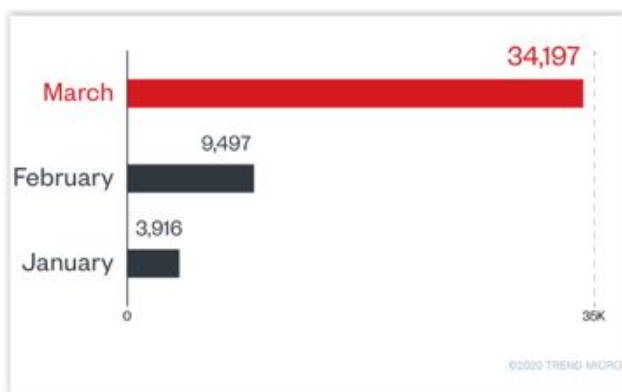


Figure 9. Spam email detections from 1 January 1 to 31 March 2020. (Source: Trend Micro Security News)

TrendMicro Smart Protection Network provide the data below which represents information collected from

January 1, 2020 to March 31, 2020 of the COVID-19 related threats.

Ways to stay safe online

Listed below are recommendations on how to stay safe online, as well as how to avoid cyber threats and scams during this pandemic.

User Side

- Strengthen your home network.
- Manage social media profiles.
- Check privacy and security settings.
- Backup online and offline files securely.
- Avoid opening and delete suspicious emails or attachments.
- Be suspicious of unsolicited phone calls, visits, or email messages from individuals asking about employees or other internal information.
- Do not give out your personal data in suspicious COVID-themed emails and messages or information about your organization, including its structure or networks, unless you are certain of a person's authority to have the information.
- Make trusted government and other legitimate websites your go-to source for the latest COVID information.
- Do not reveal personal or financial information in email, and do not respond to email solicitations for this information.
- Ensure that the charity or crowdfunding campaign you plan to donate to is legitimate.
- Don't send sensitive information over the internet before checking a website's security.
- Pay attention to the Uniform Resource Locator (URL) of a website. Look for URLs that begin with "https"—an indication that sites are secure—rather than "http."
- Look for a closed padlock icon—a sign your information will be encrypted.
- If you are unsure whether an email request is legitimate, try to verify it by contacting the company directly. Do not use contact information provided on a website connected to the request; instead, check previous statements for contact information.
- Install and maintain anti-virus software, firewalls, and email filters to reduce some of this traffic.
- Update your software and operating system: This means you benefit from the latest security patches.
- Use strong passwords.

Administration side

- Keep server operating system and any software you may be running on your website up to date which is vital to keep your site secure.
- Beware of error messages by keeping detailed errors in your server logs and showing the users only the information they need.
- Check your passwords is a good password that can protect the security of all user accounts in the organization.
- Avoid file uploads which could contain a script that when executed on your server completely opens up your website.
- Use HTTPS which is a protocol used to provide security over the Internet.

- Get website security tools often referred to as penetration testing.
- Back-up the most sensitive data in your organization.
- Prepare and update an incident response plan and an information security policy

Conclusion

Cybercrime is the greatest threat to every company in the world and might become the greatest threat to every person, place and thing in the world.

As the cybersecurity experts continuously work to close hacking ambiguities and prevent zero-day events, cybercriminals are persistently creating new attacks to fit new trends and fine-tuning existing attacks to avoid detection. With progressing technology comes evolving hackers; we are behind in security. The most ethical and highly technical cybersecurity teams cannot even prevent the most determined attackers.

COVID-19 is being used in a variety of malicious campaigns. As the number of those afflicted continue to surge by thousands, campaigns that use the disease as a lure likewise increase.

Understanding the cyber terminology, threats and opportunities is critical for every individual and for every person in every business across all industries. Every organization should strongly consider implementing an ethical practice policy, guidelines and code of conduct for the IT and security staff to follow. Reviewing this policy regularly and engaging the employees by conducting training and guidance is best.

In addition, it is also wise to thoroughly prepare a cybersecurity incident response plan that will encompass the technical details, practical instructions for executive and legal teams, and any key ethical considerations.

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3rd stage COVID-19 spread can be contained with HITT (hydrate, isolate, train, and test) and virtual contact

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Abstract

Healthcare includes a mountain of complex holistic issues. The time of coronavirus continues to reveal much about this insight. What health signs meet the eye is only the tip of the iceberg. What flows underneath the surface of the water represents the rest of our health, our life style, which is 90%, and which is the root cause of many of our serious and harmful diseases – even infectious ones, like the COVID-19 that can spread to others silently around us. This means when it comes to coping with this pandemic, we need to realize that certain behaviors lead to disease and infection, and as most people cannot change due to the inertia of habit, in this time of danger and uncertainty and in light of the value of community survival considerations, it is ethically justifiable based on biology and physics to restrict social engagements now that many countries are either in the 3rd or 4th stage of the spread (there are 4 stages).

There are communities affected more than others in the population due to harmful environmental and cultural issues, like those living in densely and poorly ventilated settings, settings that suffer from Nature Deficit Disorders. In the 4th stage - so many deaths in certain populations, as is the case now (29 March 2020), nurses, doctors, and lung ventilators can save lives when enough per capita can be accessed by patients, but where communities fall short of securing these assets, a good way to contain the spread is to use HITT, that is to tell people to Hydrate, Isolate, Train, and Test until they can be vaccinated and reintegrated with society. Virtual contact can facilitate communication while waiting to getting back to normal life.

Data on a case-by-case study is not available yet to make a proper assessment of the threat to the population, but from the observed risks associated with the infection, we can summarize the impact in two phases: those who will recover and those that go to the hospital. What makes the difference is the strength of their immune system and underlying conditions. Morbidity tend to make people immunocompromised, like diabetics and hypertensive older persons.

The current circumstances warrant incentivized policies as the virus is serious. In the absence of a cure or vaccination, directive measures are probably more effective than voluntary ones if the number of infections continue to rise.

So how do countries avoid this damaging stage; i.e., 4th? Start with the individual. Go back to the basics.

What is a given

The pandemic will end, according to science (WHO). This is because those that get infected will become immune to it, if they survive, they will not get sick after a second infection. Time will tell if infection induces immunity with this new strain of the coronavirus.

It's a viral infection so, there are no medicines to cure it as of today 29 March 2020 (existing medicines are in debate as they are remedial and not agreed to by all scientists). Regardless of age, those with underlying conditions are more susceptible to become sick and risk death. Doctors and nurses are strained and many are getting sick themselves as hospitalizations are rapidly increasing. Testing was ramped up in some countries but in others it stalled due to resource shortages or scientific knowledge about the behavior of the virus.

So far we have seen the pandemic going through four stages:

1st. Arrival: arrivals from abroad. Airports were the key portal paths. this stage evolved quickly and as a precaution, most airports closed and travel limited between cities in many countries.

2nd. Incubation: Once inside the country, passengers that have arrived with the virus infected others through social mixing. Governments responded by ordering corona-virus related movement restrictions to the protect citizens and residents.

3rd. Contagion: In the 3rd stage governments took invariably drastic measures to protect its citizens and residents from catching the virus, with measures like isolating, sanitizing and improving wellness in general.

4th. The super-spread: like what happened in some countries, which others want to avoid. No country wants to go to this stage.

For countries in the 4th stage, life changes every day for many with grim news. Table 1 shows the current infection numbers, whose values are very dynamic; within two days, for instance, the United States surpassed both Italy and China in total infections; 133,039.

Table 1: Corona virus pandemic covid-19 live world Map/count
Source: channel 24 KSA (29 March 2020, 20:00: Hrs

Country	infected	dead	recovered	% infection
USA	121,914	2,054	4,378	4.0 (4 th stage)
Italy	97,689	10779	13,030	9.5 (4 th stage)
China	81,445	3,300	75,454	Unique case
Spain	78,799	6,606	14,709	(4 th stage)
Germany	60,739	500	15,386	(3 rd stage)
Iran	38,309	2,640	12,391	(4 th stage)
France	37,575	2,314	5,700	(3 rd stage)
UK	19,522	1,235	135	(2 nd stage)
Switzerland	14,829	300	1,595	(2 nd stage)
Saudi Arabia	1299	8	66	(2 nd stage)

Lessons learned so far:

social distancing works, but is not working fast enough in densely populated and poorly ventilated locations. Daily self-evaluation of one's health can help.

Gaps: what do people do when they come down with a cold or flu? Are Asia's containment lessons applicable in America, Africa and the Middle East? Do people understand the holistic approach of illness and wellness?

Managing wellness in the time of a viral infection can benefit from two concepts:

1. *The holistic approach to healthcare prevention is better than acute care because it reduces the pressure on hospitals – especially in times of crisis*

In 1972, John Travis developed an “illness-wellness” concept that explained health as a continuum from early death to the highest level of health, like that of a world class athlete, with the middle point characterized by the absence of physical/mental illness and disabilities. Thus, from this perspective, health is not absolute but rather relative and can be measured by degrees of wellness, which he also likened to an iceberg; the idea that it is of little value to assess someone’s health condition by the symptoms that they complain of, and it’s only when we know the root causes of these symptoms that we can treat the person. This means we need to implement a holistic approach to healthcare.

It is hypothesized that the symptoms only represent 10% of the whole of health and the rest, like the hidden part of the iceberg, can hide a lot of serious and harmful diseases, even infectious ones, like the COVID-19 that can silently spread to others. This means when it comes to coping with this pandemic, we need to realize that the tip of the iceberg is not independent from the rest of the mountain, and by the same token, treating only what meets the eye is superficial as it does not treat the entire person; that is because the removal of one layer of the iceberg will quickly be replaced by another from the bottom which takes its place, as if nothing changed.

Thus, this analogy can be extended to staying healthy. That is the person needs a holistic wellness management plan with goals that consider the entire mountain. Treating a viral infection then means diving in to identify the root causes of the disease, from the person’s lifestyle and habitual behaviors to what they drink, eat, do or don’t, and how much they sleep.

Many know that their lifestyles are damaging to their health yet may feel paralyzed to care for themselves because it means changing certain behaviors, like unhealthy social mixing and improper hygiene. The implication of this understanding is significant, especially in times of crisis, as is today. For primary healthcare facilities, it means sustainability can be gained by treating the whole person, not just the symptoms of their disease. Infection does not control sickness on its own – the virus will interact with our lifestyle and environment. Everything the person does contributes to their wellness in general, and getting infected or not with the virus. This understanding can probably help reduce the pressure on hospitals that may be on the brink of collapse if thousands of people demand acute care or treatment at once.

Regarding aging, this concept is important for older persons today to understand, as the data emerging from Italy and Spain is showing. Wrongly, many people think infection has to do with age; that is a perception based on past experience. The current experience is telling us that it is the person’s holistic condition that matters. In particular, the condition of the circulation system.

This is because from biology we know that the immune system makes many different types of cells to fight infections, like a viral infection, which has no cure other

than the person’s own body manufacturing the antidote for. For the immune system to deliver the white blood cells to kill the coronavirus, a virus that specializes in the respiratory system, it has to be activated. Nothing activates the immune system better than intense exercise; exercise means higher oxygenation, which in turn means higher levels of hydration, better food and isolation can protect us from infected others.

2. *Infection is possibly tied to inactivity and proximity to animals*

This brings me to the second point of this presentation. Research has shown that outdoor exercise can be safe and protect our immune system as physically active people benefit from a 50% reduction in the number of annual sick days with severe respiratory infections.

The opposite is true: spending most of our time inactive under artificial lighting, like couch potatoes, fills our lungs with sputum, which in turn keeps us highly susceptible to respiratory infections from allergies, colds, flu, asthma and even pneumonia, and can pass it to our wives/husbands, children, and friends. Inactivity can be a silent killer.

Biology tells us that we humans are built in with nuclear receptors for xenobiotic and intracellular signaling in the cytoplasm of the cell that maintain the receptors in the ‘off’ or ‘on’ states, depending on which genes are activated. We can turn these switches (genes) on or off to strengthen our immune system with physics, i.e., outdoors exercise under the sun.

Once activated, the receptor molecules travel to the nucleus in the cell to release a helpful molecule aka Nrf2, which attaches to our chromosomes and activates a series of antioxidant and antidote genes, which in turn stimulate the manufacture of mRNAs that instruct the information to synthesize the right proteins and enzymes and protect the cell from dysfunction or worse, death. Without the right gene activation, the path to illnesses becomes easier and easier for us and our family members.

However, once we are exposed to direct sunlight (for 30 seconds at a time), our skin, the largest organ in the body where most of the nerves are located, xenobiotic signaling activates the brain, and confers the ability to the immune system to tweak our ancient but dormant metabolic pathways aka Glycolytic pathways that get catalyzed by many enzymes to make ATP (energy), which is important for healthy aging.

All of the above means our genes interact with our environment and the diet (including water) connection is important in reducing the infection numbers by this epidemic. Hence, breathing fresh air during day light outside urban centers can help our body access the right information that is stored in our genome to strengthen our immune system. However, as the food we eat is nothing but an information retrieval system and water manages it, we cannot use this information to trigger the right gene expression without ample sunlight and hydration (8 glasses a day).

Hydrate: Naturally, this process requires ample hydration (H₂O) to proceed as all living organisms are mostly water. 75% of the human organism is composed of water and bacteria and training consumes it, not only to build antidotes but also to remove the debris and waste from the

ultra-processed carb- and lectin-based foods most people eat, among other things.

With sufficient water in the system, as mentioned above, the nucleus in the cell manufacture the antidote that will kill the virus (which is made of a protein shell that contains the messenger RNA, and which requires 5 to 10 days to happen, depending on the person's condition).

Aging: It is generally said that age is a factor because statistically older persons tend to have co-morbidity due to inactivity and other lifestyle issues. In all living organisms, any metabolic substance or process that goes unregulated poses danger, and in the end, it leads to cancer. Eating six times and sitting down all day has severe consequences to humans: our cells become lazy and stop cleaning the house regularly which leads to accumulation of waste, which in turn leads to oxidative stress and inflammation in the entire body. Without good exercise to blow out the pipes, metaphorically speaking, we become obese, get diabetes type II, hypertension, develop autoimmune disorders, cardiovascular disease, stroke, neural disorders, mental health problems, dementia, Huntington's disease, severe respiratory inflammation when a new virus attacks, and cancer. These are possibly stark examples of this metabolic damage to the cell, which accumulates over time.

However, if the person is active, hydrates well and gets the sun on their skin directly, while restricting their caloric intake to meet the recommended daily nutrition needs, they tend to have a stronger immune system and may be able to manufacture the antidote that will kill the virus with temporary isolation at home to relieve the pressure on precious hospital assets to meet the changing expectations of the population who need care.

What older persons need to do now is first to fix the content of their dietary intake to reduce the accumulation of waste and debris in their bodies. This change reduces the harmful genetic expression that usually happens with aging. The aforementioned holistic approach can provide the nutritional tools that can help older persons tone down the danger and reduce their need for acute respiratory hospital care, which is making the healthcare system dysfunctional according to doctors, even killing them (Spain said 51 hospital doctors had died due to ICU exposure by 28 March 2020).

What is important to realize then is that people with underlying conditions, young or old, tend to suffer from nature deficiency disorders (NDD) due to insufficient nutrition, especially Vitamin D. Holistic medicine research shows that without sun-derived vitamin D, the body cannot beam out its kinetic energy.

Holistic medicine is also proving to be better at coping the massive differentials in the underlying physiological and mental conditions amongst older persons living in multi-generational homes. Look at the data. Moving the legs makes the sunbeam flare in the body (healthy people report feeling it climbing up from the waist up to the head and then going down the arms and legs). This is to say that those that spend 23 hours a day on average indoors in artificial lighting deprive their bodies of the production of day-time hormones and enzymes that are crucial for regulating health losses with aging and maintaining homeostasis that become easy victims for infection, like now is the case.

Thus, once this blows over, we need to pay more attention to NDD as it is possibly the weakest link in people's health and wellness today. This is crucial in the near future as the next epidemic and the emerging pathogens will increasingly originate in animals that fly long distances in mass and transfer them to humans via consumption or proximity, especially exotic animals. This means the chain of infections will only get worse in the future if we do not strengthen our immune systems with physical training, bad-eating-habits changing and proper hydration.

Isolate: Every country now wants their populations to maintain their distance from one another to cope with the difficult challenges of the epidemic. Stay-at-home is crucial now to avoid infection while finding creative ways to release the mental stress of being cooped inside. This step helps reduce the pressure on hospitals as are they are already running on full capacity.

Training: Research shows that people that exercise or better, do training 150 minutes a week in fresh air tend to have stronger immune systems than those who are sedentary indoors because they tend to sleep better by 65% compared to the latter, and they feel less tired during the day while they enjoy more energy.

Sun rays are important; by stimulating your skin nerves, they trigger the body's natural defense mechanisms that promote the manufacture of Vitamin D. Vitamin D is essential for activating all the other vitamins, like Vitamin C, and substances like bio-magnesium, which is responsible for 300 functions important for the immune system.

These benefits are not limited to their physiological condition but also extends to their mental health: research shows that exercise also increases the brain's mass and improves memory.

In 2014, scientists discovered that exercise induces the brain to release a chemical in the brain known as *Brain-Derived Neurotrophic Factor*, *BDNF*, which stimulates the development of new brain cells; i.e., it stimulates the process of neurogenesis, which increases cognition not only in high school students but also for older retired people.

Exercise also helps people make better choices and decisions (British Journal of Sports Medicine, 2013). In addition, it also enables people to resist pain and become more resilient and less likely to get sick (Fitihi, 2018). Thus, the human brain will not produce sufficient BDFN without regular exercise. You just cannot improve yourself without exercise. This is possible because of *hormesis*; the idea that nature's biological response to physical stress or strain (discomfort) confers health gains that help maintain homeostasis through proper gene expression, as alluded to above, or epigenetics, which enable the nucleus to manufacture antioxidants and antidotes that protect the organism in the long-run.

When the mRNA of the virus migrates to the human nucleus during the incubation period, some helpful molecules are activated, called Nrf2, who will read the human DNA, create short mRNA to turn 'on' the appropriate genes to synthesize the needed antidote to kill or contain the virus. Once the mRNA exits the nucleus, the

genetic information stays the same (although in some species it can change again).

The process is similar to the genetic results of eating an apple. The apple's bitter polyphenols, i.e., antioxidants, get oxidized in the gut, which in turn activates the helpful molecule Nrf2 protein complex, which in turn migrates to the nucleus of the cell and pulls the information stored in the DNA to trigger the appropriate gene expression leading to the synthesis of antioxidants and or antidote enzymes that speed up the absorption of proteins and quickly defend the cell and protect its functions. This is perhaps why it is said that an apple a day keeps the doctor away.

Thus, training on a regular basis not only increases the release of happiness hormones and reduces stress hormones, like cortisol and insulin, it also helps the brain focus its energy more on the body for building it (catabolic) rather than destroying it (anabolic) as happens when we are under stress.

It is like medicine for both the body and mind and can go a long way in reducing the risk of complications from viral infections. So far, we know the virus can be fatal for some of those with co-morbidities and thus, hydration and physical training can facilitate the manufacture of the antidote as it treats many chronic diseases that compromise the immune system.

Testing: Testing as experience shows can help prevent ICU incubation in hospitals to prevent a spike in the system. It can also help countries in ramping up their resources to fight the virus spread to the healthy population.

Few countries have ample resources to test large sections of the population, and most don't. Thus, while we need to test those that need testing, care must be taken not to overwhelm hospital and those affected by severe respiratory issues as incubation in intubation can shift their body's energy from fighting the virus to fighting the equipment they are connected to.

So, to recap, the best-known way to prevent infection is to hydrate, isolate, train, and test. Once someone is infected, they need care obviously but we should know that intensive clinical care is costly in terms of energy; it drains the body of its energy and can kill the person rather than heal them.

Conclusion

The purpose of this brief paper is to help folks easily understand how to stay safe and protect themselves and their loved one from infection by the corona virus. An easy way to remember is to compress the what-to-do into an acronym of four verbs; i.e., Hydrate, Isolate, Train and Test into *HITT*.

As a foreign virus (except for China), it has gone through 4 development stages in all countries, and today, most are in the 3rd (containment) or 4th (viral) stage of the infection. The coronaviruses have been with us since the 1960s; the most dangerous iteration emerged in 2003 in Hong Kong, China; i.e., SARS, which was treated with isolation (not a cure or a vaccine) SARS only killed about 700 people, most of whom were immunocompromised older people. Animal droplets (not consumption) are the source of transmission from the first mammal to humans.

Because there is no cure or vaccine for this virus (SARS2), only you have your back. Although it is said malaria pills can increase the level of zinc in the cell and

thus can improve its immunity it remains experimental. Those infected can be divided into two groups: those who get infected and recover, and those who due to underlying conditions (diabetes and hypertension) become critically ill and go to the hospital. What makes the difference is the strength of the immune system. The elderly tends to suffer more because they have had more time to accumulate toxins. Diseases compromise the immunity.

Until immunity is conferred, nation-wide social distancing and testing those who need testing seems to work in most territories around the globe, as governments are taking a whole-of-government approach and a whole-of-society approach (like Saudi Arabia). The total recovered number is showing encouraging signs but infections are rising everyday.

Where healthcare assets are fragile and or spent, holistic home remedies for treating viral infections are still effective for most people, at least those with decent immune systems (not the immune system compromised). It's not our age. It's our condition. In particular, the circulation system condition. For the immune system to deliver the white blood cells to kill the coronavirus, which specializes in the respiratory system, it has to be activated. Nothing activates the immune system better than intense exercise.

For the immune system to manufacture the antidote to kill the virus, which is made of a protein shell and mRNA, it needs 5 to 10 days depending on our physiological condition (not age). Moderate exercise outdoor can reduce stress hormones, inflammation, and oxidation because it increases immune-related proteins in the plasma which boost the immune system by 50%, regardless of age. Moderate exercise is hard enough to use the sugar (glycogen) stored in the muscles but not enough to cause oxidative stress; like getting out during day light for a 30-minute easy jog.

So, why everyone is focused on age? It is generally said that age is a vulnerability factor because statistically, older folks tend to be co-morbid due to lifestyle issues that accumulate over time, which sustains dysfunction in the immune system. So once infected, they easily get the symptoms, painful muscles, fever, severe headaches, weakness, nasal passage inflammation, dizziness, imbalance, cough, sweats, difficulty breathing, loss of smell or taste, among others things. But young people can also feel the same. The reported data in countries that make it available (like USA), shows that co-morbid youth also get infected and can get severely ill - even die (not just the old).

So, what we need to do regardless of our age, whether or not we are 80 or 20, is to stay alive for 5 to 10 days after we suspect infection with our immune system to be able to respond and deliver the punch and kill the virus. Staying home relaxed and eating real food can help because it rebuilds the immune system as we await its comeback.

The immune system manufactures antidotes. It's very smart; the best defense system in nature. When the virus enters through the nose or mouth, it attaches to the throat because it wants to enter a respiratory cell and replicate. It starts to make 1000 copies of itself every 24 hours and then each will invade another cell leaving the old cell behind dead. However, if we drink water, it sends the virus down the digestive tube and stomach acid kills it immediately.

This is an exceptional time and technology has flattened the communication hierarchy to some extent. Many governments and universities are switching to digital platforms for communicating and hold virtual conferences. The American University of Sovereign Nations, is a pioneer in this approach and this paper will be presented using this technology.

So, what to do?

Increase awareness of the holistic approach to disease prevention and managing wellness to avoid compromising the immune system, and for now do the following:

1. Hydrate: Drink lots of warm water every day.
2. Isolate: stay 10 feet (3 meters) from others in your home or street and don't share food or drinks out of habit; stay home and sleep alone to avoid all vectors of the virus.
3. Train: exercise in fresh air under direct sun rays to activate the brain.
4. Test: those that need testing and watch out for their mental health (things like anxiety).

Avoid Nature Deficiency Disorders by going outdoors alone (or just one close person). Virtual contact can facilitate communication while waiting to getting back to normal life. Read the research on the blind spot of the medical system related to diet and life style. Avoid emotional stress, poor diets and not sleeping enough. Feel grateful for your health care responders.

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COVID-19 and Healthcare professionals: The principle of the common good

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Abstract

COVID-19 pandemic has claimed thousands of lives around the world. Among the casualties are doctors, nurses, and other health care professionals (HCP). Those who defy the danger of death and continue to render their services have to deal with psychological and mental stress due to the lack of protective measures and equipment, the overwhelming number of patients, and the experience of discrimination. In fact, some left their job. In this paper, I will argue that the motivation of health care professionals and the outcome of their sacrifices, as against assuring personal safety, can be explained by the principle of the common good. First, they are faithful to their oath as health care professionals since it is their commitment as part of an institution that assumes the responsibility of providing health care to people in need. Second, restoring the patients' condition goes beyond health issues since the recovery of each COVID-19 patient diminishes the spread of the virus, which, if not for the care of HCPs, could worsen the situation with snowballing consequences to society as a whole. While it is expected for any health care professional as a frontliner in times of pandemic, their motivation to serve exemplifies the greater value for the common good.

Introduction

One of my former students, a practicing nurse, could not take an allowed work leave during her birthday because she had to continue her duties in the hospital amidst the growing demands for medical attention due to the shortage of hospital personnel. When asked why for just one day she could not take a breather, the answer astounded me. She was badly needed because some of the nurses and other HCPs resigned from their jobs. They were afraid to get infected by the COVID-19. While she understood the situation of her co-workers, she also had to attend to her chores at home, more so that her laundrywoman suddenly left, again afraid to get infected knowing she goes to the hospital every day. Many health care professionals, if not all, feared for their lives. While they work to save lives, they knew theirs is also in danger. Added to the problem is the shortage of HCPs, especially for countries badly hit by the pandemic. A case in point is Italy, which had to deal with the enormous number of patients (Kaixuan, 2020). People around the world put their trust in the commitment and bravery of HCPs, though the latter know very well the menace they are in. As reports from around the world kept coming in, many of those who died are medical practitioners like doctors, nurses, and other HCPs.

In this paper, I will present a brighter side amidst the negative and painful reality brought by the COVID-19 pandemic in this time of global crisis. I will argue based on the principle of the common good as to the motivation and contribution these HCPs gave, particularly those who died. They gave up their lives to save others' lives. While they have an oath as professionals, the COVID-19 pandemic puts their commitment to the limits. They also have families whom they fear would be compromised if they could become carriers of the said virus. They look at the bigger picture by not only focusing on their patients but the recovery of the latter so that they would not contaminate others. Hence, they have a concern for the common good. I will discuss using the lens of several scholars and the teachings of the Church on the principle of the common good. This paper contributes to the body of literature on the importance of the services of HCPs with implications on the deeper meaning of their profession, particularly in times of crisis like a pandemic.

Threats of COVID-19 to the Health Care Professionals (HCPs)

Reports from around the world of the deaths due to COVID-19 are staggering with US, Italy, Spain, France, and United Kingdom taking the top five spots (See Table 1). But, what is more disturbing is to note that some of these victims are HCPs (See Table 2). Though there are specific data per country as reported by John Hopkins Corona Virus Resource Center, there are only sporadic reports on the fatalities of HCPs. For example, in March 2020 alone, COVID-19 already claimed 12 doctors in the Philippines (ABS CBN News, 2020) and 61 doctors and health professionals in Italy (Chustecka, 2020). Other countries must have similar situations, especially those with high volumes of patients. Moreover, Medscape, a website that provides access to medical information for clinicians and other health professionals, launched a survey using its networks to report names, age, profession, and location of healthcare workers who have died of COVID-19. Based on

its records as of April 13, 2020, there were already 300 reported fatalities. Top on the list were doctors and nurses (See Table 2). Among the countries with highest number of HCP fatalities were US, Iran, United Kingdom, Philippines, and Indonesia (See Table 3). In the Southeast Asian region, the Philippines topped the list (See Table 4).

The quick outpouring of patients and the unpreparedness of hospitals overwhelmed the health sector, including the HCPs who could be infected by the virus (Zhu & Li, 2019). In short, HCPs are vulnerable if no appropriate extra measures are in place (Bayne, Norris, & Timmons, 2020; Jha, Dinnesh, & Nair, 2020; Saglietto, D'Ascenzo, Zoccai, & De Ferrai, 2020; Worznitza, Hare, & Nair, 2019). Moreover, being exposed to positive COVID-19 patients, they are vulnerable and could potentially be the vectors of virus transmission (Driggin et al., 2020).

Healthcare professionals also have to deal with many inconveniences aside from the threats, as mentioned earlier. For those who disregard danger and continue their mission, they struggle with psychological and mental stress (Guile, 2020; Lu, Wang, Lin, & Li, 2020). In Italy, for example, there are two cases of nurses who committed suicide (Winfield, Wilson, & Rising, 2020). In the Philippines, the Department of Health (DOH) appealed to the public to respect the HCPs following reports about doctors and nurses who were kicked out from where they live because of the neighbors' fear that they carried the virus as maliciously reported in social media (Madarang, 2020). There were also reports of verbal and physical abuse against nurses in the United Kingdom (Gilroy, 2020).

Based on the aforementioned scenarios, the pandemic causes a lot of psychological and mental stress due to the overwhelming number of patients they have to take care of, plus they have to deal with discrimination and the lack of protection. The saddest part is the death of HCPs (See Table 2). They were those who were considered heroes in the fight against the recent pandemic.

The frontliners, particularly the HCPs, put themselves in a vulnerable situation. It is no wonder why a few of them left their job. Rand (1964), in his book "The Virtue of Selfishness", explained the new concept of egoism, which argues the concern for one's own interest. For her, it is about the ethics of rational selfishness, which is the avoidance of sacrifice. The decision of HCPs to resign from their job is about their safety and the safety of their families. At first, it is reasonable using the concept postulated by Rand. However, amidst the threat to life and the resignation of the few, the majority of the HCPs willingly or reluctantly answer the call of duty. They remain faithful to the Hippocratic Oath, the Florence Nightingale Pledge, and Public Health Professional Oath. They set aside the danger and instead focus on the bigger picture. Lawrence Gostin, a law professor at Georgetown University, in his discussion about health in America, proposed an examination of the concepts of public health and the common good (Gostin, 2010).

The correlation between the two signifies the great importance of the contribution of those in the public health sectors. What the HCPs are doing is beyond the call of duty and personal safety. It is sacrificing oneself for the common good.

Table 1: Report on COVID-19 cases for Top 20 Countries, plus the Philippines

Country	Confirmed Cases	Deaths	Case-Fatality	Deaths/100k Population
Total Confirmed Cases= 1,789,985				
Total deaths= 109,823				
Countries/Regions= 185				
1. US	526,396	20,463	3.9%	6.25
2. Italy	152,271	19,468	12.8%	32.22
3. Spain	163,027	16,606	10.2%	35.54
4. France	130,727	13,851	10.6%	20.68
5. United Kingdom	79,874	9,892	12.4%	14.88
6. Iran	70,029	4,357	6.2%	5.33
7. Belgium	28,018	3,346	11.9%	29.29
8. China	83,014	3,343	4.0%	0.24
9. Germany	124,908	2,736	2.2%	3.30
10. Netherlands	24,571	2,653	10.8%	15.40
11. Brazil	20,727	1,124	5.4%	0.54
12. Turkey	52,167	1,101	2.1%	1.34
13. Switzerland	25,107	1,036	4.1%	12.16
14. Sweden	10,157	887	8.7%	8.71
15. Canada	23,316	654	2.8%	1.76
16. Portugal	15,987	470	2.9%	4.57
17. Austria	13,806	337	2.4%	3.81
18. Indonesia	3,842	327	8.5%	0.12
19. Ireland	8,928	320	3.6%	6.59
20. Ecuador	7,275	315	4.3%	1.84
25. Philippines	4,428	247	5.6%	0.23

Source: John Hopkins Coronavirus Resource Center (as of April 12, 2020)

Table 2: Number of HCP's fatalities

Profession	Number	%
Doctors	180	60%
Nurses	66	22.0%
Other Health Professionals	54	18.0%
Total	300	100.0%

Source: Medscape (as of April 13, 2020).

<https://www.medscape.com/viewarticle/927976>

Table 3: Top 10 countries with the highest number of HCP's fatality

Profession	Number	% to the total 300 cases
Italy	74	24.67%
US	42	14.0%
Iran	68	22.67%
United Kingdom	21	7.0%
Philippines	18	6.0%
Indonesia	14	4.67%
Spain	13	4.33%
China	4	1.33%
Pakistan	3	1.0%
Moldova	3	1.0%
Argentina	3	1.0%

Source: Medscape (as of April 13, 2020).

<https://www.medscape.com/viewarticle/927976>

In response to the enormous task ahead, streamlining of workflows for the different medical services was proposed for better management and protection for both patients and HCPs (Phua et al., 2020). The American Society of Regional Anesthesia and Pain Medicine (ASRA) and European Society of Regional Anesthesia and Pain Therapy

(ESRA) came up with a joint statement for safety procedures to protect practitioners from acquiring the virus (Shanthanna et al., 2020). There is also a need for non-medical measures to address the spread of the virus and to protect HCPs. People need to follow certain measures, such as the use of face masks, travel restrictions, and the practice of social distancing (Khosravi, 2020).

Table 4: Number of HCP's fatality in Southeast Asia

Profession	Number	%
Brunei	0	0.0%
Cambodia	0	0.0%
Indonesia	14	42.42%
Laos	0	0.0%
Malaysia	1	3.03%
Myanmar	0	0.0%
Philippines	18	54.540%
Singapore	0	0.0%
Thailand	0	0.0%
Timor Leste	0	0.0%
Vietnam	0	0.0%
Total	33	100.0%

Source: Medscape (as of April 13, 2020).

<https://www.medscape.com/viewarticle/927976>

In the Philippines, through the Republic Act No. 11469 or known as the "*Bayanihan to Heal as One Act*," HCPs are provided with the necessary equipment and protective gear. Also, Philippine President Rodrigo R. Duterte showed a kind of leadership, which according to Bayod (2020) as the ethics of care, to ensure that all sectors unite to combat the unseen enemy and to bring back everything to normalcy. Everyone is a participant to the solution, but

there has to be clear leadership and concerted efforts, especially for the protection and support of the frontliners.

Saving Others' Lives or Saving One's Life?

I was reminded by the story about the resignation of my former student's co-workers. Actually, there was still no single case of COVID 19 positive among the patients in the hospital and city where she worked, yet, fear engulfed among HCPs, including her colleagues. The situation is not only in her hospital. Several medical practitioners also resigned from their jobs amid the COVID-19 crisis such as the reported resignation of Bulgarian doctors (Petkova, 2020) and the resignation of a nurse (Al Jazeera News, 2020) and a psychiatrist (Olivo, 2020) in the United States of America due to lack of protective equipment. Also, six doctors in Telangana's Kamareddy district tendered their resignation for fear of spreading the virus to their families (Parasa, 2020). Thankfully, they returned to work a week after. These scenarios are very alarming. If the HCPs, especially doctors and nurses, would surrender, we expect more chaos. I am not in the position to judge their intentions, but it is indeed alarming.

Governments around the world are calling for help to augment the depleted and overworked hospital personnel. There were calls for retired HCPs to return to work. However, some were hesitant or even strongly against the idea. For instance, most of the 120 former members of the National Health Service (NHS) in the United Kingdom, when contacted for a possible return to service, did not want to respond. One major reason is the threat to their physical and mental health (Weaver, 2020). Now, if HCPs are hesitant or even adamant about responding to the call of duty, how much more for other frontliners like the soldiers, local officials, and among others? In the Philippines, the government officials at the grassroots level like the *barangay* (village) *kapitan* (captain) and *konsehal* (councilors) are doing house to house distribution of relief goods. They also patrol their barangays to make sure people follow the quarantine policy. Individuals, government agencies, and private sectors need to unite to help HCPs. This is an expression of human solidarity if we want to end this crisis we are facing (Maboloc, 2020). Now, what if everybody is afraid, who will be running the needed services, like medical services? We understand those who are afraid since the situation is not ordinary. It is between life and death, fighting an unseen enemy. It is either their lives or the lives of others.

The principle of the common good

Why, despite the threat to their lives, they continue to exercise their tasks as HCPs? This brings me to reflect on the principle of the common good. In his article entitled "Law and ethics in population health", Gostin (2004) argued that every person has a duty to one another, and that is to promote the common good. The concept of the common good is not something new. This principle has deep philosophical and religious foundations. For example, Plato (1968) defined good as "every soul pursues and for the sake of which it does everything" (p. 185). Aristotle (1941, p.1188) talked about "a polis exists for the sake of a good life." Both Plato and Aristotle provided a framework of the common good as ensuring the interest of a good life for individuals and communities (Etzioni, 2014). Roman philosopher Cicero (1928: bk. 1 ch. xxv) defined a

republic as "not any collection of human beings brought together in any sort of way, but an assemblage of people in large numbers associated in agreement concerning justice and a partnership for the common good." Getting inspiration from the concept of the common good from Cicero, St. Augustine and St. Thomas Aquinas equated the common good with the love and worship of God, the ultimate good (Etzioni, 2014).

Some modern scholars explained the notion of the common good. For example, neo-liberal philosopher Rawls' (1971) concept of justice is about fairness, wherein people can have their own idea of the good. For him, the government has the role of "maintaining conditions and achieving objectives that are similar to everyone's advantage" (p. 233). He emphasized the principle of justice, which assures equal life chances for all. Hence, his concept of the common good is about the individual's basic liberties. Some critics to Rawls' theory like Taylor (1985), Walzer (1983), and Sandel (1982), emphasize the communitarian nature of justice and, thus, for the development of people. For example, Taylor (1985) pushed the idea that "the common form of life is seen as a supremely important good, so that its continuance and flourishing matters to the citizens for its own sake and not just instrumentally to their several individual goods" (p. 213). He is basically saying the importance of community as against individualism.

As opposed to political rights, Sandel (2005) proposed the "politics of the common good". One of its themes is the thrust of forming people to have concern for the common good. Michael Walzer, in one of his interviews, preferred to use the term "common goods" to indicate the various spheres of justice such as physical security, freedom or political liberty, and social equality. He also pointed out a culture wherein the majority of the people are engaged at a higher level. There is a common understanding which leads people to live in a certain way. Kymlicka (2017 p.467), another communitarian, explained the common good as "a substantive conception of the good that defines the community's way of life. This way of life forms the basis for a public ranking of conceptions of the good, and the weight given to individuals' preferences depends on how much they conform or contribute to this common good." These scholars have championed the connection of individuals to the community, which is all the more expressed concretely in the promotion of the common good. Taking the concept of the common good, specifically on the need for individuals to contribute to the common good as pointed out by Kymlicka (2017) and Sandel (2005), the actions of HCPs, which are not just focused on the patients under their care, one can argue on their contribution to the common good.

Though neo-liberalist like Rawls pointed out the rights and liberties of people while the proponents of communitarianism like Taylor, Walzer, and Sandel argued on communal values, both schools of thought agree on the notion of the common good. Applying it in the case of HCPs, curing the sick during the COVID-19 pandemic is respecting the rights of each patient but at the same time ensuring the safety of the community by eliminating the spread of contamination. The higher value of their motivation and the result of their actions are for the common good.

The church's teachings on common good

Every person has the responsibility to contribute to the common good, the worldly vocation of society (Argandona, 1998). Moreover, concern for the common good has a deeper meaning in the context of the Church. According to the Catechism of the Catholic Church (CCC), the common good is "the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily." (CCC, 1906). Similarly, Pope Benedict XVI offered his explanation saying that "to desire the common good and strive towards it is a requirement of justice and charity. To take a stand for the common good is on the one hand to be solicitous for, and on the other hand to avail oneself of, that complex of institutions that give structure to the life of society, juridically, civilly, politically and culturally, making it the polis, or city" (Benedict XVI, 2009, CV 7). In the case of the HCPs, they have the health institutions where they practice charity and compassion.

The Catechism of the Catholic Church (CCC) also mentions three essential elements of the common good. These are (1) respect for the individual, (2) the social well-being and development of the group, and (3) peace, which results from the stability of a just society (CCC, 1907-1908). First is respect for the individual. The work and contribution of HCPs are to bring back the dignity of patients by restoring their health condition. It is the core of their oath as medical professionals to care for those persons under their care with respect and compassion. While this is a universal practice, respect for individuals connotes a deep value for Christians. It is connected to their faith following the compassionate healing ministry of Jesus.

Second is the social well-being and development of the group. Though the Catechism of the Catholic Church highlights public authorities to observe this essential element, it is very much applicable to all, especially to the HCPs who work for the physical well-being that eventually facilitates their social well-being and development. During this crisis brought about by the COVID-19 pandemic, the outcome of providing health care is not just limited to patients but to the overall health of society since making people healthy again prevents the spread of the virus itself.

The third is peace, which results from the stability of society. The effect of COVID-19 creates a lot of inconveniences disrupting the normalcy of life of almost all sectors in society. There is chaos everywhere, whether poor or advanced countries. While the best solution, as proposed by medical practitioners and government officials, is social distancing, the role of the HCPs is crucial for the cure and recovery of the victims. They remain the frontliners against the COVID-19 pandemic that causes havoc to the stability of the world. They subscribed to the higher value of the common good.

Conclusion

The threats to life are very evident for the HCPs as a consequence of fighting against COVID-19. Many of them succumbed to the ultimate price of death. Some raised the white flag, but the majority continued to serve. Those sacrifices of the fallen HCPs go beyond restoring health as part of their professional oath. These new heroes are witnesses of concretizing the principle of the common good. Against securing the safety of one's life, they save

people's lives and the lives of others who could have been infected if not healed, which could affect more people, thus contributing to a bigger problem in society. Making people healthy helps flatten the curve, hence, applying the principle of the common good. The pandemic heightens the awareness of HCPs on their dignity as human beings and their crucial contribution to society. Though there are differences in philosophical underpinnings, both the neo-liberal and communitarian philosophies agree on the primacy of the common good. Similarly, from the Catholic Church's perspectives, the higher value of serving others is the promotion of the common good, a concept closely related to the Christian faith. Applying these different lenses, I argue that the motivation of the HCPs is driven not just by their professional oath, but all the more emphasized on their contribution to the common good.

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Negotiating the "Good Death" : Saying Goodbye in the Time of COVID-19

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Abstract

COVID-19, a contagious disease, with more than a million infected cases and over a hundred thousand deaths worldwide, is spreading as a global pandemic. While some infected people may show no symptoms, a great number of patients require hospitalization and ventilator support for acute respiratory distress. Patients admitted to the hospital are in isolation; and to avoid transmission, they are not allowed to have any visitors. While some of the patients recover and are then discharged, some of them with end stage COVID-19 die, from acute respiratory distress syndrome. They die alone, far from their loved ones, without having the chance to say goodbye. This is an important issue for not only the patient, but is also important for family and friends. As death is an inevitable part of human life, it plays a central role in all societies and cultures. People's common desire is to achieve a good death, when it's time, but what constitutes a good death is subject to discussion. Different opinions on the subject have been expressed over time. Saying goodbye as a part of life completion, is a significant theme among them. Unfortunately, during COVID-19 outbreak, when everyone is forced to adapt physical distancing and stay-at-home orders, many people have no chance to say goodbye, which is a big deficiency. Video chat applications can contribute to lessen this burden by providing some sense of closure and offering a virtual farewell, but support from health care staff is needed. However, with the increasing number of COVID-19 patients, it will be difficult for the health care team to spare individual time for this. Therefore turning this individual help and sacrifice into a practice, offered by the health institution itself, would be more useful and effective.

Key Words: Good death, COVID-19, Goodbye, Virtual

Introduction

Since first being recorded late last year in China, the COVID-19 coronavirus has spread around the world, and has been declared a pandemic by the World Health Organization (World Health Organization, 2020). According to the COVID-19 situation report of WHO, there are total 1.914.916 confirmed cases, and total 123.010 deaths until 15 April 2020 (WHO; World Health Organization, 2020). These rates are increasing steadily day by day.

COVID-19 produces a spectrum of disease, from mild respiratory illness to severe acute respiratory distress syndrome, among infected peoples. Clinical features of COVID-19 encompass asymptomatic infection, acute respiratory distress syndrome, multi organ dysfunction, and in a subset of patients, by the end of the first week the disease can progress to pneumonia, respiratory failure and even death (Singhal, 2020). A great number of patients

require hospitalization and ventilator support for acute respiratory distress.

Patients admitted to the hospital are in isolation; and to avoid transmission, they are not allowed to have any visitors. While some of the patients recover and are then discharged, some of them with end stage COVID-19 die. The last person they may see before dying is an unfamiliar healthcare worker, dressed from head to toe in protective equipment that can make them look like an astronaut. Although healthcare professionals make great efforts to take care of patients, and try to support them, some people die alone, far from their loved ones, without having the chance to say goodbye. This is an important issue for the patient and for their family and friends.

Death and Good Death

As death is an inevitable part of human life, it plays a central role in all societies and cultures. Throughout history, humans have always tried to answer questions about death and dying. To answer those questions, death has been the common interest of disciplines like sociology, anthropology, psychology, and theology since the past (Granda-Cameron & Houldin, 2012)

The traditional understanding of death is 'the permanent cessation of functioning of the organism as a whole'. Death has often been described as a process rather than an event (Bernat et al., 1981). By his statement, "Death is one of the attributes you were created with; death is part of you. Your life's continual task is to build your death." Montaigne expresses the truth that death is around somewhere, waiting for our final slip in order to sweep us away (Merrick & Ventegodt, 2003).

Humans have different perceptions of death. As a part of human life it sometimes causes fear and anxiety among people, and sometimes it becomes a desired and expected event. Peoples common desire is to achieve a "good death", when it's time, but what constitutes a good death is subject to discussion. Different opinions on the subject have been expressed over time. In the scientific literature, similar expressions such as "dying well," "dying peacefully," "appropriate death," "desired death," or "dignified death" are used, sometimes synonymously and sometimes as distinct from each other (Krikorian et al., 2020).

Ideas about good death can be examined at several levels. It can be determined by whom it meets, where, when and how, if it occurs sudden or expected and if it is accompanied with pain. Besides it can be determined by religious, cultural and societal thoughts. It can also be defined medically. The American Institute of Medicine defines a good death as 'one that is: free from avoidable distress and suffering for patients, families, and caregivers; in general accord with patients' and families' wishes; and reasonably consistent with clinical, cultural, and ethical standards' (Gustafson, 2007). A good death is sometimes determined by its causes. According to this a death can be natural or medicalized. Hospice and decisions against continued aggressive therapy even in other hospitals are a final cultural method of creating a "good death", by moving the dying process from that of a medicalized battle to one of acceptance of "nature" (Long, 2003).

There are numerous definitions of a good death, a variety of disciplines including nursing, medicine, behavioral science and psychiatry represented their opinions on the theme from different perspectives.

Different research methods were used, and good death criterions were classified. These criterions are called as factors, domains, components or elements of a good death. They sometimes share similarities and sometimes discrepancies among different cultures and societies, which shapes the meaning people give to illness, suffering, and dying (Krikorian et al., 2020).

Good Death Criterions

A good death encompasses important social, psychological, and philosophical elements, such as maintaining close relationship with loved ones during the final days, accepting one's impending death, dying at the end of a long and fulfilling life, and not feeling one is a burden to loved ones (Leichtentritt & Rettig, 2000).

According to a study, conducted among 1409 members of the American Association of Critical-Care Nurses, a good death means, "facilitating dying with dignity", "not allowing patients to be alone while dying", "managing patients' pain and discomfort", "knowing, and then following, patients' wishes for end-of-life care", "promoting earlier cessation of treatment or not initiating aggressive treatment at all", and "communicating effectively as a health-care team" (Beckstrand et al., 2006).

Miyashita et al. (2007) conducted a nationwide qualitative study to explore components of a good death in Japanese cancer care. Here ten domains were classified as consistently important: "physical and psychological comfort", "dying in a favorite place", "good relationship with medical staff", "maintaining hope and pleasure", "not being a burden to others", "good relationship with family", "physical and cognitive control", "environmental comfort", "being respected as an individual" and "life completion" (Miyashita et al., 2007). In another study performed in the same country, eight more domains have been mentioned and discussed besides these ten. These were; 'natural death', 'preparation for death', 'role accomplishment and contributing to others', 'unawareness of death', 'fighting against cancer', 'pride and beauty', 'control over the future' and 'religious and spiritual comfort' (Sanjo et al., 2007).

According to Rietjens et al. (2006), preferences of the Dutch general public for a good death, were: "the possibility to say goodbye to loved ones" (94%), "dying with dignity" (92%), "being able to decide about end-of-life care" (88%), and "dying free of pain" (87%) (Rietjens et al., 2006).

In spite of these studies, people in Kwahu-Tafo, a rural town in Southern Ghana, regard a peaceful death as a 'good death'. 'Peaceful' refers to the dying person having finished all business and made peace with others before his/her death and implies being at peace with his/her own death. It further refers to the manner of dying: not by violence, an accident or a fearsome disease, not by foul means and without much pain. A good and peaceful death comes 'naturally' after a long and well spent life. Such a death preferably takes place at home, which is the epitome of peacefulness, surrounded by children and grandchildren. Finally, a good death is a death which is accepted by relatives (Van Der Geest, 2004).

In a literature review on what constitutes a good death conducted by Meier et al. (2016) the definitions of a good death were categorized into core and subthemes. According to the 36 articles investigated in this study, 11 core themes of a good death were identified as:

“preferences for a specific dying process”, “pain-free status”, “religiosity/spirituality”, “emotional well-being”, “life completion”, “treatment preferences”, “dignity”, “family”, “quality of life”, “relationship with health care personnel”, and “other” (Meier et al., 2016).

In the literature there is no ‘one size fits all’ checklist for a good death, but there are some overarching principles, which appear to be relatively uniform across variations in age, outlook and culture (Evans & Davison, 2014).

Saying Goodbye in the Time of COVID-19

Saying goodbye as a part of life completion, is a significant theme among the good death criteria (Meier et al., 2016). Saying goodbye provides a close relationship with loved ones during the final days. Good family relationships are considered as key requirements for a good death in many cultures (Krikorian et al., 2020). Patients don’t want to die alone, they really want to know that their life had purpose, that they made a difference and that their lives mattered (Caring, n.d.). Therefore for many people, the days and hours at the end of a loved one’s life are especially poignant. Normally, people can hold a loved one’s hand, have meaningful conversations, affirm the bond, and make amends. I love you, thank you, I forgive you, forgive me, are expressed as the four things that matter most at the end of life, a dying person needs to express.

Being able to practice these things, softens the blow of loss, but in the age of COVID-19 these final moments are missing (Caring, n.d.; Weir, 2020). Unfortunately, during COVID-19 outbreak, when everyone is forced to adapt physical distancing and stay-at-home orders, people have no chance to say goodbye, which will always be a big deficiency, an irrecoverable situation, making it difficult for people to deal with grief. The coronavirus is undoubtedly changing the way we live, and for many people, it is changing the way we die (Weir, 2020). Dying in this wise is not preferred among people, and fear of dying in this way can even cause some people hide their infection and run away from being hospitalized. So what can be done to prevent these problems?

A Virtual Final Farewell

People tried to find solutions for the final farewell. A nurse at a hospital in Washington used her personal cell phone to help a woman say goodbye to her 75-year-old mom, who was “nearing the end of her life” when the nurse called her daughter to let her know. Then she put on protective gear and brought the phone into the room. “I’m going to put the phone up to her face so you can tell her you love her and say your goodbyes,” Using FaceTime on her personal cellphone, the nurse allowed the daughter to grant the permission she believes her mom needed to let go. “It’s OK to go, you can go,” she recalled telling her mom, as the nurse holding the phone cried with her. “And an hour later, she left.” (Vera, 2020). Another family used a walkie-talkie to say goodbye to their mom dying of coronavirus (Hanna, n.d.).

Conclusion and Recommendations

People need to distance themselves, in time of an epidemic, because of fears of contagion, but they need to do distancing while staying connected to each other. Many different technologies are available helping people to connect with each other. FaceTime, Skype and Zoom could maintain face-to-face contact, the sense of being together.

At the final days and hours, when family members may not have been able to spend time with the dying person, these communication resources may offer a solution.

Video chat applications can contribute to lessen the burden of not being able to say goodbye in person by providing some sense of closure and offering a virtual farewell, but support from health care staff is needed. However, with the increasing number of COVID patients, it will be difficult for the health care team to spare individual time for this. Therefore, turning this individual help and sacrifice into a practice, offered by the health institution itself, would be more useful and effective. Technological infrastructure could be designed to handle this problem.

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The Economics of COVID-19 in the Philippines

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Abstract

The emergence of COVID-19 places the economy at risk of recession or worst, depression. A sharp decline in the country's economic growth is primarily caused by the weak consumption of locals and non-existence of foreign tourists in the country. On the other hand, disruptions of the supply chain in the manufacturing and retails sectors make the situation much worse. With clear uncertainties in mind, government agencies must lay down economic policies, monetary and fiscal, that would boost the confidence of the consumers and producers. Lastly, a clear and coordinated efforts of the national and local government together with economic agencies of the country must be present at this time of the pandemic.

Keywords: COVID-19, economic growth, economic policies.

Introduction

The whole world is in a hurry to find different ways to limit the effects of the coronavirus disease, later named as COVID-19 by the World Health Organization (WHO). On 11 March 2020, the WHO's Director-General declared the effect of the virus as pandemic, the decision was based on the "alarming levels of spread and severity" of the outbreak not only is a country but all over the world (WHO, 2020). This declaration made all countries' leaders enter in an emergency mode on how each can at least "flatten the curve" while waiting for a cure or a vaccine to combat the said virus. At the time of this writing (April 11) the number of infected persons all over the world already reached the 1.7 Million mark, with 102 thousand deaths and people who recovered posted at 376,323 persons (<https://worldometers.info/coronavirus>). This figure is still expected to increase in an exponential rate over the next few months due to the widespread of the virus.

Though COVID-19 is a public health issue, we cannot take away the fact that this would hamper the country's economy as well. The effect of this pandemic is already felt in the commerce caused by the interruptions on the production of goods—especially necessity goods. Many people because of the different implementing rules of their government like quarantine and lockdowns are no longer expected to work by a month or two and are requested to maintain physical distancing with one another. This scenario would expectedly affect the supply of food in the market due to the disruptions of the supply chain. Moreover, since most companies were asked to shut down, a trickle-down effect to their workers in terms of compensation is also experienced. This phenomena would tighten the amount of money in circulation and would have a bigger impact to the economy—where health of the economy is primarily dependent on the swift circulation and transfer of money from one hand to another, a concept called velocity of money.

Although China, Singapore, Taiwan and South Korea to name a few reported that they managed to keep the infections at its lowest pace, this pandemic greatly impacted their economy. The economic growth of China (one of the largest economies in world) is expected to be at 5.6% for this year, which is 0.4% percentage points lower than their previous forecast (IMF, 2020), the decline on their forecasted growth rate is primarily dependent on the restriction of local and foreign travels of Chinese. Moreover, on February 14, the Prime Minister of Singapore also mentioned that the country's economy will surely take a hit if not an economic recession in the coming months (<https://www.channelnewsasia.com>). Likewise, in South Korea, their Deputy Minister for economic affairs Hwang Nam-ki claimed that the country will experience an economic slowdown this year but is expected to bounce back next year—showing a U-shaped rebound in the economy. (<https://www.thestar.com.my>).

It is not only the Asian economies who will experience an economic downturn. In Denmark, their economic growth was cut short early this year due to the pandemic, instead of expecting huge push on their Gross Domestic Product (GDP), they are expecting a contraction of around 3% to 10% this year (AFP, 2020), while Swedish GDP by 6% and 3.2% in the 2nd and 3rd quarter respectively (Rappler, 2020). Moreover, S&P global even anticipated that the

Eurozone expects a recession and expecting their economies to contract by 2%.

The International Monetary Fund (IMF) Managing Director declared on March 27, that the world will face again an economic recession which can be the same or worse than what the world experiences in year 2009 (CNN Philippines, 2020). This report had been updated on April 10, where IMF managing Director Kritalina Georgieva said “the pandemic sweeping the world will turn global economic growth “sharply negative” in 2020, triggering the worst fallout since the 1930s Great Depression with only a partial recovery seen in 2021” (<https://msn.com/en-ph>).

Pandemics in the Philippines

In the country, the number of affected persons moved to 4,428, as increase in the supply of testing kits is achieved. Thousands of these kits were primarily donated by first world nations like China, South Korea, and Brunei who donated a total of 120,500 testing kits. The majority of these (100,000) came from China (CNN Philippines). Moreover, different foundations and personalities also lend their helping hand to the government by contributing and helping the combat the virus. On early April, Jack Ma Foundation through the efforts of his friend Senator Manny Pacquiao donated 50,000 testing kits while the latter gives 700,000 face masks (Rappler, 2020), other celebrities (especially singers) also stood and provided help, some are in the form of financial donations using their talents thru “online concerts” to pool millions of pesos, some actors also ask their supporters to contribute part of their money to different foundations that would cater to the needs of the “front liners” or the health care professionals.

The most important contribution however is the creation of a localized testing kits made by the most prominent state-funded university of the country, University of the Philippines. The university, led by scientist Dr. Raul Destura, managed to produce a testing kit that could detect the virus in a person at a much lower cost. In comparison, the locally produced kit will be sold for only P1,320, a six (6) times cheaper than its foreign counterpart which is around (P8,500), according to GMA News (March 11). After waiting for weeks for the Food and Drug (FDA) and the World Health Organization (WHO,) the kit is finally approved for government use and is expectedly elevate the number of testing to be done in the country for early detection of the virus and isolation and treatment of these people.

On 17 March 2020, under Proclamation order No. 929, the President declared a state of emergency, placing the largest island, Luzon, in strict quarantine measures (later called as Enhanced Community Quarantine, ECQ), suspension of works and mass transportation, and travel restrictions are then implemented under ECQ. This also paved way for the Armed Forces of the country to assist in the implementation of the rules set under the proclamation (CNN Philippines). These restrictions among other rules and regulations will be the assignment and will be under the monitoring of the Inter-agency Task Force (IATF) created by the President under the proclamation (<https://primer.com.ph>).

At present, the country is still lagging from its neighboring countries in combatting the virus. On the latest data from Worldometers, compiled by Earth Shaker

and published by Rappler the Philippines has the most cases of infections among ASEAN (recently taken over Malaysia), with lots of patients dying (second in most number of deaths, behind Indonesia) and only 157 people recovered as of 11 April.

Furthermore at the time of writing, the country had the highest rate of fatalities among healthcare workers in the world, 9.95%, among those who had at least 3 HCP fatalities. This means that of all healthcare workers who died, almost ten percent (10%) of them came from the Philippines. See the figure below from Medscape.org (https://www.medscape.com/viewarticle/927976#vp_8) with the help from John Hopkins University data (<https://data.humdata.org>).

Highest rate of fatalities of healthcare professionals
(for countries with at least 3 HCP fatalities)

Philippines	9.95%
Indonesia	4.90%
Pakistan	4.55%
Argentina	3.66%
Mexico	3.61%
Iran	1.82%
Brazil	1.23%
Italy	0.51%
China	0.33%
Turkey	0.30%
United States	0.30%
United Kingdom	0.25%

Sources:

• Medscape for HCP fatality data

<https://www.medscape.com/resource/coronavirus>

• John Hopkins University for covid-19 fatality data

<https://data.humdata.org/dataset/novel-coronavirus-2019-ncov-cases>

These data show how the health care system of the country fares with other neighboring countries and reflect how unprepared the country is when facing such scenario. This continue to happen and expected to increase even though the government already exerted massive efforts in mitigating the pandemic.

Government budgetary actions

Recently, the president requested from two houses (Senate and Congress) and later approved an emergency fund of P275 Billion. The budget is mainly used to serve as a stimuli package for the people, health care and health care facilities. On his recent report, the president shows the breakdown of usage of the money: majority is allotted to the social amelioration fund (more than P140 Billion) to be managed by the Department of Social Welfare and Development (DSWD) and to be given to the poorest of the poor. One of their programs is for every family considered to be the poorest will received an initial amount of P8,000 (and is expected to receive another if the budget allows) to help them cope up with the lockdown or Enhanced Community Quarantine (ECQ). This is aside from the food packs distributed Luzon-wide coming from the national and local government. Moreover, DSWD will also continue its program of doling out the “Pantawid Pamilyang Pilipino Program (4Ps), this is an ongoing program of the

government started by the administration of Benigno Aquino. 4P's is a human development program of the government with the objectives of social assistance to the poor and social development. This is the answer of the government in achieving one of the Millennium Development Goals (MGDs).

Another agency that received a huge part of the budget is the Department of Health (DOH) with almost PHP12 Billion allotment, the said amount should be allotted to the medical assistance of indigent people and those who are infected of the virus and of course to acquire facilities, equipment, and needed materials to help them attend to the needs of sick patient.

In addition, the Department of Labor and Employment (DOLE) is given a budget of around PHP7 Billion that would help and assist workers who lost their jobs or called as displaced workers because of the pandemic (<https://msn.com/en-ph>). Other government agencies receiving extra fund allotment are Government Corporations (PHP195 Billion) and the rest given to the Local Government Units. All with a purpose of helping the community in time of the pandemic.

Pandemic effects to the economy

Prior to the pandemic, the country had been experiencing significant economic growth for the past years. Posting on the average an annual sustained growth of 6.4% from 2010 – 2018, and still expected to grow by around 6% in the future (www.worldbank.org). This growth had been due to the strong performances in the service sector and finance-related industries and strongly affected by the administration's economic policy and the "Build, build, build project" but these targeted growth and projects are then revised by the different economic agencies in the country. Due to the disruptions in the local productions and consumption, and its dependency with international economies, like that in US, China among others, the Asian Development Bank (ADB) projected a fall to 2.0% in economic growth of the Philippines. This is coming from a strong performance of the economy in 2019, posting around 6.4% growth. They however predicted though that the economy will have a strong recovery of 6.5% percent in year 2021, using the assumption that the virus is contained by June of this year (ADB, 2020).



Source: Asian Development Bank, Asian Development Outlook 2020 (April 2020)

The effect to the economy of the pandemic is expected to be devastating in different sectors. According to the

National Economic Development Authority (NEDA) of the Philippines, the most vulnerable is the tourism sector. The Philippines attributes 1.5% of its GDP to the tourism industry, tourists are largely coming from South Korea and China, respectively. With these countries closing their doors to one another in preventing the spread of the virus, Philippine tourism industry is expected to lose almost P127 billion from the people of South Korea and roughly P111 billion from Chinese tourists alone.

Another sector that would take a hit is the export industry, the country enjoys selling their products (minerals, electronics and agricultural products) to its major trading partner, China. With the virus spreading in China and in the Philippines, the GDP of the country would shrink by 0.02 to 0.05% this year, as a result of a weak trade exchanges between these two countries. This is aside from the unemployment effect to the Filipinos, with the gloomy performance in trade, it is expected that around 3,000 to 6,700 people will lose their job this year (NEDA, 2020).

A 0.02 to 0.04% loss in the country's GDP is also expected due to a reduction in remittances (NEDA, 2020). Thousands of Filipinos are working abroad and support their families thru sending their hard-earned money abroad here in the Philippines. With their jobs put in a delicate situation, their remittances would be affected.

Consumption on the other hand would slow down as people are hesitant to spending their money with non-basic commodities (luxury goods) due to ECQ implementation. Alcoholic beverages, recreation and culture, clothing and footwear spending are some examples that are expected to decline this year. Consumption accounts to affect around 0.2 to 0.5 percent of the country's GDP (NEDA, 2020). Though consumption accounts to the bigger part of the GDP, small incremental effect is only realized since people and some establishments are remained to open in selling essential goods that trigger a sudden increase in spending in preparation of lockdown in the country.

All in all, NEDA expected a decrease of PHP298 billion to PHP1.1 trillion, equivalent to 1.5 to 5.3 percent of the country's GDP and an unemployment of 61,000 to 1 million persons this year.

Mitigating the impact

One of the agencies that the government assigned to solve this crisis is the Inter-agency Task Force (IATF). The IATF, with the approval of the president, implemented the following guidelines to at least lessen the impact of the pandemic to the economy while different countries are still seeking cures or vaccine to COVID-19. Firstly, with the implementation of ECQ, the agency made it clear that food and non-food cargoes are allowed to pass through roads without any delays, this action is made in order for the supply-chain not to be distracted by the said lock down. Moreover, this free flow of goods would ensure that at least, manufacturers of essential goods will still be managed to cater to the needs of the people while continuing their economics. Secondly, the agency allows the skeletal workforce of selected enterprise: manufacturing of food, essential and hygiene product, medicines and medical products; retail establishments like groceries, supermarkets convenience stores, pharmacies and drug stores; and the continuous service of export and

business process outsourcing (BPO). These pronouncements will help in its little way the economy not to experience an abrupt decline in its growth (DILG Memorandum related to Proclamation No. 922 Series 2020).

Moreover, National Economic Development Authority (NEDA) proposes a three-phased program of interventions that would help mitigate the social and economic impact of COVID-19:

Phase 1 focuses on the health care response of the government related to the pandemic and is further divided into three parts (a) Clinical / Medical Response, this concentrates on how the whole healthcare system manages the health situation, (b) Public Health Response, this centers on the public cooperation of the guidelines issued by the IATF, and (c). Short-term augmentation of health systems capacity which focus on how the health care services be easily available to the people and in providing personal protective equipment (PPE) and remote quarantine facilities (RQF).

While phase 2 puts emphasis on rebuilding consumer and business confidence by showing to them the adequacy of the country's improved health systems; and lastly, phase 3 to resume a new normal state of economic activity that is more prepared for another pandemic. This zeroes in on the developing concrete plans that would be implemented if there will be another pandemic in the future. A detailed program can be seen here <http://www.neda.gov.ph/wp-content/uploads/2020/03/NEDA-Addressing-the-Social-and-Economic-Impact-of-the-COVID-19-Pandemic.pdf>.

In addition, the Bangko Sentral ng Pilipinas (BSP) with the mandate issued by the "Bayanihan to Heal as One Act" implemented (a) thirty (30) day grace period for the payment of all loans made in the financial industry of the country (<https://www.officialgazette.gov.ph>), (b) on March 19 decided to cut the interest rate on overnight reverse repurchase (RRP) by 50 basis points to 3.25%; and (c) reduction on overnight lending and deposit facility to 3.75% and 2.75% rate respectively (<http://www.bsp.gov.ph/monetary/monetary.asp>). These monetary operations ensure that there will be enough money supply circulating in the economy while the pandemic is experience. A reduction of these rates will encourage financial intermediaries to borrow large amount of money from the BSP while paying only a lowered rate. These financial intermediaries are expected to lend this borrowed money to consumers/depositors to support their financial needs and transactions in the future.

Conclusion

The government cannot hide the fact that the economy will take a great hit and will fall in the coming quarters, and the IMF has declared that the world will experience a recession, the worse depression of our time. But the lingering effect of this pandemic to the economy can be lessened if correct policies (whether fiscal or monetary) will be created and implemented as swiftly and truthfully as possible.

The administration of President Duterte has a clear vision, that is, ensuring that every Filipino are safe and the whole nation will pass through this stage at a lesser damage. But the implementation and guidelines of the administration is seemingly in disarray, with many

problems being experienced in the barangays (villages) and even in the municipalities because of the different and unprecedented decisions and implementations made by the IATF. If proper execution of the plan and good people are put in place, we can see a shorter yet brighter future in the coming months.

In battling the timid consumption response of the people, the government needs to ensure that every essential good at this trying time is made available to them. Establishing the market nearer to the consumers will help solve this while keeping the people inside their homes (lessen the infection). Money to be used in this spending can be dole out by BSP. Lower interest rates once the pandemic eases will greatly motivate the different sectors of the economy to start all over again (in the case of totally disrupted business) especially in the tourism and export/manufacturing sectors. A moral suasion to boosting the confidence of the market producers and investors will drive the economy an inch higher than what is expected (this is one of the factors considered in the investment market) and will have a domino effect to the different sectors on the economy as well.

Though it is a good thing that inflation rate in the country is still at a manageable rate (2.4%), continuous monitoring and a ready-to-use measure must be in place. At these times when consumption is encouraged, an increasing price of basic commodities is a big no. Thus, government needs to ensure once the pandemic subsides that producers will not take advantage of maneuvering their prices to keep up with their recent losses. Further, if there are still money left, the executive department should continue its "Build, build, build project", (a series of projects that enhance the transportation system of the country). This will not only provide jobs for the people but will also drive the economy at a higher notch in the future.

Lastly, with proper communication and collaboration among different agencies of the country, national and local and economic agencies, and the cooperation of the Filipinos, the problems in the health care system and the economy will be solved whilst keeping the harm at its minimum.

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Social Cohesion, Trust, and Government Action Against Pandemics

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Abstract

The rapid spread of SARS-CoV-2 and its corresponding COVID-19 is challenging national preparedness and response ability to pandemics. No one is prepared well, but governments around the world must respond as effectively and efficiently as possible to pandemics, and every occurrence of such worldwide disease must be a lesson for preparedness. While plans and programs may be in place to arrest the rapid spread of the virus, the success of any state intervention relies much on how cohesive the society is, how trusting the people are, and how trustworthy the government is. Social cohesion begets trust, and trust engenders obedience and calm. The absence of social cohesion produces social unrest and social erosion, lack or absence of social trust creates risk societies, disobedience. When these conditions exist, the spread of a virus is inevitable. Furthermore, they create a pandemic of confusion and fear, of stigmatization and discrimination.

The ways that nations respond to the pandemic today and how the society responds to state actions will principally determine their lots and destinies in the next decades or even in the next elections. The pandemic reveals the quality of leaders and people a nation has. Governments that are successful at controlling the spread of SARS-CoV-2 and minimizing fatalities of COVID-19 will enjoy even more social cohesion and public trust, while those that deferred vigorous interventions to control its spread will see greater social stress and distrust, resulting in the paralyzation of the public's faith in leaders and government institutions.

Keywords: COVID-19, SARS-Cov-2, social cohesion, trust, pandemic

Introduction

The rapid worldwide spread of SARS-CoV 2 and COVID-19 has put the world at a standstill, literally, and figuratively. With lockdowns and community quarantines around the world, the International Monetary Fund has declared an economic recession which is predicted to "be worse than the global financial crisis" (Bluedorn, 2020). There is chaos and violence in many countries as governments suspended work, transportation, and restricted movements of people. Supply of necessities and food has been disrupted leading to rationing of supplies in some countries and hunger to those who doesn't have access to such help. For example, in the Philippines each household is given a relief good of rice, canned goods, noodles, coffee, and other goods almost every week, especially to poor families. There are also

social amelioration programs laid out by the government providing monetary aid to families of individuals who lost their jobs or source of income, senior citizens, and other identified beneficiaries (CNN 2020; Gita-Carlos 2020; Luci-Atienza 2020).

Responses to lockdowns are varied, and enforcement in some countries is rather violent. In the early days of Italy's lockdown, thousands of people defied the order and it caused the country thousands of deaths and myriads of infections, and more stringent rules against movement of people, transportation, and business operations. The rigid lockdown is set to end in May (EURACTIV 2020; Ruiz 2020). In India, we see the biggest lockdown in the world because of COVID-19, restricting the movement of more than 1.3 billion people. We have seen in the news and in social media how some Indian police used blocking, chasing, beating, yelling, or punishing people for venturing out, even deaths and higher domestic violence occurred, showing us the extreme difficulty of enforcing social and physical distancing and nationwide quarantine (Agence France-Presse 2020; Mohan 2020; Nigam, Saha, Pandey 2020).

In the Philippines, long lines in groceries and markets posed a great challenge for enhanced community quarantine implementers. Of particular difficulty is enforcement of the quarantine rules in slum areas. Fears of food shortage and stranded workers, long lines of people in checkpoints in the capital haunts the lockdown in the mainland Luzon. Although there have been no violent police acts against violators of the quarantine rules, besides simple punishments and penalties, enforcement remains a problem in densely populated areas (Fonbuena 2020; Philippine Daily Inquirer/Asia News Network 2020; Ratcliffe 2020).

Pandemics are complex situations and problems. They are not only a matter of health, but also matters of politics, culture, science, technology, religion, social systems, economy, etc. They are not merely anthropo-medical conditions but also geopolitical and environmental concerns. Each pandemic is different and thereby demanding diverse approaches and responses. They happen not only because of the presence of rapidly spreading virus, but also from the lack of, or ill-crafted pre-emptive public policies and structures. Such situation creates waves of social confusion and panic, uncontrolled wave of infection, and political and social unrest.

We have polarizing issues now that truly hamper effective and efficient response, like granting emergency powers to a government who cannot be trusted with such, use of armed forces to enforce quarantine or lockdown, availability, sourcing, realignment and allocation of budget, unprepared health departments, absence or lack of testing policies and unavailability of testing kits and centres, centralization vs. decentralization of donations, and response-ability of frontliners and related government departments. Critical voices have also been raised on the confusing rules on community quarantine, curtailment of some freedoms, protection of human rights during the quarantine period, continuity of delivery of basic social services and goods, ameliorations to the poor and displaced workers, protection and well-being of healthcare workers, travel restrictions, among others.

And then we have disobedience to social quarantine rules among many of our people. Either they are utterly

unconcerned and do not care at all, or their social context does not give them the luxury of complying, like in areas where poverty and lack of education exist, in slum areas where social distancing is impossible, people who beg for food and money everyday just to survive, those who are paid for work on a daily basis, etc. It can also be that people are misappreciating their rights, privileges, and freedoms, or are unable to comprehend risks and dangers of COVID-19. Or maybe, just plain stupid hard-headedness and greater confidence in one's personal opinion and beliefs rather than authority directives.

In Italy alone, more than 8,200 people were charged for violating the lockdown rules as of 18 March 2020, and anyone caught on the streets without a valid reason were fined €206. In Spain, disobedient citizens to confinement rules were fined €100, or more, for minor infractions or up to a year in prison to those who resisted arrest or fine. French police handed fines of up to €135 to 4,095 people who breached the order to stay home. In the United Kingdom, Manchester lockdown police raided and stopped 600 parties and the government imposed a minimum penalty of £30 for violators. Similar incidents happened all over the United Kingdom with people ignoring government calls for citizens to stay home. In the United States some people still flocked to beaches and holiday areas, had parties and celebrations even as the government tried to stop the rapid spread of the virus (Aspinwall 2020; Davies 2020; Samuel 2020; The Straits Times 2020).

The effects of the pandemic can be aggravated by people's distrust of government due to widespread corruption, unorganized bureaucracy, political disintegration, distant government, and untrustworthy leaders who misused and abused power. These conditions produce disobedient and fragmented citizenry and emboldens them to either be extremely critical or utterly oblivious to government interventions in time of pandemic. Furthermore, there appears to be common disregard and distrust in science among politicians and the populace. Scientists and medical specialist's opinions, recommendations and researches abound on SARS-CoV 2 and COVID-19 but these are perceived as alien to common experience and, due to ignorance and lack of scholarly orientation, unreal (i.e., detached from human reality, only for the books and conferences, too technical and difficult to understand, too elite, etc.). Governments ignored some of the warnings and recommendations and even downplayed the fears and predictions of researchers, resulting to the death and suffering of many, including healthcare workers (Bhanot 2020; Miller 2020; MSN News 2020; Reuters 2020; Siegel 2020; The Guardian 2020; UN News 2020).

Political conditions can also worsen the effects of pandemic, like politicizing the situation and responses, conflict between diplomatic interest vs. national interest, i.e., the Secretary of the Department of Health of the Philippines was hesitant to recommend travel ban against Chinese for fear that diplomatic relations with China may turn sour (Rosario 2020), division in government, election mentality, political bickering and mudslinging, party politics vs. national interest, etc. Business conditions can also contribute to pandemic spread. When companies value income and profit more than the safety and well-being of their workers, thus requiring them to report to work amidst pandemic. People need to work to earn and

have something to eat and to support their families, especially those daily wage earners. So, they would rather choose to go to work than be quarantined.

All these situations are symptoms of a sick society and government. When societies and government cannot function as one, pandemic thrives. Strong institutions, trusting populace, and durable social cohesion serve as antibodies of a country against pandemics. In particular, social cohesion and trust are foundations of an effective pandemic response, and conversely, effective pandemic response can produce a socially cohesive and trusting communities.

Social Cohesion as Foundation and Consequence of Effective Pandemic Response

The success in any response to national disasters rests primarily on how the people trust their political institutions and leaders, and in how much a community is cohesive. While relief operations and social amelioration programs may help, albeit provisionally, general and positive public response in the form of universal acceptance of common objective or purpose set by government and cooperation of majority of the population creates more lasting effect and success. Such condition can only exist when people are socially cohesive.

Social cohesion is the social foundation of effective pandemic response. Social cohesion is generally understood as “the willingness of members of a society to cooperate with each other in order to survive and prosper” (Stanley 2003, 5). It can also be understood as the “extent of connectedness and solidarity among groups in society. It identifies two main dimensions: the sense of belonging of a community and the relationships among members within the community itself” (Manca 2014). These two definitions focus more on the aspect of willingness to cooperate, or solidarity to achieve a common goal which results from a deep sense of connectedness or belongingness among members of a given society.

Another understanding gives attention to social cohesion as a “state of affairs in which a group of people demonstrate an aptitude for collaboration that produces a climate for change” (Ritzen, Easterly, Woolcock 2000, 6). Within the concept of social cohesion are cognitive components like feelings of trust and trust-related sentiments, as well as behavioural components like engagements in public social life, in association and other civic structures (Schaeffer 2014, 8-9). Thus, social cohesion may be impossible or lacking when people are disunited, society is fragmented, there is ignorance and distrust to common goals and objectives, there is conflict between personal/family interest vs. public/national interest, etc.

A community with robust social cohesion is characterized by a common sense of unity and oneness, spirit of care and concern, of common moral duty and responsibility. These allows each member to behave and

act for the greater good of the community to which they belong. Moreover, a cohesive society have a sense of common moral cause that permits each members to live and work harmoniously together, thereby promoting resilient social relationships and positive connectedness between members and the community, and has a pronounced focus on the common good (Dragolov et al. 2016, 6; Bertelsmann Stiftung 2020; Delhey et. al. 2018, 430; Walkenhorst 2018). Each member of a cohesive society exhibits a sense of community, duty and responsibility, oneness with a common cause and end, has spirit of care and concern, sense of unity with other members, mutual support and cooperation, emotional connectedness with other members, and a sense of the common good vis-à-vis personal good. They have trust in social institutions, respect for social rules, see fairness in the management and distribution of resources and goods. These characteristics of social cohesion is aptly illustrated in the figure below.

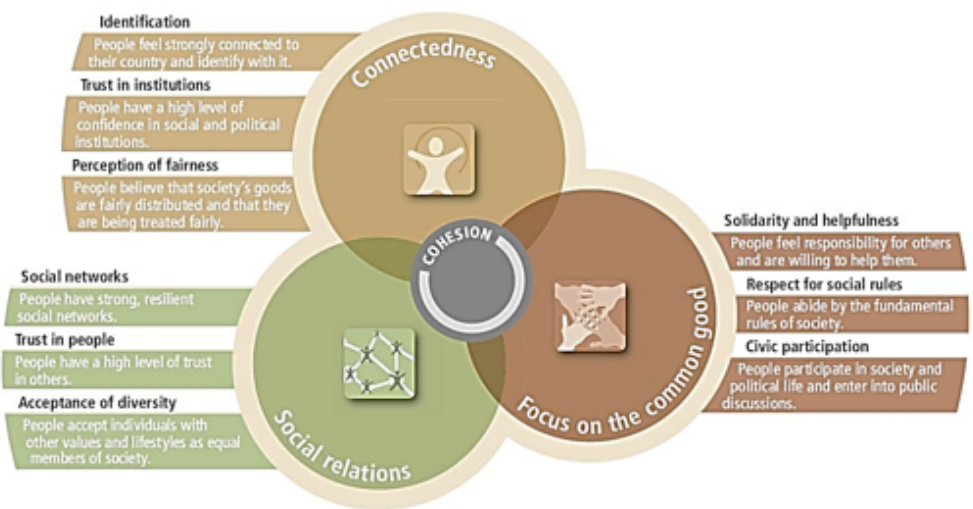


Figure 1. The Social Cohesion Radar (SCR) showing the domains and dimensions of social cohesion (Adopted from Bertelsmann Stiftung by Delhey et. al., 2018, 431).

Although there is no universal agreement on whether social cohesion is a cause or a consequence of other aspects of socio-economic and political life, it is believed that it is either an independent variable that generates outcomes for a given community, or a dependent variable, that is, “the result of actions in one or more realms” (Beauvais and Jensen 2002, 2).

Success of pandemic response of any given government is not only dependent on the capacity and capability of health care professionals in treating the patients, as well as the efficiency of scientists in finding a cure and vaccine, but also, on the quality of the community and its people. If a government leads in a socially cohesive community, then its programs and plans against pandemics can be easily accepted and implemented and will generate beneficial outcomes for the people and the government itself. On the other hand, an effective response and acceptable policies of a government can effect a socially cohesive community. In this case, the government was able to unite its people to a common cause through effective and credible leadership and reasonable program and plans.

Disobedience to and rejection of anti-pandemic policies results from many factors. It can be that the government has lost its credibility because of bad leadership, prevalence of graft and corruption, pervasive political bickering, poor implementation of projects and programs, or utter disregard for social services. Social conditions can also contribute to such risky behaviours, such as, unemployment, prevalence of poverty, poor health and education, pervasive social ignorance, herd mentality, unjust social structures, etc. Cultural conditions can also promote disobedience, like pathological hard-headedness or stubbornness of many who would rather subscribe to their own opinion and belief rather than accept and comply with authority directives, blind belief to unfounded superstitions, unreasonable religious practices, and supernatural remedies, perception of science as distant, exclusive, and elitist, social insensitivity and nonchalance, individualism, etc.

These conditions of non-cohesive societies fragmentalize communities and foster vulnerability and susceptibility to dangers and risks. Whatever intervention a government implements in such societies will either fail, derailed, or met with great opposition and suspicion because it will never be able to solicit the respect, cooperation, solidarity, care and concern that one normally gets from a cohesive society.

Shaeffer designates the term social cohesion to those collective resources like general levels of trust and civic engagement. These two helps a community to work together and achieve identified goals or objectives. He further differentiated behavioural and cognitive dimensions of social cohesion, the former related to civic participation or engagement, and the latter to trust-related sentiments. He opined that social cohesion results from the synergy of the two (Shaeffer 2014, 9). That brings us to the second foundation and consequence of effective pandemic response – trust.

Trust as Foundation and Consequence of Effective Pandemic Response

The key to the development and sustainability of social cohesion is trust. Edelman claims that we are living in trust paradox, an antimony. He noted the developments experienced around the world, the rise of employment and better standard of living, and yet the 2020 Edelman Trust Barometer tells us that no government, business, NGOs and media are ever trusted. It was further claimed that “the cause of this paradox can be found in people’s fears about the future and their role in it, which are a wake-up call for our institutions to embrace a new way of effectively building trust: balancing competence with ethical behaviour” (Edelman 2020). Trust, then, is a behaviour and an outcome at the same time.

There are three levels of trust involved in effective pandemic response: personal, system and social. Personal trust “involves an emotional bond between individuals, and the emotional pain that each would experience in the event of betrayal serves as the protective base of trust even where other types of short-term gains could be realized by breaking the trust” (Lewis, Weigert 1985, 974). This is the general trust we each accord to others, that when broken, we detached from the object of trust and may have an effect in the way we trust systems and institutions. Nonetheless, such emotional bond does not exist in system trust which

is activated by the appearance that everything seems in proper order (Luhman 1982, 40-41).

Social trust, on the other hand, “is a belief in the honesty, integrity and reliability of others – a faith in people” (Pew Research Center 2007). It is also characterized by “perceived objectivity, consistency, competence and fairness” in the functioning of a society (Boslego 2005, 1454). There are certain macro circumstances that fuel a culture of (social) trust, and these are the normative ordering of social life (law, morality, and custom), stability of the social order, transparency of the social organization, presence of a familiar environment, and accountability mechanisms (Sztompka 1999, 122–125).

The characteristics mentioned above shows the indispensability of social trust for the effective functioning of political power or government. Without social trust in the reliability, effectiveness, and legitimacy of laws and governments, modern social institutions would soon collapse. One definitive sign that a social system is under severe pressure is generalized loss of social trust in the legitimacy of political leadership and authority and in interpersonal trust in everyday life. Durkheim (2013) believes that institutional trust underwrites interpersonal trust, so, as social trust in common public institutions wear away, trust in other persons ultimately is also eroded.

Now, trust as a behavioural manifestation of a person’s commitment to the values and norms of a community, entails faith that the other members of the community will cooperate for a common good, even though benefits may not be equal (Fukuyama 1995: 25; Schaeffer 2014, 38-39). This is the very foundation of cooperation and solidarity. When social trust is high, people are more likely have a collective sense of well-being. If people do not trust others to be trustworthy, then you can never expect them to cooperate. When people do not trust their government, then government will not find it easy to implement plans and programs or enforce ordinances and laws. What a government set as a common good may not be perceived as such by the people, especially if this runs counter to their values and norms.

On the other hand, social trust can also be a by-product, a consequence of something that is favorable to common good or is aligned to common moral commitment. In the case of pandemic, a government that is perceived to be effective and efficient in responding to the effects of the plague, will enjoy greater social trust now and in the future, and foster active citizenship. “Trust is one of the most beneficial byproducts of effective leadership; it underpins any successful functioning of a government, an economy, and a functioning civil society” (Schoen 2013, 57). Conversely, the absence of social trust in government indicates a leadership that has failed or gone askew. This loss of trust in government and leadership renders a country incapable of facing enormous challenges, like the COVID-19 pandemic.

Loss of social trust disables leadership and governance in the midst of pandemic since they will find it more difficult or challenging to win the public’s support, and to implement policies and rules addressing the problem. So, we see public disobedience to enhanced community quarantine or lockdowns, resistance to limitation of movement, myriads of complaints, uncooperative populace, public intolerance to procedural blunders and unintended utterances of political leaders, and blatant

opposition to any government plan or action. And in situations like this, some governments resort to violence, intimidation, and threat to command public obedience.

Social and Cohesion and Trust in Pandemic Response

Social trust between citizens is said to be indispensable for social cohesion, integration and stability (Newton, Stolle, and Zmerli 2013, 38). If social cohesion and trust are lacking, or is deficient in each community, it leads to social erosion or breakdown of unities and solidarities, and hinders social identification to a common purpose, as well as, collective action against pandemics. A pandemic prepared and responsive community is resilient and is conscious of its ontological safety, but in the absence of social cohesion and trust, it becomes a society at risk, fragile, and susceptible to danger. Rather than promoting greater well-being and good, it indorses pandemic of fear and confusion, stigmatization and discrimination, and ineffectiveness and inefficiency. We have seen how healthcare providers are maltreated because of lack of care and concern and strong sense of common good, how families of COVID-19 positive patients are discriminated and stigmatized because of lack of solidarity, how volunteers in quarantine checkpoints are scorned and cursed because of inability to comprehend and inculcate the primacy of greater good, etc.

We see governments in quandary because the public cannot see the effectiveness of their plans and solutions, not the reasonableness of their policies. We see leaders publicly scorned, called to reassign in the midst of the pandemic, satirized and demonized in social media because people don't see them as credible and effective, thus they cannot be trusted. Schoen believes that "so long as the trust crisis goes unaddressed, don't expect the twenty-first-century challenges of epidemic and pandemic alleviation to take major steps forward" (2013, 42). The rapid rise of positive cases and deaths in the United States is said to be due to lack of social cohesion among Americans," showing that, obviously, a startling lack of civic solidarity among Americans (Caren, 2020).

Building Cohesive and Trusting Communities through Effective Pandemic Response

Every government, to be effective in responding to future pandemics must do two things: first, implement effective measures against COVID-19 now to build greater trust in government's credibility and abilities, and, second, do social engineering aimed at building greater local and national social cohesion after this pandemic so that future governments and communities will be better prepared and united in combating future pandemics.

To do these, government leaders, when responding to pandemics, must be able to strike a balance between social needs and resource constraints, peace and order, people's rights, varied interests, and conflicting values. While it is necessary to have armed forces to man check points and enforce quarantine or lockdown rules, government must ensure that no human rights are violated in imposing sanctions, punishments, rules, and regulations, that basic social needs are not denied nor their fulfilment not impeded severely, and that limited resources are distributed justly (e.g., test for COVID-19 should not obviously prioritize politicians and their families who are

merely suspected to have been infected at the expense of those who are already exhibiting symptoms and yet they don't have access to testing kits, some dying without even knowing whether they are positive or not). People must be convinced that all programs and plans to combat the pandemic are meant for the greater good and public interest and not to further any political interest of a party or any individual (e.g., no name of politician should appear in the relief goods or in donations and assistance provided to hospitals and other frontline facilities, etc.).

On the other hand, people must also be reassured that government programs are not simply to product of whims or haphazard planning and shallow information, nor are these plans and programs a creation of politicians and ex-military generals who doesn't have any idea of the dynamics of a virus in a pandemic. Government must actively involve, or even give leadership roles to scientists, healthcare professionals, and other related experts, so that judgments and plans are in conjunction with research, science, and medicine. In the Philippines, for example, the Inter-Agency Task Force created by the President to respond to the COVID-19 pandemic has more politicians that medical doctors and scientists. While the State Department of Health is tasked to lead the response, decisions are rather more political, and weighed down by election interest, corruption, bickering, red tape, and delays due to bureaucratic protocols and priorities. It is not the Health Secretary who is the chief implementer of the government's response to the COVID-19 pandemic, but an ex-military general and the current Presidential Peace Adviser, igniting fears of social conditioning for martial law declaration, a fear that's been in the air in Philippine politics since President Duterte was elected into office.

For governments to be assured of the public's trust, and thus, become compliant and responsive to emergency pandemic rules and policies, the following principles can be adopted. First, the principle of maximization, a substantive principle which, in the context of pandemic, dictates that we must do the most good, i.e., health care for the greater majority, amidst limited available resources. Policies and decisions based on this principle must aim to save the most lives or maximize the health benefits with the available resources. Reasonable triage rules must be in place, and people well informed about them to avoid unrest and complaints.

Second principle is that of equity and fairness (distributive justice). Fairness and distributive justice demand that government should give equal weight to equal claims of individuals. It also requires avoidance of discrimination and partiality towards different classes of people (i.e., rich vs. poor, powerful vs. powerless, politicians vs. commoners, rural vs. urban, etc.). The principle of distributive justice provides "moral guidance for the political processes and structures that affect the distribution of benefits and burdens in societies" (Lamont, Favor 2017). Distributive justice necessitates that available resources or goods and burdens are to be distributed according to the individual's needs, contribution and responsibility and the society's or organization's responsibility to the common good. So, it may be just that the national capital area receives more budget and supplies than provincial areas, considering its centrality in business, finance, governance, and international importance, and is of high risk for mass

infection. The principle also demands that more resources must be given to areas with greater infection cases, or people with greater responsibility in society be given priority in testing and treatment.

In the context of health care, distributive justice requires that everyone receive equitable access to basic health care services that are necessary for living a quality human life as required by right to health. It also implies that society has a duty to the individual in serious need and that all individuals have duties to others in serious need. In such case, there may be some rights and privileges that needs to be sacrificed for the greater good. In decisions regarding the allocation of available resources (i.e., rationing decisions), the duty of society is not diminished because of the person's status or nature of illness. So, it will be unjust to deny or delay health care to people who are poor and underprivileged since all must equitably share in the benefits of public health care. Triage policies must recognize the indispensable and objective equality of patients so that allocation decisions should not be grounded upon judgments of the subjective quality of patients. And, of course, all must also share not only of the benefits but also the burdens of pandemic response. Distributive justice and fairness enjoins all to be responsible citizens, i.e., not compromising public health by following quarantine rules, not hoarding or panic buying at the expense of the poor and underprivileged, etc.

On the other hand, distributive justice and fairness also demands that governments must be aware that unequal weight is given to unequal claims. This is important in decision of equitable distribution of limited resources and equitable services of limited workforce. COVID-19 positive patients have stronger claims to life-saving resources than persons under monitoring or under investigation (suspected COVID-19 patients). High-risk population may have greater claims to resource and services than low-risk population, healthcare workers may have higher claim to available resources than the rest of the population by virtue of responsibility and function, and in the language of utilitarianism, younger people may have greater claim than older people based on productivity and utility (also known as fair innings argument - this is debatable and unacceptable to some, especially when seen in light of equal access to benefits and equal right to health).

The third principle of effective government pandemic response is impartial procedures and accountability. This demands fairness in government procedures in the just distribution of resources and services, and benefits and burdens. Fair procedure and accountability entails transparency in procurement and distribution of resources, allocation and spending of budget, and in the acceptance and utilization of donations from private entities and countries. Accountability also requires a clear and well-established chain of command, with publicly identified key persons and their responsibilities, as well as reporting procedures and publicity rules. In this way, the public feel more secured knowing that their taxes are well spent and that they benefit from it, and with the assurance that there are people in government who are ready to take good care of them in times of pandemic. Rules on social amelioration programs, relief goods distribution, financial support for indigents and unemployed, continued social services (i.e., transportation, market hours, bills payment, etc.), work and education suspension, face mask and

personal protective equipment use, lockdown, etc., must all be weighed vis-à-vis fairness and justice. In the Philippines, when Congress crafted a law giving the President emergency powers, they required him to submit to the legislative department and to the people a weekly accountability report on the use of approved budget and allocation of available resources, as well as implemented and planned COVID-19 countermeasures. Such requirement aims to solicit the trust of the people to the government and their leaders.

And lastly, the principle of adequate and well-defined information. This mandates that all information about the COVID-19 pandemic and government programs and plans must be presented in a way that it can be understood by all, including the terms and conditions of response, and the principles (legal, ethical, and moral) from which these were founded. Trust and confidence comes easy when people are well-informed, and governments can expect them to obey easily. So, press conferences or briefings, and public information campaigns should be done in the common language of the people. While English is the second national language of the Philippines, press conferences of the Inter-Agency Task Force, the Department of Health, and even of the President (who is not so fluent in Filipino), are mostly given in English and not in Filipino, which is the primary language of the people.

These principles, when complied with, may usher a more trusting a more cohesive citizenry, to the benefit of the people and the government, and those who are in positions of power now and are planning to run for public office in the next election - call it mutual benefit.

Promoting social cohesion through effective pandemic response may not be easy for governments whose leaders are no credible and effective. For any government who wishes to promote social cohesion after pandemics, they must display confident and credible leadership that unites people under one cause, the common good, rather than sowing division, fear, and confusion. Government must ensure that the elected leaders can be trusted to stir successfully their communities away from pandemic, or to encourage solidarity among its constituents by being active, fair, and exhibiting good interpersonal relationship. The leader must be able to fully inform and rally his people to achieve a goal and lead them to work together for the common good of their community. A socially cohesive community will easily respect quarantine rules because they know that the common good is far greater than their individual entitlements, rights, and privileges. A socially cohesive community will have care and concern for the needs of their members, as well as admiration and support to their frontliners.

Conclusion

The COVID-19 pandemic is a test of public trust in their government and social cohesion and they can either fall or rise depending on how effective the government responded to it. No matter how carefully planned COVID-19 countermeasures are, when the government is not credible and trustworthy and the people are not united in solidarity for the common good, these will fail and the spread of the virus will be rapid and unabated to the detriment, or even decimation, of the population.

Social cohesion and trust can be promoted after pandemics if government shows that everyone matters

and that they must be treated with respect, care and concern, and they can make people understand and accept that everyone matters equally but may not be treated similarly and each person's interest concerns everyone and society. It is also paramount that government and people recognise that any harm to anyone matters, thus, it must be minimized by ensuring that preservation of life is the priority and number of COVID-19 deaths and patients are minimized. The climate of trust and solidarity must be sustained in times of pandemic through honest, fair, just, and humane governance, just and orderly distribution of scarce resources, goods and services, maintenance of essential public services, and public order and peace. Social cohesion and public trust can also be achieved after pandemics if government's decision-making structure and system, from national to local, are well in place - striking a balance between effective centralized authority and decentralized decision-making and ensures that pandemic preparedness involves all sectors and remains dynamic.

Strong and trustworthy institutions and social cohesion are a country's "protective equipment" and antibodies against pandemics. The common missing factors explaining failure to counter effectively pandemics is the absence or lack of capable, accountable, and credible government and leaders, and non-cohesive communities. These also explain why some societies are highly at risk to pandemics and others more resilient. Fragility of societies caused by poverty, unemployment, disunity, political polarization, economic and social disparities, inequality in opportunity, lack of education, distrust in government, etc., results to lack of social cohesion. Such can be seen in countries that are performing poorly in pandemic response. In the recent Asia-Pacific region safety countries ranking by the Deep Knowledge group, the Philippines ranked lowest (20th), and one of the reasons mentioned is the inefficiency of government management and severely strained health systems (Hand-Cukierman 2020).

The COVID-19 pandemic is a test for governments and civil societies. The ways that nations respond to the pandemic today and how the society responds to state actions will principally determine their lots and destinies in the next decades, and in the next elections. The pandemic reveals the quality of leaders and people a nation has. Governments that are successful at controlling the spread of SARS-CoV-2 and minimizing fatalities of COVID-19 will enjoy even more social cohesion and public trust. Those that deferred vigorous interventions to control its spread will see greater social stress and distrust, resulting in the loss of public faith in leaders and government institutions.

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COVID-19 Debates in Thailand

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Since March 2020 there is a nightly curfew on people going out at night in Bangkok. Thai people are concerned, as we see in every country, that has found COVID-19 coronavirus in their society, Because it is dangerous and easy to spread from person to person, COVID-19 cases are now widely distributed in Thailand's provinces. The Ministry of Public Health (MOPH) asks all persons coming from Bangkok to report to the designated Communicable Diseases Officers in their sub-district, remain at home, and maintain a distance of at least 1 meter from other persons.

Health authorities also ask people who have had contact with anyone who might be infected in the past week to have a check at the hospital. A hot topic in the news in Thailand in March 2020 was the news that a TV star, Matthew Deane contracted COVID-19. After testing it was found that he and his wife had COVID-19 and they will stay in hospital for 14 days at least.²⁰ He owns a Thai Kick Boxing stadium. There are reportedly many cases linked to Kick Boxing stadiums.²¹

The Dean of the Faculty of Medicine, Siriraj Hospital, Mahidol University, made a prediction of the situation that if a lockdown is kept from 16 March to 15 April (30 days), the number of patients will be 24,269 instead of 351,948 patients. There will be 485 deaths instead of 7,039, and 1,213 persons in ICU compared to 17,597 without a lockdown, and only 3,640 persons in hospital compared to

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(https://www.bangkokpost.com/thailand/general/1878215/actor-matthew-deane-infected-with-coronavirus#cxrecs_s)

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(<https://www.thestar.com.my/news/regional/2020/03/20/authorities-look-for-over-500-visitors-to-bangkok039s-boxing-stadium-bars-for-fear-of-covid-19>)

52,792. From the perspective of mid-April it seems that the curve of hospital admissions was flattened compared to before. We will be able to see if these predictions were accurate, because looking at the numbers around the world for a country the size of 65 million people these numbers seem low. All Thai people know the Campaign #StayHomefor. People trust the Thai epidemiologists who have warned the public to stay home to avoid the virus surge.

On 25 March 2020 107 new cases of laboratory-confirmed COVID-19 were announced by the Ministry of Public Health of Thailand (MoPH), bringing the total number of cases to 934. 9 cases are linked to previous clusters involving pubs and Boxing stadiums. 14 cases are close contacts of other cases and 4 are related to religious events in Malaysia. 11 cases are related to foreigners and Thais returning from abroad or those working with international travelers. 2 healthcare providers have become infected and 67 other cases remain under investigation. There is a trend for more cases in rural areas also, which is a concern given the way that the disease spreads.

- Of the 934 COVID-19 cases reported in Thailand, 70 have recovered, 860 are receiving treatment in healthcare settings. About 20% of cases did not have symptoms at the time they were tested. Four cases are in serious condition and four have died. One of the 4 who was diabetics for 10 years, which is a risk group as people who have NCD (non-communicable diseases)

- There is now a cumulative total of 13,027 Patients under Investigation (PUIs) in Thailand since the COVID19 outbreak began, including 6,736 people being actively investigated or treated. This group includes people being treated for other conditions who are no longer suspected of having COVID-19 infection.

The World Health Organization (WHO) announced that Thailand has joined a multi-country clinical study for potential treatments for COVID-19, as part of a rapid global search for drugs to treat COVID-19. In addition to Thailand, the "Solidarity trial" will include the participation of Argentina, Bahrain, Canada, France, Iran, Norway, South Africa, Spain and Switzerland. "This global problem requires urgent global solutions," said Daniel Kertesz, WHO Representative to Thailand. "Thailand will be a valued partner in hosting studies to evaluate whether potential treatments are effective – The goal is to identify medicines that will save lives in the global battle to fight this virus."

The Solidarity trial will test four different drugs or combinations to compare their effectiveness on the standard of care — the regular support hospitals treating COVID-19 patients use now. These options are: 1) remdesivir; 2) a combination of two drugs - lopinavir and ritonavir, 3) the two drugs plus interferon beta, and 4) chloroquine.

Although there is currently no confirmation from the medical community of any drugs that can cure COVID-19 100%, we can protect ourselves from it in various ways. An effective and sustainable protection is to emphasize personal self-health care in order to build immunity for oneself. Control and preventive measures start with eating habits and consuming enough healthy foods, getting good rest, and exercising properly. However, for those who do

not have much time to take care of themselves or those who are at risk of being infected with the disease such as medical personnel getting an intravenous vitamin drip might be the most suitable answer or preventative steps against infection. Our mind also affects the world. I take Unicity products as a method to boost my immune system, while also practicing the stay at home strategy.

There will be a significant economic impact on Thailand, which has extended through 30 April 2020 a ban on international passenger flights landing in the country as part of its effort to control the spread of COVID-19. There are some exceptions, but all who do enter are subject to health crisis regulations, including a 14-day state quarantine. Thailand has a huge tourism industry and last year welcomed about 40 million visitors.

There were 30 new confirmed cases of COVID-19 announced on 15 April 2020, bringing the total to 2,643. Two more deaths were announced, bringing the total to 43, while 1,497 infected people have recovered.

Commentary on Tritipthumrongchok

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The Thai government should be lauded for their rapid, initial response to the COVID-19 pandemic. They recognized very early on that strong measures were going to be needed to contain the epidemic. Because of those early measures, the death total in Thailand has remained low. The number of infections are lower than other nations. The Thailand government continues to refine their response by adding more restrictions and prohibitions. The country is well-poised to come out of the pandemic in excellent shape at the rate they are going.

We need to work together to find a cure and vaccine for COVID-19

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I teach medical ethics in China. At the time when Wuhan was quarantined I was doing research in the United States, so I extended my stay in the USA through the Chinese New Year. In late February I could get a flight back to China. According to the Chinese government's requirements, when I came back from abroad, I needed to enter centralized isolation. So, from that day on, I was isolated in a hotel for 14 days, free of charge. The conditions were very good. There was good Internet access, TV and air conditioning. I could teach my students online every day from my room.

I have a question that many Chinese people have about the origin of COVID-19, which is often reported as "a coronavirus-caused illness that originated in Wuhan, China, and has since spread to most of the world." Viruses have no borders, and the origin of COVID-19 virus is still

not proven. Therefore, in order to avoid stigmatization, the World Health Organization (WHO) named the virus COVID-19. WHO embodies the basic principles of bioethics: respect for persons, beneficence, non-harm and justice.

There are many conspiracy theories that COVID-19 was a result of human research, and these will continue for some time. We have a global pandemic that we need to solve together; however, the rumors that the virus did not simply occur as a natural mutation crossing animals and human viruses are common in many countries. No matter who is sick, they are a patient, and we need to promote global solidarity. I urge all leaders to focus on the ethical issues of public health, and good medical ethics, and not use this so-called war on the virus, as a "Cold War" to attack each other. At the same time, we need transparency and independent scientists to verify all the facts, otherwise we will struggle to deserve people's trust as professionals.

Ozamiz Politics in the Time of COVID-19 Pandemic

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Abstract

While Ozamiz city's politics is in its early stage of recovery from its previous political deterioration proliferated by its former ruling power predators, the city's politics is yet again put to the test with the advent of a global pandemic. As the disease progresses in the Philippine archipelago over the past five weeks some 5, 453 Filipinos (as of April 15, 2020 during the time the paper is written) are infected, with 349 deaths and 353 recoveries; such are the numbers even if the entire country is in strict community lockdown. The local government unit headed by the city Mayor, in coordination with the provincial government in fighting against the COVID-19 pandemic has placed the entire city under community quarantine. Nonessential establishments are closed; however, grocery stores, pharmacies and the city's public market remain open; classes in both public and private institutions in all levels and school functions are suspended. Under the city's community quarantine memorandum 24 hours of curfew for students and high risk adults is implemented; everybody are encouraged to stay in their respective houses and ration of food packs are distributed for every household; checkpoints are placed in national roads in the entrance and exit of the city in order to limit engagement from the people outside Ozamiz; social distancing policy is strictly implemented. The radical means the city has undertaken is directed towards stopping any possibility of contagion in the city. However, with the majority of the population being poor, problems of subsistence in the midst of vast work displacements and the lack of income among the city's poor arise. It is for this reason that the paper is intended to assess in particular the program and the steps undertaken by the local government to answer the cries of the poor during this difficult time.

Keywords: COVID-19, Ozamiz Politics, Community Quarantine, Social Cohesion, Collective Action

Introduction

Weeks after the World Health Organization (WHO) announced COVID-19 as a global pandemic its cases has reached to 1, 914, 916 across 213 countries, with 123,010 deaths at the time of writing (WHO, Corona disease situation reports). COVID-19 reduced the world into pandemonium, with most of the affected countries in total lockdown and cities closed. It has become a global horror that has caused the global economy to plummet and has posed an imminent threat to the overall wellbeing of humanity across the globe. In the Philippines, from its first confirmed case of a 38 year old Chinese woman on 30 January 2020, the cases of COVID-19 have ballooned to 5,453, with 349 deaths by mid April. Such is despite of the country's radical measures of containing the virus.

Following the Department of Health's announcement of the first positive case of COVID-19 in the country, President Rodrigo Rua Duterte on 12 March 2020 announced the placing of Manila into a lockdown (community quarantine) from March 12 to April 14, 2020, this in order to stop the virus from spreading in the country's capital (Aspinwall: 2020). However, with the rapid increase of the number of cases within days, the President on March 16, 2020 in a televised national address has extended his prior proclamation of placing Manila under community quarantine to placing the entire island of Luzon under enhance community quarantine. Thus, placing under strict lockdown 57 million people mostly are ordinary daily wage earners and poor (Santos: 2020).

Following the guidelines of enhanced community quarantine, nonessential establishments are forced to close, however supermarkets, banks, pharmacies, water refilling stations and hospitals are urged to remain open. Schools are closed, classes are suspended until further notice; social gatherings are banned, religious gatherings and other unnecessary social engagements; public transportations are prohibited, sea and air both in domestic and international flights are suspended. Citizens are encouraged to stay at home and are ordered to practice social distancing. The drastic measure of enhance quarantine has launched the entire Luzon island into pandemonium (Aspinwall, 2020). Following the announcement, long lines of people queuing in bus terminals, checkpoint stations and airports scrambling to fly from the capital to get home; supermarkets are crowded by panic buyers causing unreasonable fear for shortage of food supply and necessary commodities. This happened despite the government's clarification that cargo trucks carrying vegetables and basic commodities are allowed to enter in lockdown cities and municipalities in order to avoid shortage of food supplies.

The meandering measure of enhanced community quarantine with its inevitable effect to the country's overall economy causes unnecessary burden to the country's poorest of the poor. Due to lack of sufficient and clear measures in securing social safety nets intended to guarantee the poor of their subsistence during the month-long enhance quarantine, fear among the poor rises that if the government will not take adequate and sufficient measures to address the imminent threat the poorest of the poor will die not of contagion of the virus but of hunger and starvation. Neda explicates that the COVID-19 pandemic appears to include class dimensions (Neda

Report: 2020), while its impact is primarily felt by the upper and middle classes due to possibilities of travel abroad, the most devastating blow is felt by the poor population; and the gravity of its effects to the poor depends on the actual response measure the government undertakes to secure health and economic well-being of the people below. NEDA further specifies that with the “estimated accumulative loss of PHP 428.7 million to PHP 1,355.6 billion in gross value which is equivalent to 2.1 to 6.6 percent of nominal GDP in 2020. Without mitigating measures, this would imply a reduction in the Philippines’s real GDP growth to -0.6 to 4.3 percent in 2020.

The government’s swift and appropriate response remains crucial in the softening the blow of COVID-19, particularly on the most vulnerable members of our society” (Neda Report:2020). The need for a sufficient and feasible response measure that will intricately balance the health and economic well-being of the people is derived from the socio-economic class dimension of COVID-19. Social safety nets must be based from the understanding that the impact of the global pandemic to the members of the community varies by economic class. The fate of the poorest of the poor Filipinos during this health and economic crisis rests solely in the kind of response measure the government is crafting. And certainly so, they are the ones who will suffer most. And that NEDA further accentuate that if the government fails to provide measures that will ascertain the balance between the health and economic objectives, the situation may further deteriorate to a social and political crisis (Neda Report;2020).

Ozamiz politics and the threat of a global pandemic

With the threat of COVID-19 already in the country’s capital and almost in the door steps of the city, Ozamiz city Mayor Sancho Fernando “Ando” Oaminal was quick to respond to the imminent threat the virus may bring to the people of Ozamiz. On 14 March 2020 the office of the city mayor promulgated the executive order no. 2020 -SFO-10 instituting preemptive measures to combat the spread of the virus within the city’s jurisdiction in accordance to the presidential proclamation no. 922s.2020 which places the entire country in the state of health emergency amid worsening COVID-19 scare (Luna:2020). However, with the worsening scare and the rapid rise of the numbers of COVID-19 cases in the country, Mayor “Ando”, reflecting on the susceptibility and the vulnerability of the city for a possible virus contagion due to the influx of people who are not from the place, reconfigured the first executive order and promulgated the executive order no. 2020-SFO-11 “An Order Prohibiting, barring, and suspending the non-essential entry of persons travelling by land, air and sea within the city of Ozamiz to fully prevent and further contain the spread of COVID-19 from March 18 to 31” (Office of the city Mayor executive Order no. 2020-SFO-11:2020). The enhance executive order no. 11 effectively places the city of Ozamiz and roughly 141,828 people under community quarantine. Following the guidelines set by the Department of Health and the provincial government’s executive order no.42, the city closed nonessential external businesses, tourists and nonresidents are denied entry with few exemptions, for instance, persons seeking immediate healthcare service,

frontliners (Doctors, Nurses, Hospital staffs, pharmacy tellers, supermarket tellers who are working in Ozamiz but are living outside the city), food delivery cargos, transient people who are merely passing through the city are escorted by the police until they exit the city’s vicinity (Office of the city Mayor executive Order no. 2020-SFO-11:2020). Strict implementation of quarantine protocols such as, strict social distancing, 24 hours curfew for students and high risk individuals (senior citizens), suspension of classes in all levels in both public and private institutions, restrictions for mass gatherings, closure of factories and nonessential establishments, limitation for public transportations (PUVs must accommodate only one passenger per travel), everyone are encouraged to stay in their respective homes during the quarantine period. All these restrictions imposed by the local government are intended to contain and stop the possible intrusion of the virus within the city’s jurisdiction. Essentially, containing a highly infectious disease in its earlier stage of contagion is the best alternative measure that a city or municipality must take upon itself, especially in most provinces where resources are scares and the local budget is limited.

The US Centers for Disease Control and the WHO insist to flatten the epidemic curve, that is to contain and slowdown the rapid acceleration of the cases of COVID-19 infections by implementing lockdowns. The local government in adhering to the necessity of containing early contagion of the disease has placed the entire city into community quarantine. Although it is noteworthy to emphasize that in the early implementation of the enhanced executive order many have feared and some have complained over the inconveniences the “lockdown” may cause, especially to those who will be displaced from their jobs and the inevitable effects of home quarantine to the livelihood of the poorest of the poor of Ozamiz. However, because of the strong sense of solidarity that every Ozamiznon possesses the concerns were readily answered by the LGU in cooperation with some private individuals and institutions who provided aid to the poorest of the poor citizens of Ozamiz. It is noteworthy to emphasize that during the period of the implementation up to the present there are still private individuals and institutions who are providing aid to the least fortunate members of the city.

This and the point of social cohesion will be further discussed in the proceeding sections. Furthermore, notwithstanding the coercive measures which the LGU of Ozamiz implemented in order to contain the virus from spreading, over the past five weeks the city health office of Ozamiz recorded only four persons under monitoring (PUMs) and one person (in home quarantine) under investigation (PIU) in all 51 barangays. In summary, as of April 15, 2020 (during the time of writing the paper) the city health office of Ozamiz in its COVID-19 situation report announced that there are, 4 ongoing PUMs; and 4358 PUMs who completed the mandated home quarantine period; 0 ongoing PUI hospital quarantine; there were 4 PUIs who were discharged from hospital quarantine; only 1 PUI who is currently completing home quarantine; there were 30 PUIs who completed their required home quarantine; 4 PUIs tested negative for COVID-19; and 0 PUI tested positive for COVID-19 (Ozamiz city Health Office COVID-19 Report).

The numbers show that the coercive measure of putting the city in lockdown seems effective. Locking down the city from the world outside has proven efficient in containing any possible contagion in Ozamiz. However, such is not realized simply by forcing the people to stay at home and enforcing sheer draconian measures to isolate the city's population from possible contact with outsiders and from among the city's local residents. The city Mayor, during the time of the implementation continuously hold press meetings through Facebook in order to disseminate vital information as to what is the present state of the city, in terms of coping with the health crisis and the economic difficulty that most of the population of Ozamiz are suffering from; and the necessary response measure that the LGU has taken to balance the health and economic objectives. He is often heard asking the cooperation of the people in order to bring about the projected positive result of the measures the LGU crafted in fighting against COVID-19 pandemic.

Transparency on the part of the local government during the time of crisis is of vital importance in order to keep the people in tune with what is happening and in order to build a strong communal connection. When transparency is lacking, fear and anxiety among the people arise thus causing unnecessary havoc and pandemonium among the blinded population. It is enough to observe how the people from the capital are reacting to the imposed lock down to see how transparency is important in keeping the people's trust in the government and to the response measure that the government crafted to answer the present health crisis. In Ozamiz, on the other hand, the LGU's transparency towards the people in disclosing vital information helped a lot in securing the trust of the people despite imposing draconian measure of locking down the entire population. Social cohesion is absolutely needed in order to contain the rapid increase of the cases of infection of a highly contagious disease. "Controlling the spread of communicable diseases within and across borders requires strong cohesion, or a unity of purpose around this collective action challenge" (Dayrit and Mendoza:2020).

Such can only be realized when there is constant internal dissemination of information and the government exhibits transparency. In his press conferences the city mayor often admonishes the people to do their part in helping the cause of battling against the pandemic aside from giving reports about the COVID-19 situation in the city. Relief operations had started weeks ago, as of April 9, 2020, 33, 369 households in 46 barangays out of the 51 received their food aids consisting of 10 kilos of rice, noodles and canned goods. The money from the government's cash aid program will soon be distributed, the LGU is currently finalizing the final number of households that are to be given the prescribed amount as identified in the guidelines of the 200 billion social amelioration program. Furthermore, the city's health care subsidy will continue; accordingly, the city in providing aid for hospitalization of the poorest of the poor Ozamiznons had spent from its budget 6 million pesos over the course of its implementation.

The majority of the Ozamiznons support the local government's response measure in stopping any possible contagion by means of community quarantine. Such unwavering trust in the current bureaucracy by the people is rooted in its novel system brought about by the

radicalization of its politics when its previous warlords were dethroned and all their shadows removed by the radical shift of institutional order last two years ago. The new system, however infant, brought hope to the people of Ozamiz for authentic democracy and freedom, so that it is not surprising that when the local government announced the placing of the entire city into lockdown the promulgation did not meet repulsive actions from the people. The radicalization of the previous politics in the city gave birth to a unified consciousness among Ozamiznons; a consciousness that enables them to act collectively in matters of politics and development. The key element, I suppose, to the current success of the LGU's response measure in containing further infections of the virus is a strong sense of social cohesion among the people. The collective commitment of embracing the responsibility to help realize the common purpose of containing the pandemic and in mitigating its devastating effects to the worst off of Ozamiz is the most vital element and the key to unlocking the success of the city in containing the virus.

What is Radical politics?

The idea of radical politics is derived from the presuppositions of radicalizing democracy. Proponents of radical democracy argues that the conventional deliberative democracy with its insistence of a consensual and representative agreement is inefficient to truly represent the sentiments of diversified individuals. The tendency to reduce the pluralistic value of the good life into the supposed universal consensus agreed upon by the rational representatives is what makes deliberative democracy implausible. The project therefore of radical democracy is to radicalized democracy from within by allowing the people to freely engage in the political process of deciding the good life that fits for everyone. That is, the citizens in this regard are "given direct roles in public choices or at least engage more deeply with substantive political issues and be assured that officials will be responsive to their concerns and judgments" (Cohen: 2020, 23). Radical democracy opens the path of a populist conception of democracy.

Chantal Mouffe argues that the role of liberal democracy must not to create a general consensus that will be agreed by all, rather the role of democracy must to create a space where conflicting consensus may thrive among rationally diversified individuals. And that in every conflicting discourse the opposing side must not be identified as an enemy to be destroyed but as a worthy adversary whose claims posit equal merit as yours. This is vital in most developing countries, where the majority are poor and their representatives do not truly represent their cries and needs. The demise of the power of contestation in the public sphere that is brought about by the insistence of a rational consensus through a supposed rational deliberation is what makes conventional representative democracy problematic. Mouffe offers an alternative project whereupon everyone's pluralistic values are taken consideration and are made to be the ground in which every democratic discourse is based. The legitimization of power in the public sphere is vital for Mouffe, this is in so far as, it is only when power is legitimized in every democratic discourse that the call for equality in the treatment and consideration of everyone's call for justice and development is secured. Mouffe asserts that power

must not be seen as “external relation taking place between two pre-constituted identities, but rather as constituting the identities themselves” (Mouffe: 2000, 14). What this means is that power is not something that comes from outside of the individual, as something that demands recognition due to a claimed advantaged in terms of social and economic state of being but rather as being part of everyone’s realities. The poor has equal claim for development the same as the rich. Both the rich and the poor posit the same legitimacy of the life they find reasonable to live despite being different in all their forms and that every democratic discourse must allow such conflicting consensus to thrive for an authentic development to happen in the polity.

Mouffe further adds that, *“Democracy requires, therefore, that the purely constructed nature of social relations finds its complement in the purely pragmatic grounds of the claims of power legitimacy”* (Mouffe; 200, 14). To this Mouffe proposes here conception of an agonistic democracy. Accordingly, agonistic democracy insists that antagonism and contestations among the political is vital for the flourishing of every democratic institutions. And that “the aim of democratic politics is to construct the “them” in such a way that it is no longer perceived as an enemy to be destroyed, but an “adversary”, i.e., somebody whose ideas we combat but whose right to defend those ideas we do not put into question” (Mouffe: 1993, 13). For Mouffe, the foundation of a truly functioning democracy is the persistent recognition of the legitimacy of antagonism among diversified individuals; that is when the citizens are given their right to contest any institutional arrangements that they see to be rather unfair and to insist for the kind of life that they find reasonable to live.

Radical Politics and Social Cohesion

As was mentioned in the above section, the key element in the exemptional success of the LGU’s containment measures against possible contagion of the virus in the city’s jurisdiction is the Ozamiznons deep commitment to social cohesion and their strong sense of solidarity. A commitment to collectively act and embrace the moral responsibility to help in realizing the set goals of the proposed measure and to provide aid to those who will suffer most as a consequence to the imposed lockdown. This is reflected in the admirable solidarity that the citizens exhibited during the month-long isolation. Absolute cooperation and trust to the LGU’s measures for containment was exhibited by everyone, social distancing and other means of avoiding contact and possible contagion is observed by everyone in public places. Such strong sense of solidarity enabled the city to cope with the pressing crisis despite its lacking of resources and budget Private institutions and the Church provided aid in distributing food to the poor and procuring health materials which are distributed to the city’s frontliners.

Moreover, in particular, La salle University-Ozamiz headed by Br. Antolin “Butch” Alcudia III, the Br. Director of the community of La Salle brothers in Ozamiz, organized two projects directed upon containing the virus and helping the poorest of the poor members of Ozamiz and those nonteaching personnel who because of the imposed lockdown and suspension of classes were displaced from their jobs. The LSU Crisis Response Team in their effort to contain and eliminate the virus helped in the production of

surgical masks and in the construction and distribution of disinfectant tents that are placed in key public places in the city. They are at the present working on the production of handwashing and footbath stations which will be distributed in all of the public and crowded spaces in the city. Private individuals are often seen to distribute food packs to the poorest of the poor aside from the LGU’s food help. In connection with the above discussion Manuel Dayrit explains that “COVID-19 will ... test the social cohesion of each country, since much will depend on the behavior of individuals. And individuals either think about the public good and act accordingly, or they may revert to “ever man for himself” if there is a lack of trust in government, or weak trust and cohesion within communities” (Dayrit and Mendoza:2020) Certainly what is being exhibited by the success of the city’s containment measure is a remarkable presentation of solidarity among the citizens and a deep trust to the politics of the city.

For over three decades the city was under the rule of a predatory system, the local politics was designed to serve the interests of the ruling family while the majority of the people are deprived of their right to development. However, through the radicalization of the city’s politics a novel system grounded in a populist perspective was born. The people are set free from their political captivity, there were given the freedom to open what is for them the best alternative and the most reasonable life, which in the past was deprived of them. The radicalization of the city’s system has brought about a collective consciousness that every Ozamiznons embraces. The trust that they have over the current political system is the inevitable consequence of their previous battle which they won against their former political rulers. The radical shift of the local politics in the city has paved the way for the entrenchment of a strong social cohesion among the people and the local government. That unsurmountable sense of communal solidarity and unity of purpose is what makes the goal of flattening the curve of the local transmission of the virus in the city possible. The coordinative and cooperative actions between the LGU and the people of Ozamiz are the vital aspects which made Ozamiz COVID-19 free for over 5 weeks.

Conclusion

The COVID-19 pandemic poses a threat to the global community’s overall well-being. So that ending it as soon as possible is undoubtedly a global good. However inasmuch as not all of the countries in the world have the same capacity and state of economic and technological development, response measures may radically vary from each country. And insofar as the world is in the process of creating vaccines that will serve to protect us from the danger; what the world can best do is to buy our intelligent women and men some time to create the cure for the disease. The Philippines being one of the countries infected by COVID-19 having cases 5, 453 and 349 deaths has taken the coercive measure of putting the entire country in total lockdown; with the hope that by limiting all instances of social interactions it will somehow contain the rapid acceleration of COVID-19 cases in the country.

However, with the meandering proclamation of enhance community quarantine, many of the poor population had voiced out their concerns and their anxieties of not dying because of being infected but due to

starvation. In response the Philippine National Government provided food and cash assistance to the poorest of the poor Filipinos. In Ozamiz city knowing about to the pressing threat of COVID-19 to the city, the local government opted to place the entire city in lockdown. However, despite the negative connotations of the implementation of a coercive measure to contain the possible contagion of the virus within the city's jurisdiction, it is noteworthy that such measure is proven effective. For the past five weeks there has been no recorded case of the pandemic, and the poorest of the poor Ozamiznons are constantly given aid even with the city's limited budget and resources.

What actually transpires in the city's implementation of lockdown is a lively and interactive sense of social cohesion. The people are the ones taking the responsibility to act as one and to project to that same purpose and goal set by the local government at the start of the implementation of its response measure of containing the virus. The success of the local government's measure of containing and flattening the curve is rooted in the people's trust to the LGU and their collective sense of social cohesion. The united effort and the remarkable solidarity among Ozamiznons to help the least fortunate and act accordingly as prescribed by the guidelines set in the executive order are the key factors of the success of the response measure undertaken by the local government of Ozamiz.

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Role of information and communication technology during the COVID-19 Pandemic

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Abstract

Information and Communication Technology plays an important role in the industries like healthcare, finance, manufacturing, education, forecasting and businesses to develop a sustainable and resistant infrastructure. During the COVID-19 outbreak, community quarantine has been imposed or practice in different countries to stop the spread or as they said it, to flatten the curve. Flattening the curve refers to community isolation measures that keep the daily number of disease cases at a manageable level for medical providers (B. Spektor, 2020). The Curve shows or represent a projection of how fast COVID-19 cases will peak before it will go down or project how many people will be affected and recovered over a period of time.

Big data in COVID-19 Pandemic

Data science is an inter-disciplinary field that uses scientific methods, processes, algorithms and systems to extract knowledge and insights from many structural and unstructured data. Data science is related to data mining and big data.

With the rapid transformation of Information and Communication Technology (ICT) in Global Development, researchers and developers has increased the use of technology like artificial intelligence, machine learning, data analytics to monitor, track, analyze on how to contain COVID-19. Data can help in the tracing of movement, contact, isolation and mapping of population. Big names in the IT industry like Google, Amazon, Microsoft and other companies has launched services for researchers' free access to their data analytics tools and open data sets to help developed solutions faster.

The use of trackers to continuously get data from sources from the different parts of the world are helping healthcare workers, epidemiologists and government units analyze and synthesize the data on a global basis. Data gathered will be put up together in a single website and represented by a dashboard, so all pertinent information are displayed.

Drones and Robotics

In other countries, they use technology to respond to COVID-19 pandemic by developing and deploying automated robots to supply equipment's, medicines and food for healthcare workers. By deploying this, it minimizes the point of contact to limit the spread of the virus. Some counties also used drones with thermal imaging scanner to improve virus detection, disinfect and monitor the movement of people. In the Philippines, Pasig city used drones to disinfect the whole city. The drone can load up to 10 liters of disinfectant and spray a wide range of 500 up to 1000 square meters and can fly for up to 30 minutes. These drones used by Pasig City were the same model used in China and South Korea to fight COVID19 according to Pasig City Disaster Risk Reduction and Management Office chief Bryant Wong.

Another company Alibaba announced that it has developed a new diagnostic tool based on artificial intelligence. According to the Chinese giant, its algorithm is capable of detecting infections with an accuracy rate of up to 96%, all in about 20 seconds.

Chatbots

A chatbot is a computer program that simulates human conversations. It allows a form of interaction between a human and a machine to communicate via messages or voice. A chatbot is programmed to work independently from a human operator and interacts on a format like instant messaging. By artificially replicating the patterns of human interactions in machine learning, it allows computers to learn by themselves without programming natural language processing.

In the report of the World Economic forum, it states that *"many companies and organizations are leading the charge in deploying chatbots to provide COVID-19 information. The two most authoritative voices of the pandemic, WHO and CDC, have also included chatbots in their websites to provide up-to-date information to billions on the spread of the disease and its symptoms. Many governments are also launching chatbots to provide validated information to their citizens."*

Digital Epidemiology

Digital epidemiology is epidemiology that uses data that was generated outside the public health system. (Marcel Salathé, 2018). This idea of a health population can be assessed through digital traces, in real time. It has the potential to be a powerful benefit for traditional epidemiology. Researchers have already started to develop methods and strategies for using digital epidemiology to support infectious disease monitoring and surveillance or understand attitudes and concerns about infectious diseases.

Google Flu Trends was one example of digital epidemiology that was launched in 2008 to help predict flu epidemics. Usually people will search for symptoms and cure in the internet which data mining can be a tool.

Work from Home and Physical Distancing

Since the WHO declared that COVID-19 is a global pandemic, different countries has implemented a physical distancing policy and work from home. Even schools and universities have cancelled classes to minimize the spread of the virus. This is also one area where ICT is greatly used. Some schools and universities offered distancing learning through the use of a Learning Management System platform. There are free online sites that offers this kind of technology like Edmodo, and Google classroom. During the outbreak of COVID-19, most of the big names in the IT industry has offered their paid online platform for free until 90 days like Adobe connect and Microsoft Teams.

Online communications, meetings and teleconferencing have become the new normal today during the physical and social distancing. People became creative and have communicated with their family, friends and colleagues. Musicians have collaborated online just to share their music with the use of technology and some organization offers free webinar.

In summary, ICT plays a vital role during the COVID-19 outbreak. It has helped the different sectors especially the healthcare systems in monitoring, analyzing and projecting the trends. It also helps people in communication, collaboration and information dissemination through social media, websites and another online platform.

What has happened to the use of technology during the COVID-19 pandemic can be the new normal or point of consideration after the pandemic.

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