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Editorial: Learn together to Cope

As we continue to live in the time and space of the COVID-19 pandemic, a number of questions continue to face us as individuals and as nations. There are obvious differences between countries in their success in dealing with the crisis. While China seems to be back to normal, in the USA and Brazil there are tens of thousands of new cases every day. Even the home country of Eubios Ethics Institute has seen several new cases after a hundred days of no cases. Three recent Statements from the World Emergency COVID19 Pandemic Ethics (WeCope) Committee start this issue of the journal, exploring the relationships between individuals and communities, states and governance, autonomy and responsibility, and the use of the War Metaphor. Readers who would like to contribute to the ongoing subcommittees are encouraged to do so.

All but one of the other 15 papers in this issue stem from the series of International Public Health and Bioethics Ambassadors (IPHA) Conferences that have been regularly held over the past few months. They provide a chance for discourse and dialogue between disciplines and cultures that open windows into different localities and nations as they attempt to respond ethically to the COVID-19 pandemic.

Some of the papers touch on broader aspects, whether it be social work in Sri Lanka, indigenous studies, nursing or others. In her paper from Turkey Sukran Sevimli provides some interesting comparisons between the current pandemic and how the Ottoman empire dealt with cholera in 1830. Pandemics are not something especially new, but we still have a long way to go to find the optimal way to deal with them.

The Ninth International Public Health and Bioethics Ambassadors (IPHA9) Conference will be held 3-4 September 2020. I invite many more readers to join.

Given the number of papers that are being produced and published, already by August this year we have exceeded the number of regular pages for the whole year, and issued six copies of the journal usually double the regular length. We still have many more papers in Press, and we hope that this open dialogue on bioethics can save lives. For those who subscribe to the hard copy, we hope soon printing and mail services will be resumed to enable us to send hard copies to readers. Please keep on submitting your papers, and joining the virtual conferences.

- DarrylMacer

Statement on individual autonomy and social responsibility within a public health emergency

- *World Emergency COVID19 Pandemic Ethics (WeCope) Committee* (18 July 2020)

As an independent, multidisciplinary and cross-cultural committee, comprised of experts from cultures and nations across the world, we offer the following recommendations on the concepts of individual autonomy and social responsibility in the context of the COVID-19 pandemic.¹

Introduction

Since the advent of modern Western bioethics, 'autonomy', generally defined as capacity to make informed decisions in relation to oneself, has developed as an axial ethical principle. Autonomy implies an obligation to respect. Autonomy soon became hegemonic in some contexts and thus underestimates other relevant ethical principles in our shared human existence, with great loss to our common morality.

One of the neglected ethical principles was responsibility, which is generally defined as the obligation to answer for one's own actions and omissions. Specifically, social responsibility is the obligation to contribute to the welfare of a pluralist society. However, 'responsibility' has often been viewed from a narrow legal perspective, as 'accountability', as being the direct cause of an effect, acknowledging authorship, and being subject to the penalty stipulated by law. 'Responsibility' has a broader, moral meaning as the capacity to answer for what has been done, and also for what, while having the power to do it, was not done and what ought to be. For the purpose of this statement, 'responsibility' is a function of moral agency and not a legal or political construct.

Individual 'autonomy' and social 'responsibility' have been too frequently perceived as opposed concepts and realities, as if being responsible would somehow restrain the exercise of autonomy, or as if autonomous individuals would somehow dismiss their social responsibility. This is what is still happening today, in the context of the pandemic in some parts of the United States of America, for example, regarding the use of masks, with a current strong movement against their use in the name of individual autonomy, totally discarding the whole notion of responsibility.

However, this has not been the common understanding of 'autonomy' and 'responsibility' outside

modern Anglo-American bioethics. At the turn of the 20th century to the 21st century, as bioethics asserted itself globally, there was a broader reconceptualization of autonomy and a parallel strengthening of its relationship with other ethical principles, namely that of responsibility, such as is already stated in article 5 of the *Universal Declaration of Bioethics and Human Rights* (2005):

"Autonomy and individual responsibility: The autonomy of persons to make decisions, while taking responsibility for those decisions and respecting the autonomy of others, is to be respected."

The awareness that autonomy requires a proportional assumption of responsibility was thus globally recognized by all countries.

The current COVID-19 pandemic has confronted each individual with their own autonomous behavior and their own obligations towards society, aware that each person can affect the well-being of the community. Indeed, this pandemic, to which there is no proven effective treatment and where the control of the infection depends on individual behavior, has dictated the valorization of the community's interest to the detriment of the individual's, voluntarily or legally, also encouraging to reframe the concepts of 'autonomy' and 'responsibility' and their relationship, within a global context of public health emergency.

1. The concepts: from a classic definition to a global understanding

Broadly, 'autonomy' is the capacity and the right to make choices by yourself towards yourself; and 'responsibility' is the duty and the obligation to acknowledge agency or to be accountable for the consequences. The individual is the direct cause of something (effect), by their own decisions or actions, and thus becomes accountable for the consequences. However, this is a legal, narrow, definition; the moral, broader definition is that the recognition that the exercise of autonomy is always contextualized (and not abstract) and that responsibility also falls on what was not done but what could and should have been done.

Beyond the more general and formal definition of 'autonomy' and 'responsibility', developed by different professionals and scholars, it is important to recognize that the notions these concepts convey can also be expressed by other words in different cultures. In communities where these concepts are not common, the same idea may be present in other terms, and it is important to have this sensitivity to recognize those terms and how when they are culturally embedded also express the notions of 'autonomy' and 'responsibility'. The concepts of 'autonomy' and 'responsibility' can and should also be recognized in daily practice.

Recalling the example of facial masks, it is known that they have long been common in several Asian countries but were less used outside Asia. Today, it is recognized that the widespread use of masks creates two barriers to the risk of infection and therefore their use is highly

¹ The chair of this WeCope Subcommittee is *Maria do Céu Patrão Neves*, PhD, Universidade dos Açores, Portugal (Email: m.patraelneves@gmail.com). The following made written contributions to this Statement: *Aldrin Quintero, Darryl Macer, Dhastagir Sultan Sheriff, Fabrino Atanásio, Hasan Erbay, Kala Perkins, Lakshmi Vyas, Manuel Lozano, Marlon Lofredo, Mireille D'Astous, Raffaele Mantegazza, Rogelio P. Bayod, Sükran Sevimli, Suma Jayachandran and Nader Ghotbi*. This Statement draws on ideas and literature from many sources, and benefited from other persons' comments as well. Selected academic references are provided in background papers. https://www.eubios.info/world_emergency_covid19_pandemic_ethics_committee

recommended from a public health point of view.² In many countries where masks were not available, people started to produce them, with cultural meaningful colors and drawings, using their own resources and creativity for a common purpose.

A broad view on autonomy and responsibility allows, in the current pandemic situation and in the diversity of geo-cultural contexts in which it spreads, to engage people towards a greater awareness, both of what they can freely do and what they need responsibly to do.

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

2. The context: from theoretical requirements to everyday practice

The definition of 'autonomy' and 'responsibility' as moral obligations to be acknowledged by the self and respected by others is not enough for their true and effective compliance. Formal principles require material conditions to be fulfilled. These material conditions can include political (e.g. a dictatorship weakens both, the autonomy and responsibility of citizens who are expected to obey given rules), economic (e.g. low income people have to be totally focused in their survival and are not really free to make choices beyond their most basic needs), social (e.g. within some cultural and religious environments, people are constrained to follow what is traditionally established for them), educational (low level of education and/or lack of a critical mind narrow the range of choices and the awareness of responsibility) requirements. These different contexts influence the exercise of autonomy and responsibility. Also, urban, rural, or tribal communities have different internal dynamics.

'Autonomy' is not only about making decisions freely about oneself, feeling empowered, and being self-confident; but also being free from fears that limit one's decision, such as violence or hunger. 'Responsibility' is not just responding from one's own decisions and actions; but also being cooperative with others, supportive at least among those close to you (a smile, listening, a prayer, are gestures of kindness available to all). Both attitudes admit different levels of performance.

In the context of a pandemic, it is important to adopt behaviors that are expected from each person as a contribution to the common good, and, above all, to urgently provide the adequate and necessary means for the exercise of both autonomy and responsibility. SARS-CoV-2 can infect everyone, but not everyone is equally exposed, nor does everyone have the same conditions to protect themselves. The pandemic has worsened

inequalities, further compromising the autonomy and responsibility of the most disadvantaged, in this crisis as in the future.

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

3. The balances: from a single pattern to a diversity of dynamics

The current pandemic has revealed what was already a (underground) reality, hidden by the banner of hegemonic individualistic autonomy: individual autonomy is only ethically legitimate when exercised responsibly; likewise, responsibility can only be assumed if grounded in autonomy. Individual autonomy without responsibility lacks awareness and converts freedom into libertinism; social responsibility without autonomy can lead to violence and tyranny. Therefore, 'autonomy' and 'responsibility' are complementary, insofar as they reinforce each other, and also interdependent, insofar as they need each other to both develop fully.

Indeed, communities are not built by a summation of single individuals. Communities are straightened nets of relationships where each part, each person evolves and defines itself by the relationships it keeps with different people and institutions. The whole is greater than the parts, the community is greater than the individuals.

The recognition of the other is the premise for self-recognition, and it is by participating in different collective works for the common good that individuals fulfill themselves. Relationships redefine the persons.

Therefore, the responsible exercise of autonomy does not diminish personal autonomy, but recognizes that each human being is constituted in his interaction with his community. There are many gratifying examples such as volunteering, blood donations, food banks, animal shelter, helping old aged people, and supporting public causes like environmental protection, reducing child labor, recycling of wastes, and so on. In the context of the pandemic, there has been many moving examples of persons who sacrifice themselves to help others: health professionals working far beyond their hours to take care of the patients; young people who satisfy some of the basic needs of elderly and others who are confined; or ordinary citizens who distribute food for those who have lost their jobs.

Recommendation 3: *Autonomy and responsibility should not be viewed separately. They are complementary concepts, and interdependent realities, so their respective exercise is reciprocally enhanced. The current pandemic has confirmed that true autonomy is always responsible and responsibility is only effective with consideration of autonomy.*

4. The interdependencies: a responsible autonomy

The recognition that both individual autonomy and social responsibility towards the community are

² Statement of the World Emergency COVID19 Pandemic Ethics (WeCope) Committee, *Wearing Masks and Face Covers as Social Responsibility during COVID-19 pandemic* (23 April 2020)

inalienable and mutually reinforcing ethical requirements, leads to the imperative of assuming responsible autonomy in all circumstances, including the most demanding as in exceptional pandemic situations.

In the context of the SARS-CoV-2 pandemic, the balance between autonomy and responsibility was put to the test from the beginning and at four main levels: isolation of patients, quarantine for suspects, population lockdown and social distancing. Each of these different levels imposed some sort of limitation to the individual's freedom of movements, always according to the needs of the wellbeing of the community, thus viewed as a personal contribution to the common good. The pandemic will eventually contribute to a greater awareness of the human condition of community and also global interdependence and thus to the deepening of our sense of belonging and duty towards society.

Recommendation 4: *The exercise of responsible autonomy requires that each and every one recognizes the impact that one's choices can have in the community to which one belongs and to which one has duties. The current pandemic stresses the importance of responsible autonomy for everyone's life and wellbeing, as interdependent beings.*

5. The citizens' obligations developing a socially responsible individual autonomy

Each person is also a citizen benefiting from the goods society provides and contributing to common good. Therefore, each person before acting, should check if his/her decision were to be adopted by all, would it contribute to a peaceful coexistence. Indeed, morality of individual decisions and actions depend on the possibility to become universal. This requirement applies directly to the current pandemic and addresses each of the following question: if my autonomous decisions and actions ought to be followed by all my fellow's citizens would my community be safer, healthier, and better than before? This is a question that each and every person is able to answer; and if they do it honestly, and act accordingly, then we would most certainly build a better world for humanity.

Different circumstances, such as the SARS-CoV-2 pandemic, require different contributions. In this context there are key ethical principles and critical procedures that should be observed:

- rejecting a narrow and limiting self-centered attitude, acknowledging that no one lives alone;
- embracing an integrated vision of oneself, as belonging to a community and coexisting with other people, as well as being inhabitants of a shared world with other beings;
- adopting a global view of the world in recognition of the network of interdependencies in which we all live;
- requiring high-quality public consultation, with the capacity to identify misinformation, and promote interdisciplinary approaches;
- understanding that the current pandemic situation requires a more altruistic, cooperative and solidarity attitude;

- recognizing that strengthening equality, that is, equal opportunities to all, is a moral challenge that will benefit each and every one.

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

6. The states' obligations promoting a socially responsible individual autonomy

States have the power and the duty to intervene in order to promote citizens' social responsibility, while protecting their individual autonomy, namely through the establishment of norms to protect public health, the supervision of their compliance and the penalty for non-compliance. Therefore, states should also balance the citizens' right to autonomy and the citizens' capacity to social responsibility when adopting public health measures, respecting individual human rights, evaluating economic and social conditions of the population to actively participate in public policies and also to comply with public health rules, and enhancing social justice. Each political decision should thus check, previously to become a rule, if there had been an opportunity to listen to all citizens, would it be reasonable to expect their agreement.

In this context there are key ethical principles and critical procedures that should be observed:

- respect for human rights (for the three first generations of Human Rights) as the common morality worldwide;
- accuracy, taking well-informed decisions, relying on the best scientific knowledge and evidence;
- proportionality when limiting, provisionally, individual rights on behalf of the common good;
- equity or fairness in distributing burdens and benefits;
- truthfulness on the presentation of facts and doubts, probabilities and predictions;
- transparency over the definition of criteria and their implementation;
- open communication fostering a broad dialogue and enhancing a pluralistic debate;
- accountability for the decisions taken and the actions implemented.

Recommendation 6: *The moral legitimacy of political decisions depends on their consensual acceptance. Therefore, they ought to respect human rights, be accurate, proportionate, fair, truthful, transparent, inclusive, accountable. These general requirements for an ethical public policy become even more important in exceptional situations as the current pandemic, where some human rights can be provisionally limited on behalf of the common good.*

7. The international community's obligations to enhance globally responsible cooperation

States have the responsibility to work together, to cooperate and act solitarily, mostly when facing global problems, as a pandemic. This pandemic affects all human beings in the world. Although every person can be infected, the living conditions of any person may make others susceptible to infection, severe harms, and less likely to receive medical care, and to benefit from economic assistance, and less resourceful to overcome the crisis, etc. Therefore, international solidarity, at the medical, economic and social levels can contribute to the access of all people to a basic package of emergency help. Moreover, the huge endeavor to create a vaccine against the coronavirus and a safe and efficient treatment for COVID-19 can only be accomplished in a reasonable time frame through international cooperation, at the scientific level.

Recommendation 7: Sovereign states have the obligation to cooperate with one another, at all possible levels, to contribute to global justice. In the current pandemic, all states should cooperate to the extent of their capabilities, in finding a drug or vaccine against COVID-19, and these therapies, once discovered, should be accessible to all who need them.

https://www.eubios.info/world_emergency_covid19_pandemic_ethics_committee

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A call to cease the use of war metaphors in the COVID-19 pandemic

- *World Emergency COVID19 Pandemic Ethics (WeCope) Committee (14 June 2020)*

Preamble

As an independent, multidisciplinary and cross-cultural committee, comprised of experts from cultures and nations across the world, we urge all to reconsider their language, stating:

Recommendation 1: In communications relating to COVID-19 and coronavirus, any reference or metaphor belonging to the semantic context of war must be avoided.

War is sweet for the inexperienced, said Erasmus of Rotterdam. Using the metaphor of war to describe a pandemic means underestimating war, taking it as a challenge or a fight, almost normal, and quite natural. What we are facing is not an enemy who has a clear will to destroy us; it is a virus, a natural organism with no personal will, and if anything has enhanced its destructive action, it is years of unfortunate ecological management by the humans. There is no invasion from another planet to this world. Everywhere, and especially those with less resources, are paying the price of a globalization without a soul, without respect for natural resources and unfortunate ecological mismanagement by human beings.

The use of the war metaphor is extremely dangerous because it risks transforming preventive public health procedures into instruments of social control. The emergency of war requires total mobilization against the human enemy, and not taking responsibility for the damage that can be caused to other people, as in the case of the pandemic. There is no one to kill in a pandemic, but there are many to defend against the possibility of an infection. It is not a question of acting aggressively against another person or even defending yourself from another person, but of defending others from ourselves.

In warfare, gas masks are used to defend us from a weapon used by other people, but masks in a pandemic are mainly used to protect others from our potential breathing out of infectious droplets. The situation is exactly the opposite of war: the use of face masks is an act of love towards others, not an act of defense against an enemy. We are asked to keep our distance not from our enemies but from our friends aiming to isolate the virus. We are not building physical trenches but social barriers that allow the well-being of others and limit the damage that we could do.

Recommendation 2: *Particularly with regard to communications aimed at children and adolescents, it is necessary to differentiate the situation caused by the virus from that of war, with detailed examples.*

The use of the war metaphor is especially dangerous in education. Telling the kids that we are at war means presenting war as a natural response to an emergency, with an aggression that is not appropriate. Children have the right to grow in a safe and healthy planet where there are sensible ways of uplifting one another's morale for managing a pandemic that do not terrorize their lives. The language of the government and leaders must give inspiration to the youth and the next generation without using the pandemic to instill fear in people. Words affect people psychologically and emotively and have psychological consequences. The virus has not attacked us out of an evil deed; it is taking advantage of the mistakes in human approach to the nature with rapid globalization on a fragile base. But war is nothing natural; it is the worst of the choices that human beings can make and must never be used as a metaphor to define what is instead a strategy of resistance against a virus that must find us united as brothers and sisters, without ever using the word enemy.

Recommendation 3: *It is necessary to avoid any form of stigmatization towards those who do not respect the health rules, inviting them to change their behavior but without pointing to them as enemies.*

Any form of stigma distracts public opinion from the real goal of fighting the novel coronavirus but not groups of humans whatever their behavior. Furthermore, stigmatization produces an effect of infantilization: one is led to believe that the population as a whole is unable to comply with the rules and that there are particular groups that do not have this ability. This can lead to discriminatory behavior, including ableism, ageism, classism up to actual racism. Stigmatization can cause a shift in the way one thinks and there are behavioral consequences.

Recommendation 4: *Safety and preventive measures must always be presented as emergency measures against the virus and their duration must be limited to the period of time necessary for the safety of the community.*

Michel Foucault's analysis of the political management of plague and leprosy are pertinent. These diseases, spread throughout Europe, were used for social control purposes; it was the territory, in its physical subdivision and the regulation of spaces, that constituted an instrument of control and became more and more pervasive. When in the 17th century a sphere of intimacy took form, almost immediately the political tactics for violating it were created. In the current situation, it is necessary to be cautious in the analysis; credibility should not be given to the conspiracy readings. It is necessary to understand that every standard and every control device, put in place exclusively for health reasons, may lend themselves to be used for other reasons, unless citizens become democratically aware of

the situation and pay close attention to what may happen in the future. For instance, the automatic download and installation of tracking software for contact-tracing without an active opt-in option should be critically evaluated.

Using a safety device such as a face mask, or maintaining a safe physical distance, when implemented through understanding and awareness, is different from being subject to an imposed standard. Wearing a face mask so as not to harm someone else is a profoundly moral act; it is not a question or paranoia of others as possible danger, but on the contrary, of attending to our own behavior in respect to the wellbeing of others. This should constitute the transition from passively accepted norms to internalized norms with the fulcrum on the relationship between the self and the other, during the pandemic.

Recommendation 5: *Research should be conducted to find the most suitable language to define the attitude of human beings towards the pandemic. One possible choice could be the term resistance.*

In an emergency, each person should put in place personal and collective resistance strategies, so it is a matter of resisting the virus from a medical point of view but also of behaving in such a way as not to harm other persons.

Very often when we speak of individual responsibility we consider ourselves as isolated individuals, a kind of abstraction, owner of rights and duties. The link between responsibility and autonomy is sometimes so close that the fulfillment of one's duties seems to be indifferent from the relationship with others, as in "I do my duty to be able to enjoy my rights", the focus is on 'me' and 'my' duties and rights.

The coronavirus emergency has reversed the situation; I wear a face mask so as not to harm other people, and I keep social distances first of all because I could hurt others. The ethics of the self, to be defended at all costs, as if it were a city besieged by the enemy, has been turned upside down in the ethics of the other. We ask children to stay at home not because they are particularly at risk, but especially to protect their grandparents; all this could be a reversal of the relationship between individual and community. It is not the community that imposes rules on the individual, who perceives them as limitations, but it is the individuals who limit themselves because this is the only way to belong to a community. I don't come first, and strictly speaking, nor does the other, but the relationship between the self and the other is the foundation of everything.

It is the relational aspect of COVID-19 and its preventive measures, which must be at the center of ethical reflection. The community is not made up of wandering atoms, of people who fear the other, but of relationships that redefine the subjects within them, in their micro- and macro- relationships which then build the social totality, in which the recognition of the other is the premise for self-recognition of the ego.

Inter-connective metaphors should bring cohesiveness and encouragement during a pandemic. One should not experience loss of control or feel

disempowered, nor should they feel that there is a possibility of non-compliance from their perspective. The pandemic can be a turning point for many citizens to develop new ways of thinking, to encourage cooperation to contribute positively to everyone's well-being instead of reinforcing the possibility of others being victimized while dealing with preventive measures. Social measures should foster a sense of encouragement and a greater sense of responsibility. The operational models and dynamics from a social consciousness perspective should be fostering and nurturing especially for preventive measures for health and well-being.

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Statement on state and governance in COVID-19 pandemic

- World Emergency COVID19 Pandemic Ethics (WeCope) Committee (18 August 2020)

As an independent, multidisciplinary, and cross-cultural committee, comprised of ethicists from cultures and nations across the world, in the context of our previous statements, we offer the following recommendations on the concepts of State and Governance in COVID-19 pandemic.³

1. Introduction

The pivotal role of government in global health emergencies like the COVID-19 pandemic cannot be downplayed. In fact, the government is the primary responder, strategic planner, policy maker, peace and order keeper, financier, provider, program implementer, among others. Failure in government response to any pandemic can result to uncontrolled infection spread, deaths, economic collapse, social unrest, hunger, violence, and other crises that may lead to the collapse of the same government that has sworn to protect and defend its people from harm.

Looking back at the history of pandemics we can see government that were resilient, sharp, decisive, humane, caring and concerned, crisis prepared, excellent crisis manager, quick responder, with foresight, very good in managing people and public order and peace, cohesive, systematic, reasonable, and respected as it was able to command educated obedience and calm.

However, the COVID-19 pandemic has revealed some problems on resiliency, crisis preparedness, leadership, and management of governments around the world. In

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particular, it exposed the growing disparity between state and the people as seen in mass defiance of state policies and protocols in response to the pandemic around the world. The pandemic did not only reveal some striking failures of leadership and policymaking in some states resulting in more deaths and high infection rates, but also excellence in management by some state leaders.

We have seen in the news how governments around the world are responding to the challenges of Covid-19, some desperately, others steadily. Efforts of governments to control the spread of the disease and prevent more deaths and harm to society and people come in variety of ways and effects: from imposition of lockdowns and community quarantines to the use of military and police forces in imposing discipline, peace and order, and delivery of essential services; from granting emergency powers to chief executives to creating abruptly prepared laws, policies, and protocols; from shutting down economic powerhouses to restricting some people's rights; from efforts to leave no one behind to eventual marginalization of the socially, physically, ethnically, and economically vulnerable, etc. Some governments are showing success, others are in dire need of guidance, order, and even oversight.

2. State as an Institution of Effective Leadership and Unified Action

There is a great difference between power and leadership: the mere possession of power or being in a position of authority does not make one a leader. At the core of leadership is the ability to enable a group of people to achieve a goal that none of them could accomplish on their own, while political power is simply related to control, authority, and influence. State leaders are expected to be effective and unitive, especially in time of national emergencies, so is the system of governance in a State. Governance is the management of public affairs by State and non-state associations. State government is state leadership or management of public life. Government's effectiveness and unity are shown in different responsive, relevant, operative, efficient, and ethical ways and means of responding to the pandemic and its effects. Any government, national, state, provincial, community and/or tribal, and its leaders are expected to lead the people, and gain their collaboration, to a unified action against COVID-19. It is in this light that we present the following principles and recommendations.

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

a) Policymakers should give credence to findings and recommendations of science and frontliners who are directly involved in actions to control the virus and

provide healthcare to the infected. In this way, policies and regulations will be more responsive, effective, and efficient as they are enlightened by research and sound reasoning and judgment.

- b) Policies should be unifying and inclusive rather than divisive and exclusive, and guarantee reasonable, acceptable, and temporary limitations to some rights, privileges, and freedoms of the citizens. Policies should also take account of the less advantaged members of the population, the displaced and refugees who cannot follow pandemic control requirements for lack of available resources. This will guarantee social obedience and trust that no one will be left behind.
- c) Policymaking should involve not only the politicians, military and police officials, economic players, and key government officials, but also experts and community representatives in a collaborative effort to craft more responsive protocols that are proactive and not reactive, caring and loving, rather than punitive and militarized.
- d) Policies should strike a balance between conflicting goods, if possible. In a pandemic, it should never be a choice between economy and public health, nor between public order and peace and public health. If reasonable balance cannot be achieved, public health should be the priority. A sick populace is a sick economy, and an ailing country. While ensuring community security and order is important, greater attention and priority should be given to guaranteeing public safety and public health.
- e) Governments are also reminded to avoid too punitive and vindictive enforcement of pandemic policies and laws. It is beneficial to governments to always remember that laws and policies are meant to promote the general welfare of the people and not make their situation even worse.
- f) Government policies need to ensure that no one is left behind. Essential services should reach all, especially the most vulnerable members of society, and that all frontliners are properly equipped, protected, and supported.

Recommendation 2: An organized and collaborative management system where line of command is clear working as a hub of credible, contrastable and formal information from which directives should be well-established. Such sources of information should be well-advised by scientists and healthcare experts. The role of these experts should never be taken for granted by state leaders and policy-makers since they are the ones who have an understanding, albeit evolving, of the nature and dynamics of SARS-CoV-2 and its resulting COVID-19.

- a) It is recommended that State COVID-19 management teams should adopt the collaborative whole-of-society approach that inclusively engages all sectors of society to respond and find solutions to the problems posed by the pandemic, especially when resources are scarce. Governments need to listen to its people and the private sector since no one has a monopoly of solutions.
- b) Regular updates and progress reports from government and COVID-19 Management team

officials should be done to assure the public of government support and concern, as well as to pacify public panic and resolve confusions. To ensure that State updates and reports are based on independent science it is highly recommended that expert members of the COVID-19 Management team deliver the information to the public, unless otherwise, it is demanded by situation that the State Chief Executive addresses the nation.

- c) Government should exploit all forms of communication, including the social media, to disseminate information and guidelines, and feedback on them, to ensure the public is well-educated on the nature, transmission, and morbidity of COVID-19, and guarantees public knowledge of disciplinary protocols to be followed. A well-known and recognized official source of information can quell the proliferation of fake news and disinformation. At the same time, creation of a variety of independent fact-checking organizations can enhance the veracity of information to ensure that different perspectives on inescapable ethical questions are considered. Where there are political differences in the use of scientific information, and choice of experts, this should be transparently acknowledged.

Recommendation 3: Establishment of effective and efficient COVID-19 control systems aimed at zero infection and death, and total containment or even elimination of the virus.

- a) States are encouraged to establish a system of effective control of COVID-19 which includes, but is not limited to, mass testing, establishment of safe quarantine and isolation facilities, wearing of clinically recommended face masks, and/or face coverings,⁴ and physical distancing, localized community quarantines, and continuous information and education campaigns in mass media and all medium of communications on proper hygiene, regular hand-washing, and other safety and health practices and protocols.
- b) Social control policies should not ignore other aspects of general welfare or wellbeing such as livelihood, sustenance, education, economy, employment, and protection from domestic abuse and sexual offense. Effectively balancing the demands of these social goods vis-à-vis the challenges of the pandemic can contribute largely to controlling or preventing the spread of the virus and its corresponding social, psychological, and economic effects.
- c) Governments are encouraged to establish well-designed and operational public health infrastructures and institutions that are resilient, inclusive, non-discriminatory, and effective (i.e., can respond quickly) in handling pandemics and other health crisis; and, ensures that more than enough supply of necessary equipment and gadgets are

available by stockpiling, in advance, essential emergency resources.

- d) Governments are called to support research and development of vaccines and treatment, and such activity should be a part and parcel of its pandemic management system.
- e) Scientists need to address the fundamental question of whether zero infection and death is actually possible, even in economically capable states, as has been illustrated by the reemergence of cases in quarantined island states, such as New Zealand. We recommend that a global assessment of the evidence should be transparently made in 2021, as the world has gained a year of epidemiological data from the attempts of all states in the world to face the pandemic.
- f) Governments need to fund independent research to assess all aspects of their attempts at control and mitigation of the COVID-19 pandemic, to establish workable good practices for each state and community.

Recommendation 4: Government should ensure that allocated funds for COVID-19 response are efficiently and ethically spent.

- a) A just, transparent and non-discriminatory macro and micro allocation and distribution of available resources and funds is needed to ensure everyone equitably benefits.
- b) Governments should assure the public that no resources, money or in kind, are lost in graft and corruption, by making regular public transparency reports as well as independent audits on government spending, borrowing and allocation. In this way, public trust and confidence is guaranteed, and people become more obedient and cooperative in government programs and policies.
- c) The pandemic should not be used as an excuse or pretext for wanton exploitation of the easement of allocation and release of funds policies to prevent the flow of valuable and scarce funds to inappropriate programs, overpriced facilities and supplies, improper spending, and insatiable pockets.
- d) Mechanisms for accountability need to be strengthened.

3. Adherence to Principles of Human Rights and Democracy

Respect and promotion of fundamental freedoms and human rights are the foundations of a free and caring nation. The protection of these human and social goods is essential to the State's legitimacy and continued existence. It's inherent to a socially responsible State to ensure that in all circumstances and situations, these are well safeguarded and advanced.

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

- a) Governments ought to ensure that while strict measures to avert the further spread of COVID-19 are enforced, human rights and fundamental freedoms are carefully upheld. The enforcement of excessively harsh and severe measures to control

⁴ Although some states still have a shortage of face masks, or their price precludes universal access, face coverings are almost universally available.

movement of people has caused blatant violation of basic human rights, like imposing immediate physical punishment for violators, destruction of property, warrantless arrest, illegal detention, curtailment of freedom of expression, etc., whose victims are the poor and underprivileged while the rich and powerful are dealt with mercy and compassion and are excused of any liability. While certain concessions as to limitations of some freedom may be justified through quarantine and lockdowns to prevent further infection and death, the requirements of justice, fairness, equity, humanity, and dignity are not overlooked or altogether sidelined.

- b) Governments need to ensure that the practice of police power does not infringe on constitutional rights to life, liberty, due process of law, and privacy. Ethical management of COVID-19 requires a reasonable and justifiable balance between police power and protection and promotion of general welfare, a crucial principle that every government should remember.
- c) Constructive dialogue and open communication between the government and the people can be established to discuss policies and protocols on COVID-19 response and management so understanding and agreement on reasonable limitations of certain rights and freedoms can be peaceably reached.
- d) Governments are obliged to guarantee that law enforcement agencies and deputized peace and order personnel are well informed of the limitations set by human rights and fundamental freedoms to avoid abuses of power resulting to unnecessary violations and lawsuits.
- e) While contact tracing is very important in averting further spread of the virus, this should not be used as a pretext to unwanted monitoring and surveillance with the intention of illegitimately and covertly gathering intelligence data that can be used against opposition, government critics, activist, and advocacy groups. Amidst the global emergency, States are under obligation to ensure that the fundamental freedom and right to privacy be safeguarded and respected, unless otherwise, the exercise of such right becomes an active threat to public health and safety. In relation to this, governments should be very careful not to violate informed consent and privacy in the use of wearable technologies or tracking devices. It is well for governments to keep in mind that the central objective of all efforts against COVID-19 is to stop its spread and potency, and any policy or law that disrespects human rights and fundamental freedoms are unreasonable, unethical, and a blatant violation of human dignity.

Recommendation 6: The principle of checks and balances is not to be sacrificed.

- a) While cooperation and solidarity among the branches of government is extremely necessary to end the COVID-19 pandemic, checks and balances should not be sacrificed. The Executive department should not be handed grand and limitless powers by

Parliament or Congress in order to avoid authoritarianism and implementation of draconian measures that may not necessarily be for the prevention of COVID-19 pandemic, but are aimed to further their grip of power and personal or party agenda.

- b) The separation of powers should be safeguarded for the benefit of the state, such as ensuring the independence of the judiciary and mechanisms for oversight and accountability.

Recommendation 7: Vigilance against authoritarianism and legislative excess.

- a) Since public demonstration against what is perceived to be unjust and unfair, excess and deficiency, are limited or impossible during pandemics because of lockdowns and strict quarantine rules (physical distancing), there are reports of governments sneakily passing legislations that further the authoritarian and dictatorial powers of abusive and power-hungry regimes. Besides, in some cases, Congressmen and Ministers of Parliament cannot even meet face to face to engage in debates, so it is easier to pass legislation in a time of pandemic where legislators merely watch and debate via videoconferencing.
- b) Moreover, the pandemic has become a justification for the legislation of draconian laws that further limit the freedom and rights of people. Special or emergency powers given to the Chief Executive are further extended, sometimes giving the President or Prime Minister unlimited power to implement whatever measures they want to impose beyond the limits set in the country's fundamental law.
- c) National emergencies are a good opportunity for tyrants and authoritarians to further their grip of power, so an independent and strong-willed legislative and judicial department are necessary to check and balance the executive department to prevent excesses and abuses.
- d) Legitimate protests against what is perceived to be an excess and deficiency in the State's COVID-19 management should not be perceived as a threat to the government's legitimacy and power, much worse, like in some countries, seen as a terrorist act jeopardizing government efforts to stop the pandemic. Rather they are to be recognized as constructive criticism and essential contributions to the improvement of government programs and plans against COVID-19.

4. Preparedness

The experiences and lessons learned from the COVID-19 pandemic should encourage and inspire governments to establish and institutionalize more responsive, effective, and efficient emergency and crisis preparedness and management guidelines and infrastructures. Such emergency and crisis preparedness and management blueprint should be inspired by sound science, credible information, and ethics principles.

Recommendation 8: While we can never be perfectly prepared to respond to pandemics since they are of different natures and dynamics, governments can learn from previous cases more adequately, to the

utmost of their capacity and ability, to prepare for the next case by establishing a national framework for action in times of global health emergencies, that can be activated anytime a new one occurs.

- a) Governments are now obliged to institutionalize a national health care emergency framework if they have none, or if they have, to revisit and revise it based on the lessons learned from the COVID-19 pandemic.
- b) The whole-of-society approach to preparedness and response is highly recommended, where first response and management begins in the community level, with trained crisis managers and relevant resources.
- c) Governments should invest in pandemic response infrastructures and equipment since crises like this are not uncommon anymore, including advanced vulnerability and risk assessments, and research and development support.
- d) Health care emergency lessons should be integrated in the education system to educate young people of the nature and consequences of pandemics like COVID-19, but also to condition them of the necessary discipline and protocols.
- e) Over and above all these, all state and government efforts to put in place effective health emergency frameworks and guidelines must lead to resilience and social cohesion.
- f) With regard to all these recommendations, international bodies, other States, and civil society organizations can play an important role where national systems lack financial resources and expertise.

5. Continuity and Reinforcement of Economic and Social Support Systems

Balancing the demands of the economy with the demands of public safety and health is not an easy task. Ethical and sustainable socio-economic development is critical to enhancement of the health of all. Governments need to be able to manage effectively and ethically the tension between health and economy, with protection of the people as the primary motivation.

Recommendation 9: States need to promote evidence-based policies to attempt to find an acceptable balance between enhanced sustainable economic activity and long-term gains in health, and the potential risks of economic activity when physical distancing cannot be maintained.

- a) Opening spaces where people cannot adequately physically distance when infection is still very high is not only risky but also irresponsible and unethical. While people need income to survive, the State can create a mechanism of support to those whose employment was severely affected. Governments can solicit the assistance of private institutions to provide ancillary support to their employees, especially the no-work-no-pay ones.⁵
- b) In countries or areas where infection is low and businesses can safely open, suitable stimulus

packages should be offered to small and medium enterprises severely affected by the pandemic. Such packages could include low interest rates and flexible payment schemes, for example, so as not to burden the establishments even more. On the other hand, businesses shouldn't be rescued regardless of their relaunch chances.

- c) Social support to the poor and underprivileged, refugees, senior citizens in need, the differently abled, and displaced workers and unemployed, are seen in some government's pandemic response and recovery programs, in order that those living in the peripheries of society are not left even further behind.
- d) Financial support to social entrepreneurs should be encouraged to assist displaced workers in starting their personal business enterprises.

Recommendation 10. Governments need to ensure adequate food security.

- a) Agriculture is an indispensable and integral part of the economy and social development. In times of pandemic and other similar disasters, especially when international trade is difficult, sufficient food security is essential to keep people alive. Agriculture is a strong and reliable support system for the economy and the society.
- b) Financial and material support to the agricultural sector is needed to increase production of food supply, including safe and unhindered transportation of products, supply of seeds and sustainable fertilizers, financial support such as loans with low interest rate and manageable payment schemes, farming equipment and machineries, and so on. Farmers and fisherfolk need to be provided protection and health services to ensure continuous supply of food.
- c) Agricultural support systems in times of pandemic should be included in the national or local action plans against pandemics. Structures and operation systems that facilitate sustainable food production during pandemics or any national health emergencies or disasters should become part and parcel of the national or local disaster response and management framework.

Recommendation 11: Governments should transparently evaluate the impacts of all policies, both positive and negative consequences on different persons, institutions and the environment, so lessons learned can be shared internationally, to work for all the planet. Citizens should not expect perfect governments, but governments need to be able to admit mistakes and learn lessons, so that the people that they represent can make choices about the type of society that they live in.

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Moral leadership during the pandemic

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Abstract

The Covid-19 Pandemic manifests the important role of moral leadership in managing a crisis. In the light of the big disruptions to both public life and private enterprise, the need for an ethics of virtue becomes apparent. Most governments usually look into the consequences to the economy but disregard the meaningful role of moral character in making sound judgment. This article is an attempt to look into local experiences and values in contrast to institutional approaches in the West when it comes to the response to the Covid-19 public health emergency in the Philippines and elsewhere.

Introduction

Commitment to justice is paramount in all aspects of social and private life. This means that the greatest challenge in the midst of a pandemic is the ethical challenge. Moral approaches to planning, policy making and implementation, are necessary to improve access to health care and guarantee public order and safety. The problem is that there appears to be a disproportionate burden on the poorest sector of society when it comes to emergencies. In the Philippines, this is a cause of concern. Critics say that some officials lack the competence in handling issues, especially those related to the socio-economic aspect of the pandemic. It is without argument that a scientific approach to impact mitigation is needed to make any response to a public health emergency effective.

Ethical theories and their relevance

Ethics is a guide to right decision making. Human action cannot address important issues when it is not aligned with the right moral principle. Brillantes and Fernandez (2008, 7) think that it is not correct to see people as customers instead of citizens when it comes to public administration. Public officials are key actors and their decisions affect the lives of people in many ways. There is a professional obligation on the part of health care experts and public officials (Institute of Medicine, 2007). However, we must also understand that there are ethical approaches to the issue of Covid-19 that governments around the world must pay attention to (Macer, 2020, 65).

Duty ethics emphasizes the idea of a moral mandate. Public officials often refer to the law as basis for their actions. In the Philippines, the legislature gave the President enormous powers by way of the Bayanihan Act (RA, 11469) that allowed the chief executive to re-align funds in the national budget to Covid-relief efforts. This authority meant almost a trillion pesos was made available for social amelioration, purchase of personal protective equipment (PPE), support to affected industries and companies, and other pandemic response related expenses. More importantly, the President has made a pronouncement that there will be no room for corruption in the government's disbursement of funds. This is consistent with the idea of public trust.

Recent business practices are aware of egalitarian and justice issues (Boatright, 2005). For instance, large corporations in the Philippines announced billions of pesos of donations for relief efforts, the biggest of which comes from San Miguel Corporation, a company whose annual revenue of almost a trillion pesos constitutes 5% of the country's annual Gross Domestic Product (GDP). Such an act is more than what the notion of corporate social responsibility (CSR) is all about. The private sector has a moral role to play in pursuing the social good. In the Philippines, such moral role is not apparent in the mind of the public. People see corporations as profit-making enterprises. Indeed, the idea of a CSR does not resonate with the general public or in poor communities who still rely on the programs initiated by barangay officials in the area of basic services, which is actually mandated by law.

Elsewhere in the world, specifically in Western societies, the emphasis has been on the impact to the

economy. This consequentialist approach has enabled their governments to act swiftly in order to mitigate the ill effects of closed businesses and a receding economy. Early estimates put the loss to Western economies at sixteen (16) trillion dollars. It appears too that affluent societies have every means to provide money to households and to pay for unemployment claims. But in order to avoid further damage to the economy, the US federal government allowed states to draw their own guidelines in terms of easing restrictions and permitting select businesses to open.

The Social Amelioration Program (SAP) is the most important government relief in the Philippines. The government has targeted eighteen (18) million people as beneficiaries. The Department of Social Welfare and Development was tasked by the *Bayanihan Act* to be the implementing agency. The Local Government Unit at the barangay or community level was expected to assist in the validation and disbursement. Barangay Daliao is a prime example. At first, there was a lot of confusion at the community level. Some sectors complained to local officials of being left out. But in the end, leadership at the grassroots level prevailed. The important thing was the concern and compassion for the poor. One reflection is that political differences among leaders, in this respect, must be set aside in order to serve the public better.



Figure 1: Barangay Daliao, Davao City, Philippines during community quarantine

The ethics of virtue: some thoughts

Virtue is the perfection of the human person. For Aristotle, virtue is about self-realization. The basic idea is that human beings possess potentials that must be realized. Aristotle was clear in terms of making distinctions between intellectual and moral virtue. He says that "virtue, being of two kinds, the intellectual and moral: man's intellectual virtue owes its birth and growth to teaching while moral virtue comes about as a result of habit." (Nicomachean Ethics 2:1) The practice of the good is called *phronesis*. For Aristotle, moral virtue is about the capacity to be excellent in doing things. In explaining the above concept, it is important to know the importance of ethical judgment. The Institute of Medicine in the US (2007) says; "In their analyses of the moral reasons for formulating a policy or taking an action,

ethicists are not limited to looking at the ethical principles that were included explicitly in the process; they can also point out values that were included implicitly in what might otherwise seem to be purely technical decisions."

During the distribution of SAP assistance in the Philippines, there were many instances of people being denied of the relief. During interviews, people mention as reason the fact that they have not been included in the list. While it is of no use to blame people for the fiasco, a basic sense of the good could have helped local officials at the barangay level. This means exerting extra effort to investigate the situation of a constituent to determine if the same is qualified. An important aspect to this claim is the need not only for the knowledge of guidelines but moral competence as well. If and when local officials say that people have to refer to the guidelines, the value of caring for people is lost along the way.

Ryan Urbano (2014) thinks that "a monistic approach to ethical decision making is not very helpful." The reason he cites is that public administration is a complicated matter. For instance, Ghotbi (2019, 28) refutes Rawls since the latter only explained social justice in terms of institutional relations between people. In fact, justice in terms of public administration is "quite complex and difficult." (Urbano, 2014). The matter of social justice is not only about determining the costs and benefits of any public funded program. As such, Ghotbi (2019, 29) thinks that there is a need to define the meaning of the virtue of justice. For this reason, democratic processes also require honesty and the trustworthiness of public officials.

The basic point is that if public officials are truly committed to the moral good, then their job does not stop in identifying beneficiaries. The idea of virtue in Aristotle points to the importance of the institutional good. Justice cannot be limited to institutional mechanisms or procedures. It is important that guidelines "coincide with people's general sense about the way their lives should be lived, that guarantee people an opportunity to participate, and that affirm to people that they will be treated fairly and with respect." (Institute of Medicine 2007). Any decision on the part of the government should be linked to the ability to flourish, one that is consistent with the individual's desire to achieve the highest goal of human life.

Human empowerment is needed in the time of a pandemic. People must have the relevant capabilities that will enable them to make the right choices. Martha Nussbaum says that we have good reasons to think that universal values "are not just acceptable, but badly needed, if people really are to show respect for all citizens in a pluralistic society." (Nussbaum 2000, 60). The idea of human flourishing is anchored in the concept of what "being human" is about. Societies must respect the substantive way in which human life is lived. In this sense, the desire to achieve a life in which one is able to express most fully what it means to be human should be guaranteed by the state at all times.

Moral leadership in the public realm

In examining the role of moral leadership, theories point to the moral development of the human person. In this regard, ethicists consider the character of the person and how the same is able to influence the decision-making

processes. But the basic question remains – can virtue be taught? It seems that there are important competencies that can be given in school – the ability to evaluate, analyze or make judgments on issues. However, the perspective of value appears to be outside the realm of formal learning. Indeed, persons are formed by their upbringing at home, which develop them to become individuals who act ethically. In the realm of public life, however, the challenges are different.

The word crisis (Gr. *Krisis*) originally means “decision.” This is important. It has been said that the character of people is formed during crisis moments. We are troubled by actions that undermine our humanity. Strict laws may deter an individual from doing anything wrong or in doing something excessive. Yet, it is without argument that a good person always acts with a sense of sincerity because it is the highest principle when it comes to public life. This is all linked to the notion of moral integrity. In the context of the Philippines, such a person is one who is not tempted or influenced by money or power. A man of moral integrity is like the foundation of an edifice. The strength of the structure depends on its foundation. A man of virtue does not easily collapse in the midst of adversity.

But how should a public servant act? What should guide his or her actions to be able to serve the public well? According to James Svara (2007, 109) the virtue-based approach would consider the question, “what would a person of character do in this situation?” Moral leadership is important in the bureaucracy, especially in the area of health care. Rogelio Bayod (2019) laments about the health care problems in the Philippines. Still, people have found ways to survive. While draconian measures are preferred by strong leaders, the idea of social cohesion has been most helpful in containing the local transmission of the virus (Arambala, 2020, 193). The basic point here is that transparency is important, a principle that is based on the moral virtues of truth and honesty.

A society that does not embrace moral virtue will collapse. Public accountability cannot rely on a “stick and carrot” approach. It is necessary that people are formed on the basis of the moral good. Schools, in this respect, are crucial in training young people. Yet, if schools do not act as centers of freedom then they would preclude rather than expand human freedom. In fact, guidelines are actually restrictive. The fact of the matter is that these are drawn from discussions of people in positions of authority. Given this, real democratic dialogue is absent. The pandemic reveals the many inadequacies of societal structures. The problem is systemic. The poor, for instance, do not have access to online learning. It is important, in this sense, that the voices of those in the margins are heard. An official who holds himself accountable will listen rather than insist.

People have been suffering too from the stigma of social discrimination. The moral role of any public official for that matter is to ensure that the poor and other marginalized sectors are protected from the harm caused by unjust structures and policies that favor the few. In this way, the preferential option for the poor that is taught by the Catholic Social Teaching can be helpful. It is rooted not only in the desire to realize justice in society but also in the character of the Christian faith as

well. This faith is grounded in the idea of charity for the neighbor. The love for the neighbor as an alternative to the short-sighted approach of strict rules is cognizant of the value of human freedom and the respect for human life. Instances of police abuse in India, for instance, in order to impose a lockdown, is morally unacceptable.

Western models of morality

Public attitude is vital in determining the future of any society. Real change cannot be done overnight. It entails a lot of sacrifices. To end violence in society, it is important that individuals recognize what is morally wrong. If a leader in the modern world embraces the idea of political domination, then he disrespects the freedoms of people. The use of physical force on individuals or the act of spraying disinfectants on human beings is a grave violation of justice. From all angles, such are demeaning acts. Both are a form of disrespect of our humanity. In fact, Mahatma Gandhi’s Satyagraha emphasized the power of truth. A country cannot be founded on force or violence. The freedom of a nation can only be rooted in the respect for humanity.

How does one create a society? In the Kantian sense, this can only be grounded in the idea of autonomy. People come into an agreement and determine for themselves the kind of society they want. Hegel, however, was more circumspect in terms of the nature of the state. Hegel saw the value of the community as a determinant in terms of building a nation. Communal values like solidarity expresses the identities of people. This means that our public lives cannot rest solely on Western-bred principles. But while this is the case, something universal cannot be dismissed. It is remarkable to think that the concept of human dignity remains intact in terms of institutional value and influence.

But the power of sovereignty appears to be in control at the start of the pandemic. Nations are acting like father figures in controlling their populations. Borders have been closed to protect public safety. Border control as a measure is not wrong. However, it would be helpful if right now countries will come up with a united response to the pandemic. Affluent nations should also help poor countries. While racism is seen as another pathology that American society has to deal with at present, the problem of poverty appears to be the greatest malady that has bedeviled many countries in the South. Right now, rich nations can provide a common fund that will not only fight the coronavirus but also enhance and sustain the lives of the poor to make their societies resilient to any public health emergency.

The basic point here is to call for the moral leadership of nations. Countries such as South Korea, New Zealand, and Japan, which have been successful in their approach to the Covid-19 pandemic, should take that greater moral role of convincing the global north to hold itself truly responsible in helping the people in the global south. The poor have suffered for decades and yet the affluent societies in the world have only given 0.7% of the equivalent of their annual GDPs to address global poverty (Singer, 2001). This must change. Thomas Pogge (2007) has indicated that global poverty is due to unjust structures. Still, the development paradigms in the Third

World, including the Philippines, remain to be Eurocentric (Mansueto, 2020).

We cannot be overly optimistic. Unjust global structures are difficult if not impossible to change given the sense of superiority of some nations and the reality of cultural hegemony. Yet, in this cultural war, Filipinos are also known for their resilient spirit. Millions of poor Filipinos have survived by embracing indigenous values and ways of life. The term “Bayanihan” in RA 11469 in contrast to the “CARES” Act passed by US Congress is not just a matter of nomenclature. The communal spirit of solidarity is all about people realizing that beyond moral individualism, we must act morally for the greater good of society.

“Bayani-crazy” and group solidarity

The *Bayanihan Act* passed by the Philippine Congress would not have any real impact if LGUs did not act with urgency. Barangay officials have provided the human resources to reach out to the poorest sectors of society. Dramatic moments happen at the local community level. From the perspective of the Philippine national government, there are not enough funds to pay for universal testing. The Department of Health has not been quite helpful, some reports say, in insuring that Overseas Filipinos get their swab test results immediately. In view of this lapse, many have been unnecessarily overstaying in hotels sans their health certificates and travel permits. Is there a way out of this predicament? Perhaps, the notion of solidarity can be used in terms of fighting the pandemic. Bautista (2020), citing Jocano (1999) writes: “The spirit of *pakikipagkapwa* (being one with the other) *pakikisama* (being along with) and *bayanihan* (community spirit) binds them together to rise again. *Pakikipagkapwa*, and *bayanihan* are sacred values that define who the Filipinos are. *Pakikipagkapwa* is treating another person as a fellow human being.”

Western values point to autonomy and creating opportunities for the people. Equality is a question of entitlement. Human individuals should be able to enjoy the goods in society and must not be prevented from their fair share of its wealth. Justice is a matter of giving jobs to people and equal pay, for instance. In the Philippines, it is about the family and community. The father is expected to be responsible for the future of his children while the mother cares for their well-being. Children, in return, are expected help their parents. At the end of the day, it is not a question of opportunity or debating about entitlements, rights, skills or talent. Rather, it is about helping each other (*bayanihan*). The word “*bayanihan*” is derived from the term local term “*bayani*” which means “hero.” Helping another is being a hero to that person. During this pandemic, frontline health care workers emerged as the real heroes by putting their lives on the line in order to save human lives. This is apparent in the response of medical personnel to the pandemic locally and elsewhere in the world (Maboloc and Ferrer, 2020).

Bautista (2012) has attempted to merge this concept with the idea of Western democracy by calling it “*bayani-crazy*.” Against moral individualism, he says that moral strength can only be founded in the bond of solidarity. Indeed, this is an aspect of moral leadership that is authentically Filipino in terms of context. It is about that

sense of belongingness in which people fight for the common good. The common good is not about individual achievement. There is that traditional understanding in which people realize the value of others in making things happen. In the concept of “*bayanihan*,” the image is that of a community carrying the house of a neighbor. This is symbolic of the fact that as individuals, there is a limit to what we can do. However, if we act as one, things can be done to overcome our problems. In addressing the pandemic, the idea of “*bayanihan*” means that political differences must be put aside to realize the common good.



Figure 2: Frontline Health workers performing swab testing in the community

In what way can Western democracy be blended with Oriental or even the Filipino way of life? History might be of help. After the Second World War, the Americans led by Gen. Douglas MacArthur occupied Japan with the intent of changing Japanese society. The general had no knowledge about Japanese culture, but he informed the US government in Washington of the great respect of the Japanese people for their Emperor. While some sectors wanted Emperor Hirohito to be brought to Court Marshall, MacArthur insisted that there will be blood in the streets if that happened. Instead, the general allowed Hirohito to rally the Japanese people to help rebuild the devastated nation. He asked the people to share what they have and make the necessary sacrifice for the country. Hirohito was a symbol for Japanese nationalism during the war, but MacArthur used this influence to get public support in reforming Japanese society, including the overhaul of its elitist economic and political system.

The above experience of solidarity was a merger of Western technocracy and Japanese ingenuity. Japan possesses an industrial might so that it was able to transform its war economy for peaceful purposes. MacArthur commissioned the Government Section of the occupation to write a new constitution that also gave basic freedoms to the Japanese people, including the freedom of speech. What came next were massive industrial and labor union protests that also helped shape labor and economic policies in the country. Group solidarity is crucial in this regard. At present, when it comes to this pandemic, Macer (2020, 130) observes that people in the East went ahead with the need to wear masks whereas people in the West were previously advised that it wasn't necessary. But the basic point here remains, group solidarity empowers the community to confront whatever threatens their well-being.

Conclusion

This paper has provided a normative approach to the problem of ethics in the time of a pandemic. But while it firstly analyses the Western approaches to ethical leadership, it also gave emphasis to local experiences and group solidarity that are crucial to human survival. Progress and recovery for Western societies depend on the numbers we find in the economic data. For a society such as the Philippines, people must rely on the communal spirit in order to survive. Still, people are aware that moral integrity is crucial. This explains why trust is an important element when it comes to addressing public issues. The unjust global structures in the world demand that changes should take place, but for now, societies such as what Filipinos have must rely on local values, i.e., the “bayanihan” spirit, which requires putting the interests of others above self in the pursuit of the common good.

The point of the paper is that moral leadership does not solely belong to the top. It is also not only formed by principles or universal concepts and values. It is also informed by local history and personal sacrifices. The available literature on leadership often supports the idea that crisis situations bring the best out of a person's character. This paper intends to show that communal values from the grassroots level also form leaders among people so that they will act with a sense of urgency. Group solidarity and the concern for others are important considerations that help determine how justice for everyone can be realized in society. The present coronavirus pandemic, in this regard, is one of those great challenges that should bring the best out of every community as people strive to overcome this difficult problem.

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Morality and politics: strengthening pandemic preparedness for public health emergencies in the Philippines

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Abstract

Infectious diseases such as Ebola, severe acute respiratory syndrome (SARS), avian influenza and the most recent COVID-19 continue to emerge, evolve, and kill significant numbers of people and frighten and threaten many more. Infectious diseases entail some unique ethical features that are often encountered by public health officials. Public health measures used to control them sometimes involve infringement of widely accepted individual rights and liberties, infectious diseases raise difficult philosophical questions about how to strike and balance between the goal of protecting the greater good of public health and the goal of protecting individual rights and liberties.

This paper should like to advance three theses: first, that political thought depends on ethics; second, that the kind of ethics that provides its firmest basis is an ethics that emphasis is laid on importance of the society rather than centrality of the individual; and third, that conformity to this ethics would make a large impact in order to strengthen the pandemic preparedness for Public Health Emergencies in the Philippines. This paper asserts the importance of strengthening mechanisms and policies to healthcare in the Philippines which addresses the burden of combating infectious diseases such as COVID-19. The primary focus of this paper is not on the existence of injustice on a national scale but on its implications for those who have power to act within the

legislative body, including governments research councils, private companies and researchers.

Introduction

The Philippines has little experience with modern pandemic preparedness. Even without a pandemic, the shelters can be troubled by overcrowding, inadequate sanitation, and poor medical services. According to Asian Development Bank report in 2018, six out ten patients die without ever seeing a doctor. When Filipinos get sick, they shoulder fifty six percent of total health expenses, out-of-pocket. As a result, every year, one million patients are driven to poverty because of catastrophic health expenses. Although COVID-19 can infect anyone regardless of race, social class, or beliefs the public must realize that specific segments of the population will be more vulnerable to the social and economic impact of the current pandemic. If the Philippine health care system had been more robust and had safeguards in place, the citizens would not be having so much burden to face now.

A “public health emergency” is defined as an occurrence or imminent threat of an illness or health condition, caused by bio terrorism, epidemic or pandemic disease, or a novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents or permanent long-term disability (WHO/DCD, 2001). In 2013, at the height of the Middle East Respiratory Syndrome (MERS-COV) outbreak, the Senate Bill No. 1573 or the ‘Pandemic and All-Hazards Preparedness Act’ was filed. The bill called for the creation of a national health strategy in cases of pandemics and national emergencies. It seeks to “strengthen national response and preparedness for public health emergencies”, such as those which result from natural disasters and severe weather, recent outbreaks and pandemics, bioterrorism, mass casualties, chemical emergencies and radiation emergencies. Sadly, the bill was largely ignored at the senate due to divisiveness, factions of different parties and the elite conceptualization and the policy making.

Furthermore, Brillo (2010) analyzing political elite controls the government and its policy making apparatus largely comes from those who can afford to be patron, that is those who have the wealth and the position to do favors for large numbers of ordinary people. These have profound consequences on policies, as the heavy reliance on vertical and horizontal dyadic relationships steers policy making towards the pursuit of providing rewards (e.g., special privileges, monopolies, or unwarranted exemptions), while offering little incentives to pursue categorical programs. The legislative program becomes more of a personal rather than ideological or party-based program. As the overarching intention is to satisfy clientele demands, policy making becomes continually marred by accommodations and concessions which lead to inconsistent or aimless policies.

Preparedness refers to activities and measures taken in advance to ensure effective response to the impact of hazards, including the issuance of timely and effective warnings and the temporary evacuation of people and property from threatened locations. It also refers to pre-disaster activities, including an overall strategy, and institutional and management structures, that are geared

to helping at-risk communities safeguard their lives and assets by being alert to hazards and taking appropriate action in the face of an imminent threat or the actual onset of disaster (Senate Bill 1573). The bill was filed considering that the MERS-COV, a coronavirus strain that was deadlier than the 2002 SARS outbreak, could cause unimaginable chaos if it were to spread in the Philippines. It is proposed that its capacity to respond to a pandemic can be gauged based on how it handled SARS, particularly in terms of containing human-to-human transmission. Border control is particularly challenging given porous borders, and the lack of diagnostic resources and border control personnel. With only minimal economic growth over the past decade, the economy is particularly vulnerable to economic disasters such as the collapse of the agricultural, industrial and tourism industry. The government does not have the capacity to adequately compensate for such vast losses of livelihood.

Fr. Nono Alfonso, SJ (PDI, 2018) in his commentary entitled “morality in politics”, aptly describes the politics in the Philippines as best illustrated in Rudyard Kipling’s “The Ballad of East and West”. He writes, “Oh, East is East, and West is West, and never the twain shall meet!”. In analysis, on one side, Filipino politics have the government and its ‘diehard supporters,’ and on the other, the so called ‘destabilizers,’ made up the opposition party and sectors of the church, media and civil society. And it appears that a wedge has been placed between the camps, and this divide has gotten worse by the day. Indeed, with so much toxicity in the air, can the twain ever meet? Almonte (2007: 119) stressed that “the Philippine society most urgent need is to raise the political capacity of the Philippine State, to set it free from the dominance of vested interest groups and enable it to act, unequivocally, on behalf of the common good and the national interest.” Here, political capacity refers to the legitimacy and effectiveness of state institutions, and insuring the autonomy of these administrative elite, that is insulating it from the importuning of particularistic groups.

Morality and politics

Morality is always complex. It encompasses human rights, but is also cognizant of cultural norms and standards. Americans, for example, are very sensitive about autonomy and freedom, and will fight for these. But other cultures, like in the East, also value community and spirituality. According to Jonathan Haidt (2013), specialist in moral and political psychology, “the righteous mind, is like a tongue with six taste receptors.” In reality, however, humans deal with political and moral issues simplistically when there is always a lot to consider. The drug problem in the Philippines, for instance, is not so much a peace and order issue as a health and economic problem. Again, there is a need to be open to the other and to his worldview if men are to solve their moral and political problems as a nation.

Morality binds and blinds. Men are genetically “groupish,” according to Haidt (2013). Darwin proposed that the fittest survived, but in human evolutionary history, man needed to belong to a group in order to survive and thrive. That has been the function of humans group identities; but the downside is that this can blind

him to other groups. This can be observed for instance, how the Philippine politics has reduced them to warring tribes once again. Haidt (2013) writes: "Morality binds and blinds. It binds us into ideological teams that fight each other as though the fate of the world depended on our side winning each battle. It blinds us to the fact that each team is composed of good people who have something important to say." The way out is rather obvious: to recognize that men belong to one big group that is humanity. Men are groupish, but why not recognize everyone, each group, as part of that bigger group to which they all belong? Haidt (2013) writes: "Men may spend most of their waking hours advancing their interests, but they all have the capacity to transcend self-interest and become simply part of a whole. It's not just a capacity; it's the portal to many of life's most cherished experiences."

Politics depend on ethics

Does politics depend on ethics? Indeed, this paper asserts that all political problems are in the end ethical problems. The political problems refer to both the day to day problems faced by the legislator, and the problems of political theory, of how government itself is to be organized or justified. Politics in both sense depends on ethics. According to Blanshard (1966): "any question about what a government should do is a political question. All such questions, are nearly all, are ethical." For instance, in healthcare, should old people who, through improvidence or ill fortune, lack the means to take care of their health, be supplied with this means by society? Surely, it is a moral question. Any question is a moral question whose decision depends on a choice between values. A non-moral question becomes moral the moment the instant values are introduced.

Political theory as well as political practice ends in ethics. Edmund Burke says, "the principles of true politics are those of morality enlarged; and I neither now do, nor will ever admit of any other." If what is Burke says is true, it is important to the person working in politics that his ethics should be sound. Sir David Ross has accustomed the person to thinking that the great questions of ethics are two, "What is right? And What is good?". However, Ross is a notable legalist who holds that there are certain rules of promise-keeping, truth telling, and so on, which lay obligations on a person which at times are even stronger than the claim of the greatest good.

The task of politics is to study, as its subject matter, masses of individuals wrought into social organizations, masses through and through moved by value-judgments. The subject matter of politics is then, a society of ethical beings. Hence it may be argued, politics must consider the ethical nature of man. Morals must be taken into account by statesman. The task however of statesman, it may be objected, is not to fit human beings together like pieces of wood in a jig-saw puzzle, so that each, despite his personal preferences, ideals and prejudices, accommodates himself under law to each. The political life involves action and movement. The statesman has to deal not with wooden blocks, but with human beings with purposes and policies. He must decide on such policies himself. The whole political arena is one action, and of choice between alternative plans that promotes

the common good.

When governments start adopting strict measures, this leads to curtailment of rights and they are always questioned, irrespective of their political wisdom. Communitarianism works on the premises that one's place in the economy, standing in the political order, reputation among fellows and holdings: all of these come from other men and women (Walzer, 1983). The emphasis is laid on importance of the society rather than centrality of the individual. It strives to weigh particularism against universalism and argues that the search for a common point of unity for everyone leads to misunderstanding and misleading distributive justice. Michael Sandel expressed "the common good is about how we live together in the community. It's about the ethical ideals we strive together, the benefits and burdens we share, the sacrifices we make for one another. It's about the lessons we learn from one another about how to live a good and decent life".

Promoting the common good of the people is the greatest good

Communitarians argue that freedom of choice, even under fair conditions can be a basis for a just society and rights cannot be prioritized over the common good. Any institutionalized body engaged in the war against COVID 19 with a broad representation of the stakeholders (doctors, nurses, practitioners, administrators, patients and people in general) when functions well, like South Korea, it provides a typical as well as a beautiful example of communitarian democracy (Raghuvanshi, 2020). They work together to constitute an optimum society (safe environment, proper functioning hospitals, maintained supply of essential services, etc.) envisioned by the members of the particular community. When viewed through a communitarian lens, any conflict resolution with respect to solutions for any infectious disease can be best arrived by envisaging the betterment of the community.

The communitarian approach is based on the notion that everyone derives their identity from the broader community. Individual rights count, but not more than community norms (Authers, 2020). These notions go back to the Greeks, but in modern times, the philosophy is widely connected to the sociologist Amitai Etzioni and philosopher Michael Sandel. Sandel argues that justice cannot be determined in a vacuum or behind a veil of ignorance, but must be rooted in society. He sets out a theory of justice based on the common good.

China practiced another kind of communitarianism after the COVID 19 first appeared in Wuhan. The people of that city were told to lock themselves in, and often forcibly quarantined, for the good of the community and the state, largely identified with the long-justified obedience to a hierarchical and authoritarian but benevolent state. The notion of social solidarity remains strong showed in the spectacular discipline with which China and other Asian nations dealt with the problem (Authers, 2020). The coronavirus makes it all too clear that pursuing one's own self-interest is not enough. While everyone has the legal right to purchase as much hand sanitizer as they can find, if that is all they think about, the welfare of others and society itself are at risk. Everyone need to challenge the idea that people is just

pursuing their own happiness as individuals. When people live in society, they depend on each other. Therefore, they have obligations to each other.

The Philippine Healthcare System has been very sick for decades. And it has not been receiving enough funds and attention to make it well. The Department of Health tasked to serve a population of over a hundred million, has not received sufficient budget increase to be at par with the good health care systems in the world. When the first local transmission of the virus was confirmed in the first week of March 2020, the government's response in the beginning was chaotic—there was no identifiable command center to specifically deal the crisis. Vague orders and pronouncements were given by the palace, only to be interpreted in different ways by different officials. All these exposed their empty pronouncements of readiness and their complacency. While all these things are taking the spotlight, along with the daily updates of COVID-19 victims, the root cause of all this chaos and unorganized response, which is government complacency, is being erased from the picture.

In dealing with coronavirus crisis, compounded by strict rules on social mobility, the ways to organize, assert and extend solidarity may be done through the use of technology. Using communications technology, people can exchange knowledge and wisdom on boosting immune systems and health care methods to ensure the health of the elderly, the pregnant and all that are at risk. The Indigenous Peoples, as well as the community people, are rich with knowledge and wisdom in this field.

At the community level, people can initiate controlled exchanges and sharing of resources such as sanitation materials, food, medicine, water and even shelter for the homeless. Organized communities are also much more capable of surviving the current pandemic.

Strengthening the pandemic preparedness for public health emergencies in the Philippines

The Philippines, like many developing countries, is being dealt a particularly brutal blow by the coronavirus. Social distancing is impossible in cramped urban areas. For Filipinos living paycheck to paycheck, the abrupt loss of work is devastating families. The real work of the government must be done pre, during and post-pandemic, to strengthen constitutional procedures, rules and norms to address this current pandemic. The real work of the government must be done pre, during and post-pandemic, to strengthen constitutional procedures, rules and norms to address this current pandemic. This paper asserts the importance of strengthening mechanisms and policies to healthcare in the Philippines which addresses the burden of combating infectious diseases such as COVID-19. This led for the proposal to revisit, amend and ratify the pending Senate Bill No. 1573 also known as 'Pandemic and All-Hazards Preparedness Act' that was ignored by the legislative body way back 2013. The chief aim of the government must be focused on general welfare and overall improvement in standards of living of the people.

In the first two weeks since the declaration of a lockdown on March 15, 2020, confusion and lack of coordination among various government agencies and local government units resulted in contradicting

statements, orders, and advisories (Limos,2020). Under Senate Bill No. 153, the Department of Health will create a pandemic strategy, mandate to undergo evaluation, organizing and training to improve the country's preparedness prior to a health emergency's existence and will be the lead agency that will issue directives to the Department of the Interior and Local Government or DILG, the Philippine Red Cross, and the National Disaster Risk Reduction and Management Council or NDRRMC.

The Secretary of Health will be able to "spearhead the creation of a national health strategy to address public health emergencies," which includes "plans for optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, critical care and trauma care, and emergency medical systems." If necessary, health professionals would also volunteer to fight the current problem. This bill would have made such a big difference had it been approved, especially to the DOH, which is having getting attacked on social media for trying to recruit volunteers. The bill also calls for the creation of an emergency fund every fiscal year for pandemics and other emergencies. If this were in effect today, the president would not have needed to realign and reallocate budgets or unspent money that has already been earmarked for various government agencies.

The role of political parties in making democracy work is well-discussed and, at least in theory, is also well-accepted. Worldwide, however, there is growing dissatisfaction towards parties and party politics. This is more apparent in countries where democracy is weak and parties serve other un-democratic purposes. Parties are supposed to serve the purpose of interest aggregation, leadership formation and candidate-selection.

However, in some countries like the Philippines, parties have largely been a mechanism to facilitate patronage and personality-oriented politics. In the Philippines, much of the studies on political parties discuss how the lack of functioning political parties and underdeveloped or mal-developed party system weakens democratic practice. Studies on political parties have established the negative impact of wrongly-developed and underperforming political parties on democratization (Aceron, 2011).

In another study, Brillo (2012), examining the legislation of the foreign investment law, analyzed the bureaucrat-politician's dynamics in its policy making. He argued that contrary to the weak state thesis a different set of dynamics exist between the bureaucrats and politicians. He noted that the bureaucrats were active, autonomous, and dominant in policy making, as they basically determined the inputs of the discussions, the critical content of the proposal, and most importantly, the policy outcome. On the other hand, the politicians were passive and reactive in the lawmaking process, as they deferred to the wisdom of bureaucrats and their participation was largely confined to fine tuning—adjustments or refinements in the form of stipulations or exceptions to suit and placate supporters, constituents, allies or favored interests.

A small voice among scholars has questioned the soundness and adequacy of the weak state-elitist framework. They have pointed out that its clichéd

explanation is out of sync with the contemporary policy making experiences. By implication, the weak state-elitist view is deemed overuse and, by taking a broad perspective, is too general to be of much analytical use in policy making analysis (Atkinson and Coleman, 1989; Howlett and Ramesh, 1995; Mikamo, 1997). These scholars suggested that pluralism better characterizes present-day Philippine policy making since there is increasing fragmentation among political actors in legislating policies. Here, the actors are seen as autonomous with distinct interests, resources, and power which give rise to divergent positions across policy issues over time. Thus, in the light of the changing nature of policy making in the Philippines, these studies imply the need to reassess the dominant weak state-elitist framework.

Aceron (2001) would observe that "because of its weaknesses, the party system has failed to offer meaningful policy choices—and so to provide for orderly change." In the same vein, Hutchcroft and Rocamora (2003) note that "Philippine-style democracy provides a convenient system by which power can be rotated at the top without effective participation of those below." Other Philippine literature on political parties focus on explaining mal-development and under-performance of political parties (Timberman, 1991; Lande, 1965; Aceron et al., 2009) and point to several reasons for the lack of development or mal-development of political parties, namely: (1) the legal-institutional environment which is not conducive to the development of democratic and full-fledged political parties; (2) the weak linkage of political parties to citizens; (3) the failure to pass legislative measures to reform political parties; and (4) the prevailing political culture of patronage and personality-based.

There is indeed, a need to reinvigorate the call for scrapping of Laws which contributed to the sufferings of the mass populace in the midst of the pandemic, such as the Pandemic and All-Hazards Preparedness Act. It calls for continued and wider social protection and relief to all health workers, of any categorization, as well as all economically vulnerable sectors of the society.

Conclusion

As the world is holding its breath over the spread of the new coronavirus, COVID-19, and governments are taking or preparing drastic measures that will necessarily sacrifice individual rights and freedoms for the general good. It's a test of medical capacity and political will. The need to amend and ratify the pending Senate Bill No. 153 will benefit the greatest number of people as a consequence, produce the greatest good. The continuing challenge over the years has been implementation of reforms. All reforms should move in consonance with a common vision of serving the welfare of the people and restoring trust in government. Power is supposed to emanate from the people. The People elect leaders who in turn govern representatives of the people. Public office is considered a public trust; hence, there are ways through which public officials are made accountable for their decisions and actions.

The virus is a shared challenge. So too is the coming of global slump. Practicality and the demand for solidarity for the welfare of the people justify generous

help. It is a practical challenge that must be met with well-informed decisions. But it is also a political and an ethical challenge. That the notion of social solidarity remains strong showed in the spectacular discipline with which China and other Asian nations dealt with the problem. Without visible solidarity in a crisis for which nobody bears blame, the Philippine society will be morally, maybe consequentially, dead.

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Are the measures for COVID-19 realistic, justified, or overblown? Preparing the path to the new normal

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Abstract

Different countries have different measures against the COVID-19 pandemic. Consequently, reactions from country to country also vary. After more than two months, people are getting impatient and agitated for personal reasons, including physical, psychological, and economic reasons. In this paper, I will argue on the

merits and demerits of the measures implemented by different countries, whether these are realistic, justified, or overblown. First, I discuss the similarities and contradictions of how different countries implemented mitigating measures. Second, I focus on the responses and reactions of people on the government's policies and guidelines. Third, I will argue if the measures undertaken by each government addresses the needs of people and society in general. The implication for immediate and future actions is also discussed as a roadmap to the new normal.

Introduction

Countries around the world reacted as to how to deal with the COVID-19 pandemic. In the Philippines, for instance, President Roa Duterte imposed community quarantine, instead of calling it a lockdown, on March 15, 2020. Within each country, provinces and cities also responded accordingly, depending on their situation. Particularly in Digos City, which is located in the southern part of the Philippines, declared a community quarantine last March 16, 2020. On March 28, the first positive case for the city was recorded. On April 8, 2020, the city elevated the quarantine level to enhanced community quarantine (ECQ), which included the suspension of all public transport services and the closure of establishments, except those related to food, medicines, communication, and communication and other vital services. But, on May 29, the Digos City Health Office reported seven new cases. They were all employees of a provincial hospital located in the city proper. The following day the city mayor held a press conference. While many expected the mayor to return to ECQ, it did not happen. According to the mayor, no quarantine can prevent the spread of the virus. He explained that the city could not be crippled for long. It is not good economically. He, however, asked the people to accept the new normal. It is living with COVID-19 without necessarily getting infected by disciplining themselves and following the minimum health standards such as wearing masks, washing of hand, and social distancing. Three days after, the city relaxed the quarantine protocols from General Community Quarantine (GCQ) to Modified General Community Quarantine (MGCQ).

The response of the mayor elicited questions about the implementation of the ECQ in the city. Was it appropriate? The same question was raised in other cities and countries around the world. Some people regarded the government's measures as anti-poor or anti-business. For the past months, businesses were closed. Losses piled up. People lost livelihood and income. Was the response to COVID-19 realistic, justified, or overblown? Countries differ in their response to the pandemic. The US, for example, was a bit complacent at the beginning. Europe was hesitant at first. In Asia, Japan did not impose a lockdown. However, Vietnam was a different case. In this paper, I argue on the merits and demerits of the measures implemented by different countries, whether these are realistic, justified, or overblown. This paper contributes to the debate on the proper or appropriate response to a pandemic.

Similarities and contradictions on COVID-19 response

COVID-19 pandemic caught many by surprise. However, responses vary from country to country. For example, Italy, France, and Spain implemented almost a complete lockdown (Cohen & Kupferschmidt, 2020), although some say it was quite late for Italy. While Germany closed its schools, Sweden allowed children to be in school. Generally, Europe started with hesitation until it began seriously implementing strategies like social distancing, testing, and lockdowns as the COVID-19 cases exploded (Bénassy-Quéré & di Mauro, 2020).

Other countries like China had a stricter implementation by putting almost the entire population at home (Cohen & Kupferschmidt, 2020). Vietnam implemented an early lockdown using emergency control measures (Ha et al., 2020). Singapore was also lauded for its highly pro-active measures (Tay et al., 2020). Other countries also implemented lockdowns such as India (Pulla, 2020) and in some European countries. The Philippines placed the entire country into general community quarantine as it received a rising number of positive cases.

The Philippines recorded its first COVID-19 positive case on January 30, 2020. The following day, the president ordered a travel ban for those coming from Hubei and other places in China where the spread of the virus was recorded. However, as early as January 6, the Department of Health (DOH) required a strict screening of incoming travelers from abroad. On January 20, the DOH created the NCov Task Force. It released the following day the health advisories and guidelines on the preparedness and response. On January 28, the members of the Inter-Agency Task Force for the Management of Emerging Infectious Disease (IATF-EID) was formalized. A travel ban was imposed for those coming from Hubei, China. As the cases increased, President Rodrigo Duterte ordered the strict community quarantine in the National Capital Region (NCR). All classes and work in this region were suspended. On March 16, the president declared a State of Calamity through Proclamation number 929. Then, he signed the Bayanihan to Heal as One Act on March 24, 2020 (GOVPH, 2020). This Act allows the president to relocate, realign, and reprogram a budget of around US\$ 5.35 billion from the national budget of 2020 to mitigate the effects of COVID-19 pandemic.

People's responses and reactions

Governments take charge in addressing the threat of COVID-19 pandemic. While fear of contracting the virus emerged as the most significant predictors for people's positive behavior change, such as social distancing and hand hygiene (Harper, Satchell, Fido, & Latzman, 2020), a good number responded favorably to the government's protocols and guidelines. People stayed at home. The busiest cities in the world like Tokyo and New York appeared like a ghost town. However, other people responded negatively to the government's emergency measures. In the US, for example, there were protests by some citizens against an imposed quarantine. While people in some parts of the world remained isolated in their homes, others were on the beach like in California, where thousands of people trooped to the beach. Many

are complaining about the curtailment of their freedom. They needed to get out of home isolation.

Economists and business people complained about the huge effect of quarantine or lockdown on the economy. In the Philippines, the secretary of the National Economic Development Authority (NEDA) resigned sighting differences in principles with other cabinet secretaries. The former was reported to have supported a modified enhance community quarantine, which was not favorable with other government officials (de Vera & Yap, 2020). Businessmen called for the relaxation of the quarantine, allowing the return of their businesses. The same scenarios were happening around the globe. There were already businesses that declared bankruptcy. Tough times were happening, and the end was nowhere to be predicted.

As the quarantine took longer, people started to feel the inconveniences, including hunger. Those who relied on rations from the Philippine government claimed to have not received at all, or those fortunate to receive still felt it was not enough. There were even complaints against the corruption of the government's money and resources that did not reach the intended beneficiaries. Even doctors were at odds with the government. There were reports about Healthcare Professionals (HCP) who vented their anger in the government because of a lack of protective equipment (Khan, 2020). Some doctors sued their government like in Pakistan (Reuters, 2020), France (Torres & Valentin, 2020), Zimbabwe (Chingono, 2020), and other countries. Some were getting irritated while others remained optimistic, but patience was dwindling fast.

Governments' Actions

As previously discussed, there were similarities and contradictions on how people and governments acted against the pandemic. Moreover, it would be interesting to point out some of the responses deemed unique and worth appreciating. For example, Japan, which did not impose lockdowns, ended its state emergency on May 25, 2020, with only 850 deaths (Normile, 2020). Japan urged its citizens to avoid the 3Cs- closed spaces, crowds, and close-contact settings. Japanese people, known for their discipline, were able to contain the spread of the virus despite not fully following the lockdown measures other countries did. South Korea, another Asian country, was credited for its effective strategy against the pandemic. One particular strategy South Korea implemented was the provision of public phone booths tests (Inn, 2020; Morales-Navarez & Dincer, 2020). Singapore was one of the first countries that acted swiftly by having an enhanced preparedness when it immediately launched an aggressive contact tracing of its first positive case. Quarantine measures were imposed on those with contact with positive cases, travel advisories, and restrictions for those going and coming from China (Wong, Leo, & Tan, 2020).

All the governments in the world had been trying to slow down the spread of the virus and expecting to eventually eradicate it. Hence, social distancing, washing of hands, and making people healthy became necessities. However, extreme measures such as lockdowns created a lot of inconveniences and affected people's livelihood and crippled the economy. Since different countries have

different approaches, the questions remain regarding the rightness, justification, and appropriateness of such actions, particularly on imposing lockdowns or quarantine. The example is the case of Digos City that imposed general and later enhanced community quarantine. When the recorded cases suddenly increased, the city did not remain in enhanced community quarantine status but instead proceeded in relaxing the protocols into modified community quarantine. Establishments were finally allowed to open. Public transportations and border restrictions were lifted. A mass gathering of people was allowed. However, all these changes required the minimum health standards such as social distancing and wearing masks.

Roadmap to the new normal

Learning from the governments' similar and contradicting strategies, the next phase of addressing the pandemic relies on how we apply the lessons from the past three months. Does lockdown or community quarantine remain the best strategy? The answer is negative. People and governments realize that the previous actions were necessary for the beginning, but prolonging such measures is disadvantageous for both health and economic reasons. The US government had been pushed to the limits to balance people's rights and public health in a national and global emergency (Gostin, Hodge, & Wiley, 2020). It was also a struggle in other parts of the world. The new normal is not just about rights. It is about what is right at the moment. People and governments should realize that the new normal, before the availability of the vaccine, demands discipline and commitment.

For the following days and months, these are crucial times. We will be living in the new normal. It is not the time for criticisms of past mistakes. It is the time to apply lessons of the past and to focus on the present and the future. Observance of the minimum health standards is the key to keep going. It is the only way for all to continue living and surviving. Otherwise, the economy will fall, and chaos will escalate. People will die not because of the virus but of hunger and psychological stress. The World Health Organization has published guidelines on how to protect oneself from the spread of the virus. It also provides guidelines on the safe use of alcohol-based sanitizer, suggests travel precautions, and publishes other technical guidance.

Conclusion

Despite the lessons of the past pandemics, the COVID-19 caught individuals and governments by surprise. Its magnitude and the speed of the contamination were unprecedented. There were similarities and contradictions on how the government responded. The reactions of people vary from being supportive to being antagonistic. However, we also see the best practices of other countries, which can serve as models for others. At first glance, the measure, specifically quarantine or lockdown, is realistic and justifiable, especially when people need to be disciplined and educated. It is not also overblown because it was necessary for countries like the Philippines. However, prolonging it causes more harm to people's lives and the economy in general. Lessons are learned. It is time to move. But, the challenge

is to prepare and to live the new normal by following the minimum health standards. People should move with precautions. The economy must be revitalized. The path to the new normal is living with the pandemic without necessarily getting infected.

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A historical evaluation from quarantine to compartmental model: from Ottoman Empire in 1830 to the Turkish Republic in 2020 and from cholera to COVID-19

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Abstract

The purpose of this study was to evaluate the Ottoman Empire's first experienced quarantine and the Turkey Republic's used compartmental models within quarantine. This study was conducted as a review to explore quarantine procedures applied from Ottoman Empire to the present time in the Turkey Republic. For this purpose, we collected pieces of evidence from historical texts, articles, online reports, and books to websites. The review findings were assessed chronologically. There were findings about the Ottoman Empire and Turkish Republic. The first data was included in the quarantine directives of the Sultan Mahmud II (1808-1839) for cholera. Moreover, the Ottoman Empire continued to fight epidemics such as the plague, cholera, smallpox, malaria, and Spanish flu. After being founded, the Turkish Republic state (1923) has encountered some infectious diseases (cholera, COVID-19) and used compartmental models within quarantine with medical measures. However, while quarantine applications were made more effective with technology, COVID-19 was held back with the old quarantine application principles at short intervals. On the other hand, "compartmental models within quarantine" concepts and practices were carried out in many countries instead of only quarantine and after a while were implicitly followed by many countries, including Turkey, for economic reasons; this system after being introduced caused controversy for economic reasons. It is concluded that infectious diseases not only threaten the health of people but also threaten socio-economic life and even cultural and religious practices. Their area of influence covers a wider area, the world, more than other disasters. In spite of all scientific and technological developments, infectious diseases still cannot be brought under control in a short time and measures have started to evolve from quarantine, social distance practice, and herd immunity system. This study offers the opportunity to reconsider and think of quarantine practices from past to present.

Introduction

The aim of medical history research is to explore past health issues and their solutions with treatment methods, medical tools, medicinal plants or drugs, medical equipment, patient transportation, quarantine, and so on. This kind of research has also contributed to our understanding of the human journey from religions to philosophy and science, being its cognitive evolution. In this view, the journey of quarantine usage from past to present give us information about its development and changes in practice.

Quarantine use started as a solution to prevent infectious diseases and prevent infectious diseases. The word quarantine comes from the Italian word “quaranta (forty, 40)”, which refers to forty days of detention and isolation to control infectious diseases. In order to protect against infectious diseases like leprosy, plague, syphilis and cholera (Eager, 1903) and to prevent/limit transmission, suspicious or infected people and objects used or touched by them were isolated (Ziskind & Halioua, 2008). This may include the isolation of their vehicles (aircraft, ships, buses, train, etc.) or the house they live in, and even the neighborhood may be included. Furthermore, even the whole town, city, or a very large area can be isolated. Historical quarantine varieties were as follows:

Ancient quarantine: It included the rule that all vehicles and people from the infected area were detained for forty days or less under certain supervision, and if they were determined not to be infected during this period, they would be released (O’Goman, 1895).

Limited or rational quarantine: It is a quarantine applied to determine the cause or source of the infectious disease. The purpose of this restriction is both discovery and detection of resources of contamination. This type of quarantine helps to realize research and is limited in time to research (O’Goman, 1895).

Medical research quarantine: In this form, all vehicles that the suspect or sick people use or ride and the regions they come from are included; every item or person included is quarantined (O’Goman, 1895).

These models were used by adding advancing technology and medical facilities until the 21st century. Moreover, high technology, biology, and medicine that have developed over the last two centuries have managed to control the epidemics of the 18-19th centuries significantly. However, virus-related infectious diseases, pandemics such as HIV/AIDS, SARS, and MERS have emerged (Barbisch, Koenig & Shih, 2015). However, an outbreak occurred that suddenly made existing medical facilities inadequate, a stronger pandemic than any of these pandemics: “Severe Acute Respiratory Coronavirus 2 (SARS-CoV-2)” was reported in December 2019 in the Wuhan region of China, and COVID-19 turned into a pandemic in 2-3 months, and affected all health systems. With the existing medical information and medical facilities being insufficient, COVID-19 led to the addition of new models to the existing quarantine implementation. The current measures did not help to tackle the fight against COVID-19 in a short period of time; various countries managed to control it by applying quarantine from time to time, but the prolongation of the time led to other problems in the countries. Therefore, new models of quarantine have been added.

These compartmental models have included quarantine, lockdowns/curfews, and new social life including social distancing and hygiene measures. Another option was herd immunity, but the countries trying to implement this model, Germany, Britain, and Sweden, did not achieve the success they expected. All countries, except Sweden, started to apply such compartmental models:

Quarantine: People or animals are kept under surveillance in a certain place to protect them against infectious diseases. Quarantine is a form of isolation of people who are ill or may have been exposed to a disease dangerous to society. People stay within a particular building, in their home, in a specific part of a building, or within a geographical area during quarantine.

Lockdown/curfew: A lockdown/curfew is different from quarantine as all people in an area are requested to remain in their own homes within the specified time interval without making any distinctions, such as a positive patient, suspected patient or not a patient. The aim of this intervention is to determine COVID-19 positives and mitigate the transmission of disease. Closure of borders and restrictions on public gathering, the prohibition of travel in the country, or an area corresponding to a few blocks, village, town, and city lockdown are implemented for different durations (days, weeks, or months). Finally, lockdown restrictions will be eased everywhere while it provides the possibility to find the source and to identify any other cases of disease or transmission.

Controlled social life: Another model to consider is social distancing by not leaving the house if it's not necessary, and staying away from closed, stuffy, crowded environments and using protective materials (face mask, gloves, hand sanitizer, and cologne) and to realize social and working life with these conditions.

Vaccination: Another method of protection is vaccination; the concept of modern vaccination started with the smallpox vaccine (1796) (Edwards, 1882) and has become an integral part of public health practices in recent centuries. The vaccine protects people from disease and eliminates the disease. Although vaccination is an effective way to prevent many diseases, it is not yet possible to develop a vaccine for every viral disease. A vaccine to protect against viruses may be hard to get due to the mutation of the virus. However, at present, finding vaccines for COVID-19 is really important for the world.

This study includes data from the Ottoman Empire and the Republic of Turkey and its transition from quarantine to compartmental model within 200 years. This is an important pilot study because it includes both historical perspectives from past quarantine applications to the new compartmental model. Therefore, this study provides a new perspective by comparing the data.

Methods

This study was conducted as a review to explore quarantine practices from the Ottoman Empire 1830 to the Turkish Republic 2020. For this purpose, we collected pieces of evidence using keywords from historical texts, articles, books and websites using the search engines including Google scholar, PubMed and Wellcome Library, etc. After that, articles, books were collected, separated, associated and qualified according to their references. Finally, documents were arranged and examined in chronological order compared with developments from the Ottoman Empire to the Turkish Republic.

Results and discussion

In this study, the Ottoman period and the Republic of Turkey are compared in their different management systems, since their different management forms have importance in quarantine implementation. Although religion and culture are important, governance systems of the states and the laws on which the system is based are very important in the implementation of general or scientific practices.

Ottoman Empire epidemics and quarantine

Ottoman Empire was a Turkish and Islamic (*sharia* was the legal code) state that existed from 1299 to 1923 (İnalçık, 2016). This period involved kingdoms, conquest or religion-based wars, religion-based kingdoms and male-dominated societies, formed according to the characteristics of its time period. Ottoman Empire had a sultanate system, power was passed from the father to the eldest son, and the life of the society was based on religious rules/laws (Islam, Christianity, Jewish, etc.) (Anık, 2012). Science, education and medicinal studies were conducted in accordance with the Islam religion.

Islam had a golden age with philosophic and scientific evidence and research between the 8th and 12th centuries. However, unlike the ancient Greek period, in this period science and philosophy was only for men. This period changed with many reasons and the Islamic world imitated what the church did in Europe between the 12th and 18th centuries. Greek philosophy and science were abandoned (Karaçay, 2011). Moreover, knowledge was considered a way to reach Halik/Allah/God (Karaçay, 2011). As a result of this, the golden age of Islam gradually turned into medieval Islam. This religious approach in the Ottoman Empire had been influenced by the adaptation of a religious understanding after the 12th century (Karaçay, 2011; Ofek, 2011). Religious people opposed the quarantine implementation as detailed below, as this new Islamic conception started in the 12th century. The contradiction of science and religion gradually led to the clergy becoming more dominant in the state (Karaçay, 2011).

The Ottoman Empire took preventive health measures in the emergence of outbreaks, just like other states. In this sense, the most important measures taken was the initiation of the quarantine. The first quarantine applications known in history were Dubrovnik in 1377 and 1473 in Venice due to plague (Vuković, 2020). The plague epidemic was also seen in the Ottoman, but the quarantine was not made until cholera became a pandemic. The first quarantine was started during Sultan Mahmud II.

The Ottoman society was against quarantine due to the Islam religion and trade. The thirtieth Ottoman sultan, musician, poet, calligrapher, Sultan Mahmud II and the *Hekimbaşı* (Minister of Health) Behçet Efendi tried to persuade their society and their clergies. For this reason Mahmud II (1808-1839) published an article at *Takvim-i Vekayi* to convince the clergy and religion based society (Yıldırım, 2006). This article also indicated that quarantine had health benefits for society and it was convenient to *sharia* law. In addition, Algerian Hasan Efendi wrote an "Ithafü'l-üdeb" epistle stating that the quarantine is not illicit. Considering that the quarantine was not against the *sharia* law, it was decided to

establish a quarantine organization across the country (Böke, 2009; Yıldırım, 2006). It was a wide-ranging application that required extensive organization in the state's highways, ports, and all settlements, including foreign trade ships (Koloğlu, 2005; Yıldırım, 2006). The Ottoman Empire started to apply the quarantine method, however the term "usûl-i tahaffuz" was used instead of the quarantine place, and "tahaffuz-hahane" was used instead of lazaretto (Sarıyıldız, 1996). The first tahaffuz-hane in the Ottoman Empire was established in Çanakkale in 1835 (Kahya & Erdemir, 2000).

The first quarantine was implemented in Istanbul due to a cholera case in 1831 with the suggestion of Ministry of Health (Hekimbaşı) Mustafa Behçet Efendi (1774-1834), and ships coming from the Mediterranean were quarantined in the Great Port, and those coming from the Black Sea in İstinye. Moreover, Mustafa Behçet Efendi printed *Kolera Risâlesi* (4000 pieces) for the public in Matbaa-i Âmir and distributed it to raise awareness to state administrators and the public. After a serious religious obstacle was resolved, quarantine organization was established in many provinces such as Bursa, Samsun, Sinop, Malatya, Trabzon, İstanbul, İzmir and Iznik and so on (Böke, 2009; Kumaş, 2011; Yaşayanlar, 2015; Yılmaz & Ersoy, 2017). After that, in 1837-1838, the 'Sanitary Department' was established in Bab-ı Seraaskeri (Harbiye Ministry), and in 1838, 'Meclis-i Umûr-ı Sıhhiye' (Quarantine Assembly) were established. And, in 1840, 'Meclis-i Umûr-ı Tıbbiye' (council of medicine matter) was established in Mekteb-i Tıbbiye (medical school) (Kahya & Erdemir, 2000; Tez, 2010)

Pilgrims belonging to the Ottoman Empire, before arriving to the Holy Place were examined with a checkup at the quarantine station. Pilgrims were subjected to a 35-day quarantine period (1831-1911) (Kuneralp, 1996). 22 pandemics occurred in Hijaz/Hicaz (western Arabian province) during 1831-1911. Nine pandemic records were collected: 1831 (20,000 dead); 1835-1846 (15,000 dead); 1847, 1848, 1865 (15,000 dead); 1871-1872 (130 dead); 1872-1873 (318 dead); 1881 (5,000 dead); 1882 (624 dead), 1891-1893 (30,336 dead); 1902, 1907, 1910 (329 dead) and 1911 (2,078 dead) (Kuneralp, 1996). Hijaz quarantine organization served pilgrims between 1865-1914 (Sarıyıldız, 1996).

In the 19th century, the Ottoman Empire continued to fight epidemics (plague, cholera, smallpox, malaria, and Spanish flue), with many deaths and loss of property in Anatolia (Ayar & Kılıç, 2017; Yıldız, 2014; Yılmaz & Ersoy, 2017). Quarantine practices were practiced by isolating areas with infectious diseases such as plague and cholera, and those who were found to have no infectious disease during isolation period were allowed to enter the country. In addition, the items used were also disinfected in the buildings. However, a problem was serious protests over quarantine physicians examining Muslim women. Furthermore, the quarantine application was continued for medical reasons and in the 19th century, quarantine was applied to control and treat leprosy, cholera, smallpox, typhoid, and syphilis (Çalışkan, 2020; Sarıköse, 2013; Şimşek, 2015).

In summary, this situation influenced all medical applications and scientific studies during the Ottoman period. Because the Ottoman Empire was a state of Islam

sharia-law system, all decisions taken including by the Sultan had to be approved by the *sheikh*-Islam. Science was therefore subject to texts that were read and memorized only in madrasas (schools) (Güven, 2010). Unfortunately, scientific research in labs was not done. For this reason, the establishment of modern medical faculty and laboratories required a very long time (almost 10 years) and was a difficult struggle.

Passengers used to put their personal clothes in special nets in rotating cabinets. The officers put passengers' clothes in cabinets that rotated 360 degrees, with hot air blowing, and conducted the disinfection process with steam. Meanwhile, the passengers were taken to private shower rooms with loincloth and clogs, and then they were examined by a doctor. Passengers who were thought to be healthy, were quarantined for an average of 8 to 10 days in the accommodation section.



Figure 1. The first written order in the history of quarantine: Sultan II Mahmud's written law regarding the quarantine of ships coming to the Rumeli side of the Black Sea in 1831 due to cholera in the Indian, Acem and Russian lands, reported to Istanbul. (Ottoman Archive, HAT, 1129/47952, by Murat Bardakçi)

Turkish Republic and compartmental models quarantine, lockdown and controlled social life

After the Ottoman Empire collapsed, an independence war was launched by Atatürk and the Turkish society. After winning, the revolutionary leader Mustafa Kemal Atatürk established the Turkish republic in 1923 as a secular system. It is necessary to briefly mention the revolutions that make up the Republic, to explain the administrative, social and scientific change between the two states. Sculpting a human image in Islam was considered a sin, therefore only two-dimensional human pictures of the Ottoman Sultans were made. Iranian miniature art is an example of this (Mirrazavi, 2009). Paintings from the Ottoman period belonged to painters

from western countries. Nevertheless, the republic supported all branches of arts and this changed the ban/sin understanding.

This change was important in determining the current healthcare services and patient rights based on human rights. This secular system involved a democratic regime based on law and scientific understanding; religion and state affairs were evaluated separately, inequality between men and women was eliminated (such as the right to education, the right to be elected and selected, the right to work, the removal of women from *chador*, women expressing their right to enactment of civil law over marriage arrangement, and women as humans understood and accepted) (Avcı, 2013; Demirtaş, 2008; Hermann, 2003). Atatürk said: "If you want to measure the civilization of a nation, look at how their women are treated" (Bilgin, 1990; Gökçimen, 2008). Briefly, the constitutionally secular country provided equal rights for every citizen; also, the separation of religion and state affairs enabled the studies of science to be carried out in accordance with their own methods and findings.

However, some clergymen were not satisfied with the secular system (women's rights, official law, and lack of religion clergy authority, education system, and scientific development, and so on) and the limitation of their powers, and they revolted under various names. This dissatisfaction is still ongoing for some reasons (e.g., the prohibition of the right of men to marry 4 women and also marriage with underage girls, women's rights and especially equal rights with men), and they are trying to return to the *sharia* regime again (Hermann, 2003). Islamist women, do not dwell on the issues mentioned above by emphasizing justice (Özdural & UYSAL, 2005). They criticize clerics who find the secular system positive. Some clergymen support the secular system of the republic and equal rights for people.

Wars and diseases: The Ottoman Empire, which participated in the First World War, could not prevent the invasion of its territory immediately after the war and was torn apart. After this situation, Turkish society started a struggle for its independence under the Presidency of Mustafa Kemal Atatürk. Of course, these wars negatively affected the socio-economic and health of the society. In 1920, there were three million trachomatous in Anatolia, and half of the population had malaria. On 2 May 1920, the Grand National Assembly of Turkey was established after the opening of the first cabinet where Dr. Adnan Adıvar was appointed as the first Minister of Health. The Ministry of Health made two-part planning of health services, namely prevention and treatment. In addition, mandatory service and the fight against infectious diseases were brought to physicians. Regarding infectious diseases, opening the tuberculosis centers, fighting trachoma, malaria, syphilis, and rabies, opening the Central Hygiene Institute and the School of Hygiene, and organizing national medical congresses were included. Also established for the fight against infectious diseases, Tahaffuzhan/Lazzaretto by the Ottoman Empire actively served the Republic of Turkey until the 1950s. As a result of the successes against infectious diseases in the post-World War II period, the functions of quarantine organizations

decreased worldwide. Infectious diseases isolation method is now needed only after an evaluation of the clinical situation and technical possibilities. However, quarantine may be required under some clinical situation, with technical possibilities, legal basis, and political will.

The most important legal arrangements in this period were as follows:

Agricultural struggle and agricultural quarantine law: Law Number: 6968 in 1957. Contagiousness as determined by national and international legislation requires precautions, quarantine services, principles, and policies in international ports of entry and exit, in the straits, in territorial waters, airports, land border gates. This law is particularly concerned with the quarantine of animals carrying infectious diseases.

International Health Regulation Official Turkish Gazette Number 14517 in 1973; Quarantine diseases included cholera, yellow fever, plague and smallpox. Republic of Turkey, Ministry of Health, Borders and Coasts, General Directorate of Borders and Coasts helped with preventing the spread of infectious quarantine diseases, with a total of 80 health inspection centers. According to Article 195 of the TCK: "In infectious diseases, it is necessary to comply with the mandatory quarantine conditions. This is a crime if not observed, those in this situation are punished." The isolation program and then quarantine against infectious diseases was previously mentioned. Standard isolation measures were contact isolation, air isolation and droplet isolation for illnesses such as tuberculosis, and chicken pox. The Ministry of Health formed an "infectious diseases and fighting guide (Regulation 22/2018)" to prevent and reduce infectious diseases (Sağlık Bakanlığı, 2018).

Obstacles faced by the Ottoman Empire, unfortunately, continues in the Republic of Turkey especially with some religious speeches; some of them continue their hateful and discriminatory speech with unrealistic expressions. Unfortunately, some religious based problems during the Ottoman Empire continue in the Republic of Turkey in 21st century. Even though there is a secular system and well developed science, a clergy may make a discriminatory speech (Desk, 2020; Özkan, 2020) where they do not take medical facts into account (BBC, 2020; Kirby, Taru, & Chimbizikai, 2020; Knipp, 2020). It is necessary to mention these because some people express their feelings of sexism, discriminatory remarks and racism as a religious idea. It is a public health duty to warn these people and to explain their unhealthy/wrong discourse, and to start encouraging people to participate in preventive measures. It must be a condition for all people to make statements based on scientific data and facts. Should people (religious or political leaders) have the right to make false statements in a matter of public health? It turns out that we should also talk about this as a public health problem in the 21st century.

There were humanistic religious leaders like Yunus Emre, who said: "The world is my true nation, its people are my nation"; "We love the created, for the Creator's sake"; "I am not here on earth for strife, love is the mission of my life"; "This world is a young bride dressed in bright red and green; look on and you can't

have enough of that"; "If you don't identify man as God, all your learning is of no use at all"; "The image of the God is a mirror; the man who looks sees his own face in there (Turkish Culture Portal, 2020).

The path followed in this process has developed as follows: Since the first confirmed case of COVID-19 on March 11, 2020, it has adopted many versatile and rapid transmission routes. Unfortunately, the isolation methods implemented so far have not been sufficient. In a sense, they have tried to find the most effective method through trial and error, as in many other states. The number of deaths in Turkey is around 4,500 and the number of confirmed cases is around 160,000. The implementation of quarantine to limit the epidemic requires an adequate economic life and a strong strategy because of its negative influence. Correspondingly, the World Health Organization (WHO) guidelines announced that some policies will help to control the epidemic outbreak such as isolation, quarantine, lockdown, and social distancing (World Health Organization, 2020).

In the first days of the epidemic, they tried to determine whether the passengers in the airports were infected with COVID-19 or not, using thermal cameras. Then the 14-day quarantine was started for passengers coming from abroad by air and road. The first confirmed case was on 11 March 2020, but later it turned out that this case was not the first. Turkey started quarantine for foreign passengers. After 11 March 2020, the 14-day quarantine was started in addition to measuring the fever of all passengers. However, a significant number of infected individuals in quarantine began entering homes before the start of quarantine measures in Turkey. In places where positive COVID-19 was found, entry and exit to apartments, villages or towns were banned and regional quarantine implementation was begun. Meanwhile, travels abroad was limited, only Turks abroad came with private air travel and were quarantined for 14 days.

However, these measures did not prevent the number of patients from rising too quickly, such that cities began to be quarantined as a lockdown and intercity trips were prohibited. Meanwhile, positive cases were found in workplaces, and those workplaces were closed first, but this measure was not enough, so shopping malls, cafeterias, restaurants and hairdressers where people gathered were also closed. Meanwhile, people aged 65-year and over were banned from going out of the house followed by the lockdown for the same age group. After a while, the same lockdown was implemented for those who were 20-year and under. A flexible working model (2-3 days a week) has been implemented for employees working in government offices; it has been decided to conduct training online, while intercity travel was prohibited. Unfortunately, workers and daily workers continued to work, including minor workers. This process was realized as a compartmental model. Meanwhile, when faced with the threat of limiting economic production and rising poverty, it was decided to give up this lockdown or have a limited quarantine.

Briefly, this compartments model included quarantine, a flexible working model, lockdown (e.g., regional, blocks or village) of the whole country, age-related lockdown application (e.g., included 65-year and

over and 20-year and under) and controlled social life. The government announced that Turkey will switch to a controlled social life model starting from 3 June 2020. Furthermore, the Ministry of Health and COVID-19 scientific board are going to stress controlled social life model's rules such as hand washing, face mask use and social distance rules.

COVID-19 forced all of the world and its states to apply various models including quarantine, isolation, lockdown, and controlled social life. However, economic reasons have forced open closed workplaces and started the intercity journeys with a controlled social life. This model is not only for Turkey; most states have followed the compartmental model such as the UK and Germany.



Figure 2. Checking the body temperature of passengers/customers with a thermal camera.



Figure 3. One of the quarantine dormitories, on 14th day. (At: <http://m.bianet.org/bianet/yasam/223243-ingiltere-den-getirilen-333-kisiye-14-gun-karantina>)

The Ministry of Health formed an “infectious diseases and fighting guide (Regulation 22/2018)” to prevent and reduce infectious diseases. The field investigation team's first aim is to find the source and the effect after the notification of the case and/or taking protection and control measures including tracing of the contacts.



Figure 4. The field investigation team. (from: <https://www.cnnturk.com/turkiye/filyasyon-ekibinin-calismalari-tum-hiziyla-suruyor?page=1>)

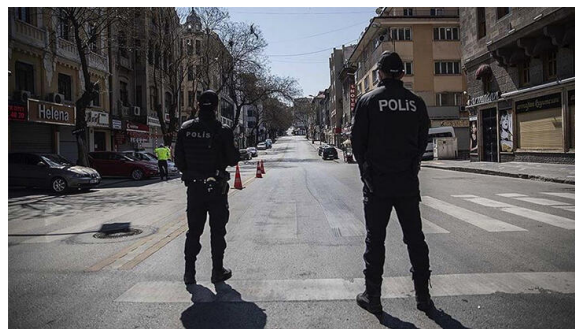


Figure 5. Lockdown/curfew

Controlled social life: Protect social distance; stay away from closed, stuffy, crowded environments; don't leave the house if it's not mandatory; use protective materials (face mask, gloves, hand sanitizer, and cologne).

Limitations

Historical qualitative data may involve more than found in the data and also have various contexts or interpretations. Chronological evaluation and comparison are very important for reviewing historical studies. The present data were collected from academic sites (e.g., Academi.edu, Wellcome Institute/library, Google Scholar, and PubMed) and also from websites that take official data into consideration and compared. However, there was a possibility of some unreachable resources.

Conclusion

This study evaluated quarantine data from the Ottoman Empire to the Republic of Turkey, chronologically. The data was collected in the context of epidemics and quarantine to explore the medical and scientific facilities and the infectious diseases quarantine practices in those periods. Infectious diseases that cause pandemics, have threatened societies in every period of history. Quarantine, which is one of the most important medical applications in history, was not sufficient due to the fact that COVID-19 pandemic could not be controlled in a short time and this negatively affects the economic life. COVID-19 has continued to be a serious hazard for the world due to wide transmission. The treatment model is still not clear and vaccination studies have not been concluded yet. Moreover, the pandemic has brought along many political, social, and economic problems. For these reasons, following the advice of the World Health Organization, they have tried to reduce the effect and spread of the virus with limited and rational quarantine, lockdown, and controlled social life. Some statistics of the Ministry of Health on this topic showed that the compartmental model is useful. In addition, with the slogan of controlled social life, return to work, and social life was initiated.

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The possibility of a renewed discourse on peace: An exposition of realities amid COVID-19 pandemic

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Abstract

When medical scientists come to grips with scientific measures and tools to arrest the spread of disease, physical suffering and death brought about by the COVID-19 pandemic, peace researchers also see violence, modern warfare and unjust social structures as evil that needs to be controlled and eliminated. The ethical commitment of this paper is to expose the realities and narratives of peoples and communities during this time of global pandemic and use them in a possible renewed discourse on peace studies as a result of this global health emergency. These emerging narratives are carefully aligned with the six elements of peace education, proposed by Swee-Hin and Cawagas, namely, the Inner Peace, Intercultural Solidarity, Human Rights, Dismantling the culture of War, Climate Justice, and Social Justice & Compassion. Peace education aims at providing better and life-giving alternatives to the existing social order so that the human agency will be equipped with the fundamental moral choice towards the realization of what is good. The good that this paper envisions is the possibility of a renewed discourse on peace that will eventually lead the present generation to restructure the present social order and make it more holistic, inclusive, and morally plausible, hence, peaceful social order.

Keywords: COVID-19 narratives, Peace, Peace Education, social structures, discourse on peace

1. Introduction

There is a possibility of changing the way we learn, speak and build peace in this present generation because of our diversified experiences and narratives about how the human beings and the world experience this COVID-19 global pandemic. The new normal allows us to rethink about how we have fully grasped Peace Education because of the changing perceptions about human relationships, established institutions and ideologies, and even about the presence of humans in the world. Peace education is a holistic process of teaching encounters that draw from people their desire for peace, non-violent alternatives, and skills for critical analysis. Our experiences of this recent crisis offer rich teaching encounters about peace.

Although the story of COVID-19 pandemic is not detached from the ancient subjugation of the superior over the inferior, we see how the present realities about world-power is being toppled by a microscopic virus that penetrated and threatened not only the lives of people but of systems, ideologies, structures, and even relationships of sovereign countries. All of a sudden, the measures of world-domination like military power, liberal economy, dominion of culture and values, leadership in science and technology are futile in addressing the enemy. These measures suddenly

changed its meaning and function in order to keep the world running.

This is where the old narrative of Peace Education wants to begin. The Western World controls the world, the United States controls the Western World, and thus the United States controls the world. By controlling the world, the U.S definitely owns the measures of world-dominion. They have the most advanced military power; they are the seat of capitalism and free market; they are the yardstick of a civilized culture; and they are at the frontline in the advancement of science and technology.

Over the past decade, the issue of who is up and running takes the public spotlight as "China is leapfrogging the U.S. in its technological capabilities." (Fannin, xxxx) China now becomes the at-par adversary of the U.S. not only in terms of technology but also of military capabilities, market economy and influence in culture. This set-up is a necessary groundwork in our understanding of where the fingers are pointing at while countries are being ravaged by the virus.

The opinion of Cunningham (2020) about this gives us a new narrative to this old springboard to Peace Education. He opined about how the Trump administration points a finger to China for the pandemic mayhem that brings more than a million cases in all states in the U.S. and killed almost a hundred thousand people. This is the "blame China" narrative. China becomes the scapegoat when the most powerful nation is not ready to accept that she is not capable of addressing the pandemic. The U.S. claims that the Chinese authorities knew but withheld information about the virus since early November or December of 2019, thus, in conspiracy with the World Health Organization, endangered lives of millions of peoples in many countries all over the world. Another theory is that a certain Virology laboratory in Wuhan leaked the virus originally purported as a weapon of biowarfare program. As a response, the China led media puts viral the conspiracy theory of an American Youtube blogger stating that a certain U.S. military Intel was the patient zero in Wuhan. All these baseless bandwagons are easier to accept than a story of a poor peasant who tries to buy exotic animal for food from a black market and eventually contracted a new virus.

The abysmal failure of some of the most advanced countries, like China, Italy, Great Britain, U.S., etc., to mitigate and address the crisis unlocked many heavily guarded questions about the flaws of capitalistic society, covert advancement of biowarfare, illegal imposition of powerful sanctions to sovereign countries, and even world-image (dominion) over human life priorities. As a result, the COVID-19 pandemic also renewed our questions about the self, human rights, cultural violence, social inequality, environmental justice, and the culture of war and domination. Thus, this pandemic brings to light a renewed discourse on peace.

This paper attempts to offer an objective exposition of the realities present among the poor communities who are greatly affected by the failure of the giants! It will try to show the life-conditions of new emerging poor communities like health workers, no-work-no-pay contractals, unemployed workers due to lockdowns, out-of-school students, senior citizens, the handicapped and mentally challenged individuals, the hand-to-mouth

farmers and fisherfolks, and the quarantined elite. The realities from these emerging poor communities will be subsumed in the old discourse about the elements of peace such as inner peace, intercultural solidarity, human rights, dismantling the culture of war, climate justice, and social justice & compassion.

2. Inner peace

Albert Camus (1981) wrote about "The Plague" more than 70 years ago. Camus skillfully describes the vulnerability of individuals and communities to the widespread devastation of plagues. Similar to our experience with COVID-19, the death toll now has reached over 800,000 worldwide. However, the recent pandemic is not only about death, but also about social breakdown, disruption of the usual normal, and widespread panic. Camus reminds us that no one will ever be psychologically prepared for global pandemics.

In an instant, our daily routines and everyday stresses are not only disrupted by lockdowns but have also become meaningless. The anxiety and uncertainty that the individual experiences are beyond what one can imagine in a lifetime. The safety bumpers of our lives like income, savings, job, acquaintances, authority, pleasures, etc. are pointless and the individual is at the mercy of what the elected officials and experts will do.

As a result, individuals resort to things that remained in their domain to keep their sanity. One will see a university of students and professors dancing tiktok in social media, writers publish their materials, jokers create memes, highly opinionated individuals post fake news, mothers open their cookbooks, professionals offer online courses, on-line selling, the lazy ones bolt themselves in front of the television, the selfish ones romanticize the donations they give to the poor, and the quarantined elite are now leveled among locked and hungry poor.

Quarantines and lockdowns enforce a very important opportunity to every individual – a time to re-examine the self. This is neither about heroism nor pointing fingers. This is about decency of the self. Imagine an ER doctor going home driving away his son from hugging him because of fear that the child might be infected; or a nurse air-hugging her daughter from a distance; or a crowd of condo residents applauding the efforts of the health workers in a nearby hospital; or a decent home returning the aid from the government thinking that others are more in need than them. This is how decency works. And this is our only weapon to counter the anxiety and uncertainties of the self.

Let us remember that inner peace is only meaningful when there is social peace. There can never be authentic inner peace when one is neglectful of the social turmoil that is going on around. Selfishness in hoarding alcohol and toilet paper, and in pretending to be poor to get amelioration fund from the government will never result to inner peace. On the contrary, living the decency of the human spirit, protecting human life above all, and achieving global solidarity will surely result to enormous appreciation and admiration of inner peace.

3. Intercultural solidarity

The recent encroachment of COVID-19 among the Indigenous Peoples of the Ecuadorian Amazon stirs

global concern (Anderson, 2020). On April 10, there was already a first recorded death among the Yanomami tribe. It is only a matter of time when, without careful intervention, the whole tribe and the neighboring tribes will be wiped out.

The indigenous communities throughout the world face incomparable risk of health emergencies such as COVID-19 pandemic. This is partly due to lack of proper sanitation, limited resource to clean water, crowded living quarters and insufficient health care facilities and personnel. In addition, the transnational corporations who exploit the Indigenous Peoples' domain bring with them deadly diseases that are detrimental to the vulnerable communities.

In his warning to his people against the recent pandemic, a tribal leader exclaimed: "The *cowori* (meaning outsiders) are doing terrible things. They are destroying the homes of the animals. Humans created this disease by killing the earth. Go make camps deeper in the forest. Drink plant medicines. Eat only wild meat and fish. That will keep us strong." (Anderson, 2020). The sustainable living conditions of the IPs have been existent long before modern civilizations. Thus, for the IPs, the only bearers of disease are the outsiders. The leader's warning also concretizes how the IPs equate their lives with the health of the earth. When the earth is being killed (destroyed), the IPs are being killed as well. What will make them strong and healthy are produced by the forest. There is nothing else from outside that they need. In fact, they have to be cautious with what the outsiders bring to them. Lastly, the warning also provides instructions to go deeper into the forest. This is always the case. The *cowori* drives IPs deeper into the forest so that the former can exploit the resources left behind by the latter.

This is not a remote narrative between the outsiders and the IPs. It has always been a trend that because of capitalism and hunger for earth's depleting resources, the IPs are dispossessed from the forest which they equate with their lives. However, this current global pandemic sheds a possibly renewed discourse about how the world neglects the cultural identity of the IPs, and exploits the vulnerability of these communities.

Inversely, this narrative can also be a point of reflection for those who design misdevelopment for the land of the IPs in the name of progress, prosperity and economic advancement. The social order imposed by the advanced cultures to dispossess the IPs of their lands and thus cause cultural genocide among the IPs is now turning its course toward the aggressors.⁶ The mass graves in most advanced nations are lethal reminders of the failure of the current social order. After all, we should not be building separate worlds because peace challenges us to build only one world for all.

4. Human rights

The COVID-19 pandemic has raised a lot of human rights issues. Although most of these issues are already tackled by experts and ethicists, this global crisis has renewed

⁶ Asia Indigenous Peoples Pact, *Victims of Development Aggression: Indigenous Peoples in ASEAN*. Thailand: Asia Indigenous Peoples Pact.

the way we argue about them. From among the many human rights issues, this section will only discuss five.

First there is the mounting cases of domestic violence during the community lockdowns (Ford, 2020). Reports of partner and child abuses have increased compared to prior months before the implementation of quarantines. Family members are now forced to be together in one roof for longer period of time than ever before. School-aged children are now staying at home for an undivided time. Parents attend to their children and deal with them without ever passing the burden to teachers in school. Initially, this was taken as an advantage to family bonding and closeness. The quarantines give time for family members to be productive and useful. However, as temperaments and psychological make ups manipulate human behavior, there also mount conflicts and misunderstanding, thus, sometimes result to verbal, physical, psychological, and even sexual abuse. Surely, the discourse on violence and family dynamics will alter and will never be the same after this pandemic.

Second is the right to religion. After the lockdowns have been implemented in many places, congregations are no longer allowed to express their faith in usual mass gatherings. Many religious groups have resorted to livestreaming their services to keep the safety and physical distancing requirements (Arndt, 2020). Other religious leaders who insisted to hold their worship in churches were penalized and persecuted.⁷ Some others devised their spiritual services beyond what is normal and necessary like drive-thru confession or online counseling (Torres, 2020). Even Easter, one of the most important celebrations of the Catholic faith, the solemnity of solemnities, was celebrated by the pope at the Vatican, attended by few members and livestreamed by the local broadcast media. Similarly, one of the most important celebrations for the believers of Islam is the *Eid ul Fitr*. This year, the celebration is quite different than how it has been celebrated for decades. All these were unimaginable before the pandemic. Had it not by this recent crisis, all these stories will be taken as an infringement of the freedom of religion. However, this time, the right to religion is not just about freedom to choose one's religion and the profession of faith in one's religion but how we can freely express the religious rituals without restrictions. Certainly, there will be some major adjustments to some religious structures and systems after the pandemic, thus, changing the way we understand the right to religion.

Third is the right to education. The global pandemic produced another poor sector in the community – the education sector. This new emerging poor sector is poor because the lives and identities of teachers, students and academic supervisors become instantly uncertain. The closure of most schools had never happened in the memory of the recent generation. The initial excitement and the lasting anxiety of students are incomparable to all academic demands in the classroom combined. However, quick to adjust to the changing needs, some schools immediately devised some mechanisms and procedures to proceed with online instruction

(Gonzales, 2020). This too must have provided a lot more anguish especially to those students and teachers who do not have the facility and capacity for online learning. In addition, we cannot also disregard the concern of private school teachers and contractual employees in terms of continuity of income. The lack of readiness to address global pandemic, particularly in the academic sector, will necessarily become the subject of discourses shortly after this crisis.

Fourth is the civil rights of the senior citizens. During COVID-19 quarantines, the elderly have been identified as the most vulnerable victims of the virus. As a result, the senior citizens are sternly instructed not to go out of their homes, thus, restricting their freedom. This scheme too has never happened before. Inasmuch as the elderly want to be free and independent, the quarantine guidelines are limiting them on the contrary. The limitation is very understandable because the authorities do not want to jeopardize the health of older adults. However, this results to feeling of repression and discrimination on the side of the senior citizens. Once again, these liberties will find their new tastes in peace discourses after this contagion.

Lastly, and perhaps most importantly, are the rights of persons with disability. This is the most vulnerable sector in this time of crisis because most of them do not understand what is going on. Naturally, their welfare and protection depend on the critical standards provided for by the policies and guidelines during global health crisis. Maboloc (2020) strikingly writes “[t]he 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 terms of peace narratives, this account will possibly change the direction of human rights discourses.

5. Dismantling the culture of war

A gross deal of most countries' budget allocation prioritizes the advancement of military power. In the Philippines alone, the 2020 budget for the Department of National Defense is way higher than the budget allocation for the Department of Health.⁸ This alone communicates that our government weighs peace & order, security and militarization more seriously than public health. No wonder that in times of health crisis like this COVID-19 pandemic, the government scrambles to provide the necessary health facilities and apparatus for sick people, notwithstanding the needed personal protective equipment (PPE) for the health workers in the frontlines (Gartland, 2020).

Moreover, we also hear physical assault against health workers who are doing their duties in treating COVID-19 positive patients (Mayol, 2020). The attacks are perpetrated by random people because of stigma. Health workers are no longer allowed to go home to their rented apartments, or even allowed to take public transportation. Since the people are not fully aware of the nature of this new Corona virus, the health workers

⁷ The Associated Press, *Louisiana Church Packed for Services Again Despite Charges Against Pastor Amid Pandemic*.

⁸ Department of Budget and Management, *President Duterte signs P4.1 Trillion 2020 National Budget*.

are stigmatized as bearers of infection. Therefore, while the health workers are already exhausted in working under long shifts, they also endanger themselves in contracting the virus because of lack of PPE, and they further risk their safety and security when they are in public places.

In the western countries, especially in the U.S., we hear stories of racial discrimination against Asian in general and Chinese people in particular (Hobson, 2020). Asian health workers in American hospitals are both celebrated and abominated. They are hailed because of their sacrifices in attending to the health needs of the COVID-19 positive patients. At the same time, they are also victimized when they are outside the hospital.

These are new narratives that have evolved since the beginning of this pandemic. All of a sudden, we realize that health is not the government's priority, and the health workers are living their lives miserably. In other words, this pandemic brings to light another poor sector in our community – the health workers.

Digging further, this realization about health situation in the world brings us back to the ground zero of this pandemic. As soon as the health crisis broke out in Wuhan, China, speculations about biowarfare researches have already emerged. The use of biohazard chemicals and poisonous materials during war is not new to humanity. Biowarfare has been a dirty strategy of military powers dating back in antiquity until its massive harmful effects in both world wars I and II (Hooker, 2020).

The Wuhan biohazard-leak theory did not come as a surprise to many. The U.S. strategists are quick in claiming that China, in cahoots with their allied countries, has carelessly failed in its biowarfare research in Wuhan, and collaborated with the World Health Organization in keeping the epidemic secret until it became uncontrollable. On the contrary, it also says that the "Trump administration has been constantly raising the issue of growing Chinese global competitiveness as a direct threat to American national security and economic dominance. [I]t must be possible that Washington has created and unleashed the virus in a bid to bring Beijing's growing economy and military might down..." (Giraldi, 2020).

Whatever is the true about this will have to be unconcealed after the crisis. However, there is one thing that will possibly dominate our renewed discourse on dismantling the culture of war – that the health sector together with other frontline sectors like food sector, basic services, and even public leadership are all jeopardized when the government gives more emphasis on global military domination.

6. Climate justice

We are glad to have known some of the hard-line environmentalists over past decades. Greta Thunberg, the TIME's 2019 Person of the Year, surely has moved many leaders throughout the globe to do something about the environment as she fiercely faced Trump's rhetoric head on (Alter, 2019). We might have thought that indeed the environment needs people like her. Now we realize that this is not actually the case. The sudden disappearance of people on usually busy thoroughfares in metropolitan areas; the vanishing visitors from parks

and zoos; decreased dependence on crude oil because of loss of movements of travelers on land, water and air; and the fading production of pollutants by factories and machines, all contribute to the sudden yet readily observable healing of the environment.

The wildlife starts to reclaim vast spaces previously occupied by rushing people. Some peacocks and gazelles were sited on Dubai's superhighways (Vohra, 2020). This is something truly unimaginable without the lockdown of people and their expensive cars. More and more hatchlings of endangered sea turtles freely find their ways to the sea without the ever-destructive interference of tourists and beach goers (Geggel, 2020). We even notice the clearing of thick smog of pollution on big cities due to lessened human activities. This reduced volume of pollution produced by cities everyday was scientifically verified by experts and compared to previous readings before the lockdowns (Gardiner, 2020). The most encouraging of all is the satellite image of the damaged ozone layer slowly healing itself as a result of reduced greenhouse gases. All these are manifested within weeks of human inactivity. What is this telling us?

Nature heals itself. The environmental principle that says that everything is connected to everything else takes a very different meaning after the human beings are removed from the equation. Without us, the wildlife reclaims their life being wild, and the atmosphere does its job in preventing the devastating effect of global warming.

The lockdowns of humans are probably only temporary. Human ingenuity, intelligence and might can overcome this pandemic. Eventually, the world will slowly reopen to the usual human activities. Necessarily, bringing back humans to the equation will also undo what nature has done without us. However, these narratives caused by COVID-19 may also serve as a striking eye opener to future emerging environmentalists. Possibly, this will change the way we look at our existing environmental international protocols and policies. This may also change the way we look at ourselves in relation to our common home.

7. Social justice and compassion

One compelling issue on social justice and compassion is who receives the aid from the government. Theoretically everyone should have an equal share of the food rations provided for the local government units who rightfully imposed lockdowns in cities and provinces. Given that everyone is contained at home, and obtaining an income to buy food is not possible, it is mandatory that the government will provide food for everyone. However we are new to this scheme. First, the government cannot afford to run for months without opening businesses, thus, exposing the vulnerability and ill design of capitalism. Second, everyone is considered poor and unfree, a quarantined community. This must be beyond our usual notion of justice and fairness and social strata, but, not everyone locked at home can go without food rations. There are some who can survive for weeks and months without literally going to work or opening their businesses. On the contrary, a pedicab driver, for example, who survives a family of five will surely go

hungry the following day without going out and earning for his family's survival.

Moreover, the power of the government to impose quarantine guidelines to individuals, communities and institutions seemingly presupposes their tendency to harass, abuse and humiliate the violators (Krishnan, 2020). Will this qualify as an act of compassion? While the majority faithfully suffers the boredom of staying at home, going outside without observing precautionary measures, and presumably spread the virus, is socially uncharitable. Surely, the government and individual citizens have opposing perspectives about the pandemic. On the one hand, individuals are just so afraid to get sick! So, while they suffer boredom and hunger during lockdowns, just the thought of becoming infected and dying in hospitals alone is enough reason to stay at home and postpone everything. On the other hand, the government just wanted to open up everything and normalize businesses and government operations. Thus, it is not surprising that billions of funds are loaned and offered not to feed the poor but to aid the already multibillion businesses.

Social justice and compassion takes a new face in this new scheme. We realize numerous narratives of compassion from unexpected people. We see young volunteers go for groceries and pharmacy runs for the elderly neighbors and health risk individuals (Kaplan, 2020). Also, a sixth grader, whose imaginative innovations and deeply seated compassion, helps in 3D printing some facemasks for the frontliners from his kitchen. Another is a story of one doctor in Davao City who was flagged by a checkpoint officer who happened to be the husband of the doctor's patient who just gave birth to a child. Knowing that the husband cannot be with his wife because of his duty, the doctor cancelled her professional fee (Lumantas, 2020). On a bigger scale, the Chinese government sends its remaining COVID-19 experts to other countries which are still ravaged by the virus (CNN Philippines Staff, 2020). Narratives like this are common during normal times, but are especially highlighted during this time of uncertainty. This perhaps is a phenomenon of creating and redefining compassion other than the common dole out of the rich giving their extra to the poor.

The most uncompassionate narrative that we wish to un-hear during this time of chaos is the imposition of sanctions by the powerful nations to some poorer, underprivileged nations. Concrete example is Iran. It has almost a hundred thousand cases of COVID-19 with more than five thousand deaths. Yet the Trump administration sees it fit to not only maintain harsh sanctions on Tehran; it has actually added three more rounds of sanctions against Iran since the epidemic occurred (Cunningham, 2020). We cannot fully comprehend how the most advanced and most civilized nation terrorizes other sovereign nations already ravaged by the pandemic.

Perhaps the mass demonstrations amid the pandemic going on around the globe, although apparently about the causes of the "Black Lives Matter" following the death of George Floyd in Minneapolis, can alternatively be viewed as the tipping point of human consciousness (Fernandez and Audra 2020). The piling of abusive narratives going on around, from the uncertainties of the

pandemic, loss of jobs, fear of untimely death, corruption in subsidies, chaos in the educational system, unethical media, hunger, poverty, political divide, social unrest, and now death of an unarmed man choked under the custody of the police, and so on, are just too much to bear for an ordinary human being.

COVID-19 has changed the landscape of how we understand compassion and social justice, thus, possibly changing the way we take discourses on peace. The new normal reveals the previously unrecognized acts of compassion and generosity by the unheard individuals. At the same time this global pandemic also reveals the callous and cruel ignorance to social justice by the previously looked-up-to institutions.

Conclusion

Life under community quarantine is far from over. The silent yet lasting effects on people and communities and social order will soon be discovered. What is evident so far is that the COVID-19 pandemic eradicated the long accepted world divide such as east-west, north-south, rich-poor, developed-developing countries, etc. The virus never exclusively victimized the poor, the uneducated, the unemployed, the unhealthy and the like. It devours everyone in its path without distinction. This powerful virus stopped the operations of the world and exposed the least heard narratives of peoples and communities. These realities are brought to light by careful examination and appropriation of the six elements of peace. Further, these realities change the way peace researchers and educators teach and work for peace.

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A new social work approach for Sri Lanka: Buddhist social work

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Introduction

Social work is a method of solving human problems that are studied at a professional base, at university level. The social work of Western European origin is present in all countries of the world today. Originally from England, it has historically developed into a subject in North America. It has developed into a professional subject for resolving social problems. At present in Sri Lanka, the number of dependents is highly increasing. There are many reasons. Every government in Sri Lanka has implemented various welfare programs (Janasavi, Samurddhi, etc) to alleviate poverty aiming to address these problems. However, the high level of dependency is still not showing that these welfare programs aren't successful. The solution to this is the need for a welfare program tailored to Sri Lankan culture. Bhikkhu society has a huge role to play in a close and friendly human society in Sri Lanka. The monk has to intervene in the task of organizing the basic welfare services of the monastery/Temple and uplifting the people. A suitable approach is to identify the subject of Buddhist social work. This study will discuss the need for Buddhist social work based on social work in Sri Lanka. It focuses on factors that influence the development of the social work profession. The purpose of this study is to identify the need for a Buddhist social work approach and to investigate the prevailing situation. But this study does not focus on statistical data on poverty in Sri Lanka.

This knowledge is important to understand the need for a Buddhist social work approach that can be easily adapted to Sri Lankan culture. The reason is that the social work approach, which originated in the West, is difficult to adapt to today's Sri Lankan society. The existing social work systems in Sri Lanka are based on Western teaching. Western culture and Sri Lankan culture are different. Western culture is person-centered

and an economic-based social culture. Sri Lankan Culture has been based on agriculture and social support system. The Western model is difficult to adapt to Sri Lanka without modification. What is discussed here is "professionalization" of social work in Sri Lanka in general. There are social services and social work has a different meaning. Sri Lankan cultural values are too high to distinguish between social service and social work. Therefore, most of the time it is difficult to introduce the difference between social work and social service; people think of social service as social work. The welfare services carried out based on monasteries/temples should be distinguished.

Buddhist social work

Buddhist social work is a new term to western professional social work. It can be used as an alternative to the field of social work. The debate on this should take place among academics to find out a clear word for that. The occurrence of this condition is also unavoidable. The term was first introduced to an academic discussion by the Social Work Research Institute Asian Center for Welfare in Society (ACWeIS) Shukutoku University in collaboration with Japan College of Social Work. An educational article on this was published in the 2014 issue of *Asia and the Pacific Association for Social Work Education's Magazine*. It was headed by Professor Tatsuru Akimoto (Former president of APASWE and at present the director of Asian Research Institute of International Social Work, Shukutoku University of Japan) and edited by Etsuko Sakamoto. Its title was "Professional Social Work and Buddhist Work as its Functional Alternative".

It is appropriate to quote the very first chapter. Akimoto (2014) mentions: "The commonsense of the world is "social work", "professional social work" but there are many other entities and people that have carried out the same or similar functions as "professional social work (ers)" in a society. We tentatively term them its functional alternatives. Some of which can be called Buddhist practice and activities of Buddhist monks, e.g. *Budda samaja mehewara* in Sinhalese in Sri Lanka, are a case in point. Here, some of commonalities and differences between "professional social work" and this kind of Buddhist work, which must be translated as "Buddhist social work" in English, are hypothetically presented. Having the differences, "professional social work" insists on its authenticity as social work, and behaves as if it tried to monopolize social work. Other social works seem to be expected to use it as a yardstick to conform them to it. The difference is not in superiority, but "from which side do we discuss, "professional social work" or Buddhist social work?" It is my contention that, to establish a global social work beyond western countries and regions, both have to be placed within quotation marks -as it were- and be ascribed an equal position and the concept of social work must be inductively defined from various social works. (p.133).

At the beginning, attempts have been made to address the disparities between social work and Buddhist social work; of course, it is true that social workers and Buddhist monks perform different tasks. It is their duties. They both have deferent tasks to play and

they both are working with people, but the problems here are the way of functioning change. Social workers intervene in people's problems with theoretical subject knowledge and practical training. Social workers study human behavior using subject knowledge such as psychology, social science. They have a clear understanding of the problem-solving process and understand resource coordination and people linked with resources.

Akimoto (2014) mentions: "They are working for and with the poor, children, the elderly, people with disabilities, offenders, refugees. Providing various services such as consultation and counseling, advice, referral, meditation, advocacy, networking and mobilization of social resources and organization (p.133).

But the purpose of the Buddhist monk is to serve two main purposes. The main purpose is self-liberation. The second objective collides with the first objective and moves on. That's how; the Buddhist monk pursues his cause by living with people and serving the community. In this case, most of the time Buddhist monks do not perform their services with the help of scientific knowledge or planning. But most of the time, they do social service. Social work educators have noted that there is a clear difference between social work and Buddhist social work. In that sense, we can agree with the following view expressed in the above statements: "We tentatively term them its functional alternatives. Some of these can be called Buddhist practice and activities of Buddhist monks."

There are contradictions and similarities between social work and Buddhist social work. Although the above is the first academic article on Buddhist social work discussed in 2014, 1990 Ken Jones has also discussed the subject of Buddhist social work but it was just explaining the way of the worker to think before going to the charity work. The title of his article was "Three requirements for an effective Buddhist social work". Ken Jones was a quintessential scholar and popular author on engaged Buddhism in the US and offers three dimensions to promote Buddhist social work from his article. Jones (1990) said; "Firstly, Buddhism, however, maintains that although there are positive and radical social developments which can relieve much suffering by themselves. These will always ultimately disappoint us. Secondly, we do nevertheless need to develop a Buddhist social theory which will both be taken seriously by educated non-Buddhists and which can explain the complexity of modern social life without secularizing or diminishing *Dhamma*. Thirdly, our Buddhist social analysis must be extended so as to be practical and helpful to all who are socially oppressed and exploited" (p.4.). This indicates that by 1990 there was a discourse on Buddhist social work. Thus, it is evident that he had knowledge of Buddhism as well as social work.

The scholarly symposium which was held by Hasegawa Research Institute for Buddhist Culture, Asian Center for Social Work Research, Shukutoku University, Japan in 2016 is an important factor in studying the development of Buddhist social work in the world. The theme of this seminar was the Buddhist "Social Work" and Western-rooted Professional Social Work." The

seminar was coordinated by Prof. Tatsuhiro Akimoto and members from Myanmar, Nepal, Sri Lanka, Thailand, Vietnam, and Japan attended it. The seminar was held in Chiba, Japan on October 8th 2015.

In this Seminar, According to Venerable Acharya Karma Sangbo Sherpa's (Buddhist Monk- Ex Vice Chair, Lumbini Development Trust; Thrangu Tashi Choeling Monastery, Nepal) the Buddhist activities which are current practices would like the work done in Nepal as a collective, rather than a separate identification of Buddhist social work. According to Gohori (2016): "The engagement of Buddhism benefits society and practitioners. The traditional approach to Buddhism is that they mostly begin the practice in the monastery. There is a real chance to reflect on the larger issues of society in general. Due to advanced technology and modernity in general, the society has changed a lot. Patterns of thinking, behavior, attitudes, and living standards have changed. The Buddhist monasteries in Nepal, the Buddhist practice, and social engagement must be viewed together. We don't have any differences. We always do together with the lay people and engage the monks and nuns in social work (p.13)". In his honest opinion, there is no understanding of western social work. He focuses on all the Buddhist activities that are taking place in Nepali culture. Accordingly, the fact that the ability to distinguish between Buddhist social work and the existing system does not reflect Buddhist activities is currently underway.

Further, the role of the monasteries in his presentation is as follows in general

- Education
 - Secular education
 - Religious education
 - Spiritual education
 - Formal education for monks
 - Formal education for lay students
- Education on traditional medicine and astrology
- Provided free medicine (clinic service)
- Global dental camps

This indicates that the role of Buddhism in Nepal has been around the field of education and health welfare services in dealing with the rural community. Here some sort of social work intervention strategies can be seen but these programs' outcome of reflection should be to clearly understand whether it is a success or not.

In Thailand, this situation takes a different form; there are two Buddhist Universities that conduct social work-related courses. Namely, Mahachulalongkorn Buddhist University and Mahamakut Buddhist University. Thailand is a Buddhist country and they have a closer relationship with monks and lay people there. Some characteristics which are provided by Thailand Buddhist temples were explained in the same seminar proceeding. Gohori (2016): "*The first one is providing shelter, food, clothing and medicine to target groups who are in need such as children, elderly, disabled people and patients suffering from chronic illnesses. The second one is organizing social welfare in the community*" (p.20).

Every Buddhist monastery is primarily engaged in social service activities. If there is a program to organize the community in parallel with social work and to strengthen the organizations and thereby improve the

welfare of the rural community, it is a social developmental social work approach.

The panel discussion at this seminar addressed several important issues. Professor Masatoshi Hasegawa (*Daijo-Gakuen, Inc., Director of Hasegawa Research Institute for Buddhist Culture, Japan*) who represents Shukutoku University has focused on a very important issue. He wonders whether the temple-centered intervention is being done in a systematic way to meet the needs. He points out that: "So when we encounter various difficulties or sufferings in our lives, the temples and Buddhists do not necessarily respond or meet the needs of people. Or rather the monks who can do that are quite limited."

The distinction between social work intervention and social work discretionary intervention is questioned whether Buddhist social work is usually a matter of meeting the needs of the people or engaging in a systematic intervention with formal training or not. Buddhist social work is about solving human problems by a skillful person with an intervention of theoretical knowledge from scientific training. The above statement has been confirmed by Professor Hasegawa. He says Gohori (2016): "I thought that at the training of Buddhist monks, in a practical sense, these precepts are accepted and received. So this is an important principle of practice of Buddhism, but they are nevertheless there in order to respond to the needs of the people, basically. So perhaps it is very difficult to separate Buddhism and social work or social work from Buddhism and that is how it is being accepted widely." (p.39)

This was a very fascinating comment and idea. This is a curious and inexplicable condition in the minds of scholars interested in this particular field of Buddhist social work. A different viewpoint has been put forward by Professor Herath H.M.D.R. (Department of University of Peradeniya, Sri Lanka). His view is that (Gohori, 2016): "Buddhism and social work cannot be viewed as two aspects. In Buddhism, Lord Buddha himself says we have to work for others, their satisfaction- therefore there is no big difference between Buddhism and Buddhist social work. Buddhist social work always is directly connected to reduce or disconnect the eternal suffering. (at the same comment he explained western social work also) according to him- Now we are moving from two different angles. Western social work is about professionally qualified people, about institutionalized ethics with definition. From time to time they try to introduce different definitions with the globalized changes." (p.40)

This is an important point to understand. If we compare Buddhist social work with western social work, western social work is a well-developed, institutionalized profession. Here two main points need to be addressed. Social work should be understood separately as a "social work profession" and "Professional social worker". Like that, Buddhist social work should be understood separately as "Buddhist social work (profession)" and "Buddhist (professional) social worker"

Professor Nguyen Hoi Loan (Associate Professor, Department of Social Sciences and Humanities, Vietnam National University, Hanoi, Vietnam) is of the opinion that Buddhism is a great support for social work.

(Gohori, 2016): "Buddhism really pulls spirits into social work and really gives life to social work, if Buddhist activities can be tied with social work, I think you can also broadly define- these Buddhist and charitable works that we also show as work activities, we have to look at Buddhism itself and try and redirect the course into the right direction."(pp.40/41)

This is a real fact; Buddhism is bringing values and ethical spirits into social work to develop a way of practice. "If Buddhist activities and these can be tied with social work", of course it should be. In that case, social work will become more and more popular, and it will also be able to take on new faces.

Monasteries/temples are currently in the process of implementing programs that are applicable to Buddhist social work in Sri Lanka. The Buddhist monk works towards human welfare by applying Buddhist principles in parallel to engaged Buddhism. For example, K. Piyarathana said: (Gohori, 2016) "our temple functions as a center for a large number of religious and social activities such as consoling activities, memorial ceremonies for deceased people, running the Sunday school, Monks' School for 20 monks, establishing welfare societies in all 18 villages, supporting to protect these people from the dreaded kidney disease, providing them with safe drinking water, advising them on food safety. We formed volunteer organizations to play a crucial role in educating the people about the prevention of diseases" (p.50)

Social work interventions can be seen here. The main function of community work is to empower people to do their work and build strong relationships with each other. In fact, these services are more related to social work intervention strategies.

According to Professor NorikoTatsuka (Dean of College of Integrated Human and Social Welfare at Shukutoku University, Chiba, Japan), Buddhist social work can be identified as a very interesting field and the philosophy of vanity is a very important tool for thinking. The problems are that today complex problems are increasing. Can Buddhist social work address such issues? This was her question. Based on this point she explained: (Gohori, 2016) "There are people who suffer from the disease, people who are frightened of death. At one time, you feel an inferiority complex, in other times you feel you are suffering from agony. That is our suffering. But, how can Buddhist social work address that today and tomorrow? And perhaps this is one topic that would merit exchanges of views and discussion" (p.66)

It is fair to raise her questions. New diseases are spreading like never before, not only in Japan but also all over the world. They also change in nature day by day. Yes, it is true but it should not be the purpose of Buddhist social work to answer human problems. The purpose of Buddhism is to study the causes of the problems instead of answering them. Therefore, the ability of Buddhist social work to identify new models such as remedial model and preventive model discussed in Western social work should be studied. The sources that apply to it can be found in Buddhist teachings. World Health Organization points out that the number of people who die from non-communicable diseases is higher than the number of people who die from

communicable diseases. For example, psychosocial stress, living in deprived conditions can mean experiencing adverse environmental, living, working, and social conditions that create stress. Coping with mechanisms for stress varies according to individual resilience and levels of social support, but ways to cope may include smoking, drinking alcohol, and excessive eating, all of which contribute to inequalities in non-communicable diseases. Prolonged experience of stress also directly triggers mental health problems and physiological responses that contribute to non-communicable diseases. Buddhism's view on this is that mental wellness is about managing stress and life pattern. Man has been busy in the present movement with unachievable future expectations.

Professor Ishikawa analyzes the development of Buddhist social work. According to his vision, he focuses on three steps: (Gohori, 2016) "The history of Buddhist social work has been conceptualized like this. Starting from Buddhist charity work at a personal level, and then organized Buddhist social work. The third level is institutionalized Buddhist social work" (p.82)

In his view, it is clear that the beginning of the Buddhist social work approach has come from charity work. To prove his point, he refers to the establishment of Buddhist welfare services in Japan. It is the true. In every country where culture is embodied in Buddhist philosophy, donations are used. Volunteerism can be identified as one aspect of improving Buddhist social work.

Buddhist social work -Sri Lankan situation

A closer view confirms that the western-rooted social work education encounters rough surfaces during its journey in Sri Lanka. For instance, social work practitioners find it difficult to apply and match certain approaches, tools, and methods within the Sri Lankan context. One simple example is that social work approach in providing solutions to a person in a family setting cannot be tuned precisely because the effect of the family on the individual's issues is much more in Sri Lanka than in the West where the subject of social work has been nurtured. The form or the texture of the social setting in Sri Lanka can be viewed as the cause of the above-mentioned lack of tuning of certain aspects of scientific social work. Therefore, it is more scientific to focus attention on factors that have evolved this social texture. Buddhism is the main religion and the culture that has kept all communities together, and the way of living practice over centuries in Sri Lanka can be identified as the main factor for the specific context of Sri Lankan society. In other words, the influence of Buddhism has acted as the key contributor and the matching aspects of the other religions such as helping the needy, valuing the peaceful living, etc. together with other aspects that have strengthened the other cultural bindings. When it comes to social work, Buddhist teachings have much in common and it is apparent that Buddhist teaching can be precisely introduced to form a consistent social work component that is more acceptable to the communities in Sri Lanka.

Compassion and making others' lives easy is at the core of Buddhist teaching. Therefore, the essence of Buddhist teaching promotes and motivates all human

beings to help fellow humans when they are in distress. Not only Buddhism but also all the religious beliefs motivate them to commit themselves to provide services to fellow beings. Philanthropy was originally motivated by religious teachings. A charity such as almsgiving and volunteer work, considered as social philanthropy, mainly focuses on providing basic needs such as food, and shelter for people who are deprived. Individuals also engage in social philanthropy. Organized services provided by the government and non-governmental organizations directed towards meeting the needs of the poor are called social service. Disabled, destitute, orphans, abandoned, displaced, marginalized, socially excluded, dispossessed, vulnerable and those at-risk are some of the adjectives used to describe the poor or needy in the society.

The influence of Buddhism gives more priority to altruism, magnanimity, and equality. Empathizing and becoming sensitive in the distress of another is a significant characteristic of the Sri Lankan culture. Buddhism also promotes the cause and effect process that is a scientific approach that is again congruent with social work principles. Social harmony is greatly influenced by Buddhist teaching. In fact, professional social work emphasizes on rights-based approaches in unleashing the potential of the needy in providing solutions. But, the harmony-based approaches of Buddhist teaching in unleashing the potential of humans can enrich the social work approaches.

The policymakers and strategic managerial personnel are ignorant about the importance of social work in improving the quality of life of people in the country. In addition, the Buddhist monks whose guidance is considered respectfully by the community in solving their problems are not motivated to learn social work. However, if Buddhist social work is nurtured with teachings in Buddhism, the trend of learning social work and applying it in a broader setting will improve. This requires analytical studies of this nature, pooling of adequate literature and encouragement to do further research in this regard so that Buddhist social work education will be developed at a sustainable pace. The concepts, approaches and tools can be carefully extracted through "Sutta Pitaka".

Conclusion

Buddhist social work initiatives are still in the infant stage within the scientific professional Social Work landscape. One of the key factors for this situation is that Buddhists themselves do not use the term "social work" or even they do not identify a category called "social work". Therefore, the need for an appropriate social work approach to work with people in an indigenous community with a multi-cultural environment has been identified. As a step in the discourse, Buddhist social work has come to the fore. Therefore, the Buddhist society needs to know exactly what it is. Prof. Tatsuru Akimoto commenting on the matter said: (Somananda, 2020) "It does not matter to Buddhists whether people translate or name such activities as "social work" or whether the Western-rooted professional social work approves them as social work or not. It only matters whether Buddhist temples, monks and followers can

address the difficulties and problems of life people face and how effectively and how much" (p.24)

It implies that Buddhist social work mainly deals with solving human problems. In this context, Sri Lanka's experience is that Buddhist temples stand for human needs. It is done through two approaches. One approach is related to the spiritual life of people, and one approach is related to the life of people. But from a social work perspective, it is clear that the intervention must be a systematic plan and scientific approach. For this purpose, Buddhist social work has to be properly defined.

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The impacts of social distancing during COVID-19 pandemic on human health - evidence from Bangladesh

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Abstract

Objective: To investigate the impacts of social distancing measures on human health, such as physical and mental illnesses.

Study design: Questionnaire survey

Methods: A 15-minute online-based questionnaire survey was conducted from 31 March, 2020 to 30 May, 2020 during the COVID-19 pandemic in Bangladesh. Participants were asked to provide their perceptions on food habits changes, and physical and mental illnesses for recently imposed social distancing measures, such as stay-at-home, for overwhelming transmissions of coronavirus in various regions of Bangladesh. A focus was given to test the impacts of social distancing measures across categories of susceptible individuals and their age groups. The susceptible individuals were classified as non-COVID-19 patients and non-patient susceptible individuals.

Results: Social distancing measures have considerable impacts on human health. The findings show that social distancing may not significantly impact on the food habits changes and physical fitness in the beginning of a pandemic, but may create huge impacts on mental illness, such as panic, anxiety and stress.

Conclusions: Social distancing is an effective measure of controlling virus transmissions during a pandemic, but causes significant concerns of mental health for non-COVID-19 susceptible individuals, particularly who are elderly in Bangladesh. Thus, 'stay-at-home, but stay connected' might be an alternative way of reducing this mental illness.

Introduction

The world is in a great danger now for the outbreak of a pandemic of an infectious disease called COVID-19. Previously, the world experienced pandemics like severe acute respiratory syndrome (SARS) in 2002-03, Ebola in 2016 and influenza H1N1 in 2009 (McConnell, 2010; Nabarro and Wannous, 2016). But, the COVID-19 pandemic, caused by the novel coronavirus, has outnumbered all of the previous records of infection rates and deaths in the 21st century. As of 20 June, 2020; the COVID-19 has spread over 185 countries/regions, with 8,525,042 confirmed infections 456,973 deaths globally (WHO, 2020a), since its first outbreak in Wuhan, China (Dong et al., 2020). The World Health Organization also reports that, as of 22 June, 2020, Bangladesh has already 115,786 confirmed cases of coronavirus infection with 1502 deaths (WHO, 2020b).

Extensive non-pharmaceutical local and international interventions, like vacations of educational institutes, closures of government and non-government offices, restrictions on travelling and daily activities, and suspending all social and political events have been

implemented to combat the COVID-19 pandemic. Notably, to reduce person to person transmission of coronavirus, social distancing measures have also been deployed by many countries who are suffering from it very badly. This non-pharmaceutical measure has largely been practiced for reducing the rate of infections, while pharmaceutical measures like vaccination and antiviral drugs are yet to be successful (Fong et al., 2020). Many argues that China was successful to limit the outbreak of coronavirus by social distancing,^{5,6} (Lewnard and Lo, 2020; Zhang et al., 2020). United State of America (USA), the most adversely affected country by now, has also strongly been practicing social distancing (CDC, 2020). During the 2009 H1N1 pandemic, social distancing was found very helpful to reduce influenza transmission in Mexico (Stephenson, 2011). In addition, a handful number of epidemiological, behavioral and scientific studies also have assessed the strategy of social distancing measures for epidemic control and developed mathematical modelling and simulation (Kleczkowski et al., 2015; Shim, 2013; Valdez et al., 2012; Kozłowski et al., 2010; Broderick et al., 2008).

Despite the facts, little is known about the impacts of social distancing on human health during a pandemic. In addition, there are studies argue with the connotation of 'social distancing' and its effective outcomes to all individuals and communities (Edison, 2020; Lim and Badcock, 2020; Chowdhury, 2020; Leung et al., 2018; Halder et al. 2011; Cacioppo and Hawkey, 2003). For example, Edison (2020) notes that the term 'social distancing' emphasizes on reducing physical contact as a means of interrupting transmission, rather than reduction of social connectedness. Similarly, Lim and Badcock (2020) claim that humans are innately social, hence social distancing will be a challenge for many people. Leung et al. (2018) found that social distancing in the beginning of an epidemic can prevent outbreak of the disease while moderate social distancing may worsen the outbreak. It was evident in their study that there is a tendency of finding new social ties replacing lost social connections in a situation of moderate social distancing.

Drawing upon this gap, this study argues that social distancing requires further research to understand its health effects during partial lockdown for disease outbreak. This research does not reject the importance of social distancing, rather it suggests further revisiting its impacts to the susceptible individuals in the communities who need alternative ways of social connections and exercise facilities for physical and mental wellbeing. To unveil these impacts, this research aims to investigate the relationships between social distancing measures and human health in Bangladesh. The human health conditions have been measured by the susceptible individuals' perceptions on food habit changes, daily calorie intake, and physical and mental illnesses.

Materials and methods

A 15-minute online questionnaire survey based on Microsoft Form was administered at the third week (from 31 March, 2020 to 30 May, 2020) of COVID-19 pandemic in Bangladesh. The participants were invited through emails and Facebook groups/friend lists. All

participants were requested to fill up the form after consulting with the head of the households. Particularly, the perceptions of the younger age groups were carefully scrutinized as if their responses are reliable. A total of 96 respondents were considered for analysis. Selection of sample respondents/size was based on the location (rural/urban), gender and different age groups of the respondents to ensure greater representation of regional and demographic dynamics of Bangladesh. However, the participants were requested to read the objectives of the research and give their consent to participate. They were also informed that anonymity is highly protected, data would be kept confidential and would only be published as research article.

Statistical analyses were performed by IBM SPSS Version 20. The respondent characteristics were described by frequency and percentage distribution. Chi Square test was conducted to assess the relationships between factors of human health and social distancing measure. Table 1 summarizes the variables and factors of human health conditions.

Table 1- Variables and factors of human health conditions

Human health variables	Factors of human health conditions
1. Food habits	a) Food habits changes b) Calorie intake increases
2. Physical illness	a) Opportunities of physical exercise b) Options for physical exercise c) Exercise was mandatory d) Social distancing causes physical illness e) Access to doctors for consultancy
3. Mental illness	a) Physical illness has a relation with mental illness b) Social distancing creates mental trauma c) No-exercise opportunity decreases immunity system d) Exercise can increase mental strengths

Table 2- Frequency and percentage of the respondent characteristics

Variables	Respondents		
	Male (n=) (%)	Female (n=) (%)	Overall (n=) (%)
<i>Location</i>			
Urban	55 (75.3)	15 (65.2)	73 (76.0)
Rural	18 (24.7)	8 (34.8)	23 (24.0)
<i>Family size</i>			
<5	45 (61.6)	17 (74.0)	62 (64.6)
5-6	22 (30.1)	3 (13.0)	25 (26.0)
>6	6 (8.2)	3 (13.0)	9 (9.4)
<i>Age groups</i>			
<25	22 (30.1)	15 (65.2)	37 (38.5)
25-45	28 (38.4)	7 (30.4)	35 (36.5)
>45	23 (31.5)	1 (4.4)	24 (25.0)

Results

Table 2 shows demographic characteristics of the respondents. Almost two-third of the respondents live in the urban area. A similar number of them are male. The average family size and age of the respondents are 4.46 and 34.80 years respectively. About 65% respondents

belong to the family, consisted of less than 5 members. A small quantity of them are from a family has more than 6 members. Table 1 also depicts that approximately one quarter of the respondents belong to the age group of 45+ years and the rest are younger of them.

Practicing social distancing

In a technical report, published by the European Centre for Disease Prevention and Control (ECDC) on 23 March 2020, social distancing was defined as “an action taken to minimize contact with other individuals; ... aimed at reducing disease transmission and thereby also reducing pressure on health services” (ECDC Report, 2020; p. 1). The World Health Organization (WHO) also defines social distancing as to maintain at least 1 meter (3 feet) distance between you and anyone who is coughing or sneezing (WHO 2020). The government of Bangladesh has also announced the directions of social distancing measure following WHO and many other countries who are dangerously affected by COVID-19.

Interestingly, most of the respondents define social distancing following the same language what has already been broadly announced and suggested. For example, one respondent defines social distancing as maintaining ‘distance between two persons to avoid contagious disease’. Another one defines, social distancing is to ‘ensure at least 1-meter physical distance with others in public place and also maintain a safe distance from the people who have been infected from contagious disease’. In short, as one respondent defines, social distancing is ‘avoiding mass gathering’. Several also note that it should not be ‘social distancing’, rather ‘physical distancing’. However, this type of conceptualization indicates that the people of Bangladesh are quite concerned with the recent COVID-19 pandemic, and they are evidently following necessary instructions for social distancing.

The survey found that about 60% of the respondents are strongly maintaining social distancing by stopping going outside of home. For rest of the respondents, only the male-head of the households are going outside with all necessary protections on emergency and to buy essential needs for their families. Figure 1 summarizes the following measures of social distancing.

More than half of them experienced ‘no relative-visiting’ at their home, children are not allowed to play outside, family members are mostly staying in their personal rooms, daily newspaper is off and maid-servants are not allowed. In addition, many of them are not allowing home tutors, car drivers, sweepers and other outsiders like electricians at their homes. In response to a question ‘how many days are your family prepared for not going outside’, it was found that a majority of them have bought their daily needs (foods, medicines etc.) for two weeks in advance. At least 10% of them are prepared for 30 days and the same proportion of them are also ready to maintain social distancing as long as it requires or the government authority asks to do.

Impacts of social distancing measure on human health

There is plenty of evidence that social distancing is a well-accepted measure by the Bangladeshis in response

to the COVID-19 pandemic. The perception survey, in the third week of COVID-19 in Bangladesh, on 'social distancing and human health' for this research also finds similar responses from the susceptible individuals. Nonetheless, it aims to experiment whether there are impacts of social distancing measures on human health, particularly to the susceptible individuals who are Non-COVID patients or simply susceptible, and elderly (>45) in the community. The following sections analyse these impacts through the relationships between social distancing and food habit changes, and physical and mental illnesses.

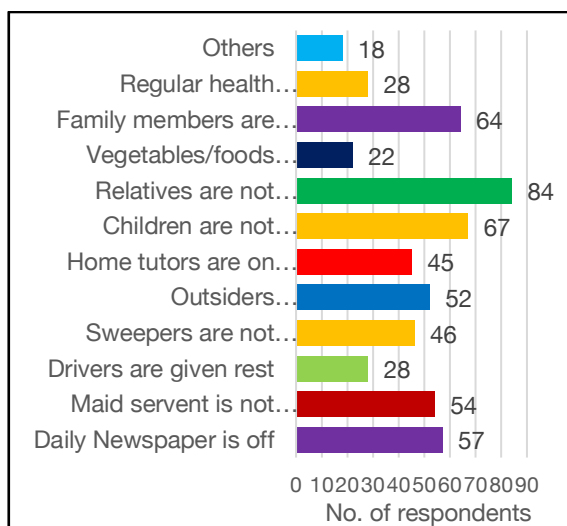


Figure 1- Different measures taken for social distancing (multiple answers)

Relationship between social distancing and food habits changes

The survey found that there is a statistically significant association between social distancing and food habit changes ($p < 0.05$), which concludes that the variables are dependent. The row percentage also show that 66.7% of the respondents, who are practicing social distancing, disagree with 'food habits changes for social distancing' in comparison to only 33.3% of the respondents, who are not practicing social distancing (Table 3). The survey also found that changes of food habits does not have any association with the type of susceptible individuals and their age groups. This relation indicates that both categories of susceptible individuals of different age groups perceive almost similar.

The survey also examined the relationship between social distancing and perceptions on family calorie-intake. It was found that only 31 out of 96 respondents believe that social distancing has resulted a state of low-intake of calorie in their family, while more than half of the respondents accept that the amount of calorie-intake has not been changed for social distancing. In contrast, 14 respondents share that calorie intake has been increased. None of the relationship between calorie intake and social distancing across different susceptible individuals and age groups were found statistically significant.

Relationship between social distancing and physical illness

The survey found that social distancing measure has considerable physical health impacts on the susceptible individuals. A majority of the respondents (65.6%) accept that at least one member in their family has stopped physical exercise due to social distancing up to the third week of COVID-19 pandemic in Bangladesh. It was also evident that the non-COVID-19 patients are mostly affected for social distancing measure. As can be seen in the Table 4, the factors 'stopped physical exercise' and 'exercise was mandatory' are significantly associated with the categories of susceptible individuals. Approximately 80% non-COVID-19 patients have stopped physical exercise though it was mandatory for them. In a situation like this, a majority of the respondents irrespective of categories of susceptible did not have alternative facilities for physical exercise at home and could not even consult with doctors. For example, only 22% of the non-COVID-19 patients was able to consult with doctors while majority (78%) was failed. Nonetheless, social distancing measure was positive up to the third week of COVID-19 since a majority of susceptible individuals (62) including non-COVID-19 patients believe that social distancing has not deteriorated physical fitness yet (Table 4). The reason behind this perception was a considerable number of the susceptible individuals have opportunities of formal exercise at home and also many of them doing free-hand exercise on their rooftop, in balcony and even in their living-rooms.

Table 3- Relationship between factors and food habit changes for social distancing

Factors	Do you agree with the statement: Food habits have been changed for practicing social distancing (SD)?			χ^2	p value
	Yes n (%)	No n (%)			
<i>Practicing SD</i>				5.747	0.017*
Yes	20 (33.3)	40 (66.7)			
No	21 (58.3)	15 (41.7)			
<i>Type of susceptible individuals</i>				1.078	0.299
Non-COVID-19 patients	20 (48.8)	21 (51.2)			
Non-patient susceptible	21 (38.2)	34 (61.8)			
<i>Age groups</i>				0.861	0.650
<25	14 (37.8)	23 (62.2)			
25-45	17 (48.6)	18 (51.4)			
>45	10 (41.7)	14 (58.3)			

Note: ** $p < 0.01$; * $p < 0.05$

Table 4 - Relationship between physical illness and categories of susceptible individuals

Factors	Categories of susceptible individuals		χ^2	ρ value
	Non-COVID-19 patients n (%)	Non-patient susceptible n (%)		
<i>Stopped physical exercise</i>	9 (22.0) 32 (78.0)	24 (43.6) 31 (56.4)	4.897	0.027*
No				
Yes				
<i>Exercise was mandatory</i>	6 (14.6) 35 (85.4)	50 (90.9) 5 (9.1)	56.226	0.000**
No				
Yes				
<i>Alternative facilities at home</i>	24 (58.5) 17 (41.5)	38 (69.1) 17 (30.9)	1.144	0.285
No				
Yes				
<i>Deteriorate physical fitness</i>	22 (53.7) 19 (46.3)	40 (72.7) 15 (27.3)	3.734	0.053
No				
Yes				
<i>Consulted with doctors</i>	32 (78.0) 9 (22.0)	50 (90.9) 5 (9.1)	3.119	0.077
No				
Yes				

Note: ** $\rho < 0.01$; * $\rho < 0.05$

Table 5 - Relationship between physical illness and age groups of susceptible individuals

Factors	Age groups of susceptible individuals			χ^2	ρ value
	<25	25-45	>45		
<i>Stopped physical exercise</i>	11 (39.7) 26 (70.3)	11 (11.5) 24 (25.0)	11 (11.5) 13 (13.5)	1.885	0.390
No					
Yes					
<i>Exercise was mandatory</i>	24 (64.9) 13 (35.1)	25 (71.4) 10 (28.6)	7 (29.2) 10 (70.8)	11.519	0.003**
No					
Yes					
<i>Alternative facilities at home</i>	30 (81.1) 7 (18.9)	20 (57.1) 15 (42.6)	12 (64.6) 12 (50.0)	7.481	0.024*
No					
Yes					
<i>Deteriorate physical fitness</i>	29 (78.4) 8 (21.6)	23 (65.7) 12 (34.3)	10 (41.7) 14 (58.3)	8.608	0.014*
No					
Yes					
<i>Consulted with doctors</i>	31 (83.8) 6 (16.2)	31 (88.6) 4 (11.4)	20 (83.3) 4 (16.7)	0.442	0.802
No					
Yes					

Note: ** $\rho < 0.01$; * $\rho < 0.05$

The relationship between social distancing and physical illness was also tested across the age groups of susceptible individuals. As can be seen in the Table 5, among the five factors, 'option for physical exercise', 'alternative facilities at home' and 'deteriorate physical fitness' were found dependent to the age groups. In case

of 'option for physical exercise', the column percentages show that advice of mandatory exercise was mostly for the elderly respondents (>45). A similar response was also found in case of deterioration of physical fitness. As the column percentages show, 58.3% of elderly (>45) are high on 'deteriorate physical fitness' in comparison to only 21.6% of younger (<25). On the contrary, the other two variables 'stopped physical exercise' and 'consulted with doctors' were found independent to the age groups. The column percentages indicate that a majority of the respondents have stopped physical exercise and could not have access to doctor for consultancy during this pandemic, though the number of respondents does not significantly vary across the age groups.

Relationship between social distancing and mental illness

According to the perceptions of the respondents, there is a statistically significant association between mental illness and 'stopped physical exercise' for social distancing ($\chi^2 = 5.544, \rho < 0.05$). This indicates the susceptible individuals who have stopped physical exercise for social distancing believe that there is a chance of increasing mental trauma. As many as 67 respondents report that the recent social distancing measure has caused mental trauma at least one member in their families (Table 6).

Table 6 - Relationship between mental illness and categories of susceptible individuals

Factors	Categories of susceptible individuals		χ^2	ρ value
	Non-COVID-19 patients n (%)	Non-patient susceptible n (%)		
<i>Exercise relates with mental illness</i>	9 (19.5) 33 (80.5)	11 (20.0) 44 (80.0)	0.004	0.953
No				
Yes				
<i>Social distancing creates mental trauma</i>	10 (24.4) 31 (75.6)	19 (34.5) 36 (65.5)	1.149	0.284
No				
Yes				
<i>No-exercise affects immunity system</i>	3 (7.3) 38 (92.7)	8 (14.5) 47 (85.5)	1.210	0.271
No				
Yes				
<i>Exercise can increase mental strengths</i>	1 (2.4) 40 (97.6)	5 (9.1) 50 (90.9)	1.774	0.183
No				
Yes				

Note: ** $\rho < 0.01$; * $\rho < 0.05$

We statistically tested relationships between some of the factors of mental illness and categories of respondents based on health conditions and age groups (Table 7). In both of the cases the relationships were statistically insignificant. This indicates that the relevant variables of mental illness do not vary whether they are non-COVID-19 patients and non-patient susceptible. A

similar relationship was found in case of categories of age groups. Nonetheless, as can be seen in the column percentages, a majority of respondents for both of the susceptible individuals and age groups accept that social distancing measure has an impact on mental health, which affects to human immunity system and deteriorate mental strengths (Figure 2).

Table 7 - Relationship between mental illness and age groups of susceptible individuals

Factors	Age groups of susceptible individuals			χ^2	ρ value
	<25	25-45	>45		
<i>Exercise relates with mental illness</i>				1.284	0.526
No	9 (24.3)	7 (20.0)	3 (12.5)		
Yes	28 (75.7)	28 (80.0)	21 (87.5)		
<i>Social distancing creates mental trauma</i>				2.147	0.342
No	9 (24.3)	10 (28.6)	10 (41.7)		
Yes	28 (75.7)	25 (71.4)	14 (58.3)		
<i>No-exercise affects immunity system</i>				1.344	0.511
No	6 (16.2)	3 (8.6)	2 (8.3)		
Yes	31 (83.8)	32 (91.4)	22 (91.7)		
<i>Exercise can increase mental strengths</i>				3.734	0.053
No	2 (5.4)	4 (11.4)	0 (0.0)		
Yes	35 (94.6)	31 (88.6)	24 (100.0)		

Note: ** $\rho < 0.01$; * $\rho < 0.05$

Figure 2 presents a summary of the types of mental illnesses perceived by the susceptible individuals. A total of 67 respondents out of 96 believe that at least one member of their families is suffering from mental illnesses as a result of social distancing for COVID-19. A majority of them (48) feel emotionally broken. The second largest group (36) feels mental depression/fatigue. More than half of them could not sleep well at night. A considerable number of them also feel unwanted emotional tension, fear and panic for COVID-19.

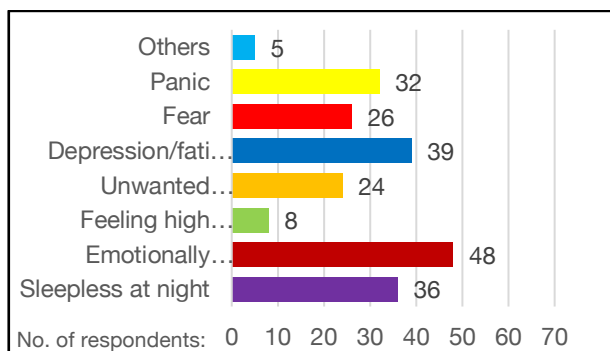


Figure 2- Types of mental illness for social distancing during COVID-19

Discussion

Social distancing is one of the effective mitigation measures has largely been recommended during pandemic. As found by Fong et al. (2020), Ahmed et al. (2018) and Caley et al. (2008), the findings of this study also accept the importance of social distancing during the outbreak of a disease as a strategy of keeping physical distance between susceptible individuals and infectious to reduce virus transmissions. Despite this positive implication, the findings also show that social distancing measures during pandemic may be very challenging to sustain and easily practiced for its negative impacts, such as physical and mental sicknesses to the considerable number of susceptible individuals in the community. The challenges may be exacerbated for lack of alternative exercise facilities at home, feelings of social disconnectedness and panic about disease transmissions and access to treatment facilities, if the pandemic last long.

Social distancing measures should not lead the people socially disconnected. As the findings suggest, the danger of this effect is the mental illness which might reduce mental strengths and weaken immunity system of the susceptible individuals. The findings largely align with previous criticisms of meaning of 'social distancing' (Edison 2020), and the study proposes that the terminology should be 'physical distancing' since the actual target is to maintain physical distance between non-COVID individuals and infectious to reduce further transmissions of virus.

One of the negative impacts of the present social distancing measures is it reduces physical exercise opportunities. As the people are advised to stay-at-home, many of them cannot continue regular exercise for their fitness. Results also indicate that access to doctors or physicians for elderly non-COVID-19 patients during pandemic is a great challenge. As it appears, hospitals and clinics are the hotspot for virus transmissions, and simultaneously doctors are redundant to visit patients suspecting COVID-19 infectious. Restrictions on travelling around the city and limited mode of transportations availability during this period of social distancing also cause panic to the non-COVID susceptible individuals.

Policy makers thus must include mechanisms of alternative ways of physical exercise and releasing mental sickness, particularly for the elderly, in the instructions of physical distancing procedures. It is also very important for public health professionals to prepare the physical distancing plan during a pandemic considering the needs and demands of the people of various age groups, genders and locations, who need the facilities most. Consistent with previous research (Baum et al. 2009), the findings of this study also recommend that public engagement in the decision-making process is very important for effective and successful implementation of physical distancing measures. The proper use of social media might be an additional support for communicating the reasons of physical distancing, to pre-empt false rumors and panic (Wilder-Smith and Freedman 2020) and to reduce disease related social stigma (Chowdhury 2020). In addition, it is a prerequisite for the respective authorities to uphold

peoples' trust in government support and policies to fight pandemic.

Conclusion

Social distancing measure has its positives and negatives. Undoubtedly, this is a fruitful measure to reduce disease transmissions in the time of a pandemic. Nonetheless, it has negative impacts on human health as well. Notably, this study finds mental health impacts to the susceptible individuals, particularly to the non-COVID-19 elderly patients who are already suffering from diseases like diabetes, obesity, blood pressure, heart problems etc. A big portion of them do not have alternatives opportunities of physical exercise at home, while exercise was mandatory physician's advice to them. No opportunity of physical exercise also increases mental illness. In a situation like this, social distancing has interrupted their normal lives through restraining from physical exercise, sudden social disconnectedness and fear of disease contaminations and no-treatment. Consequently, social distancing measure has led the people to a social isolation and mental depression. Therefore, it is important to advise people to stay connected with their friends and relatives as much as possible through social media, virtual conferences, phone calls or other available ways. Besides the directions and order of social distancing, a complete guidance of 'stay connected and stay safe' for relieving mental depression should also be announced by the government authorities. Firstly, the way of continuing physical exercise from home should be advised through electronic and print media. Secondly, mental health should be a priority in the mission of fighting COVID-19. The provision of community mental health services might be a fruitful strategy in this regard. The health officials should include 'stay-at-home, but stay-socially-connected' advice in their guidance instead of only 'stay-at-home' order without proper human health support and advice.

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The role of nursing with respect to disability and COVID-19 crisis

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Introduction

"I think one's feelings waste themselves in words, they ought all to be distilled into actions which bring results."

- Florence Nightingale

Florence Nightingale's life and service gave dignity to Nursing Profession and education. One of her quotes defines who is a Nursing professional: "No man, not even a doctor ever gives any other definition of what a nurse should be than this 'Devoted and Obedient'."

She further stated that "Someone who cares for sick, old or young people someone who provides medical assistance" is a Nurse. She also said "The first very requirement in a hospital is that it should do the sick no harm." She also said "How very little can be done under the spirit of fear", which echoes the spirit of serving under COVID 19 pandemic condition. There are real stories that speak volumes about the service of Nursing professionals during COVID 19 pandemic.

Apprehension, uncertainty, waiting, expectation, and fear of surprise haunt the mind of patient inside the ICU unit, which brings more harm than exertion. The patient is facing the enemy, the virus all the time. With such internal environment the nurse starts the day holding hands of her fellow colleagues together saying "stay safe". We promise to each other that they will take care of each other, They make sure that everyone is wearing the gloves, masks and protective gear properly.

Many a time ventilator stands between life and death. How to provide care is discussed taking into consideration the age of the patient, underlying health condition, their response to the virus and likelihood of recovery.

On one of those days she was instructed to take the ventilator of a 50-year-old woman patient with very poor prognosis. She was given the responsibility of removing the oxygen supply allowing the patient to die. The only person to witness the death of the patient was the nurse who had the responsibility to carry her duty as well as provide a virtual connection to the daughter listening to the last stage of her mother. Nurse is put in a dilemma of discharging her duty as well as giving mental solace to the dying woman's daughter.

With increasing admission and surge of patients, forcing one nurse to take care of more than one patient she is in such a mental stress that needs rock solid mental resolve to serve and remain calm. She further said that with the help of a colleague, she has the dead patient a bed bath, wrapped the body in a white shroud and placed her in a bag. She put a sign in a cross on the forehead of the patient before closing the bag.

Apart from the fear of contracting an infection along with the physical discomfort of wearing a protective gear for hours together and the scenes of patients dying had eaten her mental resolve. She was getting burn out and

the level of stress saps her energy. She started having nightmares. She had a history of tuberculosis with an immunocompromised health. She was given a rest and relieved of her service as she remained a vulnerable person. This case clearly demonstrates the scene of service inside ICU and the routine tasks doctors and health professionals face every day.

"People with disabilities are vulnerable because of the many barriers we face: attitudinal, physical, and financial. Addressing these barriers is within our reach and we have a moral duty to do so..... But most important, addressing these barriers will unlock the potential of so many people with so much to contribute to the world. Governments everywhere can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education, and employment—and never get the chance to shine."

Stephen Hawking

(Speech-generating devices, or SGDs, produce electronic voice output, allowing the individual to communicate. These portable electronic devices allow him or her to select letters, words, and messages, alone or in combination, to be spoken aloud in a pre-recorded or computer-generated voice (text-to-speech) In 1963, Hawking was diagnosed with an early-onset slow-progressing form of motor neuron disease (also known as amyotrophic lateral sclerosis (ALS) or Lou Gehrig's disease) that gradually paralyzed him over the decades.)

Disabled population

Over a billion people i.e. about 15 % of the population form the disability group. As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population. In an era where 'inclusive development' is being emphasized as the right path towards sustainable development, focused initiatives for the welfare of disabled persons are essential. This emphasizes the need for strengthening disability statistics in the Country. Eight types of disability (disability in seeing, in hearing, in speech, in movement, in mental retardation, in mental illness, any other and multiple disability) has been collected.

Definition:

"Disability is an umbrella term for impairments, activity limitation, and participation restriction." Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal environmental factors (e.g. negative attitude, inaccessible transportation and public buildings, and limited social support. Article 25 UN Convention on the Rights of Persons with disabilities (CRPD) reinforces the rights of person with disability to attain the highest standard of health care without discrimination.

Among the persons classified as disabled, 56% (1.5 Cr = 15 million) are males and 44% (1.18 Cr = 12 million) are females. In the total population of India, the male and female population are 51% and 49% respectively. About 70% of the disabled people live in rural area.

People with severe mental disorders have greater vulnerability to comorbidities -pressure ulcers, urinary tract infection, osteoporosis, pain. Schizophrenic patients have more susceptible to Diabetes mellitus (15 % compared to normal people -2-3%). Premature aging is more prevalent in them.

The prime concerns of delivering health care:

- Prohibitive costs, limited availability of resources (UP, TN).
- Physical barriers: uneven roads, inaccessible medical equipment, poor signage, bath room and parking facilities.
- Communication barriers- the advisories prepared for cases with visual or auditory problems need the messages to in larger print, in Braille language as well as in audio or video representations.
- Social Barriers- The environment the disabled people live have social stigma and preformed opinions about their capacity to work, skills and efficiency.
- Program Barriers- social programs conducted do not take into consideration the special requirements of disabled people.
- Transport Barriers- the disabled people need special areas for parking as well as special transport facilities including boarding a vehicle or special sitting arrangements.
- The health care professionals are reported to have inadequate skills, knowledge of health service. Disabled people are more vulnerable, ill-treated or even refused treatment.

COVID-19 and disability

COVID-19 presents many challenges including serving disabled person. A pandemic has to follow certain guidelines:

1. The duty to safeguard (supporting workers and protecting vulnerable persons)
2. The duty to plan (managing uncertainty)
3. The duty to guide (contingency levels of care and crisis of standard care)

The needs of the disability persons are different. From the perspective of abled people, disabled persons are vulnerable population. Identifying conflicts of interest among the population affects older and immunocompromised patients. Few people's prosperity becomes more significant and devalues the levels of elderly and the disabled.

Ageism states that one's age can be used as proxy determination of skill and ability. It refers to prejudice and discrimination with age. Ableism means all bodies and mind work in the same way but it creates a binary of normal and abnormal. This type of conflict is termed as structural discrimination. But one must remember viruses do not discriminate to cause infection.

The concept of equity states that providing everyone what they need to be healthy and informed. When contrasted with equality it is treating everyone the same and through it looks to adhere to the principle of fairness. The principle of equality can work only if everyone has the same needs.

The equity principle is unfair to cases with disability. Those disabled people with mental health issues,

Dementia or Alzheimer's Disease requires special type of care giving. The caregivers' physical presence and interaction play an important role in alleviating their sufferings. With the lock down as well as social distancing requirement visual communication do not meet the needs of these disabled people. Rather it drives them into more serious complications.

In other words, unmet needs of the disabled people are many. Women with disability receive less screening for breast cancer compared to women without disability.

Dr. Etienne King, WHO Director for Management of noncommunicable diseases, disability, violence and injury prevention, says it is important to collect data based on the model disability survey. "It is critical for people who experience disability as well as unmet needs, barriers and inequalities they face. By doing so governments are better placed to provide the services people with disability need."

The Nursing Profession and the service they render silently in the corridors of Intensive care Unit and in different hospitals are lamps that lit the hearts and minds of patients and people with gratitude and grace. The many who lost their lives serving COVID-19 patients need not only the support of the government but also the support of each and every citizen of India irrespective of caste or creed or ethnicity. In USA students from Medical schools visit the family who have donated the body of the near ones for Dissection of the human body in the Anatomy Department of Medical School. They pay their respect to the family, share their grief and give social support. Likewise, every member of the community needs to share their social responsibility to the families of Nurses who serve in COVID-19 hospitals. The community must show their solidarity to such families who lost their daughters or sons or mother or father serving COVID-19 patients. Such a support must be in the form of physical, moral and economic gestures. The nursing family need to be shown that they need no other support other than the community they serve to help them as the angels of service have done to them.

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People's personal ethics and responsibilities during the pandemic: stories and experiences of recipients of social amelioration program (SAP) of Digos City

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Abstract

The poor people are among the vulnerable during disasters or pandemic. To ensure their safety, the government, through the Social Amelioration Program (SAP) provides cash assistance to the identified poorest of the poor in the Philippines. While there had been many reported cases of problems in the SAP distribution, mostly in the National Capital Region, like lack of baseline data to determine the real economic status of the persons, the lingering party politicking lead to put others to a disadvantaged position: some attitudes of the recipients such as using the cash aid for gambling and buying prohibited drugs and liquor, others were tempted to buy unnecessary material things, while some paid the amount to their long term debts and also spared an amount for their families and friends in need. We gathered stories and experiences of SAP recipients in Digos City to learn from what they have gone through, including how they viewed SAP and how they used the money after they received it. In this paper, we will present the personal ethics and responsibilities of our study participants especially during Covid-19 pandemic. We will argue that the poor are poor not because they are lazy. They are poor because they lack opportunities at the same time they cannot also turn their backs to those who are in dire need. Having endured poverty for how many years, some of them also took the opportunity to transitorily enjoy life after receiving the cash assistance from the government.

Introduction

The Social Amelioration Program (SAP) of the government aims to provide cash subsidy to the vulnerable sectors of the society affected by the ongoing enhanced community quarantine. The aim of government's social amelioration measures is to "mitigate the socio-economic impact of the COVID-19 health crisis and the Enhanced Community Quarantine guidelines." (Aceron, 2020).

This has become an immediate aid against our battle with Covid19 which helped majority of our fellow Filipinos in the country. The government is able to execute its responsibility through this type of initiative. Several government agencies were tasked to implement SAP, spearheaded by the Department of Social Welfare and Development (DSWD). Aceron (2020), further emphasized that the government's social amelioration include support to 18 million Filipinos who will be most affected by COVID-19.

The target beneficiaries are senior citizens, persons with disabilities, pregnant women, solo parents, OFWs

(distress at repatriated), indigenous people, homeless, farmers, fisherfolks, self-employed, informal settlers, and those under No Work-No Pay arrangements (e.g., drivers, househelp, construction workers, etc.). It is a fact that after the completion of the Social Amelioration Card (SAC) that serves as a form of validation to check who will need amelioration during the COVID-19 crisis, the qualified household are now legitimate to accept the said government aid.

There had been reports on the abuse and misuse of SAP funds by some beneficiaries in different regions of the country. The intention of this paper is to present the stories and experiences of SAP beneficiaries in Digos City. Therefore, we interviewed SAP beneficiaries who gave us their consent to be part of this study. Through the help of some people whom we know who are SAP beneficiaries and who were also willing to participate in our study, we were able to interview 15 participants.

As we gathered stories and experiences of SAP recipients in Digos City to learn from their narratives, including how they viewed SAP and how they used the money after they received it, we will present the personal ethics and responsibilities of our study participants especially during Covid-19 pandemic.

As pointed out by Mendoza (2020), "around 40% of the country's 45 million labor force are less likely to have formal work arrangements, with little access to social protection and insurance". Hence, at least around 16 million workers and their families will need support to immediately supplement their incomes. This only implies that in the absence of government support along the very fact that some are also in a "no work, no pay" situation, majority are forced to go out and seek work because the government aid is but temporal and these families are feeding their respective households.

In Luzon, a large number of workers were placed in a no work-no pay arrangement as businesses went on a forced hiatus (Gutierrez, 2020). More importantly, in this paper, we will argue that the poor are poor not because they are lazy. They are poor because they lack opportunities at the same time they cannot also turn their backs to those who are in dire need. Having endured poverty for how many years, some of them also took the opportunity to transitorily enjoy life after receiving the cash assistance from the government. We asked our participants the following questions: How they perceive SAP, what they did after receiving the aid and their insights about SAP.

Perception about social amelioration program

According to the Department of Social Welfare and Development under Memorandum Circular No. 04 series of 2020, the passage of the Republic Act (RA) No. 11469 otherwise known as the "Bayanihan to Heal as One Act of 2020", an intensified government response is adopted whereby the national government will render full assistance to the LGUs and mobilize the necessary resources to undertake urgent and appropriate measures to curtail the effects of the recent declarations on the economic, physical and psychosocial well-being of the most affected residents, thus, the DSWD ensure the provision of safety nets as well as the implementation of the social amelioration program that serves as subsidy of the basic necessities of our citizens who qualifies in their

basic requirements and evaluation in terms of availing the said government aid.

As to the perception of our study participants about the SAP, we identified two emerging themes – *Aid for the Poor and Blessing*.

Aid for the poor. When interviewed about their perception on SAP, many of our informants said that it is an aid from the government for the poor like them. Many of them said that *“SAP is like aid or help from the government for us who are poor”*. Others said that it is a *“help from the government.”* While others said as *“assistance gikan sa gobyerno or hinabang gikan sa gobyerno.”* (Aid or help from the government). Indeed, they are true with their perception. SAP is really an assistance from the government to the poorest of the poor members of the society. This is attested by Perez, (2020) when she defined SAP as a cash emergency subsidy program (ESP) for 18 million Filipino families whose lives are greatly affected by the ECQ. It's mandated by the new law, the Bayahanihan To Heal As One Act which was signed by the President last March 25, 2020.

Although many of the informants perceived SAP as an aid to the poor, they also contextualized it as it is because a lot of people have become jobless and some lowly workers also lost opportunities to earn daily wage because of the government's imposition of community quarantine and lockdown due to Vovid-19 global pandemic. This implies that they feel that they deserve the help from the government because they were not given the chance to work in order to earn money for their daily needs. Had they given the chance and opportunity to work, they would not have waited for the government to help them as they can survive on their own.

Blessing. Aside from aid, which connotes mandatory of the part of the government, some of our informants also perceived SAP as a blessing from the government. *“Gasa gikan sa gobyerno alang kanamo”* (Gift from the government for us), *“Gasa gikan sa gobyerno alang sa mga kabus”* (Gift from the government for the poor). Conceiving SAP to be a blessing makes our informants become so grateful to the government for giving them such blessing. The stories of our informants are contrary to how people in Luzon perceived the government's effort to help the poor. According to Gutierrez (2020), the voice of the hungry became louder than the voice of those afraid of the disease not only in Metro Manila. *“Mamamatay kami, hindi sa virus kundi sa gutom* (We will die not from the virus but of hunger),” This statement only affirms that not all perceive SAP as a blessing, because others who are qualified recipients were not able to receive. Some who were able to receive the government aid still find it insufficient to meet their daily household consumption. Hence, they complained. But when you perceive SAP as a blessing, it connotes something like you are not supposed to be given but because the other is generous, you received such gift.

From these stories of our informants, we can glean some of their personal ethics and responsibilities. First, we can say that these people believed that improving their lives is their personal responsibility. They do not

have to rely it to the government. Second, we can also say that these people are so grateful whenever they will be given something. We also experienced this as responders during emergency situations. The people whom we have given some goods were so grateful and we can really see the sincerity of their smiles and “thank you’s”. On the other hand, we can also say while these people do not rely on the government, they might have been tired of receiving only promises from the government especially from the past administrations when Mindanao people had been neglected by the government. This is something that we feel worth reflecting upon. Are our government leaders really incapable of providing the needs of the poor during pandemic? Are the poor people poor because they are lazy or because they were not given the opportunities to make their lives better?

What did they do with the money?

In our study, we also wanted to know directly from our informants what do they do with the money they received from the government. Based on their answers on what do they do with the money, we identified three emerging themes - *Buy food and groceries, share portion of it to their neighbors and relatives, and invest for livelihood*.

Buy food and groceries. All of them said that when they received the money, they immediately buy food and groceries. The following are just some of the verbatim statements from our informants after we asked them what they do with the money from SAP: *“Gipalit ug grocery,bugas ug pang adlaw adlaw na panginahanglanon sa kusina.”* (I bought grocery items and rice and the daily needs in our kitchen), *“Ang akong gi plano nga paliton sa wala pa nako nadawat ang amelioration, mga panginahanglanon sa kusina, labina ang bugas”* (I already planned to buy what we need in the kitchen especially rice even before I received the money), *“Gisiguro jud nako palit ang bugas”* (I really made sure to buy rice). Indeed, the money given to them by the government was used for its original purpose and intention. This is contrary to some of the stories of SAP beneficiaries where they used the money for gambling and even in buying prohibited drugs and also liquor. This only shows that our informants have a good sense of personal ethics and responsibilities towards their own families.

Share portion of it to their neighbors and relatives. Despite being in dire need, some of our informants were able to transcend from their own tendencies to focus only to their own families and also reach out to their neighbors and relatives especially those who were not able to receive the money from SAP. Here are some of their verbatim statements: *“Gihatagan pud nko ang akong silingan ug amigo kay wala man siya nakadawat.”* (I also gave something to my friend because he did not receive any), *“Ang uban akong gihatag sa akong paryente aron naapud sila kwarta ikapalit ug bugas.”* (I also gave some to my relatives so that they also have money to buy rice), *“Human nko palit sa among konsumo sa balay, ako pud gihatagan ang uban.”* (After I bought what I need for our consumption in the house, I also gave some to

others). These people, no matter how poor they are, also have big heart for others. This is also what we have witnessed during our relief operations here in Mindanao. A lot of people, although they are in dire needs because they are victims of disasters, still consider also the needs of others.

Invest for livelihood. Some of our informants were very futuristic. After they have bought the necessary things for their food, they invest some of their money for livelihood. *"Ang ako sir after nko napalit ang konsumo, ang uban ako gi capital kay nag tinda ko prutas ug gulay."* (As for me, after I bought my needed consumption, I put some money as my capital for my fruits and vegetables buy and sell business), *"Akoa sir kay nagpalit ko gamit pangluto sir kay nagaluto man ko pritong manok para nay ginagmay na negosyo."* (For me, I bought cooking utensil because I also cook fried chicken for my small business). In our interviews with them, we found out that the poor are not really lazy and do not have plans for their lives. In fact, we found out that given enough support, they can improve their lives and they can be more productive citizens of this country. They might have been poor because they were not able to continue their work and livelihood due to pandemic and they also did not receive any support from the government in terms of livelihood assistance. Thus, they took the opportunity to use some of the money they received from SAP to invest something for their small business ventures.

However, we also know of few beneficiaries in our locality, who, instead of using the government aid to buy their basic needs, chose to enjoy the money by buying liquor and the others apportion the money to pay off their long time debts. These people did not submit their selves to be participants of this study although we explained to them that their identities will be kept with utmost confidentiality because they are apprehensive of the thought that they might be caught and brought to jail. Social media on the other hand, reported several acts of generosity from people who shared their blessings in order to help others (Gutierrez, 2020). These virtues of kindness and helpfulness are very common among Filipinos. Our unselfish gestures in the midst of global pandemic is highly evident because of our fervent desire to extend our help not just to immediate family members but also to our neighbors. In fact, one informant, who is a friend and a neighbor to one of the authors of this study, honestly shared to us what he did with the money, *"gipalit ug pagakaon ug "tuba" unya gi invite akong amego sa balay kay naglingaw2 pud mi gamay tungod sa grasyang anadawat."* (I bought food and "tuba" (coconut wine) and also invited my friends to come to my house to enjoy the graces I received).

Insights about SAP

The most important purpose that we have in mind in conducting this study is to also know the insights of SAP beneficiaries in Digos City. We found that their insights can be clustered to following themes – *Happy that Government really cares and also Hassle.*

Happy that Government really cares. Majority of our SAP recipients said that they are happy that the

government now really cares for the poor. We have already pointed out in this paper that Mindanawons have been neglected by the past governments in terms of the priorities of the basic social services. Thus, we are forced to manage on our own and also forged a spirit of *bayanihan* among our neighbors and friends. But this was changed when PRRD, a Mindanawon was elected as president. This was affirmed by our informants as they said, *"Nindot ang gobyerno karon kay motabang jud sa mga pobre."* (The government now is good because it really helps the poor), *"Seryoso ang gobyerno karon sa pagtabang. Murag mahadlok pud sila mangupit kay maaksahon man jud. Isog man si Digong."* (The government now is serious in helping the people, some seemed afraid to perform acts of corruption because they might be sued. Digong is such a brave man), *"Tinud-anay jud ila pagtabang kay klarohon jud if nanginahanglan ba jud ka."* (Honest and truthful is the government today in terms of their help, they really made sure that you are really in need).

Indeed, they have experienced the care and concern of the government now that is why they are happy. *"Nalipayko kay nakatabang ang gobyerno ug nakatabang pud ko sa uban bisan ginagmay basta nakapaambit."* (I am happy because the government was able to help me and I was also able to help others even if it's only minimal as long as I was able to share), *"Dako gayud akong kalipay ug pasalamat sa dakong tabang nga ilang gihatag."* (I was so happy and thankful because of the big help that they provide). One informant was even saying that she is happy but she is also sad, *"Ang akong realization kay nalipay ko nga nakadawat ko sa maong kwarta, pero likod ani naguol pud ko kay nagamit ang pundo sa gobyerno nga mao unta ang gamiton sa mg aproyekto nga mugnaon sa gobyerno."* (My realization is that I am happy because I receive the money but I am also sad because the government used the money intended for the projects that they are supposed to create). Interestingly, this person is very much concern that the government has the money needed for their programs and projects. This was also the feeling of some people in the mountains as narrated by one of the authors of this study. He found out that a lot of people there are happy with the assistance of the government but they are also sad that the on-going improvement to the farm to market roads in their place might not be completed because the government lacks the money this time. But nevertheless, we heard from their mouth that the government today really cares. This might be the reason that despite a lot of criticism from some elites and from the international community, majority of Filipinos have expressed satisfaction with the performance of President's Rodrigo Duterte's administration when it comes to handling the coronavirus disease 2019 (Covid-19) pandemic, based on the "Global Crisis Perceptions" index released by insights firms Blackbox Research and Toluna" (Carlos, 2020).

Hassle. While there are only two of them who said that they find the process of the SAP distribution tiresome and annoying as they were made to undergo a lot of screening, we still consider this theme as significant. One informant really said to us, *"Hasol kayo mura gmaka*

down sa akon gpagkatao" (it's really hassle and it seemed that my person (esteem) is brought low). Another informant also said, "Kapoy kaayo sir ui, daghan man interview, makaulaw kaayo, kung ihatag, ihatag na unta diritso" (It's really tiresome because they are plenty of interviews, I am so ashamed. If they will give, they have to give it immediately). These were blurted out by the recipient because he said that they passed through a lot of screenings, evaluations and interviews to ensure that they really deserve to receive the government assistance. They felt pity on their selves because they think they are desperately begging for aid. Indeed, there were plenty of controversies in the SAP distribution as some local officials prioritized their allies and family members. This prompted the national government to assign a national agency, the DSWD or the Department of Social Welfare and Development of take charge in SAP distribution and to strictly verify the economic conditions of the possible recipients. This can be attested because according to Aceron, (2020), "the vague, general, and fragmented information being provided by the government on the qualification of SAP recipients are causing distress among citizens and implementers on the ground". These have caused confusion to the people. Nevertheless, in spite of this incident, our informants were happy that the government today really cares for them.

Conclusions

The pandemic brought out underlying apprehensions as seen in social media coming from the various societal classes. Criticisms mostly came from the working class or we call them the middle class against the inferior class with blue collared jobs, who majority lost their way of living in the time of the pandemic. The poorest of the poor beneficiaries became targets for criticism because for one, they are prioritized by the government to be recipients of the SAP. "The poor are poor because they are *tamad* (lazy)" was a common theme posted by the frustrated netizens as mentioned by Gutierrez, (2020). In this time of global pandemic where everyone is affected, the poor become poorer not because they are lazy but because they lack the opportunities in the society where they live.

The issue is not poverty, but the behavior and attitudes of the poor (Cummins, 2018; Garrett, 2018). They are portrayed as mired in a state of "worklessness", lacking aspiration and an ability to care for others and relying on the work efforts of others (Garrett, 2018, p. 68; Macdonald, Shildrick, & Furlong, 2014, p. 199). This has created a stigma to the inferior classes of the society which added to their insecurity that hold back their aspirations, and efforts to alleviate their conditions and status in life. These people also have the heart to share as much as they could in their immediate families and more so to their neighbors who also share the same plight with them. We positively view the unconstructive gestures of these people as they receive the cash assistance because it is their temporary escape to the real world. They grabbed the opportunity to enjoy life which they hardly ever experience because of scarcity of cash to sustain their family's daily need. In addition, these people remained to be generous toward others who are also in need. They had the opportunity and reason to be greedy, but they chose to be generous and

to care for others. While those that can afford did panic buying and hoarding, these people share their blessings to others. Indeed, there is so much to learn from the personal ethics and responsibilities of these people.

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Ecological health: key to economic health and human well-being

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Economy and ecology are two important ingredients of human and societal well-being. There is no sustainable economy without sustainable ecology. Destruction of ecology will result in the death of economy, and eventually, of the people. Just like other natural disasters that occurred in some parts of the world such as typhoon, prolong flooding and drought, forest fires and even earthquakes, Covid-19 can also be nature's messenger sending us important message – there is no human and economic health without ecological health. Thus, making peace with nature is important not only for our economy but also for our total well-being. Using Kate Raworth's *Doughnut Economics* as well as indigenous philosophy and belief system as regards to environment, this paper will argue that ecological health is crucial not only for human health but also for inclusive and sustainable economic development and also the people's

capacity to deal with present and future pandemic like Covid-19.

Keywords: *Ecological Health. Economic Health. Doughnut Economics. People's Capacity. Covid-19*

Introduction

Last week, when the local border restriction in our province was lifted, I decided to visit my small farm located in a far-flung village of Davao del Sur. I found out that the land was already infested with weeds and grasses. But the ginger seedlings, which I have already prepared and distributed strategically in the farm lot before the lockdown, have managed to grow up along with the weeds and grasses. So I decided to just clean the surroundings of the ginger and put additional soil on top of their roots. It took me four days to finish my task. The local people gave their suggestion to me to just spray the area with herbicides so that they will be clean and I do not have to spend much of my time cleaning it. They even shared that almost all of them sprayed herbicides to clean their farms and they were able to save time and money because they do not have to hire plenty of people. I asked them why they are doing it, where in fact, it will really destroy the natural fertility of the soil. They answered, *"in order that they can save, and eventually, will have more income."* As an advocate of natural and organic farming, I became more motivated to show them that, if they want to have sustainable income, they need to make peace with their land, take good care of it and treat it like a human being that is so dear to them.

In this paper, I will highlight the importance of ensuring the health of our ecology if we want to have sustainable economy that will cater not to the gluttonous wants of corporations and companies but to the equitable needs of people and communities. To be able to do this, I will show that development paradigms being advanced by capitalist economies cannot be sustained in the long run because they will result to devastation of environment and the depletion of natural resources. When ecology bleeds, economy suffers. When economy suffers, the people, especially the poor, will be gravely affected. To achieve economic health that is needed to answer the basic needs of all people, ecology must be balance and healthy. When the ecology is healthy, it will not only continue to produce resources needed for the economy, it will also provide healthy air, water and living environment necessary for peace and well-being of people and communities. When people are healthy, they can continue to enhance their capacities to benefit from different opportunities to make their lives and the society better.

Before I proceed with my arguments, I have to confess first that I am not an economist. Hence, I am not good in computing and projecting income per hectare or acre of a farm. Much more, in computing a GDP or GNP of a country. As a development worker and an environmentalist, the many challenges that confront societies today such as natural disasters like typhoon, earthquakes, prolong flooding and also drought as well as the outbreak of viruses which have been proven to have correlation with environmental degradation and deforestation (Climate Council, 2020, Walsh, et al, 2017, Kessler, et al, 2108, Plowright, et al, 2015, Martin, et al, 2018), have ushered me into moments of reflection on

how to build and create development programs, projects and policies that will cater to the basic economic needs of peoples and communities without jeopardizing ecological health and harmony.

In order to achieve ecological health, there is a need to go back to the very basic - establishing a deep spiritual relationship with Mother Earth characterized by reverence and respect as shown by the indigenous communities (Bayod, 2020). This kind of attitude and values run in conflict with the values of the capitalist societies who are heavily influenced by consumerism so much so that they only see the earth as an object to be exploited to satisfy their greed.

Economy and ecology: Two inseparable ingredients for genuine development

I think everybody will agree that economy and ecology are two important ingredients for human and societal well-being. There is no sustainable economy without sustainable ecology (Raworth, 2017). But you might also agree with me that past development paradigms which promoted so much the concept of industrialization as a rising tide that will lift all boats have often resulted in the destruction of environment which has tremendous effect to the local people whose economic survival depend heavily on the abundance of their surrounding ecosystem (Mander and Tauli-Corpuz, 2004; Gaspar, 2000; Gaspar, 2011, Shiva, 2012, Shiva, 2016).

Development that is often conceived in strict economic terms followed an evolutionary process that commenced from basic commodity suppliers, through capital accumulation to industrialization, in turn leading to urbanization (United Nations Permanent Forum on Indigenous Issues, 2010). Hence, in this case, development is equated with mushrooming of industries and infrastructures. Because of this, there was a shift in a mindset in a lot of people - urban life is a happy and comfortable life. A lot of rural people migrated to mega cities in search of good life. Good life during this time is defined in terms of economic status and bank accounts. With plenty of wealth and assets, you can buy and do what you want. The culture of consumerism and capitalism became the norm for a good life.

There is no denying that capitalism resulted to tremendous economic growth in many societies. Since economic growth achieved by capitalist economies brought benefits to billions of people (Juniper, 2012), can we now claim that capitalist economies are the answers to the economic problems that beset a lot of people and communities? I think we need to pause for a while and reflect before claiming its unmitigated success. Covid-19 pandemic reveals the same - that money is not everything.

However, in capitalist societies that promote consumeristic and materialistic culture and values, people take everything from the earth, exploit and destroy forestlands, mountains, oceans and rivers without considering that in the process, the earth bleeds and drains its capacity to give abundantly and equally to all her children (Bayod, 2020). In the name of what they call as "development", government, technocrats and even scientists that promote this concept of development, wage war against our Mother Earth. According to Shiva (2016), this war has its roots in an economy which fails

to respect ecological and ethical limits such as limits to inequality, limits to injustice, limits to greed and economic concentration. Shiva further said that the main agent of this war is the global corporate economy and global capitalism that advocate insatiable accumulation of profit and ravenous consumption of the earth's resources (Bayod, 2020).

How does this global corporate and capitalist economy played its war game? Openly and in a straightforward manner it tried to project to peoples and communities that they would like to promote development for the people to experience the good life. But covertly, they employed coercive means to advance their capitalist agenda through trade policies and technologies of production that are based on violence, domination and control (Bayod, 2020). The end point of these technologies according to Shiva (2012) is destruction of the environment which eventually deprives people the basic necessities such as food and water. Thus, slowly killing the web of life.

The doughnut economics of Kate Raworth

In this section, I will discuss briefly Kate Raworth's *Doughnut Economics* and its relevance in today's discourses of what should be sustainable and systemic development that considers ecological and economic health. According to Kate Raworth (2017), the economics of today need a major overhaul. She criticizes the many layers of outdated assumptions that support and uphold the current development models and economic systems especially from the West. She then proposes a new set of seven principles that will serve as guide towards an economic system and development models that will work for both people and planet (Breewood, 2018). These principles are the following:

1. Change the goal.

The goal of the previous and current economic system of capitalist economies is basically geared toward pushing for endless economic growth. It is of no doubt that the proponents of this model wants to help the society. But Raworth points out how myopic the goal is and how this narrow measurement ignores many of the important functions of any economic system such as equitable distribution of wealth which basically affects the quality of life for people. She then offers another perspective. She illustrates the economy as two circles, one within the other. These two circles of the doughnut - the ecological and the social are considered ceiling or boundaries from where people may judge the impact of development or economic activities. If resource use and environmental pollution are so high that they damage the planet, then the economy is stepping above the planet's ecological ceiling and is going outside the outer ring of the Doughnut. On the other hand, if people cannot meet their basic needs such as food, water, clothing, housing and even education and other economic necessities, then the society or community is fallen inside the inner ring of the doughnut. Thus, both social and ecological impacts have to be measured across a range of different factors such as climate change, biodiversity, health, energy access and others as staying within the doughnut means staying in the safe and just space for humanity because the society

guarantees minimum social welfare while avoiding excessive environmental damage (Breewood, 2018).

Sadly, as Raworth points out, this has not been the case in many economic models. The focus of these models was geared towards accumulation of wealth and profit even at the expense of the environment. Because of this, capitalist societies that advocate this economic or development model, engage war against the earth's resources. This form of war according to Shiva (2012) involves both the transformation of living mountains, forests and rivers that support life bountifully into dead raw materials for making metals for the industrial needs and as receptacles for the dumping of toxic wastes which pose imminent threats to the lives of people as well as to the interrelatedness of lives in the entire ecosystem.

2. See the big picture

The second key concept of Raworth implies systemic thinking. She emphasizes the interrelatedness of factors in the economy and that, instead of viewing markets as isolated, she points out the importance of considering other components of the economy like the politics and bureaucracies in the government, families and households and resources in the environment. After all, the entire economy is embedded within larger systems: society, the earth and the solar system (Breewood, 2018). The concept of interrelatedness of life is very much present and practiced by the indigenous peoples. For them, their life and their existence is inseparably interconnected with their lands, rivers, forests, communities and even the entire ecosystem (Bayod, 2020).

3. Nurture human nature

Raworth (2017) emphasizes the many facets of human nature such as our desire to help others, our values and decisions to participate in different collective projects for the common good as well as our concept of interdependence on others. For liberal societies that champion individual rights, this might be challenging but it does not mean, it is impossible to achieve. For communitarian societies like the indigenous peoples, this is not a problem. In fact, they have practiced a "communist" way of life (Bayod, 2018). Despite the encroachment and the penetration of liberal culture and neo-liberal economies that advocated individual rights, responsibilities and achievements, still a lot of indigenous peoples preserved their communal way of life.

In the Philippines, this is practiced by many indigenous communities during this pandemic. Aside from their indigenous cultural practice of lockdown and community quarantine, they also practiced sharing their food and other resources to their fellow IPs who have less in order that the whole community can hurdle the challenge brought about by Covid-19 pandemic. During extended community lockdowns, these traditional communities have practiced and enforced their traditional culture such as exchange of labor where community members, especially, those who have more will extend help to those who are in dire need, and also the concept of *ayyew*, meaning to not waste anything from food to water (Kasiyanna: Cutlural Survival, 2020).

Since indigenous peoples are no strangers to disease and disaster, they have established responses and coping mechanisms to different circumstances affecting their communities. These are grounded in traditional knowledge, customs and practices and founded on one fundamental principle - to ensure that the community survives (Kasiyanna: *Cultural Survival*, 2020). Their concept of community even transcends from their immediate community or village to the larger community. In fact, during this Covid-19 pandemic, one municipality in Luzon, Philippines, which is predominantly an IP municipality, chose not to accept the aid from the national government saying that they can still survive because of their spirit of *bayanihan* (helping each other). Thus, it would be better that the aid will be given to those who are in dire need. Sadly, this is not common to many capitalistic society. In capitalistic society, people are driven by the idea of accumulation of wealth and resources for themselves. It is seldom that they will consider the needs of others.

4. Get savvy with systems

Raworth considers the economy as a complex and constantly changing system in contrast to models which view markets as simple, stable systems (Breewood, 2018). Since economy is a complex system, there are other factors to consider in terms of economic growth. One of these is the steady supply of resources in a balance and healthy ecosystem. But in old economic and development model, the health of ecosystem is not considered. It is a well-accepted fact that the current global economic system and the global corporations and bureaucracies that are its driving force, cannot be successful in their development effort, and worse, cannot survive without the steady supply of natural resources such as forests, minerals, oil and natural gas, wildlife, fresh water, arable land, among others, which are usually, if not always, present in the indigenous communities. However, in an economic model which is only based on exponential growth, all of these natural resources are being rapidly depleted, so much so that its depletion has already led to wars and other forms of conflicts in many parts of the world and in many indigenous communities (Mander and Tauli-Corpuz, 2004; Gaspar, 2011; Tauli-Corpuz, 2008).

Indigenous peoples' concept of development is based on a holistic philosophy underpinned by the values of reciprocity, solidarity, equilibrium and collectivity, understanding that humans should live within the limits of the natural world (Shiva, 2012; Gaspar, 2011). Because they are so attached with and in fact, in a close relationship with nature, indigenous peoples' values, cultures and traditions often entail a holistic and spiritually-based approach to wealth and well-being that stress harmony with nature, self-governance with their communities, priority of community interests over individual interests, security of land and resources, cultural identity and dignity (Beek, 2000).

5. Design to distribute

Raworth demolishes the influential notion that economic growth is a pre-requisite to reducing wealth inequality and insists that we need to intentionally design economic systems that distribute income, wealth, time

and power right from the outset (Breewood, 2018). In other words, she is not buying the idea that we need to have economic growth first to solve the problem of inequality. Since we are part of the whole economic system, we might as well design an economic or development model that distribute income and opportunities right from the start. This is very challenging because the reality of our society today is that there is so much disparity between the rich and the poor. Some even buy the idea that the poor are poor because they are lazy. While there is some truth in this claim and while there are stories of poor people who become rich because they worked hard, there are also evidences that prove that the poor are poor because they have been deprived of opportunities to advance in life. Social structures brought then to their miserable conditions.

To be able to provide solution to the problem of distributive justice, John Rawls insists on the idea of arranging social structures in the society to benefit everyone, especially the worst-off (Rawls, 1971). But while Rawlsian society supports the promotion of public goods and services, its primary concern is that of protecting individual welfare and does not adequately consider the shared commitment of communities and cultures to protect and secure goods that are basically collective. Rawls' *Difference Principle* can just be seen as his way of telling the poor people not to cry because there will be help coming from the rich but the truth of the matter is that, he is encouraging the rich to grow richer. Amartya Sen also presents his concept of development as freedom (Sen, 1992). Sen is concerned with fair distribution of opportunities and capabilities for the people to make their lives better. While this might still be problematic in many societies, this might not be the case of the IPs. While there is inequality in power and influence in many tribal communities as the "*datus*" (chiefdoms) are the most influential in their communities, the people are having no difficulty in terms of distribution of benefits and burdens as they are practicing a communal life.

6. Create to regenerate

A study on local air and water pollution showed that, for some countries, pollution increased as the country started to climb out of poverty but then decreased as the country became even richer (Breewood, 2018). However, Raworth (2017) shows that these findings have been overgeneralized and misused to prioritize growth over environmental protection - when, in fact, more recent data show that material use is still growing in rich countries. Thus, instead of using a business model that eats up resources and spits out waste, Raworth says that businesses need to take a more "circular" approach, turning waste back into valuable goods (Breewood, 2018). Then, beyond simply reducing harm, businesses can start asking what other benefits can they provide to the communities around them.

7. Be agnostic about growth

Is economic growth necessary for human well-being? Does economic growth necessarily harm the planet? Raworth suggests, rather than aiming for a particular rate of growth, we should design an economy that

provides sustainable human welfare regardless of whether it is growing, staying the same or even shrinking (Breewood, 2018). This might not be the trajectory of state economies in the Post Covid-19 world. Here, in the Philippines, there had been cases of termination of employees and other cost-cutting measures by many institutions especially in the private sector in order to “survive”. Some institutions have been observed to display blatant deception and irony when they claimed that they do not have enough money to finance the needs of their employees while infrastructure and different construction works continue to operate. In short, they focus on preparing their establishments for future economic growth even if in the process, they have to cut down salaries and benefits of the most important assets in the organization – human resources.

The economy in different governments now is really struggling. In the Philippines, the government’s decision to shift from enhanced community quarantine (ECQ) to general community quarantine (GCQ) and modified general community quarantine (MGCQ) was seen by many analysts as the government’s effort to save the sagging economy of the country and not because the country is already safe from the virus. Despite the increasing cases of Covid-19, some establishments are now allowed to open, people go back to their work, public transport gradually start to operate and liquor ban is now lifted in some municipalities. All these to keep the economy moving.

Challenges to Ecological Health in the Post Covid-19

But our main concern now is what will happen to the environment if industries are given the go signal to fully operate after they had been in hiatus for three months? The increased pressures on the earth’s resources mostly in the rural areas are expected to persist until economies rebound and governments are able to refocus on conservation. This means, we might go back to the false impression that the protection of nature is a secondary concern in any economic model even if it has already been proven that there is a correlation between environmental destruction and disease outbreaks cause by virus mutation from one species to the others and to human beings (Vidal, 2020, Diprose and Neal, 2020). When will people heed the message of nature? Along with the many disasters that occurred such as typhoons, floods, extreme heat, forest fires, Covid-19 might also be the nature’s messenger sending us important message – that if we will not take good care of Mother Earth, it will result to human and economic loss.

This idea of taking care of Mother Earth is already part of the life, philosophy and epistemology of the indigenous peoples. For example, among the Australian indigenous peoples, we can see different indigenous quotes such as: “We call country the mother because as a mother cares for her children so does the land care for us.” (Tyrone Bell in Pascoe, 2018), “We belong to the land because Mother Earth feeds us and births everything.” (Harrison, 2013: 97), “The spirits show themselves in the rocks and trees in natural forms. These spirits come from the land the same as us. The spirit is in that rock, the spirit is in that tree, because it is born from Mother Earth, there’s no separation between us.” (Harrison, 2013: 121),

and “The land is the mother and we are of the land; we do not own the land rather the land owns us. The land is our food, our culture, our spirit and our identity.” (Foley, nd.)

The same concept is embraced by the indigenous peoples here in the Philippines. My own fieldworks with the different IP tribes and communities in Mindanao revealed that their existence and the ecosystem are inseparable, meaning, a symbiotic relationship between them exists. A *Tagkaolo* elder said to me “for us, land is our life and if you destroy our land, you destroy our life.” (Interview # 14, October 22, 2020). A *Banwaon* tribal leader also shared to me that they have developed an Ancestral Domain Protection Program (ADOPP) to ensure security and protection of their lands, “With our ADOPP, you can’t sell your land because you don’t own it, you just given the right to safeguard it as stewards but you cannot own it. Therefore, you cannot sell it. Our land is our life. Our land is like our Mother” (Interview # 1, December 21, 2018). The same concept is shared with the *B’laan* tribal leader, “our ancestral lands are our life. That’s where we get all our food and medicine, bury our dead and also perform our rituals. If they will destroy our ancestral lands and our forests, it’s like they really wanting to kill us” (Interview # 2, March 31, 2019). Even among the IPs who became professional and has experienced a modern way of life in the city, they still consider their land as sacred. A *Tagakaolo* teacher said to me, “environmental protection is very important for us IPs because our life and our identity is inseparably connected with our environment. It is in our lands and mountains that we get our food and perform our rituals. As a teacher, it is also very important for me to educate the young people to love the environment because if our environment is destroyed, it will be the end of us all” (Interview # 4, October 21, 2019). Speaking of how the outsiders who encroached in their territories have destroyed not only their environment but also culture, A *Manobo* tribal leader also shared to me, “First, they destroy our environment. They did not show respect to the lands, trees and rivers. These are all sacred for us *Banwaons* and *Manobos*. They came here without the community’s approval. Second, because of their coming, our culture was destroyed because they introduced a way of life that is something new to us” (Interview # 6, February 17, 2019). A *Bagobo* also shared to me his frustration with the government leaders in handling their environmental concerns, “the only concern of the government now is how to have money from the taxes so they will always allow and even encourage corporations to put up businesses here. They don’t care whether these corporations will destroy the environment or the lives of the *lumads* here as long as these corporations will give them money” (Interview # 9, March 23, 2019).

My interviews with the five indigenous tribes in Mindanao, namely, the *Tagakaolos*, the *B’laans*, the *Bagobos*, the *Banwaons* and the *Manobos* confirmed the in-depth study of Brother Karl Gaspar, a redeemptorist missionary brother and an anthropologist who is based in Mindanao and who conducted in-depth studies among the IPs especially among the *Manobos* in Arakan Valley, North Cotabato, that indeed, for the IPs, their land is their life and their existence is inseparably interconnected with their land (Gaspar, 2011). The

connection is like an umbilical cord that connects the mother and the child.

But there is still a long way to go since capitalist economies have been successful not only in waging war against the earth but also against the original conception of the good life and their traditional and belief systems in relation to their environment of many people. In different IP communities, corporations and businessmen and some of the ruling elites poisoned the minds of the IPs that modernity, urbanization and industrialization will bring them so much happiness and comfort (Bayod, 2020). As a result some of the IPs have facilitated or supported the exploration of their mountains and rivers to get the resources that will bring development to their communities.

Since companies cannot operate without approval from the people, the National Commission for Indigenous Peoples (NCIP) and some tribal leaders have facilitated their smooth entry into indigenous territories in exchange of lots of benefits and privileges. Because of this, some of the IPs started to abandon their values of reciprocity and reverence to the earth as a living being like a mother (Bayod, 2020). The death of Earth as a living and nurturing mother in the minds of some IPs have supported these companies in waging war against their environment. After all, since the earth is now treated as dead and lifeless object to be exploited, then, nothing is being killed (Shiva, 2016). The nurturing earth image being embraced by the IPs since time immemorial was considered by these companies and corporations as a cultural barrier on the exploitation of nature (Bayod, 2020).

The mastery and domination framework created by the modern science and technology removed these cultural barriers to facilitate the exploitation of nature (Shiva, 2016). The war being waged by companies and corporations against the spiritual and cultural values of these indigenous peoples started in removing these cultural barriers and destroying their wholistic and systemic concept of life to entice them value accumulation of wealth to sustain their greed disguised as the modern standard of living and good life (Shiva, 2016). Hence, the destruction of nature to build modern facilities and infrastructures to support the growing economic demands of the society was justified on the grounds that these are all for the "benefits" of the people and the community (Bayod, 2020).

Learning from the doughnut economics

It is important to reflect now how to balance environmental protection with social justice especially in the aspect of redistribution of resources. While some economists might argue that spending millions of money to restore health of the ailing nature is detrimental to the poor as the money can be used to uplift their standards of living, I will argue that restoring the health of ecology is necessary not only for economic sustainability but also for human and societal well-being. When ecology is healthy, the people experience peace and well-being. For Shiva, recovering and protecting the commons such as forest, rivers, mountains is vital to making peace with the earth, maintaining peace within and between communities (Shiva, 2016). Having an inner peace is precondition for the attainment of well-being. When the

people are healthy, they can continue to use their talents and skills to improve societies.

Raworth (2017) has already pointed out the social justice line in the inner circle of the doughnut which no one should fall, and the planetary destruction line in the outer circle of the doughnut which human impacts should not rise. The social justice line includes food security, adequate income, clean water and good sanitation, effective healthcare, access to education, decent work, modern energy services, resilience to shocks, gender equality, social equity and a voice in democratic politics. The destruction line or the planetary boundary includes climate change, biodiversity loss, nitrogen and phosphate use, ozone depletion, ocean acidification, freshwater use, changes in land use, particles in the atmosphere and chemical pollution (Rockstrom, et., 2009).

For Raworth (2017), the goal of development or economic policies and programs should be to get inside the doughnut which is the "safe and just space for humanity" where every human has access to at least a minimum level of dignity and health without jeopardizing ecological health. Good policy will raise up social indicators into the doughnut without pushing ecological indicators out of it, or vice versa while policy will push one side at the expense of the other (Roberts, 2012). Raworth suggests mechanism on how to achieve this. She notes, that in terms of food, meeting the calorie needs of the 13% of the world's population facing hunger would only require just 1% of the current global food supply. In terms of energy, bringing electricity to the 19% of people who currently lack it could be achieved with less than a 1% increase in global CO2 emissions. Lastly, in terms of income distribution, she notes that ending income poverty for the 21% of people who live on less than \$1.25 a day would only require just 0.2% of global income (Raworth, 2017). For many, this is easier said than done. Certainly, this requires a retrieval or the basic fundamental human values of caring for one another and caring for our common home. These values were already practiced by the IPs since time immemorial.

Conclusion

We have already enough framework to re-calibrate and re-tool our development of economic model. But what we need now is a kind of "Metanoia", a radical conversion of mind and heart. Money and wealth will not necessarily give us health and well-being. But healthy ecology will surely give us not only human health but also economic health. The *Doughnut Economics* of Raworth already shows us how myopic the goals of the many economic models. They are only focused on endless economic growth for gluttonous consumption of industries and people. But government leaders might still be reluctant to question this paradigm of endless economic growth especially in the post Covid-19 world. Industries and business companies often assume that their only mission is accumulation of capital and profit. To reform the economic system, therefore, it might help that we will continue to question and challenge some assumptions as regards to economy, development and the good life, and then, develop new paradigms that

focus on harmony and balance between ecological health and economic health.

In Shiva's "Making peace with Earth", she said that managing ecosystem must begin in our minds and it involves changing our paradigms and worldviews from those based on war with nature to those that recognize that we are all interconnected in one web of life (Shiva, 2012). The Covid-19 pandemic has really revealed us important lessons. The world will certainly be transformed after this pandemic. But our eyes should be focused on what will happen to our ecology and economy after this crisis. The word crisis, in Greek, "krisis" is not really something negative. In fact, it implies decision making. Whatever decision-making process it is, it might be good that it should come from collective discernment. An important component in understanding ecological and economic crisis are the decisions taken by state leaders. State leaders must consider inputs not only from the scientists and technocrats but also the local people and other stakeholders in the crafting and implementation of policies and programs.

In Kumar (2013) new trinity of "Soil, Soul, Society", he uses three words to describe the interrelatedness, interconnectedness and interdependence of living organisms here on earth. In short, for Kumar, it is a trinity of wholeness and unity of life in its myriad forms. Since we are all interconnected, it might be good that we start working together and not competing each other in our programs and projects to ensure ecological and economic health which is necessary for our well-being as a people and nation.

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Deaths without goodbyes: deprivation of dignified death and objectification of dead bodies during COVID-19 pandemic in the Philippines

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Abstract

Aside from the health, social, economic, and financial damages brought about by the COVID-19 pandemic, one of the most painful aspects of this phenomenon is the death of patients who succumbed to the coronavirus disease without their loved ones having to at least view their dead bodies and accord them the usual funeral and burial rites as dictated by tradition, culture, and religion. I first outline the guidelines that comprise dignified management of dead bodies from international organizations, and the Philippine legal mandates regarding the matter. I then argue that there is incongruence between the legal mandates and real events regarding the dignified management of dead bodies of persons who died from COVID-19 in the country as evidenced by some anecdotal accounts. As a subject and not an object, dead bodies of human beings have inherent worth and value that should be respected; their loved ones should not be deprived to have the last view and say goodbye to COVID-19 victims' dead bodies. Finally, I offer ways to improve the management of dead bodies in the country to ensure dignified death of COVID-19 victims and offer loved ones the opportunity for a dignified send-off, and pave way for better responses to future related crises.

Introduction

Aside from the health, social, economic, and financial damages brought about by the COVID-19 pandemic, one of the most painful aspects of this phenomenon is the death of patients who succumbed to the coronavirus disease without their loved one having to at least view their dead bodies and accord them the usual funeral and burial rites as dictated by tradition, culture, and religion. As of June 24th, 2020, the COVID-19 pandemic has recorded an unprecedented death toll with 477,584 global deaths, and 1,186 deaths in the Philippines (Johns Hopkins University).

Before the strict implementation of precautionary measures to contain the spread of COVID-19 in the Philippines, including the cancellation of mass gatherings or public assemblies, the death of a person usually means a reunion of family members, relatives, and friends. Funeral wakes and burials are both social events. People who wish to condole with the bereaved family would pay a visit to the house or funeral chapel where the dead person is lying in state. In most cases, several nights are spent to recite prayers for the eternal repose of dead persons before they are finally buried. However, with the coming in of COVID-19 pandemic, everything related to how a dead person is honored has totally changed, making it doubly painful on the part of loved ones.

According to Channel News Asia (May 3rd, 2020): "Families of COVID-19 victims in the Philippines are being denied traditional death rites in favor of hurried, impersonal cremations, with virus restrictions often meaning they are forbidden a last look at their loved ones. It is a painful and disorienting process for both the families and crematory workers that has upended the Philippines' intimate rituals of laying the dead to rest. Burial is the norm in the Catholic-majority nation, and it usually follows a days-long display of the embalmed body at home or in a chapel."

This issue becomes very disheartening on the part of the distraught loved ones of the person who died during this COVID-19 pandemic. It undermines the dignity of dead persons which is inherent not only when they are alive but carries with it even when they are dead. This is the issue that I would like to argue and amplify in this paper.

Social science studies on the COVID-19 pandemic have tended to focus on the well-being of clinicians and patients. Particularly in the Philippines, little to no studies have focused on the impact of the pandemic on death, dying, and bereavement. Hence, this present study addresses such a gap.

What comprises dignified management of dead bodies?

On March 24th 2020, the World Health Organization published an interim guideline on *Infection Prevention and Control for the Safe Management of a Dead Body in the Context of COVID-19*. Many important points can be drawn from this document including:

- It is a common myth that persons who have died of a communicable disease should be cremated. Cremation is a matter of cultural choice and available resources.
- To date, there is no evidence of persons having become infected from exposure to the bodies of persons who died from COVID-19.
- The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout.
- Hasty disposal of a dead from COVID-19 should be avoided.
- Authorities should manage each situation on a case-by-case basis, balancing the rights of the family, the need to investigate the cause of death, and the risks of exposure to infection.
- If the family wishes only to view the body and not touch it, they may do so, using standard precautions at all times including hand hygiene. Give the family clear instructions not to touch or kiss the body.
- People who have died from COVID-19 can be buried or cremated.
- Family and friends may view the body after it has been prepared for burial, in accordance with customs.

Moreover, the *Managing Infection Risks when Handling the Deceased: Guidance for the Mortuary, Post-mortem Room and Funeral Premises, and during Exhumation* (2018) released by the Health and Safety Executive of United Kingdom recommends the following:

- Suitable waiting areas, including toilet facilities, and a viewing room for families or friends wishing to view the deceased, should be provided.
- When families and others wish to view the deceased, you should advise them whether there is a risk of infection if they touch or kiss the deceased, as well as any controls they should take after contact, e.g., washing of hands.
- Certain infectious diseases will present a significant risk, so you should inform the family about the risks involved and provide them with PPE if appropriate.
- Alternatively, viewing could take place either at a distance or by using a viewing panel in the coffin. Another option is to use a viewing room with a glass screen.

The *Management of Dead Bodies after Disaster: A Field Manual for First Responders* (2016) jointly published by the Pan American Health Organization (PAHO), World Health Organization (WHO), International Committee of the Red Cross (ICRC), and International Federation of Red Cross and Red Crescent Societies recognizes the importance of proper and dignified management of the dead in disasters, including even those who died from infectious diseases. As such, "the proper management of the dead also includes acknowledgment and assistance to their bereaved families, friends, and communities." This document details the following:

- The dead and the bereaved should be respected at all times.
- Honest and accurate information should be provided at all times.
- A sympathetic and caring approach is owed to the families throughout the process.
- Psychosocial support for families and relatives should be considered.
- Cultural and religious needs should be borne in mind throughout the process.
- Undignified handling and disposal of dead bodies may further traumatize relatives and should be avoided at all times. Careful and ethical management of dead bodies, including disposal, should be ensured, including respect for religious and cultural sensitivities.
- Before starting any procedure, the family must be prepared, with the burial process and all steps explained, especially with regard to dignity and respect for the deceased person. Once agreed and understood, the burial can be performed. No burial process should take place until an agreement is obtained.

Philippine legal mandates on the management of dead bodies

The Philippines, through the Department of Health, issued on February 3rd 2020 Department Memorandum No. 2020-0067 which provides the *Guidelines on the Disposal and Shipment of the Remains of Confirmed Cases of 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD)*. This memorandum is further reiterated in Department Memorandum No. 2020-0158 dated March 22nd 2020 which outlines the *Proper Handling of the Remains of Suspect, Probable, and Confirmed COVID-19 Cases*.

Specifically, Department Memorandum No. 2020-0158 states, among other things, the following guidelines:

- Always apply the principles of cultural sensitivity.
- Wakes or any form of public assemblies shall not be allowed.
- If the family of the patient wishes to view the body after removal from the isolation room or area, they may be allowed for as long as standard precautions are strictly followed.
- The procedures for burial and cremation shall be done within 12 hours after death. However, burial of remains should be in accordance with the person's religion and culturally-acceptable norms, to the most extent possible (e.g., in Islamic rites, cremation is forbidden or "haram").
- Large gathering at the crematorium or burial ground should be avoided.
- For those that will be buried, only adult members of the family of the deceased may be permitted to attend the funeral.
- For those that will be cremated, cremains shall be reduced to the size of fine sand or ashes and packed in a cremains container before they are turned over to the relatives of the deceased.

Also, the Department of the Interior and Local Government of the Philippines issued Memorandum Circular No. 2020-063 dated March 27th 2020 on the *Interim Guidelines on the Management of Human Remains for Patient under Investigation (PUI) and Confirmed Coronavirus Disease 2019 (COVID-19) Cases*. This memorandum states, among others, that "viewing [of human remains] in funeral parlors and hygienic preparations [e.g., cleaning of the body, tidying of hair, trimming of nails, shaving, and embalming of the remains] are not allowed. Direct contact with the human remains is not allowed".

The rationale behind these legal mandates relative to the management of human remains in times of COVID-19 pandemic is to prevent further transmission and infection to others as long delays before burial and cremation may pose another risk to public health.

Except for one point that burial and cremation shall be done within 12 hours after death, the overall legal mandates in the Philippines regarding the management of dead bodies during a pandemic are in consonance with the universal and fundamental right to dignified management of the dead bodies, and the right of families to view the deceased for the last time. The said rights are assured to be protected and observed through the aforementioned legal mandates.

Deprivation of dignified management of dead bodies

Truth to tell, actual situations on the ground appear to contradict with what the legal mandates promise to uphold. I then argue that there is incongruence between the legal mandates and real events regarding the management of dead bodies of persons who died from COVID-19 in the Philippines as evidenced by some anecdotal accounts.

Morgues, funeral parlors, and crematoria alike are overwhelmed by the spike of COVID-19 fatalities whose number goes beyond their capacity to handle. There is a

plethora of cases in the Philippines wherein loved ones of persons who died from COVID-19, and even those non-COVID-19-related causes were deprived of even a last view of the latter's dead body. This deprivation among family members, relatives, and friends to have a last view of their loved one's dead body is true not only to COVID-19 victims but also to non-COVID-19-related deaths.

One case is that of the father of Leandro Resurreccion IV. Aside from the acceptable protocol that he was not allowed to visit his father in the hospital while the latter was confined due to COVID-19 infection, his family, according to Channel News Asia: *"wasn't able to say goodbye could probably be the second most tragic thing that happened after my dad's death. It makes the grief slower."*

Another case is that of Mike Constantino's father who succumbed to cancer. According to ABS-CBN News: *"Nobody was allowed to accompany the cadaver, and nobody was allowed to be there for the cremation. It's sad that we couldn't be there for dad during those moments."*

The same is true with Maricar Bautista's father who died of a heart illness during the COVID-19 pandemic. Still, according to ABS-CBN News: *"Not being able to embrace, kiss and even talk to our Dad makes it all the more difficult for the family. His passing has completely left his family and relatives devastated and utterly heartbroken. But we take comfort knowing that Daddy is in a much better place now reunited with our Creator, our Lord God Almighty."*

A similar case is that of Maximina Bautista's husband who had Parkinson's disease and died due to stroke. Maximina was not able to bid goodbye and see her husband one last time before he was turned into ashes. According to GMA News: *"Wala na kaming magagawa dahil sa sitwasyon ngayon 'di na puwede 'yong kwan kaya noong isinalang siya, 'di na namin nakita 'yong mukha, naka-zipper na 'yong katawan tapos diretso na sa apoy. Pero masakit talaga sa kalooban. (We have no choice because the situation right now prohibits [mass gathering]. We were no longer able to see his face before he was placed in the furnace. It is really painful.) Despite not being infected, her husband was still immediately cremated following the local government unit's ordinance, preventing burials."*

The aforementioned anecdotal cases of family members and relatives deprived of having the last view and say goodbye to their loved one's dead body are cited as risk factors that contribute to complicated grief (Burke & Neimeyer, 2013 as cited in Mayland, Harding, Preston & Payne, 2020). Concomitantly, family members and relatives themselves are "unable to directly support each other through their grief" (Leong et al., 2004 as cited in Mayland et al., 2020) because of certain limitations brought about by lockdown measures.

Apparently, there are instances of hasty disposal of COVID-19 and non-COVID-19 dead bodies through immediate cremation in the Philippines. It appears as if there are no other options of disposing dead bodies other than cremation when in fact, they can EITHER be cremated OR buried (WHO, 2020; New Hampshire, Division of Public Health Services, 2020) though with restrictions on the number of attendees and strict implementation of health and safety protocols.

Further, hasty disposal of a dead from COVID-19 outrightly violates the guideline set by WHO. In fact, the Center for Disease Control and Prevention (CDC, 2020) affirms that "there is currently no known risk associated with being in the same room at a funeral or visitation service with the body of someone who died of COVID-19." Nevertheless, touching the body of those who died from COVID-19 is strongly not advised.

Objectification of dead bodies

A human being is a subject, not an object. I would like to argue that this remains the case even until a human being dies or when the body is already dead; hence, it should not be treated as a mere object. As a subject, human beings have inherent worth and value that should be respected. We never lose this worth and value the moment we die. The ethical issue comes in when dead persons' bodies are reduced to the level of an object or thing when hospitals immediately transport dead bodies to crematoria, and crematoria would throw dead bodies in the furnace without allowing their loved ones a brief and private moment to say some prayers and parting words. This objectification of dead bodies is not uncommon during this COVID-19 pandemic in the Philippines.

The act of throwing human bodies in furnaces without giving their loved ones the opportunity to view them for the last time, either physically or at least virtually, and say some prayers is a clear manifestation of objectification of human bodies or treating our bodies as objects, and not as subjects with inherent worth and value.

End of life (EOL) care: technology-mediated family support and farewells

Whenever possible, in consideration of available personal protective equipment, close family members of COVID-19 patients who are terminally ill and nearing death should be provided the option and restricted opportunity to physically visit their loved ones. This idea is part of New Hampshire's Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control in its document titled *End of Life Considerations for Persons with Suspected or Confirmed COVID-19* (2020). The said document recommends that "when a person with COVID-19 has imminent death, facilities must have an equitable policy regarding visits by close family members, bereavement counselors, clergy." It also suggests that "alternative mechanisms for interactions such as video-call applications must be considered." This idea on videoconferencing is aptly supported by Gaus et al. (2020) as one of the primary pragmatic lessons from the SARS-COV-2 pandemic from France.

One hospital in the Philippines (referring to Medical City Ortigas) has a very laudable practice in dealing with COVID-19 terminally ill patients and fatalities. In an interview with GMA News, Dr. Sally Mae Abelan, Emergency Medicine Physician of the hospital mentioned above, narrated that "because family members are not allowed to visit their loved ones during their last moments, doctors now take the extra mile to be with their patients and pray for them. In the ICU, video calls with family members are allowed. It is for them to

take one last look of their loved ones before they pass away. In the ER meanwhile, they let the family members say their last words to patients who are dying through a two-way radio or walkie talkie."

Moral imperatives

It is a moral imperative that hospitals where COVID-19 patients die to communicate with their loved ones and arrange for the safe final viewing of dead bodies before they are cremated or buried. Besides, Philippine guidelines permit "adult members of the family of the deceased and other persons whose attendance is necessary to attend the funeral and burial of the human remains". Even when dead human bodies will after all be turned into ashes through cremation or buried below the ground, it is also morally and ethically imperative that prayers from their immediate families and religious leaders should be recited.

Conclusion

Family members of persons who died of COVID-19 have the right to mourn and grieve over the latter's physical body. This is a fundamental human right that we cannot deprive anyone regardless of the situation. A person's death happens only once; it is irreversible. Though government laws duly recognize this fact and allow family members to view their loved ones dead body before it is cremated or buried as long as necessary health precautions are strictly observed to pave the way for a dignified send-off, actual situations on the ground show the exact opposite of what the legal mandates intend to uphold.

The following points may be considered to improve the management of dead bodies in the Philippines to ensure dignified death of COVID-19 and non-COVID-19 victims and offer loved ones the opportunity for a dignified send-off, and pave way for better responses to future related crises as a whole.

- Periodic monitoring of the implementation of legal mandates regarding the management of dead bodies during a pandemic should be conducted to avoid violations from occurring on the ground.
- During hospital confinement, hospital management should provide the necessary technology to allow COVID-19 patients and their loved ones to see each other via teleconference, even before the former becomes terminally ill and dies.
- Since public transportation is suspended during community quarantine, the government should provide free transportation to bereaved families in going to and from the facility where their loved one dies.
- A mourning tent should be set up in every hospital where COVID-19 patients are admitted. This is similar to what Mayland et al. (2020) mentioned in their study. This mourning tent will allow family members to "say a final goodbye" to the dead person.
- Hospital and health facility managements should establish waiting areas or viewing rooms with a glass screen for the family of those who died during a pandemic to view the dead bodies of their loved ones.
- Making the head portion of the body bag transparent may also be considered to allow bereaved people to see their departed loved ones physically. Doing so would make mourning and final goodbyes more

personal and intimate rather than randomly seeing dead bodies fully unidentifiable because of non-transparent body bags. Or, "viewing of the dead body by unzipping the face end of the body bag (by the staff using standard precautions) may be allowed for the relatives to see the body for one last time" (Government of India, Ministry of Health and Family Welfare, 2020).

- Cultural, traditional, and religious rites related to funeral and burial should not be absent. They may be modified through the institutionalization of technology-based support services before and after the patient's death.
- Training of hospital human resources on pre- and post-bereavement support services to pave the way for the provision of appropriate palliative care that aims to "improve the quality of life of patients and their families facing the problem associated with life-threatening illness" (WHO).

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Fears and Hopes of Indigenous Students in Southern Mindanao During Covid-19 Pandemic

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Abstract

The Covid-19 Pandemic is one of the greatest threats to the education of children especially to poor countries and communities. As countries imposed a lockdown and community quarantine, schools were forced to close and shift instantly to on-line teaching and learning. In the Philippines, while schools are given the permit to continue the education of students for the next school year, the government insists that there will be no face-to-face education as long as there is still an imminent danger of virus transmission. As educators, we already experienced and witnessed how difficult for our students, especially the poor and the indigenous peoples, to cope with the different modalities of learning and the country to provide the needed support to students and teachers during this new educational set-up caused by Covid-19 outbreak. This present paper focuses on the perception and experiences of indigenous students in Southern Mindanao, Philippines in relation to Covid-19 pandemic and their fears and worries concerning their lives and their education in the so-called new normal. This paper will further offer practical suggestions to government and educational leaders on how to address the educational needs of the students, especially the indigenous peoples.

Keywords: *Indigenous students. Education in Covid-19. New Normal. Philippines*

Introduction

Covid-19 pandemic has changed many things in the world. One of the industries that was put into a virtual standstill is the education industry. As governments in many countries imposed lockdown, schools were forced to close over due to COVID-19 (Toquero, 2020; Viner, Russell, Croker, Packer, Ward, Stansfield, & Booy 2020; Reimers, Schleicher, 2020). However, to continue the education of students, some schools immediately shifted to on-line and distant teaching and learning modalities (Toquero, 2020). Some teachers recorded and uploaded their lessons online for the students to access and some were even more innovative and used Google Classrooms, WebQuest, and other online sites, but most were unprepared (Fox, 2007). As educators in Mindanao, we have witnessed how challenging this new educational set-up is to many students especially the poor and those living in the far-flung areas for lack of gadget and equipment for on-line classes and also internet connectivity problem. The modular mode also provided many challenges ranging from lack of transportation to difficulty in crossing from one town to the others

because of security and health protocols implemented by different local government units.

The intention of the paper is to explore the different perceptions of indigenous students in Davao del Sur about the Covid-19 pandemic and also their fears and worries in relation to their lives and also education. We interviewed seven indigenous high school students and three indigenous college students for this paper. These students are living in the far-flung areas of Davao del Sur. We asked them the following questions: what are their perceptions on Covid-19 pandemic? What did their community do to avoid being infected by the virus?, what are their worries and concerns as students?, and what help do they want from the government? In this paper, we want to share their experiences, fears and worries as indigenous students.

Indigenous students' perceptions on the origins and causes of COVID-19 pandemic

We wanted to know about the perception of the indigenous students about the covid-19 pandemic. We found out that, although all of them did not really know the real cause of the virus as most of us do, most of them perceived that covid-19 was coming from China because of their behavior to eat exotic food. One of our participants said, "*sa akona lang pud ni kay gikan sa pagkaon sa Chinese kay bisan unsa lang pagkaon nila.*" (This is only from my own point of view, it is coming from the Chinese people because they just eat anything). Another participant said that, "*kung mubasi ta sa balita gikan jud ni siya sa mga kinaon sa tao, kung tan aw nila makaon na, kaonon pud nila, wala sila nag tan aw sa effects anang pagkaon nga ilang gikaon.*" (If we based it with news, it's really coming from the food of the people because they just eat what they see as can be eaten without considering the effects of the food that they eat). It's interesting that some of them point out that the origin of the virus was from exotic food that Chinese people eat. Study of Bhagavathula, Aldhaleei, Rahmani, Mahabadi, & Bandari, (2020) also shows that even two-thirds of doctors and half of allied Healthcare Workers believed that the origin of Covid-19 are from bats. Many IPs also eat exotic foods such as snakes, wild pigs, deer and others but they really cooked their food well. The influence of the social media and the local news about the behavior of some Chinese people as one of the possible reasons of the Covid-19 outbreak has penetrated into the consciousness of some IP students.

However, despite this influence, some IP students also perceived that there might be other causes of the virus aside from the eating behavior of the Chinese people. One IP college student said, "*ingon nila tungod daw kay pataka lang ug kaon ug hayop ang mga taga China pero sa akona basin ug naa mensahe ang Ginoo kay ang tao wala na nag atiman sa kinaiyahan*" (They said that it's because Chinese people just eat indiscriminately that is why there is this virus but for me, I think God has a message because the people do not already take care of the environment). An IP high school students also said that "*gikan man daw sa China pero para sa akona murag challenge lang ni nga gihatag sa Ginoo tungod sa siyudad daghan na og kahilayan ug wala nay time sa pamilya. Karon nagpuyo na sa balay.*" (Accordingly, it's coming from China but for me this is just a challenge given by

God because in the city there are plenty of debauchery or vices and that people do not have time for their families. Now they are forced to stay at home). This is also the perception of another IP college student when she said, "*siguro tungod sa Chinese nga pataka ra ug kaon ug hayop basin nasuko ang kinaiyahan sa ilaha*" (Maybe it's because the Chinese people indiscriminately ate animals, perhaps the nature got angry with them). This is also the thought of Romero – a Costa Rican IP leader when he said in an interview that the virus, he believes, was unleashed by human greed and ill treatment of the planet (Nuwer, 2020).

What did their community do to avoid the virus

In many IP communities in the Philippines, especially in Luzon, they have imposed their own traditional concept of community quarantine and lockdown called by different local names such as *tengao*, *te-er*, *to-or*, *sedey*, *far-e*, *ubaya*, or *tungro* depending on their ethno-linguistic groups, in order to spare their community from the virus (Lapniten, 2020). We also wanted to know what did their community in Davao del Sur do to avoid the virus. We found out from their sharing that, they have not done many traditional rituals already except some meetings to discuss and agree on sharing and helping each other. Most of the things they do to avoid the virus are the usual things that all of us do like wearing mask, washing our hands and staying at home. "*Permentihon lang ang paghugas sa kamot. Dili mag gawas-gawas sa balay*" (We just wash regularly our hands and we just refrain from always going out from the house), "*Always lang jud mag wear ug mask*" (Just wear mask always), "*Sa amoa kay kanang bawal jud mugawas sa amoang balay...isa lang katao ang muadto, pananglitan mamalit ug kanang grocery...*" (For us it's really prohibited to go out from the house...only one person will go out like to buy grocery). These are not only common responses but these are mandated things to do from the government. However, one *Bagobo* college student shared, "*naa mi ritual ug pag-ampo unya wala mi ginapagawas sa balay*" (We have ritual and prayer and we are prohibited to go out from the house). In addition, A *Tagakaolo* college student also said, "*nag ritual mi ug naa mi meeting unsa buhaton. Nagsabot mi na isa ka tao lang jud mogawas sa balay. Sa among komunidad, nagsabot pud mi ug nag tabangay kung kinsa ang wala'y pagkaon ug wala'y masugo mamalit pagkaon naa dayon motabang sa ilaha*" (we have ritual and we have meeting what to do. We agreed that there will only be one person to go out from the house. In our community, we also agreed that we will help each other. Whoever lacks food and those who do not have anybody to buy food, there will be somebody who will help them). Indeed, aside from the usual things that they do, some IP communities also performed rituals and prayers and agreed to help each other to ensure that the virus will not only get into their communities but also to each one will have food to eat during the lockdown period. As of this writing, there are no IP communities here that got infected with the virus. United Nations – Department of Economic and Social Affairs (UN DESA) said that, Indigenous peoples are seeking their own solutions to this pandemic. They are acting, and using traditional knowledge and practices such as voluntary isolation, and

sealing off their territories, as well as preventive measures – in their own languages.

Worries and concerns of IP students in the time of pandemic

As educators, we really wanted to know what are the fears and worries of the IP students in relation to their education during this time of pandemic. We found out from their answers that they are not only worried about their education but they are also worried about their lives. In fact, a B'laan high school student said, "*nagworry ko if maka eskwela pa ba ko tungod kay naglisod naman kaayo mi karon*" (I am worried if I can still go to school because we really suffer and are in dire need now). Bacellisco, a Filipino parent strongly disagree on the opening of classes, when she said, Education can wait. I'm not risking the safety of children when they go out. I fear that when they attend school, they will come home infected with COVID-19 (Magsambol, 2020).

We also found out that their worries are also connected not only to their intellectual capacities to cope with the new modalities of education being implemented by the government but also to their financial capacities to buy the needed gadgets and equipment to be able to participate in the on-line classes. A Bagobo college IP student shared, "*anang if mag on-line class kay wala man koy laptop unya wala pud signal sa bukid*" (If there is on-line class, I do not have laptop and there is also signal in the mountain). A B'laan high school student also shared, "*nagool ko if makaya ba nko ang on-line ug modular class kay wala man mi internet ug wala pud ko laptop unya niuli ko sa bukid lisod kaayo ang sakyanan ug mag cge baba adto skul kuha sa module kay gasto pud kaayo*" (I am sad if I can endure the on-line and even modular class because I do not have internet connection and I do not also have laptop and because I went home in the mountain, it's very difficult to look for vehicle if I will always go down to get the modules in the school and it's very expensive). While online learning is only one option for the blended approach, unfortunately data shows that not all households in the Philippines have access to the internet. Citing data from the National Telecommunications Commission, DepEd said that as of December 2019, 67% of the Philippine population have access to the internet (Magsambol, 2020). However, the Covid-19 pandemic really forces educational institutions to look into different modes of delivery of lesson and learning media. For Abdelhafiz, et al. (2020) knowledge is gained mainly through novel media channels. Novel channels including, social media platforms, and the internet represented the most important sources of information.

But for the IP students who are living in the far flung areas, on-line and even modular mode of education is still very challenging for them because of lack of gadgets, equipment and internet connectivity. Their problems are really connected to their economic conditions. Some of these IP students are student scholars and because there are no more face-to-face classes, they are not also needed. Thus, they are terminated from the scholarship grants in order for the schools especially, private schools to also survive. UNESCO said that the lack of access to technology or fast, reliable internet access can prevent students in rural areas and from disadvantaged families.

Lack of access to technology or good internet connectivity is an obstacle to continued learning, specially for students from disadvantaged families.

The study of Bao, Qu, Zhang, Hogan, (2020) shows that students gain slower during school closures than in a business-as-usual academic year. UNESCO said that when schools close, parents are often asked to facilitate the learning of children at home and can struggle to perform this task. In relation to this, it is found out that they also have fears and worries on how to cope with the academic demands with the new educational set-up. Many of them said that they even encountered difficulties to understand the lessons during face-to-face classes, how much more during on-line or modular classes where supervision of teachers would be minimal. A B'laan college student shared his fear, "*isa sa akong gikabalak-an nga ako nag-eskwela sa college unya ang among enrolment is karong July 15 na unya nabalaka ko kay sa among subject kay second year na murag sugod na og kalisod. Nabalaka ko nga dili mahatag sa eskwelahan ang quality education nga dapat nila matudlo sa amoa kay lage online unya dili mainsakto'g tudlo sa amoa. The same atong summer class kay giagi rag online class, din video, murag self-study ra gani. Lahi ra jud dili pareho sa una nga face to face*" (one thing I'm worried about as a college student and our enrollment is already set this coming July 15, I'm worried because our subjects in second year might start to be difficult to understand. I'm worried if the school can really give the quality education that they should teach us because it is already on-line and they might not give us the exact knowledge. Just like last summer class because it was just done though on-line, we only watched videos, it's like self-study. It's really different if we have face-to-face classes). Another participant shared, "*basig dili na matarong ang klase ky wala kaayo signal diri din mag online naman gud daw. Unya basig dili me kaapas sa klase sa among maestro ky hinay man kaayo ang signal diri. Usahay mobaba pa gani me aron makakua og signal.*" (the class might not be done well because we have problem here with the signal because they said our class is already on-line. We might not be able to catch up with our classes because the signal here is very weak. Sometime we were forced to go down to get some signal). The same concern is shared by another participant, "*nabalaka nga mas wala nuon koy masabtan dili man kafocus samot na kanang wala koy connection unya kana bayang bukid namu dirihinay kaayo ug signal*" (I am worried that I might not understand the lesson well because I cannot focus because of internet connection. Our location here in the mountain has very weak signal). Baloran (2020) commented that though the Philippines is still at the stage of embracing the paradigm shift in our pedagogical delivery, schools should start training students and teachers on the application of online-blended learning approach and improve Information and Communication Technology (ICT) resources and capacities of both teachers and students. These could appease our learners worries on teaching-learning process.

There worries and concerns about on-line education are centered on the possibility that they cannot learn well because they lack of gadget such as laptop and also signal. Understandably, on-line education is new to many schools in the Philippines. While there are schools,

mostly in the cities, that started on-line or distant learning, they are very few and most of them are already in higher education, not basic education. There are only few students who enrolled in that program. But in many schools, especially in the provinces, where most of the students are poor, the on-line and distant learning schemes really bring a lot of challenges to students, especially the poor and those living in far-flung communities that do not have stable internet signal. According to a study, school guidelines and practices to enhance teaching and learning using digital devices are more often observed in socio-economically advantaged schools than disadvantaged schools (Reimers, & Schleicher, 2020). Even some students who have gadgets and are financially capable, they still have worries and concerns with the new mode of delivery in education in the country. Thus, an unwillingness with the online-blended learning approach was observed (Baloran, 2020). Even to some students who have gadgets like cellphones and laptops, they also have difficulty in making use of their gadgets to participate in the on-line education using different platforms such as moodle, google meet, zoom, skype and others. Thus, skills training on ICT is necessary not only for students but also for teachers. Baloran (2020) suggests that the government should have subsidy and educational support that include capacitating Filipino learners in using online tools. Fox (2007) added that an ongoing technical support to help train the teachers also is important. In addition, the students need also to be inducted into the use of ICTs in order to optimize the potential of their learning experiences in this mode and their efficiency in using it.

What help IP students want from the government

Despite their worries and concerns, many IP students really wanted to continue their studies. Thus, they continue to hope and wish that the government will support them in their education by giving them the gadgets that they need such as laptops and others. A *Bagobo* college student said, *"unta naa wifi ug laptop ipang provide sa students"* (I hope wifi connection and laptop will be provided to students). This is being echoed by a *Tagkaolo* college students when she said, *"unta naa free internet access to Barangays and if possible, support in buying laptops"* (I hope there will be free internet access to villages and if possible, they will give support in buying laptops). A *B'laan* high school student also said, *"unta naa free laptop ug unta naa internet sa among lugar"* (I hope there will be free laptop and there will be internet access in our place).

Some of them even went beyond the concrete needs to have gadgets needed in the on-line education to support about their entire economic situation. A *B'laan* high school student said, *"amoang gusto unta kay sa amoang mga ginikanan man gud kay maglisod na sila ug trabaho karun kay samot na nga naay virus. Mao nga unta kana need namo sa amoang pag skwela ug kanang pagkaon pud namo"* (we hope and we want that they will help us in our needs in school and also in our food because our parents have difficulty looking for jobs now because of the virus). Another *B'laan* high school student also said, *"Kanang financial jud. Kanang naa silay pareha gud anang sa SAP."* (It's really financial. I hope they have like SAP).

While on-line and modular classes are not really the normal mode of delivery of education in many schools in the Philippines, Covid-19 pandemic has forced them to embrace this mode of delivery as the "new normal". Aside from the fact that schools need students to continue their jobs, students also wanted to continue their studies in this "new normal". Since education of the young is needed for the future of the country, the government must continue to provide support to the education sector. This will be a challenging time for the government considering the huge budget they have already spent to subsidized the poor during the imposition of lockdowns or Enhanced Community Quarantine (ECQ). Leadership skills of politicians and even educational leaders in this time of pandemic is tested. Some local government units in the capital have responded to the challenges of providing gadgets (laptops, cellphones, wifi) to their students and teachers (Hallare, 2020; Ornedo, 2020; Malipot, 2020). Others are still thinking how to do it given their budgetary constraints. Reimers & Schleicher (2020) suggest that the government can also ask for partnerships with the private sector to extend their resources and other opportunities for on-line education, seminars and training. In fact, DepEd Under Secretary Alain Pascua has recommended minimum specifications for laptops, desktops, tablet PCs, tablets, smartphones, and internet services that will be donated to public schools, teachers, and/or students (Malipot, 2020).

Conclusion

The Covid-19 pandemic has drastically changed the educational landscape of the Philippines. The most vulnerable groups that are affected because of these changes are the poor students and those living in the peripheries such as the indigenous peoples. While IP communities here in Davao del Sur are still free of Covid-19, the possibility of local transmission is very real when schools will open and teachers from the lowland communities will come up the mountains to teach the IP students. Strictly speaking, since there are still no schools for the indigenous peoples (IPs) that have teachers who are really IPs living in the communities and implement a strict curriculum for the IPs like the community schools where ran and managed by the Non-Government Organizations (NGOs), IPs were really forced to enroll into the mainstream schools that implement a standardized curriculum under the supervision of the Department of Education (DepEd). During this time when the DepEd was forced to implement on-line and/or modular education, the IP students have to endure the challenges and difficulties of this new mode of education in the country.

To be able to help them, it might be good that government and educational leaders will listen to their struggles and dialogue with them on how to address their worries and concerns. If they cannot be provided with cellphones and laptops as well as internet connection, the schools might assign teachers to really go to the communities to bring the modules and course pack. The module or course pack must contain everything that the students need to know such as readings materials, examples on the expected output of students and the detailed instructions on what to do.

The school authorities, in partnerships with local leaders must also explore other means of reaching the students in the far-flung communities like using local radio stations where teachers will discuss their lessons either once or twice a week so that students in the mountain can still listen to them. The local leaders might also consider putting up a mini-library or education center in the locality where students can get the modules or course pack from their teachers and can also meet the teachers for short individual or small group orientation or discussion on important and difficult topics or assignments.

The Covid-19 pandemic as a crisis entails important decision making from school and government authorities. Decisions have to be made in consultation and considerations of those that will be highly affected. In times of crisis, people are called to offer sacrifices. While the teachers, school and government leaders have to show examples of walking the extra mile to be able to reach those at the margins of society, the people in the peripheries also need to offer sacrifices if they want to continue with their education. The IPs have been sacrificing a lot. They are still willing to do another form of sacrifice for them to continue their studies. Since online or distant learning might be the future directions of many schools in the Philippines, government leaders might consider building the needed infrastructure and other means of support as early as now.

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Couple educators' mission during COVID-19 pandemic: ensuring a meaningful and relevant learning for students while staying at home

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Abstract

The educational situation of the Philippines, for the current school year (SY 2019-2020), has changed because of COVID-19 pandemic. As a result, the Philippines became one of the countries worldwide that has suspended their classes. As couple educators, this scenario forced us to a deep reflection on how to ensure that education of children will not be hampered even when they are forced to stay at home. Since online education is already practiced in many countries, we thought that it might be best to explore on this possible mode of education. We designed an assisted learning instruction where learners are given opportunities to learn using the available new learning platforms. It started with a simple call through an advertisement posted on Facebook where eighteen (18) children participated in this free-online tutorial program. This is a

five-week e-learning program utilizing the Google tools such as Google Classroom and Google Meet. Specific tasks and activities are provided where learners are expected to complete by the end of the week with the help and guidance from their parents or guardians. This paper discusses the assessment on the strengths and weaknesses of this program as reported by the parents of our students. Results confirmed that the transition of learning to online education became helpful and beneficial where gained experiences can be used in the future. This paper also presents important and practical inputs to teachers and educational heads for policy and program making in the education of students in the so-called new normal.

Introduction

The Covid-19 pandemic has threatened the educational situations of schools around the globe. Various institutions were forced to suspend and postpone classes due to rapid spread of virus which can badly affect the security and health of every school-community member. Because of this, alternative and flexible mechanisms to continue learning and studying are being promoted in different nations.

Audrey Azoulay, Director General of the United Nations Educational, Scientific, and Cultural Organization, said in a recent statement ("Coronavirus Update," 2020), "While temporary school closures as a result of health and other crises are not new, unfortunately, the global scale and speed of the current educational disruption is unparalleled and, if prolonged, could threaten the right to education" (Vlachopoulos, D., 2020).

To address this emerging problem, governments across the globe have considered virtual learning, through online education, as one of the learning modalities to ensure continuity of learning. According to Basilaia and Kvavadze (2020), considering online education as alternative from traditional way of learning is one of the answers to the rising problem where students are not allowed to go to school. Moreover, Vlachopoulos (2020) mentioned in his study that the Covid-19 crisis has provided opportunities for many online education researchers and practitioners to support both students and institutions by filling the gap left by the conventional face-to-face education. Through this new normal way of learning, educators and students can still continue teaching and learning from any location without interruption.

In the Philippines, where nationwide case of Covid 19 positive reached 27,799 as of June 19, 2020, the Department of Education provides opportunities for schools to choose the appropriate learning modalities for the opening of the new school year. Under the Learning Continuity Plan of the Department of Education (DepEd), the distance learning, which is delivered through online platforms is being considered as one of the learning modalities to ensure the continued delivery of learning (Malipot, 2020). Furthermore, in a survey conducted by the DepEd, 80 percent or 700,000 of the teachers have laptops and desktops in their homes. Given this data, the DepEd is optimistic and confident that distant online learning will work in the Philippines (Uy, 2020).

As educators in Mindanao, we have witnessed how anxious and worried are the students and parents about the so-called new normal way of learning, most especially that we are not used to this distant online learning. Though resources, such as gadgets and internet connectivity are present, parents and students have problems on how to effectively and meaningfully use online learning platforms since our local schools are oriented with the conventional face-to-face learning. With the given situations, we pilot tested an online tutorial program to assess the readiness of our local communities in embracing this online learning modality.

Intervention

In one of the webinars we attended during the peak of this pandemic season, we were able to explore and navigate the use of Google Classroom as one of the online learning platforms in this so-called new normal way of learning. After completing the session, we were able to realize how meaningful and helpful could this be if our students are given the chance to explore and navigate this medium. Moreover, it gave us much excitement and enthusiasm to share this platform, since our students of today are already exposed to technology. They can spend much time using the social media and other online sites for gaming and entertainment. However, they lack opportunities on how to use it in their educational endeavors.

How it all started?

The Online Tutorial Program started through a simple advertisement posted on Facebook where we were looking for at least five (5) potential tutees to enrol in our Google Classroom. After several days, many parents extended their intention to enrol their kids in the program so they can spend their stay-at-home productively. From five (5) students, it has reached eighteen (18) students who shown willingness to explore the distant online learning platform.

After days of planning, we launched the "Learning with Teacher Tine" on May 18, 2020. This is a five-week online tutorial program advocating an assisted learning instruction, where parent's involvement is primarily needed. The interested enrollees were asked to prepare the necessary tools so they can participate in this new learning approach. These tools are as follows: smartphones or personal computers, internet connectivity, Google Classroom Application, Google Meet Application, registering in BookWidgets, Quizziz and Nearpod. Moreover, it was strongly suggested that parents, guardians, elder siblings or any available learning partners should be present and help the enrollees in navigating, exploring and completing tasks and activities in this new learning approach.

After acquiring, downloading and registering the necessary tools to be used in this approach, students were instructed to join the class in the e-classroom using their respective class codes. Furthermore, this Online Tutorial Program offers four (4) classes depending on the appropriate learning needs and interests of the student. The courses offered in every class are listed on the table below.

Section	Class Code	Courses Offered
Little Sunshine (ages 4 to 5, Preschool)	fbofdjcj	Literacy (Reading & Writing), Numeracy, Science and Arts
Blue Sky (ages 6-7 or Grade 1 & Grade 2)	olt4ghy	English (Reading & Writing), Math, Science and Arts
Bright Future (ages 8-9 or Grade 3 & 4)	r4cdad3	English (Reading & Writing), Math, Science and Arts
Silver Lining (ages 10-11 or Grade 5 & 6)	7fvkhee	English (Reading & Writing), Math, Science and Arts

Table 1. Courses offered with their respective class name and code

Our roles as e-educators

We played the roles as the Class Managers and Learning Facilitators of this Online Tutorial Program. Every week, we gathered necessary learning materials aligned with the basic competencies appropriate for the specific age and needs of the students. These materials included readings, non-graded exercises, assignments, videos, and electronic charts. By the end of the week, a graded summative assessment is provided in every course to assess the learning performance of every tutee enrolled in this program. Furthermore, parents were encouraged to take photos and videos of their daily accomplishments to record their outputs.

The program promotes flexible learning

Since this is an assisted learning approach, parents or learning partners play significant roles to guide their children in completing the activities offered in each course. We took collaborative partnership with the parents or learning partners in delivering meaningful and significant learning experiences for every child.

To make it more comprehensive a weekly schedule was developed to guide the parents on how to accomplish each task. And, these are as follows:

- 1) Monday: We, as class managers, we posted materials, such as videos and non-graded exercises every Monday. The child may complete these materials from Monday-Thursday. Parents or learning partners were encouraged to assist their children to manage their time effectively. They were instructed to render at least 30 minutes or an hour daily to complete each topic. They can consider having English on Monday, Math on Tuesday, Science on Wednesday and Arts on Friday, depending on their most desired and convenient time. Furthermore, we highly suggested not to finish all the topics within the day so it will not cause exhaustion on the part of the child.
- 2) Friday: We regularly provided Graded Summative Assessment on this day. Since this is a graded activity, we had set due date for submission of their outputs.
- 3) Every other Wednesday, each student was encouraged to participate in an hour Live Learning Session using the Google Meet. This is done so students can have time for socialization or *Kumustahan* (in our local language) with their e-classmates. We also provided practice and reading test during this meeting.

Figure 1 below records the important dates parents should consider in the delivery of this online learning approach.

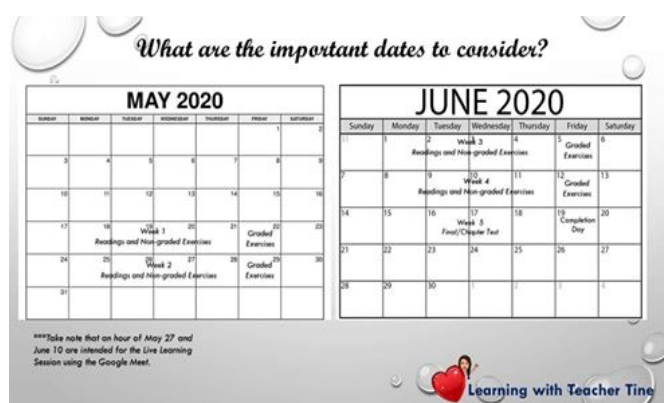


Figure 1. Online Tutorial Program Class Schedule

Reward system

Every end of the week, we awarded badges for students who completed all the tasks and activities provided for them. This is a simple motivation which inspired the students to take active participation in the Online Tutorial Program. Completion e-certificates are also provided for all students who completed the Week 5 courses. Meanwhile, for those who have not successfully reached the week 5 due to some constraints, a certificate of participation was also provided.

Results

This section of the paper discusses the assessment on the strengths and weakness of the Online Tutorial Program as reported by the students and parents. We asked our clients, especially the parents the following questions: *What can you say about the program? Was it helpful? Why?; What do you like most?; What do you like least?; and What can you suggest or recommend for future online classes?.*

What parents and their children say about the program

When asked what can they say about the program, most of their responses fall into the following themes: *learning is facilitated while family bonding is enhanced, Learning is fun and ignites students' interests, and it promotes independent learning."*

Learning is facilitated while family bonding is enhanced.

The parents say that the program ensures that learning is still present while they are staying at home. This is beautifully captured by a mother of our student who is a public school teacher, when she says *"virtual schools work better when parents take an active role in their child's learning. We have to look at the confluence of "relationships" within the household, and, thus, these relationships must ensure children's learning is facilitated for a better tomorrow."* Another parent who works as a clerk in a private hospital also says, *"the program is good because it promotes bonding with parents and children. Parents really give time to their children to learn and in the process, bonding is also enhanced".* As educators, we find it interesting and also affirming that our parents were able to highlight the

importance of parents' support, especially, in the form of establishing good relationship with their children, while the latter continue their educational journey and face different educational opportunities and challenges. This is supported by Elias (2006) who stressed out that what built on caring relationships between a child and parents are effective, lasting academic learning and socio-emotional learning. Thus, parents take a big responsibility to support their children in terms of learning and acquiring new things and skills. Moreover, Landry (2014) mentioned that parent's specific responsiveness behaviors best supports a child's learning.

Learning is fun and ignites students' interests. The parents also shared during our interview with them that the program ignites interests of their children and that, their children is having fun while learning. Another parent who is also a public school teacher says, *"the program is convenient and interesting especially on the part of the learner, as what I have observed with my son since he is very curious about the things he wanted to learn, through this program it boosts more the interest of the learners with the video lessons, colorful illustration and quizzes games with the timer and rank scores. It is a big help also to the learners not to expose or being addict on online games but to learn something new and taught them to be responsible in doing their weekly assigned task."* The same observation is shared by another parent who is a high school teacher, *"the program was helpful...it promotes fun in teaching kids new lessons."* Another parent also says, *"I like so much the process because it has many different subjects and during quizzes, it seems like students are just playing."* Indeed, many educational theorists say that learning is best facilitated in an environment of fun and enjoyment while students explore and satisfy their curiosity to learn. Furthermore, the "fun-value" in learning has a positive effect on the level of motivation, recognizing what we learn and how much of which we do retain. After all, learning isn't a one-off event, instead it requires repetition and dedication. If a learner experiences fun along with the learning processes, then he will stay curious and keep coming back for more: <https://www.growthengineering.co.uk/why-fun-in-learning-is-important/>.

It promotes independent learning. With our free on-line tutorial program, the parents said that they have observed their children being responsible in keeping track with their lessons and assignments. A parent who works as a Covid-19 frontliner says, *"the program has helped my boy a lot to keep track and continue learning."* Another parent also says, *"the program that you delivered to my child is meaningful and can boost her independent learning."* One parent also says, *"the program is helpful because through the daily given activities she (her daughter) is eager to do it independently."* Indeed, one of the best features of on-line learning is really the promotion of self-autonomy and personal responsibility among the students. Since learning is not situated in a rigid classroom structure, on-line learning promotes not only independent learning but also sense of maturity among the students. In their paper, "Online Learning", Dhull and Saskhi (2016) mentioned some opportunities

brought by online education which promotes independent learning. Through online learning, students are able to work and learn at their own pace without the time restriction. Moreover, they added that this platform allows a learner to complete his course work according to his own will where he can take much time as he requires without being termed as slow by his peers. Thus, this makes self-directed learning as the new mantra for better and meaningful learning.

Was the Program Helpful?

We also asked them if they find the program helpful and what they like most about the program. There answers to these questions can be clustered to the following themes: *Meaningful and relevant time while staying at home, Interactive and Engaging Learning and A Pre-Taste of the New Normal.*

Meaningful and relevant time while staying at home.

For most of our parents, they find the program very helpful in ensuring that meaningful and relevant learning will continue to happen while they are staying at home during the enhanced community quarantine or lockdown period. In fact, one parent says, *"Yes, the program is very helpful because instead of just using their gadget without meaning, my child has used her time in learning and exploring new ideas while at home."* This is also supported by one parent, saying, *"it is helpful to our kids because they learned new ideas while at home."* Another parent also says, *"yes, it is very helpful especially nowadays that we are experiencing this kind of pandemic, it allows the learners to stay at home and keep them safe. It gives also a chance to the learners to explore more and learn something new from the varied activities given by the teacher."* One parent, teacher herself, even provided with plenty of explanations why she found the program helpful and relevant nowadays, *"yes, the program is helpful since it helps the child to be an active learner and more independent as well. It also helps in boosting their confidence, since a lot of kids, if not all, are very shy from asking questions in the normal class setting. With online learning programs, this concern is taken care of. The platform comes with a certain level on anonymity, thus creating a safety net for kids. Being a mother of online learners, I believe, online learning program is of great help in building the child's confidence."*

Children's education needs to continue even when they are forced to stay at home because of different public emergency situations. The use of on-line learning modality is helpful not only to ensure that students will continue to learn but also to develop their other skills which are very much needed in the 21st century educational landscape such as the proper and mature use of information and communication technology and also critical thinking. Garcia, Roy and Alotebi (2015) contend that blended learning, through the use of technology (in online settings) and inter-personal interactions (in face-to-face settings), enables the development of critical thinking skills. Therefore, the effective use of this blended learning does not merely help to enhance the critical thinking skills but also helps to prepare the students for the demands of the 21st century work-force. In addition, De Abreau (2010) recognizes media literacy can help enhance students'

critical thinking skills, which are thereby of great value in a globalized and technologically challenging 21st century. Therefore, there is a significant interplay of technology in educating and developing the critical thinking skills of the students.

Interactive and Engaging Learning. Earlier in this paper, we already shared that parents found the program to ignite the interests of their children because it promotes an atmosphere of fun. During the course of our interview, they even qualified their answers by saying that the program is helpful because it is interactive and engaging. In fact, one parents says *"I really like the program and its processes because it has different topics and activities. Quizzes are also introduced like a game that is why my children were so engaged and did not lose their interests. The topics are also advance that can challenge the students. I rate the program as 10/10."* Another parent also says, *"yes, the program is very helpful because the children learn to interact with their teachers and classmates using their gadget. It's like they are just playing but they learned a lot of new things. They can also get ideas on how to use their gadget to explore more in order to have much deeper learning."* This is also attested by another parent when she says, *"what I really like about the program is that it has simplified a complex topic and it introduces a simple way on how the students can learn a difficult subject while they are just staying at home. The parents can also monitor their children and the learning is very advanced because the students can do research on the topics in advance."*

According to Lim (2014), the rise of online learning environment provides a wide range of opportunities for learners to become more engaged and take control over their learning process. In fact during the course of this Online Tutorial Program, we, as class managers, had a great time in preparing and ensuring that activities and materials provided for our students are delivered in an interactive and engaging ways. To make this realized, we tried exploring the online world by looking for interactive sites such as Quzziz, BookWidgets and Nearpod, where exercises and activities are provided through gamification or game playing.

A pre-taste of the new normal. For most of our parents, they said that our program is a pre-taste of the new normal. They are already aware that in the incoming school year, there will be major shift in the mode of delivery of teaching to their children. It will be a combination of on-line and modular learning methods depending on their capacity and competency to avail of such methods. Thus, for them, the program that we introduced to their children is already a pre-taste of what will happen in the next school year. According to one of our participants, *"using platforms like this will practice the students come a new learning modality will be used in the new school year."* Another parent says, *"what I like most is that, it provides more flexible schedule and environment. This on-line learning that will be introduced in the next school year, has also advantages on the part of the learner as he/she has given a chance to research more regarding the topics or assignment assigned by the teacher. This program has already prepared our students. But, be sure to have strong internet*

connection also in the area to be able to access the given task by the teacher."

Indeed, that is our intention of creating the program. We wanted to pilot-test it to different learners who have signified their intentions to avail of our free on-line tutorial program.

What they like least about the Program?

We also wanted to know what they like least about the program so we can revise and innovate something. Aside from the expected internet connectivity problem in many places in the country, our parents' answers are centered on one theme: *Needs time and guidance from parents.* This is beautifully captured by one of our parents in her answer, *"aside from the fact that the program really requires good internet connection because e-learning is only made possible and effective in the internet connection is good, it also requires time management not only for the kids but also the parents... for working parents like me, we really need to exert more effort and spare their precious time amidst their busy schedules to guide their children during on-line classes."* Another parent also says, *"learning online really needs guidance and time both children and parents."* A mother who also works as a front-liner during the Covid-19 pandemic, also says that what she liked least about the program is her lack of time to supervise her child. *"what I like least is our time together because it's limited due to my work structure. We have a rule in the house that kids could stay up only until 9pm. Prior to that time, chores and prayers should be done. I hope I can improve my schedule too."*

We find it interesting as well as intriguing that a lot of parents consider giving their time to monitor and supervise the education of their children seemed difficult. We understand that most of parents are working parents even during pandemic as many of them are also teachers like us. This might be the reason that most parents wanted to have face-to-face classes because they can just send their children to schools and let the teachers handle their children. But during pandemic, they also did not go to school and attend to the needs of their students. They just stayed at home. While they have works to do as directed by their bosses and employers, certainly, they have time (if they really choose to) for their children. Indeed, many of them said that what they like about the program is that, their children can still continue to learn and they also enhanced their bonding. But we find it intriguing why they consider it "least" when they have to really spend time to monitor and supervise their children while learning at home. In fact, instead of two live learning session via google meet as planned, we only met them once because the parents were so busy that they could not assist their kids.

There is also one parent who says that what she like least about our program is that *"some of the questions were repeated in the game."* Indeed, she is right, we also found out that there are questions that were repeated in the games. This parent really supervises the learning activity of her child.

There is another parent who says that what she likes least about the program is that, *"this isn't quite the same as the social interaction with other pupils in a physical*

classroom setting. Sometimes, I believe that, some pupils simply learn better in a collaborative setting than they do on their own. Factors affecting with this program if the parents cannot afford loads for Wi-Fi to have internet connection at home, and considering also the area where the internet connection is very poor." Aside from internet connectivity problem, this parent still believes that face-to-face learning is still better as compared to pure on-line classes.

Parents' recommendations and suggestions

When we asked what are their suggestions or recommendations for the government, the school authorities and teachers as well as the community in general in relation to the future educational set-up of the Philippines. We clustered their answers according to the following themes: *school authorities and teachers should be resourceful, parents should have time to guide their children, and it should be blended learning.*

School authorities and teachers should be resourceful.

Since many our parents are also teachers, they might have been very aware already of the pressing issues today in relation to the proposed on-line platform in education, such as, students lack the gadget and equipment and lack of internet connection and cellphone signals. That is why one parent, who is a public school teacher assigned in a far-flung area of Sarangani province, says, *"let's expose learners to new opportunities that are missing in schools, in order to motivate them more and engage this kind of modality...As teachers, we will think of strategies to help learners find their passions, talents, and interests. We will help also the learners to expose and connect them to others who love what they love. Of course, as public teachers we all knew that majority of our learners cannot afford to have internet connection at home, all we need to do, is to find sponsors and link to NGO's and other government/private sectors to provide our learners for Wi-Fi and loads as we face the so called "New Normal."* Another parent who is also a teacher says, *"teacher-facilitator should be competent in designing and presenting his/her lesson according to the learners' needs and interest. They should be knowledgeable enough in using any platforms to deliver the lessons effectively. School should also conduct "Parents Orientation" program to forge effective communication with parents."*

Interestingly, there is only one parent who says that teachers should link to government to provide wifi and loads to students. The rest did not mention it. There are many layers to interpret why majority of them did not suggest to recommend that schools should pressure the government to provide the needed infrastructure support for education during this pandemic. For one, we can just surmise that teachers have already seen the effort of the government to really help the people during this time of pandemic. Another layer of interpretation is that, we can also posit that teachers have been tired already of asking support from the government whose top priority in terms programs and budget is not really education. Whatever is the reason why there is only one teacher who says that there is a need for schools to connect with different sectors, especially the government, it is very clear from their response that they

want that school authorities as well as teachers must be resourceful to ensure that the education of the students under the new normal will still be relevant and meaningful.

Parents should have time to guide their children. The role of parents in the education of children especially in the new normal has been recurring in most of their answers from the different questions that we asked them during the interview. But here, they really calling for all the parents to really take time to guide their children. For example, one parent says that *"parents have to ensure that children are effectively engaged in educational activities."* Another parent says, *"to enroll in on-line education, the parents should put in their priority lists, time to guide their children."* This is also supported by one parent when she says, *"classes during google meet should only be limited especially with younger students and parents should really accompany and guide their children."* In order to properly guide their children, one parent says, *"parents should be engaged in interactions using technology."* This is where the schools should also educate the parents about this new learning modality. One parent says, *"schools should reach out to parents so that they can also help the teachers in designing the teaching-learning materials for their kids."*

It is already an established fact that parents are really important partners of the teachers in the education of their children. In fact, they played a vital role. Thus, it is important to schools to really have home-school partnership program and do not just rely on the Parents and Teachers' Association (PTA) that are already established in many schools here in the Philippines. According to Terry (2016), various research on parental involvement strongly suggests that students, of all ages and from all backgrounds, are most likely to succeed if they are given enough support and families actively engaged in their learning. Moreover, Terry (2016) recognized home-school partnerships as a product of collaborative effort between the home and the school to work together in various ways and share the responsibility of bringing the best for the students.

It should be blended learning. Since the reality of many students in the Philippines is that they lack gadgets and other tools for on-line learning, parents also suggest that schools will employ blended learning. This is beautifully expressed by one parent, *"There must also be modular learning because it's not also good that it is purely on-line because the students will always be exposed to radiation and that, the students who do not have laptops and internet access cannot really participate in the classes."* Blended learning or hybrid learning caught the attention of educational leaders as alternative ways to ensure continuity of learning. This is an integration of conventional face-to-face, physical education and online or virtual learning using available technology and automation, to promote active learning, interaction and develop sense of creativity and deep sense of understanding new knowledge. In fact, blended learning has identified three major advantages, and they are as follows: 1) flexibility; 2) interesting and innovative form of learning; and 3) extended reach:

<https://www.futurereadyedu.com/blended-learning-opportunities-and-challenges-for-students/>.

Conclusion

The occurrence of global crisis brought by Covid 19 pandemic has provided educational sectors to consider alternative learning modalities, replacing the conventional face-to-face instruction to avoid physical interaction brought by the immediate and rapid spread of the virus. The term blended or hybrid learning is recognized as the so-called new normal way of learning, where exploring the use and integration of technology through the online education is considered to ensure learning continuity.

Our Free On-line Tutorial Program was launched to provide opportunities for interesting and aspiring parents and students who wanted to explore and navigate the online education using the e-classroom. Moreover, this 5-week free online program aimed to "test the waters" and see if the proposed on-line/distant learning scheme by the Department of Education for the next school year will be effective given the different situations and contexts of the learners and their families. Indeed, there were advantages and disadvantages of on-line learning as pointed out by the parents. One of the advantages is that on-line learning supports and enhances independent learning. With independent learning, students have the freedom and luxury of time to explore the internet to enhance their knowledge and skills and to also satisfy their curiosity. However, the disadvantage of this is that, they might also use their on-line learning time to explore other sites which may not necessarily give them the right and appropriate education. Thus, the guidance of the parents or mature adults is very much crucial here.

Lastly, since on-line learning requires not only time and guidance for parents but also, on the practical aspect, the needed infrastructure such as stable internet connection and also gadgets like laptops and cellphone, which are not always available to many poor families especially in the far-flung areas, pure on-line learning might not be really effective in this situation. Thus, a blended or hybrid learning approach might be the effective approach in many communities, families and learners in the Philippines in this time of global pandemic.

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Challenges, difficulties, and opportunities of nurses during COVID-19 pandemic: an assessment of disaster nursing care experience

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Abstract

This is a descriptive qualitative study using phenomenological approach involving 46 nurses working in hospitals that cater to COVID-19 patients. This was conducted in April 2020. Results show that the challenges of nurses during the tour of duty in COVID-19 wards includes physical, procedural, psychological and protection. Likewise, nurses uncovered some difficulty with regard to the following experiences: struggle to be in complete PPE and with lack of PPE, not always being able to provide timely care, increased workload, nursing care limitations, their risk to safety and having anxiety. This most often leads to some opportunities that bridges the gap towards achievement of their personal development and professional growth, as such, nurses became more compassionate, confident, resilient and resourceful, altruistic, and develop a stronger faith in God. Their leadership skills were also enhanced as they learned new knowledge and developed skills through education, trainings and experience. All the challenges and difficulties became avenue for the nurses to be able to unleash their potentials and further develop them into a God fearing and humane health care providers. Furthermore, the nurses being in the forefront of health care should be given assurance of safety and protection. Likewise, the nurse should closely adhere to standard protocol designed for COVID-19 infection control. It is thus recommended that there should be effective communication system to address issues and resolve conflicts. Lastly, emotional support and positive feedback should be given to nurses during the critical situations in the ward and collaborative working environment should be established all the time.

Introduction

The world is struggling to control COVID-19 infection that has debilitated many people and has severely affected the health care system of every country in the world. Nurses are one of the front liners in the struggle against this pandemic, since they are primarily the ones providing holistic nursing care to patients and their families and act as nursing management leaders in the ward. Moreover, they are trained in disaster preparedness and management, and this current pandemic situation could be a venue to evaluate their ability to respond effectively, personally and professionally, to the call of their duty during this health care emergency.

Watson (2008) described nursing as reconnecting with what is involved in the knowledge, values and practices that are essential to the nurses and nursing itself to sustain the enduring and timeless gift of offering informed, moral, knowledgeable, compassionate human caring-healing services to sustain humanity in the nurses' daily work and in the world". This definition best illustrates the holistic caring qualities and roles of the nurses as they provide selfless service to their clients sick or well, across lifespan in any event where nursing care is possible.

For many years, nurses have been involved in the response to a broad range of natural disasters like earthquake, typhoon, hurricane, volcanic eruption and anthropogenic disasters like industrial explosions, vehicular crash, war and terrorism. Pandemic, as a public health emergency, can also be included as disaster since it creates a threat to the health security of the people and the society in general. Zoonotic diseases that can cause epidemic and pandemic can appear to be like earthquakes; they emerge to be random acts of nature; they are also more like a typhoon as they can occur more frequently and become powerful, if human beings alter the environment in the wrong ways (Brown, 2020), affecting large portions of population and distributed or occurring widely throughout a region, country, continent or the entire world (dictionary.com). Nurses are prepared for variety of challenges as they are exposed to providing nursing care and other health care services to multiple types of patients in different environment in which these clients are treated. Hence, the role of nurses involved in disaster management is multifaceted with practice, education, management, consultations, advocacy and research. This made nurses develop variety of specialty areas in nursing that brings huge expertise in attending to different types and levels of people experiencing disaster (International Council of Nursing, 2017).

Disaster is an occurrence disrupting the normal conditions of existence and increasing a level of suffering that exceeds the capacity of adjustment of the affected community. (WHO, 2002) In any form of disaster, it is the people who matters most, disasters can happen even in unpopulated areas since they are by nature disruptions of nature. Disaster is a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources (WHO, 2020). It may cause premature deaths,

illness and injuries in the affected community, generally exceeding the capacity of the local health care systems. It may also affect the psychological, emotional, and social well-being of the population in the affected community. Depending on the specific nature of the disaster, responses may range from fear, anxiety and depression to widespread panic and terror (Purijar, 2017). These are also experienced by the people during pandemic but to a certain extent. In human history, there have been many significant pandemics documented and the pandemic related crises have caused massive negative impact on health, economies, and even the national securities in the world (Qui, 2017).

In previous years, the government became preoccupied with making necessary preparations pertinent to the occurrence of various natural phenomena, specifically caused by natural hazards that commonly devastated some countries such as typhoon and flooding, severe storm surge, landslides, earthquake, hurricanes and volcanic eruption. The Philippines has recently been affected with natural health hazards such as severe storm surge in Tacloban, civil unrest in Marawi, earthquake in Bohol, volcanic eruptions of Mt. Mayon in Albay and Mt. Taal in Batangas, which shook, injured and even claimed the lives of many Filipinos and damaged their communities. Furthermore, the small-scale disease outbreak of local epidemics like Measles, Dengue Hemorrhagic Fever, Polio, and Influenza has affected a good number of individuals and claimed significant number of lives also. Nurses play important roles in the management of the clients that were severely affected by these calamities whether at the hospital or community levels. Some of them were actively involved in activities and programs that augment the needs of the community, like relief operation, medical mission, psychological interventions, and first aid among others. Likewise, nurses are actively involved in the implementation of programs and activities that attends to clients' health needs especially during these epidemics like mass immunization, surveillance of cases, giving health education and providing health care services in the hospitals and communities. These events therefore have heightened recognition of the role of nurses in disaster management and response.

Previously, there were epidemics that rapidly spread globally like the H5N1 Coronavirus, SARS, MERS Cov and Ebola infections that challenged the integrity and services of nurses in affected countries. Recently the COVID-19 infection has affected millions of individuals and killed hundreds of thousands of people and professional health workers worldwide. This same scenario is a repetition of the health care challenges that happened way back 1918 during the H1N1 Spanish Influenza pandemic which greatly affected the lives of people and killed millions of young and healthy patients (Meltzer, 2006) from around the world.

On March 11, 2020, the Director General of World Health Organization (WHO) declared the COVID-19 situation as pandemic due to the alarming levels of its spread and severity, likewise with the alarming levels of inaction (WHO, 2020). This situation sought the selfless services of health care providers especially the nurses who are in charge of the bedside care of severely infected clients. Severe Acute Respiratory Syndrome

Coronavirus 2 (SARS-Cov-2) is not an ordinary virus causing severe respiratory infection that can be treated easily. This has affected individuals with low body resistance especially those with other underlying health conditions. This is a virulent infection that could easily infect people through droplet spread. Moreover, this can contaminate those who are at the forefront of infected individuals, and those who are not practicing a good infection control protocol. A research study revealed that SARS-CoV-2, like other emerging high-threat pathogens, has infected health-care workers in China and several countries including the Philippines, USA, UK and KSA (WHO, 2020). It came to a point, that cases has reached to the alarming number where it can hardly be contained anymore; and the health care facilities can barely accommodate the clients considering the disproportionate number of medical equipment and the staffing of nurses and other health care workforce with the number of cases who needs hospitalization and treatment.

The following data represents an update on the cases of COVID 19 in the Philippines as of April 20, 2020. From the DOH DataCollect app Covid-19 Tracker, there are 6,459 individuals as the Total Confirmed Cases Nationwide, with 3,199 currently admitted, 63 new admissions, 428 deaths of confirmed cases and 613 total facility-based recoveries and those who had completed the 14-day home quarantine. Concerning the available support systems as of April 12, 2020, there are 3,191 total dedicated beds for COVID-19 hospitals, 1,474 mechanical ventilators and 12,413 beds in identified community isolation facilities across country. This data was generated from the 48.6% of hospitals and 52.4% of infirmaries that had reported on the DOH Data Collect app. (DOH, 2020).

On May 13, 2020, there are 11,618 confirmed cases reported in the Philippines and 54% are male with the most affected age group 30-39 years (21.2%) followed by 20-29 years (16.9%). Out of 772 confirmed deaths, 65% are male with 70 years (36.2%) and 60-69 years (31.7%) as the most affected age group. 71.8% of deaths reported are from NCR. (DOH, COVID-19 Situation report). The report on May 21, 2020 disclosed that there are 4.97 Million confirmed cases, 1.89 Million recoveries and 327,000 deaths worldwide (COVID-19 alert statistics).

Health care workers are among the group of individuals who are proven to be at risk of contracting COVID-19 infection. A report on May 13, 2020 revealed a total of 2, 125 health care workers who have been tested positive for COVID-19, including 35 deaths in the Philippines alone. According to the Department of Health, adherence to Infection Prevention Control (IPC) and Personal Protective Equipment (PPE) use and the need for special surveillance and contact tracing for health care workers at hospital level is not enough. The importance of proper rest for health care workers has been emphasized by the WHO, based from the report that physical and mental exhaustion are attributed to increased risk of complacency with proper precautionary measures. (DOH, 2020)

In the face of disaster and public health emergencies, nurses are expected to execute the following roles based on the guiding principles of nursing during special

events from the International Council of Nursing Disaster Preparedness and Management which includes: (1) Rapid assessment of the life situation and of nursing care; (2) Triage and initiation of life-saving measures; (3) The selected use of essential nursing interventions and the elimination of nonessential nursing activities; (4) Adaptation of necessary nursing skills to disaster and other emergency situations. The nurse must use imagination and resourcefulness in dealing with a lack of supplies, equipment and personnel; (5) Evaluation of the environment and the mitigation or removal of any health hazards; (6) Prevention of further injury or illness; (7) Leadership in Coordination patient, triage, care and transport during times of crisis; (8) The teaching, supervision and utilization of auxiliary medical personnel and volunteers; and the (9) Provision of understanding, compassion and emotional support to all victims and their families. (ICN, 2017). Considering these complex functions of nurses in times of health care emergencies, executing these responsibilities can be of great challenge to them.

Nurses are hailed as real-life heroes in the honorable task of promoting health and preserving lives. They are trained to be prepared in every battle even how tough and complicated it may be. The effect of this pandemic on the personal and professional life of nurses can never be discounted, hence, this study. Specifically, the study was focused on determining the personal and professional challenges experienced by nurses working in the COVID-19 health care facility; the difficulties experienced by nurses while taking care of COVID-19 patients; and the personal and professional opportunities that were opened to them during this pandemic.

Methods

This is a descriptive qualitative study using a phenomenological approach that allows exploration of the experiences of nurses as they attend to COVID-19 patients. The participants included in the study were 46 nurses working directly in the private and public hospitals that cater to COVID-19 patients. These nurses are assigned in various areas in the hospitals located in the Philippines, Kingdom of Saudi Arabia, United States of America, Canada and United Kingdom. They were selected using a purposive random sampling method. They were notified through email and Facebook messenger and requested to fill-out the open-ended survey questioner through an online application during the whole month of April 2020. A Survey Monkey application was utilized as the data gathering tool wherein open-ended questions were uploaded to gather the information. Likewise, one on one interview was also done to selected participants via messenger call to validate the results of survey conducted. Moreover, the demographic data was analyzed using percentage. Likewise, the narrative data were collated, grouped and coded to come up with specific themes that were the bases of interpretation and analysis.

Theoretical framework

The theory of Jean Watson on Human Caring was used in analyzing the results of this research study. Nursing is a profession that requires the nurses to become equipped

with utmost care. This theory emphasizes that it is through interpersonal interaction where caring can only be effectively demonstrated and practiced. It is guided by certain Carative factors that marks in the satisfaction of particular human needs. Individuals or family growth are promoted by effective caring. An acceptance of a person for not only as he or she is now, but as what he or she may become is a reflection of a caring responses. Offering one’s potential while allowing the person to choose the best action for himself at a given point in time is an image of a caring environment. Even though caring is complementary to the science of curing; caring is more “healthogenic” than curing, and central to nursing is the practice of caring. (Current Nursing, 2012). The 10 carative factors that guide nurses as they execute their roles in caring are: formation of humanistic altruistic system of values (embrace); Instillation of faith and hope (inspire); cultivation of sensitivity to oneself and others (trust); development of a helping-trusting human caring relationships (nurture); promotion of acceptance of the expression of positive and negative feelings (forgive); systematic use of the scientific problem solving methods of decision making (deepen); promotion of interpersonal teaching-learning (balance); provision for a supportive, protective and corrective mental, physical sociocultural, and spiritual (co-create); assistance with gratification of human needs (minister); and allowance for existential-phenomenological forces (open). (Watson, 2008).

Nurses, having been continuously taking care of patients in the hospital during this COVID-19 pandemic, are in a situation that appraises their carative behavior. Being in a public health emergency situation, the nurse experience challenges and difficulties that tests how well they utilize the carative factors in the way they interact with the patients and their environment. They have to embrace the reality of their situation in the hospital and deal with what they have as a reflection of care. With the number of nurse-patient ratio, availability of supplies and equipment and how they work collaboratively with members of the health care team, the devastating condition of their patients and the heavy workloads due to the demands of health care they have to provide, are all areas that would require the nurse to have a strong sense of caring to herself, to her patients and to her environment. This most often leads to some opportunities that bridges the gap towards achievement of personal development and professional growth.



Figure 1. Schematic diagram of the study

Results and analysis of data

The participants in this research study comprised of nurses who are currently working in COVID-19 hospitals, with administrative position (26.08%) and staff nurses (73.91%) involved in direct patient care. They are working in the nursing service and in clinical practice for an average of 10 years and 6 months. Most of the participants are single (50%), working in the public (60.87%) and private (39.13%) hospitals, most of them are working from the NCR, Philippines (41.30%), USA (17.39%), and KSA (30.43%).

Table 1. Demographic profile

A. Position	%
Nurses with administrative position	26.08
Staff Nurse	73.91
B. Average Length of Service	
9 months to 3 years	26.08
20 to 40 years	17.39
C. Civil Status	
Married	45.65
Single	50.00
D. Work Location	
Canada, Nevada	02.17
Philippines, NCR	41.30
United Kingdom, Gloucester	08.69
USA, LA, California, Harlingen, Texas	17.39
Kingdom of Saudi Arabia, Najiran	30.43
E. Type of Hospital Facility	
Private	39.13
Public	60.87

The challenges that nurses encountered while serving in a Covid-19 health care facility

The responses made by the nurses on the challenges that they experienced while serving in a COVID-19 hospital has created the four thematic areas:

(1) Physical challenges which includes the limitation of resources both materials such as “lack of PPE, medical supplies, testing kits and equipment”; and lack of manpower with the “shortage of nurses” in the hospitals causes “heavy workloads” among the nurses. Likewise, the nurses would also say that once in PPE they were “unable to urinate in an 8-hour shift”.

(2) Procedural challenges which comprises insufficient procedures and protocols of hospital specific to COVID-19 health care management as reflected in the “poor triaging and classification of patients” and the limitation of knowledge of nurses on COVID-19 health care due to “lack of health education” and information about COVID-19.

(3) Psychological challenges where nurses regard the situation as “emotionally draining to see patient dying alone and families could not come in”. This also includes facing issues and concerns on the behavior and attitude of patients and other staff nurses who are also with

“anxiety”. According to them, “some nurses do not want to work because of fear of being infected with the virus”.

(4) Protection challenges which involve threat to the personal safety of nurses. According to them, they “always have uncertainties of taking care of patients whom they do not know if carrier or not” and they encounter problems in “obtaining accurate history from patients because others are not honest enough” to reveal the truth. “Too much exposure from Covid-19 virus” lead them to a greater risk. Based on the revelation of some nurses, “there were nurses who got infected already and are now in quarantine and cannot report for work”. However, a positive attitude like “we always have to be ready and creative to protect ourselves” and “hand in hand we will eliminate it”, are the coping mechanisms of nurses to push through with the fight and face all these challenges.

Difficulties that nurses experience in taking care of patients with Covid-19

The key word STRAIN has emerged to represent the responses of the nurses on the difficulties that they experienced in taking care of patients with COVID-19.

- **Struggle:** Nurses “Struggle to be in complete PPE for a prolonged period” and with “profuse sweat while doing nursing duties” are some of the difficulties that nurses have to bear to protect themselves from being infected with virus.
- **Timely care:** This has to be provided to their patients while strictly adhering to the protocol of “changing and wearing of PPE in emergency situation which is time consuming” as some nurses “cannot attend to patient immediately even during the patient’s cardiac arrest because the nurse has to be properly geared up with complete PPE that takes her 3 minutes”.
- **Risk to safety:** Due to “lack of PPE”, “exposure to Covid-19 patients”, “danger of being infected since only when the symptoms show that full implementation of protocol is done” and “patients from clean wards not to get tested”.
- **Anxiety:** Most nurses said that they have “Anxiety” and other psychological symptoms due to “helplessness in managing deteriorating patients” and “less emotional support” that is being received by the patients from the family. Likewise, with the “attitude of other patients to respond favorably as the nurse finds difficulty in explaining their need for isolation and pacify their emotions of fear of having the disease” adds to the apprehension of the nurse as she tries to settle the patients and keep them comfortable.
- **Increased workload:** Nurses said they have “Increased workload due to shortage of nurses” and “increased level of nursing care”. “Nurses finds it difficult to prioritize either self-care or patient-care”. Attending to patients needs became “labor intensive” and “overwhelming due to workload of nursing care for Covid-19 patients”.
- **Nursing care limitations:** As nurses said, their insufficient knowledge on Covid-19 is also among the dilemma of nurses, they said that “we are just

learning about Covid-19 and are limited with what we can do for safety”.

Opportunities of nurses leading to Personal Development

The responses of nurses were clustered accordingly, and the acronym CARES sums up the expression of the personal development they have gained out of the challenging and difficult situation.

C – compassion, confidence
 A – altruism
 R – resilience, resourceful
 E – empathy
 S – self-care, stronger faith in God

- **Compassion and empathy,** as reflected in the response that, “at first I was scared and overwhelmed by the task of handling COVID-19 patients, but when I am in front of them already, I felt that they are also like other non-COVID-19 patients”, and “it feels good that I was able to help them feel better”.
- **Confidence** was enhanced as they become “confident to deal with patients who are Covid-19 positive”.
- **Altruism** was developed, as nurses were “able to help all sorts of people in their own little ways, with the dilemma that they can also bring harm to their family” is a manifestation of selfless care in the midst of danger.
- **Resilience** as they become flexible in “providing nursing care to all patients”.
- **Resourcefulness and creativeness** through the expression that “I learned to make do of our resources that we have and make the most out of it”.
- **Self-care** as suggested on the nurse’s realization of focusing on “self-care” and having “self-worth” to personally improve oneself, “taking care of my health first”, also provides the nurses an “opportunity for self-reflection”.
- **Stronger faith in God,** according to one of them, “I have faith in God that he will give his healing hands and keep us all safe”. They consider “God as the great healer” Some of them said “our expertise is nothing without His guidance”, “my faith became stronger and more stable”, “we need to start our day with prayer that we will be an instrument of his healing power”.

Opportunities of Nurses leading to Professional Growth

Even how challenging and difficult the situation of the nurses may be as they attend to the needs of COVID-19 patients, these experiences have created an enormous impact in their professional growth. This is reflected in the key word CLEAN.

C – commitment, collaboration, competency
 L – leadership skills
 E – experience
 A – advocate
 N – new knowledge and skills

- **Commitment,** as the nurse validated that this situation “helped me to understand more of what the

Florence Nightingale pledge is all about to dedicate and devote myself to humanity.” Being able to do more and beyond my job” and “always available to help others” is a reflection of being “dedicated” to one’s mission. The nurses said, “we are stretched to determine how we can further assist our patients and our employees”, and “gives us another reason to rethink why we chose this kind of profession”.

- **Collaboration** and communication skills have improved. Nurses “work closely with members of the health care team and became fully engaged” in this fight and they said “to step up and be active in addressing problems that arose in our unit during this time”, and be able “to accommodate information and instructions about Covid-19 due to frequent changes in hospital policy”.
- **Competency** of the nurses in responding to pandemic was improved since according to them, they are given trainings and “opportunity to respond during pandemic”. They also “develop a sense of awareness and responsibility on what needs to be done operationally”.
- **Leadership skills** is enhanced, as they were “able to know more and educate others about the virus”, “able to step-up and lead group when doing nursing tasks”. As they are given the task to “actively participate in addressing and developing a suitable and best algorithm for their unit and engage in dialogues with their superior, doctors and colleagues”. A nurse was “given a chance to formulate and implement COVID-19 task force in her/his floor and become a chair of code blue committee with up to date guidelines
- **Experience**, the situation gave the nurses “real life experiences” and gave them an edge to “obtain new knowledge and develop skills” and “more experiences in dealing with patients in such situation”. They get “quickly trained to accommodate the different specialty”.
- **Advocate**, as being “always available to help the units”, “listen attentively to the needs of staff”, and “be on top of the guidance from DOH and CDC and deliver the needs to staff on regular basis” must be demonstrated. this experience “strengthened the power in me to become an advocate of health”.
- **New knowledge and skills** through education and training, involvement are constantly available for nurses to augment the needed services in the units. Hospitals give “cross training to nurses to experience different specialties like ER, ICU and SDU” to equip them with necessary competencies to be assigned in special areas anytime as they advance their skills. “Online training is rushed to complete and support the needs of specialty floor”. They also gained information through “health education”.

Discussion

Nurses are in the forefront during this health care emergency, as they provide holistic care to their patients especially those who are infected with COVID-19. Their commitment and loyalty to the profession is commenced the moment they recite the Florence Nightingale pledge: “I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to

practice my profession faithfully... I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty and endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care” (Fowler, 1984).

In this study, challenges, difficulties and opportunities of nurses were uncovered specifically how they dealt with their patients during this COVID-19 pandemic.

The physical challenges were identified as the first among the four challenges of nurses. Among these is related to their personal safety with the use of personal protective equipment. According to WHO, additional precautions are required by health care workers to protect themselves and prevent transmission in the health setting (WHO, 2020). However, even how prudent the nurses may be, due to “lack of PPE, medical supplies and testing kits and equipment” they find it hard to comply. The WHO also proposed that the precautions to be implemented by health care workers caring for patients with COVID-19 should include using PPE appropriately. This involves selecting proper PPE and being trained in how to put on, remove and dispose of it. Health care workers involved in the direct care of patients should use the following PPE: gowns, gloves, medical mask, eye protection (goggles and face shield) (WHO, 2020). However, when in complete protective gear, the nurses “struggle to be in PPE for long period of hours”, they were also “unable to urinate in an 8-hour shift” and experienced “profuse sweating while doing nursing duties” which made them uncomfortable. Wearing such also test their being able to implement their timely care as they have to follow the proper donning” which according to them “is time consuming”. Adhering strictly to the proper donning of PPE, some would say that there was an incident that the nurse “cannot attend to a patient immediately even during the patient’s cardiac arrest because nurse has to be properly geared up with complete PPE that takes her 3 minutes” to ensure self-protection first. In addition to this, due to the influx of COVID-19 patients in the hospital, the acceptable nurse-patient ratio becomes under strain thus resulted to the “shortage of nurses” in the wards and specialty areas causing an “increased workload”. Likewise, the higher demand of nursing care needed for COVID-19 patients has resulted to “increased level of nursing care” consequently, their work becomes “labor intensive” and “overwhelming due to workload of nursing care for COVID-19 patients.”.

Another dilemma that put nurses under pressure is the challenge to protect themselves and others. This involves the threat of the nurses to personal safety, beyond the problem that arise due to lack of PPE. These nurses have a feeling of “uncertainties in taking care of patients who, they are not sure, are carriers or not” with the predicament of “obtaining accurate history from patients because others are not honest enough” to reveal the truth. Some of the nurses “got infected already and are now in quarantine and cannot report for work”. Relative to the studies on COVID-19 and other infectious respiratory disease outbreaks, personal or family health

in the face of direct contact with a potentially deadly virus and the stress of balancing this concern with the ethical obligations of continuing to provide care reflects high concern among nurses (Jiang, 2020; Khalid, Khalid, Qabajah, Barnard & Qushmaq, 2016; Kim & Choi, 2016; Nickell et al., 2004; Maben, 2020). This upsurge of cases and the novelty of disease were not anticipated by many hospitals, that made nurses and other health care providers at a loss, nurses would reveal that “poor triaging and classifications of patients” and their “lack of education” and “insufficient knowledge on COVID-19” are some of the “restrictions from their effective nursing care”. The unavailability of procedures and protocols leads them to develop “anxiety”, especially when they deal with patients with whom “the nurse finds difficulty in explaining their need for isolation and pacify their emotions for fear of having the disease”. Having been in a situation like this has affected the nurses to feel “helpless in managing deteriorating patients” and “less emotional support is being received by the family”. They regard this situation as “emotionally draining to see a patient dying alone and families could not come in”. Nurses are used to be assisting the patients with their family as they provide bedside care. However, isolation with the presence of family at the bedside is rarely possible during this time, and so, nurses would stand in lieu of family members facilitating remote access for loved ones (Maben, 2020). Furthermore, some nurses “do not want to work because of fear of being infected with the virus”. Nurses are not only experiencing an increase in the volume and intensity of their work but have to accommodate new protocols and “new normal” ways of working which can be potentially highly stressful for them (Maben, 2020).

Guided by the Carative factors of Watson’s theory, this study proves that nurses, despite challenges and difficulties during this time, have gained significant personal and professional development. The provision for a supportive, protective and corrective mental, physical sociocultural, and spiritual or caritas field were realized through all the experiences of physical and psychological development of nurses during this trying time. The difficult situations did not become a hindrance for them to render quality care. Despite the lack of resources and materials, nurses learn to become resilient, creative and resourceful “to make do of resources that they have and make the most out of it in order to provide nursing care to all their patients”. The utilization of creative self deepens the systematic methods of decision making among them through participation in trainings and educational endeavors that promote their understanding and develop their skills in addressing their inefficiencies. From the lack of experience and knowledge, they were able to “obtain new knowledge and skills” and gain “more experiences in dealing with patients in such situation”. This further creates balance on why, what and how to act accordingly, thus, helping them achieve a certain level of competency and self-confidence. Moreover, the leadership abilities of nurses especially among the nurse managers became fully developed as they become knowledgeable with the protocols and procedures relevant to COVID- 19 and experienced how to properly manage the situations. The development of a helping-

trusting human caring relationship was also evident through working collaboratively with other hospital staff, nurses, and doctors as they “work closely with members of the health care team and became fully engaged” , “to step up and be active in addressing problems that arose in their unit during this time”. Their communication skills were also enhanced “to accommodate information and instructions about Covid-19 due to frequent changes in hospital policy”. Moreover, these experiences facilitated the formation of humanistic altruistic system of values among them as manifested from their response of being “able to help all sorts of people in my own little ways, with the dilemma that I can also bring harm to my family”. This might have created anxiety in them but also drove them to develop a stronger faith in God, as they realized the need “to have faith in God that He will give healing hands and keep them all safe” and “their expertise is nothing without His guidance”. This manifests the nurses’ deepened sense of spirituality . The cultivation of sensitivity to oneself and others was developed through instillation of faith and hope. A nurse becomes a minister as he/she assists in the gratification of the needs of her/his patients to receive quality care despite all challenges and difficulties (Watson, 2008).

Conclusion

During COVID-19 pandemic, nurses are faced with challenges and difficulties that tests their level of competencies and care such challenges would include: physical, protection, procedural and psychological that has affected their level of performance and care. Likewise, the following: struggle, timely care, risk to safety, anxiety, increased workload and nursing care limitations are identified as the difficulties experienced by the nurses in taking care of patients with COVID-19. Despite all these challenges and difficulties, several opportunities were opened to them that addressed to their personal development and professional growth. Their compassion, empathy, altruism and confidence in taking care of COVID-19 patients were further enhanced as they gained competency from the education and trainings given to them. They also learned to become resilient and flexible and realized the importance of self-care. Moreover, their faith in God became stronger as they believed that God is mightier than anyone else. Likewise, their level of commitment has also improved. They realized the value of collaboration and effective communication, and has improved their leadership skills from the experience in dealing with situations during pandemic and learning new knowledge and skills. All the challenges and difficulties therefore became avenue for them to be able to unleash their potentials and further develop them into a God fearing and humane health care providers.

Furthermore, based on the results of the study it is recommended that the nurses being in the forefront of health care should be given assurance of safety and protection by their employer as they render their services through regular provision of PPE, proper orientation, trainings and seminars, and swab test that should not be limited only for those who are showing signs of infection. Likewise, the nurses should closely

adhere to the standard protocols designed for COVID-19 infection control like the proper donning and doffing of PPE, thorough handwashing, social distancing and enough rest to ensure one's protection and safety. Moreover, the nurse managers should ensure an effective communication system in the unit and intervene to address issues and resolve conflicts by keeping staff updated with current protocols and regulations. They should provide emotional support and positive feedback to the nurses for the job well done especially during the most critical situation in the ward. Likewise, the health care team should continue working closely in collaboration with one another for a more effective and efficient health care management, to help build each one through a good support system for the staff, patients and their families and strengthen prayer life through daily devotions. In addition to that, the hospital administrators should provide psychological debriefing for their nurses to ensure a quality of life and a sense of wellbeing is maintained. And, the hospital administration should strictly adhere to the recommended nurse-patient ratio in all units, especially in critical areas and to develop a proactive approach to pandemic. Similarly, the government and private health care agencies should create a network on how they could fill-in the gap between the needs of one another and share best practices as bases in bridging the gap. And lastly, the local government units should establish facilities for every town that separates COVID-19 from non-COVID-19 patients thus preventing cross contamination of cases. They should create laws, concrete policies and guidelines to address current issues and in preparation for future pandemic.

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