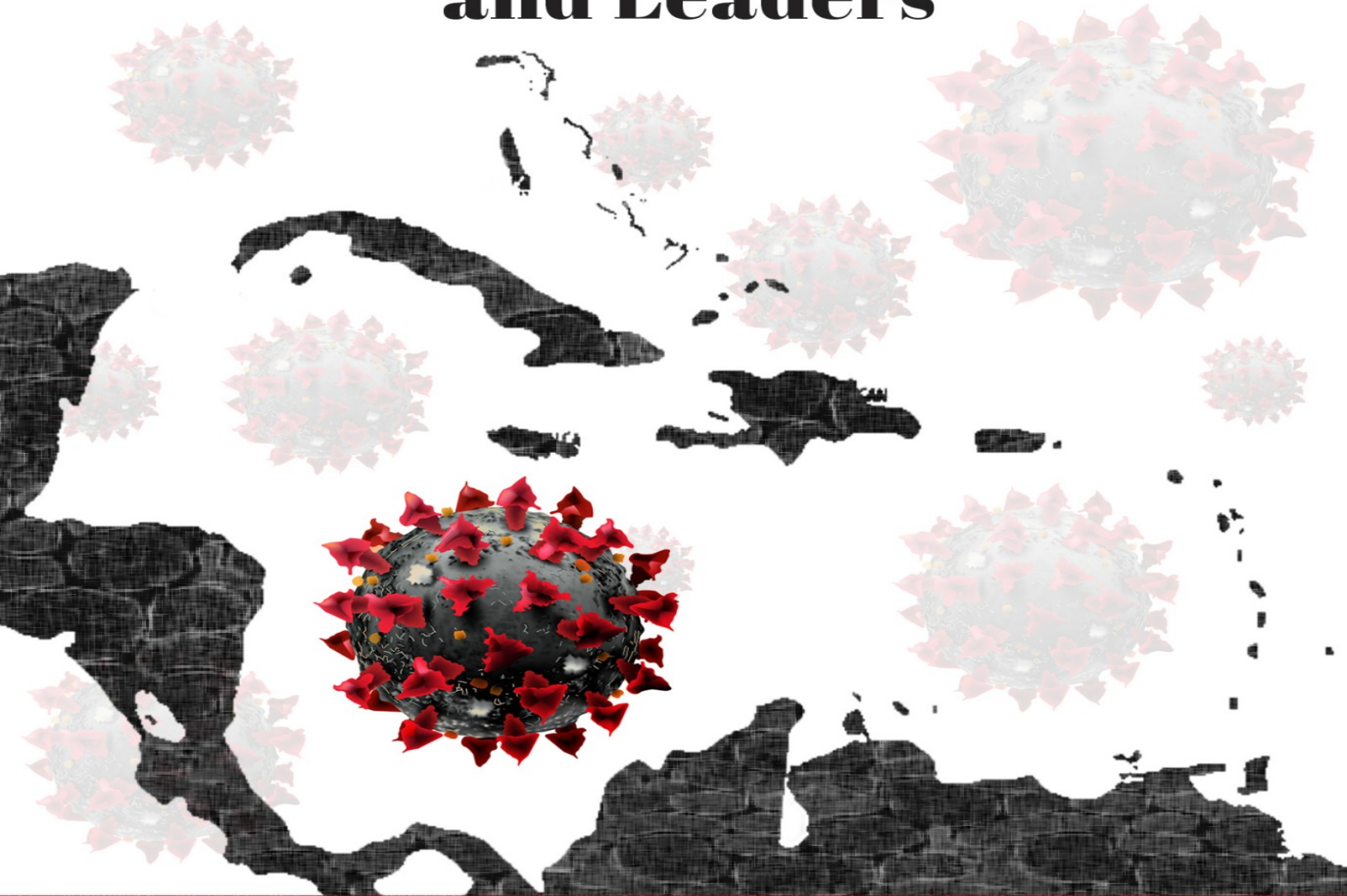


ETHICS AMIDST COVID-19:

**A Brief Ethics Handbook
for Caribbean Policymakers
and Leaders**



ANNA K. PERKINS
& R. CLIVE LANDIS

Ethics Amidst COVID-19: A Brief Ethics Handbook for Caribbean Policymakers and Leaders

By

Anna Kasafi Perkins

R. Clive Landis

The UWI COVID-19 Task Force

Smashwords Edition

Never before have Caribbean governments and decision-makers been faced with the mix of medical, social, economic and other dilemmas posed by COVID-19. This brief handbook outlines some ethical principles on which government and other public officials can base their responses in a time of pandemic in order to save lives and secure livelihoods.

Ethics Amidst COVID-19: A Brief Ethics Handbook for Caribbean
Policymakers and Leaders

Anna Kasafi Perkins

R. Clive Landis

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“Now is the time for us as academics and professionals to agitate with a call to action and not just for more talk and more policies but implementing change...in a post-COVID-19 environment one would hope that Caribbean governments will clearly articulate how they plan to address discrimination in health care, whether it's class or race, because COVID-19 would have unearthed or magnified this”

– Dr Kenneth Connell, chair of the Barbados National Drug Formulary Committee.

The Lay of the Land

On March 11 2020, the World Health Organization (WHO) declared a global pandemic of COVID-19 caused by a novel coronavirus, SARS-CoV-2; almost every country on the globe had confirmed infections and persons had died from COVID-19, in alarming numbers in some places. Now, several months into the pandemic, many matters have been cast into sharp relief. Undoubtedly, the COVID-19 pandemic has brought to the fore and exacerbated many personal, social, institutional, regional and global challenges.

There are numerous unknowns surrounding the novel corona virus and the disease it causes. Scientifically, there are knowledge gaps and learning curves to conquer, on matters such as spread, immunity, treatment, and duration – even as new information is being released almost daily. The resilience of health systems is being tested with access to needed medical supplies, personal protective equipment (PPE) and sufficient medical personnel under strain; front line staff burn-out and even death are real issues. On the personal level, the pandemic has caused much emotional and psychological (dis)stress, fear, confusion and uncertainty. Prolonged social isolation aggravates existing intra-familial tensions and leads to increases in domestic violence and child abuse. Psychological and mental illnesses have been exacerbated. Culturally established rituals of grief, celebration and piety are no longer available in the usual way as attendance at religious and other functions, which nourish the lifeblood of Caribbean people, is being restricted. Moreover, the prevalence of fake and misleading information has also contributed to the distress and the real possibility of people succumbing to potentially dangerous advice, exacerbating an already difficult situation.

Education

Teaching and learning has been forced to go online with rapid adjustments needing to be made at all levels of the education system. Emergency remote

teaching, online conference and tele-business and medicine have become necessary. Many parents find themselves playing multiple roles, including that of teacher, while balancing the challenge of working from home without adequate tools, and suffering from the psychological burn-out engendered by the usually distinct spheres encroaching on each other. Teachers at primary and secondary level, who are mainly women, themselves parents and caregivers, are subject to additional pressures in moving to the digital mode and working to include students who are digitally disadvantaged. Pressures on their already strained economic resources are often not countenanced. Generally, the unpaid work by women - especially the burdens of care - which has been a significant part of the economic backbone of our societies, continues to go unrecognised.

Economics

Businesses of all types have been thrown into disarray with fewer or no customers and staff forced to stay in place. Many have shuttered and laid off staff. The remittances upon which many depend have been cut off, in step with overseas friends and relatives suffering illness and job losses. There is the need for considered global and local responses, including debt relief or deferral for personal, business-related and public debt. Stimulation packages and other responses to the pandemic will throw government growth targets out the window in nations that are already vulnerable. The potential for sinking further into debt is very real, as governments will be forced to borrow to make up the shortfalls from such income earners as tourism, overseas remittances, natural resources exports, manufacturing, and agriculture. Indeed, economic downturn is perhaps one of the few certainties in the crisis.

Many people live day to day by “hustling” and their livelihood has been thrown into disarray by the various stay at home orders and curfews, etc. Many people have no access to safety nets like sick pay and government assistance. Few have the kinds of resources to enable them to survive for the long term without wages or earnings of some kind. In spite of the laudable responses of Caribbean governments to the crisis, many are faced with weak welfare structures and the inadequate ability to provide COVID grants, so hunger and homelessness may be a possibility for some citizens.

Going forward, attempts need to be made to strengthen these systems to better respond to future crises and improve the general welfare of citizens.

Global Vulnerabilities

The vulnerability of the Caribbean to asymmetries in the global economy is reinforced as much-needed medical supplies may be confiscated by more powerful nations or income from tourism and trade dries up. Many citizens find themselves stranded as unwilling and unwelcomed guests in other countries as borders have been closed and airlines are grounded. When many nations in the region closed their borders to their own nationals in a bid to further protect citizens at home that caused all kind of concerns, especially regarding the rights of citizens to enter their homeland. Regional governments are working out protocols for readmission of nationals and reopening their economies; in tandem with this, concerns with allowing tourists in without testing and other related matters have arisen.

Seasonal agricultural workers are deemed essential to North American economies and have been shipped off, but not before signing waivers releasing governments of liability or costs from the pandemic. Such migrant workers are expected to bear significant social and economic risks in order to contribute to securing the livelihood of home and away. Migrant workers are often at heightened risk of infection, being housed in crowded or poor quality accommodation and without the access to healthcare granted to the host population. Similarly, the calls to reopen economies to allow livelihoods to be reengaged are becoming irresistible because of the overwhelming economic imperatives, yet reopening must be done according to protocols that will not endanger the lives of citizens and visitors. When all of this is taken into account, COVID-19 can be judged to have worsened the social divide and exposed the various fault lines in local, regional and global societies – fissures that we have managed to paper over...till now.

Part 1: Introduction

Why this handbook?

The Vice Chancellor of The University of the West Indies, Sir Hilary Beckles, established a UWI COVID-19 Task Force on February 28, 2020 (www.uwi.edu/covid19). The Task Force aims “to leverage The University’s knowledge and experts to assist the Caribbean in its readiness and response to the virus outbreak, mindful that the region’s best defence is a coordinated and collaborative approach”. The UWI COVID-19 Task Force has adopted the collaborative model pioneered by The UWI Zika Task Force in 2016; it collaborates closely with regional health agencies, disaster & emergency management agencies, trade bodies, national health and security ministries, and Caribbean communities to tackle a viral pandemic head-on. This publication is part of the attempt to provide accurate and reliable information in this spirit of partnership. The current Task Force takes account of global development and practices in its work and emphasizes the need to share best practices and lessons learned to contribute to the region’s recovery from the crisis.

Responding to the COVID-19 pandemic and any future pandemics calls us to live and be, in ways that safeguard the health and well-being of all, while acting in ways to encourage the flourishing of all – saving lives, securing livelihoods. We are called to keep human and economic health at the forefront of all our decisions during the pandemic without making the kind of trade off that damages the one or the other. Political, business, public health, and other decision-makers are tasked with contributing innovative and equitable solutions to reduce and share the burdens of the public health crisis. The hope is to encourage ethical commitment and action among such persons, who bear different ethical burdens than the ordinary citizen, particularly in their responsibility to make rules and impose policies that affect the lives of entire nations and peoples.

There is an ethical paradox inherent in the struggle with COVID-19, where the choice to save lives is pitted against that of saving livelihoods. There may well be a false dichotomy involved in such a bald framing as we need to commit to protecting people's lives, limiting the spread of the virus, in order to have a healthy population to maintain economic growth. How this is done is the key question and the ideas in this booklet bear some consideration in that regard.

This brief, easy-to-read booklet provides some ethical principles on which government and other public officials, in particular, can base their responses in a time of pandemic. The booklet is divided into four parts, including an introduction with subsequent sections exploring relevant ethical principles.

Real and adapted case studies will be presented to further illustrate the application of key principles in what are often morally complex circumstances that cry out for careful judgement based on a principled approach. An extensive bibliography is included for further reading and consultation.

Anchoring Principles

The three anchoring principles are – **R-I-R: Respect, Inclusion, and Responsibility.**

Individually, these principles are foundational to ethical action, while together they form a strong interrelated superstructure for values, action and commitment.

Respect the dignity of all persons (recognizing the equal inherent value of each and every person); particular rights and dignities flow from the recognition of such human value, including the right to live, which is oftentimes dependent on a right to healthcare and proper nutrition, which must be safeguarded at all times. It is critical, at this time, also that sexual and reproductive health be safeguarded, especially the rights to bodily integrity and autonomy, which can so easily be abrogated in a crisis.

Inclusion of all, such that everyone is treated with fairness regardless of diverse characteristics such as economic status, belief, race, ethnicity, class, ability, age, occupation, sexual orientation or gender. Everyone should be given an opportunity to participate in the response to the pandemic and not simply be the objects at whom policy is directed. (Equity, Diversity and Inclusion)

Accepting **Responsibility** in and for all decisions taken and actions done in the attempt to safeguard the health and well-being, and flourishing of each and every person using means that are fair, transparent and efficient. Importantly, individuals must take responsibility for their behaviours. Different levels of responsibility inhere to different positions of power and practice – “to whom more is given, more is expected”.

Taking particular care of the most *vulnerable*, including the Earth, migrants, women, children, the elderly, prisoners, the sick, etc. is a foundational commitment that binds these principles together.

All in all, these principles and the encompassing commitment function to integrate human rights protections and guarantees into our responses in keeping with the moral imperatives identified by the WHO as essential in addressing public health crises. They call us to be alert to the fact that in times of public health emergency situations, human rights violations are often rife, especially of the most vulnerable, who are disproportionately affected.

Part 2: “R-E-S-P-E-C-T” (Human Dignity)

The dignity of the human person is paramount but takes on a specific acuity during times such as these. No one loses her dignity for being infected with a virus; no family should be threatened with being chased out of a community for having a relative test positive; no corpse should be desecrated, even that of someone who has died from COVID-19 (correct hygiene practices should be employed in handling and disposal.). Stigmatizing and discrimination based on fear and insufficient knowledge needs to be addressed frontally and urgently, and, if necessary, punished. Yet, the history of epidemics – remember HIV? – has shown that these public health emergencies lead to stigma and discrimination against certain groups and individuals. With COVID-19, this stigma initially began with persons of a particular nationality; now the stigma and discrimination has been extended to infected persons, frontline medical staff, and persons suspected of being infected. Acts of stigma and discrimination can affect health-seeking behaviours and may increase the spread of the virus while accruing mental health consequences to many citizens.

Institutional Discrimination

At the same time, there are biases that are implicit in the setup of our institutions such as our hospitals and schools. Personnel who work in public bodies are often little-different from the rest of the society and so function with personal and institutionally shaped biases toward persons based on characteristics of race, ethnicity, class, sexual orientation, gender and age. Categories of vulnerable persons such as religious minorities, sex workers, persons living with HIV/AIDs, and migrants may face bias and discrimination when accessing services. These biases are implicit but get magnified in times of stress and distress. There is the need for the training and preparation of public servants to be sensitized around matters such as

implicit bias which may exacerbate the mistreatment of certain citizens as is oftentimes demonstrated in the provision of differing levels of service or care. It is ironic that health care workers may themselves be the victims of discrimination as well as being potential purveyors of discrimination.

Particular attention needs to be given to vulnerable groups in order to maintain their dignity: a) persons suspected of infection; b) persons living with/recovering from/recovered from COVID-19 and their families; c) communities in quarantine; d) special groups such as health care workers, the elderly, the disabled, persons with underlying issues, etc.; e) persons living with HIV and AIDS; f) the dead.

Women, in particular

There is a particular group of vulnerable people whose experiences, rights and health need to be given specific attention as governments draft responses to the pandemic – women, especially poor and marginalized women. Poor women are at greater risk from the virus due to lack of or poor information, resources, and health and social services. In particular, women's role as caregivers, both within their own households and those of others, places them at greater risk of infection and exacerbates the impact of COVID-19 on their lives, and consequently, on the lives of their families. Healthcare workers are peculiarly challenged; they are at higher risk of catching the virus, especially in the face of inadequate PPE and protocols; they have an ethical responsibility to treat patients but are they required to treat patients in circumstances where their own lives are at risk?

International standards of care in emergencies should be implemented so that a priority set of lifesaving and essential services, including obstetric, prenatal, and postnatal care; contraceptive information and services, including emergency contraception; and post-abortion care and post-rape care, can be maintained. The case in Jamaica of Jodian Fearon, the pregnant woman who died after being refused medical attention, for fear by medical staff that they would catch the virus, highlights the peculiar vulnerability of women and the need for priority to be given to obstetric care. Miss Fearon did not have COVID-19.

In addition, concerns have been raised about the sexual profiling of migrant working women during the pandemic. Kamala Kempadoo recounts that, in Barbados, the very first person to be detained for breaking the curfew was a Jamaican woman. Kempadoo describes her as “an easy target – young, a woman, alone, walking the street at night, poor and far from home - the typical image of the ‘loose woman,’ and thus automatically deemed irresponsible, illegal and punishable”. Migrant women in some parts of the Caribbean have often been victimised by such sexual profiling but this takes on particular weight when public order and pandemic issues collide.

Consider:

Case: *To Wear or Not to Wear?* How effective is a face mask against COVID-19? There is much debate on this in scientific circles. Perceptions of wearing a mask has changed over the life of the pandemic. At the start, persons wearing masks were stigmatised – cashiers refused to serve them, people avoided them. Now, it is not only much more acceptable, but appearing in public requires the wearing of masks; some shops and banks will simply not allow you in unless you are wearing a mask. Interestingly, with mask-wearing now being viewed with less suspicion, criminals are cashing in, carrying out their unlawful activities under the cover of the anonymity provided by the mask. At the same time, the irony is further compounded by the stark reality of politicians and bureaucrats giving press conferences not wearing masks, engaging in social distancing or sanitising – even when these press conferences are on reducing the spread of COVID-19!

Case: *Fraid to Catch it.* COVID-19 is a respiratory illness that displays flu-like symptoms. Most people who have it will not suffer any severe and lasting effects. Still, it is highly contagious and even asymptomatic carriers can spread it. There is a heightened fear among citizens about catching it and many incorrectly see it as an automatic death sentence. So stories are told of persons on public transportation being abused and shunned for simply sneezing or coughing, even as an allergic response to cigarette smoke, which is illegal in many jurisdictions. Some have been thrown out the vehicle before reaching their destination. Similarly, some funeral homes are refusing to take the bodies of those suspected of dying of COVID-19, to make matters worse, and the family members of the

deceased are sometimes threatened by the community. Contact tracing is therefore made more difficult as persons refuse to cooperate for fear of severe repercussions.

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No one loses his or her humanity for being suspected of being infected, or being infected, for that matter. Fear of catching the virus should not lead us to mistreat or disrespect someone; rather that person should be treated with compassion. Physical distancing from anyone who is ill or displaying COVID-like signs is important but should be done respectfully. Persons who are ill should remain at home to protect others while also protecting themselves. There are protocols for treating with bodies of persons suspected or confirmed of dying from COVID-19. Policy makers and legislators have an important part in the communication around the virus; they should respectfully follow their own guidelines for reducing transmission. Where persons are involved in discrimination and direct harm to persons out of fear of catching the virus, the weight of the law may be needed to punish and provide redress.

Part 3: “What we need...solidarity” (Inclusion, Equity, Diversity, Solidarity)

COVID-19 lays bare societal, regional and global inequities, insecurities and injustices. Contrary to some arguments, it is not the great leveller, bringing rich and poor, the haves and the have-nots, down to the same level of human vulnerability. Some persons are more able to protect themselves by self-isolating or being fortunate enough to have access to resources such as masks and stockpiled supplies. Others will suffer from the inability to secure their usual income due to depleted savings, layoffs, industry downturn. Rural dwellers, especially farmers, have their livelihoods threatened with the closing off of regular markets and the inability to flexibly connect with new markets in the short term. Much food wastage can result - even as many are threatened by starvation. Creative responses have been evident across the region including the proliferation of roadside fruit vendors in Barbados and farmers markets across Jamaica.

The principle of solidarity, which maintains that a union or fellowship arising from common responsibilities and interests exists among members of society, calls us to put in place systems to both express and deepen those interests. In particular, these systems should address the needs of those who are more vulnerable, whose interests are often less countenanced. It is often forgotten that, by putting such systems in place, the larger public good is maintained as a direct expression of these bonds of solidarity – everyone benefits. Trinidadian commentator Folaude Mutota emphasizes these bonds of solidarity when she calls upon her government to exercise empathic leadership “because we are all only as safe as the most vulnerable among us”. Informal workers, for example, are at risk because they are continue working in potentially risky environments and often live in overcrowded circumstances with limited access to sanitation. Singapore is a well-known case that bears out Mutota’s point. Initially, that city-state was lauded for its widespread testing and smart contact tracing methods, which arrested the spread of the virus. This, however, was completely undermined because

they “forgot” about the dreadful living conditions of the vulnerable migrants living in dormitories; the virus unerringly exploited this weakness in social relations emphasising the vulnerability arising from interconnectivity; and the numbers of cases increased exponentially causing Singapore to roll out a stringent but more inclusive response.

Looked at another way, our bonds of solidarity are strengthened when social trust is present. Social trust is a moral lubricant that operates behind the scenes in everyday life. It makes cooperation in daily life possible; the more bonds of social trust exist, the easier it is to conduct business and live together; the easier it is to respond to a public health crisis. Absence or low levels of this moral lubricant is often made clear during a pandemic. To not recognise the value of these bonds is to our peril as Bob Marley warns in “War”: “Until there are no first and second class citizens...everywhere is war”!

Consider:

Case: *All in a Day's Work* - Domestic helpers/household help/daily workers are sometimes unable to claim or receive national welfare grants because they are not formally part of the economic system, particularly through the payment of taxes and contribution to national insurance schemes. Yet, citizens in such informal occupations spend a large portion of their earnings on goods that attract consumption taxes.

Case: *Locked Down* - An entire inner-city community has been quarantined for four weeks but inadequate preparations appear to have been made to get basic supplies (including medication and feminine hygiene products) to the people. Most of the people are employed informally and need to go out of their community in order to earn, further placing themselves, their families and members of their communities at risk. There is a route through the hills that many will use to avoid the military checkpoints (set up mainly on major roads) as they sneak in and out.

Case: *Out of [On]line* - Many students at all levels are unable to participate in online classes because they have no electricity or access to the Internet or the requisite devices. Education is the means by which

many of these students will work their way out of poverty; this crisis, however, will set many of them back significantly.

“[P]overty is neither a crime nor a character flaw. Stigmatize those who let people die, not those who struggle to live” (Sarah Kendzior, journalist and author). Societies that lack structures for inclusiveness push many of their citizens to the margins in low paying and insecure occupations and substandard housing that may act as super-spreader spaces. Many such marginalised citizens are dismissed as non-contributors and a drain on the public purse because, ostensibly, they do not pay taxes and may well be accessing such welfare services as exist. Yet many of these make contributions to the caring economy and the underground or informal economy, which largely shores up or feeds into the formal. They enter the tax net through ad valorem taxes on purchases, for example. Efforts must be made to take account of the specific needs of vulnerable groups in planning for and response to the COVID-19 crisis; sanitary products, for example, need to be part of the care packages delivered to communities as to do otherwise treats women unequally and opens them up to the shame of menstrual poverty.

COVID-19 has laid bare the enormous value and importance of the caring economy, paid and unpaid, which has sustained and is being called upon to save and sustain lives. In a new model moving forward, deepened regard and accounting for this important part of our economies must be undertaken.

Nevertheless, the examples of solidarity in the face of COVID-19 are many – from the provision of care packages to those in need to Internet service providers making educational learning platforms zero-rated to companies making more cost-effective medical devices. Some communities, especially inner-city ones, have taken the initiative to regulate entry to their communities with enforced sanitisation stations. Such communities are aware that they are indeed more vulnerable to rapid transmission due to crowded living conditions and inability to quarantine as persons must go out daily to earn a living. These instances of solidarity need to be supported and encouraged even as government works towards

more sustainable approaches to dealing with the pandemic and reopening economies.

There are some ways in which we can deepen our bonds of social trust: get involved in our community by offering to share our time, talent and treasure; work at building long-term relationships with people who are not considered to be our immediate neighbours; recognise that the online world, especially social media, acts as a powerful filter and shaper of our view of others, especially those who we consider to be different from us. This is often very destructive of the wellbeing of many. The proliferation of conspiracy theories, fake news and scams during this crisis illustrates this well. At the same time, the positive value of the online world should be capitalised on to deepen bonds of solidarity and (re)build social trust so that many more will have a place in our societies.

Part 4: “knowing me, knowing you . . . there’s much that we must do” (Responsibility, Roles, Subsidiarity)

Individual citizens, civil society groups, business and professional groups, governments, etc., all have important roles to play in addressing the crisis. It is vital that these roles are clearly delineated so that a higher authority does not take on a role that can be best undertaken by a lower; the role of the individual should not be taken over by the society; what smaller societies can do, larger ones should not take over, that is the often-ignored principle of subsidiarity. Social bodies exist for the sake of individuals, not individuals for the sake of society. However, individuals have a role to play in contributing to the common good, that is, all the societal conditions that need to be in place for individuals and communities to live and flourish. As noted previously, social trust is an important lubricant; functioning institutions that are geared towards the care for the most vulnerable are another.

It is necessary, therefore, that groups and individuals recognise their specific areas of responsibility as well as the particular needs of those on whom their actions impact. Of course, membership in groups may overlap and raise issues of conflicting interests. These have to be treated with transparently and carefully. Responses need to be fast and agile and take account of lesson learned.

Some groups with distinct roles in a public health emergency are:

- *Global Health and other multilateral organisations:* UN, WHO, PAHO, CDC, ILO, WTO, which provide global leadership in strategic preparedness and humanitarian response; others such as the WorldBank, The Caribbean Development Bank, the IMF and G20 collaborate on joint

economic rescue packages, especially for most vulnerable nations;

- *Regional health and other multinational organisations:* CARICOM, ACS, CARPHA, CDEMA, UWI, which provide resources, delineate a “whole region” approach and outline the research agenda, that leads to a more efficient use of resources and a rapid deployment response;
- *Governments:* national and local safeguard the rights and dignities of citizens through legislation/legal framework, policies such as closing borders, responsible surveillance, sharing information, crafting and publishing guidelines for allocation of scarce resources, responsible and responsive re-opening of economies, etc. Provide welfare for those in need without further exposing them to infection or treating them in a fashion that does not uphold their dignity. The importance of effective communication in their work cannot be overemphasised. In particular, truthful and trustworthy sharing of information, such as infection rates, deaths, treatment options, reasons for opening or closing borders, etc. need to be foremost.
- *Scientific Community:* local and regional members of this group undertake and promote relevant research; provide guidance in managing the pandemic based on the best research and data available; pool resources and share findings; promote a culture of open data sharing
- *Public Health bodies:* manage the spread of infection; administer vaccines, when available; treat respectfully the citizens being served while safeguarding the health of public health providers;
- *Border and Security Forces:* protect the life, and safety and security of all citizens; safeguard borders and facilitate trade and admission of stranded overseas nationals in partnership with commercial carriers;
- *Religious, NGOs and other civil society groups:* undertake indispensable work of a humanitarian nature such as feeding and distributing supplies to maintain life; contributing to the spiritual and psychological health of the

people; facilitating networks. The Church, a significant religious group in the region, “has a diagnostic role to play (identifying the “signs of the times”), a preventive role (creating an “immune system” in a society in which the malignant viruses of fear, hatred, populism and nationalism are rife) and a convalescent role (overcoming the traumas of the past through forgiveness)” (Halík 2020).

- *Legal Community*: ensure that the legal framework of the nation and region supports the human rights and protection of the population;
- *Private Sector & Manufacturing*: contribute to economic growth and recovery strategies; commit to safety and welfare of employees; where possible, retool and repurpose in order to address critical local, regional and global demand;
- *Medical personnel*: treat and care for patients, prioritising the care of the most seriously ill; undertake clinical research and share findings; safeguard individual health and that of their families;
- *Triage/Allocation Council*: develop triage protocols and guidelines for resource allocation that take account of need;
- *Individual citizens and members of communities*: safeguard personal and family health and well-being; display solidarity through acts of neighbourliness; safeguard health and well-being of other members of society by:
 - following basic hygiene rules with regular hand washing, social distancing, and social isolation;
 - arranging video-conferences and calls rather than physical meetings;
 - cancelling or postponing non-essential travel;
 - working from home where possible;
 - staying at home if among those groups that are most at risk;
 - staying at home and seeking medical assistance when symptoms present;

- sharing information wisely;
- obeying the dictates of the Government such as limiting numbers in gatherings, wearing masks, and curfew restrictions, etc.

Consider:

Case: *The Fun Kya Dun*: Caribbean people are renowned for ignoring warnings of impending dangers like hurricanes, which devastate the region on a regular basis. The story of Hurricane Gilbert, which hit Jamaica thirty years ago, is a case in point. Part of the reason for this may well be our culture of enjoying ourselves partying. It may also be about “taking bad things make laugh”. It may well be, too, that lawful authority is dismissed as alarmist, inaccurate, oppressive. Governments have put strict measures like lockdown in place to prevent spread but people have defied these, leading to arrests and charges laid for holding so-called “COVID parties”.

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The call to responsibility and self-management requires efforts to protect ourselves against the spread of the virus but also to protect others as well. This call to protect others particularly affects elderly family members who need special care and protection. Many young children and their grandparents have been forced apart in order to keep grandparents safe. Routines of intergeneration bonding have been interrupted. The creative use of smart devices and apps has helped maintain the bonds among separated generations. The assistance provided by younger members of the community in running errands for the elderly has been commendable. At the same time, there have been several super-spreading events and locales that have been identified as contributing significantly to the rapid spread of COVID-19 in the region. In response, responsible and innovative ways of having fun now include online parties hosted by well-known DJs and Dancehall artistes, which reach audiences across the globe, and contribute to the economic sustenance of Caribbean economies.

Conclusion: “We’re all in this thing together, we’re gonna work it out”

Ethics do not go out the window in times of crisis; indeed there is need for greater vigilance on how decisions are made and in whose interest. Timely and tough decisions need to be made in a transparent manner in a time of pandemic. At the same time, we recognise that given the magnitude of the issue, we must be prepared for mistakes to be made and for there to be fall-out from unintended and unforeseen consequences from policy (in)action.

Importantly, too, leaders must be prepared to be honest with the people and spend the time to explain in clear terms approaches being pursued to fight the pandemic – approaches that are liable to change as new information becomes available. At the time of publishing, the Caribbean region shines as a beacon of containment in a crisis that has overwhelmed our larger and wealthier neighbours to the North and South. This speaks to an outstanding level of leadership and community spirit to ward off such a deadly virus in the first wave.

It is imperative that going forwards we can marshal that same spirit of resilience and togetherness as we manage financial fall-out and build on opportunities for all going forward - with a view to saving lives while sustaining livelihoods. The pandemic provides us with the opportunity to rebuild our societies in a more equitable fashion. Caribbean people possess significant socio-economic, political, cultural and scholarly resources on which we can draw in charting our way to a better society as various impressive displays of solidarity among our people demonstrate time and again.

Key Points

- Recognise that policy-decisions taken in the name of public health affect the lives of entire nations and peoples.
- Everyone should be given an opportunity to participate in the response to the pandemic and not simply be the objects at whom policy is directed.

- A right to healthcare and proper nutrition must be safeguarded at all times.
- Different levels of responsibility inhere to different positions of power practice and political leaders and public officials have a particularly impactful role.
- Recognize that the health of society is as strong as its weakest link. Take particular care of the most vulnerable, including migrants, women, children, the elderly, prisoners and the sick, as a foundational commitment.
- The dignity of the human person is paramount but takes on a specific acuity during a pandemic; guard against any statements or policies that lead to persons losing their dignity for being infected with a virus.
- Adhere to sound public health principles in order to arrive at decisions on matters of treatment, prevention, and reopening.
- Securing livelihoods and saving lives are not in conflict with each other; both are necessary to restore our economies and contribute to the full flourishing of every Caribbean citizen.

For further information, contact the Chair, COVID-19 Task Force

C/o Office of the Pro Vice-Chancellor, Undergraduate Studies

The University of the West Indies

T. (246) 417-4945

E. uwi-covid19taskforce@uwi.edu

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Thanks!

Anna Kasafi Perkins

R. Clive Landis

Author Bios



Anna Kasafi Perkins, Ph.D.

Dr Perkins holds a doctorate in theological ethics from Boston College. She teaches and researches widely in ethics. She has served on The University of the West Indies (UWI), Mona, Research Ethics and the Faculty of Humanities and Education Ethics Committees; Caribbean Regional Public Health Authority (CARPHA) Ethics Review Board and as Chair, CARPHA Sub-Committee, Monitoring and Evaluation. She continues to serve on The University of the West Indies Ethics Committee; as Commissioner, Broadcasting Commission of Jamaica (BCJ); and Chair of the BCJ Licensing, Monitoring & Compliance Subcommittee. She was recently appointed to the Jamaica National Bioethics Committee. Since 2007, Dr Perkins has been a Senior Programme Officer with the Quality Assurance Unit, Office of the Board for Undergraduate Studies, UWI Regional Headquarters, serving the UWI Mona Campus. She currently serves as a member of The UWI COVID-19 Task Force (www.uwi.edu/covid19).



Professor R. Clive Landis, Ph.D., M.Sc., B.Sc.

Graduated with a PhD in Immunology from Loyola University of Chicago, U.S.A., in 1990. He has pursued a distinguished career as a medical researcher and university administrator for almost 30 years. In 2004, he joined The University of the West Indies (The UWI) and became a Professor of Cardiovascular Research in 2009. In 2013, he was appointed Head of The UWI's prestigious George Alleyne Chronic Disease Research Centre, located at the Cave Hill Campus in Barbados. In 2015, Professor Landis was promoted to Deputy Principal of the Cave Hill Campus and further promoted to Pro Vice Chancellor (Undergraduate Studies) in 2019. He is bi-lingual in English and German. His ongoing research is focused on the role of inflammation, particularly the resolution of inflammation, in vascular diseases and recovery from surgery. He has identified a key role for the 'wound healing macrophage' in the resolution of inflammation. A more recent focus has been on viral research: established viruses such as HIV as well as emerging viruses such as Zika and SARS-CoV-2. He currently serves as the chair of The UWI COVID-19 Task Force (www.uwi.edu/covid19).

Political leaders and other decision-makers are faced with unprecedented ethical dilemmas in the face of COVID-19. This brief handbook outlines some ethical principles on which government and other public officials can base their responses in a time of pandemic in order to save lives and secure livelihoods.