Coronavirus Dynamics: The Undulating Playing Field

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The goal of the paper is to conduct an exploratory review and analyses of the dynamics of the pandemic focusing on two themes: pandemic morbidity and vulnerable populations. Method: Review of literature, anecdotal evidence, and reports on the morbidity of COVID-19; including scope of its devastating effects in selected countries. Findings: The devastating effects of the coronavirus are felt across different vulnerable populations. These include the elderly, front line workers, marginalized communities, visible minorities, and more. Inadequate and sometimes conflicting remarks by “experts” have only contributed in exacerbating the confusion in the general population. However, compassion and empathy from different communities have had positive effects on mitigating some of the health outcomes like mental health and other health-related effects of the pandemic. Institutional support needs to be strengthened, especially with regard to individual risks and supply chain coordination: personal protection equipment (PPE), masks, swabs, reagents, etc. The challenge in Africa is especially daunting, because of limited and inadequate financial resources and infrastructure, as confirmed by the health budget allocations as a percentage of their respective GDP (gross domestic product). Discussion: The effects of the COVID-19 are producing unprecedented and catastrophic outcomes in many countries. These have been exacerbated by the level of unpreparedness and inadequate degrees of prevention and intervention strategies. With a few exceptions, the common and current intervention approach is driven by many unknowns including compilation of relevant reliable and compelling data sets. Vulnerable communities continue to suffer most: a situation that is highlighted in this essay as one attempt to remind institutions of their duty to provide appropriate support, including compassion and empathy to these populations. The repercussions of no or inadequate action are numerous, significant, and mind-boggling with unpredictable future outcomes and possible dire consequences. The continuous carnage caused by COVID-19 is a wake-up call reminding all stakeholders (public and private institutions) that once again the inequality infiltrating vulnerable populations needs to be effectively addressed with emphasis on affordability, improved quality of life, and an inclusive long-term strategic plan. Ubiquitous and inadequate supply chain coordination mechanisms have been a major deterrent towards mitigating the effects of this coronavirus pandemic.

Keywords: coronavirus pandemic, front line workers, vulnerable populations, compassion and empathy, supply chain coordination, unprecedented future outcomes, relevant and compelling data sets, protective personal equipment (PPE)

Introduction

History has a way of reminding us that while the good times are great, a business as usual mentality comes with many unforeseen risks and challenges. Good times are in some cases pathways to complacency, apathy for some, and a “winner takes all” attitude. On a positive note, the stress, anxiety, and other mental health issues
have turned around many mindsets in certain groups. There are now significant and unprecedented levels of compassion, empathy, and more, originating from many populations.

There was World War I, there was the Spanish plague, there was World War II and for the last 60 plus years, we have had to live in a world of misgivings; ranging from populism to political unrests and instability in several parts of the world, primarily the Middle East and some parts of Asia.

When the current Coronavirus disease 2019 (COVID-19) started in December 2019, many assumed that like its predecessors H1N1, SARS, different plagues and viruses etc., it was going to pass with a thud. Five months into the pandemic and countries continue to live in fear, driven by many unknowns and limited scientific evidence. In the meantime, this aggressive, stealth, and brutal virus continues to spiral unabated (existing intervention strategies notwithstanding). There is at least some consensus that once the peak of the pandemic has been achieved, there will be reason for optimism. This is based on the assumption that everything being equal (continuous self-exclusion, personal hygiene, social distancing etc.), the worst would then be behind us. While for the most part, this assumption is correct if the processes are effectively and comprehensively implemented. The reality is that the potential for a subsequent wave is real and compelling. The Spanish flu, also known as the 1918 flu pandemic, serves as a classical example. Its second wave of infection proved to be even deadlier than the first after non-medical intervention measures put in place at the time had been relaxed.

Inequalities in the Age of COVID-19

A troublesome pre-occupation in many affected regions is vulnerability. The notion that we are all equal in the fight against this virus has been quickly dispelled with early findings, revealing health inequalities amongst populations ranging from front-line service providers to marginalized communities to racial minority groups.

In the United States (US), preliminary nationwide data released by the Centers for Disease Control and Prevention (CDC) revealed that although African Americans represent approximately 13 percent of the U.S. population, they accounted for 30 percent of all COVID-19 patients (CDC, 2020). Although far from complete, these data are consistent with the findings from other data collected on race and COVID-19 so far. A disproportionate toll is also being seen in the UK after the Guardian did an analysis of 12,593 patients who died of COVID-19 as of April 19, 2020. It showed that 19 percent were Black, Asian, and minority ethnic (BAME) even though they make up 15 percent of the population (The Guardian, 2020).

A number of factors contribute to certain populations being more susceptible to contracting COVID-19, experiencing more severe cases of it, and having poorer outcomes.

Economic Factors and Impossible Choices

A lack of economic resources often translates to food insecurity, amongst other things, which in turn often leads to poorer health outcomes that include a higher risk of underlying health conditions. In India, millions of people, including migrant labourers and daily wage earners, are facing hunger since the country’s shutdown in late March 2020, leaving them with no means to earn a living. A similar dire outlook is also threatening First Nations communities in Canada and black communities in the US. Canada does not report coronavirus morbidity by race or ethnicity, making it difficult to address disparities.

In many cases keeping food on the table means foregoing safe working conditions and a greater risk of exposure to COVID-19. A large number of front-line workers like transport employees, sanitary workers,
delivery personnel, etc., are often made up of BAME groups (The Metropolitan Transportation Authority, 2020). In New York City, for example, Blacks and Latinos make up more than 60 percent of the hard-hit Metropolitan Transportation Authority (MTA)—as of April 22, 2020 eighty-three MTA workers have died (Politico, 2020).

While lockdowns continue to serve as a geopolitical prevention strategy against COVID-19, the financial and economic outcomes on the poor populations undoubtedly are remarkably onerous. In Asia, for example, and according to the Economic and Social Commission for Asia and the Pacific (ESCAP), 70 percent of workers belong to the informal economy with no benefits or safety net (UNESCAP, 2020). Many countries in this region have introduced support mechanisms—financial and economic (rice, sugar, etc.). These strategies are necessary but not sufficient! As demonstrated by the lockdown insubordination in countries like Bangladesh, the poor in these economies remain vulnerable with limited options and an extremely unenviable way of life: contract the virus by risking going out or follow the lockdown and starve.

**Basic Safeguards: A Privilege for Some**

Even the most basic health recommendations to avoid contracting or spreading infection like hand washing and social distancing are major challenges in marginalized communities without sufficient access to water or housing. The number of people who don’t have regular access to water is mind-boggling: 36 million people in Mexico, over 2 million in the US (US Water Alliance, 2020), more than 100 First Nations communities in Canada (The Council of Canadians, 2020), 63.4 million in India (WaterAid, 2020), etc. In all, 40 percent of the world’s population lack access to basic hand-washing facilities in their homes (United Nations, 2020).

The inability to self-isolate, when faced with a virulent virus, places additional stress on communities who are affected by overcrowding and housing shortages. In many Indigenous communities in Canada—often living in remote areas with limited medical services—there are sometimes two or three families living in the same house. Indigenous Australians face the same troubling dilemma, compounded by a higher prevalence of underlying health conditions in Indigenous communities compared to general populations (Statistics Canada, 2020). There is compelling evidence that one of the risk factors that exacerbated the morbidity rates (incidence and prevalence) in Italy was ubiquitous intergenerational households.

For Brazil’s Indigenous groups, some having little or no contact with non-Indigenous society leaving them particularly vulnerable to disease, fears grow that entire communities could be wiped out amidst a rising number of illegal land invasions from loggers, miners, etc. As of April 17, 2020, Brazil’s Socio-Environmental Institute (ISA) has recorded at least 27 confirmed COVID-19 cases and 3 deaths, including a 15-year old boy from a village on the Uraricoera River—an access route for gold rush miners (Aljazeera, 2020).

**A Difficult Test for Fragile Health Systems**

The biggest concern for the World Health Organization (WHO) is COVID-19’s potential to spread in countries with weak health systems. A health security assessment listing of 195 countries, highlighted fundamental weaknesses of healthcare systems around the world, and unsurprisingly revealed that the majority of countries found to be the least prepared were in Africa (Global Health Security Index, 2019). Less than 50 percent of the continent’s population has access to modern health facilities and countries are plagued with shortages ranging from low numbers of healthcare workers in ratio to the population, to medical equipment,
medications, and capacity (AFRIC, 2019).

Densely populated cities, slums, and displacement camps, struggle with other simultaneous communicable diseases, ongoing conflicts in some regions, and myriads of other dangerous conditions, making it seem inevitable that the continent will experience a substantial epidemic.

The one silver lining in terms of mortality rates is that the continent has the youngest population in the world—60 percent of its 1.25 billion population is under the age of twenty-five (Brookings, 2019), an age group likely to recover from COVID-19 infection.

**Degree of Vulnerability to Care: A Disproportionate and Disastrous Response**

Data collected from the Chinese Center for Disease Control and Prevention (China CDC) in January and February 2020, identified people aged 60 and over as the most vulnerable to COVID-19 (WHO, 2020). Mortality rates based on these findings were determined by University of Bern researchers as 4.6 percent for ages 60-69, 9.8 percent for ages 70-79, and 18 percent for ages 80 and over (Hauser et al., 2020).

Unsurprisingly, with 23.1 percent of Italy’s population being 65 and over, it has one of the highest mortality rates in the world—28,236 as of May 1, 2020 (Statista, 2020). In Canada, 79 percent of all deaths in the country have been linked to seniors’ homes and long-term care facilities as of April 13, 2020, according to chief public health officer Theresa Tam. As a strong believer in the glass being half full, my thoughts are that like the Hong Kong flu which killed over one million people and mostly the elderly, in the late sixties, this pandemic will ultimately subside.

The ongoing carnage experienced by this population is not only despicable but also confirms the degree of incompetence and lackadaisical efforts of the institutions—both government and private. A population that has invested all its concerted efforts to develop and improve the social and economic wellbeing of our nations deserves more.

For example, the devastating effects of COVID-19 specifically in nursing homes, where the degree of vulnerability ought to have been better managed in an attempt to constructively and strategically mitigate the amount of damage caused cannot be adequately emphasized.

As counterfactuals, there are compelling needs to know if these gruesome and unacceptable mortality rates could have been avoided if:

- effective oversights were in place;
- periodic reports were produced and submitted to the relevant parties and at different levels of the institutions;
- relevant and appropriate feedback was part of the process;
- monitoring, evaluation, and learning were in place;
- effective operating strategies were in place and more.

The memories of this unfortunate period of wrath in these communities will be long lasting and tenuous, especially between the affected families and these institutions.

**Foundational Support More Crucial Than Ever**

Amidst all the sobering details emerging from this crisis, a light shines ever brighter on the pressing need to do more to address economic, social, and political structures to support vulnerable groups in having better access to quality of life essentials.
Finally, as we go through these trying times, there is a need to regularly remind ourselves that while the vulnerable groups on the front lines specifically continue to subject themselves to this devastating virus, their motivation and dedication to respond to this professional call of duty requires special recognition, empathy, and compassion at all levels. In specific terms, this applies specifically to health professionals who continue to expose themselves daily in an attempt to alleviate the suffering of victims of the pandemic. Institutional support remains inadequate and yet its involvement is a sine qua non that cannot be adequately emphasized. Institutional support needs to be strengthened, especially with regard to individual risks and supply chain coordination. For example, and at a personal level, my daughter who is a senior nurse working for the Canadian government in one of the indigenous clinics in the North recently told me her clinic has no supplies of personal protective equipment (PPE) including face masks! And this is happening five months into the pandemic. What a shame!

Discussion

The effects of the covid-19 are producing unprecedented and catastrophic outcomes in many countries. These have been exacerbated by the level of unpreparedness and inadequate degrees of prevention and intervention strategies. With a few exceptions, the common and current intervention approach is driven by many unknowns including compilation of relevant reliable and compelling data sets. Vulnerable communities continue to suffer most: a situation that is highlighted in this essay as one attempt to remind institutions of their duty to provide appropriate support, including compassion and empathy to these populations. The ongoing misconception of prioritizing profits over human life is not an appropriate strategy. And, if the Spanish plague is any indication, there is a strong likelihood of a second wave of the pandemic if compelling and effective interventions are not instituted. The repercussions of no or inadequate action are numerous, significant, and mind-boggling with unpredictable future outcomes and possible dire consequences. The continuous carnage caused by COVID-19 is a wake-up call reminding all stakeholders (public and private institutions) that once again the inequality infiltrating vulnerable populations needs to be effectively addressed with emphasis on affordability, improved quality of life, and an inclusive long-term strategic plan. Ubiquitous and inadequate supply chain coordination mechanisms have been a major deterrent towards mitigating the effects of this coronavirus pandemic.

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