The harm in and of COVID-19

Nicholas Uchechukwu Asogwa

Department of Philosophy, University of Nigeria, Nsukka, Nigeria

Correspondence
Nicholas Uchechukwu Asogwa, PhD, Department of Philosophy, University of Nigeria, Nsukka, Nigeria. Email: nicholas.asogwa@unn.edu.ng

Abstract
Coronavirus-19 (COVID-19) is a trending topic that is currently engaging the attention of scholars all over the globe. Much has been said and written about it in terms of its nature, mode of infection, the ethics, the harm and, of course, the best resource allocation and triaging paradigm. While offering theoretical explanation of why we need to make a distinction between harms in and of COVID-19, this paper, at the same time, exposes the harms in and of COVID-19, as well as offer examples of where both forms could be seen, using three spheres of reality, namely economy, education, and reproductive rights (abortion). Whereas it notes that harms in COVID-19 are those harms that are inherent in it and are direct vis-à-vis its victims, the paper observes that harms of COVID-19 are those harms that are causally, but only indirectly related to COVID-19. It concludes that knowledge of the distinction between harms in and of COVID-19 will be of use to the masses across the globe in checkmating the antics of those state actors in their respective jurisdictions who may wish to hide under the guise of combating the spread and menace of COVID-19 to carry out some hidden, selfish and vindictive agenda.

KEYWORDS
abortion, COVID-19, economy, education, harm, pandemic

1 | INTRODUCTION

Since the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) led to the outbreak of coronavirus-19 (COVID-19) in the city of Wuhan in China, the entire world has not been at rest. COVID-19 has succeeded in dislocating the ontological web of the world’s existence, not because it is a special killer disease unlike any other known disease, or because it is the first pandemic to be witnessed in the world. Far from this, it appears from all indications that what distinguishes COVID-19 from earlier pandemics such as Spanish Flu/influenza pandemic of 1918-1920, Asian Flu (1957-1958), US influenza (2004-2008), and the H1N1 flu of 2009, is the alarming potential speed it has for spreading and especially via person-to-person contact. Another important difference between COVID-19 and the earlier plagues and pandemics mentioned is that, although the earlier pandemics interrupted the flow of academic processes in many ways, none ever affected the education of people worldwide in an alarming proportion as the COVID-19. In the words of Chakraborty and Maity, “the Covid-19 pandemic is considered as the most crucial global health calamity of the century and the greatest challenge that the humankind has faced since the 2nd world war.”

COVID-19 has caused many world countries some collateral damages in terms of health, economy, employment, unemployment, education, human rights, human sociality/relationship, among others. The dreadful nature of COVID-19 and the rate at which it spreads made the World Health Organization (WHO) to declare its outbreak the sixth public health emergency of international concern effective 30 January, 2020. According to WHO’s record, SARS (a class of coronavirus) affected over 8,000 people between 2002-2003 out of which about 774 persons died. Similarly, the MERS-COV pandemic that broke out infected over 2494 persons out of which over 858 persons lost their lives.

1Chakraborty, I., & Maity, P. (2020). COVID-19 outbreak: Migration, effects on society, global environment and prevention. Science of the Total Environment, 728.

2cf. WHO. (2004). Summary of probable SARS cases with onset of illness from 1 November 2002 to 31 July 2003. Retrieved September 21, 2020, from https://www.who.int/csr/sars/country/table2004_04_21/en/; WHO. (2013). Middle east respiratory syndrome coronavirus (MERS-CoV). Retrieved September 21, 2020, from https://www.who.int/emergencies/mers-cov/en/
What actually differentiates COVID-19 from the earlier pandemics is the potential it has for rapid human to human spread. Thus, as at 3 May 2021, the virus which started in Wuhan, China, in December 2019 had spread to 223 countries with 154,188,318 confirmed cases and 3,227,163 deaths. Besides exploring the harms COVID-19 has perpetrated in the spheres of economy, education, and healthcare, this paper makes a clear distinction between the harms in COVID-19 (those harms that are inherent in it) and harms of COVID-19 (those that occur as a result of the state of affairs thrown up by the COVID-19 pandemic). Harms that result from state actions to prevent the spread of COVID-19 belong to the harms of COVID-19. The value of this distinction lies in the fact that it will help in checkmating the antics of those state actors who may wish to hide under the guise of combating the spread and menace of COVID-19 to carry out some hidden, selfish, and vindictive agenda as can be seen in the rush to suspend abortion service/care in some jurisdictions where abortion is legal, though under persistent threat of extinction by pro-life advocates.

Although my major focus in this discourse is on Nigeria, reference will be made to the harms of COVID-19 in other countries like the United States of America (USA), given my conviction that harm is a concept with universal character, and that humans with similarly situated experience(s) tend to react in similar ways to COVID-19 containment measures. It is instructive to note that whereas data from Nigeria was used in discussing the economic and educational spheres, the same was not the case with abortion. The reason is that since abortion is already criminalized in Nigeria, it does not make sense talking about COVID-19 abortion bans in connection with Nigeria. My consciousness of this, coupled with my conviction that harm is a concept with universal character, informed my use of data from the USA (where abortion is legalized) to examine the harm of COVID-19 on abortion rights. This paper offers a theoretical explanation of why we need to make a distinction between harms in and of COVID-19. It also exposes the harms in and of COVID-19 and offers examples where both forms could be seen, using three spheres of reality, namely economy, education, and reproductive rights (abortion).

2 | THEORIZING THE HARM PRINCIPLE FOR A GROUNDING OF COVID-19 CONTAINMENT MEASURES

In his assessment of the UK's Racial and Religious Hatred Act of 2006, Alexander Brown notes that a major problem with defining harm is how to build consistency into the acts which are prohibited in a way that would be acceptable to all religions. Brown's mention of the notion of harm in connection with its import among different religions is merely to demonstrate the difficulty in articulating a unified conception of harm. The difficulty about unanimity of conceptualization notwithstanding, some attempts have been made at defining harm. Thus, the Cambridge Online Dictionary defines harm as physical or other injury or damage. Feinberg distinguished between what he termed private and public harm principles. According to him, a private harm principle only allows prohibitions on directly harmful acts, whereas public harm principle would permit prohibitions on acts whose restriction is necessary 'to prevent impairment of institutional practices and regulatory systems that are in the public interest. Harm could be viewed from both deontological and teleological/consequential perspectives. Viewed deontologically, the harms associated with any given phenomenon are seen as the harms that are inherent in it. In other words, the phenomenon is seen as constitutive of harm in itself. On the other hand, a phenomenon is associated with harm from the teleological perspective, if it is construed as a causal factor for harm.

Again, a phenomenon could be directly or indirectly harmful. When directly harmful, a phenomenon is taken to be the cause of the concrete harms suffered by some individuals. It is indirectly harmful when it is construed as only making a contribution or being responsible for some general state of affairs that is the cause of the concrete harms suffered by some individuals. Simpson referred to indirect harm as 'environmentally-mediated harm distinct from harm that is directly inflicted by particular acts. By framing the title of this article as 'the harm in and of COVID-19', I intend to argue that the harms surrounding COVID-19 are both deontological and teleological in orientation. It is in affirmation of this that 'the harms in COVID-19 and the harms of COVID-19 are given separate considerations. While harms in COVID-19 refer to those harms that are inherent in COVID-19 and are indeed constitutive of it as the direct harms suffered by COVID-19 victims, the harms of COVID-19 are those harms that are not directly perpetrated by COVID-19, but have COVID-19 as being responsible for putting the state of affairs that is the cause of the concrete harms suffered by COVID-19 victims. Distinguishing between the harms inherent in COVID-19 and the harms that are the fall-out of the measures adopted by states pursuant to restricting its spread is important for some reasons. First, it brings to the fore the harms that are peculiar to COVID-19 and the ones that are consequences of a state's or institution's measures to contain its menace and spread. Some state actors hide under the guise of devising measures to contain COVID-19 to deal with perceived enemies or suspend the operation of some policies to which they are not favorably disposed. Second, the public harm principle only allows' prohibitions on directly harmful acts, while a public harm principle would permit prohibitions on acts whose restriction is necessary 'to prevent impairment of institutional practices and regulatory systems that are in the public interest. Harm could be viewed from both deontological and teleological/consequential perspectives. Viewed deontologically, the harms associated with any given phenomenon are seen as the harms that are inherent in it. In other words, the phenomenon is seen as constitutive of harm in itself. On the other hand, a phenomenon is associated with harm from the teleological perspective, if it is construed as a causal factor for harm.

Again, a phenomenon could be directly or indirectly harmful. When directly harmful, a phenomenon is taken to be the cause of the concrete harms suffered by some individuals. It is indirectly harmful when it is construed as only making a contribution or being responsible for some general state of affairs that is the cause of the concrete harms suffered by some individuals. Simpson referred to indirect harm as 'environmentally-mediated harm distinct from harm that is directly inflicted by particular acts. By framing the title of this article as 'the harm in and of COVID-19', I intend to argue that the harms surrounding COVID-19 are both deontological and teleological in orientation. It is in affirmation of this that 'the harms in COVID-19 and the harms of COVID-19 are given separate considerations. While harms in COVID-19 refer to those harms that are inherent in COVID-19 and are indeed constitutive of it as the direct harms suffered by COVID-19 victims, the harms of COVID-19 are those harms that are not directly perpetrated by COVID-19, but have COVID-19 as being responsible for putting the state of affairs that is the cause of the concrete harms suffered by COVID-19 victims. Distinguishing between the harms inherent in COVID-19 and the harms that are the fall-out of the measures adopted by states pursuant to restricting its spread is important for some reasons. First, it brings to the fore the harms that are peculiar to COVID-19 and the ones that are consequences of a state's or institution's measures to contain its menace and spread. Some state actors hide under the guise of devising measures to contain COVID-19 to deal with perceived enemies or suspend the operation of some policies to which they are not favorably disposed. Second, the
delineation makes it easier for the masses to see reasons to accommodate some extra-moral and extra-legal measures put in place by states in this COVID-19 pandemic situation as ethically justified, knowing that states have both moral and legal duty to protect the lives of their citizens. Although some drastic and extra-legal measures adopted by some states in combating the spread and menace of COVID-19 may be ethically permissible, given Feinberg public harm principles which permit prohibitions on acts whose restriction is necessary to prevent impairment of institutional practices and regulatory systems that are in the public interest, yet the same should not be seen as an opportunity to undermine people's rights and inflict on them some collateral damage.

3 | THE HARMS IN COVID-19

As has already been indicated, harms in COVID-19, if any, are those harms that are inherent in it. Such harms are parts of the constitution of COVID-19 as an entity and are, by virtue of this, inseparable from the meaning of COVID-19. COVID-19 kills people, in the same way that it causes permanent organ damage. According to Conti et al, COVID-19 has the propensity to cause seasonal colds and serious infections of the lower respiratory tract, especially in vulnerable people. Its infection induces stress and cellular inflammation as well as the production of DAMP which in physiological conditions is not detected by the immune system. The authors add that DAMP is involved in inflammation of the upper airways infected with COVID-19; just as it mediates muscle weakness in several diseases and plays a crucial role in the pathogenesis of fever.

The ultimate harm in COVID-19 is death, which is both devastating and irreversible. One can say that death, and especially premature death, is not only devastating but also irreversible. To this end, preventing death becomes particularly urgent and of extreme importance for the government. The harm of death caused by COVID-19 is irreversible because those who die as a result of unavailability of its vaccine cannot be compensated thereafter. It is in this regard that a state's imposition of extreme lockdown measures to curtail the spread of COVID-19 which trample on individuals' rights should be seen as justified. Of the confirmed COVID-19 cases totaling 154,188,318 globally as at 3 May 2021, 3,227,163 are confirmed deaths. In Nigeria alone, the figure using the above indices and date, are 165,199; and 2,063, respectively. Seen thus, COVID-19 is a killer-disease. The harms in COVID-19 may be few, but they are colossal and devastating, with death being the ultimate.

THE HARMS OF COVID-19

4 | THE HARMS OF COVID-19

4.1 | The harm on economy

COVID-19 jeopardized the economic and physical health of citizens worldwide. Jobs were lost in millions, markets were shut, movements were restricted, hunger-induced deaths were in the increase, just as businesses folded. Towards the end of March 2020, about 3.3 million people filed unemployment claims in the USA alone, a number Margulies says is nearly five times the previous record, just as the number more than doubled the following week. According to the interim assessment report by the Organization for Economic Cooperation and Development (OECD) in March 2020, the COVID-19 pandemic is indeed about the greatest threat to economy since the financial Emergency of 2008-2009. It notes that owing to lack of productivity and excessive expenditure invested in the treatment as well as rehabilitation of victims of COVID-19, many powerful countries of the world have faced a struggling economy with increasing inflation, unemployment, and loss of employment. In the wake of the COVID-19 pandemic, Nigeria placed a travel ban on 13 countries with high cases of the virus with over 1000 confirmed cases on the 18th of March 2020 with effect from 21 March 2020. The countries include the USA, United Kingdom, South Korea, Switzerland, Germany, France, Italy, China, Spain, Netherlands, Norway, Japan and Iran. Governments of nations have to step in to stem the tide. In the USA, for instance, an economic stimulus package worth 2.2 trillion dollars was approved. US President Trump even invoked the Defense Production Act to compel General Motors to make medical equipment, just as relief measures were introduced to ameliorate the suffering of the masses. In spite of all these efforts and measures, some observers think that they are not enough to cover both current and projected losses. COVID-19 has indeed devastated the global economy, causing unemployment, economic decline, poverty, and starvation. In the words of Emmanuel et al, “Economics and health interact: worsening economic conditions harm health, and a worsening pandemic harms the economy.”

As expected, the measures put in place to contain COVID-19 inflicted some measure of suffering and frustration on the citizens, especially the poor and vulnerable population. Many businesses and industries as a result of the increasingly declining economy could no longer sustain payment of salaries to their employees and, as such, had no option than to lay off most of their workers. That businesses and organizations laid off workers due to their inability to pay salaries is another way of saying that COVID-19 brought embargo on employment. In economies like Nigeria
and other African countries such as Ghana and Togo where the informal sector predominates, the mass of ordinary citizens who rely on a daily income were the worst hit. The result is that petty stealing, robbery, prostitution, poverty, and other hunger-induced disease conditions increased.

In a pandemic situation such as the world is experiencing currently, it is arguably the ethical responsibility of the state to ensure that health is maximized. Laudable as this observation appears to be, implementing it in a pandemic situation is challenging, given the notions of individual autonomy/liberty (construed in this context as individual good) and well-being (construed herein as common good). For instance, in combating the spread and menace of the COVID-19 pandemic outbreak, should the state adopt the rights or the well-being approach? Definitely, if a state is to adopt the rights approach, then most of the measures for containing the spread of COVID-19, including social distancing, mass quarantine, restrictions on movement, and so on, would not be permissible as they obviously violate the rights of individuals. But should the individual live so that the community may die or go extinct? Answering not! to this question implies a consent to the effect that the collective well-being of the members of a community should override the rights and aspirations of a single member, and that it is ethically permissible for the state to deploy any proactive measures aimed at ensuring that the collective welfare (in this case health) of members predominates. This dimension of reasoning justifies the sundry lockdown measures and other social distancing policies put in place by governments of the world that are geared toward controlling the menace and spread of COVID-19.

While some or all of the drastic measures adopted by some countries in fighting the spread of COVID-19, including closure of markets and businesses as well as mass quarantine without prior palliative measures in place might be justified on utilitarian grounds or well-being theory, states need to be reminded that WHO’s Guidelines for Managing Ethical Issues in Infectious Disease Outbreaks states that “Any restrictions on freedom of movement, particularly those that are not voluntary, should be backed up with sufficient resources to ensure that those subjected to the restrictions do not experience undue burden.” Similarly, the Syracuse Principles while acknowledging occasions when some individual rights might be suspended for the state to achieve greater good, states that any of such restrictive measures should, in accordance with the law, pursue a legitimate aim, proportionate, and not arbitrary or discriminatory.

In their own observation regarding the economic impact of COVID-19, Bonaccorsi et al. (2020) submit that the G20’s announcement of fiscal intervention to the tune of 8 trillion dollars and massive monetary measures was occasioned by the fact that lockdown measures have affected several production sectors, value chains, and trade exchanges, adding that the supply shock is triggering deep contractions of aggregate demand, thereby endangering socio-economic recovery. Put side by side with what appears to be my categorical support for the restrictive measures that government imposed to curb the harms in COVID-19 in the first part of this article, the foregoing observations as per the harms which COVID-19-induced national lockdown has inflicted on the economy should not be construed as my attempting to have it both ways. What is obvious from the expositions of both the harms in and of COVID-19 is that the outbreak of COVID-19 pandemic and the Nigerian government’s resolve to combat it through the imposition of lockdown measures produced conflicting prima facie duties. On the one hand, the Nigerian government’s recognition of COVID-19 as a pandemic disease with a resolve not to allow it result in mass deaths of her citizens imposes on her a prima facie duty to protect her citizens from the deadly disease. On the other hand, the mere resolve by the Nigerian government to contain the harms of the disease by way of a national lockdown backed with emergency powers immediately imposes on the government another prima facie duty to adequately provision for her citizens (by way of palliative measures) during the period of the lockdown. These prima facie duties are, as Ross observes, self-evidently true.

Should the Nigerian government secure her citizens against mass deaths, using any means she deems necessary, including ones that derogate on the citizens’ rights? Or, should she, in consideration of the gross economic and other consequential damages lockdown will subject the masses to, fail to impose it, thereby paving the way for mass deaths? These questions become necessary, given Ross’ position that when two prima facie duties conflict one has to be suspended, and the one so suspended ceases to be binding. In my own estimation, none of the approaches should be suspended. What is needed is to strike a balance by way of palliative measures before and after the lockdown measures have been declared. Seen thus, while the economic and other consequential harms of COVID-19 containment measures are regrettable, imposition of restrictive measures that can contain the spread and menace of the disease is an imperative as a way safeguarding the lives of the people.

4.2 The harm on education

Education is another sector that suffered the devastating consequences of the COVID-19 containment measures. In the wake of the pandemic outbreak, many countries, in compliance with the social distancing strategy of curtailing the spread of COVID-19, closed all educational institutions indefinitely. The closure has no doubt caused interruption and distortion in the regular academic calendar, students’ learning, internal assessment as well as public assessment for qualifications.

---

19WHO. (2016). Guidelines for managing ethical issues in infectious disease outbreaks, 2016. Retrieved September 22, 2020, from http://www.who.int

20American Association for the International Commission of Jurists, Inc. (1985). Siracusa principles on the limitation and derogation provisions in the international covenant on civil and political rights.

21Bonaccorsi, G., Pierri, F., Cinelli, M., Flori, A., Galeazzi, A., Porcelli, F., Schmidt, A. L., Valensise, C. M., Scala, A., Quattrociocchi, W., & Pammolli, F. (2020). Economic and social consequences of human mobility restrictions under COVID-19. PNAS, 117(27).

22For more on prima facie duties, see Ross, W. D. (1930). The Right and the Good. New York: Oxford University Press.

23Burgess, S., & Sieversten, H. H. (2020). Schools, skills, and learning: The impact of COVID-19 on Education. Retrieved January 10, 2021, from https://voxeu.org/article/impact-COVID-19-education
The option left for the management of various educational institutions is to move online. Many schools have already started in this direction by moving their teaching and learning or assessment online. Much as moving teaching and assessment online may be an interesting idea and a good option in the face of a pandemic outbreak with social distancing as a precautionary measure, it raises the problematic issues of equality and discrimination. In some developing countries such as Nigeria, not all students are resident in internet-covered areas. Even if all of them reside in internet-covered areas, there is still the question of whether all students have laptops, desktops, or palm tops. And assuming that they all stay in areas covered by network and have their own laptops, desktops or palmtops, there still remains the issue of subscription for data. Who subscribes for data for all the students that are involved: parents, students themselves, or the school authorities/management? In all modesty of assessment, it will amount to unsolicited discrimination and, therefore, unfair treatment, if any student should suffer any loss arising from non-participation in the online teaching and examination. These considerations become unnecessary in a setting where online teaching and examination is ab initio part and parcel of the modus operandi.

Equally affected in a special way were the university students. It is not only the knowledge and ideas students could have got from their original teachers/lecturers and those on sabbatical from other institutions that the COVID-19-induced mass quarantine and closure of schools have affected; it also elongated their stay in school. By making reference to lecturers on sabbatical, I am talking of how the COVID-19 mantra that hit all the strata of our society has affected the university staff’s participation in the sabbatical phenomenon. In Nigeria, sabbatical is a period in the life of a university academic when he/she is granted leave by his/her mother university to go on leave to another university in any part of the globe he/she is accepted and it is usually for a period of one year. The harm COVID-19 has done to those university staff on sabbatical is similar to what it did to many graduates currently undergoing their mandatory National Youth Service Corps (NYSC) programme in Nigeria: it made most of them serve out their sabbatical and Youth Service programme in their various homes, thereby denying the host universities (in the case of university staff on sabbatical) the opportunity to tap the knowledge and ideas of those academics – the very reason they were accepted for the leave. And in the case of the graduates undergoing their NYSC programme, it effectively denied them the experience associated with the service.

4.3 The harm on abortion rights

Although Nigeria formed the context for discussing the harms of COVID-19 on economy and education, I could not use it here as the context for examining the harm of COVID-19 on abortion rights for an obvious reason: Nigeria is among the nations of the world and indeed Africa that outlaw abortion. The only occasion or ground upon which abortion is permitted in Nigeria is the one in which abortion is the only option to save the mother. Nigeria has two sets of laws on abortion, namely, the Criminal Code, which is meant for the Southern states, and the Penal Code, which is for the Northern states of the country. Both the Criminal and Penal Codes in Nigeria contain various sections criminalizing abortion. Whereas abortion laws in the Criminal Code are contained in Articles 228–230, 297, 309, and 328, those of the Penal Code are contained in Articles 232–236. Given the universal character of the concept of ‘harm’, the USA’s COVID-19-induced ban on abortion provides the context for examining the harm of COVID-19 on abortion rights.

The COVID-19 pandemic outbreak seems to have presented an opportunity (even if it is temporal) for states that have hitherto been uncomfortable with the legalization of abortion to shove abortion-seekers and abortion-providers aside. To this end, many states hide under the cover of fighting COVID-19 and the invocation of emergency powers to suspend the provision of abortion services in their states. Governors of such states based their decision on the grounds that abortion procedures are elective or nonessential medical service, adding that abortions are not crucial for anyone’s health, and that abortion providers use up badly needed personal protective equipment.

Contrary to the position of those states that claim that abortion is a nonessential medical service and accordingly suspended abortion services in this era of COVID-19, international human rights law recognizes that individuals (especially women) have a right to sexual and reproductive health as well as bodily autonomy. Those who are supportive of abortion claim that the right to abortion is captured within the meaning of reproductive liberty and bodily autonomy. Besides this international legal recognition, international organizations like the WHO and other independent bodies such as the Center for Reproductive Rights, the American Public Health Association (APHA), the American College of Obstetricians and Gynecologists (ACOG), as well as the American Medical Association are all of the strong affirmation that abortion is not just an essential healthcare service, but also a time-sensitive service, and that access to it is a fundamental right.

Most of the states involved in COVID-19 abortion bans justify their action in the argument that abortion procedures strain the supply of Personal Protective Equipment (PPE) and that their action...

---

24See: The Criminal Code Act, chapter 77 of the Laws of the Federation of Nigeria (Revised ed. 1990). Retrieved April 20, 2021, from https://maps.reproductiverights.org
25See: The Penal Code (Northern states) Federal provisions, Act, chapter 345 of the Laws of the Federation of Nigeria (Revised ed. 1990), Retrieved April 20, 2021, from https://maps.reproductiverights.org
26Grossman, J. L., & Ziegler, M. (2020). Unconstitutional chaos: Abortion in the time of COVID-19. Verdict: Legal Analysis and Commentary from Justia. Retrieved September 23, 2020, from https://verdict.justia.com/2020/04/15/unconstitutional-chaos-abortion-in-the-time-of-covid-19/; Jones, R. K., Lindberg, L., & Witwer, E. (2020). COVID-19 Abortion, bans and their implications for public health. Perspectives on Sexual and Reproductive Health, 52(2); Bayefsky, M. J., Bartz, D., & Watson, K. L. (2020). Abortion during the COVID-19 Pandemic – Ensuring access to an essential health service. The New England Journal of Medicine.
27Cf. Center for Reproductive Rights. (2020). Breaking ground 2020: Treaty monitoring bodies on reproductive rights, 12-14. Retrieved September 23, 2020, from https://reproductiverights.org/document/breaking-ground-2020-treaty-monitoring-bodies-reproductive-rights
28Jones et al., op. cit. note 26; Center for Reproductive Rights, op. cit. note 27.
29Jones et al., ibid.
would free up hospital beds for COVID-19 patients and preserve gloves and masks needed for frontline medical providers.30 But this argument is countered by Jones et al by noting that first trimester clinic procedures require very little PPE, and that the provision of medication abortion which accounts for at least one-third of all abortions in the country can be offered safely with little or no use of PPE.31 The authors add that COVID-19 abortion bans compromise the rights and health of all pregnant women under the guise of responding to the pandemic.

Given the fact that a study by Jones and Jerman reveals that the majority of abortion patients (up to three-quarters) are of the low-income class with the majority of them having one or more children, it becomes clear that the resulting costs following additional travels and the attendant lodgings are bound to impact negatively on the poor, socially and economically.32 Choosing the option of carrying the pregnancy to term may not be a better one, after all. This is because, if the data flowing from the study by Raymond and Grimes is anything to go by, it follows that child mortality attendant to childbirth may not be lesser than that associated with abortion.33 Their study indicates that the risk of mortality associated with childbirth is 14 times as high as for abortion. Also, resorting to self-managed abortion involving the use of informal medical platform appears to be even riskier, given the alarming rate of maternal mortality following unsafe abortion in jurisdictions where abortion is criminalized. But this is exactly what the COVID-19 abortion may end up achieving – individuals resorting to self-managing their abortion issues.

From the foregoing observations, it could be seen that the distinction made so far between the harms in and of COVID-19 has some analytical significance and implications. Among other things, it facilitates proactive interaction among the citizens and between the citizens and state actors and/or policy makers. It also facilitates and enables respect for autonomy. In this regard, the mere feeling that the public is aware of this distinction induces in the state actors proactive approach to and respect for the human autonomy, just as being conscious of the distinction enables the masses to better defend their personal autonomy against abuse as was exemplified in the case of APC’s rejection of Governor Obaseki’s executive order restricting social gathering for the then proposed party primaries. Thus seen, by facilitating a better embrace of person-centered and autonomy promoting care strategies of COOVID-19 containment, it could be said that distinguishing between the harms in and of COVID-19 is also character-enhancing.

5 | CONCLUSION

In this article, I have broadened significantly our understanding of the harms in and of COVID-19. I noted that while the harms in COVID-19 refer to those harms that are inherent in COVID-19 and have direct impact on its human victims, the harms of COVID-19 are those harms that are causally, but indirectly related to COVID-19. In this regard, starvation, human rights infringements, deaths arising from non-COVID-19 conditions, as well as the distortions in the education system, among others, are all examples of the indirect consequences of states’ efforts to contain the spread of COVID-19 pandemic. Considering that countries across the globe are currently rolling out different drastic, and in some cases, extra-legal measures aimed at tackling the pandemic, it suffices to conclude that knowledge of the distinction between harms in and of COVID-19 will be of strategic value to individuals and groups, especially human rights crusaders, across the globe in checkmating the antics of those state actors who may wish to hide under the guise of combating the spread and menace of COVID-19 to carry out some hidden, selfish and vindictive agenda as can be seen in the rush to suspend abortion service in some jurisdictions where abortion is legal, though under persistent threat of extinction by the pro-life advocates.

ACKNOWLEDGEMENTS

I acknowledge, in a special way, the Bioethics’ and the Developing World Bioethics’ reviewers whose observations and cutting-edge comments at the various stages of review of the article not only enriched the contents of the article in its present form, but also opened my eyes to an enhanced and articulate style of writing. I also thank my good friends and academic colleagues, professors like Onyishi, Marcellus Ikeanyiwe, and Drs. Christian Ezeibe, Tochukwu Omenma, and Chikodiri Nwangwu, for their encouragements and useful suggestions.

ORCID

Nicholas Uchechukwu Asogwa  
http://orcid.org/0000-0002-8568-8670

AUTHOR BIOGRAPHY

Nicholas Uchechukwu Asogwa, PhD, is a Senior Lecturer at the Department of Philosophy, and a pioneer staff of the newly established School of Bioethics, both at the University of Nigeria. He specializes in ethics.

How to cite this article: Asogwa, N. U. (2021). The harm in and of COVID-19. Developing World Bioethics, 1–6. 
https://doi.org/10.1111/dewb.12335