

Pandemic

written by Eusi Kwayana
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A team of 85 Cuban doctors and nurses arrived in Peru on June 3 to help the Andean nation tackle the coronavirus pandemic.

The population of planet Earth is at present experiencing the opening of the fifth, sixth or seventh month of the Coronavirus pandemic, as it came to be. It is generally regarded as a historic and continuing episode in the life of humanity. It seems to dwarf the Great Plague and the Black Death that afflicted European and Eurasian

countries, as the Middle Ages began and ended.

The only feature of the present experience that seems to be of greater historical significance than the pandemic itself is the lack of readiness of the G7 countries with their celebrated state-of-the-art devices to deal with the pestilence. Almost intoxicated with their scientific achievements and economic vigor at the top layers of their societies, they seemed instinctively and uniformly, in the majority of cases, to legislate measures far too late to restrict the spread of the virus. In the popular phrase, they shut the stable after the horse had escaped.

Correspondingly, they are now in a seemingly accelerated mood, dismantling far too early the broad social preventive measures they had, in most cases, tardily imposed. And they are lifting these measures — some have used the phrase “liberating communities” — far too early for the comfort of the vulnerable. It is necessary to repeat, for the benefit of later generations, that the vulnerable are in the first place the health care workers at all levels in the front rank of responders, exceeded in number by the global communities of the wretched of the earth. They are engaging in this mode of liberation, as some of them conceive it, in spite of some of the warnings of their health experts and the Institutes of Health, including the World Health Organization, that these measures, intended to rescue their economies, are likely to jeopardize the safety of their populations.

At the time of writing, the news channels and dispatches are full of warnings that human life will be endangered by any premature or opportunistic dismantling of the régime of restraints and advisories, aimed at limiting the spread of the COVID-19 disease. In spite of these warnings, the government of the USA, a high field of the pandemic, has failed to promote the guiding principles formulated by the National Institutes of Health. A world power which boasts of its superiority in the arts of war is carrying out, or pretending to carry out, a campaign against a pandemic caused by a virus, without a basic understanding of the location and deployment of the

unwelcome destroyer.

Further, the executive intelligence shows no sensitivity to the often repeated fact that, within the boundaries of its empire, the mortality rate arising from the pandemic is highest among the less privileged demographics of its population. Moreover, there seems to be no appreciation of the fact that it will take years to replace the health care workers, who are in the firing line, as those standing personally between the pandemic and the population.

In the countries outside of the G7 and the G20, responses have varied with varying results. One prevailing weakness is that everywhere decisions are being made without the necessary basic information about the incidence and impact of the disease, which information is necessary for any judgment to be made on the success of the measures adopted in each country.

Many experts have said that this absence of information is due to the prevailing absence, until quite recently, of testing equipment and material which made it impossible to determine in the first place how many citizens, at any selected time or date, were unidentified or unsuspected carriers of the disease. Some experts have said that this information fog of uncertainty may have generated various forms of mental disorders.

There is universal consensus that the weapon of social distancing with its practice appears to be the most effective single response to the spread of the pandemic. In Guyana, the chief medical officer in a public address made this finding available in this phrase: "The larger the gathering, the wider the spread." Many will reflect that the virus has brought humanity to a crossroads in which we as human beings, distinguished historically as gregarious or social by nature, must now isolate ourselves for self preservation.

It is beyond the scope of this comment to review the activity taking place in the

specialized areas of chemistry, biology and medical arts. It will seek to examine mainly some of the effects of social distancing.

Although it was adopted very late after the appearance of the pandemic in many health jurisdictions, it has been proclaimed everywhere as leading to a decline in the spread of the infection. In spite of this welcome success and welcome news for survival among the vulnerable populations, it did not take long for a reactionary movement to develop against the maintenance and extending of social distancing. The cause of this reaction can be expressed in one word: Money.

The conflict in present-day society appears to be, in spite of what the contenders may proclaim, mainly though not entirely a conflict between the humanist desire to preserve life as we have received it and the desire to preserve profits as its owners have achieved it.

Recent economic experience has been marked by record-breaking excess profits by what has been called the one percent owning ninety percent of the world. This influential minority has been declaring annual profits that reach magnitudes that baffled the capacity of ordinary humans to conceive. This expansion of corporate profits has been continuing for many years and more notably from the time of the pro-business tax measures of the present administration of the USA. Without claiming special expertise in the area of business finance, this commentary is of the opinion that business in general, and especially big business, has been highly enabled by the increasing speed and specialization offered by the restless improvements in information technology, a sector in which competition seems to be outreaching its own record.

For companies to remain competitive, they must expand investment in the relevant tools and services. If they do not, they lose their competitive edge. As a result of this condition, the leading companies and the suppliers of goods and services in general have had to become more and more sensitive to the demand side of the market. It is

clear that in these conditions any factor, event or development that tends to send demand on a downward slide, however slight, is likely to introduce an atmosphere of alarm in the business directorates. The application of this reasoning to the conditions of the present-day macro-economy may explain the confusing signals directed by decision makers to the general population. There is no longer among business leaders a sense of their capacity to cope with all challenges in the global economy.

Effectiveness of the lockdown as an anti-pandemic measure

In commenting on highly specialized areas of life, such as an epidemic, it is wise to rely on the findings of experts involved in the experience. With very few exceptions, these experts are actively engaged in diagnosis, treatment and prognosis all over the world in and out of the World Health Organization (WHO) and the Pan American Health Organization (PAHO). The Institutes of Health and Centers for Disease Control, as well as leading hospitals that monitor the global activity, are more or less agreed on essentials: The disease is spread by contact between animals and persons, or between contaminated surfaces and persons touching them. In limiting the spread of the virus, they have identified “social distancing” as the single most important measure to reduce the rate of contamination and infection. This is a matter of personal and group behavior.

These experts also seem to agree that people above the age of about 60 years are the most vulnerable. They also have agreed finally that the wearing of masks in suspect environments is an essential aid in the breaking of the cycle of contagion. They agree that although younger individuals below the most vulnerable age may not have symptoms, these individuals may yet be carriers of the virus. It also seems to be agreed among them that quarantines and intensive care, along with the use, where necessary, of ventilators have proved effective. Finally, they have agreed that, in the long term, work towards development of a vaccine as a preventive tool will

contribute dramatically to the successful management of the pandemic.

In general, the jurisdictions, whether within countries or across the globe, that most consistently implemented the beneficial measures have experienced the greatest measure of success against the pestilence. It may be noted in passing that in the Caribbean, one or two small societies have claimed a high level of success, and that in Guyana, up to the time of writing, the most vulnerable demographic has been reported to be males in the age group of 20 to 29 years. (This finding is not a constant, but is subject to change.)

The lockdown and business activity (business as usual)

A large number of responsive health jurisdictions across the globe reluctantly or readily adopted the lockdown as a means of preserving life by stemming the tide of contagion. This tactic, although successful in its objective, soon began to run into tensions and conflicts with the fundamentals of what is called the economy in market-oriented countries, that is, in most countries of the world. The country most favorably placed to manage this tension was China, which combines a market-oriented economy with the retention of enormous powers of state intervention. The other economy in a rather favorable mode of production appears to be that of Cuba, with its emphasis on livelihood rather than profits, and a health sector dedicated to serving communities deprived of sophisticated health resources.

Readers may refer to a few European countries with some record of recovery and may wish to judge for themselves the factors responsible for advances and setbacks.

Brief history of stimulus regimes

Stimulus regimes and policies and similar techniques have been applied by governments in various countries and in one form or another for centuries. States and governments would not have been able to execute offensive or defensive wars,

without using the technique of spending money which they did not have.

Within living memory, it is the recession in the years after 2008 that has made the term “stimulus” familiar to many of the present population of the globe. The same term was applied to the huge sums of money voted by fiscal authorities in various countries in restricting the spread of the viral disease, COVID-19.

Whereas in war time, as well as the recession in 2008, the big corporations, which see themselves as the economy, were very welcoming and compliant towards these measures. Their response was more complicated in regard to the stimulus measures applied to restrict the spread of the present pandemic. It is necessary, therefore, to examine in outline the differences between previous stimulus measures and those currently applied in the context of the pandemic.

Previous stimulus measures can be described as mainly of one direction. Under various objectives, they all funneled credit through the treasury and the big banks mainly to profit-making agencies, providing goods and services in such a way as to prevent stagnation or decline of economic sectors. In particular and in war time, this injection of liquidity into the system flowed mainly through contracts through the Department of Defense into companies devoted to production of war goods and whatever supplies were necessary to help the population maintain morale and singleness of purpose in the war effort. Briefly, they had the effect of overcoming sluggishness in the supply-and-demand sides of the economy. This is where they were different in quality from the present stimulus regime.

It has to be recalled that in the USA a new administration had dismantled the preventive machinery that had been prudently developed by its predecessor. The appearance of the novel coronavirus in China signaled to health specialists the need for resourcefulness and innovation. With the objective of reducing contact between carriers of the disease and members of the population still unaffected, the epidemiologists identified “social distancing” as the most effective single measure to

be applied with all speed against a highly contagious viral disease.

Many jurisdictions in North America imposed lockdowns after initial resistance, only because they could do no better. Despite the fact that the health system was unequipped to deal adequately with the onset of the pandemic, the lockdowns were their only resort.

The lockdowns, in spite of the many bottlenecks in terms of protective wear and gear, chemicals and medical supplies of all kinds, in spite of inadequate treating spaces, like ICUs and sanitizing materials, and despite tragic experiences like those of New York and New Jersey, began to justify themselves. Too late in the course of events, but just in time, the absence of means of testing showed itself to be a critical gap in the whole recovery process. The federal administration, it will be recalled, stoutly and shamelessly resisted the advice of expert policy makers to invoke defense emergency measures to compel the production of this new kind of war material, that is products necessary for defense against this pervasive enemy: the coronavirus.

Conflicts within the administration over health policy frequently leaked into the public area and gave rise to the exposure of dangerous tendencies in high places within the administration. These tendencies reflected a deep social conflict between policies narrowly focused on enrichment of a few big companies and policies devoted to public welfare, including the survival of the marginalized. Reflecting this conflict was the emergence of the new war cry from the most backward sectors of society for a return to business as usual, dismantling of social distancing measures and the call for cities to “liberate” themselves from the imposition of common sense. Readers will not recall the well-published moments of this tension without shuddering at the lack of sanity that made the reactionary campaign possible.

Conclusion

The populations of all countries, and in particular those of small countries, have looked and listened every day for the last seven months for “breaking news” that will break the scary and harmful boredom of the news that the pandemic is not going away with any speed. This is just as well, because the kind of made-up news and messages, coming from at least one major government, are nothing but a trap for the unwary that will have results with which, unfortunately, we have become familiar. It is clear that, in spite of wisecracks about masks and predictions from on high that the pestilence will soon go away, the danger is as real as it was at the outbreak.

The best informed authorities and agencies have consistently warned the world’s population that lockdowns, mask-wearing, washing or sanitizing the hands and social distancing are the best means yet available to break the chain of infection, to reduce its range and progressively to limit it to smaller and smaller spaces. (Please see the medical advisory at the end of this article.) The WHO declared in early September 2020 that, in all likelihood, the pandemic would peter out in about two years from the time of that estimate.

There is general agreement that the pandemic has driven human activity, such as administrative, commercial, agricultural, cultural, educational, religious, sport, manufacture, travel, tourism and all other areas of the division of labor, into minimum activity and in some cases complete inactivity. Everywhere experts are talking of a “new normal,” that is, a rhythm of life far different from those to which the global population has become accustomed.

Those of us who feel the need to pose questions, that may indirectly lead experts close to the place where they can find likely solutions, have the duty of posing those questions now.

Since there has to be “a new normal,” how will traditional parliamentary government and administration fit into this “new normal”? This question is not

intended to seek an alternative to the will of the people which, if anything, needs to be enlarged rather than restricted. The question seeks to ask whether cabinet government of the types now existing is sufficient. These governments are facing situations in which populations are exposed to random jeopardy when all the tools and processes at the disposal of the administrations are geared for management of routine problems falling under numerous ministries. The question is whether the experts care to redesign forms of administrations in which experts with the relevant knowledge and experience of pandemics, epidemics and public health are able to exercise decisive influence in matters of health, climate change and human survival. In other words, it is the opinion of this writer that government in the form of business as usual will not succeed in the tasks confronting us.

Many governments, especially in small countries like Guyana and other Caribbean countries have taken steps in this direction. In Guyana, to which this writer belongs, both the outgoing and incoming governments set up a task force. The new one is much better equipped with instruments than the previous one, but both of them, despite their rhetoric, represent the choice of the party in power and no other choice.

The new government of Guyana began on the last days of September to pay out to each household in the country a check of G\$35,000 to cushion hardships caused by the pandemic. This is a step in the right direction. The recommendation that each household should receive a direct payment from the oil revenues of Guyana had come originally from Dr. C.Y. Thomas in 2019 and had been dismissed by the then-president and welcomed by the then-leader of the opposition.

It follows in some ways the stimulus payments made, and not yet repeated, in the USA. However, the problem is that just as the inactivity and lockdowns are necessary, it will be necessary also to find better and better ways of injecting purchasing power on a socially just basis to be made available to each citizen,

without the risk of giving it to the best bully in each household. These gestures on the part of small societies are commendable, but they must respond to need and must seek at the planning stage the participation of all citizens through their constitutionally authorized representatives.

The monetary system

Once civilized governments have made the choice of human survival instead of surrender to the deadly virus, there will need to be new concepts of economic rights, the right to life, human rights, and to serve these requirements, there must be new, if temporary, concepts of money, collateral, credit, liquidity and debt. Obviously, this is highly controversial ground that needs not only ethical insights of an amateur, but the hard expertise of those skilled in theory and practice of monetary management.

World War II, aiming at mass destruction as a way to “victory” and peace, produced forms of financing, credit and money creation that would have been sheer heresy in other circumstances. Similarly, the present pandemic challenges human creative expertise to craft without delay systems and forms of monetary tokens, without which humanity at large will find it hard to survive to document its own disappearance. The case that comes to mind without research is the regimes of special drawing rights of the International Monetary Fund in the spirit of the Bretton Woods dispensation. Is it relevant, or is it not, to conceive through the United Nations and its agencies something like “special pandemic drawing rights”?

Those who perceive a gap in these recommendations do not vary much from their author. Missing here, up to this point, are any recommendations about some of the nitty-gritty of survival. The need naturally intertwines with the needs for climate change, sea level rises, conservation, spreading fires and over-powered winds. The production of food and its storage will have become once again, as in times of war, a global concern with global planning in which planned surpluses are available to match accruing shortages. Market forces have often achieved, though not perfectly,

this leveling out of supply and demand.

The young generation

Some of the most challenging problems of the lockdown and of social distancing face the world in the most difficult of all jobs, that is, the cultivation of the rising human generation. This is an undertaking of the widest and deepest complexity and cannot be approached without parents, educators, psychologists, sociologists, trade unions, health workers, public health designers and, in particular, the whole body of social work professionals. An important branch of this problem is the housing of people made destitute in places where eviction for nonpayment of rent remains a part of business as usual. Apart from the sheer inhumanity of modern homelessness, each unhoused person becomes a potential carrier or victim of the virus. The design for processes for coping with the complex problems posed by the need for generational cultivation of the highest order will be successful to the extent that it takes into account the skill, the experience, the knowledge, the expertise and the wisdom of all who contribute to this human need. The needs are global as much as many of the particulars will turn out to be local and specific.

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A MEDICAL ADVISORY FROM THE W.H.O. AND ALLIED INSTITUTIONS

SPREAD OF THE COVID-19 VIRUS

(Adapted from the World Health Organization, March 2020)

Respiratory infections can be transmitted through droplets of different sizes:

1. **If the droplet particles** are greater **than 5-10 µm (microns - a millionth**

of a metre) **in diameter** they are called **respiratory droplets**.

2. When **smaller than 5µm** (microns) in diameter, they are called **droplet nuclei**.
3. According to current evidence, **COVID-19** virus is primarily transmitted between people **through respiratory droplets and contact routes**.
4. Droplet transmission occurs when a person is in close contact (within 1 m) with someone who has respiratory symptoms (e.g. coughing or sneezing) and is at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets.
5. Transmission may also occur by objects or materials which are likely to carry infections such as clothes, utensils (like stethoscopes or thermometers) and furniture in the immediate environment around the infected person.
6. **As such, transmission of the COVID-19 virus can occur by direct contact with infected people and indirect contact with surfaces in the immediate environment or with objects used on the infected person** (e.g. stethoscope or thermometer).

Airborne transmission is different from droplet transmission as it **refers to the presence of microbes** within **droplet nuclei**, which are generally considered to be particles **less than 5µm in diameter**. It can remain in the air for long periods of time and be transmitted to others over distances greater than 1 m.

In the context of COVID-19, **airborne transmission may be possible in specific circumstances** and settings in which procedures or support treatments that generate aerosols are performed; i.e., endotracheal intubation, bronchoscopy, open suctioning, administration of nebulized treatment, manual ventilation before intubation, turning the patient to the prone position, disconnecting the patient from the ventilator, non-invasive positive-pressure ventilation, tracheostomy, and cardiopulmonary resuscitation.

There is some evidence that COVID-19 infection may lead to intestinal infection and be present in faeces. However, to date only one study has cultured the COVID-19 virus from a single stool specimen. There have been no reports of faecal-oral transmission of the COVID-19 virus to date.

Conclusions

WHO continues to recommend droplet and contact precautions for those people caring for COVID-19 patients.

WHO continues to recommend airborne precautions for circumstances and settings in which aerosol generating procedures and support treatment are performed, according to risk assessment.

These recommendations are consistent with other national and international guidelines, including those developed by the European Society of Intensive Care Medicine and Society of Critical Care Medicine and those currently used in Australia, Canada and the United Kingdom.

At the same time, other countries and organizations, including the U.S. Centers for Disease Control and Prevention and the European Center for Disease Prevention and Control, recommend airborne precautions for any situation involving the care of COVID-19 patients, and consider the use of medical masks as an acceptable option in case of shortages of respirators (N95, FFP2 or FFP3).

Current WHO recommendations emphasize the importance of rational and appropriate use of all personal protective equipment (PPE), not only masks, which requires correct and rigorous behavior from health care workers, particularly in removal of clothes, etc., and hand hygiene practices.

WHO also recommends staff training on these recommendations, as well as the adequate procurement and availability of the necessary PPE and other supplies and

facilities.

WHO continues to emphasize the utmost importance of frequent hand hygiene, respiratory etiquette, and environmental cleaning and disinfection, as well as the importance of maintaining physical distances and avoidance of close, unprotected contact with people with fever or respiratory symptoms.

