University staff and students help distribute food to those in need, writes Stuart Tooley

To mark Volunteers’ Week, Kirsteen Shields speaks about her work to co-ordinate volunteers to help local charity, Cyrenians.

Shortages of food and other essentials on supermarket shelves was an early defining image of the Covid-19 crisis. While for many of us, that meant queues at the shops and temporary changes to family meal plans, for Kirsteen Shields, Lecturer in International Law and Food Security at the Global Academy of Agriculture and Food Security at the University of Edinburgh, a different thought came to mind.

“Food security and food poverty is part of my research. Like many others, I was concerned that panic buying in shops would create additional demand shocks on food banks. I contacted various food banks in Edinburgh and it soon became apparent the impending shortage wasn’t in food, it was in volunteers.”

Due to the lockdown rules, the traditional food bank volunteer base – many of whom are retired – are in the shielding group or otherwise advised to stay at home.

“I wanted to make sure that regular volunteers who may be required to reduce movements could do so with peace of mind. I was also aware that charities are not in a position to take on the additional work of coordinating a new stream of volunteers at a time of crisis.”

Quickly, Kirsteen was organising emails to colleagues and students. Within half an hour, she had a list of 40 people willing to lend a hand. Now, there is a rota, with between two and four volunteers from the University attending the
Cyrenians food depot each weekday.

One of these volunteers is Global Academy of Agriculture and Food Security student, Julian Mashingaidze: “With the whole situation of Covid-19, I suddenly found myself with a lot of free time. I had finished a lot of my university assignments or was on course to doing so. So I found myself wanting to do something that edified myself and actively made a difference to the university community.

“So when the opportunity to volunteer came I was more than happy to take part. It also had the added benefit of allowing me to get out of my room for a bit, which helps immensely with my mental health.”

Julian has become a student team leader, and is also part of a student society looking at food security and sustainability.

With volunteer support, food is now heading out daily from the Cyrenians depot to foodbanks across the city, as well as local community groups helping to distribute food to vulnerable people.

Cyrenians CEO Ewan Aitken said: “Covid-19 has impacted all our work across Cyrenians, but we have seen particular challenges at our FareShare Depot where the demand for our services has increased exponentially week on week.

“Volunteers from the University of Edinburgh have been an essential part of the team at our FareShare Depot. Without them it simply wouldn’t have been possible to achieve all that we have over the past few weeks.

“In a matter of weeks we’ve trebled the amount of food that we’re receiving and distributing across Central and South East Scotland, going from an average of 50 tonnes per month to 164 tonnes last month. This simply cannot happen without people at our depot to get the food moving.”
“I’m incredibly grateful to all the team at our depot, volunteers and staff who are making a real difference to the lives of so many during such a difficult time.”

The University has also played its part, with Accommodation, Catering and Events donating much of its perishable food – which otherwise would have gone to waste – to the Cyrenians in March.

For Kirsteen, whose impressive volunteer recruitment and organisation have led to such a rewarding experience, she is keen to engage more people in community food networks. “It has been incredibly heartening to see community food projects spring to life during the coronavirus lockdown – in Edinburgh, Bridgend Farmhouse and Scran Academy are doing great things too. It is all about showing up and showing solidarity at a really tough time. Everyone has been so supportive of these projects, that give me a lot of hope for ‘community’ in the post-Covid future,” she said.

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How physicians used contact tracing 500 years ago to control the bubonic plague, by Samuel Cohn and Mona O’Brien

Contact tracing has been remarkably successful at helping contain the COVID-19 pandemic in South Korea, Australia and Germany, as well as some smaller places. Using 21st-century systems of telecommunications and surveillance, healthcare workers in these places have led the way in identifying those who have been in contact with the infected, and then testing and isolating them.

Minus the modern technology, contact tracing goes back a long way. The American historian William Coleman’s wonderful 1987 book, Yellow Fever in the North, associates “case tracing” with the origins of epidemiology in the mid-19th century. The disease is spread via mosquitoes and not person to person, but that would only be discovered half a century later.

Read and listen more from the Recovery series here.

French physicians fighting yellow fever in the 1840s focused on finding the first case – what we would now call “patient zero”. Later in the 19th century, they began paying greater attention to connections between households, and people inside and outside of them.

The search for syphilis
The ideas behind contact tracing are much older, however. It was anticipated in the early 16th century in relation to the great pox, which would come to be known as syphilis thanks to a poem by the physician Girolamo Fracastoro from 1530.
Physicians such as the celebrated anatomist Gabriele Falloppio, chair of medicine at the University of Padua, the citadel of 16th-century medical learning, sought to understand the origins of the disease using a different approach to the norm.

Instead of just relying on what the ancient and early medieval Arabic medical authorities had to say about diseases, Falloppio and other doctors sought to track the spread of this venereal disease by turning to contemporary histories, most prominently Christopher Columbus’s journals.

Through these works, they could track the progression of the disease from the Americas to hospitals in Barcelona. It then spread via soldiers recruited by King Ferdinand II of Aragon, and most significantly with the invasion of Italy and the siege of Naples in the winter of 1495 by King Charles VIII of France.

The siege and the ensuing dispersal of Charles’ mercenary soldiers to their homelands were the “superspreader events” that gave syphilis pandemic force. In the 1530s another physician, Bernardino Tomitano, also a chair of medicine at the University of Padua, followed the disease’s continued
spread into eastern Europe, pinning it to Venetian commerce. The rapid spread of syphilis broadened physicians’ notions about disease transmission and the role played by human carriers. But the earliest known example of doctors searching for specific contacts and disease networks relates not to the great pox but to a disease to which Europe had become grimly accustomed – the bubonic plague. And the physician involved is not nearly so famous as Falloppio or any chair of medicine at Padua, but a village doctor with a few publications to his name.

While treating patients on the shores of Lake Garda at Desenzano in northern Italy during the bubonic plague outbreak of 1576, Andrea Gratiolo used contact tracing in a manner we can recognise today. It was employed not to trace the spread of plague as such, but to disprove that it derived from a woman who was rumoured to have carried it to Desenzano from where she lived in Trento.
Gratiolo noted that the woman had “taken a small and tightly packed boat with 18 others … sleeping on top one another”. One woman had slept all night with her head in the accused woman’s lap. Gratiolo also investigated the household of the second woman and discovered that “she, her husband and their four small children all slept in the same bed”.

In a plague treatise published later that year, Gratiolo argued that the boat’s passengers and the entire household of the accused should have become infected, yet none had. In further evidence of contact tracing, he adds: “no other person [the accused] had associated or interacted with had caught the disease”.
Unrepentant rationalists

Gratiolo used the bulk of his treatise to blast universal theories that plague derived from certain configurations of the stars, corruption of air that was “thick, swampy, foggy and stunk”, bad food that corrupted the humours or “rumours that one individual was responsible for the transmission of plague into a large city”.

His notions didn’t spring from an ideological vacuum. During that peninsula-wide plague outbreak of 1574-78, other plague doctors were similarly going against the prevailing orthodoxies of the time.

Gratiolo even questioned the first principle of plague causation from the early Middle Ages that would to some extent endure until the 19th century — that it came from God to punish our sins. It may seem difficult to believe that at the pinnacle of the counter-Reformation, a village doctor argued that the influence of God was “irrelevant, not even a proper question for doctors to be asking”. To curb the spread of diseases, Gratiolo held that doctors should focus on natural causes and leave questions of God to the theologians.
Contact tracing was probably more widespread in 16th-century Europe than historians have been able to show, and not only in Italy. For instance, an undated hospital duty book from Nuremberg in Germany, compiled between 1500 and 1700, lists questions to be asked of every patient wishing treatment at any of the city's facilities, regardless of the illness. These related to how, when, where and, if possible, from whom the patient had contracted it.

Both this evidence and Gratiolo’s plague investigation are good examples of how the received wisdom about origin stories can be misleading – just as today we may often assume that pandemics originate from a single “patient zero”. By 1576, our
South Africa’s gig drivers left alone at the wheel, writes Mohammad Amir Anwar

Drivers who use ride-hailing apps like Uber are getting little help from their companies and fall through the cracks of government support.

After nine hours on the roads of Johannesburg, Dumele returns home tired and frustrated. Just two months ago, he would have ended the week with around R7,000 ($370) in his pocket from his job as an Uber driver. But since the coronavirus reached South Africa, business has ground to a halt.

From early March, his earnings halved. Since the imposition of a lockdown on 27 March, they have stopped altogether some
days. “Today, I earned nothing,” he says.

Dumele is one of thousands of drivers in South Africa who rely on ride-hailing apps such as Uber, Bolt and similar domestic versions for their livelihoods. Under the country’s lockdown measures, they are still allowed to work to help transport essential workers, but only between 5-10am and 4-8pm.

Several who spoke to African Arguments said they are struggling to get any fares. Those still working can barely break even and all have had to find new ways to survive.

Dumele has sold some of his livestock for R2,400 ($125) to tide him over. His landlord, from whom he also rents his car, has also offered him support by waiving the car rental fee and giving him one meal a day.

Thepza, a driver in Cape Town, has used his savings to buy food to last until the end of April. He has also borrowed R500 ($25) but does not know what he will do when these supplies run out. He has stopped driving because he does not want to risk catching coronavirus and spreading it to his pregnant wife.

Tsietsi has also stopped working as it is not economical. He says the costs of renting a car, paying for fuel and buying airtime and data to support the ride-hailing app – which can come to around R5,000 ($260) a week – now far outweigh the potential income from fares.

Many drivers had already been straining to make ends meet before the pandemic hit. Uber has regularly reduced fares since it launched in 2013, meaning that drivers in South Africa were earning less per trip in 2020 than when they started. COVID-19 has made matters much worse.

Appealing for support

In response to coronavirus, Uber said it will offer 10 million...
**free rides and deliveries** to healthcare workers and those in need worldwide. It has done relatively little, however, to provide support to its drivers.

Many in South Africa are concerned about catching the disease through their passengers. “In the last 13 days, I found only one customer wearing a mask,” says Dumele. “What if I am infected? We are not getting any compensation for the risk we are taking.”

To address these concerns, Uber said it would **send** car disinfectants to drivers in areas most affected by the disease. South Africa is unlikely to be on **this list**. Many drivers there believe the company should either provide them with hand sanitiser and face masks or reimburse for buying these items themselves.

They also say that Uber should provide them basic financial support to survive. Some say that this would show the company cares for its drivers and repay their loyalty. “I am using the Uber app. We work for Uber. My source of income is Uber,” said one driver. Another suggestion was that the company should at least waive its 25% commission from fares in places facing lockdowns.

Uber has released a **financial assistance policy** to support drivers during the pandemic but with strict limitations. To be eligible, a person must have a confirmed case of COVID-19 or have been individually ordered by a doctor or public health official to self-quarantine. The thousands of drivers worldwide living under a local or national lockdown do not qualify.

In the absence of support from Uber, some drivers say the government must step in. South Africa has announced various **measures of social protection** such as the Temporary Employee Relief Scheme (TERS), but this programme doesn’t apply to the 20% of the workforce that operates in the
informal sector or to gig economy drivers who are not officially recognised as “employees”.

Others have suggested that governments could offer cash transfers to those in need, with ride-hailing companies sharing the costs of a “wage replacement” scheme. Given that many African governments are cash-strapped, such programmes might require support from multilateral organisations. Several African ministers have called on their international partners for debt relief to free up essential funds.

“Trapped”

For ride-hailing drivers in South Africa, the notion the COVID-19 pandemic does not discriminate between the rich and poor is a complete farce. They fall into a large swathe of society – alongside informal workers and many others struggling to make ends meet – for whom lockdowns are extremely hard to bear.

This group cannot work from home and cannot survive for long without a daily source of income. They tend to live in densely populated urban areas with dysfunctional public services. And as their already poorly paid jobs are not sufficiently formalised, they are not covered by social welfare protections.

The pandemic has exposed the brutal everyday reality of worker exploitation in the global gig economy. Better regulatory systems are needed to hold platform companies accountable, while governments must do more to protect vulnerable workers.

In the absence of this support, Uber drivers like Thepza are doing their best to adapt, borrowing from friends and family, appealing for support where possible and strategising on possible ways to make ends meet. But under the conditions of lockdown and feeling abandoned by their ride-hailing companies and the government, the options are scarce.
“I am trapped and it is really painful,” he says.

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Local policing must adapt to cybercrime in the post-pandemic era, write Ben Collier, Shane Horgan, Richard Jones and Lynsay Shepherd

In a recent briefing paper on the implications of the COVID-19 pandemic for cybercrime policing in Scotland commissioned by the Scottish Institute for Policing, we identified a range of
ways in which cybercrime has been adapting in recent months. Online fraudsters are exploiting people’s fear and uncertainty during the outbreak, often simply lending a virus ‘flavour’ to their existing scams, but in some cases through novel opportunities created by lockdown and tracing. The wider challenge for police forces, including in Scotland, lies in the possibility that the pandemic leads to profound and lasting changes to people’s everyday activities. We outlined reasons why these changes could lead to an increase in cybercrime, and argued that whereas much cybercrime research has (rightly) emphasised its international or even global characteristics, certain forms of cybercrime, especially of the more rudimentary (but no less harmful) kind, often have a distinctively ‘local quality’. We concluded by arguing that this presents both a challenge and an opportunity for regional police forces such as Police Scotland: if cybercrime becomes more prevalent over the coming years police forces will need to develop further their capacity to prevent and investigate such offences; yet the local nature of such crime will mean that local forces will be very well positioned to respond. Working with, rather than on, communities will be key to the effectiveness of this response.

As the news media has correctly reported, the past few months have witnessed a number of cybercrime attacks that have sought to utilise the public’s fear of the coronavirus, together with their uncertainty as to what is happening, by referring to COVID-19 in cybercrime attacks, for example in ‘phishing’ attacks that try to trick users into disclosing valuable information (such as passwords or bank account details). Moreover, there is evidence that cybercriminals have adapted the language of their attacks very rapidly in response to government initiatives. For example, the Department for Education published guidance on 19 March 2020 in relation to the provision of free school meals. Less than a week later, UK media reported instances of ‘free school meals’/COVID-19 phishing attacks. Whereas these forms of cybercrime are
existing attacks dressed up in new terminology, and hence essentially ‘old wine in new bottles’, we have also witnessed somewhat more novel forms of attack, such as in spoofing ‘tracing apps’ or SMS notifications, which exploit the government’s attempts to control the spread of the virus.

Ongoing research by the researchers at the Cambridge Cybercrime Centre, utilising their collection of primary data from forums, chat channels, and marketplaces used by cybercrime communities, as well as from other sources, suggest that there has recently been an increase of activity in relation to various kinds of ‘high volume, low sophistication’ cybercrime, including phishing scams; Denial of Service attacks carried out through ‘botherer’ services, which offer those with no technical skills the ability to knock others offline (often in online games) for small amounts of money; significant uplifts in some ancillary cybercrime markets, such as PayPal and Bitcoin exchanges on cybercrime forums; as well as some evidence of an increase in internet-facilitated bullying, harassment and hate crime. Although we do not yet know for sure, it appears possible that at least some of this increase is a result of many users (including adolescents and young adults) being confined to their homes during pandemic ‘lockdown’ curfews, with no school or work to occupy them for much of the day.

From the perspective of criminological theory, we might explain these processes in various ways. For example, ‘strain theory’ argues that some people will turn to crime in order to satisfy their desire for money if they lack an avenue to earn money legitimately. ‘Control theory’ posits that crime cannot occur when an individual is otherwise ‘involved’ in legitimate activities. Similarly, at the level of society as a whole, ‘routine activities theory’ contends that crime rate increases are explicable in terms of how broader societal changes may lead to changes in criminal opportunities.

As ‘lockdowns’ lift around the world (at least for now), and
people gradually return to work and study, we might therefore expect the volume of cybercrime seen to increase during the pandemic now to subside.

However, our argument is that there are various reasons to suppose that the pandemic will lead to deeper social transformation and more lasting changes—which will in turn mean that criminal opportunities may remain at an increased level for some time to come. It appears increasingly likely that there will be no complete immediate end to the pandemic, that a threat will remain for some time, and that we may well experience successive waves of infection. Moreover, it would appear, for example, that the COVID-19 pandemic has both led to rapid changes in the construction of a ‘new normal’ of everyday life, and has ‘sped up’ a range of wider social and economic transformations that were previously under way, including remote working, home shopping, and use of online streaming services. At the same time, we may expect a decline in volumes of holidays taken, tourism, airline travel, restaurants, bars/pubs/clubs, attendance at sporting events, and use of public transport. Additionally, even despite the vast economic support and stimulus offered by central banks, it seems likely that the medium- to long-term effects on economic output and employment rates will be grave: to put it bluntly, many of those who are currently ‘furloughed’ may shortly find themselves unemployed as consumer spending and public finances dry up. Lastly, increased use of ‘Internet of Things’ devices such as home security webcams, or Internet-connected baby monitors may provide increased opportunities for cybercrime, especially since many such devices currently ship with poor cyber security. For all of these reasons, we suggest that the consequences of the pandemic, and particularly the ways in which it has accelerated wider social transformations already underway, will be long-lasting.

What then are the implications of this for policing? Further research is required, but initial findings would indicate that
the low-sophistication yet high-volume cybercrime of the kinds we have discussed here may for various reasons often be targeted (whether wittingly or unwittingly) at victims who are geographically local to the offender. For example, in cases of cyber harassment the offender is often known to the victim; and users of ‘booters’ playing online games are often matched in servers with players from their own country (whom they then target). Given the ‘local’ dimension to these kinds of cybercrime, together with the fact that the powerful yet finite resources of law enforcement and intelligence agencies tasked with investigating serious crime are properly best used for that purpose, there would appear to be an argument for far greater involvement of local and regional police in cybercrime prevention and investigation over the coming years than there is at present. Moreover, since local policing often retains (or is in a position to develop) an emphasis on community connections, local relationships, and responsiveness to locally-defined problems, including those experienced by minority groups, we can expect such regional policing forces to be well-placed to develop further their capabilities for such a role. Lastly, as recent events have reminded us, it is vital that any expanded role for police in tackling cybercrime must be seen as just, fair and accountable if it is to remain legitimate in the eyes of the public.

Such an upskilling will not be easy, and will require a further move away from the ‘traditional’ self-understanding by the police as having a role primarily ‘on the street’, but since ultimately both cybercriminals and their victims reside in given localities (whether or not these are one and the same or are geographically remote from other another), the adaptations required of local policing may be smaller in kind than they might first appear.

This post draws from material originally contained in a Briefing Paper prepared by the authors for the Scottish

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What the Spanish Flu can teach us about making face masks compulsory, writes Samuel Cohn

Should people be forced to wear face masks in public? That’s the question facing governments as more countries unwind their lockdowns. Over 30 countries have made masks compulsory in public, including Germany, Austria and Poland. This is despite the science saying masks do little to protect wearers, and only might prevent them from infecting other people.
Nicola Sturgeon, the Scottish first minister, has nonetheless announced new guidelines advising Scots to wear masks for shopping or on public transport, while the UK government is expected to announce a new stance shortly. Meanwhile, US vice president Mike Pence has controversially refused to mask up.

This all has echoes of the great influenza pandemic, aka the Spanish flu, which killed some 50 million people in 1918-20. It’s a great case study in how people will put up with very tough restrictions, so long as they think they have merit.

The great shutdown

In the US, no disease in history led to such intrusive restrictions as the great influenza. These included closures of schools, churches, soda fountains, theatres, movie houses, department stores and barber shops, and regulations on how much space should be allocated to people in indoor public places.

There were fines against coughing, sneezing, spitting, kissing and even talking outdoors – those the Boston Globe called “big talkers”. Special influenza police were hired to round up children playing on street corners and occasionally even in their own backyards.

Restrictions were similarly tough in Canada, Australia and South Africa, though much less so in the UK and continental Europe. Where there were such restrictions, the public accepted it all with few objections. Unlike the long history of cholera, especially in Europe, or the plague in the Indian subcontinent from 1896 to around 1902, no mass violence erupted and blame was rare – even against Spaniards or minorities.

Face masks came closest to being the measure that people most objected to, even though masks were often popular at first. The Oklahoma City Times in October 1918 described an “army of young women war workers” appearing “on crowded street cars and
at their desks with their faces muffled in gauze shields”. From the same month, The Ogden Standard reported that “masks are the vogue”, while the Washington Times told of how they were becoming “general” in Detroit.

**Shifting science**

There was scientific debate from the beginning about whether the masks were effective, but the game began to change after French bacteriologist [Charles Nicolle](https://en.wikipedia.org/wiki/Charles_Nicolle) discovered in October 1918 that the influenza was much smaller than any other known bacterium.

The news spread rapidly, even in small-town American newspapers. Cartoons were published that read, “like using barbed wire fences to shut out flies”. Yet this was just at the point that mortality rates were ramping up in the western states of the US and Canada. Despite Nicolle’s discovery, various authorities began making masks compulsory. San Francisco was the first major US city to do so in October 1918, continuing on and off over a three-month period.

Alberta in Canada did likewise, and New South Wales, Australia, followed suit when the disease arrived in January 1919 (the state basing its decision on scientific evidence older than Charles Nicolle’s findings). The only American state to make masks mandatory was (briefly) California, while on the east coast and in other countries including the UK they were merely recommended for most people.
Numerous photographs, like the one above, survive of large crowds wearing masks in the months after Nicolle’s discovery. But many had begun to distrust masks, and saw them as a violation of civil liberties. According to a November 1918 front page report from Utah’s Garland City Globe:

*The average man wore the mask slung to the back of his neck until he came in sight of a policeman, and most people had holes cut into them to stick their cigars and cigarettes through.*

**Disobedience aplenty**

San Francisco saw the creation of the anti-mask league, as well as protests and civil disobedience. People refused to wear masks in public or flaunted wearing them improperly. Some went to prison for not wearing them or refusing to pay fines.

In Tucson, Arizona, a banker insisted on going to jail instead of paying his fine for not masking up. In other western states, judges regularly refused to wear them in courtrooms. In Alberta, “scores” were fined in police courts for not
wearing masks. In New South Wales, reports of violations flooded newspapers immediately after masks were made compulsory. Not even stretcher bearers carrying influenza victims followed the rules.

England was different. Masks were only advised as a precautionary measure in large cities, and then only for certain groups, such as influenza nurses in Manchester and Liverpool. Serious questions about efficacy only arose in March 1919, and only within the scientific community. Most British scientists now united against them, with the Lancet calling masks a “dubious remedy”.

These arguments were steadily being bolstered by statistics from the US. The head of California’s state board of health had presented late 1918 findings from San Francisco’s best run hospital showing that 78% of nurses became infected despite their careful wearing of masks.

Physicians and health authorities also presented statistics comparing San Francisco’s mortality rates with nearby San Mateo, Los Angeles and Chicago, none of which had made masks compulsory. Their mortality rates were either “no worse” or less. By the end of the pandemic in 1919, most scientists and health commissions had come to a consensus not unlike ours about the benefits of wearing masks.

Clearly, many of these details are relevant today. It’s telling that a frivolous requirement became such an issue while more severe rules banned things like talking on street corners, kissing your fiancé or attending religious services – even in the heart of America’s Bible belt.

Perhaps there’s something about masks and human impulses that has yet to be studied properly. If mass resistance to the mask should arise in the months to come, it will be interesting to see if new research will produce any useful findings on phobias about covering the face.
Homeschooling children with Additional Support Needs reveals the digital divide in Inclusive Digital Technologies, writes Paul Nisbet

Children and young people with disabilities or Additional Support Needs (ASN) and their families face particular challenges as a result of school closure and other lockdown measures (1). In school, pupils with ASN benefit from teaching and support that is often simply not available at home and parents may or may not have the time or expertise to provide this level of support. We know that children and young people with additional support needs are at increased risk of social isolation, mental health and reduced attainment.
Inclusive Digital Technology

The aspiration of Scotland’s Curriculum for Excellence is to “enable all children to develop their capacities as successful learners, confident individuals, responsible citizens and effective contributors to society”. So how can you become a successful learner if you can’t read books and learning materials? How can you develop your confidence if you depend on others to read to you or write for you? How can you exercise responsibility when you have difficulty understanding or expressing your views? How can you contribute effectively if you can’t speak, write or communicate? Here are some ways in which inclusive digital technology can provide positive answers to these questions:

- Learners with dyslexia or visual impairment who have difficulty with printed materials can access digital learning resources by altering the appearance of the text or by using computer readers.
- Learners who have difficulty with handwriting or spelling can type or use computer dictation.
- Learners who have speech and language difficulty can use electronic aids to communicate.
- Learners who find things hard to understand can be helped by picture symbol materials.

Learning at home

My unit, CALL Scotland, is funded by Scottish Government to research, develop and support the application of digital technology for children with ASN in Scotland. One of the ways we do this is through partnerships with local authorities where we support individual learners. Yesterday I had a conversation with a parent of a learner in 4th year at a mainstream school. She has Cerebral Palsy that affects her fine motor control and she gets sore and tired when she writes or types. At school she uses an assistant to take notes in class and to scribe her work; time-limited exams and assessments are a particular challenge. At home, the assistant
is not available and it’s a challenge for her parents and to find time to scribe, so we agreed that we will evaluate computer dictation as an alternative. If this works out, there are many benefits: she will have a skill that she can use at home, at school, and beyond – she hopes to go to University; she will be able to work independently without needing to rely on others; and it should make life easier for the whole family.

Earlier this week a young man emailed to report that “I have got used to the Apple Pencil and I feel like a pro! I don’t use the extended keyboard as I use the touch screen keyboard because I find it easier. I don’t have to push a key down, I just tap it. I bet a feather could type on a touch screen. All the teachers are now using Teams or Show My Homework which is really good for me and makes the iPad incredibly useful. I am getting quicker and enjoying online learning.” At school, this learner’s physical disability meant that he too had relied on a scribe in class. Not long before school closure we loaned the technology for him to trial and it’s clear it’s helping him to develop his confidence and independence. Learning at home also suits him: he doesn’t need to leave early to wheel himself to the next class, and he can do his schoolwork when he has time and energy.

**Digital Divide**

However, we know that there is a digital divide (2)(3) and that the situation in other households is quite different. Even though digital technology has never been cheaper, more prevalent or more accessible (all the mainstream devices now have pretty good accessibility features), children need access to a device, they and their families need the skills to use it for learning, and teachers need to know how to create and use accessible digital learning resources. We know from calls, emails and social media that many families do not have access to the technologies or the skills to use them effectively.
Independence

Throughout my career I have worked on technology in many different forms, from the **CALL Smart Wheelchair** in 1988, to SQA **Digital Question Papers** in 2008, but the driver has always been a desire to help people with disabilities to be successful, happy and independent. For many of us, digital technology makes life easier and more convenient (although not always, as we gaze with despair at an incomprehensible online form, or struggle in vain to find the document we thought we had saved but apparently haven’t). For some people with disabilities though, technology is absolutely vital – it is the ONLY way to read, write, communicate, research and access learning independently.

**During and after Covid-19**

In Scotland we do OK with Inclusive Digital Technology. I give us 6, maybe 7 out of 10. We have Glow, free access to Microsoft and Google products, and a relatively good pupil to device ratio. Where we could do better, according to a new OECD report (4), are in the provision of adequate broadband, professional development, and digital pedagogy and expertise. With regard to assistive technology, we have a small number of specialists working in some parts of the country, and CALL provides free accessibility tools, the free **Books for All** online database of digital textbooks, free **Scottish computer voices**, free **symbolised materials**, and free information and advice. But assistive technology isn’t magic, it’s a specialised field, and in too many areas of Scotland learners and families do not have appropriate assistive technology or to skilled practitioners who can help. We need to, must do, and can do better, to enable learners with ASN to reach their potential.

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COVID-19 exposes the limits of debt-driven capitalism, writes Emilios Avgouleas

Economies based on high levels of leverage are inherently fragile and with no inbuilt resilience to withstand even mild shocks (let alone the ripple effects that the pandemic has caused. Even before the outbreak of COVID-19, the forecasts about global economic growth and the stability of financial markets were gradually getting darker. Both the International
Monetary Fund (IMF) and the World Bank had warned that systemic risk – the risk of serious disturbance to the financial system – might be about to make a potent comeback due to trade wars and the very high levels of private sector debt.

Financial instability has the potential to cause serious economic and social harm as it did in all earlier episodes of serious disturbance to the financial system like the 2008 banking crisis and the 2010-2015 sovereign debt crisis. Moreover, this century’s earlier episodes of serious disturbance to the financial system and the ensuing austerity policies sparked social discontent – which morphed into today’s populist movements and trade wars.

Since 2008 a host of new financial regulations have tried to augment the resilience of the financial systems of G20 countries and prevent a new systemic episode of existential proportions. These regulations have mostly focused on banks which were at the heart of the previous two crises making them both more resilient and more risk averse. But the biggest source of worry these days, in spite of the severity of the GDP falls across the western economies, is not the regulated sector or the threat of an imminent sovereign collapse. It is rather the build-up of hidden levels of private indebtedness in the system of parallel lending we call shadow banking which proved troublesome in 2008 as well. Specifically, fears concentrate on a new segment of shadow banking markets, what I call the shadows of the shadow credit system, namely, short-term corporate-to-corporate lending. This relatively new development has all the ingredients to turn into a mighty catastrophe when combined with a major macroeconomic event such as the loss of economic activity due COVID-19 and a deep global recession.

In the short-term an avalanche of central bank liquidity will make sure that we will not see a string of corporate bankruptcies as short-term debts will be rolled over. But
should economic operators and markets always operate on the knife-edge? Is it too audacious to explain the current economic collapse as not being just the result of the pause of economic activity during the lockdowns but also due to a combination of debt accumulation and overreliance on the gig economy during the past decade? Was that a combination that could create a viable framework for resilient economic growth when so much relied on share buybacks, interest rate arbitrage, and short-term and insecure employment adding scores of new working poor?

There is of course much to lament about the current lack of coordination among G20 countries in tackling the consequences of Covid-19. Still, it may not be impossible, however, for the IMF and the Financial Stability Board (IMF and the FSB), to ask them to act in a coordinated way to make sure that their economies become less short-termist and leveraged. To begin with widespread accumulation of bad debts (so-called debt overhang) would mean a slower rate of economic recovery when the worst phase of the pandemic is over.

There are two steps that the IMF and the FSB could recommend to G20 governments:

(a) extend the regulatory net to all forms of credit intermediation and maturity transformation, obliging such entities to some form of licensing and a duty to act prudently when facilitating new lending; and

(b) use macroprudential powers beyond the regulated sector to avoid the emergence of a new generation of too-big-to-fail entities.

In addition, unregulated big corporations (over a certain turnover threshold) engaging in short-term lending to recycle their cash surpluses in global markets should be required by G20 regulators to observe large exposure restrictions in their short-term borrowing and lending outside the banking sector.
They could also be made subject to a minimum of liquidity reserves to meet a portion of their short-term liabilities over a month. Given the lack of transparency in this sort of activity and the promise of yields in an environment of very low interest rates it may be absurd for authorities to merely rely on market discipline to restrain it.

Measures to restrict corporate short-term lending in shadow banking markets will prevent free-riding on the public safety net. They would also make the present economic crisis less devastating for individuals and households whose livelihoods depend on the solvency of these corporates. In the longer term, such restrictions would make corporate boards more determined to focus on productivity gains and innovation, moving away from the toxic mix of short-termism and debt-based capitalism of the last decade.

An earlier version of this opinion piece was published by the Centre for International Governance Innovation (CIGI): https://www.cigionline.org/articles/covid-19-lays-bare-limits-debt-capitalism

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(1) The authors of a recent collection published by CIGI: Arner, Avgouleas and Schwarcz (eds), Systemic Risk in the Financial Sector: 10 Years After the Crash (2019), offer a thorough exposition of the different facets of systemic risk and of ways to counter it.
India’s informal economy, gender-based violence, and mental health challenges demand crucial inspection, write Nandini Sen, Anusua Singh Roy, Jayanta Bhattacharya, and Subrata Shankar Bagchi

Blog series Part 1: Covid 19 – A Crucial Inspection by Nandini Sen and colleagues

The effects of Covid-19 have been considerable and far-reaching. In this four-part blog series, Nandini Sen, Anusua Singh Roy, Jayanta Bhattacharya, and Subrata Shankar Bagchi explore the impacts of Covid-19 within an Indian context. The first piece outlines the methodology of their research, the second focuses on Covid-19’s impact on India’s informal economy, the third examines the relationship between the pandemic and gender-based violence, and the final piece takes a closer look at the mental health challenges postgraduate students face in this current climate.

During 1867-69, quarantine in the Suez Canal was quite stringent. For its obvious trade and economic interests, England maneuvered quarantine laws for cholera – a pandemic of the period. More than hundred years back, in the years of 1918-1919, colonialised India was shaken by a similar complex pandemic called the Spanish Flu. Upon witnessing so many deaths, Gandhi said at the time that he had lost his desire to live [1]. Currently the mystery virus comes in 2020.
Coronavirus outbreaks surge worldwide; research teams are racing to understand a crucial epidemiological puzzle – what proportion of infected people have mild or no symptoms and might be passing the virus on to others. Some of the first detailed estimates of these covert cases suggest that they could represent some 60% of all infections [2].

In the following series of blogs, we will contribute toward three relevant and related topics, including economic impact, gender-based violence (GBV), and the sociocultural including mental health impact on a community of postgraduate students due to this pandemic, focusing on evidences from India. In this section we discuss the methodology adopted in our analysis.

We have conducted a comprehensive desk review using grey (such as reports and documents from humanitarian agencies and news media) and academic sources. The process includes an extensive search of information including literature on economic impact, gender-based violence and socio-cultural including mental health related to the lockdown under pandemic circumstances. The search strategy uses broad search terms to include any relevant sources with reference to the contextual economic factors, GBV and socio-cultural including mental health conditions.

Secondary research that involves a narrative review [3] informs the statistical content of this study. The flexibility and exhaustive nature of narrative reviews [4] allows for exploratory analysis of the aforementioned metrics, in the absence of complete data. Literature search focusing on quantitative studies and reports has been conducted in order to collate statistics relating to the economic situation, gender-based violence, and socio-cultural and mental health outcomes as consequences of the Covid-19. This is supplemented by illustrative summaries and interpretations, elucidating known information, and underlining potential gaps for further work.
Blog Series part 2: Economic Impact of Covid 19: Migrant Labourers in India

In the context of the global pandemic of coronavirus, India’s migrant workers are facing the crisis of joblessness and homelessness within a dynamic influenced by population density, ‘policy-blindness’, ‘social nausea’, [1] and economic issues. This piece addresses the economic impact on migrant workers from the unorganised sectors in India after the Prime Minister giving only four hours’ notice in the first instance, imposed two phases of lockdowns in March 2020 and again in April 2020. The number of India’s internal migrants were estimated at a staggering 453.6 million [2] [3] as per the last census. This includes those who are employed in the informal sector, which constitute at least 80% of India’s workforce, [4] and those working as casual and cross-border labourers, accounting for one-third of all workers at the national level. [5] Such individuals represent a considerable volume of the workforce and it is imperative for the Government to ensure their safety and wellbeing.

The lockdown prompted a wave of mass migration across India,
unlike anything seen since the Partition in 1947, as people began walking for hundreds of miles. This resulted in people fearing the hunger more than the disease itself. The New York Times reports the story of Pappu (32), who sees himself as doubly misfortunate, being vulnerable both to the disease and to acute hunger. Most migrants, having limited access to money or assets, little awareness of health and welfare services, or a solid understanding of their rights, face a sharp loss of equilibrium in their lives. This is further reflected in the data on Covid-19 deaths that are not directly associated with the virus infection, but with the draconian actions of the lockdown—such as ‘suicide, due to lockdown, lathicharge, hunger, during migration etc.’. A plot of non-virus deaths vs Covid-19 deaths based on data collected from reliable news sources reveals a bleak testimony of the aftermath of the lockdown on vulnerable migrant workers. It shows a sharp rise in non-virus-related cumulative deaths from 27 March, with cumulative deaths not due to the virus remaining higher than that due to the virus for a span of about 2 weeks.

Uncertainty in the lives of workers, entrenched by hunger, and poverty set the scene for a rapid unfolding of the biggest migration ‘in India’s modern history’. A stark illustration of how such workers are marginalised by government policy is provided. Although a financial aid package worth $22 billion was announced by the Government, it represents only 1% of India’s GDP, far less than European countries whose economic responses to alleviate the Covid-19 crisis amount to more than 20% of their GDP. In the country’s capital, New Delhi, the state government declared food relief measures for those who were ‘registered as beneficiaries under the food security law’, covering around 7.2 million (40%) of its population, and resulting in the potential exclusion of ‘millions of vulnerable families who are not on the Public Distribution System’ including a ‘large number of urban poor and migrants’. 
Leading economists Jean Dreze [15] and Jayati Ghosh [16] describe the lockdown as a disaster, and argue that the Government must take better care of its people. Ghosh further says, ‘We have never had a situation where the government has simultaneously shut down both supply and demand, with no planning, no safety net and not even allowing the people to prepare’. Massive logistical and imminent starvation challenges have been created for thousands of migrant workers in India whose lives were torn apart in response to the threat of the coronavirus pandemic UN report, 2 and 15 April 2020.[17] ‘With the money we have with us we cannot sustain ourselves more than two days and there is no sign of relief from government’, says Ram Singh, a ragpicker. Singh, along with others walking long distances testify they have lost their dignity in this crisis.[18]

The question remains, will food, wages, shelter, safety, medical empathy of migrant workers remain in limbo? Trade unions and social networks may need to collaborate in solidarity with migrant workers.

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Blog Series Part 3: Covid-19 and Gender-based Violence in India

Indian policy-makers appear to be more concerned by the lockdown’s impact on finances and the economy than on social effects such as gender-based violence against women.[1] At a time when women are already shouldering a higher proportion of the domestic burden during the lockdown, escalating tensions related to the crisis in resource and space are further aggravating gender-based violence behind closed doors. Denied access to traditional forms of support of family, friends, and doctors, the hanging threat of gender-based violence for these women remain inside their own homes. The National Commission for Women (NCW) have reported various offences against women, recording 587 complaints of domestic violence in the period 23 March -16 April – an almost 50% increase from the 396 complaints registered before the lockdown within the period 27 February-22 March.[2]

According to the National Family Health Survey (NFHS) carried out in 2015-2016, 33% of women admitted to having experienced domestic violence, but less than 1% sought police assistance,² which suggests that even in ordinary times women are much less inclined to seek help from the authorities. These are far from ordinary times and it is not unlikely that women are in an even worse position to knock on doors for help against their abusers. Women’s organisations and activists reflect that had these abused women ‘known (about the lockdown) they would have tried to get out earlier and be at
safer places’.[3]

The current crisis requires a gender lens, if we are to address the needs of those who are most affected by it. Across India, women are also shouldering the enormous burden of household chores.[4] The Organisation of Economic Cooperation and Development (OECD) reports that an average Indian woman spends almost 6 hours in unpaid chores per day, as opposed to their male counterparts who devote a meagre 51.8 minutes.[5]

Additionally, according to the WHO, ‘depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men’. [6] Research needs to be carried out on the short and long-term mental health repercussions, and more specifically, on the intensified impact of high-population density, poor water, sanitation, hygiene provision, and the inability to self-isolate on vulnerable working class women in the context of social and physical distancing. In India, vulnerable working-class women must fill in water at the crowded common tap, use public latrines, or sell vegetables in marketplaces making them more vulnerable to the disease. Frontline staff involved in India’s battle against the coronavirus comprise an astounding number of female community health workers – roughly 900,000. With a remuneration of only ₹30 (less than $1) per day however, ‘they are poorly paid, ill-prepared and vulnerable to attacks and social stigma’. [7]

Loss of wages, jobs, boredom and withdrawal from alcohol and drugs, lead men to direct their rage on women in the household.4 Worse still, women are now bound within the four walls of their homes with their abusers. In response to the alarming incidence of gender-based violence during the pandemic, the UN chief has requested governments of different countries including India to treat legal and medical affairs related to gender-based violence as emergency services. [8]

Gender-based violence related to lockdown is entirely
dependent on access to social, economic, and political
power.[9] In this regard, the situation is particularly severe
for women in India. 81% are employed in the informal
sector[10] which ‘is the worst hit by the coronavirus imposed
economic slowdown’,[11] while only 29% of those with internet
access are females[12], which acts as a deterrent against
mental support and financial aid in these tough times.

Studies of past pandemics and current violence on women under
lockdown should inform policy makers of different humanitarian
bodies to develop mitigation measures (e.g. health, education,
child-protection, security and justice, job creation, and
humanitarian responses) to efficiently respond to violence
against women and girls.[13]

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Blog Series Part 4: A Tale of Students in Higher Education in India and Abroad

The outbreak of COVID-19 has brought India to the brink of a catastrophic disaster which has far-reaching consequences on the Indian economy, well-being, and education. Students in higher education (HE) are shrouded within the cloud of uncertainty, frustration, dejection, and discouragement related to mental health conditions and a fear of financial bankruptcy after leaving their parental care. Higher education is not a priority of the Indian government, as is evident from the 2020-21 budget allotment towards it, a meagre 1.3% of the total expenditure.[1] Therefore, the apprehension of further neglect of students in HE is gaining more ground during this period of resource scarcity. The plot thickens as we see that in this pandemic the Reserve Bank of India has injected huge funds to revive the sick economy by giving incentives to the financial sector, industries, and businesses,[2] however
simply forgetting to respond to the crisis of the students in HE.

Following guidelines laid out by the University Grants Commission and other apex education bodies, Covid-19 has led to the temporary closure of approximately 1000 universities and 40,000 colleges, impacting 37.5 million enrolled candidates and 1.4 million employed faculty.[3] Classroom teaching, which is the backbone of teaching within Indian universities, is withheld indefinitely. Online teaching efforts initiated by a few teachers are creating a digital divide among students as high-speed internet connection may be a dream for several students in higher education. The sudden closure of colleges and universities has caused the academic calendar to become completely chaotic, resulting in cancellation of examinations and students’ progress. The Central government has stopped research funds for basic research, a situation that is likely to be exacerbated in the aftermath of the pandemic. For instance, IIT Delhi is the first HE institute in India to obtain a mandate from the Indian Council for Medical Research for conducting polymerase chain reaction tests for Covid-19.[4]

The plight of female students is particularly severe in the current situation. This lockdown has resulted in cascading effects in the households of these students. Many are contemplating early exit from higher education in order to support their families. Female students are facing pressures to get married as soon as possible since their parents are no longer prepared to wait ‘indefinitely’. Gender-based inequalities are further compounded by an increased pressure on female students to perform household chores and their increased vulnerability to domestic abuse.

Lack of clarity around future employment and the climate of uncertainty have aggravated mental health issues. If the Government ignores the well-being of HE students and fails to provide mitigating measures, the Indian social fabric,
economic development, research-based knowledge expansion, and gender-equality will be destroyed. It is unlikely that these students will be in a position to question state authority, let alone ask for what they might be entitled to. They face a lonely journey with little financial support, whereas their counterparts in Western countries such as the UK and Germany might receive financial and emotional support from their Universities or Governments.[5]

Equally worryingly, thousands of international Indian HE students, for example in the UK, are also facing the severe consequences of the current public health measures. They are unable to leave the UK due to the lockdown and are dependent on food charities due to financial hardship.[6] They have been made redundant from their part-time jobs and cannot meet basic living costs. [6] The Indian National Students’ Association and National Indian Students Alumni Union (NISAU) are receiving persistent calls from a huge number of students (3000) who request for food and accommodation. [6] Both organisations are trying to provide solutions and distribute food to stranded students from India. Labour MP for Ealing Southall, wrote to the UK education secretary, calling for universities to arrange money and minimum services from hardship funds, which are often discriminatory, for international students. [6] A few UK Universities and NGOs like NISAU are reaching out to support and help international Indian students tackle their challenges of accommodation, mental health, and food. [6]

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How do we care about care homes, asks Niamh Woodier

Lloyd Rees, when discussing Australian modern art, argued that ‘the universal element in art, I feel, has often come from an intense localism’ (Rees in Butler & Donaldson 2015, 142).

This quote has stayed with me since my Art History degree: Lloyd Rees was originally referring to the conflict between indigenous and Western symbolic vocabularies in the increasingly international trope of Australian modern art in 1930s Sydney. Although this quote is far from my life as a part-time GP receptionist, part-time Masters student in Global Health Policy in Scotland, the importance of ‘the local’ has been re-emphasised during the coronavirus pandemic. Working in the setting of community health has taught me that the universal element in healthcare often comes from intensely local care: care that is personalized, close to home and promotes both health and social well-being. The importance of local care has become central to the devastating impact of
coronavirus in elderly populations, is an ongoing topical issue of care homes (Observer Reporters, 2020) and is changing what care will become.

The UK population is ageing, and our health policy is adapting to suit the needs of this demographic. It is predicted that in 2066, 26% of the population will be 65 or older, compared to 18% in 2016 (ONS, 2018). Much of the integrated care that allows older people to be cared for at home was only established 20 years ago. In 2000 the NHS Reform Plan (Department of Health, 2000) introduced a new tier of services called ‘intermediate care’ to facilitate health and social care to older adults living in the community with the understanding that ‘older people have better health outcomes when they receive treatment closer to home’ (British Geriatrics Society 2019). The plan for care homes is arguably still being written. A key question being asked is; ‘Could nursing homes (NHS) transform from settings in which many residents dwell to settings in which the NH residents and those living in neighboring communities benefit from staff expertise to enhance quality of life and maintain or slow functional decline?’ (Laffon de Mazières 2017). Person-centred dementia care is an area of research that ‘is no longer seen as the ‘Cinderella’ part of the health service, but a progressive, specialist field’ (Baker 2015, 17).

In the first international study ‘that reviewed international COVID-19 guidance for a highly vulnerable population’ (Gilissen 2020, 10), the authors noted that in the guidance for nursing homes ‘several key aspects of palliative care, practical guidance, and broader structural and coordination considerations are largely absent’ (Gilissen 2020, 9). Aspects that were not addressed included: ‘holistic symptom assessment and management at the end of life... staff training (in particular for care assistants who deliver the majority of hands-on care in these settings)... comprehensive ACP communication... support for family including bereavement care,
support for staff, and leadership and coordination related to palliative care’ (Gilissen 2020, 9&10).

Caring for the elderly is a complex and fragmented task. In the current pandemic politicians and health professionals should continue to work on effective strategies to prevent coronavirus in care homes, such as barrier nursing, testing of hospital patients discharged to homes, and testing of staff (Department of Health and Social Care 2020). However the difficulty of the task has been translated into public uncertainty, particularly around palliative care. Palliative care doctor Rachel Clarke writes in The Guardian, ‘the outrage over allegations that doctors have apparently been using the coronavirus pandemic to write off whole swathes of vulnerable patients has been painful to witness’ (Clarke 2020). As the pandemic continues the growing percentage of elderly deaths (Observer Reporters 2020) is a worrying statistic. The difficult and often misunderstood subject of palliative care, particularly in care homes, is therefore a topical and important issue. Working on the GP reception desk I am aware of the difficulties our local care home faces, and in order to find out more I spoke to the lead GP.

‘Care homes have more experience of death than the hospitals’, the GP pragmatically stated. ‘The majority of residents die within a few years of being admitted.’ Care homes therefore have a medical role in providing adequate healthcare and nursing support to patients. However, as the GP explains, ‘our interactions with the care home have been chaotic for years.’ Many care homes are profit-run organisations which are sadly understaffed in nursing roles. In Scotland the 2018 GP Contract (Scottish Population Health Directorate 2018) introduced the new role of Care Home Liaison Nurse, which as the GP lauded, ‘is one of the most significant additions to primary care’. This role has implemented a more organised system of communication as the nurses are now able to deal with the majority of calls from care homes and treat minor
problems without the GP. In recent weeks the GPs and nurses have been supporting the care homes in the difficulties of preparing for coronavirus in the homes.

‘For the care homes now we are prescribing to every resident JIC medication, in case they need palliative support,’ the GP explains. ‘Residents are unlikely to be admitted to hospital if they contract COVID-19, and so will need the support in care homes in case it is terminal.’ Palliative JIC medication eases pain and confusion in the dying process. Ensuring that residents are able to get this medication is not to say that they will die, but to provide the correct medical support if needed. ‘Patients are having more distressing deaths in homes. I heard about a patient who needed extra morphine and midazolam. That is unusual’, the GP continues.

‘Care homes can be depressing places. They don’t always have the right mental stimulation for patients,’ the GP laments. ‘It is like the Dylan Thomas poem Do not go gentle into that good night. Your last few years of life have to be enjoyable. If you don’t have a satisfactory life, it prolongs your pain in death and you will fight death. But if you have a good experience of life at the end, dying is a lot easier.’

Care homes are important places that look after a vulnerable population often in the last years of life. For relatives the cost is huge, financially given a private sector nursing home costs an average of £847 per week (Curtis 2018) and emotionally costly too. For the elderly themselves however, living in a care home can be an experience of a ‘social death’. A social death is described as ‘the ways in which someone is treated as if they were dead or non-existent’ (Borgstrom 2017, 5). In this difficult position the elderly are vulnerable, lacking independence and voice, and in society we feel unable to talk about our elderly because ‘we lack a script, in general, for our long dying’ (Banner 2016, 7). People are living longer than ever and ‘because degenerative, chronic conditions have replaced acute diseases as the major
cause of mortality’ (Abel, 2017, 1), death is now a gradual rather than sudden progress. This new chapter of life can be a complicated conclusion, with a variety of new medical, financial and social needs. It is a chapter for which ‘a script is sorely needed’ (Banner 2016, 7).

As Rachel Clarke notes in The Guardian, ‘pandemic medicine, we are learning, is far from ideal’ (Clarke 2020); but the flaws it exposes are the problems we need to solve. In Gilissen’s study of COVID guidance, the author noted that ‘non-physical (psychological, social or spiritual) needs were hardly addressed’ (Gilissen 2020, 10). Non-physical needs are important to our quality of life and ‘communication about the patient’s care values and preferences [are important] to develop a care plan for the future’ (Sebern et al. 2018, 644). However our non-physical needs are also in part our non-medical needs, and discussions of how to care for the elderly go beyond the hospital and the care home. ‘Ideally, the patient should be at the heart of these discussions. Failing that, then their family, loved ones or advocate should, if possible, be consulted’ (Clarke 2020). The conversation about care for the elderly is a subject we all need to be part of.

‘Epidemics are “mirrors held up to society”, revealing differences of ideology and power as well as the special terrors that haunt different populations’ (Briggs 2003, 8). The impact of coronavirus on care homes will haunt the UK public, particularly the relatives of residents which many of us are. But as the British Geriatrics Society reminds us, ‘ageism remains widespread. Quality of care of elderly patients remains a core criticism in spite of numerous reports and commissions in the past 20 years’ (BGS 2016). For the future, recognizing the vulnerability of the elderly, learning from the uncertainty and lack of guidance in COVID-19 and researching how to provide care for both physical and non-physical needs will be important to ensuring quality care for
the elderly. The script for care homes will not be easily written, but the final chapter of our lives needs a personal, local and socially integrated conclusion. As American care activist Ai-jen Poo argues ‘the universality of the caregiving experience is certainly the basis for the next great wave of change’ (Poo 2017).

Taken from interviews for https://www.rovingreceptionist.com/. Interview reproduced with permission.

Niamh Woodier is currently in the Masters in Science program in Global Health Policy at the University of Edinburgh and works as a part-time GP receptionist. Working as a receptionist has given her an insight into the struggles patients and relatives face in caring for elderly relatives in a complex care system, and the anxiety everyone is facing currently about the status of their health. In order to informally document this time of change, she set herself up as a ‘roving receptionist’ to give a local and personal voice in the global crisis. She says: “It has been a privilege to engage with wider policy issues during my degree at Edinburgh, and in the future I hope to be able to advocate for the ethics of care.”

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Community-led responses to COVID-19 are a matter of urgency in Syria, write Lisa
People living in the Global North might argue that the coronavirus pandemic (COVID-19) is the greatest existential threat to life as we know it in the last 100 years. Yet for Syrians, the pandemic, while undeniably traumatic, is just one more event in a litany of equally-devastating hardships that have proven inescapable, difficult and necessary to endure.

Years of protracted conflict mean that Syrians have become inured to living with significant risks and uncertainties about their future lives and livelihoods. While the attention and resources of apparent former ‘global health powerhouses’ like the UK and USA, are fixed on solving challenges posed by disease transmission and constraints on healthcare systems in their own countries, there is a growing danger that the impacts of disease incursion on displaced and vulnerable populations in fragile and conflict-affected states may be completely neglected. In countries everywhere, ensuring access to appropriate healthcare is the immediate priority in this outbreak. But in countries like Syria, effective solutions are also needed to support other types of life-sustaining interventions, such as local and cross-border distribution of food and agricultural inputs which facilitate labour, militate loss of income and prevent food insecurity and its attendant effects on starvation, malnutrition and mental health and well-being. A successful response to this pandemic will therefore depend not just on top-down public-health interventions, but also uptake of cross-sectoral, culturally appropriate and locally-led approaches which translate high-level strategies derived not only from security, but also humanitarian and development agendas, into concrete policies and impactful activities on the ground. In Syria, where there
are uncertainties about governance and weakened institutions, a community-led response to COVID-19 is a matter of increasing urgency.

**Challenges of implementing effective disease mitigation efforts in Syria**

There are currently more than 4.7 million reported world-wide cases of COVID-19 and more than 315,000 COVID-related deaths (as of 18 May 2020). The risks to individuals from coronavirus are great: there is currently no vaccine, no cure and there is a non-negligible likelihood that intensive hospital care may be required for a realistic chance at recovery. We are still learning about the multi-systemic consequences of the disease; for some long-term health sequelae persist long after recovery.

More than a decade of civil war and a collapsing economy have forced 6 million or more Syrians into crowded living conditions along the Syrian border, into neighbouring countries and failed states with fragile and fragmented healthcare systems. Syria is currently ranked as one of the least prepared countries in the world for emergency disease outbreak preparedness and response. Reported cases of COVID-19 in Syria are currently small in number (n=59) but there are fears that most remain undetected due to inadequate testing capacity and an absence of functioning health centres. On the ground, it is becoming evident that few people are attending workshops or meetings delivering information about COVID-19, with most information about COVID-19 being obtained through social media. The lack of public trust in the Syrian government, general lack of knowledge about clinical signs of disease and concurrent gaps in information campaigns, alongside fears over possible repercussions (including discrimination, detainment, disappearance), mean that people are deterred from seeking testing or treatment even if that
capability were available to them.

International aid is promised to support outbreak response efforts in Syria, but challenging to operationalise. Responders need to negotiate for permission with multiple local and international authorities, state- and non-state actors in border areas. Some NGOs are responding to the crisis in Northwest and Northeast Syria under the cross-border resolution, but this vital aid may be under threat if the UN Security Council does not overcome Russian and Chinese objections to the renewal (in July).

A curfew in government-controlled areas was initially put in place to encourage people to stay in their homes to reduce their risks of disease exposure and onward transmission. It is not at all evident that this made them safer or healthier. Individuals still need to leave home to collect their incomes-“I don’t have another choice … to survive”. “At home” for many Syrians is typically an overcrowded, physically and mentally stressful environment, without access to adequate supplies of food or other products. Conditions are far worse for those who live in north Syrian camps, where inadequate access to basic medical, water and sanitation facilities is commonplace and a single tent may shelter as many as five to 15 people. In Northeast Syria, for example, there are over 225,000 IDPs and refugees living in last resort sites without reliable or sufficient access to essential services such as health, WASH and shelter. Although face masks and disinfection liquids may be available in some markets in north Syria, most people can’t buy them-“these are available, but we don’t have income to purchase it. My priority is to purchase essential food items to survive”. Outside Syria, the UNHCR is trying to ensure that there is full inclusion of refugees in the preparedness, prevention and response measures to the COVID-19 pandemic in the region, but it is unclear what provisions are available to Syrian refugees if the capacity of healthcare systems in host countries is overloaded.
COVID-19 impacts on humanitarian efforts and longer-term food security and livelihoods in Syria

Since mid-March, significant price increases in fuel and some shortages in basic goods, essential food items, and personal sterilization and protection items (such as face masks, hand sanitizers) have been reported across Syria. The exchange rate has weakened since mid-March to the lowest point on record. These factors, in combination with panic-buying, disrupted supply routes, reduced shop opening hours, reduced working hours, wages and household incomes and movement restrictions are likely to deepen pre-existing vulnerabilities.

Established survival mechanisms, which are traditionally relied on by displaced Syrians to cope with informality and lack of economic support (e.g. through transnational kinship support networks, early marriage, and child labour) may become distorted over the next weeks and months, leading to other unintended, negative consequences. Among the most vulnerable in Syrian society are day labourers, who depend on daily wages to cover the basic needs for their family. For displaced Syrians with no financial safety net, staying at home immediately worsens food security for entire households. Small-scale farmers and migratory agricultural workers in neighbouring countries will be affected too. Farmers will lose access to extension services, be hindered from working or hiring workers to help with the harvest commencing in May, and many will struggle to eat due to higher food prices/limited purchasing power due to their already insecure employment, legal status, and low-wages. Moreover, the pandemic will have important subsequent impacts on livestock sector due to reduced access to animal feed, vaccination and extension services.

The longer-term costs and indirect impacts of COVID-19 on Syria’s reconstruction efforts and sustainable development will not be known for the foreseeable future. However, undoubtedly, Syrians and other peoples in fragile and
conflict-affected states will feel the brunt of COVID-19 impacts, only serving to widen existing inequality gaps which will endure into future generations. In the face of the uncertainty surrounding the COVID-19 outbreak, the 2030 “blueprint for shared prosperity in a sustainable world” offered by the UN Sustainable Development Goals (SDG), Syria and other places like it, is surely in jeopardy. A deep commitment for international cooperation as well as for peace-building and transitional justice will be needed. How countries decide to support Syria during and after this health crisis, will be pivotal to the future of global health security – “a disease anywhere is a disease everywhere”. But what happens next will undoubtedly depend on how those countries themselves, weather this storm.

Authors: Dr Lisa Boden, Dr Ann-Christin Wagner, Dr Shaher Abdullateef and Dr Anas Al Kaddour are collaborating with other researchers from the Universities of Edinburgh and Aberdeen, and project partners from CARA (Council for At-Risk Academics) Syria Programme, on a SFC-GCRF COVID-19 grant for research with displaced Syrians in Lebanon, Jordan, Turkey, Iraqi Kurdistan and Northwest Syria.

Their new “From the FIELD” project uses remote surveys and ethnography to assess the impact of COVID-19 on local food supply chains and displaced people’s agricultural livelihoods in the Middle East. For updates, follow the team members on Twitter: @Lisa_A_Boden, @ann_wagner_ed and @ShaherAbdulla.
“It is our task to resist the biologicalisation of this disease and instead to insist on a social and political critique of COVID-19. It is our task to understand what this disease means to the lives of those it has affected and to use that understanding not only to change our perspective of the world but also to change the world itself,” (Richard Horton, editor-in-chief of The Lancet).

Referring to renowned anthropologist Didier Fassin’s book ‘Life: A Critical User’s Manual’, in a recent editorial of The Lancet Horton alluded to the lack of science of the social in the response to this pandemic, which is a crisis about life itself. While political leaders across the world have echoed the importance of social science to inform the COVID-19 response, little has been done to support and incorporate social science in the decisions they make on the pandemic, which impacts different social groups and communities differently.

Recognising this gap, the University of Edinburgh’s (UoE) social scientists were recently granted awards from the Scottish Funding Council-Global Challenges Research Fund (SFR-GCRF) to develop innovative and timely research that would support low and middle income countries (LMIC) in the COVID-19 response.
“We are delighted to see these innovative projects that are expected to advance our understanding of social and political aspects of the pandemic. Building on past experience of the investigators and the long-standing local and international partnerships, the project outputs will directly contribute to global response to the pandemic,” said Dr Jeevan Sharma, Director of Research of the School of Social and Political Science.

The following is a brief summary of the awarded projects.

**Epidemic preparedness and laboratory strengthening in West Africa**

Did the international response to the 2014-2016 Ebola outbreak help to prepare Sierra Leone’s health system for COVID-19? Dr Alice Street, principal investigator of a joint project between UOE’s DiaDev and London School of Hygiene and Tropical Medicine’s (LSHTM) EBOVAC-Salone argues that technology-focused responses to epidemic emergencies – such as the development of novel diagnostics, vaccines and drugs – frequently neglect the social infrastructures that underpin the success of the technological solutions. This research draws on the team’s collective experience of carrying out research on laboratory strengthening and vaccine development in Sierra Leone and collaborations with Sierra Leone scientists and scholars to examine the impact of the international response to Ebola on the country’s current epidemic preparedness. The research will be led by research fellow, Shona Lee, who completed her PhD at the Centre of African Studies in 2018 and has since worked on the EBOVAC-Salone project, and Eva Vernooij, DiaDev research fellow. DiaDev is an ERC funded project to investigate the role of diagnostic devices in strengthening under-resourced health systems. EBOVAC-Salone is a collaboration between LSHTM Sierra Leone’s College of Medicine and Allied Health Sciences to examine community experiences of vaccine trials.
As the COVID-19 pandemic expands into Africa, social science has an important role to play in developing a culturally appropriate and socially feasible national and regional response. Dr Street says findings from this research have the potential to inform current COVID-19 testing strategies and diagnostic infrastructure development in the region, public messaging and communications, and the design and conduct of COVID-19 related research and trials.

**Dr Alice Street** is a senior lecturer in the School of Social and Political Sciences, University of Edinburgh and an expert on diagnostic device in global health.

**Infectious disease related stigma**

Experiences have shown that stigma is a common social by-product of infectious disease outbreaks which often undermine public health measures and are targeted towards patients, their families and health care workers. Dr Sudeepa Abeysinghe leads a joint project between UoE’s School of Social and Political Science (SSPS) and the University of Indonesia to look into health care associated stigma in Indonesia.

This project aims to provide policy briefings related to mitigating stigma in health care workers through the study of public narratives of risk and threat that underpin stigmatization. The goal of the project is to reduce the risks faced by personnel aiding and maintaining the health care capacity in Indonesia.

As with other LMICs of the Asia-Pacific region, COVID-19 presents a fundamental challenge to economic development and welfare in Indonesia. In highlighting and tackling stigma, this project eases the burden of stigmatisation in Indonesia and thereby impacts on the public health and wider burden of the pandemic in this context. The results from this project will also benefit other relevant actors in the region, through the sharing of insights with the **SEAOHUN** (South-East Asia One
Dr Sudeepa Abesinghe is a senior lecturer in Global Health Policy in the School of Social and Political Sciences, University of Edinburgh.

Governance and accountability

Dr Jean-Benoit Falisse is the principal investigator of the project which draws on a unique network of in-country expertise in health systems and governance to map out and analyse the governance changes that have taken place during the COVID-19 pandemic in Kenya, Somalia, South Africa and the Democratic Republic of the Congo (DRC). This is a joint project between UoE, AMREF International University in Kenya, Somali Institute of Development Research and Analysis in Somalia, Wits University in South Africa and University of Kinshasa in DRC.

The aim of this project is equip countries with better tools to understand and act on the governance of COVID-19 through cross-country exchanges and reflections between policy influencers, says Dr Falisse. The project will produce an interactive public database that can be interoperated and cross-analysed with other mapping initiatives such as the stringency of the measures of the pandemic’s spread. This database will explore the socio-political environment, the actors or institutions involved, and the nature of the governance measures. Beyond the dataset, the academic analysis will contribute to re-formulating governance in health and pandemic preparedness, says Dr Falisse.

Dr Jean-Benoit Falisse is a lecturer in Africa and International Development in the School of Social and Political Sciences, University of Edinburgh.
**Lockdown diary**

Dr Sarah Jane Cooper-Knock and her team are working with a team at the University of Western Cape in South Africa to continue their Lockdown Diary Project. They are interested in the politics of urban life and issues of political inclusion, which is pursued through academia, activism and policy work. When the lockdown began, this project was developed with Impact Funding from UoE and is now being run with GCRF funding.

The project involves asking people from across Cape Town to share regular WhatsApp diaries that describe their experiences of lockdown and its impact upon their communities. They currently have 70 participants from occupied buildings, informal settlements, townships and suburbs throughout Cape Town. Participants are diverse in terms of their location, age, gender, and race. The aim of the project is to share insights from lockdown with members of the public, policy makers, and responders to the crisis.

*Dr Sarah Jane Cooper-Knock is a lecturer in International Development at the Centre of African Studies and Social Anthropology at the University of Edinburgh.*

**COVID-19 and extreme heat for poor urban population**

Dr Jamie Cross of CAHSS joins with Dr Daniel Friedrich of the School of Engineering and the International Federation of the Red Cross and Red Crescent Societies (IFRC) to look at the nexus of COVID-19 and extreme heat for poor urban populations in Sub Saharan Africa, South Asia and Southeast Asia. This project will assess the impact the lockdown on existing vulnerabilities and exposure the people living in poorly ventilated housing facilities of high density informal settlements in urban areas and prisons have as a result of heat stress and reduced access to cooling and hydration.
infrastructures and services during the period of lockdown and social distancing.

Dr Cross says the project involves 4000 respondents from vulnerable populations across four countries – India, Pakistan, Cameroon and Indonesia. The effects of extreme heat on poor populations is well documented and widely known to reduce labour inputs and capacity. Reducing the impact of health on health and productivity, both directly and through interactions with COVID-19 frees up capacity for the health response and for the economic activity at large, says Dr Cross.

Dr Jamie Cross is a senior lecturer in Social Anthropology and the Associate Dean (Knowledge Exchange and Impact) of the College of Arts, Humanities and Social Sciences at the University of Edinburgh.

Dr Daniel Fredrich is a lecturer at the School of Engineering, University of Edinburgh.

Information technology for COVID-19 response

Dr Larissa Pschetz leads a team at the University of Edinburgh which is collaborating with partners to investigate the potential of digital tools to help mitigate the spread of COVID-19 in Jamaica. The project uses data modelling and prototype testing obtained from social analysis and practical experimentation to carry out their research. The project is done in collaboration with Mona Geoinformatics, the Sir Lewis Institute of Social and Economic Studies (SALISES) at the University of West Indies in Jamaica, and the School of Computer Sciences in University of Glasgow.

The project aims to inform people and support agencies, and to optimize resources available to treat and limit the spread of COVID-19 in developing countries. Its findings will benefit
Jamaica and other developing countries with similar socio-economic limitations and socio-technical characteristics. The research will feed into current efforts to map the spread of the virus and will propose guidelines and recommendations for development of future technological applications.

Dr Larissa Pschetz is a lecturer in Design at the University of Edinburgh.

Using COVID-19 for risk ADAPTATION for climate change challenges

Vulnerable communities across the globe give insights on how to adapt to unprecedented risks of climate change through their recent changes to social and economic practices under COVID-19. Through collective action these communities minimise their COVID-19 exposure and adapt to challenges such as shortages of food and access to clean water through, for example, re-farming land and bartering goods.

Such collective actions managing these new risks have been scare for other grand challenges such as climate change. “Collective action under COVID-19 can provide an insight on potential strategies and solutions for future climate change challenges,” Dr. Kathi Kaesehage, the principal investigator for this project explains, “It is of upmost importance to understand the new evolution of collective action and to preserve and replicate their structures and characteristics for the mitigation and adaptation other unprecedented risks such as climate change.”

An interdisciplinary team of researchers at the University of Edinburgh are working to understand COVID-19 risks in ways that recognise and adapt the practices and capabilities of vulnerable communities living in the intersection of urban-rural areas. The project approaches this challenge from the standpoint of analysing COVID-19 risk mitigation strategies
through a case study approach with three communities in urban areas of Mexico, Colombia and the Galapagos Islands. Building on the collaborative relationships generated by previous research the team is working with local academics and community members in each location resulting in data that be co-produced. The outcomes will generate context-specific knowledge but also provide examples of best practice for similar risks such as climate change.

Dr Katharina Kaesehage is a Lecturer in Climate Change and Business Strategy, Business School and the Director of Research at the Centre for Business, Climate Change, Sustainability at the University of Edinburgh.

COVID-19 data must highlight intersectional marginalisation among BAME community, writes Ashlee Christoffersen

The disproportionate impacts of Covid-19 on Black, Asian and minority ethnic (BAME) people in the UK (both within and outwith the medical professions) have sparked critical commentary, an evidence submission, and an official inquiry (headed by a ‘controversial’ figure largely discredited in antiracist, trade union and equality third sector circles).

While racial inequalities in England and Wales have been documented, the same for Scotland have yet to be revealed. Yet (with some exceptions, such as the evidence review), available
analysis has often tended to homogenise ‘BME/BAME’ groups – either quantitatively or discursively. This homogenisation is, perhaps, an understandable response to a public health crisis which is exacerbating existing racial and ethnic inequalities, and in the form of grossly disproportionate mortality rates.

However, aggregation obscures the complexities of racism and how it is mutually constituted by other structural inequalities. There is thus a pressing need to disaggregate not only by specific ethnicity, but by intersections of other structural inequalities.

As intersectionality theory reveals, homogenising equality groups tends to privilege the advantaged within-groups: generalising across the category based on one particular position within it, effacing intersectional marginalisation in the process. Furthermore, the category BME/BAME can discursively de-gender women of colour. In the light of this, this article will reflect on the intersections of race and ethnicity with other inequalities, which we might bear in mind when reflecting on racial and ethnic inequalities and Covid-19, and which suggest possible directions for future research into inequalities and the pandemic. These intersections include disability, gender and gender identity, and sexual orientation, among other salient ones: class, nationality, migration status, and faith.

I do this with reference to claims made by equality third sector actors (organisations which have emerged because of inequality related to markers of identity, including racial justice, feminist, disability rights, and LGBTI rights organisations) in relation to other equality communities. These organisations play a key and at times overlooked role in policymaking, and an integral role in knowledge production about inequalities. Some of these other inequalities are more recently protected in equality legislation, and as such, data collection in relation to them is patchy or virtually non-existent (as is the case with trans status). Moreover,
official statistics do not consistently examine all of these together. Therefore, we cannot gain a full understanding of the complexity of race, ethnicity and intersectional privilege and marginalisation in relation to the Covid-19 pandemic with reference to official statistics or existing research alone.

The ways in which these other structural inequalities intersect with institutional racism are not made explicit in these claims, so need to be further discerned – since the equality third sector remains largely siloed into ‘equality strands’, a situation which my research on intersectionality’s conceptualisation and operationalisation therein responded to. Claims from other equality sectors may also understandably employ strategic essentialism; in any case, these claims need not necessarily be understood as competing, in the knowledge that no inequalities are mutually exclusive (though of course all such claims can and should be subject to intersectional critique).

**Disability**

According to research by the Glasgow Disability Alliance, the largest disabled people’s membership organisation in Europe, COVID-19 has ‘supercharged’ inequalities already faced by disabled people. Disabled people, with BAME disabled people among them, already faced persistent isolation, poverty and exclusion from services, while the pandemic has led to increases in these factors as well as experiences of food insecurity.

According to disabled people’s organisations participating in my research, these experiences are particularly acute for BAME and other intersectionally marginalised disabled people. This intersection of race, disability and socioeconomic status is particularly significant given the correlations observed between markers of socioeconomic status, particularly deprivation, and vulnerability to COVID-19 in terms of both incidence and outcomes.
My research has found that UK-wide, BAME disabled people’s organisations have been particularly hard hit by cuts associated with austerity, with many such organisations who specifically advocated by and for disabled BAME people now dissolved.

Gender
Early research into gender differences and COVID-19 shows that proportionally more men than women die, while women of most minority ethnic groups are more likely to do so than white women, with Black women 4.3 times more likely. Research into other health indicators in the UK has found that BAME people are disproportionately diagnosed and treated at late stages, with particularly negative effects for women. One possible contributing factor to these differentials is ‘medical bias’, which has been named as a likely factor in racial inequalities in deaths from COVID-19 in the US.

Increasing incidence of domestic violence is a key gendered issue in relation to the pandemic. Commentary concerning this has largely been happening in parallel to, rather than with and through, commentary about racial and ethnic inequalities, in a familiar siloing which serves to marginalise the experiences and perspectives of women of colour, what Kimberlé Crenshaw named as political intersectionality (1991) in her still very relevant critiques of antiracist and feminist movements.

Specialised domestic violence services led by and for BAME women were already grossly underfunded compared with mainstream counterparts, and it is unclear how much, if any, of new funding committed for domestic violence services in the light of the pandemic will reach these services.

Sexual orientation and gender identity
The gendered implications of lockdown and proximity to abusive partners, with fewer options to leave have been highlighted.
Yet the framing of domestic violence as an issue exclusively manifested in (heterosexual) intimate partner relationships or towards children in those contexts, has always served to mask (gendered), hetero/cissexist domestic violence and abuse experienced by lesbian, gay, bisexual and trans people from parents and family members (LGBT people may of course also be subject to domestic violence in intimate partner relationships).

This is an issue pertinent to all LGBT people, not just BAME LGBT people, but research indicates that the latter are underserved by LGBT specific services, access to which is even more limited for all in the current circumstances, even as many LGBT organisations report increased demand. Many LGBT people then, who may also be more likely to have ways of organising familial relationships which diverge from the (nuclear) ‘household’ which the lockdown policy is structured around, will have particularly challenging experiences of lockdown.

LGBT people experience health inequalities which may increase risk in relation to COVID-19. Furthermore, pre-existing health inequalities among LGBT people would suggest that vulnerability to COVID-19 may be particularly acute for BAME and other intersectionally marginalised LGBT people.

I have highlighted just a few issues which emerge when the intersections of race and ethnicity with disability, gender and gender identity, and sexual orientation are considered in relation to inequalities and COVID-19. The groups of BAME disabled and LGBT people, and BAME women and men, all overlap, and experiences vary further by specific ethnicity. In a context where equality claims making remains largely siloed, and attention to intersectionality is fragmentary at best, it remains to be seen whether the pandemic will exacerbate the homogenising tendency of these claims, or whether analysis might take care to highlight intersectional marginalisation among BAME people and within equality groups.
Experiences from past animal outbreaks help University of Edinburgh veterinarians adjust to COVID-19 working conditions, by Aphaluck Bhatiasevi

Experiences of infectious disease outbreaks, such as Foot–and–Mouth disease in 2001, have prepared Edinburgh’s leading veterinary hospital to develop working strategies for emergency situations.

When the COVID-19 lockdown was imposed in Scotland, the Dick
Vet Hospital for Small Animals rapidly reorganised their staff and workspace to comply with health guidelines. “We prioritise the safety of our staff, our clients, and endeavour to put the welfare and care of each and every animal at the top of our agenda,” says Dr Sue Murphy, the Hospital’s Director, a Veterinary Oncologist with speciality in small animals.

Those who could work from home, including receptionists and the account department, and those who needed to be at home, such as staff with young children, underlying health conditions or with transportation difficulties due to lockdown, were asked to do so.

Other clinical care staff were divided into three teams, to work on a rotating shift basis. Each team is on duty at the hospital for 24 hours, four days a week, followed by four days’ working from home and four days off duty. This pattern then repeats. Team membership is not altered, which keeps the risk of cross-contamination between teams to a minimum. Social distancing is also observed where possible in a clinical environment.

Clients who want to bring their animals to the Hospital have to make appointments by telephone or email. The Hospital provides as much remote care as is possible, so that their clients do not have to bring their animals in unless urgent medical attention is needed. Non-urgent cases can be triaged and if necessary, treatment deferred to enable prioritisation of emergency cases.

Animals requiring physical examination can be assessed in the car park area, as opposed to within the Hospital, enabling clients and staff to remain at a safe distance. Clients bringing sick animals to the Hospital are asked to stay in their cars where possible. If the animals are determined to be at risk, they are treated as priority cases. These considerations are made on a case-by-case basis. “Although they may not have an acute problem today, their health
condition may deteriorate in the next few weeks, so we need to judge when it’s best to see them” says Dr Murphy.

Clients bringing animals to the facility are asked to strictly adhere to National Health Service (NHS) recommendations of handwashing before interacting with staff, and to maintain a distance of at least two metres. Since lockdown began in March 2020, there has been a substantial reduction in number of clients bringing their pets to the hospital or seeking telephone consultancy, says Dr Murphy.

The Hospital regularly reviews procedures in order to provide the highest possible protection to both humans and animals, with strict adherence to social distancing guidance. The Dick Vet recently resumed the offering of vaccinations to ‘at risk’ animals. At the moment, they are not offering routine booster vaccinations.

Some animals may also develop parasite-associated infections as a result of warmer weather. These ailments are not usually
serious, and if lockdown continues, may be dealt with remotely, says Dr Murphy.

The Hospital’s services are offered to a range of small animals including cats and dogs and exotic animals such as rabbits, birds, reptiles, frogs, toads, snakes, turtles, fish and invertebrates. The veterinary school also has a practice dealing with farm animals including sheep, cows, an equine practice and referral equine hospital.

The Hospital provides a range of clinical services. It has a general practice, but also referral specialist services including anaesthesia; cardiopulmonary treatment affecting the heart and the lungs; dermatology to treat all forms of skin diseases; neurology and neurosurgery to treat a range of disorders of the nervous system; ophthalmology; and orthopaedic and soft tissue surgery. They use sophisticated diagnostic imaging technology to help diagnose illness, and offer comprehensive and advanced cancer treatments including surgery, chemotherapy, radiation therapy and palliative care.

Based on an interview led by Aphanluck Bhatiasevi, curator of the Covid-19 Perspectives blog and PhD candidate in Social Anthropology at the University of Edinburgh.

Dr Sue Murphy is Director of Clinical Services and Director of the Hospital for Small Animals.

Post COVID-19 solidarity challenges the danger of
returning to normal, writes Callum McGregor

Introduction

I would like to offer a sober yet optimistic speculation on the renewal of community and civic solidarity in the face of the rapidly unfolding coronavirus pandemic. Over the last forty years, social and civic solidarity have been systematically undermined by the neoliberal project. Yet over a decade ago, a global crisis of neoliberal finance capitalism presented us with an unprecedented opportunity to break away from its orthodoxies and rebuild the solidarity necessary for democratic citizenship. Instead, we lived through an astonishing period during which the ‘alchemy of austerity’ reworked the crisis as one of a bloated and inefficient welfare state (Clarke and Newman, 2012). ‘Zombie’ neoliberalism staggered on and inequality grew, as communities across the UK organised to resist austerity and ameliorate the worst effects of brutal cuts and punitive welfare reform. Perversely, a solidaristic rhetoric of ‘sharing the pain’ was invoked to justify the very policies that undermined solidarity: the reduction or closure of essential public services, youth and community centres, public libraries, as well as welfare reforms that the UN Rapporteur on extreme poverty and human rights compared to Victorian Poor Laws (Alston, 2018).

The pandemic has raised the stakes for those at the sharp end of all of this. Every day it becomes increasingly obvious how our experiences of daily life under ‘lockdown’ are fashioned by the intersecting dynamics of social class, ‘race’ and gender. Domestic violence has increased as women are trapped in homes with abusive partners (Townsend, 2020). Social distancing isn’t possible for those providing frontline services and those required to travel daily on crowded public
transport in urban centres. As our world shrinks, the harsh reality of uneven development is starkly highlighted as issues of work, housing, public space (especially access to safe greenspace), transport, food security and broadband internet are felt most keenly by poorer communities. Despite this depressing portrait, there are also instances of, and opportunities for, solidarity. In this period of social distancing how might we build on these opportunities to reduce social distance?

The rediscovery of social solidarity

In discussing solidarity, we ought to clarify its different meanings and inflections. Firstly, it is important to remember that solidarity isn’t exclusively a leftist concept tied to expansive articulations of social justice. Solidarity can be understood in exclusive terms, including nativist, conservative and xenophobic varieties (Scholz, 2015). Secondly, we can differentiate between social solidarity and civic solidarity (Scholz, 2015). Social solidarity is a descriptive concept, whilst civic solidarity is a normative concept. Roughly understood, social solidarity refers to the objective relations of interdependence underpinning a community or society. It is in this ‘social’ sense that we currently seem to be re-discovering solidarity, because in our shared vulnerability we are confronted with the reality of our mutual interdependence. We are all now expressing collective gratitude for our NHS. But more than this, we are suddenly alive to the reality that without our refuse workers, our Amazon employees, our gig economy delivery drivers, our supermarket workers, our teachers, our early-years workers, our care workers, our bus drivers, our cleaners, not to mention our NHS staff, life grinds to a spectacular halt. At the same time, we (men, in particular) are forced to confront the poorly paid or unpaid social reproductive labour undergirding the capitalist economy. For some of us, this rediscovery results in a type of ennui as the social hierarchy of labour flips on its head and we’re left contemplating the
social value of our own jobs. Many people who ordinarily enjoy a higher degree of financial and job security are unceremoniously plunged into precarity as we are, once again, confronted with the shortcomings of the free market as a guarantor of human wellbeing. As a consequence, it is now much more difficult to ‘other’ those who depend on the welfare state. It turns out, we all do. This is the rediscovery of social solidarity.

The renewal of civic solidarity

This rediscovery of social solidarity in the face of the pandemic has motivated acts of solidarity at every level—from the familial, to the local community, through to the national. Streets and local communities organise themselves into WhatsApp groups providing networks of support for each other and the more vulnerable; people volunteer with the NHS quite literally risking their lives to do so; people engage in quotidian but no less important acts of solidarity such as cutting the grass of elderly neighbours, buying groceries, emptying bins in local parks, and so on. Most visibly, we now stand on our doorsteps and clap every week for the NHS and keyworkers in a nation-wide collective display of symbolic solidarity. Whilst not to be underestimated, these solidarity acts aren’t enough on their own.

My hope is that this acute crisis starkly highlights the more chronic crisis of care—of social reproductive labour—created by an economic system that treats it as a ‘free gift’ and therefore undermines the preconditions for its own reproduction (Arruza, Bhattacharya and Fraser, 2019). Tackling this demands that our rediscovery of social solidarity acts as a waystation to the renewal of civic solidarity. We can understand civic solidarity as the institutionalisation of our mutual obligations as citizens through the state. Civic solidarity is associated with the European tradition of social democracy, whereby social rights are guaranteed through an inclusive universal welfare state (Scholz, 2015; Stjernø
To understand exactly what’s at stake here it’s useful to turn briefly to philosopher Michael Sandel’s arguments about social justice and civic virtue. Sandel recognizes that purely utilitarian justifications for democratic welfare states are lacking insofar as they fail to recognise how inequality systematically undermines the sense of community upon which democratic citizenship depends:

Public institutions such as schools, parks, playgrounds, and community centres cease to be places where citizens from different walks of life encounter one another. Institutions that once gathered people together and served as informal schools of civic virtue become few and far between. (Sandel, 2009, p. 267)

Real community requires civic solidarity and it feels as though this moment offers an opportunity to draw parallels between the current context and the post-WWII context where a shared experience of hardship reduced social distance and generated the conditions for civic solidarity. However, nothing can simply be ‘read off’ from the existing conjuncture—it needs to be articulated into a coherent discourse adequate to the task of challenging the desire to return to ‘business as usual.’

Conclusion: ‘Never let a good crisis go to waste’

Over a decade beyond the crisis of 2008, we stand at another ideological crossroad. On the one hand, we have the opportunity to build momentum for a different politics, one which identifies and protects ‘non-market norms’ and institutionalises a renewed sense of civic solidarity; one which recognises and acts to address the crisis of care we currently face. On the other hand, we are tempted to return to ‘business as usual’. From the beginning of this pandemic, we have been confronted with the double peril of the virus and its impact on an economic model which values growth at any cost. As we navigate the media panic over recession and
economic catastrophe, now is the time to emphasise the shameful disconnect between idle wealth and the dearth of socially useful investment produced by neoliberal capitalism.

We know that GDP is a poor indicator for human wellbeing and the health of the body politic. We know that quality jobs didn’t follow economic recovery after 2008. We know that economic growth doesn’t ‘trickle down’ but rather ‘up’, that risk is socialised whilst profit is privatised. In a context of falling wages and job insecurity, we know that the compensatory consumerism ensured by mass credit, resource expropriation and labour exploitation is unjust and ecologically untenable.

The very real danger lies in returning to ‘normal’ because the implications are terrifyingly plain to see: a return to a second round of ultra-austerity following a period of ‘crisis Keynesianism’, where we are urged to believe once again that we are ‘all in it together’, tasked with a collective duty to steady the ship following an unprecedented period of state spending to tackle the pandemic. In this neoliberal discourse, symbolic solidarity is allowed, even encouraged, whilst calls for civic solidarity are branded as disruptive or unpatriotic. Good neoliberals ‘never let a good crisis go to waste’ and this is how we should also see the task ahead of us—as an opportunity to weave together longstanding struggles against the privatisation of the commons, the crisis of reproductive labour, and thus for an expanded conception of labour rights and a humane and inclusive welfare state.

This article was first published in a new special issue of Concept, which explores the pandemic from the perspective of work with communities. Republished here with thanks.

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What is a compassionate
economy post-COVID-19, ask John Gillies, Liz Grant and Katherine Trebeck

Perhaps Adam Smith knew all along

Compassion and economy are words which you rarely, if ever, see in the same sentence.

Yet none of us would be here without the love and compassion of our families when we were born and for years afterwards. Care for each other in the home is crucial to the functioning of the economy, but it is work that is not given value in GDP-focused assessments of the success of a nation. We, as co-directors on the University of Edinburgh’s Global Compassion Initiative and Katherine Trebeck, researcher on wellbeing and the economy, make a case here that the COVID-19 global emergency means that we have not just an opportunity, but an imperative to create a more compassionate and a more successful economy than that which was already damaging people and planet as COVID-19 descended.

Compassion

Archbishop Desmond Tutu defines compassion thus:

“Compassion is not just feeling with someone, but seeking to change the situation if they are in pain, distress or suffering. Frequently people think compassion and love are merely sentimental. No! They are very demanding. If you are going to be compassionate, be prepared for action!”

Compassion is now much in evidence around us as society organises to deal with the catastrophe of huge numbers of infections and deaths across the world. The pandemic has created huge new workloads for health and care staff, delivery drivers, shop workers and others, sometimes undertaken at
great risk to themselves, as evidenced in the mounting numbers of COVID-19 deaths in these groups. Local community groups have responded to the pandemic by helping neighbours, vulnerable and elderly. GPs have rapidly changed their working practices and now see up to 90% of patients by video or telephone to protect patients and staff from infection. Hospitals have prioritised COVID care.

The Economy

We know that the economy in the UK and globally has taken an unprecedented hit and that life for us and future generations will be affected by the virus, with mass unemployment and the incomes being partially underwritten by Governments across the world. At the same time, we know that environmental breakdown, including climate change, is the biggest problem facing the human race and has not gone away when all eyes are on COVID-19. Climate change is a direct consequence of the way in which we have designed and run our global economic system. If we return quickly to the economic status quo, climate change will continue to accelerate and threaten the survival of many species, including the human one, within a few decades. But there is huge and perhaps understandable pressure, to do just that. Already we hear many calls for a return to normal, to get economies back on the road again and open for business. But a quick return to the status quo would see us step out of one frying pan into another.

It is worth instead stepping back to the 18th century for a counter to this. Adam Smith is often said to be the originator of ‘devil tak the hindmost’ market economics, but this is a misjudgement. He did say in the Wealth of Nations:

‘it is not from the benevolence of the butcher, the brewer, the baker that we expect our dinner, but from their regard to their own self-interest’.

However, nowhere does Smith say that the butcher is not, or should not be, benevolent as a person. His views on how trade
should function within a society are well set out in the earlier Theory of Moral Sentiments, in which he states ‘how selfish soever man may be supposed, there are evidently some principles in his nature which interest him in the fortune of others, and render their happiness necessary to him.’ As Gordon Brown said in the Hugo Young Memorial lecture in 2005, ‘I have come to understand that the Wealth of Nations was underpinned by the Theory of Moral Sentiments, and that his invisible hand was dependent on the existence of a helping hand.’ And helping, we know, is often a compassionate action.

Smith’s approach to the economy is thus a direct predecessor of the concept of the Wellbeing Economy, in which humanity determines economics, not the other way around. Smith did not talk of growth but of ‘improvements’, and this should be how we think of the goal of economic policy beyond COVID-19. It is our task to ensure that a restored post-COVID-19 economy is an improvement on the old, that it allows us to return to meaningful work in a system that takes into account individual and planetary health, and thus addresses the challenges of intergenerational injustice, gross inequalities and catastrophic climate change. It must also address the spectre of mass unemployment, a significant post COVID-19 threat.

Sometimes, when people realise that they have to change, they will change. In our Universities now there is a huge focus on developing antibody tests, treatments and vaccines for COVID-19. These have been very quickly incentivised by Governments, industry and research funders, working often in concert.

However, we also need a focus on how incentives can help us better build a caring environment, which supports the many individual acts of kindness and compassion. The wellbeing economy approach (as championed by the Wellbeing Economy Alliance) to is to identify economic policies for a ‘great pause’, and then how to build back better. These represent a sensible—and compassionate—way out of here. Scotland’s
membership of the **Wellbeing Economy Governments (WEGo)** since 2018 means that we have a head start.

We now need a strong parallel focus on economic research to identify how to create local, national and global economies for the future, both to avoid the secondary disaster of a great and long-lasting depression and to address the continuing challenges of climate change and persisting inequalities. Adam Smith would approve.

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**Katherine Trebeck** is a researcher and writer on wellbeing economy matters, including for **Wellbeing Economy Alliance**. She is co-author with Jeremy Williams of The Economics of Arrival: ideas for a grown-up economy. Policy Press, Bristol, UK. 2019. @KTrebeck

**References**

The Innogen Institute is a collaboration between the University of Edinburgh and the Open University to produce research and support innovation in a profitable, safe and societally useful manner. It builds, nationally and internationally, on fundamental and applied research in science, medicine, engineering and social science. In April, the Innogen Institute discussed Professor Smita Srinivas’s co-authored article *Economics and Public Health: a care for interdisciplinary cohesion in the time of coronavirus* and the relevance of her work on the Covid-19 pandemic. Below is a summary of the interview by our COVID-19 Perspectives team.

Professor Srinivas’s research focuses on economics, with emphasis on economic development, technological innovation, and industrial policy. One aspect is big picture economics for policy with relevant changes in the discipline, the other is microeconomics to examine empirically how technological capabilities, learning, and innovation evolve, which generate more or less useful developmental outcomes. For the last 20 years in addition to other industries, she has researched how vaccines and pharmaceuticals, with more recent work on diagnostics, come into being and are regulated. Although the perspective comes from economics, this research spans public policy and public health. Professor Srinivas explains that analysing the firms in these sectors reveals useful features of what they look like, how they perform, what they research or invest in, and how the learning and innovations that these firms generate are aligned with public benefit or are rewarded. From an industry dynamics viewpoint, public health
is an industrial organisation problem requiring greater attention; the economics underlying public health – as with much of economics – is out of date.

The economic discipline is, says Prof Srinivas, ‘deeply fractured’. This is affecting how we tackle several problems, including but not limited to: COVID-19, climate change, biodiversity, energy challenges, financial crashes, etc. She argues that students of economics today are not sufficiently taught the advances in domains such as evolutionary institutional analyses nor sufficient efforts made towards teaching a pluralist economics, which includes but is not limited to, what is termed ‘mainstream’ economics. Economists using a single or short list of methods are holding the discipline back, states Prof Srinivas, and ‘skewing public policy responses in a very alarming way’.

Currently Prof Srinivas is overseeing two projects in India one involving several Innogen members and led by the Open University: Innovations for Cancer Care in Africa examines how India, Tanzania, Kenya and the UK address different types of cancer to ask questions on economics methodology and a comparative policy viewpoint. The second project is a long-standing research area and recent collaboration with public health and clinical specialists examining vaccine development and its economic considerations. She is also writing on diagnostics and covid testing. In many countries, COVID-19 is a threat but so are other diseases which are vector borne or infectious, such as dengue, H1N1, and which with others, may generate inexplicable fevers. Patients may come in with several confounding symptoms, which make diagnosing COVID-19 cases difficult and sideline other disease priorities for the country. Furthermore, the Technological Change Lab (TCLab) has launched an integrative initiative of Health, Industry and Ecology (HIE) to examine the resilience of food-health systems in the current context as well as in post-COVID-19 plans; the global organisation of the health industry; and comparative
development lessons in and from India and other industrialising countries about relative successes around planning and policy.

Prof Srinivas’s interest in these projects lies in the role of institutional change, including markets and their varieties, how they come to be and their regulation. Studying these factors is important in order to decide what policy responses should be and which non-market strategies to use. In the case of vaccine development, Prof Srinivas elaborates, market size and demand will determine if a private-sector led vaccine development initiative is reasonable, or which stakeholders should be involved. The seemingly infinite nature of the Covid-19 market and the frantic scrambling of companies to be the first, has left governments, donors and multilateral institutions overwhelmed and confused. Clarity on what types of markets are needed and why is essential, says Prof Srinivas, as are the instruments used. To this she points to the relevance of her 2006 publication on industrial procurement processes for vaccines that sped up learning at the level of firms, but which have reward and market design considerations for health impact. Attention to such policy instruments helps highlight the importance of a public stakeholder process built alongside industrial development: firms drawing on public resources or public data for example, might be required to create a different type of market. In any case, without taking the eye off public health outcomes, there are vital economic development considerations to be weighed, and the relevant economics that can best address this. Long-term economic strategies must be put into place for wider public benefit of technology transfer as well as private firm growth.

Summary by Ritti Soncco. Read the full interview on The Innogen Initiative website where the article was originally published:
Prof Smita Srinivas is SGSS Professorial Research Fellow (Economics, Development) and Member of the Innogen Institute at The Open University (UK). In 2015 she received the EAEPE (European Association for Evolutionary Political Economy) Myrdal Prize for her book on the health industry “Market Menagerie: Health and Development in Late Industrial States” (Stanford University Press, 2012). She is the Founder Director of the Technological Change Lab (TCLab), a research platform, Visiting Professor at the National Centre for Biological Sciences (NCBS), TIFR, in Bengaluru, India, and Honorary Professor in the STEaPP department, University College London.

Kindness has thrived during the lockdown, write the Directors of the Global Compassion Initiative

The pandemic has prompted countless acts of caring – and compassion will show the way forward after it has passed. Kindness has thrived during the coronavirus lockdown.

In Gabriel García Márquez’s novel Love in the Time of Cholera, Florentino commands the captain of the river boat to raise a yellow flag signifying cholera on board. Passengers already on the boat get off, no new passengers embark, leaving Florentino and the widowed Femina together to love. The flag creates a place of separateness, allowing a deep relationship to flower.
There is a metaphorical yellow flag now flying across the UK. The lockdown triggered by the Covid-19 pandemic has echoes of that boat journey. Hemmed in, with all our movements and interactions constrained, many are experiencing rising fear, anxiety, exhaustion, frustration and anger. There is much uncertainty and confusion as to how to manage relationships altered by the pandemic. And it is within these relationships that life is lived. And lost.

It is also in the interstices of these relationships that compassion lives. Compassion can fill the space and join the separate and broken pieces. We have seen exceptional moments of compassion: the sign-up of 750,000 people to the NHS volunteer scheme; and the clapping for the NHS, care services and key workers across every city and village. And then there are countless unseen acts of compassion within communities, with neighbours checking in on neighbours, or customers purchasing the groceries of strangers who had clearly come off long NHS shifts as a signal of gratitude.

Such kindness didn’t start with Covid-19 – it was always there in people – but the pandemic has given us a space to see it and permission to be compassionate. A light is being shone on what happens every day in every town across the UK. What was hidden and unremarked upon is being noticed as an essential part of our existence, enabling us as a society to keep faith in the future and to believe that we can get through this.

There is an opportunity now to hold on to what we have, and to celebrate and grow it. Compassion can become a driver of change. Such compassionate action, the psychologist Paul Gilbert suggests, often involves individual acts of courage: to support colleagues in distress, stand up for the oppressed, or challenge authority when the wrong course has been taken. We have seen all of these during the past month.

We see daily the terrible toll the pandemic is taking on human life across the planet, particularly in low-income countries.
At the same time, interventions to contain the disease have contributed more to tackling climate change in these few weeks than the Conference of the Parties has achieved in years. Flight reductions and a cut in the use of fossil fuels have seen carbon emissions fall. It is a terrible irony that a virus, which impairs the ability of human beings to breathe, has shown compassion to the planet, providing clean air for natural ecosystems to thrive.

How do we reimagine the future and avoid merely returning to the status quo? It is acts of compassion that are transformative. By acting to alleviate suffering, we will find our way through the acute, complex challenges of this pandemic – learning lessons that build towards healthier, more balanced and happier communities globally.

This article was originally published in The Sunday Times: https://www.thetimes.co.uk/article/acts-of-compassion-ingrained-in-lockdown-can-help-us-after-covid-19-say-scots-academics-jhhll5tmq

Liz Grant is Professor of Global health and Development; John Gillies is Honorary Professor of General Practice and co-director of Edinburgh Compassion Initiative; Kirsty MacGregor is Chief of the MacGregor Leadership Consultancy; Paul Brennan is Senior Clinical Lecturer and Honorary Consultant Neurosurgeon; Wendy Ball, consultant and senior fellow, Global Health Academy; and Harriet Harris, head of Edinburgh University chaplaincy service.

Liberalism is fiction and
privilege depends on disadvantage, writes Rebecca Hewer

If, like me, you find a measure of solace in comprehension, today’s global pandemic will likely represent a particular kind of intellectual discomfort. Though incisive perspectives are available, the geopolitical, sociological, economic and public health implications of Covid-19 are so vast and various as to frequently defy useful ad hoc analysis. The potentially cataclysmic consequences of this health emergency are intimidatingly numerous: transnational and localised, embodied and sociological, changing day by day. This coronavirus outbreak is ripples on ripples. It will take us years, if not decades, to fully come to terms with its implications on our social reality (if such a thing were even possible).

It would, however, be irresponsible to suggest that the impact of this virus was entirely unforeseeable. Prior to this outbreak, epidemics had not been assigned to the archives of history, or the mythology of Hollywood. Indeed, in recent years, SARS, Ebola and Zika all exposed the very real possibility and consequence of contagion. Better state preparedness was possible – warnings were issued and ignored. Western exceptionalism and colonial arrogance – long critiqued by any number of voices – likely prevented the UK government from learning more quickly, or more effectively, from South Korea and China. The policy of austerity wrought havoc on our national health system: its vulnerability to crisis was anticipated. There is a difference, after all, between struggling to comprehend the granularities of a specific social occurrence and knowing where the cracks are.

This is true for more than human health and infrastructure. Our social worlds are not random and arbitrarily structured,
they adhere to regularities and to rules which shape individual chances and collective outcomes. As French sociologist Pierre Bourdieu observed ‘the games of life... [are] something other than simple games of chance offering at every moment the possibility of a miracle’. [1, p. 46] And of course, it is the task of sociologists and social theorists to explain these rules and regularities, as well as how they come to be, how they come to change and how they respond to pressure.

For a long time, critical social theorists, particularly feminist theorists, have argued that the logic of liberalism – a prevailing ideology within the western world – is premised on a political fiction. Put plainly, liberalism instructs that we, as human beings, are independent and unencumbered – relatively invulnerable to the vagaries of the social world, and our position in it. In turn, proponents of liberalism posit that – through ambition and endeavour – we can all sculpt out lives into whatever we desire them to be. No matter our backgrounds, or the resources immediately at our disposal, we can pull ourselves up by our bootstraps and strive. Black, white, gay, straight, woman or man – you can do it! The only thing that stands in your way, is you! If we flounder, are unsuccessful – poor and socially marginal – it is because we have failed or failed to try. If we are staggeringly affluent, it is because we have worked. We are neither victims of circumstance, nor the beneficiaries of privilege: we are masters of our fate and captains of our soul. This was the organising logic for Thatcher’s famous claim that there is ‘no such thing as society. There are individual men and women, and there are families.’

In the liberal imagination, then, dependency is abhorred: a condition of the very young, the very old, and the chronically, unforgivably lazy. Those who require income from the state are labelled morally reprehensible scroungers – maligned and blamed for their poverty. Parents who struggle to
clothe and feed their children, are condemned for the irresponsibility of ever having children at all. Structural injustices are denied, and resistance to those injustices is framed as a politics of envy and unearned grievance. This is the logic we’ve built worlds around: businesses, schools, legal systems and social security provision, are all predicated on these assumptions. Individual responsibility, meritocracy and social mobility are celebrated, permeating our public discourse, guiding our behaviour and shaping our perspectives.

But liberalism is a fiction; we know it’s a fiction. What is more, we know that it is, always has been, and always will be, ill-equipped to understand or (in its instantiations) address the realities of the social world – whether quotidian in its violence, or unusually cataclysmic. We are not independent and unencumbered but, rather, heavily embedded in a network of relationships – with each other, the market, civic society, the state and so on. What’s more, the number, nature and quality of our relationships has a significant and enduring impact on our lives – supportive and lucrative relationships are asymmetrically distributed, as are the denigrating and impoverishing ones. In sum, the idea of a person invulnerable to the various (positive and negative) influences of the social world is absurd – a fiction sustained by the privileged, who would rather the formative nature of their dependencies be hidden, and their advantages read as the achievements of the meritorious. [2]

Covid-19 exposes the political fiction of liberalism, in both straightforward and complex ways. It demonstrates our inherent embodied vulnerability to others and to a world we cannot control: we are all, without exception, susceptible to the influence of each other and disease. And whilst reducing that susceptibility has been cast as an individual task, it nonetheless remains the case that its performance is heavily predicated on our relationships – to each other, to the
market, to civic society, to the state. Our dependencies shape not only our ability to avoid disease, but the conditions within which we are able to do so. If our job is secure, our house safe, our communities supportive — we can relax in relative safety. If we live hand to mouth, in fear for our wellbeing, marginalised and excluded — a pandemic might not even register as an imminent threat. As Sarah Ahmed opined, ‘Privilege is a buffer zone, how much you have to fall back on when you lose something. Privilege does not mean we are invulnerable: things happen, shit happens. Privilege can however reduce the costs of vulnerability, so if things break down, if you break down, you are more likely to be looked after.’ [3]

But more than this, Covid-19 exposes the falsity of our social hierarchies, revealing the degree to which privilege depends on disadvantage — how privilege functions through extraction. We are only able to remain at home, fed and warm, because of relationships which were already very much in place before this pandemic occurred. We have not recently become — in the face of unprecedented crisis — dependent on factory workers, supermarket staff, delivery drivers, hospital cleaners, childcare providers and so on. We were always already dependent on groups of people routinely condemned for their relative lack of affluence. People who — despite massive endeavour — struggle to generate sufficient income but sometimes dare — nonetheless — to have children. Our dependencies have not only just materialised; their character has merely changed. And in this change, in this great unsettling, they have become visible. Coronavirus did not make society, it merely showed us it was there.

In a recent address to the nation, and in an obvious repudiation of Thatcher, the Prime Minister opined that ‘there was such a thing as a society’. Nice of him to notice. But his invocation of the term demonstrated a stunted and partial comprehension of its meaning. For him, society is a
coming together, a collective endeavour, a performance of that mythological wartime spirit the British public always seem so excited about. But society is not necessarily a benign or benevolent force: it is a normatively ambivalent phenomena which can both support and stymie human flourishing. And at the moment, it is a system whose lifeblood depends on the sacrifices of the less advantaged. As I remarked in a recent publication, ‘Mainstream society makes itself tall by standing on the bodies of the marginalised.’ [4] How long do we imagine we can prevail upon such bodies to carry the weight?

It will be years, if not decades, until we fully understand the profound psychosocial, economic, political and cultural ramifications of Covid-19. The loss will be significant, the trauma profound, the ripples on ripples intricate in their manifestations. But we do know, have known, will know where the cracks are. And the lies of independence, meritocracy, the deserving rich and the undeserving poor, are some of the biggest cracks of all.

This article was originally published on the Justice in Global Health Emergencies & Humanitarian Crises webpage: https://www.ghe.law.ed.ac.uk/the-illumination-of-a-pandemic-by-rebecca-hewer/

Rebecca Hewer is a postdoctoral fellow with the Centre for Biomedicine, Self and Society at the University of Edinburgh. She is an interdisciplinary researcher, with an interest in critical social theory, whose work explores the socio-legal regulation of (women’s) bodies.

References


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**Edinburgh students share personal concerns, threats and possibilities in American Ethnologist**

**Jonathan Spencer: Introduction**

The following texts were written by students with whom I have worked this year in a course on the anthropology of the political. The pieces were written in a few days between March 23-30; they are necessarily immediate and unpolished. Two authors (Elizabeth Fraser and Pelagie Couroyer) are final-year undergraduates, two (Anna Brooke and Juan Mejía) are MSc students. Elizabeth is Scottish, Anna is English, Pelagie is French, and Juan is from Honduras. The title is taken from Pelagie’s piece and brings out the tricks the pandemic has already played with our sense of time, and in some cases, space. Written as she packs her bags to make a dash back to France, she worries about the apparent suspension of certain kinds of critique in the face of emergency. Elizabeth tracks
the virus as it moves from remote to close to immediate, and asks what anthropology has given her by way of resources with which to respond. Juan tacks between his presence in Edinburgh, awaiting the next round of instructions for the “online scramble,” and his mother’s movements past military checkpoints in Honduras, but he also moves back and forth in time, invoking earlier experiences of curfew in Honduras, and the political imperatives that seemed to accompany them. The incongruity between the University’s institutional response, and the immediacies of the moment, is a recurring theme. Anna’s final piece details an absurd gift that magically generates new forms of sociality in a previously anomic housing block.

Pelagie Couroyer: The End of Time, not Time

Deserted seafront, Le Havre, Normandy. Pelagie Couroyer.
My timeline has abruptly stopped. After a week of emails dominated by words like “Covid-19,” “Cancelled” or “Temporarily Closed,” and “Stay safe,” I lost my grip on future plans. My thorough planning became as ephemeral as the timeline I drew with chalk on my blackboard. I am upset because I have lost control over time and never quite understood the privilege this implied. My university schedule has collapsed, graduation ceremonies are cancelled, my work hours are on hold, my routine in isolation is one constant interrogation. News stories and politicians, university emails and refund offers, have shifted my motivation to the present realm, and I do not move any more. How does one take decisions without knowing what the future holds?

I did not expect to leave Scotland a week ago, but now I write at the same time as I pack. Macron said, “I want to let all our fellow citizens abroad know that… we will organise repatriation.”\(^1\) I have called my mother’s insurers, and the French Embassy in London who both told me, “Coronavirus is a state responsibility . . We don’t organise transport . . We don’t cover repatriation costs.” Sadly, I could not find a number for “The State.” My national feeling was short lived. So why am I leaving?

My role has forcibly changed: I am not primarily an Edinburgh student working part-time any more, I am the daughter of a “front-line nurse,” the granddaughter of an elderly woman “at risk,” in a time of an epidemic “war.” In his address (16 March) “to his fellow citizens (concitoyens),” the French President said seven times, “We are at war (nous sommes en guerre).” The obligation of kinship had rarely felt so salient to me. But in this frozen and unproductive time, my identity became relational – daughter of, citizen of. All our identities, I believe, are being amalgamated into “families,” “fellow citizens,” friendly “neighbours,” urged to #savellives by #stayingathome. We are individually responsibilized, en masse; I do not question the necessity to enact social distancing and other precautionary measures to contain the virus, but I do wonder why we receive the orders so uncritically. Look at Italy, listen to China. Was the motive social or economic in this slow-paced lock-down?

Do we forget about our critical thinking in times of viral war? Anthropology has always taught me that times of crisis
are decisive. So what will happen when the clock starts moving again? Will this breach in our schedules, conventions, and expectations, be a productive thinking exercise to build a better future, or a case for burying our heads in the ground? Will we continue to let governments take all the decisions in the reconstruction efforts, or will we remember a long-forgotten duty of states to protect the most vulnerable? Edinburgh might have become a ghost town, the university a digital promise, but anthropology is as important and relevant, as always.

Juan Mejía: Discourses of Contagion, Dreams of Anthropology

As the morning wears off, I have come to the eerie realization that for the last weeks there have been competing demands for me to exist in two worlds that seem to share their blindness, as well as their determination, with sleepwalkers. As 1 pm in Edinburgh gets closer, for the first time in a week I start checking my official university email to find the specific adjustments every course has made for the online scramble, just in time for my alarm to start. Away from the glories of British higher education, in 7 am Tegucigalpa, the absolute military-run curfew imposed on all major Honduran cities will be lightened, but not lifted. I follow my mother’s trail, with her fake “essential” industry identification, and enough money to get out of a checkpoint or two, to reach the supermarket and later leave basic supplies at my grandmother’s house.

The irresistible charm of a good text on the co-production of state and kinship at noon, with its redeeming promise of high marks and knowledge, exists in a different place from my mother and a disinterested soldier. In Honduras, my home country, we have had curfews every few years, crisis since the dawn of written history, and an unspoken intimacy with discourses of contagion. Hence, an official message with the president surrounded by military men, regardless of where you are, becomes an object of intense scrutiny. It might be the need to stop gang violence 15 years ago, the dangers of “chavismo” ten years ago, domestic terrorism, youth vandalism,
or coronavirus, but the announcement of an absolute curfew is received with a rush towards a week of supplies and towards the alleged safety of home.

During curfew, life is supposed to be interrupted, two or three months of political frenzy with vast periods of staying at home. Reacting to a crisis in any other manner has always seemed like a kind of betrayal. During a long university strike, when the possibility of students accepting the implementation of distance learning emerged, a classmate screamed: “Normal lectures? With so many arrested and dead, that is impossible!” Context aside, the demands of being a student in a prestigious private university, away from home and funded with difficulty from a feeble public budget, now create a parallel sense of guilt. What was I pursuing in this university? Was it a degree like those that often adorn Honduran living rooms which would open a gate or two? Or was it the dream of learning new and different ways of working with ideas in anthropology?

Vanity becomes at times indistinguishable from genuine intellectual curiosity, but for the sake of argument let’s put my vanity aside and consider the dream of anthropology. It is a dream that sends shivers down my spine and that seems distorted, not by the contingencies of a crisis, but by the imperative to transform higher education into a degree-printing machine. The higher education system can seem gilded. The scramble into distance learning is a demand that cannot be ignored. A demand for a double betrayal and double existence in two times, 1 pm in glory and 7 am at home.

Elizabeth Fraser: Contagion: From the Classroom to the “Real” World

On Monday March 23, Boris Johnson appeared on our television screens and interrupted normal programming to announce the lockdown. I had an interview earlier in the day for a graduate programme. My self-isolating interviewer, who was alone rather
than heading a panel, and on Skype rather than in person, remarked as she looked over my transcript how ironic it was that I was taking an anthropology course called Contagion in the middle of a pandemic.

And yes, a silver lining of Covid-19 is that it has proven to my hard science-subscribing family that medical anthropology is a valuable discipline to pursue. Every time I phone her, my mother now talks about the virus “revealing so much about what’s wrong with society.” The posts spilling one by one onto our social media feeds like a pot of bad news boiling over are all in some way about structural violence:

• People we know on zero-hour contracts admitting they have lost their jobs overnight with no compensation.

• Lists of tweets from American food servers who think they might be infected but can’t afford to take unpaid sick leave, so go into work anyway.

• Desperate pleas from NHS Lothian asking for volunteers to come to hospitals and feed patients because there are not enough employees to keep up after years of under-funding and under-staffing in the name of austerity.

• Caroline Criado Perez, author of *Invisible Women* (2019), pointing out that “small” size medical face masks are a men’s small, so on smaller women are often ill-fitting and loose, leaving them more susceptible to infection.

Glancing at Facebook may now not be much different from scanning the reading list of a medical anthropology class.

Yet, did my Contagion course prepare me for lockdown any better than anyone else? Despite talking about little else in class, Covid-19 was easy to brush away. It was terrible, of course, but so far off. Even when it reached Europe for the first time, and then reached England for the first time, I stupidly felt safe tucked away in Scotland. My first encounter
with it was in early February, when I went into an independent pharmacy on a main street in Edinburgh with a friend, and the woman behind the till sighed with relief at the sight of us. “I’m just glad you didn’t ask for a face mask,” she said, pointing to a scrawled sign behind her saying there were none left, “All the Chinese are taking them.”

My “freak out” moment did not arrive till March 12, when I was travelling by train from my parents’ house back to Edinburgh. I felt like I could not move an inch lest I touch a surface and be contaminated. I sat stock still, staring at a news alert reporting that 200 people had died in Italy the previous day, and actually properly thought of how many bodies that is. 200 a day. A crushing weight of bodies. I entertained the possibility that my grandparents might be gone in a fortnight. And as I did so I was consciously disappointed in myself that I only bothered to take the time to have this realization when they were European bodies – close bodies, apparently to my mind more attention-worthy, bodies? Contagion may have made me a bit more informed than the average Briton, but it did not really drag me out of apathy (or Eurocentrism).
Elizabeth Fraser:
I took this picture of my flatmate the other day when we were going out to buy food. She is a healthcare student and was very worried about infection control so she cut up an old tshirt and some flannels and sewed us make-do masks following a YouTube video guide. This is her trying to get it fastened tight enough.

Anna Brooke: An Early Birthday Present
I live in a student bedsit, in a block of flats where, until recently, I had rarely ever seen anyone. It is one of those places that has the air of people who keep themselves to
themselves and like to keep it that way. There is a dark stairwell with a broken light and a gently wafting smell of weed. Last week, the thought of staying here alone and embracing the Government’s recently announced “lockdown” measures had started to fill me with dread – surely this wasn’t how life should be? But that was before a rather peculiar moment happened last week. A knock at my door and my neighbor from the flat below appeared, looking anxious. She held out a note, somewhat formally, and explained that her mother in Sweden had decided to give her an early birthday present. It was an online delivery of toilet rolls, given the shortages. The only problem was that her mother had accidentally ordered “industrial jumbo-sized” toilet paper and the equivalent of 960 toilet rolls – 19 kilometers’ worth of toilet paper! What should she do? Would I like some? I thought it must be a joke at first. My first reaction was to laugh. Looking at her face, I soon realized it was not. But the delightful and surreal absurdity of the situation was also dawning, together with my overactive imagination, and not having seen anyone for a while. Together, we descended into fits of laughter and soon had tears rolling down our cheeks. It was contagious and unstoppable. The whole madness of the world we found ourselves in seemed to be encapsulated in that moment. Of all the things that could happen right now, who would ever imagine we were about to be deluged in 19 kilometres of toilet paper?

As the impending delivery loomed closer that day, the giant gift of toilet roll metaphorically seemed to unravel through the stairwell. We posted notes through each door, and there were conversations reacting to the somewhat surprising offer (a highly prized commodity!). Endearingly, my neighbor’s pink-cheeked embarrassment broke the ice each time. Over the next few days, it unleashed a back and forth of activity between neighbors, including creating a WhatsApp group, sharing chocolate cake and wine in the stairwell, agreeing to stamp loudly on the floor if ever in need, and an attempt at cat-sharing to try and catch an errant mouse (although the puss involved, Peggy, was more categorical in sticking to working from home).
Fortunately, in the end, my neighbor was able to send back the whole delivery. But the imaginary presence of the gift had been felt and it had opened up a palpable sense that there was a human, living presence and connection behind each of the front doors. In this moment, the compelling and humorous power of the gift was able to transgress what “social distancing” and “lockdown” might otherwise suggest, in a seemingly paradoxical move of unlocking social relations and creating solidarity.

Only time will tell if and how this extraordinary and deeply uncertain point in history might help us imagine different ways of relating in the world more generally, but it seems like now is the time to be asking the question.
Jonathan Spencer: Building on Social Relations
Anna’s final piece concerns a gift so absurd it engenders new
social relations. If we can reflect on these relations, it is just possible we can also build on them for a better future. The central episode, the threatened arrival of a mountain of toilet paper, is a helpful reminder that this is a crisis that has been marked by a great deal of shared humor, as well as terrible tragedy. The metaphoric overload in the story could keep most anthropologists happily distracted for years, but let me add one, rather obvious point. The obvious referent for Anna’s story is, of course, Marcel Mauss’s Essay on the Gift, a short text every anthropology student knows they have to pretend to have read, and which quite a few actually do read. In recent years, though, anglophone readers of Mauss have been reminded – most persistently and effectively by Keith Hart – of the political circumstances in which Mauss composed the essay, and which he quite explicitly intended to address in it. Mauss was writing as a politically highly engaged author, a socialist as much as a sociologist, addressing an audience that had been devastated by the calamity of the First World War. The Gift concludes with a utopian call for a science of “civility” or “civics” – the very stuff that links these different student reflections. Mauss’s final sentence is as good a reminder as any of what we, as students and teachers, can at once gain and give at moments like this: “Through studies of this sort we can find, measure and assess the various determinants . . whose sum is the basis of society and constitutes the common life, and whose conscious direction is the supreme art—politics in the Socratic sense of the word.”

Notes:

[1] Je veux dire à tous nos compatriotes qui vivent à l’étranger que … nous organiserons le rappatriement.

This article was originally published in American Ethnologist: https://americanethnologist.org/features/collections/covid-19-and-student-focused-concerns-threats-and-possibilities/when-the-clock-starts-moving-again
Animal care continues during COVID-19, writes Ranald Leask

While human medicine takes centre stage, vets, vet nurses and researchers dedicated to caring for our pets and livestock, continue their work.

The University’s Easter Bush campus is home to some of the world’s foremost animal health experts. As with their counterparts in human medicine, they’re responding to the current crisis with innovation and dedication.

A number of researchers at the Roslin Institute are currently investigating various aspects of Covid-19 in an effort to find ways to combat the infection.

Continuity of care

At the Royal (Dick) School for Veterinary Studies Hospital for
Small Animals, familiar to many members of the public for the care given to beloved family pets, work continues to provide diagnosis and treatment, albeit with adjustments. Keeping staff, students, clients and their animals safe is the first priority, with new methods of team working now in place, to minimise possible exposure to the virus.

Dr Sue Murphy is Director of the Small Animal Hospital: “By working within the Royal College of Veterinary Surgeons guidelines of seeing only urgent or emergency cases we are protecting the public and our staff, as well as ensuring the welfare of the animals under our care isn’t compromised.”

The Vet School has made available essential medical kit to NHS Lothian, with the provision of four ventilator machines and the donation of 450 surgical masks, and a quantity of surgical scrubs.

Looking after livestock
Large animal care responsibilities also continue for staff and students at Easter Bush. For many in the agricultural industry, Covid-19 could not have come at a worst time, as spring lambs and calves are born. The University’s Farm Animal Hospital and Practice provides essential advice to farmers and vets around the UK.

Keeping the nation fed requires healthy, productive livestock, meaning the role of vets and vet nurses is crucial. These professionals have adopted new working practices that enable them to continue to attend sick animals, while minimising contact with others.

Online support
With campus teaching suspended, keeping in touch online has become evermore vital. One example the Vet School has employed is the ‘Bit of Fresh Air’ Facebook sessions. Hosted every Monday afternoon for vet students, the interactive sessions are led by Lecturer in Veterinary Clinical Skills, Caroline
Caroline says: “There is a very strong feeling of cohesiveness at Easter Bush, so losing this at a critical time of the year – in the run up to graduation – we wanted to give our students some way of staying in touch with staff. We have had some lovely feedback from students, saying they are missing Scotland and the University and that it was lovely to be on the live video and just see a bit of the outdoors, plus the animals that feature in them have been popular too.”

Making a difference
Staff and students are also volunteering at local charities, such as the Cyrenians and Trussell Trust, which support people who are disadvantaged and living in poverty.

Julian Mashingaidze, in his first year of a BSc in Global Agriculture and Food Security, says that while tiring, his voluntary work in a distribution warehouse has been very rewarding: “The Covid-19 situation had led me to start feeling useless and demotivated, but through helping out I have found a purpose. It has helped immensely with my mental health, which I’d been struggling with recently. Now I’m doing something that uplifts the local Edinburgh community while keeping me busy.”

Practical assistance has also been the aim of Amanda Warr, a post-doctoral researcher at the Roslin Institute. She has used her own 3-D printer to produce plastic components for face shields. These are used by front line NHS and care staff to protect themselves.

Amanda has already produced parts for more than 500 shields: “We get sent photos of workers wearing the shields, which is lovely and really reminds you that every shield is helping to protect a real person who is in a dangerous situation. It is heart warming to see them, and of course we are very grateful for everything they are doing.”
Donations to help Amanda’s efforts can be made at her GoFundMe page, here.

For Professor David Argyle, Dean of Veterinary Medicine, the key to overcoming this crisis is by calling upon the sense of unity traditionally enjoyed by staff and students at Easter Bush: “We have always had a really strong sense of community. These efforts to support the greatest public health crisis in decades shows our students and staff working together at their best through hugely challenging circumstances.”

This article was originally published on the University of Edinburgh Covid-19 Responses website: https://www.ed.ac.uk/covid-19-response/our-community/animal-care-remains-priority-during-covid-crisis

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