Covid-19 and the Black Asian Minority Ethnic Healthcare Workforce, by Radha Adhikari

Disease pandemics in history have regularly brought social inequalities and prejudice back to the surface.[1] Marginalised and vulnerable groups such as the elderly, the poor, migrants, and refugee populations are hit the hardest, both economically and socially, in such difficult times. The current COVID-19 crisis has, once again, exposed the fragility of human life and vulnerable groups are suffering the most.

In the UK, COVID-19 has disproportionately claimed the lives of the Black Asian and Minority Ethnic (BAME) population.[2] The BAME health workforce, and the BAME population, has been found to be at a higher risk of Coronavirus attack than the white British population.[3] The reasons for this, as suggested by the professional experts and media, are that this population has a higher proportion of underlying health conditions and of long-standing social inequalities and deprivation.[4] Early study findings suggest that the BAME health and social care workforce, already a high-risk group, has been assigned to frontline care, with potential exposure to the virus, by spending more time caring for COVID-19 patients, than their white British counterparts. Additionally, study findings indicate that BAME nursing and care workforce is more likely to be left without adequate access to Personal Protective Equipment (PPE).[5] Other essential workers, such as NHS support staff, and those working in transport and delivery services, have also been exposed to higher risks of COVID-19 virus infection, are also from the BAME background.

Additionally, care for the elderly and long-term health care sector has also suffered heavy blows from COVID-19, as a

result the total death in this sector has exceeded the number of deaths in hospitals in the UK.[6] This sector is reported regularly to be underfunded [7] and often as having inadequate PPE in place. This sector too relies heavily on BAME workforce. The patients and their care workers are left with a higher exposure to the risks of COVID-19 compared to the general population.

The media in the UK has brought the BAME health and social care workforce, and ongoing social inequality and exclusion they face, into the spotlight, alongside the elderly, people already ill, and those with underlying health conditions. Knowledge of this disparity is an additional stress for racialised healthcare and the essential service workforce. As such, the BAME population in particular is now simultaneously fighting double crises: the COVID-19 crisis as well as ongoing social inequality and exclusion. This is a crucially important issue, requiring better understanding and public policy attention.

The BAME health and social care workforce and ongoing social inequality

The BAME nursing and care workforce has been a disadvantaged group throughout the history of the British healthcare system, with reports of discrimination, bullying and harassment at their work. At a professional level, there is evidence that the BAME healthcare workforce is more likely to experience workplace discrimination and be under-represented at senior management levels in the NHS.[8] For example, 43% of the NHS workforce in London is from a BAME background, yet only 14% of board-level positions were held by people from a BAME background in 2017. The BAME workforce is more likely to be in zero-hour contracts, and in low-paid and insecure jobs. On top of this, ongoing social marginalisation and inequality places this workforce in a further disadvantaged position. Even when BAME nurses and care workers fear catching COVID-19, especially given current statistics, they are assigned to

frontline care and new recruits are more likely to say no to the frontline work.[3]

Time to address structural issues and put things right

NHS employers in Britain have acknowledged the fact that the BAME health workforce is at higher risk of contracting COVID-19 and of becoming seriously ill because of it, as evidenced by their being disproportionately affected by the Covid-19 crisis.[3] As the social and political pressure to protect the BAME population has escalated, NHS employers have started looking into management strategies to protect this workforce from attack by the virus. Current strategies include: the BAME workforce being recognised as a risk group; managers are to carry out risk assessments before BAME staff take up any work; and finally, the BAME group has been prioritised for COVID-19 testing.[9] However, there is a need to extend these strategies to include those who work in the private care home sector. These should not just be in Government policy documents and exist as paper exercises for health service managers, but need to be implemented seriously and consistently across all health and social care sectors.

Addressing structural issues and social injustice is crucial while fighting against the virus. This is an important time for a sustained and collaborative effort towards making more equal and inclusive workplaces and societies. Also important is preparing to deal with future threats. The COVID-19 crisis has not only brought underlying social inequalities and prejudices to the surface again, but also an opportunity to put things right.

This article was originally published by Justice in Global Health Emergencies & Humanitarian Crises: https://www.ghe.law.ed.ac.uk/covid-19-and-the-black-asian-minority-ethnic-healthcare-workforce-by-radha-adhikari/

Radha Adhikari is a Research Fellow in SSPS, and currently working on a project examining the 'Documentation of Nepali migrants' death, injury and ill-treatment in transit and destinations'. Currently, the research fieldwork has been on hold due to Covid-19 outbreak.

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Edinburgh Law School creates animations to discuss structural injustice, denaturalized natural disasters, epistemic injustice, and the nature of emergencies

The following series is supported by the Wellcome Trust and led by Dr Agomoni Ganguli Mitra. All animations were created by Vanessa Randle from ***thinkingvisually****.*

structural injustice in global health emergencies

https://media.ed.ac.uk/media/1_9teexwrw

In this animation, we discuss the concept of 'Structural Injustice'. We look at what it is, how it's different from other kinds of injustices, and why it's important in the context of Global Health Emergencies.

The concept of structural injustice, as discussed in this animation is based on the work of philosopher Iris Marion Young.

For more see:

- Young (2011). *Responsibility for Justice.* Oxford; New York: Oxford University Press.
- Young (2006). Responsibility and Global Justice: A Social Connection Model. *Social Philosophy and Policy, 23*(1).

For full transcripts click here: Structural Injustice Animation Transcript.

Denaturalizing Natural disasters

https://media.ed.ac.uk/media/Denaturalizing+Natural+Disasters/1_7jd6dic1

In our second animation, Professor Matthew Hunt talks about how natural disasters and their impacts are not as 'natural' as they may first appear and how this should influence how we plan for, and respond to, such disasters.

For more, see:

- Chung, R., & Hunt, M. (2012). Justice and Health Inequalities in Humanitarian Crises: Structured Health Vulnerabilities and Natural Disasters. In P. T. Lenard (Ed.), Health Inequalities and Global Justice (pp.

197–212). Edinburgh University Press.

Download the full trancript: Denaturalizing Natural Disasters – Transcripts (PDF)

epistemic injustice

https://media.ed.ac.uk/media/Epistemic+Injustice+/1_e6tucbwl

In our third animation, we discuss the concept of Epistemic Injustice and how this relates to Global Health Emergencies. In particular, we focus on the work of Miranda Fricker and discussion of Testimonial and Hermeneutical Injustice.

For more, see:

- Fricker, *Epistemic Injustice: Power and the Ethics of Knowing* (Oxford University Press, 2007)
- Kidd, Medina & Pohlhaus (eds), *The Routledge Handbook of Epistemic Injustice* (Taylor and Francis, 2017)
- Chung & Hunt (2019), 'Epistemic Injustice and Humanitarian Action: The case of language and translation.'
- Eckenweiler (2019), 'Seeking Asylum: Epistemic Injustice and Humanitarian Testimonies.'
- Scully (2019), 'Responding to disability in Global Health Emergencies.'

Download the full transcript: Epistemic Injustice – Transcripts

nature of emergencies

https://media.ed.ac.uk/media/Nature+Of+Emergencies/1_x340u9y3

We are currently living through a world wide global health emergency: the Covid-19 pandemic. Labelling a health event an emergency, disaster, or crisis imply an event that is confined to a certain time span and geographical focus. It is an extraordinary event that requires special measures. These terms in themselves are therefore worth questioning using the

lenses of ethics and justice.

In our fourth animation, Agomoni Ganguli-Mitra discusses these terms and their ethical implications.

View the animation and full transcripts

For more, see:

- A. Green, '**The activists trying to 'decolonize' global health**', (*devex,* 21 May 2019).
- S. Walsh and O. Johnson, ***Getting to Zero: A Doctor and a Diplomat on the Ebola Frontline*** (Zed Books, 2018).
- A. Ahmad and others, ***Humanitarian Ethics Action and Ethics*** (Zed Books, 2018).
- S. Bradshaw, ***Gender, Development and Disasters*** (Edward Elgar Publishing, 2014).

Download the full transcript: Transcript – Nature of Emergencies Animation

This animation series was originally published by Justice in Global Health Emergencies & Humanitarian Crises: https://www.ghe.law.ed.ac.uk/animations/

The NHS is a health system not a charity. It should be funded accordingly, writes

Rebecca Richards

He walked his way into the hearts of a nation – one lap of his garden at a time. In doing so, 100-year-old – soon to be *Sir* – Captain Tom Moore raised a staggering £29million for the NHS.[1] While perhaps the most publicised, he is not the only private citizen helping the NHS respond to the Covid-19 pandemic. The 'Run for Heroes' Challenge – whereby social media users run 5km, donate £5, and nominate five of their friends to do the same – has raised more than £5million in less than a month.[2] And all over the country, people are sewing Personal Protective Equipment (PPE) for frontline healthcare workers that are lacking adequate safety equipment.[3]

But the heart-warming response these extraordinary feats of solidarity and good-will elicit in us can also obscure the fact that the NHS should not *need* this level of support. As an anonymous NHS doctor recently pointed out, 'The NHS is not a charity'.[4] The NHS is a healthcare system. It is therefore the government's responsibility to fund, staff, and supply it so that it can effectively respond to a pandemic that was not entirely unexpected.[5] [6] It is a responsibility the government has arguably failed to fulfill adequately. Though not alone in its enforcement of austerity measures over the past decades, [7] the government's economic policies left the NHS under pressure even before the pandemic broke out.[8] Between 2010 and 2014, for example, the real-term annual increase in NHS England funding was only 1.3%, down from historical annual growth rates of approximately 4%.[9] This has been associated with nearly 120,000 preventable deaths in England during this time period.[10] And though the government committed to increasing NHS funding in 2018,[11] this – and subsequent government funding increases – has not been enough to 'reverse years of health underfunding'.[12]

When the magnitude of the Covid-19 crisis became clear, the NHS was therefore not fully prepared. After missing the deadline to participate in a EU collective-buying scheme to source additional ventilators,[13]the government is making slow progress in procuring the necessary 18,000 ventilators – down from an original estimate of 30,000.[14] The government asked retired NHS staff to come out of retirement to support the relief effort [15]– a call that more than 20,000 people answered.[16] There is also an ongoing shortage of PPE in large parts of the country – despite the Health Secretary's request to health workers to not 'overuse' PPE.[17]

All of this is not to say that the UK is the only country struggling to buttress its health system against a worldwide pandemic. Pandemic responses are notoriously complex and difficult to 'get right' and the government has committed to a further £6 billion boost to the NHS.[18] Nor am I diminishing the incredible efforts of volunteers and donors that are providing invaluable support to the NHS and its staff and their families. The point I am making is that this level of fundraising, volunteering, and coming out of retirement should not be necessary to prop up the health system of one of the richest countries in the world.

As the saying goes, tragedy can bring out the best in people. But, as Polly Palliser-Wilkins put it, it – tragedy – can also work 'to individualise events and mask the reasons or the responsibility for such incidents, fixing them in space and time and casting them adrift from their structural causes and politics'.[19] We need to be careful that the outpouring and mobilisation of support we have seen does not 'obscure the political failures that underpin the crisis itself'.[19, p.22] To truly learn from this pandemic and hold governments accountable for their responsibilities to protect us from it, we must not view acts of support as the isolated actions of individuals, totally separate from the context in which they are required. As Palliser-Wilkins argues, humanitarian

assistance to times of crises is in itself political because of its 'relationship to the failure of politics'.[19, p.23] And this particular failure is one not worth repeating.

This article was originally published by Justice in Global Health Emergencies & Humanitarian Crises: https://www.ghe.law.ed.ac.uk/the-nhs-is-a-health-system-not-a-charity-it-should-be-funded-accordingly-by-rebecca-richards/

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Kat Smith, Sudeepa Abeysinghe and Christina Boswell reflect on the impact of COVID-19 in SKAPE seminar, by Cleo Davies

This blogpost is a summary of the SKAPE Seminar on the 24 June 2020

Kat Smith (Strathclyde), **Sudeepa Abeysinghe** (Social Policy, Edinburgh) and **Christina Boswell** (PIR, Edinburgh) presented three complementary perspectives on the on the impact of COVID-19 on the study of the relationship between science, knowledge and policy.

Christina Boswell noted the extent, and unprecedented level of granular coverage of science and the scientific debate around COVID-19 in the media and public debate. At the same time, there is a dependence on expert knowledge around the virus, in particular at the level of the UK government, that points to symbolic uses: government representatives are flanked by experts at daily press conferences and the mantra is that any decision is "led by the science". This goes beyond symbolic uses of science to bolster policy choices; **with COVID-19, science has become an insurance policy for the government.**

Two risks emerge from these observations. The first is that science will disappoint because of unrealistic expectations. In the medium to long term this could lead to an erosion of trust in science. This extends to individual scientists too.

The second risk emerges from a paradox: science and scientists need to be independent to work as a resource and to ensure the credibility of science; **science needs to retain its fallibility and can't be responsible for prescribing courses of action.** But in the context of COVID-19, science has appeared closer to political decision-making, and in support of policy and decision-making, it undermines the resource. There is a high degree of dependence in science to resolve the COVID related issues but, in the action of deploying this resource, it undermines the resource. This is a paradox that can be observed in other policy and decision-making areas, such as migration for instance. This led Christina Boswell to raise a central question: how can we build trust in these models to make sure they are relevant as a resource and without undermining their credibility and legitimacy? For Christina Boswell, there is a need to explore further governance models of the interface between science and policy and decision-making.

Kat Smith's thinking and discussions with Justin Parkhurst and colleagues around COVID-19, has centred a lot around **the role of legitimacy and the pressure on the evidence-advisory systems in the current times**. Legitimacy of the evidence-advisory systems takes on three aspects: technical legitimacy, political legitimacy, and process legitimacy. In terms of **technical legitimacy**, in pandemics, decision-makers appear to be naturally drawn towards epidemiologists and models that are future orientated, presenting quantified data, no doubt because it provides "something that they can hold onto". But these models are very difficult to scrutinise. Kat Smith is particularly concerned about the way in which the absence of knowledge is recognised and made clear in these models and the way the results are being communicated more broadly. This leads to the second aspect of legitimacy: in terms of **political legitimacy**, more delineating should be done between evidence led decisions and politically motivated ones. Decision-makers focus strongly on modelling and it isn't

always clear that models are used as guidance only. This means that the assumptions about the environment intrinsic to these models, are not made explicit by decision-makers. This has serious implications, notably for broader socio-economic issues. And finally, in terms of **process legitimacy**, transparency is key to ensure that there is both scientific and public scrutiny around decision-making about pandemic responses (which tend to sit outside normal legitimacy processes, such as elections and party manifestos). Accountability systems in these pressured times of rapid and major policy developments cannot function without transparency. Both scientific and public scrutiny could be usefully strengthened in the UK and it was notable that the limitations of current arrangements were cited by Sir David King in explaining his decision to convene the Independent SAGE group.

Kat Smith provided a final reflection stemming from her conversations with colleagues working on COVID-19 responses in policy settings, which underlined once again her **major concern around how evidence, and particularly modelling, is being portrayed in the public debate.** Echoing Christina Boswell's points, she noted many of the policy colleagues she had spoken to were concerned about the long-term implications for public trust in science.

Sudeepa Abeysinghe first reflected on how **COVID-19 subverts expectations around how scientific uncertainty plays out in public health interventions.** The virus and its impacts were, and to some extent continue to be, underpinned by scientific uncertainty. Epidemiological modelling was – at least initially – based upon analogous, anecdotal, theoretical and speculative evidence. Under such circumstances, we tend to see the blurring of boundaries between politics and knowledge under post-normal forms of science. This, for instance, played out in the case of the WHO and H1N1: Epidemiological uncertainty was reframed as a politically motivated decision.

However, instead of scientific uncertainty providing a means of contestation, we instead experienced a consolidation of the 'factiness' of the case. For many, the science-based nature of interventions, as asserted in political messaging, was taken-for-granted. This is despite the messiness of the data and modelling as recounted by the scientists themselves. This prompts the question: why is this the case?

And secondly, Sudeepa Abeysinghe also reflected on **the simplified packaging of scientific evidence in government guidance and publications.** Drawing on some initial empirical work in relation to COVID-19 in Indonesia, Sudeepa Abeysinghe suggests that instead of a knowledge deficit, the public may be engaging in complex decision-making weighing different and aspects against each other, notably bringing in socio-economic concerns too. Sudeepa Abeysinghe concludes by raising the question: why and how are issues of public health intervention still framed and discussed as a deficit of knowledge of the public?

A number of points also arose from responses to questions during the seminar. A first question prompted **reflections on science coming from China**. Christina Boswell noted that there is a discourse that data coming from China is not trustworthy and suggested that there is a tendency to nationalisation of science advice in the public debate. National competitiveness of science is reemerging. In the UK, it also raises questions about funding research.

There was also a question on why there is such **reluctance to admit to uncertainty**. Kat Smith suggested that this is part an evidence-advisory systems issue, part an institutional issue. Do these systems look at broad types of knowledge, beyond epidemiology ? For instance, logistics were not taking into account in the delivery of PPE initially. Secondly, there is a fragmentation of governance; in Scotland for instance, there are many different groups of scientific advisers that have been set up and the entire civil services has been rearranged

ass a resit of COVID-19. This creates a very fragmented decision-making landscape.

There was also a reflection on **the way in which the role of experts has changed** as a result of COVID-19. A much wider range of experts is now involved, with some having more influence and traction because of social media and salience. There may be an indirect effect on the institutionalisation of the use of science.

In relation to legitimacy, concerns were raised in view of the **shift of the responsibility for risk** onto the public and how this may feed into existing inequalities for instance. More broadly, it is important to note that we are only partially into this crisis.

This summary by Chloe Davies was originally published on the SKAPE blog: https://blogs.sps.ed.ac.uk/skape/2020/06/26/kat-smith-sudeepa-abeysinghe-and-christina-boswell-reflections-on-the-impact-of-covid-19/

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Rethinking the house as a public health technology of preparedness, writes Imogen Bevan

The main public critique levelled at the UK government's "Stay Home" campaign was its failure to be implemented fast enough, and the abandonment of community contact tracing in its wake. Beyond all expectations, the UK public proved "highly compliant" in staying home (even too much so) according to a recent report. A powerful new "spatial and moral logic" (Fitzgerald, 2020) had seemingly engulfed the UK. But what happens to houses now, as lockdown measures are gradually lifted? And more importantly, what did we learn from the "Stay Home" policy?

As a national strategy, home confinement provoked little controversy. As restrictions are eased, a new order not to leave one's home for fourteen days (if approached by a contact tracer) is seen as normal. The contact tracing technologies themselves on the other hand (such as those proven effective in South Korea, and currently being developed in the UK) provoke deep moral discomfort, understood to be the ultimate intrusion into our lives. Why is this? Isn't the house also a technology of sorts? What is being masked by discussions around data privacy? What might houses, in times of COVID-19, reveal about social relationships and values in contemporary Britain?

Anthropology has a long history of studying houses, and the many layers that compose them. From structuralism to feminist anthropology, to new kinship and material culture studies, we learn that houses participate in the production of power relations, gender, kinship and relatedness, as well as ideas

about individualism and capitalism. The theme of the house features heavily in my own research on sugar consumption, and what sugar might teach us about contemporary forms of kinship in urban Scotland. In my research, I am interested in the way that houses themselves, from the storage of (sugary) foods and objects to the configuration of rooms and furniture, embody and reflect the texture of social relationships.

In 2018-2019, I did fieldwork with families whose houses slowly warped over time, to accommodate changing relationships between kin. In 2020, their living spaces now compressed and strained to become the workplace, the school, the nursery, the clinic, and even the hospital. The policy of "Stay Home" largely relies on the (imagined) flexibility of the house, its capacities of absorption, and the magical powers of kinship to transform parents into nurses, school teachers, and early years practitioners behind closed doors. Houses are regularly depicted as spaces over which we have heightened agency and control, where we can express our individualities, our intimacy, and secrets. But when the home becomes a "clinical and epidemiological trope," as Fitzgerald writes, houses themselves disappear.

The 'Stay Home, Stay Safe' slogan recycles an oft-told story about the house – that it is a cocoon, a space of nurturance, the ultimate metaphor of kinship itself. Literary analysts reveal the long history of this trope in Britain, whereby houses emerge as "a symbolic substitute for the security and union of the womb," as they do in Dickens's work, for example (Armstrong 1990). In these romantic imaginaries, the house is made to work as an enclosure, a domain of life carved out, a safe haven constructed in opposition to the state. A black box of private life. A protective bubble. Yet houses and kinship are not starkly distinct from the realm of politics and the state. Nor are they inherently safe and protective places, as Sophie Lewis points out:

> *"How can a zone defined by the power asymmetries of housework*

> *(reproductive labor being so gendered), of renting and mortgage debt, land and deed ownership, of patriarchal parenting and (often) the institution of marriage, benefit health?"*

The imaginary segregation of the house from the outside world, and the dichotomies that accompany it (inside/outside, pure/polluted, privacy/surveillance, domestic/political), are attractive from a national and global policy perspective. As a technology of preparedness in times of pandemic, houses are readily available as a policy at no additional cost to the State. These imaginaries of houses – as hermetic borders, sites of personal freedom and mutual obligation – make them a prime tool for acting upon the virus. However, the language of "home" brushes aside a longstanding academic tradition in public health research, where home (as housing) has been readily conceptualised as a space of *exposure,* rather than one of safety.

Public health interventions have a long history of intervening upon, *or through*, the house. During the course of Dickens's lifetime, health authorities had come to establish the role of houses themselves in the onset and spread of diseases such as cholera, typhoid, and tuberculosis. In North Edinburgh, as late as the 1950s, a wave of cases of tuberculosis was traced back to the nature and conditions of low-quality urban housing. Public health research into houses' negative effects on health – temperature, dampness, leaks, indoor pollution, numbers of inhabitants – have led to some of public health's most important reforms. The long term effects of lead exposure, residual tobacco smoke, asthma, and allergies are just the latest chapter in the morbidities and inequalities houses produce.

While the UK government heavily invests in a new furlough scheme to shift people from workplaces into houses, responsibility is waivered concerning the glaringly unequal

ways this pandemic will be experienced, according to the kind of housing people can access. Meanwhile, forms of work that can be pushed inside the physical walls of the house – home-schooling, or nursing elderly relatives – are broadly exempt from any additional state assistance. Stay Home, Stay Self-Reliant.

Bourdieu (1970) famously argued during his early structural period, that the house represents a microcosm of society. In Britain 2020, the house bears witness to the reshuffling of priorities. It lays certain values bare. Within the logic of COVID-19, we are to seal (and conceal) ourselves within the home, regardless the type of housing. Any person in another household, however close the connection, must be distanced. Death of a grandparent? Stay home. A romantic relationship? Invalid unless it involves cohabitation. The house of COVID-19 feels a little like a Noah's Ark, each of us steering a floating household reduced only to the most necessary relationships – supposedly those of cohabitation, most often framed as the nuclear family.

I feel wary of the version of the house that "Stay Home" ushers in, with its celebration of nuclear family at the expense of other relationships. I also feel wary of current celebrations of homeliness and (gendered) ideals of domesticity, which are so often enmeshed with ideals of home ownership and fantasies of World War II austerity. The re-summoning of our so-called Blitz spirit – including memories of collectively producing a national blackout from our homes by boarding up the windows every night. World War II Blackout windows and home confinement are two sides of the same coin, I would argue. They both rely on the same notion: The British house as a sealed black box, whose outside boundaries can be thickened to better conceal and preserve the nation and the individual lives within.

In my Edinburgh research, the house cannot be theorised as a safe black box. People I met fought against threats of

eviction, or felt insecure in temporary housing with little to no cooking facilities, finding uncomfortable reflections of their positions in society. Anthropologists show that houses are metaphor, symbol, idiom, but also process, substance, structure. If the State expects and relies on the house to become the workplace, the school, or the clinic in times of crisis, this pandemic reveals more than ever the State's moral obligation to ensure good living conditions within our cities. And if the (nuclear family) house is also to be a technology of preparedness in case of future pandemics, we need to think of those who are excluded from its imagined and physical walls.

Imogen Bevan is a PhD student in social anthropology at the University of Edinburgh. Her research explores sugar consumption and the meaning of sugar for families in Edinburgh. What role does sugar play in social relationships? Imogen has published ethnographic research on tobacco and emerging e-cigarette practices among young people in urban France as a member of the Chemical Youth team, University of Amsterdam. Imogen's research interests include anthropology of the body, health and well-being, kinship, morality, sensory anthropology and visual methods.

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A gun for the end of the world, by Joe Anderson

As the coronavirus pandemic unfolds, I have watched gun rights organizations like the National Rifle Association (NRA) find a profound sense of justification. I spent a year researching and learning to shoot with gun rights activists in Southern California and was struck by the fact that their reasons for owning firearms were often framed around preparedness for the unknown. While this was often motivated by fear and an accompanying need to protect loved ones, some gun owners delighted in imagining those unknowns, whether they be a violent encounter on the street or a societal breakdown. The hours that they spend at shooting ranges and defensive firearm training courses give these Americans a sense of mastery over a predicted future full of danger.

Many of the gun rights activists who I met stockpile weapons, ammunition, and food. Some have even built protective shelters in case of a major catastrophe like the coronavirus pandemic. In anticipation of widespread food shortages as well as the violence that might result from competition for scarce resources, they believe that owning firearms will give them an advantage and protect their lives.

Mass shootings often precipitate a sudden increase in firearms sales. In this case, firearms sales soared in the United States following news in March 2020 that many European countries had implemented emergency measures in response to the spread of COVID-19. These policies encouraged people to stay at home and observe social isolation (Beckett 2020). Michael Schwartz, the founder of a gun rights activist

organization called the San Diego County Gun Owners, told me during the first week of these measures:

The gun shops have been crazy! All the shops are reporting a 600% to 1000% increase in sales and at least 80% to 90% of those sales are to people who have never owned a gun before. I have been at a gun shop and heard a customer come in and ask for “a gun, any gun, doesn’t matter. What do you think I should buy?”

This phenomenon has occurred nationwide. A leading firearms industry trade group has said that background checks for gun purchases increased by 80% in March when compared to February (Beckett 2020). Schwartz went on to say that:

A crisis and fear clarifies [sic] issues quickly. When someone is in fear for their life and their safety, they instinctively and logically understand that guns are the most (and in some cases the only) effective tool for defending your life.

This pandemic has triggered unprecedented shifts in behavior, beliefs about the future, and perceptions of danger that have reinforced many key assumptions that gun rights activists make about the world. For the groups of people that I spent time with, fear is a familiar motivation that convinces them that keeping firearms close by is both instinctive and logical. Schwartz believes that the rest of the world has now begun to understand the day to day reality of living with fear and uncertainty.

In response to COVID-19, The National Rifle Association aired a promotional video filmed in the bleak interior of a shooting range. The clip features an African-American woman holding a rifle across the arms of her wheelchair. Speaking with authority over what sounds like the soundtrack to an epic fantasy film, she says that vulnerable people like her have an even greater need for the personal means of protection at a

time like this. She goes on to say that “even liberals” have started queuing up to buy guns. As with all promotional material from the NRA, this video speaks to a world of human threat and asks the viewer to see gun ownership from the perspective of an at risk individual by engaging an empathic emotional response from viewers.

This film uses vulnerability to further a political cause in what has fast become a familiar tactic of the American right wing. By using liberal language and messaging, conservative media and activist organizations have been able to suggest that they fight for equality, while defending issues that often, in fact, decrease equal access to safe, meaningful, and prosperous lives.

Despite what the NRA says, the ability to use a gun in self-defense does not apply equally to all. As countless examples show, working class men, women, and non-binary people of color are likely to encounter a less responsive and often overtly hostile justice system than others in cases where they sought to defend themselves (Carlson 2014a). By positioning firearms as equalizers for vulnerable groups, gun rights organisations challenge stereotypes about their attitudes towards women and minorities while failing to acknowledge different lived experiences of violence on the basis of race, gender, and class (Carlson 2014b).

Take the Pink Pistols, a pro-LGBTQ+ firearms activist group led by a number of transgender women. They sit in the uniquely precarious position of being gun owners within a predominantly liberal LGBTQ+ community and transgender women within a conservative gun owning community. However, gun rights activists from all demographics of my research spoke of firearms as tools of “female empowerment”, occasionally using the phrase “gun rights are women’s rights.”

Joan, a transgender gun owner in her 60s who lives in San Diego county, has found a way to stay afloat financially

during the pandemic by taking a job at one of her local gun shops. Her role has been to provide security by walking up and down the large cues that started forming outside of weapons shops to enforce social distancing rules. This position allows her to utilize the very skills she has honed over a lifetime of preparing for such an event.

Many of the LGBTQ+ gun owners that I know voted for President Donald Trump in the 2016 general election, contradicting simple assumptions about how voting behavior divides along demographic lines of gender and sexuality. As the 2020 US presidential election creeps ever closer in the shadow of a global pandemic, it is worth reflecting on this fact: in 2016, whether a household contained firearms predicted which way a person would vote more accurately than any other demographic marker (Cohn and Quealy 2017). Roughly one third of households in the United States contain a firearm and of these 63% voted for President Donald Trump, while 65% of households without guns backed Secretary of State Hillary Clinton. This translates into a more consistent geographical split than even divisions based on race, religion, or whether one lives in a rural or urban environment.

For gun rights activists, this pandemic is part of a future they have always been expecting. But the question should be: Why are many Americans prioritising buying guns to help them prepare for a microscopic virus that is too small for even the sharpest of shooters to stop? It is because guns owners are predicting and placing bets on human nature. The enemies they imagine fending off are not coronavirus, but dangerous criminals provoked into lawlessness in a society somehow reduced to chaos by a pandemic, a foreign invasion, or economic meltdown.

As lockdown measures continue however, the dangers associated with keeping a firearm continue to be overlooked by many gun owners. For instance, owning a firearm is a major risk factor for suicide (Hemenway 2006). Of the over thirty thousand gun

deaths each year in the United States, two thirds result from someone turning a firearm against themselves. A steady rise in firearm suicides has, in fact, only recently driven the total number of gun deaths to the highest it has been in twenty years (Pilkington 2018).

Owning a firearm is also a risk factor for intimate partner violence. The presence of guns in a home does not necessarily increase the likelihood of abuse, but it does raise the chances that abuse will become deadly. Despite the NRA's messaging, it has opposed laws that would prevent suspected domestic abusers from having legal access to firearms (Carlson 2014b: 60). Reports show that domestic abuse has increased around the world as people find themselves locked at home with partners (Kelly and Morgan 2020). In other words, the fact that so many Americans own firearms could make coronavirus control measures extremely dangerous in the United States.

Gun rights activists look into the future at an imagined monster: humans driven to desperation and violence by scarce resources during a crisis. Their vision of the apocalypse is very human and very pessimistic. But whatever the future holds, one thing is certain: with gun sales on the rise, firearm ownership will find a renewed relevance in the 2020 election. Like many of the gun owners I know, Donald Trump may use this crisis as an example of why it is necessary for private citizens to own firearms for protection – even if evidence suggests that they are more likely to be used to take the lives of their owners than defend them.

Joe Anderson *received his PhD in Social Anthropology from the University of Edinburgh. His research explores the intersections between the practices and ideologies of defensive gun use, nationalism, gender, race, and ethics.*

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The Usher Institute organizes COVID-19 webinars to strengthen partnership, inform policy and bridge knowledge gaps, writes Aphaluck Bhatiasevi

The Usher Institute in the College of Medicine and Veterinary Medicine at the University of Edinburgh has been organising weekly webinars on COVID-19 since the early days of the pandemic. Leveraging networks of research institutions and

professionals across different countries, the webinars were initiated as a tool to collaborate and exchange knowledge to inform policy and practice in Scotland. They were also aimed at the academic community in the UK and beyond.

The primary intention of the webinars was to learn from colleagues in other countries about how the pandemic was being addressed there. They would serve as a vehicle to share information with colleagues in government and public health agencies and to help with decision making, says Professor Linda Bauld, Bruce and John Usher Chair of Public Health in the Usher Institute. For example, following the first webinar, notes and slides were shared with the office of the Chief Medical Officer in Scotland regarding how Singapore deployed a multi-agency approach in their COVID-19 response.

The Usher Institute works with both policy and research communities in Scotland and internationally, with a focus on health informatics, data science and social science. They connect policy makers, practitioners, patients and publics to create, develop and share knowledge to improve health.

The webinar series was established by Professor Aziz Sheikh, Director of Usher Institute and Professor Bauld. The Webinars have proved very popular and have been attended by policy and practice colleagues from Scotland and other parts of the UK, along with researchers from a range of different countries in Asia, Africa, the Americas, Europe and the Pacific.

Experiences and evidence shared in real time during the webinars included not only new findings from researchers, but also description and analysis of how different countries and inter-governmental organisations are responding to the pandemic. Issues and concerns involving containment, mitigation and in some cases intended elimination of the virus have been covered in the Webinars. In addition, data on testing, contact tracing, treatment and public health responses were discussed.

Thirteen Webinars have been held to date. They have focused on:

- Practical lessons and insights regarding the prevention and treatment of COVID-19 from clinicians working in China during the early days of the outbreak;
- Deployment of measures involving a whole-of-government approach since January in Singapore;
- Experiences from Vietnam using a range of systems across the country, including health services, mass media, transportation and other elements to implement emergency control measures such as surveillance, contact tracing and quarantine;
- Experiences from Hong Kong on the implementation of border restrictions, quarantine and social distancing;
- Upscaling of 'test, track, isolate and treat' without a lockdown in South Korea, with the support of mobile test centers, credit card information for contact tracing and strong advocacy;
- Italy's experience at the peak of the pandemic crisis and how different regions within the country were affected and responded
- Strategies New Zealand has implemented to move towards eliminating the virus within its borders;
- Experiences from Croatia including the use of social media to inform and engage the population;
- Multi-dimensional challenges and strategies low and middle income countries can deploy to respond to the pandemic, drawing on Nigeria's experience;
- Risk factors for Covid-19 including emerging evidence on smoking and overweight and obesity; and
- Large scale, rapid research conducted by the International Severe Acute Respiratory and Emerging Infection Consortium.

Colleagues can join the Webinars by registering to participate using Zoom, or they can watch it live or on catch up via

YouTube. Those joining via Zoom have an opportunity to pose questions to speakers and each Webinar has been followed by a useful discussion. The webinar series is contributing to identifying research gaps and connect those interested in similar topics. Some of the issues raised during the question and answer sessions have been actively followed-up, helping to build or strengthen partnerships and advance research collaboration. For example, following the webinar on 'COVID-19 and obesity: risks, realities and research needs' the organisers connected the speaker with the Non Communicable Diseases (NCD) Alliance, a network of more than 100 organizations globally whose priorities are to prevent and control NCDs.

"We are in a crisis, and the Webinars have further emphasized to me the urgent need for collaboration. We must work closely together and learn from one another to advance our collective knowledge in order to respond to this pandemic and beyond," says Professor Bauld.

The next webinar is scheduled for 26th June, focusing on 'Addressing COVID-19 in Latin America: How Brazil and Chile are responding to the pandemic'.

To access the slides and recordings please visit: https://www.ed.ac.uk/usher/news-events/covid-19-webinars

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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.

This article was originally published here: https://www.ed.ac.uk/covid-19-response/our-community/volunteers-week-university-staff-and-students-coor

Dr Kirsteen Shields is a human rights law expert with a PhD in international law and governance. She is a lecturer in international law and food security at the University of Edinburgh, at the Global Academy of Agriculture and Food Security. She was the recipient of the Royal Society of Edinburgh / Fulbright award for research on food and land reform at Berkeley, University of California 2017/18.

Pandemics, COVID-19, and

literary studies: past and present, by Nandini Sen

What made me write this essay:

"*For the past four years I have been writing a historical novel set in 1901 during what is known as the third plague pandemic, an outbreak of bubonic plague that killed millions of people in Asia but not very many in Europe. Over the last two months, friends and family, editors and journalists who know the subject of that novel, "Nights of Plague," have been asking me a barrage of questions about pandemics.*"

This sentence of Orhan Pamuk[1] caught my attention to write this brief essay on the similarities between the philosophical reflections existing in the current Covid-19 and the past historical pandemics through a lens of literary studies.

Tracing the pandemics to COVID-19:

From plagues in medieval periods, Spanish Flu (1918), herpes and legionnaires' disease (1970s), to AIDS (1980's), Ebola (2013-2016), severe acute respiratory syndrome (SARS, 2002-2004), and now COVID-19, contagious diseases continue to threaten and damage human populations.[2] It has become a common observation that the contagious diseases' outbreak makes us feel like we are living within a dystopian novel. It may seem an unwelcome new territory for us, but mankind has in fact stood here before many times and written about it. According to Pamuk[3] both fear of the germs and viruses and people's initial responses matter. Through initial responses to the recent pandemic people became philosophical, inquisitive, and interrogatory; this can also mean "stoical" and accepting the grim situation.[4] We wonder if philosophy can bring in clarity in this ethical and moral mess.[5] In order to clear the

confusion, scientists, literateurs, poets, chroniclers and historians are trying to address local situations and at the same time possess a "*desire to identify universal truths about how societies respond to contagious disease*".[6]

People and media have responded to epidemics by spreading rumor, false information, and portraying the disease as foreign and brought in with malicious intent. In Fyodor Dostoyevsky's "Crime and Punishment", the protagonist Raskolnikov "*dreamed that the whole world was condemned to a terrible new strange plague that had come to Europe from the depths of Asia*".[7] This statement can be evidenced by the dramatic aspect of epidemic response to stigmatise and allocate responsibility. From Jews in medieval Europe to meat mongers in Chinese markets, someone is always blamed. This story of blame exploits existing social divisions of religion, race, ethnicity, class, political or gender identity.[8]

We feel very attracted towards the sense of mystery and darkness through the prediction of mortality and process of death after battling the invisible enemy.[9] In the COVID-19 situation, authors may examine how far it, unlike the previous epidemics is evaluating situations where elderly people will die to retain the "*lives, and futures, of the young?*".[10] Poetess Pam Ayres's latest ode to coronavirus contradicts this notion as she regains her strength the age of 73.[11]

Pandemics have affected social life since the establishment of civilisation. *"Hippocrates recorded the first known pandemic in 412 BC, and numerous outbreaks were reported during the Middle Ages. The most notable epidemic, that of the 'Spanish influenza', occurred in 1918. Although more than 88 years have passed since that time, and memories of the disaster have become blurred, the sudden emergence of SARS and avian flu has reminded people of this painful past once more*".[12] Defoe's

Chronicle[13] shows us that behind physical and mental suffering there also lies an anger against fate, against a divine will that witnesses and perhaps even condones all this death and human suffering. In modern times we are orchestrated by our fear and the deaths. We share our anxieties and anger via different virtual network (Source: WhatsApp groups and Facebook groups, online fieldwork 2020). We wish we can build a kind of solidarity and resistance against fate and divinity.[14]

Defoe[15] wrote about people keeping their distance when they met each other on the streets during the plagues, but also asking each other for news and stories from their respective hometowns and neighborhoods, so that they might stitch together a broader picture of the disease. Only through that wider view could they hope to escape death and find a safe place.[16] Likewise, in COVID-19 people created groups, blogs, and other social media platforms to exchange and record their sadness, grief, nostalgia, difficulties related to medical processes, missing attending to loved ones' health crises including mental distraught, missing funerals, cancellation of marriages, big events, online, virtual or home-alone religious, literary and art festivals, online shopping slots, own creativities in different media (Source: WhatsApp groups and Facebook groups, Online field work 2020).

Much of the literature on plague and contagious diseases present the carelessness, incompetence, and selfishness of those in power as the sole instigator of the fury of masses[17] can be compared with the current mismanagement of so many countries' governments.[18] Medieval writings, such as *The Decameron* by Giovanni Boccaccio (1313–1375) and *The Canterbury Tales* by Geoffrey Chaucer (1343–1400), emphasized human behavior: "the fear of contagion increased vices such as avarice, greed, and corruption, which paradoxically led to

infection and thus to both moral and physical death".[19] Under current lockdown the above mentioned vices were displayed by elite and sometimes common citizens in urban settings in the hoarding of essentials from superstores and groceries.[20] However, writers such as Defoe and Camus allowed their readers glimpses of didactic[21] and existential[22] philosophies respectively beneath the waves of vulnerabilities, and fears – as something innate to human nature. *A Journal of the Plague Year*,[23] one of the most important works of literature ever written on contagion and human behaviour, tells us how in 1664, local authorities in some London neighborhoods tried to make the number of plague deaths appear lower than it was by registering other, invented diseases as the recorded cause of death.[24] Many commentators claim that the current UK government has likewise undermined the real figures and have not counted death figures from care homes or other informal institutes and peoples' residences.[25]

To write the book *The Plague*,[26] Camus immersed himself in the history of plagues. He read about Black Death in Europe in the 14th century, the Italian plague of 1630, and the great plague of London of 1665 as well as plagues that ravaged cities on China's eastern seaboard during the 18th and 19th centuries. However, Camus was not writing about one plague, as has sometimes been suggested, his was a metaphoric tale about the Nazi occupation of France.[27] Like Camus's Plague[28], *Blindness*[29] by Jose Saramago uses its pandemic as an allegory of society, where life is reduced to a substantial fight for survival and people succumb to a contagious form of blindness which can transform your vision into a visual milky sea.[30]

Athanasius Kircher's investigation can be an important early step to understanding contagion, and perhaps even the very

first articulation of germ theory. Kircher was possibly the first to view infected blood through a microscope. During the summer and fall of 1656, as Kircher remembered it, the "*altogether horrid and unrelenting carnage*" of Naples was on everyone's mind, and "*each man, out of dread for the ever-looming image of death, was anxiously and solicitously seeking an antidote that would ensure recovery from so fierce an evil*".[31] He predicted that the prospect of death could sometimes translate into increased inspiration, to achieve immortality. His keen observation (1658) through the Plague as reflected in *Scrutinium psetis*[32], tells us "*people scrubbed floors and walls with vinegar; burned rosemary, cypress, and juniper; and rubbed oils and essences on their skin. The wealthy left for the country if they could. Vagrants were sent to prison or conscripted to help the sick and scrub the streets of filth*."[33]

Parallel to Defoe, Mary Shelley in *The Last Man* (1926) took her evidence from the riveting diary of plague, and created a kind of science fiction, zombie apocalypse and other apparent consequences of fate. [34] By identifying thus with the plague in her private journal and in *The Last Man*, Shelley confronted the fact that humanity is the author of its own disasters. As scientists now remind us daily, collective human behaviour will either drive up or flatten the curve of Covid-19's rate of infection, Shelley also saw clearly that we are both the problem behind and the potential solution to such a pandemic.[35] COVID-19 has creepily invaded the world without prior notice, leaving many, mainly the elderly and other vulnerable people isolated at home as the only means of staying healthy and virus-free. Could they remain healthy,virus-free or avoid deaths?

People discussing COVID-19 frequently cite the famous film *Contagion* (2011) which opens with a woman coughing. It's not just nervous throat-clearing. The cough becomes the

protagonist and blends with other characters in director Steven Soderbergh's film, creating terror. Like under COVID-19 we find in the film the policy makers, "scientists and bureaucrats who are looking, for answers, devising containment strategies, working toward a vaccine".[36]

Modern British authors like Benedict, Vaughan, and Lesley are trying to create fiction under COVID-19 based on mid-life crisis, vaccines, tourists with masks in pubs, characters working in their pajamas, wildly getting on planes, journalists working from homes. They are predicting plots without excitement where characters will not interact, fight, kiss or make love, and face mental health problems. They need to explore the new norms depending on the imagination and the meaning of a multiple human calamity, across an entire overwhelmed population.[37] COVID-19 will create a void in literary pursuits. Hence, rebuilding and resolving new kinds of literary plots and ideas shouldn't exist in oblivion.

Conclusion:

A profound cultural and ethical aspect of all major epidemics is the loss of access to personal narratives. The collective replaces the individual as protagonist, and the health of the public takes precedence over that of the individual. "There is a paradox in the multiplication of personal catastrophe throughout a society"[38].The accounting of the past sufferings as narrated in different literary and historical texts in this context can produce thick memory with "subjective specificity"[39]. Apocalyptic traditions of pandemics including COVID-19 are deeply rooted in religious and community narratives that are turned toward the 'end times'.[40]

Cynicism pervaded mankind in the past pandemics, but can we afford to be stoic under the current global crisis. Crucial questions remain on how storytellers in the years to come will portray COVID-19. How will the authors and artists document

“the surge in community spirit, the countless heroes among us?”.[41] In summary, under COVID 19 we can expect to become more articulate in our artistic creations about our individual survival, isolation, vulnerability, uncertainty, and certainly the importance of collective introspection of inequality related to pandemic deaths[42].

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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.

Gabriele Falloppio: good with tubes.
Wikimedia

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.

Desenzano today.
Tomislav Medak, CC BY

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.

The Triumph of Death, medieval Italian fresco.
Wikimedia

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

country doctor had already questioned that one, too.

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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 quality.

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 ‘booter’ 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

Institute for Policing Research entitled, 'The implications of the COVID-19 pandemic for cybercrime policing in Scotland: A rapid review of the evidence and future considerations', published online in May 2020: http://www.sipr.ac.uk/assets/files/REiP%20-%20Pandemic%20Cyber%20-%20Collier_Horgan_Jones_Shepherd.pdf

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University of Edinburgh launches the Digital Social Science Cluster to support social science research in times of the pandemic, write cluster leads Karen Gregory,

Morgan Currie and Kate Miltner

The COVID-19 pandemic is increasing our reliance on the use of technology and digital platforms for education and research. From September, universities across Scotland will begin a phased approach to incorporate a combination of digital and in-person learning, also known as Hybrid Delivery. To strengthen support for social science research in digital contexts, University of Edinburgh's Centre for Data, Culture and Society (CDCS) has launched a new research cluster focusing on Digital Social Science.

Research around the world is pivoting toward the digital in response to some of the constraints emerging from COVID-19, and the cluster's current focus is on helping researchers navigate this change. For researchers who are unfamiliar with "digital social science" and "digital methods", it may seem like an entirely new – and intimidating – realm. It's true that digital environments offer novel types of data, and sometimes at quite a different scale. However, the basic tenets of sound research practices remain the same in digital spaces as they do in non-digital spaces. There is a lot of overlap between "digital" methods and more traditional methods. For example, online interviews, digital ethnographies and internet-based surveys rely on many of the same methodological practices and concepts as their analog counterparts. There are also a range of newer methods that allow for the exploration of digital formats.

The digital social science cluster examines the affordances and limitations of new digital methods, research ethics, data access issues, problems related to corporate relationships, and the design and use of new tools. By sharing examples of projects that illustrate the uses and challenges posed by digital methods, we highlight the wide range of tools,

methodologies and techniques that are used in digital social science research. The cluster also draws on experiences from previous and ongoing research projects to identify challenges and raise questions connected to different methods, whether that is community mapping, survey research, interviews, or geo-tracking. As a “methods lab” we aim to make methods, tools, datasets, and projects accessible to students and staff.

As the Cluster evolves, we plan on hosting a speaker series featuring field-leading researchers from around the world. We also hope to host digital and in-person workshops in order to provide a better understanding on everything that goes into digital social science. We will collaborate whenever possible with other CDCS clusters on these activities.

If you are interested in giving a talk or getting involved with the Digital Social Science cluster, please reach out to any of the co-directors.

Dr Karen Gregory is a senior lecturer in Sociology and the co-director of the Master of Science programme in Digital Society at the University of Edinburgh.

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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 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.

San Francisco gathering, 1918. Wikimedia

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.

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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.

This article was originally published here: https://www.ed.ac.uk/covid-19-response/expert-insights/making-the-most-of-inclusive-technology-during-cov

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(1) Scottish Government (2020) Vulnerable children report: 15 May 2020

(2) Office for National Statistics (2019) Exploring the UK's digital divide

(3) Scottish Government (2020) Schools to re-open in August

(4) OECD (2020) A framework to guide an education response to the COVID-19 Pandemic of 2020

Shielding and exit from lockdown: medical anthropologist Ian Harper

asks why he should stay at home?

Last weekend I received a letter from the Scottish Government, dated 18 May 2020, stating: “The NHS has identified you… as someone at risk of severe illness if you catch Coronovirus…. “It softens the blow by initially outlining how the government will be offering support during this period, before stating (bolded and underlined) “**The safest course of action is for you to stay at home at all times and avoid face-to-face contact until at least 18 June**”. This letter, to those in the highest risk group, is for our own protection and this action “will protect you from coming into contact with the virus, which could be very dangerous to you”.

In this short essay I reflect from the position of being placed by the Scottish Government in a vulnerable risk category and at risk of severe illness should I catch coronavirus. It is also informed by my background as a medical anthropologist and many years researching and writing critically on infectious diseases and their control. As a heuristic device I pose the question as to why I should adhere to the edict to **stay at home** as we move towards moving out of lockdown? Why should I trust the government, and the scientific advice, upon which this decision is made? In short, infectious disease outbreaks are always social and political, and their control by necessity involves sacrifices to be made in the name of the collective good. I do not dispute this. But we do need more visibly public debate into the ethics and politics of who bears the burden of the sacrifices, and one that takes to heart questions of social and economic inequalities

The letter provided a list of things to do to stay safe:

- **DO STRICTLY AVOID** contact with anyone who is displaying

symptoms of coronavirus
- **DON'T** leave your home
- **DON'T** attend any gatherings
- **DON'T** go out for shopping, leisure or travel

This was followed by a list of dos – wash hands; keep in touch with medical services; and use remote technologies. The rest of my household, in addition, is affected as I should also 'minimise the time I spend with others in shared spaces'; aim to keep two meters away from others; use separate towels, or if possible, a separate bathroom; and avoid using the kitchen when others are present; eat alone; and "if the rest of your household are able to follow this guidance to help keep you safe, there is no need for them to wear any special medical clothing or equipment".

This is the first time I have received such a letter, and my reaction has been mixed. I have already read extensively around the rare medical condition I have – as a responsible "sanitary citizen", that is my understandings of the body and health are inline with modern medical ideas that allow me access to the civil and social rights of citizenship – and weighed the potential risks that I may face from being infected from coronovirus. I am well aware of the potential drain to the NHS that I might become should I be ill. I am fortunate in being medically trained and as a social scientist I am able to read and interpret a wide range of scientific evidence. The condition I have is rare enough that the effects of coronavirus on those of us with it cannot be known yet with any statistical certainty, as the numbers required for the evidence is just not there. And from mid March, I have already had symptoms of coronavirus infection and was self-isolated, and quite ill for nearing a month, while fortunately avoiding hospital (I had considerable assistance over the phone from specialist NHS health professionals). I do not know for certain if I was infected because the policy at the time was to test for the presence of the virus only in those who were

admitted to hospital.

Since recovering I have been exercising strict social distancing, exercising in the local park (this once daily trip out was keeping my anxiety levels at bay, and has become very important), but not entering into shops (unless absolutely necessary) or any other public space while out. I am fortunate in that I am able to work from home, have not been placed on furlough, and have a job that for the time being should be secure. Unlike so many others, my privilege means I do not have to physically put my body on the line and to place myself in potentially risky situations to maintain insecure income.

My reaction therefore is more ambiguous than thankfulness to a protecting and caring government. Why, then, should I adhere to these social segregation edicts that I have been on the receiving end of?

Firstly, the letter makes me feel as if I am personally responsible should I become infected (again?). The subtext is clear: It will be (partially, at least) my fault should I become ill. There seems no reflection on social determinants or inequalities, and all situations and contexts are placed on an equal footing. It also seems to make me responsible for the distance that others in the household should maintain from me. Living as we do in a small flat, this is physically all but impossible. How did it come to pass that the vulnerable themselves have now been made responsible for maintaining their own health in a pandemic? Just beneath the surface of this letter I can sense the lines of blame opening up; that it will be my own fault if I get ill, and perhaps further, that we will be responsible for potentially infecting others should we not obey these prolonged lockdown restrictions. But context is vital: social and financial privilege allow access to greater space within which to isolate and shield. We are not all in this together in the same way.

Why, then, have I received this letter now? One interpretation

is that I have been in this vulnerable risk group for months, but that the Scottish Government is so slow and bureaucratically inept that I have only just now received it. But this is, I think, ungenerous. The second interpretation, which I am more inclined towards, is that a) the category of highest risk has expanded – perhaps as understanding of the clinical effects of coronavirus have developed, and who therefore is, or is not, at risk – and that b) receiving this letter is also part of the strategy adopted by the Scottish Government for our exit to lockdown. As we now know, Scotland's exit strategy has diverged from that of England's and is one that is seemingly more cautious. Fears of a "second wave" and what this will mean to both the capacity of the NHS to cope, to say nothing of the rise in deaths that may entail are central to scientific and public thinking.

Responses to the pandemic have been based on modelling exercises that are only as good as the interpretative parameters and data that is entered into them (one good thing that this pandemic has facilitated is a greater debate in the public sphere on scientific logic). We are all living through an immense social experiment based on modelling – as our civil liberties, often hard fought for over years are eroded all in the name of saving lives – and as we are subjected to a range of unprecedented social interventions by the state into the lives of us all. At the heart of the response is an immense paradox: that on the one hand the precautionary approach of science (requiring evidence before recommending something, for example around various treatments for symptoms), has been sacrificed to the one area of science for which there is little evidence, that of modelling for the future. Human sociality is not governed by the logic of mathematics. Modelling can only be really proven right in retrospect, and that I suspect only with wilful cherry picking of the post facto 'evidence'. But again, this in itself is not enough to prevent me from not self-isolating and shielding.

It seems to me that in Scotland the government is currently implementing the recommendations of a model dubbed by the press the “Edinburgh Position”, based on an article of modelling on an idea called “segregation and shielding” or S & S.[1] [2]Basically this model looked at:

“*S&S strategy using a mathematical model that segments the vulnerable population and their closest contacts, the “shielders”. We explore the effects on the epidemic curve of a gradual ramping up of protection for the vulnerable population and a gradual ramping down of restrictions on the non vulnerable population over a period of weeks after lockdown*”,

to quote from the abstract. They acknowledge that the model borrows from ideas of ‘cocooning’ infants with shielded adults who have been vaccinated – an odd comparator, given there is no vaccine yet – but there is no precedent for this approach in the literature. They go on:

“*We show that the range of options for relaxation in the general population can be increased by maintaining restrictions on the shielder segment and by intensive routine screening of shielders.*”

In short, it looks as if those of us who are vulnerable are being asked to stay indoors with restrictions to both us, and those around us, so that the rest of you – the non-vulnerable – can get back to the semblance of a normal life. Frame it however you wish, but we – those who for a variety of reasons of health have restricted movements already – are being asked to further sacrifice our freedoms for the non-vulnerable majority. Again, I don’t necessarily have a problem in doing this, but there are some further questions that I would like to have some clarity on. Is this the only option, or a compromise because of an initial response that failed to bring community transmission down?

Scotland has its own scientific advisory group on COVID-19, to

“supplement” that of the UK government. The membership of this group is known to the public and is published on the government website[3]. They have clearly learnt from the fiasco that surrounded the early UK government and SAGE – and one named advisor in Scotland has been a ferocious public critic of how the UK government has responded to the pandemic. One of the authors of the “S & S” paper is also on the advisory group. There is a welcome broader range of expertise here, but noticeably absent is humanities representation. Where are the bio-ethicists? The historians? The medical sociologists? Representation from vulnerable groups? Why, in short, is the advisory group not more diverse?

Now it may be that the current strategy – and the letter I received – is not based on this proposed model (in which case I am happy to be corrected – although the principle of the concerns will remain the same). But my question to the advisory committee is this: was this paper specifically, and the approaches it suggests, discussed? If not, what approaches to coming out of lockdown were discussed? And what were the parameters for this discussion?

There is evidence to show that there is greater buy in to restrictive public health measures with serious and sustained community involvement, as the literature around the effected communities of both HIV and Ebola show. Has this evidence from the social sciences been discussed, weighed up, and considered? Or does community involvement get jettisoned for paternalism with the need to ‘save lives’ in a crisis? Have the pitfalls historically, of segregating and shielding in all but name – both colonial and post-colonial in multiple contexts – been discussed and considered?[4] The group is well represented by public health experts, so can I assume that the broader social determinants of health, and the impact on those asked to stay in lockdown so the remainder of the healthy population can adapt to the ‘new normal’ have been considered? Has the impact of further lockdown for the vulnerable, and

their mental and physical wellbeing been discussed?

It is quite possible, of course, that all this was fully thought through with the 'deep dive' approach on shielding that occurred at the last meeting – whatever that means (the minutes of the meetings held of the advisory group tell us next to nothing of any substance)[5]. But why not show us the evidence, please, that it has been. It may be that I (and can I project into 'we' here?) would buy into segregation and shielding more if there was evidence to demonstrate that a broader range of positions has been considered. Personally, I need this, and assurance that we are not being placed at the mercy of an approach that is so blinkered to all but flattening curves and P values that there is little space for these other issues. The broader goals and principles of the Scottish Government's framework for decision making suggest a "new normal" till a vaccine and potential treatments are available and in place[6]. This might be years away, and in the meantime, will this new normal involve myself, and others in my position in this high-risk category remaining segregated and shielded? What is the rationale for the June 18th cut off date? What are the thresholds that are behind this date, and what plans are in place should they not be met? I would feel better placed to trust the edicts if I was reassured that a broad range of the ethical and social consequences had been fully deliberated upon.

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[1] https://www.wiki.ed.ac.uk/display/Epigroup/COVID-19+project?preview=/442891806/447360858/van%20Bunnik%20et%20al.%20SS%20manuscript%20050520.pdf

[2] For a fuller and critical engagement with this proposal

see: Ganguli-Mitra A, Young I, Engelmann L *et al.* Segmenting communities as public health strategy: a view from the social sciences and humanities [version 1; peer review: awaiting peer review]. *Wellcome Open Res* 2020, **5**:104 (https://doi.org/10.12688/wellcomeopenres.15975.1

[3] https://www.gov.scot/groups/scottish-government-covid-19-advisory-group/

[4] For more on these critical points see: Ganguli-Mitra A, Young I, Engelmann L *et al.* Segmenting communities as public health strategy: a view from the social sciences and humanities [version 1; peer review: awaiting peer review]. *Wellcome Open Res* 2020, **5**:104 (https://doi.org/10.12688/wellcomeopenres.15975.1

[5] From the minutes of 14th May 2020: "The Advisory Group held a deep dive discussion on shielding, noting that the primary aim of the policy is to save lives but that shielding is very onerous for those being asked to isolate themselves completely for an extended period of time. The group noted the importance of making use of scientific knowledge to determine which groups are truly at highest risk. The group considered different approaches being taken to shielding internationally, noting a wide variation in approach. The group discussed that age is the strongest general risk factor, but that rare conditions by their nature may be difficult to accurately determine a level of risk for as they won't show up in statistics". (See: https://www.gov.scot/publications/scottish-government-covid-19-advisory-group-minutes-14-may-2020/)

[6] "**Recover** to a new normal, carefully easing restrictions when safe to do so while maintaining necessary measures and ensuring that transmission remains controlled, supported by developments in medicine and technology"

“ With scientists around the world working on vaccines and treatments that are still potentially many months away, we need to find a way to live with this virus and minimise its harms. We need to ensure, that as far as we can, our children are educated, that businesses can reopen, and that society can function. But we must ensure that those things happen while we continue to suppress the spread of the virus”.

https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/pages/2/

Fake times and real life during the pandemic, by Angus Bancroft

One of the effects of our arm’s length social life is that we interact with a limited range of interactional cues: our subconscious interpretation of body language, eye contact, tone of voice, is heavily truncated by the technology. There are many implications of that, not least for how we teach and engage students. They will have little sense of teachers and themselves as a classroom presence. It also has caused me to reflect on how we use these cues and others’ reactions for information verifiability. A part of my research is investigating how fake news and disinformation campaigns are produced and valued in the marketplace.

Disinformation operations are deliberate attempts to undermine trust in the public square and to create false narratives around public events. Rid (2020) outlines three key myths

about them: 1. They take place in the shadows (in fact, disclosing that there is an active campaign can be useful to those running it) 2. They primarily use false information (in fact they often use real information but generate a fake context) 3. They are public (often they use 'silent measures' targeting people privately). Research indicates that how others respond to information is critical in deciding for us whether it is factual or not (Colliander, 2019). Social media platforms' ability to counter the influence of fake news with verification tags and other methods are going to have a limited effect, other than enraging the US President.

Overall disinformation operations are about the intent, rather than the form, of the operation. For that reason tactical moves like disclosing an operation's existence can be effective if the aim is to generate uncertainty. According to Rid (2020) what they do is attack the liberal epistemic order – the ground rock assumptions about shared knowledge that Western societies based public life on. That facts have their own life, independent of values and interests. Expertise should be independent of immediate political and strategic interest. That institutions should be built around those principles – a relatively impartial media, quiescent trade unions, autonomous universities, even churches and other private institutions, are part of the epistemic matrix undergirding liberalism.

It doesn't take a genius to work out that this order has been eroded and hollowed out from multiple angles over the past decades by processes that have nothing to do with information operations. Established national, regional, and local newspapers have become uneconomic and replaced with a click-driven, rage fuelled, tribalist media. Increasingly the old institutions mimic the new. Some established newspapers evolved from staid, slightly dull, irritatingly unengaged publications to an outrage driven, highly partial, publication model. The independence universities and the professions once

enjoyed has been similarly eroded by the imposition of market driven governance on higher education, the NHS, and other bodies. On the other hand Buzzfeed evolved in the opposite direction for a time. It also doesn't take a genius to note that the liberal epistemic order was always less than it was cracked up to be, as noted by the Glasgow University Media Group among others.

The erosion of this may be overplayed – for example, most UK citizens still get their news from the BBC. however survey data notes that there is a definite loss of trust in national media among supporters of specific political viewpoints (Brexit and Scottish Nationalism being two). The liberal epistemic order was therefore neither as robust, nor agreed, nor as liberal as it proclaimed itself to be and may have been contingent on a specific configuration of post-WW2 Bretton Woods governance. We can see plenty of examples of where this faith in the impartiality of institutions was never the case e.g. widespread support for the Communist parties in Italy and France, which had their own media, trade unions and social life.

Building an alternative reality was a key aim of progressive movements at one time. Labour movements often had their own newspapers, building societies, welfare clubs, shops and funeral services. Shopping at 'the coppie' (The Co-Op) said a lot about one's belonging, social class and politics. That alternative reality can be the basis for social solidarity. That isn't to compare the two. Fake news is inherently damaging to any effort to build a better society or understand the one we are living in. But real life and life organised independently does provide a defence and a basis for building a resilient post-pandemic society. Part of this is resisting and questioning what underlies fake news – the continuous attack on autonomous knowledge and Enlightenment values which have eroded the resilience of democratic societies.

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The positive effects of COVID-19 and the social determinants of health: all in it together? By Sarah Hill, Sharon Friel and Jeff Collin

Policy responses to the pandemic need to take account of underlying social inequities

We welcome Bryn Nelson’s analysis of the potentially positive effects of public and policy responses to COVID-19,[i] particularly in providing an opportunity to reassess

priorities. Nelson highlights the unanticipated benefits of recent behaviour changes – but we suggest the real revolution is a re-discovery of the health potential of state intervention. Governments worldwide have taken unprecedented steps to suppress viral spread, strengthen health systems, and prioritise public health concerns over individual and market freedoms,[ii],[iii] with reductions in air pollution, road traffic accidents and sexually transmitted infections a direct (if temporary) result of the embrace of collective over individual liberty.[iv] Aside from an outbreak of alt-right protests,[v] the usual accusations of 'nanny state' interference[vi] have been replaced by calls for centralised governance, funding and control on a scale unseen in peacetime.[vii]

While applauding this paradigm shift, it's important to acknowledge both its partial nature and its extremely uneven impacts – positive or otherwise. As Nelson notes, negative impacts of the current pandemic (such as unemployment and hunger) are 'unquestionably troubling', and while governments proclaim that "we're all in this together"[viii] it's already clear the virus disproportionately affects the poor, ethnic minorities and other socially disadvantaged groups.[ix],[x] Even more troublingly, the very measures intended to suppress viral spread are themselves exacerbating underlying social inequities.[xi],[xii] While a drop in traffic is very welcome, the edict to 'work from home' is disastrous for casually-employed service or retail workers;[xiii] and while social distancing may have reduced viral transmission in some groups, its benefits are less evident for those who are homeless,[xiv] in overcrowded housing[xv] or refugee camps.[xvi] In maximising the potential for COVID-19 to have positive effects, we must understand and address why its negative effects are so starkly mediated by class, ethnicity and (dis)ability.

Back in 2008, the WHO Commission on the Social Determinants of Health highlighted that population health and its social distribution are driven by the conditions in which people are born, grow, live, work and age, and that social injustice is the biggest killer of all.[xvii] This insight provokes serious questions about the unequal effects of this pandemic and its associated policy responses,[xviii] both positive and negative. Like Nelson, we hope the currently crisis will produce valuable lessons – most especially in understanding the need for collective action to create a healthier and more equal society.

There are three critical issues here. First, if governments are serious about "preventing every avoidable death", [xix] COVID response strategies need to take account of their unequal impacts. While many states have acted swiftly to support businesses and wage-earners,[4] these interventions are largely blind to class, gender and race. Unemployment and food insecurity have already increased[xx] with disproportionate effects on women and low-income workers,[13] and growing income inequalities are predicted.[xxi] Charities report dramatic increases in domestic violence[xxii] with an estimated doubling in domestic abuse killings since the start of the lockdown.[xxiii] While COVID-19 is already more fatal in Black and minority ethnic groups,[xxiv] we have yet to see the extent to which the response will exacerbate existing racial inequities in employment, income and housing.[xxv] Governments must recognise – and ameliorate – inequalities in the negative effects of COVID-19.

Second, when developing strategies for transitioning out of lockdown, governments need to take account of the unequal impacts of any changes. The Scottish Government has signalled its intention to ease restrictions in ways that "promote solidarity… promote equality… [and] align with our legal duties to protect human rights".[23] Other governments should

also consider how plans for lifting the lockdown can be tailored to minimize harm to already disadvantaged groups, and to ensure equal enjoyment of the associated benefits.

Finally, COVID-19 will produce a truly positive effect if the scale of the mobilisation to counter the pandemic can be matched by a sustained commitment to reducing social, economic and environmental inequalities in the longer term. Without such a commitment, we are perpetuating a situation in which many people live in a state of chronic vulnerability. This is bad for society, not only because it undermines social cohesion and trust,[xxvi] but because it places us all at increased risk.[xxvii] COVID-19 unmasks the illusion that health risk can be localised to the level of the individual, community, or even nation state.[xxviii]

If we're serious about using this crisis to reassess our priorities, , we need to recognise the urgent need for change beyond individual 'risky behaviour'. To paraphrase Rudolf Virchow, the promotion of health is a social science, and large-scale benefits come from political – not individual – change.[xxix] The genuinely positive effects of COVID-19 will come when we acknowledge the centrality of wealth redistribution, public provision and social protection to a resilient, healthy and fair society.[12,[xxx]] Only then can governments begin to claim that we're "all in it together".

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A verion of this post originally appeared as a rapid response on the BMJ website in response to a feature article by Bryn Nelson entitled ‘The positive effects of covid-19’.

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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.1 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.

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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.[6] It resulted in people fearing the hunger more than the disease itself. The New York Times [7] 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.[8] 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.'.[9] A plot of non-virus deaths vs Covid-19 deaths [10] 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'.[11] 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,[12] far less than European countries whose economic responses to alleviate the Covid-19 crisis amount to more than 20% of their GDP.[13] 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'.[14]

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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