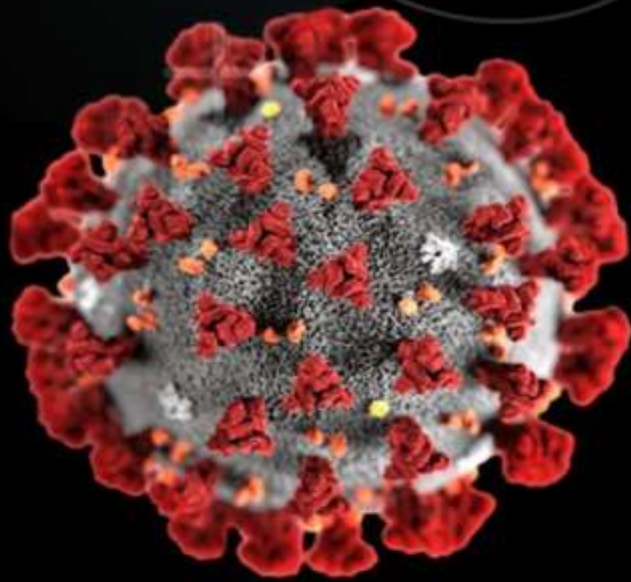


+ **UJPPS**

POLITICS IN THE PANDEMIC



Volume 4, Spring 2021

2020 Editorial Committee



Acknowledgements

Firstly, we would like to pay respect to the Algonquin people, who are the traditional guardians of this land. We acknowledge their long-standing relationship with this territory, which remains unceded. We pay respect to all Indigenous peoples in this region, from all nations across Canada, who call Ottawa home. We acknowledge the traditional knowledge keepers, both young and old. And we honour their courageous leaders: past, present, and future.

This issue would not be made possible without the support from the University of Ottawa who have provided us with the unique opportunity to partake in this journey and create the issue. Given the pandemic, this issue was produced under unique circumstances, but with the support of Professor Daniel Stockemer, we have had the opportunity to collaborate and connect with our peers to produce this journal despite the challenging times. Professor Stockemer's expertise and guidance was essential to producing a successful issue and we would like to extend an immense thank you to him for continuing and adapting this course through the unique circumstances.

We would also like to thank the undergraduate academics who were involved in the process of publishing the 2021 issue, especially during the unprecedented times of the COVID-19 pandemic. It is because of their hard work and dedication to research that the editorial team have been able to publish *UJPPS: Politics in the Pandemic*.

Introduction

Established in 2018, the *Undergraduate Journal of Politics, Policy and Society* (UJPPS) is an emerging interdisciplinary academic journal that publishes peer-reviewed work of undergraduate students in the social sciences and humanities. The journal provides a platform for aspiring academics to gain experience in publishing, research, and critical thinking; meanwhile, contributing to current debates and discussions in their disciplines. Not limited to one border, the issue features authors from around the world, including Australia, Canada, and the United States.

The theme for the 2021 issue is Politics in the Pandemic. We were looking for research papers that discussed the complexities of the pandemic, international policy, and its threat to global health and stability. As of today, the pandemic has infected almost 75 million people and is approaching 2 million deaths (Johns Hopkins University, 2020). Due to these staggering numbers and their inevitable impacts across the world, the 2021 issue aimed to analyze shifts in the political, social, economic, and environmental spheres by exploring the multiple transformative policy dynamics that have accompanied the virus.

We started the process of creating the journal in September 2020 by sending calls for papers to universities across the globe—searching for academic writing that discussed the relevant political topics related to the COVID-19 pandemic. First and foremost, seeking relevant papers that adequately fit the theme of politics and the pandemic was our top priority. Our editorial process included various steps of peer review in order to ensure that the issue delivers compelling and comprehensive research. We selected submissions which included discussions of how COVID-19 has influenced technology and media; globalization and anti-globalization debates; global health; economic development; elections and leadership; liberty and democracy; governance and administration; as well as policing and marginalization.

The opening article, “The Internet is Not a Land Beyond Law”: Digital interactions between state and society during China’s Covid-19 pandemic”, written by Tyler Lynch, examines internet use in China by both the CCP government and society during the COVID-19 outbreak. The author argues that there is a dynamic equilibrium in their internet relations during the pandemic whereby “public expression is controlled by government censorship, and state control is mitigated by popular outcry.” To prove this, Lynch uses a media content analysis backed by a literature review to analyze the way the internet has been used for popular protest and how the CCP responds. In sum, the author argues against a one-sided argument of either total state censorship or complete freedom of expression but rather a consistent interaction of both ends (hence “dynamic equilibrium”).

Following this is the article, “Evaluating the Effectiveness of China’s Virus Diplomacy” written by Sabine Singh and Matthew Kacki. This article grapples with China’s diplomatic response to the virus, and how the CCP has used various forms of propaganda alongside “virus” and “boycott” diplomacy to improve their legitimacy within mainland China and with the international community. Singh and Kacki evaluate the effectiveness of these strategies used by China and argue that while they have been relatively successful within mainland China, they have failed to make significant progress in gaining favour with the international community.

Thirdly, “Elections and Leadership: The Impact of Coronavirus on the Democratic Process”, by Matthew Rainsford and John-James Blanchette, follows a real-time inquiry into the political ramifications of COVID-19. They discuss the partial disruption of democratic systems and the processes behind them, as well as the dwindling of voter turnout and general trust towards electoral systems. The authors coin this a ‘democratic deficit’, which they apply to a preceding case: the 1918 Spanish Flu. Nonetheless, the authors explore how, despite the

pandemic creating real challenges for the electoral system, it has benefited some political leaders.

The fourth article entitled “How Trump’s failed COVID-19 Response Made Progressive Policies Mainstream” written by Derek Wong, delves into the Trump administration’s lack of preparedness for the COVID-19 pandemic and the American public’s shift in favor of progressive policies. The author posits that an Overton window has resulted in the once majority republican nation and citizens are gradually looking to democratic policies, such as Medicare-For-All and Universal Basic Income, as solutions to aid American’s for the duration of the COVID-19 crisis. The author explores compelling fields such as worker’s rights, disproportionality, and accessible housing to investigate a mainstream shift towards progressive policies and collects relevant poll data to justify theory. Indeed, the author acknowledges that American’s are recognizing the need to protect their footing in society, particularly during global calamity.

The journal continues with its fifth article, “The Impact of the COVID-19 Pandemic on Human-Nature Relations” by Tegan Jones, Georgia Mansell and Cecile Moylan. This paper provides a unique lens to understand the impact of the pandemic on global environmental politics. The authors argue that the anthropocentric response to COVID-19 will cause further harm to the environment, but also sustain an environment where zoonotic diseases may continue to spread. The solution must thus be to break free from the normative framework, that is, the anthropocentric norm, and embrace a holistic ecocentric approach.

The sixth article, “How have marginalized communities been affected by the pandemic?”, written by Estelle Rillstone, investigates the severe shortcomings of the Australian aged care system, and focuses on the question: why are problems with Australia’s aged care

system being neglected? International discourse surrounding innovative models of care and whole-of-system approaches are examined, alongside close consideration of economic and social policy in Australia and globally. This paper highlights the structural and ideological fluidity that has been sparked by the global health crisis, while emphasizing the role of social workers as key advocates for older people throughout all levels of policy and delivery to come.

The seventh article “Buying Local Initiatives in Response to the COVID-19 Pandemic: An Analysis of Their Effectiveness” discusses the local, regional, and national governments throughout Canada that have employed ‘buy local’ initiatives to address the negative economic impacts in the midst of the pandemic. Evelyne Verrette analyzes traditional and contemporary costs and benefits of these initiatives using a case-study of Quebec through two surveys conducted in the summer of 2020. The results of the research indicate that main benefits associated with ‘buy local’ initiatives range from job creation to employment stability, while costs include decline in gains from trade to exporting countries. The findings showcase concern about the local economy that results in willingness to pay price premiums.

The eighth paper is “The Importance of Maintaining Connection for the Mental Health of Older Adults in Residential Aged Care: Lessons From COVID-19” by Rachel Sami, addresses the impact that COVID-19 isolation guidelines have had (and continue to have) on the mental health of older adults in residential aged care facilities. The author examines what policy changes must take place in order to holistically address the needs of this vulnerable population; ultimately suggesting the implementation of emancipatory, person-centred, and biopsychosocial practices in order to combat social isolation, loneliness, and negligent and abusive care.

The ninth paper entitled “Pushed Back into Poverty: The Impact of the COVID-19 Pandemic on the Global Poor”, by Ryan Huynh, examines the literature on the state of extreme

poverty before the COVID-19 pandemic and presents a comparative analysis on how the pandemic will inhibit the achievement of the Sustainable Development Goals 1-5 (no poverty; zero hunger; good health and well-being; quality education; and gender equality). The author then presents potential solutions to mitigate the negative impacts of the pandemic on the global poor.

The 2021 issue concludes with, “The Institutionalisation and Acceptance of Ageism Amidst COVID-19” by Andre Nguyen, which inquires into the increasing use and acceptance of ageist rhetoric resulting from COVID-19 control discourse. Outlining social perceptions of COVID-19 control in Australia, the United Kingdom and the United States, the author examines how social values and attitudes have changed towards older people, in areas of medical triaging and herd immunity, and on social media. Emancipatory practice is suggested as a possibility to resist and challenge the ageist rhetoric emerging from COVID-19.

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The Internet is Not a Land Beyond Law: Digital Interactions Between State and Society During China's COVID-19 Pandemic

Tyler Lynch

Abstract

In this paper, I examine the use of the Internet in China during the 2020 coronavirus outbreak by both society and state, focusing on the period of December 2019 to mid-March 2020. I argue that the relationship between popular expression and state censorship may best be described as a dynamic equilibrium, where public expression is controlled by government censorship, and state control is mitigated by popular outcry. I also analyze the interactions between state and industry in designing and implement Internet-based technologies to combat coronavirus. I detail the extent of state Internet censorship of critical narratives and information regarding COVID-19, with focus given to the treatment of whistleblowers, especially Dr. Li Wenliang, which I argue evinces the effectiveness of online public outcry in mitigating state censorship. I conclude that while China's Internet is still primarily defined by state censorship, the Internet is an increasingly effective medium for public outcry against government mismanagement.

Citizens of the People's Republic of China enjoy freedom of speech, of the press, of assembly, of association, of procession and of demonstration.

-- Article 35 of the State Constitution of China

The exercise by citizens of the People's Republic of China of their freedoms and rights may not infringe upon the interests of the state...

-- Article 51 of the State Constitution of China

Introduction and Overview

The ongoing COVID-19 pandemic has caused the deaths of over 1.4 million people worldwide, in one of the largest crises of public health experienced in the past century.^[1] The outbreak of the respiratory disease began in Wuhan, a city of 11 million in Hubei province, China, prompting drastic retaliatory measures by the Chinese government, including strict lockdowns and massive medical mobilization.

What was the role of the Internet during China's COVID-19 epidemic? How can the dynamic between state control and popular expression on China's Internet best be conceptualized? In this essay, I examine the use of the Internet in China during the 2020 coronavirus outbreak by both society and state, in the period of December 2019 to mid-March 2020.

I argue that the role of the Internet may best be conceptualized as a dynamic equilibrium between state and society, where public expression is controlled by government censorship, and state control is mitigated by popular outcry. This equilibrium is not perfectly balanced, however, and sustains popular pushback against the state only to as far the Chinese Communist Party (CCP) deems necessary to protect its legitimacy.

On the state control side, I examine the use of the Internet during coronavirus for government censorship, surveillance, and control, as CCP silenced whistleblowers, suppressed critical information, and implemented increasingly invasive methods of social control in order to combat the virus, and control media narratives about the outbreak. However, I will also analyse popular resistance to these narratives, which positioned the Internet as the vehicle for huge popular protests against state mismanagement of the outbreak, especially regarding the arrest and silencing of Wuhan doctor Li Wenliang. Finally, I also examine the interplay between private corporations and the state in combatting COVID-19 with Internet technology.

Theoretical Framework: China's Internet and State Control

Perhaps the most salient fact about the Internet in China is the sheer degree of government censorship under which it operates. A 2019 study by Freedom House established China's status as "the world's worst abuser of internet freedom for the fourth consecutive year" (p. 5). On measures of obstacles to Internet access, censorship of content, and violations of user rights, China outstrips every other nation (Freedom House, 2019, p. 25). In this light, one may argue that China's Internet reflects *only* the strictures of government censorship and control, especially during a time of crisis such as the coronavirus epidemic.

However, I will argue it is misguided to portray the CCP as wholly unresponsive to public discourse. Rather, as I will demonstrate using the outcry following the death of Li Wenliang, the Chinese state is sensitive to perceived crises of legitimacy and will respond to mitigate public fervour (if criticism cannot be censored). As demonstrated, however anecdotally, by Fang Bin's release upon videos of his arrest going viral, the immanency and ubiquity of the Internet as an information-sharing medium can and has been leveraged by public actors against state control.

My use of the term ‘equilibrium’ need not imply that control is equally shared between Chinese state and society on the Internet. Certainly, the balance lies in favour of CCP control, and there are certain issues upon which the CCP is unlikely to ever concede, even under major public pushback. Challenges to CCP supremacy, or the party-line on Hong Kong, Taiwan, or Tibet, are unlikely to ever be met with anything but censorship. The status quo of China’s Internet allows for a give-and-take: the Chinese public tacitly tolerates state censorship in exchange for a promise of increased security, while the CCP tolerates a measure of free popular expression online so long as certain boundaries are never crossed.

However, if the Chinese public perceives its own security to be jeopardized by government incompetence or mismanagement (as occurred in Wuhan), the Internet has historically proved useful as a countervailing force to challenge state actions.

“Preventable and Controllable”: Censoring the First Hints of Coronavirus

While identifying the first case of COVID-19 remains difficult,^[2] by mid-December 2019, Wuhan doctors were aware of cases of a SARS-type virus in their city. In several cases, doctors shared news of coronavirus cases via private WeChat groups (Kuo, 2020). The response of Wuhan’s medical and political bureaucracy to any news of a viral outbreak was invariably suppression. This suppression of information, mounted from hospital management to CCP officials, severely curtailed the chance of containment and early combatting of COVID-19.

The use of private WeChat groups by doctors, most notably by Wuhan ophthalmologist Li Wenliang, to warn their colleagues of COVID-19 embodies a major theme during the pandemic: use of the Internet as a popular participatory medium for information-sharing which is less susceptible to censorship than more established media such as television or print journalism. This was evinced in several doctors’ use of WeChat for whistleblowing, as well as the

proliferation of Internet-based citizen journalists, blogs by Wuhan citizens on lockdown, and viral videos, memes, and images (some humorous, some alarming) which served as a major form of social and cultural expression during Wuhan's coronavirus outbreak.

Why the Chinese Government - at municipal, provincial, and state levels - decided initially to censor the coronavirus outbreak rather than provide the public with accurate information is a complex question. The coronavirus pandemic is certainly not the first occasion where the Chinese state has hastily attempted to cover up a disaster, only for widespread online outrage to force an admittance of guilt. When two trains collided in Wenzhou in 2011, killing 40 people, the state's first response was to bury the trains and claim the crash was the result of a lightning strike (Liu and Chang, 2018, p. 393). Popular outcry over suppression of information, official corruption, and abuses of power fuelled nationwide expression of grievances, much as coronavirus would nine years later

In the case of both the Wenzhou crash and COVID-19, what prompted government censorship were potential challenges to the "performance-based legitimacy" of the Chinese state (Liu and Chang, 2018, p. 394). Censorship, obfuscation, and denial are, in most cases, the CCP's first response to any crisis which may undermine state legitimacy - while the truth is only revealed, and guilt admitted, in the face of widespread popular outcry. Next, I shall explore how crucial information related to COVID-19 was censored on the Internet at the height of the Wuhan epidemic.

"The Internet is Not a Land Beyond Law"^[3]: Censoring the Spread of Information

Even after January 20, 2020, when President Xi Jinping mandated "resolute efforts to curb the spread" of coronavirus, China's major social media networks continued to censor basic information about the growing epidemic (Xinhua, 2020).

A study by the University of Toronto’s Citizen Lab found that livestreaming platform YY and social media app WeChat censored^[4] hundreds of words relating to Wuhan’s coronavirus outbreak, including phrases relating to Dr. Li Wenliang, the nature of COVID-19, and the CCP’s response to it. Already on December 31, 2019, YY began to censor “*Unknown Wuhan pneumonia*” and “*SARS outbreak in Wuhan*” (Ruan et al., 2020). By February 13, WeChat was censoring hundreds of phrases, including “*Epidemic + Pneumonia + Xi Jinping + Central*”; “*Local authorities + Epidemic + Central + Cover-up*”; “*Wuhan + Infection + Tens of thousands*”; “*Wuhan + Obviously + Virus + Human-to-human transmission*”; and “*Lockdown of a city + Military*” (Ruan et al., 2020).

Early February saw the strongest censorship of coronavirus information. Inevitably, efforts to suppress online information led to the real-life arrests and disappearances of those using the Internet to spread subversive information. Citizen-journalist Chen Qiushi, who began documenting the epidemic in early January and exposed the lack of preparedness of Wuhan’s government, disappeared on February 6 (Lew, 2020). Wuhan shopkeeper Fang Bin, responsible for a viral video showing eight corpses from a hospital treating coronavirus patients, disappeared on February 9 (Lew, 2020). Freelance journalist Li Zehua livestreamed his own arrest on YouTube,^[5] and was not seen for more than two months (BBC, 2020). “At least 40 people,” Citizen Lab reports, “were subject to warnings, fines, and/or administrative or criminal detention” over coronavirus by late January; other official sources put the number of punished citizens at 254 (Ruan et al., 2020).

“Can’t be Emphasized Enough How Unusual This is”: Public Pushback to Censorship

I argue it is overly simplistic to view the use of the Internet by Chinese state and society as either the realization of pure public expression, or pure state censorship. Rather, I characterize

the dynamics of China's Internet as a mutual interaction, wherein state and society are sensitive to each other's workings and pressures and act to maintain the status quo.

One partial instance of this can be seen in the arrest of Fang Bin, the citizen journalist mentioned above. On February 1, the same day that he filmed eight corpses at a Wuhan hospital, police posing as medical personnel broke into Fang's house, seized his electronics and took him to a police station. Fang posted a video of the confrontation prior to his arrest, which was reposted on social media widely within hours by concerned "Chinese civil society activists" (Su, 2020). As their posts of Fang's arrest "went viral," Fang told the *L.A. Times*, "the police questioners' tone changed" (Su, 2020). Fang was released after a few hours with just a warning. While his computer was confiscated, and Fang himself disappeared nine days later, this confrontation demonstrates the leverage that wide Internet presence can exert on Chinese law enforcement.

The most notable episode of popular pushback towards government censorship, followed by a censorship crackdown, occurred after the death of Dr. Li Wenliang, the primary coronavirus whistleblower. Li's death on February 7 generated a virtually unprecedented popular outpouring of grief and anger. The unforeseen and widespread public outcry after Dr. Li himself succumbed to COVID-19 forced China's Government to publicly recant its stance on coronavirus whistleblowers.

Li, having worked to treat coronavirus on the frontlines of Wuhan's hospitals for weeks, tested positive for COVID-19 on February 1 and died late on February 6 (Xiong & Gan, 2020). By the time he tested positive, Li's efforts to publicize COVID-19 and his dedicated medical service had widely conferred upon the doctor the status of a whistleblower and popular martyr. His death was widely viewed as a national tragedy. In the wake of Li's death, the hashtag

#LiWenliangHasPassedAway became the highest-trending topic on Weibo with over 670 million views (Zhicheng, 2020).

In the hours following Li's death, China's social media sites abounded with critical hashtags and messages demanding freedom of speech and official recognition of his whistleblower status. The hashtag *#IWantFreedomOfSpeech*, a phrase virtually unheard-of on China's Internet, garnered over 2.86 million hits by the time it was censored the morning after Li's death (Zhicheng, 2020). Protest songs like "Do You Hear the People Sing?"^[6], portraits of Dr. Li, and hashtags like *#WuhanGovernmentOwesDrLiAnApology* were widely shared (Gilbert, 2020). That millions of Chinese netizens would openly demand free speech online led *The Economist's* Simon Rabinovitch to state: "It can't be emphasized how unusual this is" (as cited in Gilbert, 2020).^[7]

It was apparent that the harsh level of state efforts to silence coronavirus whistleblowers were not conducive to social stability. As social media exploded following Li's death, both the Wuhan and Beijing governments hastily reassessed their tactics to contain the damage. While hashtags calling for free speech were quickly censored, various government figures publicly praised Dr. Li's frontline service, and Beijing announced an investigation into "issues raised by the people in connection with Dr. Li Wenliang" (Daly & Zhang, 2020). The investigation would adjudicate that Dr. Li's punishment for whistleblowing was "improper" and "irregular" ("Wuhan police", 2020). Dr. Li Wenliang's vindication was a rare admission of a mistake on the part of the CCP.

One must be careful not to declare a democratization of the Chinese Internet, much less a liberalization, as a result of coronavirus. *China Digital Times* editor Samuel Wade notes "what's happening 'is less a demonstration of public empowerment than of the limitations of official

control” (as cited in Vanderklippe, 2020). Yet, as the fury surrounding Li Wenliang’s death demonstrated, the Internet in China is increasingly the main medium through which a growing frustration at CCP secrecy and government mismanagement of crises is being voiced.

Fighting the Spread: State-Corporate Efforts to Track COVID-19

I have above analyzed the digital interactions between state and society in China’s early coronavirus pandemic, and shall now turn to the role of Internet industry, and its interactions with the Chinese state, in fighting the spread of coronavirus. A great deal of the fight against COVID-19 takes place using the Internet. As an infectious disease transmitted primarily through human contact, tracking the movements of those likely to be infected allows the disease’s proliferation to be mapped and controlled. The use of Internet technology to combat coronavirus also evinces a mutual interaction between state and the corporate sector in technology development and implementation.

Programs to track people’s movements on public transport using QR-code scanning have been implemented in Shenzhen, Shanghai, Qingdao, and Nanjing, among other major cities (Udemans, 2020a; 2020b). To ride public transportation, a substantial number of citizens were required to scan a QR-code, allowing authorities to access one’s phone number and real name (Udemans, 2020a; 2020b). Commuters suspected to have come into contact with infected persons were notified via text. While app developers like Tencent have insisted that “[c]ollected data are minimal and kept encrypted,” obvious concerns of privacy and ‘mission creep’ have arisen in the face of massive surveillance (Udemans, 2020b).

Early February saw the release of apps designed to track the movement of citizens and monitor potential points of infection. On February 8, the government launched a “close contact detector,” using public transit records to warn users who sat within three rows of an infected

person on a train or plane (Feng, 2020). A more comprehensive app followed three days later, which assigned citizens red, yellow, and green QR codes based on their potential risk of coronavirus infection (Hu, 2020). Using facial recognition and government data, the app tracked users' movements, travel history, and personal relationships to assign them a safety rating. Only users rated *green* could move freely throughout their cities; *yellows* and *reds* were obliged to quarantine (Hu, 2020). While complaints of inaccurate ratings and the leakage of personal data have hurt the app's popularity, it has been widely implemented across China, with scanning stations outside housing compounds, public transit systems, malls, and workplaces (Hu, 2020).

These apps illustrate the hazy boundaries between the major, ostensibly private-sector Chinese tech companies and the Chinese state. While the close-contact app was launched by the State Council and National Health Commission, it was implemented across private-sector platforms like Alipay and WeChat (Feng, 2020). Increasingly in China, private-sector data is merged with government technology, or government data used to bolster private tech, blurring the lines between government control and the free-market. Even the process of censorship is split between state and private sector, with censorship regulated by Beijing's Propaganda department, but predominately implemented on social media platforms by ostensibly private companies. (Qin et al., 2017, p. 121).

For the CCP, China's social media platforms present growing masses of data to be scoured and surveilled to "track and analyze online activities, to gauge public opinion, and to contain threats" (Qin et al., 2017, p. 118). While the COVID-19 tracker apps serve practical purposes in combatting the spread of coronavirus, the information they gather on the movement, congregation, and health status of millions of Chinese citizens also serves to widen the data available to the Chinese state for surveillance and threat monitoring.

Conclusion: Future Ramifications of Coronavirus on China's Internet

While the impact of the COVID-19 pandemic on human life and the socioeconomic fabric of China have been considerable, the ramifications of the uses of the Internet discussed in this essay extend beyond combatting coronavirus. It casts into focus a growing tension between Chinese Government and society over freedom of speech and information, with consequences that, in the case of COVID-19, have proven disastrous.

At this stage it is too early to assess, or even predict, the political impacts of many important elements of the coronavirus pandemic. Only time will tell whether the public outcry over the silencing of Li Wenliang will lead to increased freedom of speech on China's Internet, or whether the invasive surveillance systems implemented across China to combat this pandemic will be preserved in part after COVID-19 is eventually vanquished.

Whatever occurs, it is too simplistic to tell a dichotomous narrative of either increasing government control, surveillance, and censorship through the Internet and Internet technologies, *or* increasing demands for free speech, expression, and the flow of information on the part of China's public. As with so much in Xi's China, the 2020 coronavirus pandemic tells a story of mutual interaction between state and society. Increasingly the Chinese government restricts the freedom and expression of its citizens through the Internet, and increasingly the CCP finds itself obliged to respond to the demands of popular expression asserted by a growing restive class of Chinese Internet users. Whether lasting and substantive change will be effected by the coronavirus pandemic has yet to be seen.

References

- Daly, T. & Zhang, L. (2020, February 7). *China anti-corruption body to probe 'issues' related to Li Wenliang*. Reuters. <https://www.reuters.com/article/us-china-health/china-anti-corruption-body-to-probe-issues-related-to-li-wenliang-idUSKBN2010IX>
- Feng, C. (2020, February 12). *China launches coronavirus 'close contact detector' in effort to reassure public over health risks*. The South China Morning Post. <https://www.scmp.com/tech/apps-social/article/3050054/china-launches-coronavirus-close-contact-detector-effort-reassure>
- Freedom House. (2019). *Freedom on the Net 2019: The Crisis of Social Media*. Freedom House. https://freedomhouse.org/sites/default/files/2019-11/11042019_Report_FH_FOTN_2019_final_Public_Download.pdf
- Gilbert, D. (2020, February 7). *China Is Erasing Tributes to Coronavirus Whistleblower Doctor Li Wenliang*. Vice News. https://www.vice.com/en_us/article/akwkbz/china-is-erasing-tributes-to-coronavirus-whistleblower-doctor-li-wenliang
- Griffiths, J. (2020, February 7). *Li Wenliang's death is sparking rare public fury against the Chinese government*. CNN. https://edition.cnn.com/asia/live-news/coronavirus-outbreak-02-07-20-intl-hnk/h_a09b1b2365ce95e8ea2c65e39a6f95b4
- Hu, M. (2020, March 2). *Beijing rolls out colour-coded QR system for coronavirus tracking despite concerns over privacy, inaccurate ratings*. The South China Morning Post. <https://www.scmp.com/tech/apps-social/article/3064574/beijing-rolls-out-colour-coded-qr-system-coronavirus-tracking>

- Kuo, L. (2020, March 11). Coronavirus: Wuhan doctor speaks out against authorities. *The Guardian*. <https://www.theguardian.com/world/2020/mar/11/coronavirus-wuhan-doctor-ai-fen-speaks-out-against-authorities>
- Lew, L. (2020, February 15). *Missing Chinese citizen journalists highlight risks of telling Wuhan's story during coronavirus outbreak*. The South China Morning Post. <https://www.scmp.com/news/china/society/article/3050791/missing-chinese-citizen-journalists-highlight-risks-telling>
- Liu, S. N., & Chang, T. (2018). One disaster, three institutional responses: Legitimation crisis and competing discourses in china. *Journalism Studies (London, England)*, 19(3), 392-414. <https://doi.org/10.1080/1461670X.2016.1190666>
- BBC. *Li Zehua: Journalist who 'disappeared' after Wuhan chase reappears*. (2020, April 23). <https://www.bbc.com/news/world-asia-china-52392762>
- Ma, J. (2020, March 13). *Coronavirus: China's first confirmed Covid-19 case traced back to November 17*. The South China Morning Post. <https://www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back>
- Qin, B., Strömberg, D., and Wu, Y. (2017). Why Does China Allow Freer Social Media? Protests versus Surveillance and Propaganda. *The Journal of Economic Perspectives*, 31(1), 117–140. <https://doi.org/10.1257/jep.31.1.117>
- Reuters. (2020, February 11). *China's online censors tighten grip after brief coronavirus respite*. Reuters. <https://www.reuters.com/article/us-china-health-censorship/chinas-online-censors-tighten-grip-after-brief-coronavirus-respite-idUSKBN2051BP>

- Ruan, L., Knockel, J., and Crete-Nishihata, M. (2020, March 3). *Censored Contagion: How Information on the Coronavirus is Managed on Chinese Social Media*. Citizen Lab. <https://citizenlab.ca/2020/03/censored-contagion-how-information-on-the-coronavirus-is-managed-on-chinese-social-media/>
- Su, A. (2020, February 3). He filmed corpses of coronavirus victims in China. Then the police broke into his home. *The Los Angeles Times*. <https://www.latimes.com/world-nation/story/2020-02-03/china-wuhan-coronavirus-censorship>
- Udemans, C. (2020a, February 27). *Shanghai to roll out real-name registration on subway*. Technode. <https://cpj.org/blog/2020/03/citizen-lab-chinese-censorship-coronavirus.php>
- Udemans, C. (2020b, February 21). *Chinese cities requiring real-name registration for public transport*. Technode. <https://technode.com/2020/02/21/china-cities-public-transport-real-name-registration/>
- Vanderklippe, N. (2020, March 11). As the coronavirus spreads, China is losing its control online. *The Globe and Mail*. <https://www.theglobeandmail.com/world/article-as-the-coronavirus-spreads-china-is-losing-control-online/>
- Wade, S. (2020, February 6). *Minitrue: Control temperature on death of coronavirus whistleblower*. China Digital Times. <https://chinadigitaltimes.net/2020/02/minitrue-control-temperature-on-death-of-coronavirus-whistleblower/>
- Wuhan police apologize for reprimanding doctor who sounded early alarm on COVID-19. (2020, March 20). China Global Television Network. <https://news.cgtn.com/news/2020-03-19/Admonition-letter-to-Dr-Li-Wenliang-improper-investigation-OZvG7i94Fa/index.html>

Xinhua. (2020, January 20). Xi orders resolute efforts to curb virus spread. *Xinhua Net*.

http://www.xinhuanet.com/english/2020-01/20/c_138721535.htm

Xiong, Y, & Gan, N. (2020, February 4). *This Chinese doctor tried to save lives, but was silenced. Now he has coronavirus*. CNN.

<https://www.cnn.com/2020/02/03/asia/coronavirus-doctor-whistle-blower-intl-hnk/index.html>

Zhang, H. (2020, February 7). How the Coronavirus Has Tested China's System of Information Control. *The New Yorker*. <https://www.newyorker.com/news/news-desk/how-the-coronavirus-has-tested-chinas-system-of-information-control>

Zhicheng, W. (2020, February 8). *Chinese academics' plea not to let Li Wenliang's death be in vain*. Asia News. <http://www.asianews.it/news-en/Chinese-academics'-plea-not-to-let-Li-Wenliang's-death-be-in-vain-49246.html>

^[1] Note on terminology:

- *COVID-19* [Coronavirus disease 2019] is the name of the disease.
- *SARS-CoV 2* [Severe Acute Respiratory Syndrome Coronavirus 2], is the name of the virus which causes the disease.
- *Coronavirus* is technically the name of a family of viruses, including those which caused SARS and MERS outbreaks, but is commonly currently used to refer to the COVID-19 2019-2020 pandemic.
- Outbreak numbers will certainly be outdated by the time of reading, and current numbers can be found at <https://www.worldometers.info/coronavirus/>

^[2] The WHO dates the first known case to December 8, but Chinese government documents show that coronavirus infections date at least as far back as 17 November 2019, with the search continuing for even earlier cases (Ma, 2020).

^[3] These were the words contained in the Wuhan police's notice to the public on January 3, condemning "rumour-mongers" spreading stories online of a new SARS-type strain of pneumonia in Wuhan (Zhang, 2020).

^[4] It bears mentioning that WeChat and YY are private companies who operate their own teams of censors, and are *themselves* held liable for content on their platforms - and thus censor judiciously even in the absence of state directives or pressure (Ruan et al., 2020). However, Citizen Daily found that "companies received official guidance on how to handle [coronavirus] as early as December 2019 when the spread of the disease was first made public," proving the desire to censor news of the outbreak reached higher than Wuhan's government (Ruan et al., 2020)

^[5] Li's livestreaming draws parallels with Fang Bin's filming of his own arrest, and embodies a major theme of Internet resistance in China: the use of the Internet to safeguard one's well-being by broadcasting one's whereabouts and health condition, and to generate public awareness of one's run-ins with the law.

^[6] The Les Miserables song was an especially provocative choice given its use as a protest anthem by Hong Kong demonstrators in 2019.

^[7] The outpouring of resentment also drew comparisons to the reactions to the deaths of Liu Xiaobo and government coverup of the 2011 Wenzhou train disaster (Wade, 2020; Griffiths, 2020).

Evaluating the Effectiveness of China's Virus Diplomacy

Sabine Singh & Matthew Kacki

Abstract

Ruthless utilitarianism forms the cornerstone of China's totalitarian governance and has proven advantageous to counter the coronavirus outbreak. However, their reactive success and provision of aid have not been enough to silence criticism and demands for transparency. The Chinese Communist Party (CCP) are growing dependent on Wolf Warrior diplomacy to make threats, spread disinformation, and generate controversy to deflect blame away from central authorities. The analysis of Wolf Warrior diplomacy is three-fold. First, we evaluate the effectiveness of CCP's propaganda machinery. Second, we discuss the promotion of reactive methods to hide the CCP's systemic drawbacks, including the rigid hierarchy that discourages reporting negative results. Thirdly, we identify how the economic strategies reveal a duality; offering assistance to improve relations (crisis diplomacy), but threatening trade when faced with opposition (boycott diplomacy). As economic authority wanes, cracks in China's governance model are becoming harder to seal, jeopardising global relationships and injuring domestic legitimacy.

Evaluating the Effectiveness of China's Virus Diplomacy

Repressive authoritarian rule has been framed by China's political strongmen as a vital precondition to promote efficiency and economic prosperity, however, as financial instability ensues, the Chinese Communist Party (CCP) depends on "soft power" grabs with amplified aggressiveness to mitigate the repercussions from COVID-19. Wolf Warrior diplomacy is deployed as a knee-jerk reaction against allegations of China's incompetency. Wolf Warrior diplomacy has also generated controversy within mainland China against Western democracies, however, the "blame game" fails to counter global anti-China rhetoric. The term Wolf Warrior is based on a Rambo-like character in a Chinese movie franchise who has to defeat foreign mercenaries (Lucas, 2020). Instead of the bland and verbose statements that characterised China's diplomacy in the past decades, Wolf Warrior diplomats quickly fight criticism (Westcott & Jiang, 2020). This style of diplomacy abandons lowkey and passive strategies in favour of aggression and confrontation (Zhu, 2020). The hawkish and offensive strategies aim to undermine critics of China whilst "pleasing nationalists back home" (Ma, 2020).

Evaluation of Wolf Warrior diplomacy is three-fold. Firstly, the propaganda machinery has been emboldened to facilitate the weaponization of media outlets, exemplified by origin conspiracies and censoring opposition. Secondly, a culture of desperate expressions of loyalty has been born, encouraging self-congratulatory expressions to overshadow the failure to prevent the outbreak. The CCP has promoted their reactive methods as advantageous, whilst simultaneously censoring evidence of systemic drawbacks, including the rigid hierarchy that discourages reporting negative results. Thirdly, economic statecraft reveals their duality; helping improve relations (crisis diplomacy) and threatening trade when faced with opposition (boycott diplomacy). Crisis diplomacy and boycott diplomacy can be advantageous short-term

demonstrations of China's stronghold, however, the hostility of their diplomacy paired with the economic backlash of COVID-19, threaten financial stability. The inward focus of China's market is now potentially undoing decades of progress towards globalisation. China has resorted to Wolf Warrior diplomacy in retaliation of criticism, which worsens their chances of political redemption and economic recovery. As the Chinese economy suffers, so does Xi Jinping's credibility. Through this paper we aim to address the question: how effective is China's virus diplomacy and what are the long-term implications for the country?

Background on CCP's Power

The CCP's propaganda machinery is attempting to use coronavirus for its political advantage. They have attempted to promote the superiority of China's political system to convince the people that the CCP's strategies reign superior, even mocking Western democracies as ineffective and hopeless (Rough, 2020). Combating coronavirus is most effective through prioritizing collective needs over individual ones. China is a great case to evaluate this claim against – their communitarian values are entrenched in Confucianism and ruthless utilitarianism is typified by totalitarian methods. However, this narrative of cultural relativism rationalises collective control and oversimplifies the entrenched dominance of the CCP. The CCP is not *just* the ruling party, they have a leading role in economic statecraft and a stronghold over all arms of government, to the extent that Cabestan (2018) claims the CCP *is* the political system. The Constitution of the Communist Party of China (2012) defines the CCP as the “vanguard” of the Chinese people and nation, with core leadership presiding over development and culture (as cited in Cabestan, 2018). The main objective of China's virus diplomacy reflects the central mission of the CCP to maintain monopolistic political power over all aspects of Chinese society and be the “guarantor” of their interests (Cabestan, 2018, p. 76). The CCP was founded in 1921 as a

political party and movement that sought alternative development paths inspired by Marxist theory and the Bolshevik revolutionaries in Russia (Kucha & Llewellyn, 2016). The monopoly of power has been clear since the Mao Zedong-led CCP defeated nationalist rivals and the establishment of the People's Republic of China in 1949 (Albert et al., 2020). Power has been further centralised by Xi Jinping through the abolishment of term limits, allowing indefinite rule (Albert et al., 2020). Although soft power is understood to stem from societal values, it is not produced in a gradual grass-roots fashion in China, as the State dictates which values are expressed through propaganda, cultural activities, and censorship (Blumenthal, 2020). State-controlled media outlets dictate what information is accessible to the Chinese population. Soft power helps a nation's influence grow due to the 'attractiveness' of popular culture, lifestyle and socio-political values (Nye, 2008). Soft power is not idiosyncratic to the modern epoch, but practised for centuries, seen in imperial China's 'rule through virtues', benevolence to the tributary system and depicting cultural superiority (Zhao, 2015), to Mao Zedong's promotion of China's 'Revolutionary Model' as universally applicable and the praise of China's economic expansion in the Reform Era under Deng Xiaoping, as worthy of emulation. To paraphrase Mao, "As communists we gain control with the power of the gun and maintain control with the power of the pen." (as cited in Weiwei, 2012).

The systematic pursuit of soft power is more vigorous contemporaneously, including the launch of the "major public relations offensive" in 2007 under President Hu Jintao and the 2014 campaign by President Xi Jinping to "give a good Chinese narrative", promoting ideologies such as the 'China Dream' and 'Asia-Pacific Dream' combined with preaching achievements, such as the Silk Road Economic Belt (Shambaugh, 2015). The most effective measures were censoring potential opposing perspectives, such as the new regulations in 2013 forbidding journalists from

undertaking any investigation that is not explicitly approved by the CCP's publicity department (Dreyer, 2018).

The core 'information control' infrastructures include the Central Office of Propaganda, which monitors content, keeping it in line with CCP's values, and the State Council Internet Information Office, that polices the internet (Brady, 2015). Additionally, the Central Committee Foreign Propaganda Group made up of CCP "senior cadres", sets the foreign-propaganda agenda (Brady, 2015). The promotion of China's superiority and censoring opposition is a part of a long-standing trend of investment in propaganda (approximated at over \$10 billion per annum). This investment has always wielded comparatively low returns (Shambaugh, 2015). The hierarchy that restrains free expression is quintessential to propagate only politically advantageous narratives, however, the apparent rigidity of China's political hierarchy undermines the believability of their messages, worsened by their long-standing precedence of human rights abuses. The State's "public-opinion management" is experiencing a reinvigoration of existing measures of control to fight allegations which cast doubt on China's handling of the virus. The last two decades, the main goal of China's propaganda for their foreign audience was to raise awareness of economic growth and political stability (Brady, 2015). The recent 'soft power' moves by the CCP depart from persuasion and attractiveness; they are retaliatory.

Weaponizing the Media

The CCP is conducting a hybrid strategy of intensified propaganda and information control, reminiscent of an aggressive Russian-style disinformation effort (Glavin, 2020). The media feud between China and other countries, such as America and Australia, are akin to another kind of epidemic (Hussain, 2020). The weaponization of the media fosters conspiracy theories that "muddy the waters rather than actually change someone's mind" (Kassam, as cited

in Smith, 2020). The weaponization of the media is exemplified by the bilateral war of (dis)information with the U.S. over the origin of the coronavirus, coupled with the dissemination of praise of China's governance model. These strategies were extremely effective within mainland China, but much less internationally.

Origin Conspiracies

The CCP has launched a media offensive to neutralise the weaknesses of the system and the party itself. Party chiefs are downplaying the cover-up of the emerging coronavirus outbreak in Wuhan and are promulgating a narrative that the virus originated with the U.S. (Radio Free Asia [RFA], 2020), whose Army personnel triggered the outbreak at the athletic games in Wuhan in October 2019 (Carpentier, 2020). The spokesman of the Chinese Ministry of Foreign Affairs Information Department, Lijian Zhao (2020) tweeted "It might be the US army who brought the epidemic to Wuhan... Be transparent! Make public your data! US owe us an explanation!". Zhao, among others, demonstrate a trend of Wolf Warrior diplomats emerging, who set off combative defences when China is criticised (Kang, 2020). From the CCP's perspective, the military conspiracy was necessary for two reasons. Firstly, it was necessary to prevent China from appearing passive on the global political arena, "safeguard[ing] its national interests in an unequivocal way" (Global Times, cited in Dettmer 2020). Secondly, it was necessary to counter "Western hypocrisy" that is "scapegoating China" (Kang, 2020), such as the U.S. driven conspiracies that coronavirus was developed in Wuhan labs as a bioweapon. This is voiced by US Republican Senator Tom Cotton (Hussain, 2020) and supported by 29% of Americans (Morin, 2020).

Nakazawa (2020) labelled China's military conspiracy as a "pre-emptive strike on the U.S.". These 'strikes' were ineffective to counter global narratives concerning Chinese origins

for coronavirus, due to their unsubstantiated and ‘knee-jerk’ nature. The continuous denouncing of the origination conspiracies by prominent Western democratic figures (such as U.S. Secretary of State Mike Pompeo and President Donald Trump), combined with the frequent allusions of coronavirus as the “Chinese Virus”, poisoned China’s global status. Across 34 countries, a median of 40% held a favourable opinion of China, compared with a median of 41% with an unfavourable opinion (Silver et al., 2019). But analyses of Western democracies paint an even worse picture for China. Roughly two-thirds of Americans currently say they have an unfavourable view of China, the most negative rating China has experienced since 2005 (Silver et al., 2019). Western Europe is, on balance, negative¹; unfavourable views range from 53% in Spain to 70% in Sweden (Silver et al., 2019). Australia is no exception where 68% have felt less favourable towards China, and 69% agree that China has dealt with the outbreak poorly (Grattan, 2020). Although we cannot draw an exclusive causal relationship between the decreased popularity with the CCP’s ineffectiveness, as there is a confluence of factors that contribute to this worsening perception, what is clear is that coronavirus has seriously impacted China’s standings amongst Western democracies.

CCP promulgation of the origin conspiracies was unlikely to have been intended for Western audiences. If the intended audience was mainland China, then the CCP’s use of the media to disinform Chinese citizens about coronavirus origins was effective. Academics such as Bates Gill (2020), argues the target is even narrower than the Chinese public, attempting to remind and reassure CCP members, “about Xi Jinping’s leadership and first and foremost, feel good about themselves.” (as cited in Smith, 2020). The ‘blame game’ in which the CCP participates satisfies an objective, to detract attention from the CCP’s initial lagging response to

¹ With the exception of Greece.

the virus. The effectiveness of CCP's media offensive is not constrained by lack of evidence and successfully diverts blame away from Xi Jinping, even only momentarily (Nakazawa, 2020) and within mainland China.

The retaliatory Wolf Warrior style during the origin conspiracies has left a persuasive precedent for future diplomacy, aiming to “win over” Beijing bureaucrats. Brown (2020) describes that “everyone is trying to demonstrate their loyalty” (as cited in Bengali & Su, 2020). Social media attacks against Australia demonstrate a continuation of aggressive disinformation strategy, even on issues that are separate to COVID-19 and domestic Chinese affairs. Spokesman Zhao tweeted a photoshopped image of an Australian soldier holding a knife to the throat of an Afghan child, calling for greater justice in the light of the Brereton Report findings on Australian war crimes. Zhao's tweeting of the controversial image is another explicit expression of anger towards Australia's diplomatic efforts, namely, Canberra's demand for an international investigation over the initial outbreak and criticising the lack of transparency. Mockery ensued after Australian Prime Minister Scott Morrison demanded an apology for the production of the misleading image. The CCP-run tabloid Global Times editor Hu Xijin deemed Morrison “ridiculously arrogant” and called for him to “slap himself in the face” live on television (Craw, 2020). The social media warfare evolved and online ‘trolls’ began supporting Wolf Warrior diplomats during the controversy. Wolf Warriors are gaining acceptance, fostering a competitive race between diplomats to outdo the “outrageousness” of claims (Doran, 2020) to appease CCP loyalists. Although these posts *appear* separate from virus diplomacy, it indicates a continuation of Wolf Warriors' hostility, who were trained during the COVID-19 social media battles. The use of social media to wage “propaganda wars” is a desperate strategy that will not remain idiosyncratic to the “COVID-19 era” of China's diplomacy (Doran, 2020). If anything, the

retaliation was becoming normalised during the virus diplomacy, even supported by citizens, especially when it aligns with patriotic sentiments against the West.

Press Controls for Political Agenda

The core of CCP's virus diplomacy is retaining legitimacy at home through self-congratulatory promotions of efficiency and "denial of central government missteps" (Bengali & Su, 2020). What has worked, is encouraging positive messages of Beijing via social media (France24, 2020b), especially Twitter. The number of Twitter accounts opened by Chinese embassies, consulates and ambassadors have increased by more than 250% since March last year (Smith, 2020). Although active in practising censorship, CCP turns a blind eye to the spread of theories and unsubstantiated comments in social media when CCP is illustrated positively.

The CCP controls "all the necessary architecture" for this campaign and has extensive experience in playing this game in Taiwan and Hong Kong (Rolland, as cited in Bengali & Su, 2020). CCP has achieved domestic success in spreading the message of their superiority, possible through pre-existing totalitarian media control, which allows the CCP and the enormous authority to dictate public opinion through various propaganda departments (Nakazawa, 2020). Xi Jinping exclaims that "[a]ll work by the Party's media must reflect the Party's will, safeguard the Party's authority, and safeguard the Party's unity, they must love the Party" (as cited in Mantesso, 2020). The CCP rebukes promotion of Western journalism "under the pretext of espousing 'freedom of the press'" as attempts to undermine the CCP (China File Document 9, as cited in Mantesso, 2020). To maintain control, the CCP tries to frame criticism about their press controls as a part of the West's wider coercive agenda to denounce China. This allows the CCP to frame critics of their measures as 'anti-China'. Distinctive to China's virus diplomacy is the further foreclosure of the "world's ability to conduct free-press operations" (Pompeo, as cited in

ABC, 2020b). A prominent example includes revoking press credentials of American and Australian journalists (ABC, 2020b), producing substantial backlash from Western democracies. China was already positioned poorly on the World Press Freedom Index by Reporters Without Borders, ranked 176 out of 180 countries (as cited in ABC 2020a).

The CCP uses their diplomatic efforts to advance their wider agenda, exerting control over 'greater China' and trying to 'extinguish' democracy. The CCP has barred journalists to work in Hong Kong and Macao, setting a new precedent on dictating who can report in the semi-autonomous regions (ABC, 2020b). CCP exerting control of public opinion is not confined to the media, the arrest of more than 8, 000 people partaking in anti-government demonstrations in Hong Kong (Mantesso, 2020) shows the physical silencing of opposition. Drawing a causal relationship between democratic governance and poor handling of the virus is a convenient story for the CCP. It is a vengeful tactic to rationalise disparaging the U.S., as President Donald Trump throughout his administration tirelessly scrutinised China and framed them as the enemy of American economic interests. What undoes this clear delineation is Taiwan's great success in virus control, whose democratic governance highlights the deficits of mainland China's totalitarianism. Controlling the press coverage of 'greater China' is essential to solidify the claim that China's system reigns superior to support CCP's overarching control.

Online Rebellion

Measuring the changes in Chinese public opinion is difficult due to the restrictions on data and external review, however, China experienced an unprecedented online rebellion following the death of the "whistle-blower doctor" (Tyson & Llana, 2020). The death of the "whistle-blower doctor" and its subsequent online rebellion, serves as a global exemplar of

China's "muzzling of information about the outbreak" (McGregor, 2020). Analyses of Weibo posts by Han et al. (2020), found surging public hysteresis towards the government. The death of Dr Li Wenliang in February from COVID-19 ignited discontent, expressed over social media. Dr Li was an expert, previously arrested on the grounds of "spreading false rumours" when he tried to raise awareness of the virus (McGrath, 2020). The online rebellion breaks away from the norm set by China's highly censored society, as expressing anger towards the government so explicitly on social media is rare (Yuan, 2020). Even big corporations expressed emotional rhetoric against the state. Hundreds of thousands of posts were made on Dr Li's page. Hashtags such as "Wuhan government owes Dr Li an apology" and "We want freedom of speech" were trending, before they were taken down (McGrath, 2020). To circumvent many of the barriers preventing dissent, users reposted content to allude to the cover-ups, such as "Do You Hear the People Sing" from *Les Misérables* and invocation of CCP materials, such as Article 35 from the Constitution which outlines freedom of speech (Yuan, 2020).

There were two main branches of strategies to mediate the damage public outrage inflicts on the CCP. Firstly, censorship was useful to a degree in ensuring publicity of responses were short-lived and hinder the cohesiveness of dissent (Kim, 2020). However, controlling the message was far less effective than previously. The quantity and variety of posts were "too much for the censors" (Yuan, 2020). The publicity of the cover-ups placed a spotlight on Xi Jinping's long-standing goal of bolstering artificial intelligence to "build a digital system of social control, patrolled by precog algorithms that identify dissenters in real-time" (Andersen, 2020). The same artificial intelligence search engine tools and internet police that silenced Dr Li efficiently dealt

with those who wrote critically of the Chinese government's mishandling and Dr Li's ill-treatment (Khalil, 2020).

The second strategic branch aimed to control how the online rebellion was damaging the CCP's legitimacy. Censoring the messages generated backlash from citizens. Instead of turning against the people, they tried to mitigate dissent without the central authorities admitting fault. Damage control on the government level was seen in the dispatch of a specialist team by the CCP central authorities, to investigate all "issues related to Dr Li Wenliang that were reported by the public" (Kim, 2020). On social media platforms, it was essential to project a narrative that deflected blame from the CCP and shifted discussion away from China's systematic issues (Kim, 2020). Weibo issued a statement denying that it took down posts, claiming that the moderation algorithms affected some users because they were mistaken for bots (McGrath, 2020). Many of the non-inflammatory comments were returned (Yuan, 2020). In an attempt to re-align themselves with the everyday Chinese social media users, State media and official social media joined in with the mourning (Kim, 2020). In response to public outcry, the National Supervisory Commission conducted an inquiry into the early reports of COVID-19 and Dr. Li's treatment (Khalil, 2020). The findings of the report prompted the exoneration of Dr. Li and an official apology to his family. Mishandlings were defined as local, isolated, and individual failings, to reduce discussion on the systematic flaws, such as the CCP's rigid hierarchy and limitations of accountability. The report concluded that the conduct of the police who reprimanded Dr. Li acted inappropriately (Davidson, 2020a). Additionally, Wuhan officials on provincial posts were removed (Khalil, 2020). By individualising issues, the CCP can appear to be 'cracking down', whilst scapegoating other bodies for mishandlings. These reactive strategies can only provide a temporary fix, a mere distraction from structural failings that discourage reporting and

expression against the CCP. Clearly, Dr. Li will continue to be a dangerous symbol for the CCP's stability, seen already in another 'wave' of public outcry when his achievements were not recognised in a lavish ceremony in September 2020 that celebrated citizens who assisted China to combat COVID-19 (Kuo, 2020).

Analysis of online rebels is pertinent, as mainstream avenues of political participation in China to express opposition are abysmal. The Chinese population speaking out against the government marks a new trend and exemplifies distrust. This raises systemic concerns for the legitimacy of the CCP, as their virus diplomacy depends on their self-appointed mandate to represent the interests of the Chinese people. What is exceptional is the power of cyber-patriotism, actively critiquing online rebels as traitors to their country, such as author Fang Fang, who was demonised after publishing journal entries recounting her life in Wuhan during the outbreak and the painful experience of a forced lockdown (Shepherd, 2020). This 'culture' of cyber-patriotism may be the only avenue for silencing opposition without the CCP garnering even greater scrutiny for turning against its citizens. Regardless, as international audiences gain information on the cacophony of online voices criticising the CCP, it becomes even more undeniable that China's propaganda machinery is producing its own story that sidelines concerns of its citizens.

Systematic Superiority or Diplomatic Cover-Up?

Currently, CCP officials are releasing statements that the epidemic is under control domestically due to the totalitarian regime and campaigning that Western democracies are less effective and can learn from the CCP's draconian methods (RFA, 2020). The message was disseminated successfully, partly because of the substantial evidence to support this claim. The

systematic response was unequivocally advantageous in reducing the spread of coronavirus. However, the same totalitarianism was unable to prevent or contain the initial outbreak.

Reactive Response

CCP's draconian quarantine policies and sharing of the genetic sequence of the virus has been credited by the World Health Organisation (WHO) as effectively buying the world time (Jones, as cited in Tyson & Llana, 2020, p. 2). Totalitarianism can be convincingly credited with this achievement, CCP's overarching control was a vital precondition for enforcing lockdowns and mass mobilisation to produce medical facilities and supplies. The "people's war against the virus" (Tyson & Llana, 2020) has seen over 760 million subjected to home lockdowns in China and the greatest People's Liberation Army mobilisation since the 2008 Sichuan earthquake (Jennings, 2020). Western democracies were astounded by the rapid establishment of two coronavirus hospitals in 10 days (Wang et al., 2020). WHO representative Michael Ryan asks rhetorically, "before this outbreak began, Hubei had 137 isolation beds, today it has over 14,000.... You tell me any other country in the world who could achieve that?" (as cited in Peterson, 2020). In extreme contrast, the U.S. has been ranked by the WHO (2020a) at 69, out of 182 countries, for their ratio of hospital beds. The U.S. had only 2.9 beds for every 1,000 people, fewer than developing states like Turkmenistan (7.4), Mongolia (7) and Libya (3.7) (Chalabi, 2020). Western democracies have struggled with rapid responses, due to a lack of top-down control at a systemic level, varying health-care-seeking tendencies and trust of government, as individualism is entrenched at the societal level (Tyson & Llana, 2020). CCP has exploited other states' difficulty in balancing public health and individual rights during the pandemic to advance a global question on how effective liberal democracies are.

Preventative Methods

Navigating the CCP's public image as suppressors of information was arguably the greatest difficulty their virus diplomacy aimed to overcome. It was only when censorship of information proved ineffective, that the CCP took action against the pandemic (Brzechczyn, 2020, p. 87). The first *reported* case was on November 17, 2019, however, initial reports were suppressed for weeks and whistle-blowers, such as Dr. Li, silenced (BBC, 2020). At the time of researching, there were a total of 66, 243, 918 cases of coronavirus worldwide and 1, 528, 984 deaths reported to the WHO (2020b). Although the coronavirus outbreak experienced by Wuhan, could happen anywhere in the world (Hussain, 2020) China has been singularly held responsible for the outbreak by Western democracies, who exclaim that blood is on China's hands (Birrell, 2020). According to the U.S. Health and Human Services Secretary Alex Azhar, democracies have undergone a process of "radical transparency" (as cited in Tyson & Llana, 2020), whilst transparency in China has worsened as censorship is even more commonplace.

In an attempt to appear transparent, there was even a staged 'leaking' of information from Politburo meetings, to prove early responses (Peterson, 2020). China's state media released details that Xi Jinping "issued demands about the efforts to prevent and control the coronavirus as early as January 7th" (Peterson, 2020). However, they did not improve China's reputation internationally and the CCP's efforts were 'too little, too late' to inspire perceptions of heroism for the Party. Considering the demands for better social support and allocation of medical resources, the CCP has done considerably well at censoring opposition and emphasising successes. Arguably, these diplomatic techniques were somewhat effective, as the 90 million CCP members (Callick, 2020) wielded enormous control over choosing which opinions were made public inside China.

The CCP has performed diplomatic efforts to counter the global narrative that initial contagion was intentionally kept secret. Reporting by subordinates is subpar, due to rigid hierarchy, a centrepiece of totalitarianism, which discourages raising information to central bosses, especially if it has the potential to bring about Xi Jinping's demise (Fisher, 2020). This is a major flaw in the "China Model" of governance. The incentivisation of good news can arguably increase productivity, however, there are major repercussions of an only results-based reward-system. This model allows the coexistence of authoritarian governance and pragmatic economic policy; however, it was designed to transition China out of poverty and political unrest, not to better living standards. When designing China's governance model, procedural accountability is compromised in the prioritisation of political stability and fast results, thus neglecting 'common goods'.

The sharing of information does not 'flow' between subordinate authorities and their superiors. China has had ample experience in its 'chain of command' failing to raise issues that impact public health and the environment. The contaminated milk scandal is a prominent case of suspending bad news. In the days leading up to the Beijing Olympics, powdered milk produced in China was discovered to be contaminated with chemicals (Mooney, 2008). The chemical began turning up in products shipped internationally too, including in the products headed by company 'giants' like Cadbury, Nestlé and Unilever (Mooney, 2008). It pointed to the 'dark side' of the 'China Model' of government, including the flaws of their mass production and hiding such dangers to preserve China's 'prestige'. Critics pointed to the farmers, claiming that they added the melamine to increase protein level of milk that was watered down, however, farmers accused operators of the milk collection stations who purchase raw milk with "little regulatory oversight" (Mooney, 2008). To mitigate the damage, items were recalled, public

warnings were issued, and farmers were arrested. According to Branigan (2009), two people were sentenced to death, rendered the “pair who added the industrial chemical”. The individualisation of such issues remains a go-to strategy in CCP’s current virus diplomacy to deflect responsibility. The redirection of blame from central CCP authorities to local authorities is exemplified by the replacement of the Party Secretary in Hubei province (Callick, 2020).

The repetition of these atrocities highlights how entrenched the limitations of accountability are, hindering proactivity in favour of a rigid hierarchy. The lack of transparency is worsened by a collective psyche that fears instability, seen previously in the cover-up of the initial outbreak of the SARS epidemic in the early 2000s. During the initial SARS outbreak, the Chinese government concealed information, thus misleading the public, and allowing the virus to spread further (Perper, 2020). Whistle-blowers were heavily penalised. Reports indicate a fear of voicing their concerns as they foresee a lack of 'backing' when raising issues to those higher, fearing penalty for going 'over the heads' of their local officials (Mooney, 2008). A core strategy to prevent the spread of ‘bad news’ during the COVID-19 virus diplomacy, was silencing those in China who critiqued the totalitarian methods, such as the arrest of civil rights activist and academic Xu Zhiyong and house arrest of famous law professor Xu Zhangrun (Callick, 2020). Unfortunately for the CCP, there is only so much that ‘soft power’ can conceal when the mishandlings stem from their governing system. The CCP remains in a difficult position, as their greatest assets of their model of governance are efficiency and overarching control—but they were also the source of systemic failings. CCP’s virus policy, much like China’s political system, shows impressive efficiency reacting to a clear problem but has difficulty handling emerging ones.

Economic Strategies

China's "soft power runs the risk of being shredded" in Western democratic states, as well as in the 'developing world', such as India, Indonesia, and Iran (Rudd, as cited in Dettmer, 2020). But what about Chinese economic power? A key strategy of CCP's virus diplomacy is trying to 'buy' favourable outlooks, aiming to improve China's international standing. However, when their standing worsens, CCP threatens the economic livelihood of states.

Crisis Diplomacy

CCP's 'no-strings-attached' approach to world-wide economic support and medical aid is not a recent phenomenon and was seen previously during the Ebola epidemic (Hussain, 2020). China is well-rehearsed in this strategy, and that is one of the leading reasons for its effectiveness in the developing world and initially in Italy. CCP propaganda machines have gone into overdrive to zealously persuade the world that China has contained coronavirus successfully and as a consequence, is well-equipped to support and lead affected countries. The CCP has accused other Western democracies of responding too slowly while simultaneously supplying aid to afflicted European nations (Mistreanu & Humphrey, 2020). Criticism of slow responses is not idiosyncratic to CCP propaganda, but is part of a global critique of timing, established already in Western democracies, where 65% of Americans surveyed argued Trump's initial response was far too slow (Pew Research Centre, 2020).

Provision of protective equipment and respirators is an effective diplomatic strategy to create confidence in China as a global power (Smith, 2020), especially in the developing world. This is reflected in the CCP's pledge to donate \$20 million USD to the WHO for developing countries' coronavirus response (RFA, 2020). Delivery of medical equipment to Serbia and Hungary garnered extreme praise of China from their leaders, calling Xi Jinping a brother or friend (Kassam, as cited by ANU, 2020). The Serbian President even kissed the Chinese flag

(Kang, 2020) and raised a billboard of Xi Jinping (Mistreanu & Humphrey, 2020). Beijing's diplomats have seized the pandemic as an opportunity to assert leadership among countries critical to the West (Kang, 2020).

The CCP was uniquely positioned for a Chinese 'soft power' grab through mask diplomacy after European countries failed to immediately answer Rome's request for aid (France24, 2020b; Mistreanu & Humphrey, 2020). The CCP was initially successful in improving China's perception in Italy, as public opinion improved substantially, consequentially because of the shipments of ventilators and protective equipment in mid-March (Mistreanu & Humphrey, 2020). SWG Polling Institute (2020) found that the percentage of Italians describing China as a "friend" of Italy, climbed from 10% in January to 52% in late March, creating a shift from "virus spreader to an ally", according to Alessandro Di Battista (as cited in Mistreanu and Humphrey, 2020). However, anti-Beijing sentiments quickly unravelled China's gains (Haski, as cited in France24, 2020b). Credibility was worsened by the faulty, substandard tests, masks, and ventilators supplied (Bengali & Su, 2020; France24, 2020b), exasperating the quality issues of Beijing's mass production. Vietnam, South Korea and even Taiwan have practised similar mask diplomacy donating millions of masks to Europe, yet they have not faced the same backlash mainland China suffered (France24, 2020a). Taiwan has been much more effective than mainland China in virus control, due to their combination of community-driven agenda executed democratically, thus, undermining the CCP's claim that totalitarian methods reign supreme.

Brown (2020) explains that Chinese aid might have initially stemmed from good intentions, but it has backfired, as hard-hit countries do not like "their suffering to figure as part of someone else's grand campaign for validation" (as cited in Mistreanu & Humphrey, 2020). Unfortunately for China, their mask diplomacy had limited success in leading Western

democracies, like Australia, whose reception of Chinese companies' supplies have been kept as lowkey as practicable (Kassam, as cited in NewsDesk 2020). Polls suggest where China is already not trusted, distrust is much more likely to grow (Silver et al., 2019). With this in mind, China has effectively selected which states they will support in their crisis diplomacy. Putting more effort into the developing world had a lower risk and much higher diplomatic reward. The exception to this advance in the developing world is substantial diplomatic backlash in Africa, where Nigeria, Ghana, Kenya, and Uganda governments protested China's racist treatment of the African diaspora (Sui, 2020) and global media emphasised the lacuna of Africa's debt relief by Beijing (Muhumuza, 2020). This is quite surprising, as Africa has often been a hub for China to test the effectiveness of their soft power grabs, seen in the SARS outbreak when the CCP used public health to strengthen diplomatic ties with African nations (Chan et al., 2010).

Boycott Diplomacy

In retaliation to the demands for China's transparency by Western democracies, the CCP has undertaken boycott diplomacy. Australian government has urged global support for an independent inquiry into China's handling of the coronavirus outbreak (Lim & Ferguson, 2020). Cheng Jingye, China's ambassador to Australia made "threats of economic coercion", claiming that Chinese tourists and students can be dissuaded from visiting Australia, and from consuming Australian goods like wine and beef (Hitch & Hayne, 2020). Precedent shows that Chinese boycott diplomacy can have severe economic impacts, as seen in 2017, where South Korean consumer goods were subjected to extensive boycotts and Chinese tourists' arrivals to South Korea halved in response to Seoul's deployment of a US missile defence system, against the CCP's reservations (Lim & Ferguson, 2020). There is ill-evidence to suggest the Australian accusation that CCP is guilty of coercion has inspired serious reconsiderations of their Wolf

Warrior diplomacy, quite the opposite, it was matched with stern warnings, seen as Canberra was cautioned to cease playing ‘political games’ (Bengali & Su, 2020). The Global Times described Australia as analogous to “gum stuck to the bottom of China’s shoe: Sometimes you have to find a rock and scrape it off” (as cited in Davidson, 2020b). Boycotting has been an effective short-term strategy as Western democracies such as Australia, question whether their industries will endure or survive—since suffering is certain.

Prima facie, economic elements of CCP’s virus diplomacy appear humanistic compared to the U.S., where President Trump invoked the Defense Production Act against “unscrupulous actors and profiteers” exporting medical gear (Breuninger & Wilkie, 2020). China has infuriated the U.S. with their bold threats, publishing in Xinhua the CCP’s consideration of imposing export controls to withhold vital pharmaceuticals from American consumers, forcing the nation to plunge “into the mighty sea of coronavirus” (as cited in Carpentar, 2020). The threat was effective in bringing to U.S. public attention to their high dependency on China for pharmaceutical ingredients, which is in excess of 80% (Carpentar, 2020). This strategy can be deemed a short-term success in exerting substantial pressure onto U.S. governance, raising doubts on the Administration’s competency, from the recent underinvestment in virus kits to their history of systematic reduction of the Centres for Disease Control and Prevention (Jennings, 2020). The “rhetorical fireworks” effectively made the American economy feel even more vulnerable, without halting their substantive bilateral economic cooperation altogether (Carpentar, 2020).

Wolf Warrior Diplomacy and Future Legitimacy

The severe economic impact of the pandemic has encouraged Chinese leadership and diplomats to adopt an aggressive style of diplomacy in order to divert blame away from their

failings and to maintain legitimacy. Wolf Warrior diplomacy has been characterised by brazen attacks against foreign critics and politicians, and serious confrontations with countries, including major trading partners such as Australia (Weiss, 2020).

As previously mentioned, in April 2020, China's Ambassador to Australia threatened a consumer boycott of Australian exports after Australian Prime Minister Scott Morrison called for an independent inquiry into the origins of the pandemic (Sullivan, 2020). Since then, China has partially followed through on its threat—by placing tariffs on some Australian exports, like barley and wine, as well as reducing their levels of imports for some resources, like coal (Sullivan, 2020; Bagshaw & Galloway, 2020). China's Foreign Ministry spokesman Zhao Lijian had also posted a doctored image of an Australian soldier holding a knife to the throat of an Afghan child, in an attempt to criticise Australia over its' revealing war crimes inquiry (Doran, 2020).

Evidently, the CCP is willing to strain diplomatic relations as a means of inciting their nationalist agenda within the country in order to build up domestic support. However, this Wolf Warrior diplomacy will prove detrimental to China's ambitions in the long-term, as it will greatly undermine its economic interests and its efforts to attract international support. The source of China's extraordinary economic growth has been the vast inflow of foreign capital, Western technology and access to the global market since the country's market reforms in the late 1970s. China's current path of diplomacy places it at risk of undoing its years of progress in developing reliable economic ties with other countries. In turn, this will make China's economic recovery significantly more difficult. Unlike the Global Financial Crisis in 2008 and its aftermath, China will not be able to look inward to stimulate its economy. China has since exhausted its capacity to use debt-financing to fuel government spending and investment (Rosen,

2020). If China hopes to revitalise its economy, it must rely on its trade partners to fuel demand for its exports and its continuation at the centre of the global supply chain. However, as evident in the case of China's current diplomatic spat with Australia, China's diplomacy is being driven by the interests of self-preservation rather than pragmatic considerations.

If China continues to pursue this style of diplomacy, it will only fuel further international suspicion and alarm, and encourage countries to rethink their ties with China (Weiss, 2020). China's antagonistic politics are simply not an effective long-term strategy and are already showing symptoms of ruining state relations (Mistreanu & Humphrey, 2020). Some countries, like Japan, have already been encouraging their firms to shift their supply chains out of China. In early April, Japan announced the allocation of 248.6¥ billion to encourage manufacturers to return to Japan and diversify into Asia (Kawashima, 2020). Additionally, China's recent trade sanctions against Australia are generating solidarity against China and their coercive practices. Politicians across the European Union, the United States and Japan have been calling for solidarity against Xi Jinping and the CCP, and support for the Australian wine market (Guy, 2020). This may advance the China de-coupling agenda that has been advocated by some, particularly those within the Trump administration. Furthermore, given China has also recently signed the Regional Comprehensive Economic Partnership (RCEP), which is a free trade agreement between the various countries of the Asia-Pacific (including Australia and China), China's recent erratic behaviour appears to be even more glaring. If China hopes to revitalise its economy, it must do so by seeking to strengthen economic ties—not by worsening them and looking inwards.

Nationalism is a tool of legitimisation that is a 'double-edged sword', this raises the question of whether there is an alternative way in which China can legitimise itself to its

population, in the face of an economic downturn. It is feasible for the one-party state to use a different legitimisation tool—ideology. This would be significant as the post-Maoist CCP has never changed its ideology at the ‘fundamental level’. Rather, the party has been constantly changing its’ ideology at the ‘operative level’ in response to a constantly changing environment. Hence, the apparent contradictions of Deng Xiaoping’s ‘pragmatism’, and Jiang Zemin’s theory of ‘Three Represents’, are ‘less about an abandonment of ideology than about its constant renovation’ (Holbig & Gilley, 2010, p. 405). Hence, Xi Jinping and the CCP could change the party’s ideology at the ‘operative level’, to better suit the current environment and to better serve their goals. There is one particular way in which the party could do this, and it relates to the fact that ideology creates the basis of how the party’s performance is evaluated (Holbig & Gilley, 2010). Xi Jinping and the CCP could modify the party’s ideology in such a way, where there is a lesser emphasis on economic performance (and nationalist rhetoric), and a greater emphasis on some other ‘indicator’. For instance, the CCP could place an emphasis on its institutional performance—which essentially refers to the efficiency of its governance. This would translate to the CCP shifting their focus to the development of more autonomous, specialised, and effective institutions, and reducing corruption in the party and government (Holbig & Gilley, 2010).

A good starting point would be to increase the independent capacity of health institutions to ‘collect, process, and act on critical information’ related to disease control and prevention (Pei, 2020). Particularly, because Beijing did not respond to the COVID-19 outbreak for weeks, despite health authorities raising an alarm much earlier (Pei, 2020). This would clearly demonstrate to the public Beijing's commitment to preventing a repeat of the mishandlings of the COVID-19 and SARS outbreaks. However, in particular, Beijing could focus on seriously

tackling the rampant corruption that has plagued the country in the post-Maoist era. Despite Xi's anti-corruption campaign between 2012 and 2017, corruption persists as one of the greatest sources of illegitimacy for the party. For instance, this year, it was discovered former Communist Party Secretary and Governor of Shaanxi Province, Zhao Zhengyong, had received more than 630 million Yuan in bribes (~\$96 million USD), and China's ex-Interpol president Meng Hongwei, who was the vice-minister of public security and chief of China's maritime police, had received 14.46 million Yuan in bribes between 2005 and 2017 (Zheng, 2020; Ng & Lo, 2020). Hence, if Beijing would prioritise tackling rampant corruption, by "tightening controls and internal oversight... making governmental functions more transparent... creating greater accountability... establishing new anti-corruption agencies... [and] conducting periodic crackdowns," Beijing could significantly enhance its' legitimacy (Wedeman, 2012, p. 145). Hence, Beijing could effectively mitigate most of the concerns about its long-term legitimacy, by shifting the party's ideology and efforts to be centred around institutional performance. Thus, the party could sustain its future legitimacy, even if the country were to be deprived of economic performance for some time and without sacrificing its economic ties.

Conclusion

The CCP's virus diplomacy has flouted the 'hide and bide' strategies of Deng Xiaoping, utilising the pandemic for political advantage, raising international doubts on Western democratic efficacy, and advancing grand strategies, such as controlling 'greater China' and furthering relations with the developing world. The three-part analysis revealed that the CCP's propaganda machines were most effective within the mainland and that the greatest diplomatic successes internationally are through economic strategies. CCP campaigns using Chinese media, leaning on the crutch of censorship (Kao & Li, 2020), have been effective in retaining the CCP's

and Xi Jinping's legitimacy domestically, or at least the perception of it. The lack of media control outside of their constituency hinders their global success for covert propaganda (Kao & Li, 2020), seen in the difficulty of substantiating origination conspiracies. CCP's virus diplomacy effectively promoted the reactive benefits of totalitarianism and somewhat concealed the shortcomings or at least diverted the blame away from the CCP.

Global support and domestic regulative credit for totalitarian methods will last as long as the danger persists (Brzechczyn, 2020), and the CCP plays a major role in how these methods are starting to "replicate throughout the world like a virus" (Fukuyama, as cited in Grant, 2020), even if the adaptation is a last resort. It is too early to determine if CCP's virus diplomacy will repair China's spoiled image completely, but clearly, they have done extraordinarily so far, emerging as one of the strongest forces in the war of (dis)information. In terms of the effectiveness of China's Wolf Warrior diplomacy, it has seemingly done more harm than good for China's long-term interests and ambitions. As China continues to engage in coercive diplomacy, for instance against countries like Australia, they are inadvertently encouraging several Western countries to rally against Xi Jinping and the CCP. In turn, this will only further advance the China de-coupling agenda that has been propelled by some politicians, such as Trump who has often proclaimed the importance of ending reliance on China (Dupont, 2020). Already, countries like the United Kingdom, Canada, New Zealand, Japan, and India have been cooperating with the United States' amid its' push for a new alliance of democratic countries to resist China (Satoshi, 2020). If China persists to focus on self-preservation rather than pragmatism, it will only hinder its economic recovery and further distance itself from the rest of the world and inflict upon itself potentially irrevocable damage.

Bibliography

- ABC News. (2020a, February 19). US imposes new rules on state-owned Chinese media over propaganda concerns. Retrieved from <https://www.abc.net.au/news/2020-02-19/us-new-rules-on-state-owned-chinese-media-propaganda-concerns/11979036>
- ABC News. (2020b, March 18). China to expel American reporters after US restricts Chinese state-controlled media. Retrieved from <https://www.abc.net.au/news/2020-03-18/china-to-expel-american-reporters-after-us-curbs-its-media/12065968>
- Albert, E., Xu, B., & Maizland, L. (2020, June 9). The Chinese Communist Party. *Council on Foreign Relations*. Retrieved from <https://www.cfr.org/backgrounder/chinese-communist-party>
- Andersen, R. (2020). When China Sees All. *The Atlantic Monthly*, 326(2), 58–68.
- Asia Society. (2020, April 15). *The Economic Impact of Coronavirus: China, Asia, and the World* [Video]. YouTube. Retrieved from <https://www.youtube.com/watch?v=KbReWV6HhnM>
- Bagshaw, E., & Galloway, A. (2020, December 1). Australian coal exports face 'perfect storm' as China restrictions hit. *The Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/world/asia/australian-coal-exports-face-perfect-storm-as-china-restrictions-hit-20201130-p56j9b.html>
- BBC News. (2020, February 7). Li Wenliang: Coronavirus death of Wuhan doctor sparks anger. Retrieved from <https://www.bbc.com/news/world-asia-china-51409801>
- Bengali, S. & Su, A. (2020, May 4). ‘Put on a mask and shut up’: China’s new ‘Wolf Warriors’ spread hoaxes and attack a world of critics. *Los Angeles Times*. Retrieved from

<https://www.latimes.com/world-nation/story/2020-05-04/wolf-warrior-diplomats-defend-china-handling-coronavirus>

Bermingham, F. (2020). Coronavirus: China's trade economy slowly coming back to life, but US\$190 billion export hit expected. *South China Morning Post*. Retrieved from <https://www.scmp.com/economy/china-economy/article/3073974/coronavirus-chinas-trade-economy-slowly-coming-back-life>

Blumenthal, D. (2020, July 10). China's censorship, propaganda & disinformation. *American Education Institute*. Retrieved from <https://www.aei.org/articles/chinas-censorship-propaganda-disinformation/>

Brady, A. (2015). China's Foreign Propaganda Machine. *Journal of Democracy*, 26(4), 51–59. <https://doi.org/10.1353/jod.2015.0056>

Branigan, T. (2009, November 25). China executes two for tainted milk scandal. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2009/nov/24/china-executes-milk-scandal-pair>

Brattberg, E., & Le Corre, P. (2020, April 15). No, COVID-19 isn't turning Europe pro-China (yet). *Carnegie Endowment for International Peace*. Retrieved from <https://carnegieendowment.org/2020/04/15/no-covid-19-isn-t-turning-europe-pro-china-yet-pub-81571>

Breuninger, K. & Wilkie, C. (2020, April 3). Trump bans export of coronavirus protection gear, says he's 'not happy with 3M'. *CNBC*. Retrieved from <https://www.cnbc.com/2020/04/03/coronavirus-trump-to-ban-export-of-protective-gear-after-slamming-3m.html>

- Brzechczyn, K. (2020). The Coronavirus in liberal and illiberal democracies and the future of the globalized world. *Society Register*, 4(2), 83-94. [doi:10.14746/sr.2020.4.2.06](https://doi.org/10.14746/sr.2020.4.2.06)
- Cabestan, J. P. (2018). The Party Runs the Show: How the CCP controls the state and towers over the government, legislature and judiciary. In W. W. Lam (Ed.), *Routledge Handbook of the Chinese Communist Party*. (pp. 75-91). Routledge.
<https://doi.org/10.4324/9781315543918>
- Callick, R. (2020, February 20). How vulnerable is Xi Jinping over coronavirus? In today's china, there are few to hold him to account. *The Conversation*. Retrieved from <https://theconversation.com/how-vulnerable-is-xi-jinping-over-coronavirus-in-todays-china-there-are-few-to-hold-him-to-account-131760>
- Carpentier, T. G. (2020, April 2). The U.S.-china propaganda war over the coronavirus. *CATO Institute*. Retrieved from <https://www.cato.org/blog/us-china-propaganda-war-over-coronavirus>
- Chalabi, M. (2020, April 6). Coronavirus is revealing how broken America's economy really is. *The Guardian*. Retrieved from <https://www.theguardian.com/news/datablog/2020/apr/06/coronavirus-american-reaction-economy-covid-19>
- Chan, L.H., Chen, L., & Xu, J. (2010). China's engagement with global health diplomacy: Was SARS a watershed? *PLoS Medicine*, 7(4), e1000266.
<https://doi.org/10.1371/journal.pmed.1000266>
- Craw, V. (2020, December 1). 'Slap himself': Chinese tell PM to 'kneel down, kowtow'. *The Morning Bulletin*. Retrieved from <https://www.themorningbulletin.com.au/news/slap-himself-china-delivers-fresh-insult/4149606/>

Davidson, H. (2020a, March 20). Chinese inquiry exonerates coronavirus whistleblower doctor.

The Guardian. Retrieved from <https://www.theguardian.com/world/2020/mar/20/chinese-inquiry-exonerates-coronavirus-whistleblower-doctor-li-wenliang>

Davidson, H. (2020b, April 29). 'Chewing gum stuck on the sole of our shoes': The China-

Australia war of words – timeline. *The Guardian*. Retrieved from

<https://www.theguardian.com/world/2020/apr/29/chewing-gum-stuck-on-the-sole-of-our-shoes-the-china-australia-war-of-words-timeline>

Dettmer, J. (2020, May 6). China's 'Wolf Warrior' diplomacy prompts international backlash.

VOA News. Retrieved from <https://www.voanews.com/covid-19-pandemic/chinas-wolf-warrior-diplomacy-prompts-international-backlash>

Doran, M. (2020, December 1). Doctored image of Australian soldier described as China's

attempt to win over conspiracy theorists, other Beijing bureaucrats. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-12-01/china-doctored-image-of-australian-soldier-reaction/12936688>

Dupont, A. (2020, October 9). US-China Decoupling and the Eve of Economic Destruction.

Lowy Institute. Retrieved from <https://www.lowyinstitute.org/publications/us-china-decoupling-and-eve-economic-destruction>

France24. (2020a, April 10). Donating masks and equipment, Vietnam rivals China's

'coronavirus diplomacy'. Retrieved from <https://www.france24.com/en/20200410-donating-masks-and-shipping-gear-vietnam-promotes-its-own-coronavirus-diplomacy>

France24. (2020b, May 1). Can the unmasking of China's Covid-19 'mask diplomacy' stem

Beijing's global power grab? Retrieved from <https://www.france24.com/en/20200501->

[can-the-unmasking-of-china-s-covid-19-mask-diplomacy-stem-beijing-s-global-power-grab](#)

Francisco, T. (2020, April 16). Before the coronavirus, our democracies had stopped responding to people. What comes next is up to us. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/opinions/2020/04/15/before-coronavirus-our-democracies-had-stopped-responding-people-what-comes-next-is-up-us/>

Gan, N. (2018, September 28). Xi says it's wrong to 'bad mouth' China's state firms... but country needs private sector as well. *South China Morning Post*. Retrieved from <https://www.scmp.com/news/china/politics/article/2166108/xi-jinping-reassures-chinas-state-owned-enterprises-and-private>

Glavin, T. (2020, April 3). The coronavirus is the breakthrough Xi Jinping has been waiting for. *Maclean's*. Retrieved from <https://www.macleans.ca/opinion/the-coronavirus-pandemic-is-the-breakthrough-xi-jinping-has-been-waiting-for-and-hes-making-his-move/>

Google Statistics. (2020). *COVID-19 alert: Daily change worldwide*. Retrieved from <https://g.co/kgs/xNRQyr>

Grant, S. (2020, May 11). Has coronavirus shown us the limits of democracy, as life in the West mimics China? *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-05-11/coronavirus-freedom-privacy-china-authoritarianism/12232992>

Grattan, M. (2020, May 14). Pandemic dents Australians' views of both China and the United States. *The Mandarin*. Retrieved from <https://www.themandarin.com.au/133437-pandemic-dents-australians-views-of-both-china-and-the-united-states/>

- Green, M. & Medeiros, E. S. (2020). The Pandemic Won't Make China the World's Leader. *Foreign Affairs*. Retrieved from <https://www.foreignaffairs.com/articles/united-states/2020-04-15/pandemic-wont-make-china-worlds-leader>
- Guy, J. (2020, December 3). Politicians urge people to buy Australian wine in defiance of China. *CNN*. Retrieved from <https://edition.cnn.com/travel/article/australia-wine-international-solidarity-scli-intl/index.html>
- Haass, R. (2020). The Pandemic Will Accelerate History Rather Than Reshape It. *Foreign Affairs*. Retrieved from <https://www.foreignaffairs.com/articles/united-states/2020-04-07/pandemic-will-accelerate-history-rather-reshape-it>
- Han, X., Wang, J., Zhang, M., & Wang, X. (2020, April 17). Using Social Media to Mine and Analyze Public Opinion Related to COVID-19 in China. *International Journal of Environmental Research and Public Health*. Retrieved from <https://www.mdpi.com/1660-4601/17/8/2788>
- Hitch, G. & Hayne, J. (2020, April 28). Federal Government calls Chinese ambassador about comments on trade boycott over coronavirus inquiry. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-04-28/government-calls-chinese-ambassador-boycott-coronavirus-inquiry/12191984>
- Holbig, H., & Gilley, B. (2010). Reclaiming Legitimacy in China. *Politics & Policy (Statesboro, Ga.)*, 38(3), 395–422. <https://doi.org/10.1111/j.1747-1346.2010.00241.x>
- Hong, Y. (2016). The China Path to Economic Transition and Development. In the Consumption-Driven Economic Growth Model, Singapore, Springer.

- Hussain, B. (2020, April 19). Fighting the virus is a matter of survival instead of politics. *Modern Diplomacy*. Retrieved from <https://moderndiplomacy.eu/2020/04/19/fighting-the-virus-is-a-matter-of-survival-instead-of-politics/>
- Jennings, P. (2020, March 7). Coronavirus could tear down dictators and democracies alike. *Australian Strategic Policy Institute*. Retrieved from <https://www.aspistrategist.org.au/coronavirus-could-tear-down-dictators-and-democracies-alike/>
- Kang, D. (2020, April 25). China's diplomats show teeth in defending virus response. *The Diplomat*. Retrieved from <https://thediplomat.com/2020/04/chinas-diplomats-show-teeth-in-defending-virus-response/>
- Kao, J. & Li, M. S. (2020, March 26). How china built a twitter propaganda machine then let it loose on coronavirus. *ProPublica*. Retrieved from <https://www.propublica.org/article/how-china-built-a-twitter-propaganda-machine-then-let-it-loose-on-coronavirus>
- Kawashima, S. (2020). Is Japan Pulling its Companies out of China? *Japan Times*. Retrieved from <https://www.japantimes.co.jp/opinion/2020/05/13/commentary/japan-commentary/japan-pulling-companies-china/#.XsQGaWgzZhE>
- Khalil, L. (2020, November 2). Digital Authoritarianism, China and COVID. *Lowy Institute*.
- Kim, J. (2020, February 13). Coronavirus Paranoia May Boost the Chinese Public's Approval of Government. *The Diplomat*. Retrieved from <https://thediplomat.com/2020/02/coronavirus-paranoia-may-boost-the-chinese-publics-approval-of-the-government/>

- Kucha, G., & Llewellyn, J. (2016, March 13). *The Chinese Communist Party (CCP)*. Alpha History. Retrieved December 1, 2020, from <https://alphahistory.com/chineserevolution/chinese-communist-party/>
- Kuo, L. (2020, September 9). Anger in China as doctor who died of Covid-19 omitted from citizen awards. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2020/sep/09/anger-china-doctor-li-wenliang-died-covid-19-omitted-citizen-awards>
- Leightner, J. (2017). Export-Driven to Consumption-Driven Growth. In *Ethics, Efficiency and Macroeconomics in China* (1st ed., pp. 85–96). Routledge. Retrieved from <https://doi.org/10.4324/9781315209166-9>
- Lijian Zhao. (2020, March 12). [Twitter moment]. Retrieved from https://twitter.com/zlj517/status/1238111898828066823?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed&ref_url=https%3A%2F%2Fwww.abc.net.au%2Fnews%2F2020-03-13%2Fcoronavirus-originated-in-united-states-china-official-says%2F12055278
- Lim, D. & Ferguson, V. (2020, April 29). China’s ‘boycott diplomacy’ over calls for coronavirus inquiry could harm Australian exports. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-04-29/china-boycott-diplomacy--coronavirus-comes-more-government/12194482>
- Lucas, E. (2020, May 11). Wolf Warrior Diplomacy. *CEPA*. Retrieved from <https://cepa.org/wolf-warrior-diplomacy/>
- Ma, A. (2020, June 27). China’s new, hardline ‘wolf warrior’ diplomacy is supposed to cement its dominance-but it’s also uniting its rivals abroad and dividing people at home. *Business*

- inside*. Retrieved from <https://www.businessinsider.com.au/china-wolf-warrior-diplomacy-backfires-uniting-rivals-dividing-at-home-2020-6?r=US&IR=T>
- Mantesso, S. (Presenter). (2020, February 19). *China Watch: "Never telling the whole truth"* [Video file]. Retrieved from <https://www.abc.net.au/news/2020-02-19/us-new-rules-on-state-owned-chinese-media-propaganda-concerns/11979036>
- McGrath, C. (2020, June 23). China coronavirus 'cover-up' sparks angry rebellion as Beijing struggles to contain revolt. *Express*. Retrieved from <https://www.express.co.uk/news/world/1299843/china-coronavirus-cover-up-dr-li-wenliang-weibo-covid19-social-media-wuhan>
- McGregor, G. (2020, February 7). Whistleblower doctor's death stirs an online rebellion against China's coronavirus response. *Fortune*. Retrieved from <https://fortune.com/2020/02/07/li-wenliang-doctor-coronavirus-death-censorship/>.
- Milanovic, B. (2020). The Real Pandemic Danger is Social Collapse. *Foreign Affairs*. Retrieved from <https://www.foreignaffairs.com/articles/2020-03-19/real-pandemic-danger-social-collapse>
- Mistreanu, S. & Humphrey, C. (2020, April 28). China's virus diplomacy faces blowback. *The Canberra Times*. Retrieved from <https://www.canberratimes.com.au/story/6738611/chinas-virus-diplomacy-faces-blowback/?cs=14232>
- Mooney, P. (2008, October 9). The Story Behind China's Tainted Milk Scandal. *U.S. News*. Retrieved from <https://www.usnews.com/news/world/articles/2008/10/09/the-story-behind-chinas-tainted-milk-scandal>

- Morin, R. (2020, May 8). Americans more worried about reopening too quickly than not opening quickly enough, survey says. *USA Today*. Retrieved from <https://www.usatoday.com/story/news/politics/2020/05/08/survey-most-americans-worried-country-reopen-too-quickly/5180069002/>
- Muhumuza, R. (2020, April 29). China silent amid global calls to give Africa debt relief. *AP News*. Retrieved from <https://apnews.com/edbe314da8a4e27141e9accefc2c16cb>
- Nakazawa, K. (2020, March 26). China plays double-track diplomacy in virus blame game. *Asian Review*. Retrieved from <https://asia.nikkei.com/Editor-s-Picks/China-up-close/China-plays-double-track-diplomacy-in-virus-blame-game>
- NewsDesk. (2020, April 22). Why china will never accept a global investigation into the source of COVID-19. *ExBulletin*. Retrieved from <https://exbulletin.com/politics/80531/?insurance&business>
- Ng, T. & Lo, K. (2020, January 21). China's ex-Interpol President Meng Hongwei jailed for 13 1/2 years for corruption. Retrieved from <https://www.scmp.com/news/china/politics/article/3046995/chinas-ex-interpol-president-meng-hongwei-jailed-13-1/2-years>
- Pei, M. (2020). China's Coming Upheaval. *Foreign Affairs*. Retrieved from <https://www.foreignaffairs.com/articles/united-states/2020-04-03/chinas-coming-upheaval>
- Peiyong, G. (2018). Several opinions about the scale of China's national debts. In *China's Fiscal Policy* (1st ed., pp. 54–61). Routledge. <https://doi.org/10.4324/9781315707761-6>
- Perper, R. (2020, January 21). The last time China was hit by a deadly illness like the Wuhan virus, it covered it up and 774 people died. There are fears it could happen again.

Business Insider Australia. Retrieved from <https://www.businessinsider.com.au/china-wuhan-virus-sars-similarity-china-coverup-2020-1?r=US&IR=T>

Peterson, J. (Host). (2020, February 16). *While many have heavily criticised China for its handling of the coronavirus outbreak, the World Health Organization has praised the nation's efforts, saying they've "bought the world time"*. [Video file]. Retrieved from [https://search-informit-org.ezproxy.library.uwa.edu.au/documentSummary;res=TVNEWS;dn=TSM202002160046](https://search.informit.org.ezproxy.library.uwa.edu.au/documentSummary;res=TVNEWS;dn=TSM202002160046)

Pew Research Center. (2020). *Most Americans say Trump was too slow in initial response to coronavirus threat*. Retrieved from https://www.people-press.org/2020/04/16/most-americans-say-trump-was-too-slow-in-initial-response-to-coronavirus-threat/pp_2020-04-16_trump-and-covid-19_0-01/

Pinghui, Z. (2020, February 7). Dr Lin Wenliang: who was he and how did he become a coronavirus 'hero'? [Online]. Retrieved from <https://www.scmp.com/news/china/society/article/3049561/dr-li-wenliang-who-was-he-and-how-did-he-become-coronavirus-hero>

Radio Free Asia. (2020, March 9). China launches coronavirus propaganda drive to boost international image. Retrieved from <https://www.rfa.org/english/news/china/coronavirus-propaganda-03092020150136.html>

Ramzy, A. & Yu, E. (2020, April 21). Under cover of coronavirus, Hong Kong cracks down on protest movement. *New York Times*. Retrieved from https://search-proquest-com.ezproxy.library.uwa.edu.au/docview/2392741602?accountid=14681&rfr_id=info%3Axi%2Fsid%3Aprim

- Rosen, D. (2020, April 15). *The Economic Impact of Coronavirus: China, Asia, and the World* [Video]. YouTube. <https://www.youtube.com/watch?v=KbReWV6HhnM>
- Rough, P. (2020, March 25). How China is Exploiting the Coronavirus to Weaken Democracies. *Foreign Policy*. Retrieved from <https://foreignpolicy.com/2020/03/25/china-coronavirus-propaganda-weakens-western-democracies/>
- Rudd, K. (2020). The Coming Post-COVID Anarchy. *Foreign Affairs*. Retrieved from <https://www.foreignaffairs.com/articles/united-states/2020-05-06/coming-post-covid-anarchy>
- Sandby-Thomas, P. (2014). How Do You Solve a Problem Like Legitimacy? Contributing to a new research agenda? *Journal of Contemporary China*, 23, 575-592
- Satoshi, A. (2020, October 28). The Pitfalls of US-China Decoupling and Dangers of the New Cold War. *Nippon*. <https://www.nippon.com/en/japan-topics/g00936/>
- Shambaugh, D. (2015). China's Soft-Power Push. *Foreign Affairs*, 94(4), 99-107.
- Shepherd, C. (2020, December 4). Wuhan lockdown diarist Fang Fang on writing to preserve the truth. *Financial Times*. Retrieved from <https://amp.ft.com/content/a8995095-7379-4e01-8070-2a54d4b47180>
- Silver, L., Devlin, K. & Huang, C. (2019, December 5). People around the globe are divided in their opinions of China. *Pew Research Center*. Retrieved from <https://www.pewresearch.org/fact-tank/2019/12/05/people-around-the-globe-are-divided-in-their-opinions-of-china/>
- Smith, S. (2020, April 22). Murky origins: Why China will never welcome a global inquiry into the source of COVID-19. *The Conversation*. Retrieved from

<https://theconversation.com/murky-origins-why-china-will-never-welcome-a-global-inquiry-into-the-source-of-covid-19-136713>

Sui, C. (2020, April 15). China's racism is wrecking success in Africa. *Foreign Policy*. Retrieved from <https://foreignpolicy.com/2020/04/15/chinas-racism-is-wrecking-its-success-in-africa/>

Sullivan, K. (2020, May 19). China's tariffs on Australian barley could see export market lose hundreds of millions of dollars. *ABC News*. Retrieved from: <https://www.abc.net.au/news/2020-05-19/barley-china-australia-tariffs-trade-dispute-explained/12263298>

Tyson, A. S. & Llana, S. M. (2020, March 2). Containing coronavirus: Where democracy struggles and thrives. *Christian Science Monitor*. Retrieved from <https://search.proquest.com/docview/2369625689>

United Nations. (2020). Global Trade Impact of the Coronavirus (COVID-19) Epidemic. Retrieved from <https://unctad.org/en/PublicationsLibrary/ditcinf2020d1.pdf?user=1653>

Walden, M. (2020, March 13). Coronavirus began in US, not China, Chinese official suggests. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-03-13/coronavirus-originated-in-united-states-china-official-says/12055278>

Wang, J., Zhu, E., & Unlauf, T. (2020, February 6). How China built two coronavirus hospitals in just over a week. *The Wall Street Journal*. Retrieved from <https://www.wsj.com/articles/how-china-can-build-a-coronavirus-hospital-in-10-days-11580397751>

- Wedeman, A. (2012). *Anticorruption and Corruption*. In *Double Paradox: Rapid Growth and Rising Corruption in China*. Cornell University Press.
<https://doi.org/10.7591/9780801464270>
- Weiss, J. C. (2020, July 16). China's Self-Defeating Nationalism. *Foreign Affairs*. Retrieved from <https://www.foreignaffairs.com/articles/china/2020-07-16/chinas-self-defeating-nationalism>
- Weiwei, A. (2012, April 17). The whispering revolution. *The Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/politics/federal/the-whispering-revolution-20120416-1x3nw.html>
- Westcott, B., & Jiang, S. (2020, May 29). China is embracing a new brand of foreign policy. Here's what wolf warrior diplomacy means. *CNN*. Retrieved from <https://edition.cnn.com/2020/05/28/asia/china-wolf-warrior-diplomacy-intl-hnk/index.html>
- World Health Organization. (2020). *Hospital beds (per 10 000 population)*. Retrieved from [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-\(per-10-000-population\)?bookmarkId=d17965fe-13b9-4c5c-a12c-28b010a468bd](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population)?bookmarkId=d17965fe-13b9-4c5c-a12c-28b010a468bd)
- World Health Organization. (2020). *WHO Coronavirus Disease (COVID-19) Dashboard*. Retrieved from https://covid19.who.int/?gclid=CjwKCAiAwrf-BRA9EiwAUWwKXliv4oPm48O9CjAnBu1tBeU-Gyv00QME2DEBrefbckFNq3K2_BXJyxoCDLkQAvD_BwE
- Yongding, Y. (2018). The Long-Drawn Process of reform of the Exchange Rate Regime and the Evolution of China's Exchange Rate Policy. *China Economic Journal*, 11(3), 284–300.
<https://doi.org/10.1080/17538963.2018.1512542>

- Yu, H. (2020, February 10). The coronavirus and Chinese social media: finger-pointing in the post-truth era. *The Conversation*. Retrieved from <https://theconversation.com/the-coronavirus-and-chines>
- Yuan, L. (2020, February 20). Widespread Outcry in China Over Death of Coronavirus Doctor. *New York Times*. Retrieved from <https://www.nytimes.com/2020/02/07/business/china-coronavirus-doctor-death.html>
- Zhao, S. (2015). Rethinking the Chinese World Order: the imperial cycle and the rise of China. *The Journal of Contemporary China*, 24(96), 961–982.
<https://doi.org/10.1080/10670564.2015.1030913>
- Zheng, W. (2020). China reveals mountain of bribes seized from fallen Communist Party boss Zhao Zhengyong. *South China Morning Post*. Retrieved from <https://www.scmp.com/news/china/politics/article/3084456/china-reveals-mountain-bribes-seized-fallen-communist-party>
- Zheng, W. (2020). Chinese coronavirus critic Ren Zhiqiang under investigation, Communist Party disciplinary committee says. *South China Morning Post*. Retrieved from <https://www.scmp.com/news/china/politics/article/3078858/chinese-critic-ren-zhiqiang-under-investigation-communist-party>
- Zhou, C. (2020, May 15). Coronavirus: China's economic recovery path uncertain after mixed industrial production, retail sales data. *South China Morning Post*. Retrieved from <https://www.scmp.com/economy/china-economy/article/3084619/coronavirus-chinas-economic-recovery-path-uncertain-after>

Zhu, Z. (2020, May 15). Interpreting China's 'Wolf Warrior Diplomacy'. *The Diplomat*.

Retrieved from <https://thediplomat.com/2020/05/interpreting-chinas-wolf-warrior-diplomacy/>

Elections and Leadership; The Impact of Coronavirus on the Democratic Process

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Abstract

COVID-19 has affected politics around the world, particularly in how it impacts elections, electability of political candidates, as well as the democratic process of a sitting administration. This article aims to answer the question of how the COVID-19 pandemic has affected many aspects of democracy internationally. This work refers to statistics and literature that examine the effect of pandemics on every facet of democracy. The methodological tools of this paper include an analysis of past literature on legitimacy, historical pandemic response, as well as the usage of polling data. The findings of this paper show that political processes of various nation states have been disrupted by the pandemic, which has a significant impact on the conduction and outcomes of elections. The paper also draws some comparisons between COVID-19 and the 1918 Spanish flu pandemic.

Keywords: COVID-19; electability; legitimacy; pandemic, democracy, crisis-response, 1918 pandemic

Elections and Leadership; The Impact of Coronavirus on the Democratic Process

The ongoing outbreak of the Coronavirus disease 2019 (COVID-19), discovered in December 2019, presents the latest threat to global populations and systems. As in previous worldwide pandemics, such as the 1918 Spanish Flu outbreak, COVID-19 has produced numerous major challenges for communities and industries. Health-care systems have failed to keep up with the rising number of cases in hospitals attributed to the global pandemic. Consequently, as employment continues to fall due to global lock-down measures, small businesses have felt the pressure of diminished income and many have been forced to shut down, placing an important economic burden on certain states' financial systems.

Although the short and long-term effects on health systems and financial markets have been the focal point of studies during the global pandemic thus far, research conducted on the effects of COVID-19 on democratic systems and regimes has been quite limited. Gauging the long-term effects of the global pandemic on democratic systems is nearly impossible, but the current and short-term effects such as electoral impacts can be observed and hypothesized to an extent that can allow us to look towards an improbable future. This can especially be hypothesized in regard to the upcoming election within the United States.

Elections in a global pandemic of this magnitude have not been seen since the time of the Spanish flu epidemic and thus, states have begun to seek new methods of ensuring that democracy can live on through the form of elections. At the time of writing this essay, there is a spotlight on a highly contentious election occurring in the United States; not only due to the highly mediatized battle between the two men running for election, but also equally in *how* the election is set to take place. Many critics, including President Donald Trump, have claimed that the use of mail-in ballots and online voting (systems used to avoid in-person voting and,

consequently, the spread of COVID-19) hinder the democratic electoral process and directly impede on the legitimacy of the results, regardless of the victor. Thus, this paper will seek to view the effects of the COVID-19 pandemic on elections world-wide by addressing a few important points. These points include how the pandemic poses challenges for elections and the electability of political candidates; how the COVID-19 pandemic has affected elections thus far; how/if the results of said elections can be considered legitimate; and how the democratic process of countries have been affected by the pandemic.

Taking a deeper look into these topics prompted us to view global cases in which a democratic process or system was altered or affected by the COVID-19 pandemic, either directly or indirectly. After having introduced the topic in section I, section II seeks to review the legitimacy of online/mail-in ballots, as well as studying turnout numbers and the possibility of cyber-crime within these elections. In section III, we will address the disruption of democratic processes within Canadian politics. In section IV, we will analyze the direct effects of the pandemic on electability through collected polling data, and the monumental impacts that COVID-19 has on approval ratings of elected officials. Section V will serve as a comparison between how the 1918 epidemic and COVID-19 epidemic affected American elections, analyzing variables such as voter turnout and electoral processes. Section VI will point out the limitations of this research, and finally section VII will turn to a conclusion.

The Legitimacy of Elections & Questions of Democratic Deficit

The global pandemic, as well as the measures put into place to avoid the spread of the COVID-19 virus, shifts the political landscape of democratic systems to an unprecedented magnitude. Democracy is rooted in the people's ability to choose their government, governing legislation, and leader. To this effect, ability is given to the people through the freedom of

speech, the freedom of assembly, equality, and most importantly, the right to vote. However, due to the public health regulations imposed by COVID-19, which include limiting assembly and the prohibition of large congregations, the rights that constitute the very fabric of democracy have been touched, and to some extent, compromised. Inevitably, this begs the question: how legitimate are the results of elections occurring in this time frame?

Legitimacy, “denotes the rightfulness of political authority” (Hurrelmann & Schneider, 2015, p. 4); furthermore, Tyler (2001) demonstrates that “a legitimate authority is one which is entitled to have its decisions and rules accepted and followed by others” (p. 2440). The rightfulness of political authority, then, can be measured in the following ways: performance, ideology, national identity, religion, and most notably, democratic procedures (Mazepus, 2017, pp. 1-2). If one therefore assumes that the use of proper democratic procedures is a factor in calculating the legitimacy of a leader, authority, or government, then the effects of a global pandemic on the processes supporting democratic regimes cannot be overstated.

Currently, the United States provides us with a clear example to justify the conversation at hand. Given the limitations put in place to limit the spread of COVID-19, the United States has had to adjust and adopt a framework necessary in providing an election, which is scheduled to take place in November of 2020. Although voting rights in the United States have been a contentious issue in the past, the pandemic creates a new level of questioning and uncertainty for American voters. These uncertainties have prompted millions of people in the United States to vote early, either by means of mail-in ballots, or online voting. However, according to Stanford University’s Healthy Elections Project (2020), this election is the most litigated election in the United States in a long time: over 400 election lawsuits have been filed in 44 states against the United States government; namely in regard to changes in the United States Postal Services’

management of the mail-in ballot system. This is by all accounts, a worrying trend. Although voting has shifted from in-person voting stations to voting by means of mail-in ballots, the votes hold the same weight as they did in elections during pre-pandemic times. The same reality applies to online voting. In the months leading up to November's election, many US citizens and elected officials have voiced their concerns regarding the legitimacy and safety of online voting (Tarallo, 2020). Many claim that votes by online means may easily be manipulated, compromised or subject to interference by outside sources—especially given the allegations of foreign interference in the American elections occurring in 2016 (Tarallo, 2020).

These issues feed into a concept known as 'democratic deficit'. A democratic deficit, characterized by the absence or underdevelopment of essential democratic institutions and systems (Letki, 2016), creates uncertainty and instability, and most importantly, heavily impacts a state's ability to turn public opinion into policy and concrete change. Many democratic states may be facing a legitimacy crisis as public skepticism has heavily corroded citizens' opinions on the performance and function of states, namely regarding the democratic institutions enshrined in them (Norris, 2011).

That being said, one wonders how the perceived alterations to democratic processes caused by the COVID-19 pandemic attack the legitimacy of states' democratic institutions. Although it is nearly impossible to determine this on a long-term scale, the legitimacy of current and future elections can be hypothesized. The legitimacy of government, and therefore the power of democratic institutions, rests on public opinion and the trust that populations give to their leaders and the institutions that keep them in power. In the case of the United States, a large part of the population has voiced their discontent with the voting measures put in place by the Trump

administration, by expressing a general sentiment of distrust towards the mail-in and online voting systems put in place to replace in person voting (Alberta, 2020).

Thus, there is a particular interest in the outcome of the US election; a significant portion of the population's citizens are skeptical towards the electoral systems put in place, and consequently do not trust the government bodies charged with providing these electoral systems. This leads one to ask if the use of these systems and the outcomes of these elections be considered legitimate. The level of trust of citizens towards electoral systems constitutes a large part of what it means to be legitimate. If citizens believe that the means by which they voted are prone to manipulation, interference or fraud, the election results cannot be trusted. Without the trust of the population, the government may be deemed illegitimate. However, the opposite is also true; if the systems put in place by governments to ensure an election during the global pandemic receive ample approval from the populations, then the legitimacy of these bodies cannot be denied.

To assume that the plights brought on by sentiments of democratic deficits only affect the United States is however ill-fated. The current crisis has demonstrated that any government can be faced with the depleting support from their population, and the effects that this can have on legitimacy. As the following section will demonstrate, even countries not seeking to hold an election during these difficult times have felt the impacts of the COVID-19 crisis on their legitimacy, as well as the way in which their democratic processes can be disrupted. This can be seen in the current Canadian context.

COVID-19 Disrupting the Democratic Process of Canadian Politics

Although this research has thus far taken an international perspective to the effects of COVID-19 on democratic processes, it is equally important to address the effects of COVID in

Canada, namely on government legitimacy and democratic institutions. This section will provide a brief overview of the issues COVID-19 has posed on Canada's democratic system.

Although Canada has not undergone a major election since February 2020, and thus has not seen substantial issues regarding their electoral processes, its situation is quite unique. Canada is currently a *minority* government; a government which holds the majority of seats in Parliament, but still less than half of the total seats. This means that the Liberal government, which currently forms the government, cannot make impactful decisions without the help of other parties through the form of coalitions and agreements. This proves quite challenging in situations demanding immediate and lasting action, such as the current health crisis. The inadequacies of a minority government have been brought to light since the beginning of the pandemic, namely in the heavy criticisms brought forward by the two opposition parties of Canada, and the Liberal government's inability to bring forth concrete and effective COVID-19 response regulations on the federal level. In fact, on March 13, members of the Canadian parliament unanimously voted on a 5-week shutdown of both the House of Commons and the Senate, in order to help curve the spread of the virus (Bronskill, 2020). It was only six months later, on September 23, that regular parliamentary activities were resumed in person with seats taken in-house, rather than online (House of Commons, 2020). In that six-month period, the passing of legislation and policy on online platforms was extremely slow and limited. Although the activities of the House of Commons were never completely stopped, the effects of the pandemic heavily affected Canada's democratic processes in this manner.

Furthermore, one major aspect of Canada's situation that may heavily hinder the government's legitimacy is the government's incapacity to call forth an election, in hopes of replacing its current government; an incapability directly brought on by the COVID-19

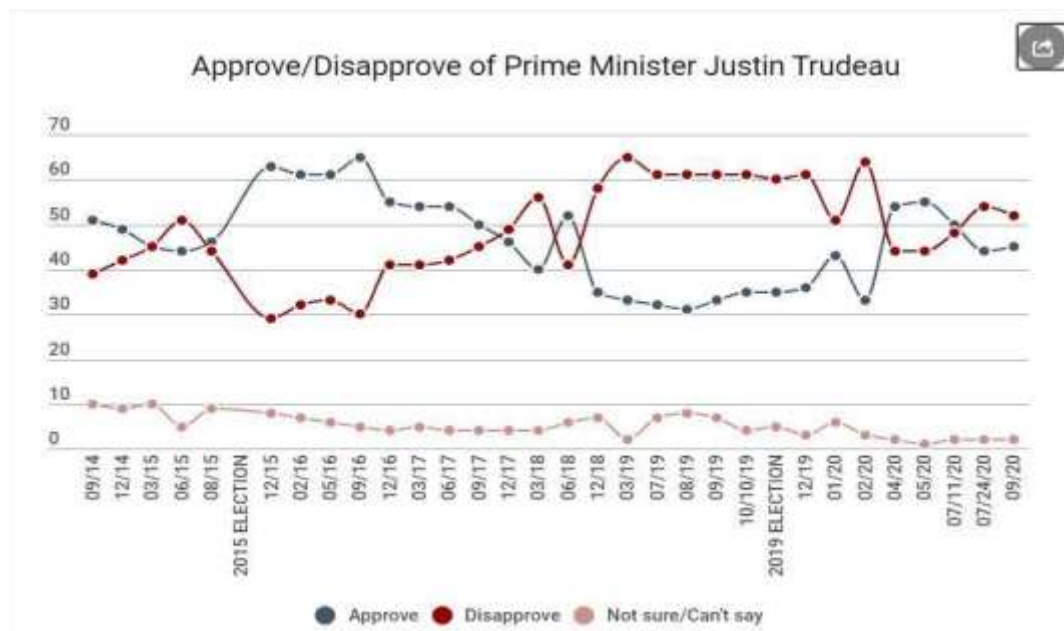
pandemic. Although prior Canadian minority governments have lasted, on average, a bit more than one year (Ferris & Voia, 2009, p. 881), most of these governments have not been challenged by situations as debilitating and precarious as the global pandemic the minority government faces today. A minority government's seeming inability to pass its own legislation in a respectable time frame is not fit to handle a crisis of this magnitude. Opposition governments are aware of this. However, Parliament remains undecided on whether or not an election is adequate during these particular times. Although members of the Conservative Party of Canada have motioned for a snap-election to be held by means of a vote of non-confidence (Coletta, 2020), Jagmeet Singh, the leader of the New Democratic Party has, through a Tweet posted on October 20, voiced his belief that elections at this time are both unsafe, and unjust for the Canadian population already having to deal with struggles brought on by the pandemic. He stated that it would be "outrageous and absurd" (Singh, 2020) to conduct an election within the context of a pandemic if it can be avoided.

Conclusively, the COVID-19 pandemic brings important limitations and hindrances to Canada's democratic processes. As the concept of a democratic deficit was mentioned in section II, it is important to note that it applies to Canada's case as well. Currently, Canada's government is falling into a democratic deficit. Namely, regarding the ways in which its main legislative body (the House of Commons) cannot come to terms on many subjects or proposed legislation, and, lacking a majority government, cannot ensure that measures can be put in place quickly to deal with issues such as COVID-19. Furthermore, according to the following graph created by the Angus Reid Institute (2020) on the approval and disapproval rating of Justin Trudeau, a majority of respondents disapprove of Justin Trudeau. Approval rating can be seen as

falling to 45%, and going as low as 33% during the period of the pandemic up until September 2020.

Figure 1

Angus Reid Institute



Note. Angus Reid Institute is a Canadian non-profit foundation committed to independent research. The figure demonstrates Angus Reid Institutes polling of the approval and disapproval rating of Prime Minister Justin Trudeau in between September 2014 and September 2020.

Reprinted from *Trudeau Tracker*, by Angus Reid Institute, 2020.

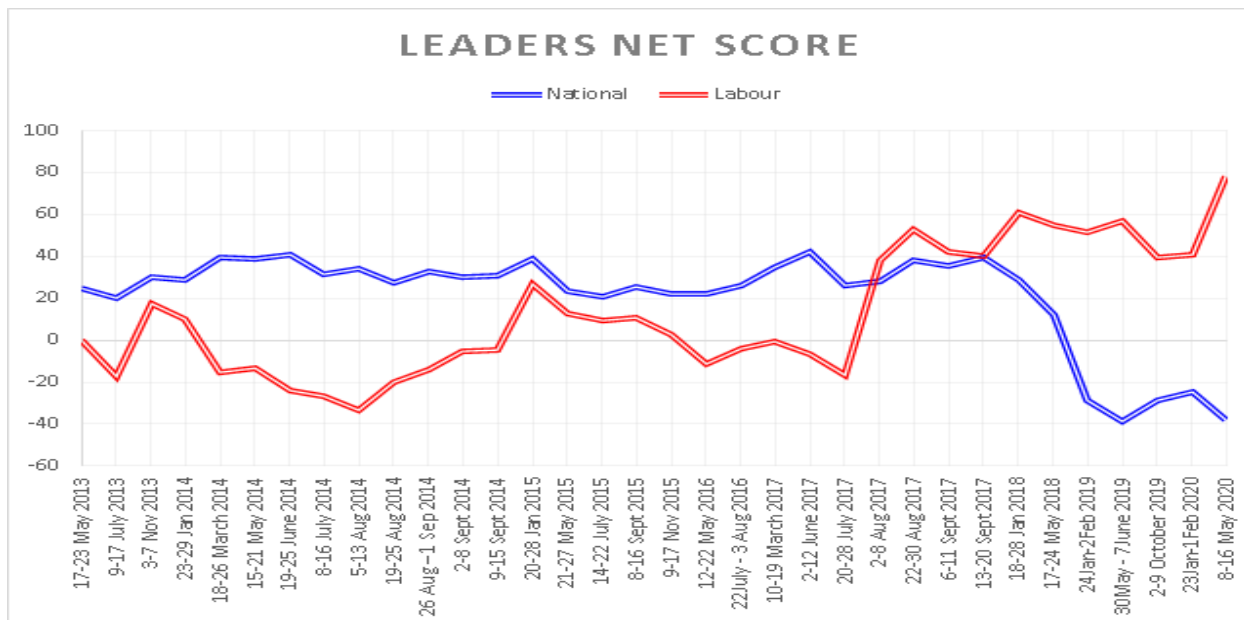
This shows that the majority of those polled have lost trust in the current government, making Trudeau a less electable candidate if a snap-election did occur. Although it must be noted that there are a variety of factors and controversies impacting this approval rating, similarly to the American example which will be mentioned in the next section. The answer to this deficit would be an election, which would allow Canadian citizens to act on their disapproval and appoint a new leader, if need be. By failing to move into an election, and thereby negating the right of citizens to vote, the Canadian Federal Government fails to act upon its primary

democratic institutions, and to provide a democratic system capable of handling the COVID-19 crisis.

Furthermore, studying the Canadian example displays that the pandemic has had important effects on electoral confidence in Canada, and has demonstrated the deep and lasting effects that this crisis may have on people's views and opinions regarding governments and leaders in the future. As such, the following section will seek to address COVID-19's lasting effects on electability and the electoral system of other nations.

The Impact of COVID-19 on Electability

The pandemic significantly affects politics around the world. Notably, pandemic crisis responses become a defining issue for elections. Governments have often witnessed an increase in popular support during significant crises, which is referred to as the 'rally around the flag effect'. With leaders generally experiencing an increase of their approval ratings during crises, crisis-response could clearly have a large impact on the electability of a candidate, should an election occur during a pandemic. The change that a pandemic can cause to the electability of a candidate has been seen both in theory and in practice. New Zealand serves as a prime example. Prime Minister Jacinda Ardern currently sits at around 62% approval rating in polls conducted by Newshub-Reid research (Menon, 2020). The New Zealand Government is internationally recognized as having taken quick and decisive action in handling COVID-19. When the 2020 New Zealand general elections occurred on October 17, 2020, it was clear that voters noticed. Arden's Labour Party won a landslide victory. Polling also showed that during the timeframe of COVID-19 featured in the poll, there was a significant change in the Labour Party's net score in who New Zealanders would prefer as Prime minister (Reid Research, 2020).

Figure 2*Reid Research Services Limited*

Note. Reid Research Services Limited is New Zealand's leading independent fieldwork company.

This figure demonstrates the net approval rating of the leader of the Labour Party and the New Zealand National Party from May 2013 until May 2020. Reprinted from *Tv3 Poll Results*, by Reid Research Services Limited, 2020.

This shows that in the months leading up to the election, support for the Labour Party nearly doubled, during a time where the paramount issue for voters was COVID-19. This is the first time that one party gained enough seats to hold a majority government in New Zealand since adopting mixed member proportional representation, receiving 49.15% of the vote (New Zealand Electoral Commission, 2020). It can be argued that this election was a referendum on the COVID-19 response of the Ardern administration; Ardern being a resoundingly electable candidate when taking her approval ratings into account.

During the earlier stages of the pandemic in South Korea, President Moon Jae-in was facing significant controversy due to pro-China policies such as sending masks and medical

equipment to China, leaving South Korea worse off when the first major wave hit. The public reacted negatively; petitions demanding Moon's impeachment received over a million signatures (Larsen, 2020). The South Korean legislative elections occurred not long after this, and based on the aforementioned information, one would expect significant losses for Moon-Jae in. This was not the case. After the South Korean Government's successful response to the pandemic, Moon-Jae-in's platform party won by a landslide in the legislative elections ("South Korea's governing party wins election by a landslide", 2020). Although it was not Moon-Jae-in himself on the ballot in this election, the results greatly benefitted his party compared to what one might have expected of the result had it happened before the pandemic. An election during the pandemic is a referendum on the administration's performance, similarly to the example of New Zealand.

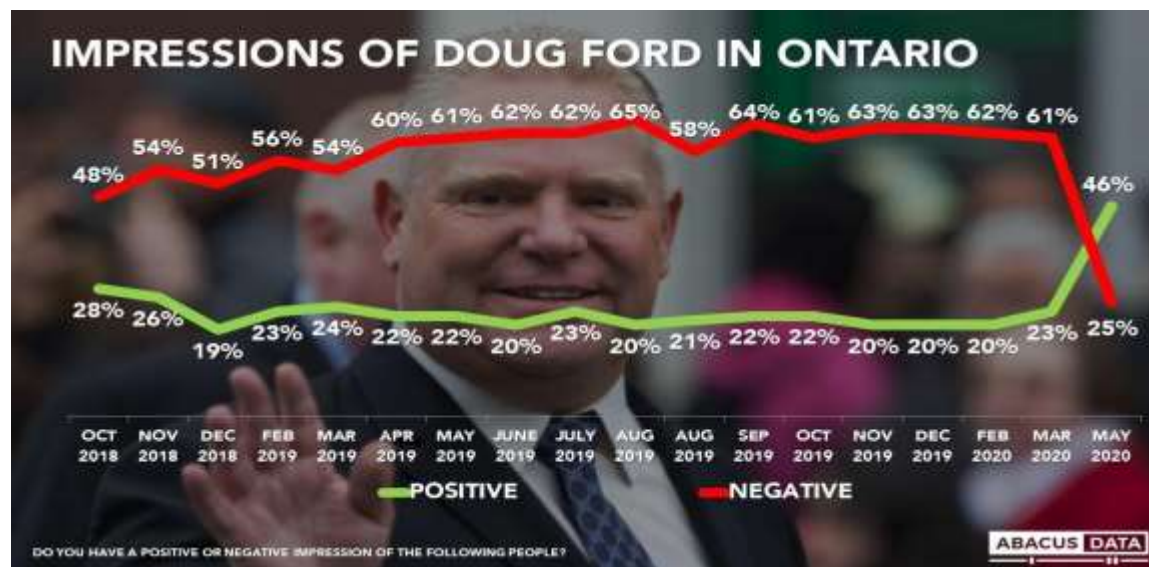
Re-electability of a political candidate may be defined by how they have or have not properly responded to the pandemic, both on a federal and subnational level. Crisis response can make or break public perception of an administration. An administration that improperly handles a crisis is seen as not having taken proper care of the safety of its citizens, a violation of one of the most basic aspects of the social contract between a government and its citizens. This leads one to question the legitimacy of an administration if they are not acting sufficiently in this crisis response. Many citizens may be less likely to pay attention to certain realms of politics such as foreign policy and trade deals. But unlike those areas of politics, a crisis of this magnitude is impossible for society to ignore. Before the pandemic, a political candidate could see themselves running on a variety of different policy priorities, but in a world where the COVID-19 is affecting every facet of life, pandemic response becomes the paramount issue for many voters. This can be explained by the idea that "epidemics start at a moment in time, proceed on a stage limited in space and duration, follow a plot line of increasing revelatory tension, [and] move to a

crisis of individual and collective character” (Rosenberg, 1989, p. 2). Similarly to the World Wars, a pandemic is an example of a crisis of individual and collective character, insofar that every citizen is aware of it regardless of age, class, or ethnicity. Therefore, how a government conducts itself during such a crisis can become a major determining factor of public perception. An administration perceived as having properly handled a crisis can see itself make significant political gains for itself, while the opposite is also true. In future elections of incumbent administrations, COVID-19 response will be a defining issue on the ballot, similarly to the current context in the United States.

On a subnational level, COVID-19’s impact on electability becomes apparent when one looks at the Ontario Government. In early 2020, only 1 in 5 Ontarians approved of the Ford administration. Yet in early May, data showed that 58% of Ontarians would consider voting for the Ontario Progressive Conservative Party in the next election (Coletto & Korbabicz, 2020). The way the government handled the pandemic is essential to this, which can be seen in the large uptick in the impressions of Doug Ford in Ontario (Coletto & Korbabicz, 2020).

Figure 3

Abacus Data

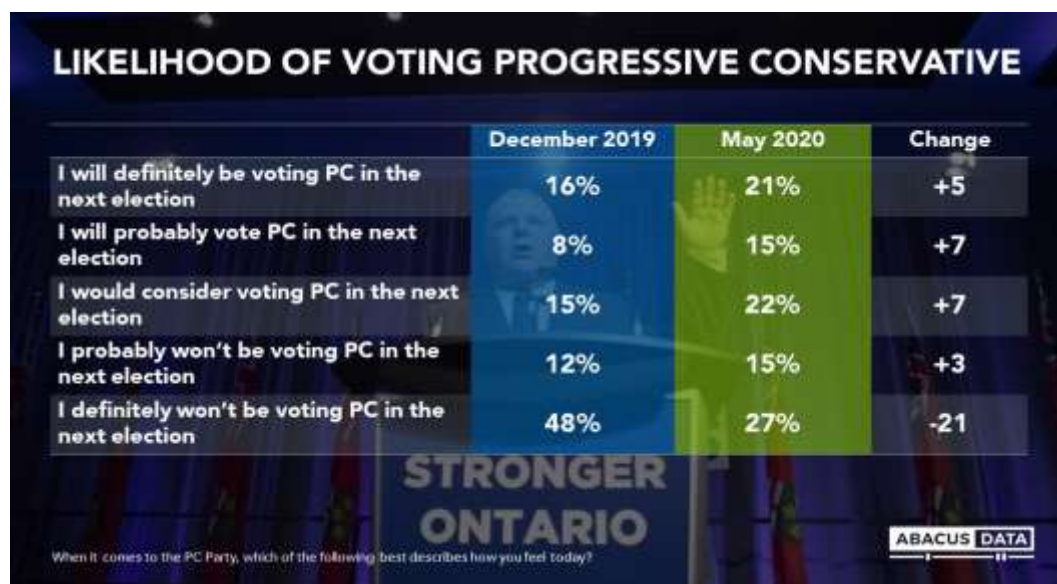


Note. Abacus Data is a precise polling and research firm, and an accredited member of the Canadian Research Insights Council. This figure demonstrates the positive and negative impressions of Doug Ford in Ontario from October 2018 until May 2020. Reprinted from *Doug Ford's Image Goes From Very Bad To Impressive In Less Than Three Months*, by Abacus Data, 2020.

Figure 3 shows that there was a significant uptick in the timeframe of February-May 2020. This corresponds with the timing of when the shutdowns had just begun. Clear comparisons can be drawn between this timeline and the example of New Zealand. If elections occurred in Ontario during the month of May, it can be hypothesized that the Progressive Conservative Party would have received considerably more votes compared to an election that would have taken place in late 2019. The findings of Abacus Data (2020) regarding the ‘Likelihood of voting Progressive Conservative’ demonstrate that Ontarians became more likely to vote conservative during the months of pandemic, showing a difference of 21% in those polled that “definitely won’t be voting PC in the next election” (Coletto & Korbabicz, 2020).

Figure 4

Abacus Data

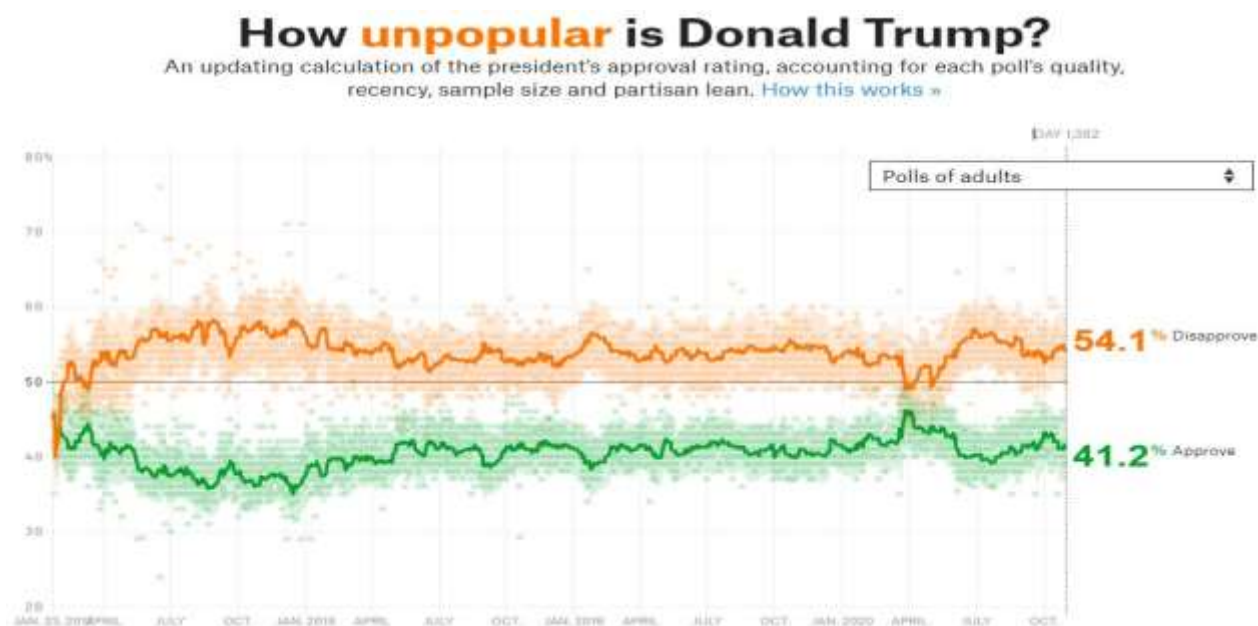


Note. Abacus Data is a precise polling and research firm, and an accredited member of the Canadian Research Insights Council. This figure demonstrates the likelihoods of Ontario voters in voting for or against the Progressive Conservative Party in the next election. Reprinted from *Doug Ford's Image Goes From Very Bad To Impressive In Less Than Three Months*, by Abacus Data, 2020.

Taking the aforementioned examples into account, the outcome of the upcoming American election can still only be theorized, but unlike these examples, Donald Trump has not seen a similar uptick in his approval numbers at any point during the pandemic. Thus, it can be argued that unlike these other political candidates, the pandemic response of the American administration did not make Donald Trump more electable than he was pre-pandemic (Silver, 2020). FiveThirtyEight's polling data in regard to how popular or unpopular Donald Trump is shows a much different situation compared to the other examples.

Figure 5

FiveThirtyEight



Note. FiveThirtyEight is a website that focuses on opinion poll analysis, politics, economics, and sports blogging, owned by ABC News. This figure demonstrates the approval and disapproval rating of Donald Trump from January 2013 until November 2020. Reprinted from *How Popular Is Donald Trump?*, by N. Silver, 2020.

During the pandemic timeframe of December 2019-November 2020, it is evident that Trump's average disapproval rating fluctuated between a low of 49.6% and a high of 55.9% in July. Meanwhile, the average approval rating fluctuated between 40-45%. The polling shows that there has clearly not been a resounding 'rally around the flag' effect like in previous examples. This could potentially forebode disappointing results for the Trump administration during the upcoming election. Akin to any other election for a second term, this is a referendum on his performance, and COVID-19 is one of the defining issues during his administration. But one must be cautious when comparing the American situation to these other examples. While COVID-19 is one of the defining issues during the Trump administration, it may not to the same extent as the previous examples. Issues of impeachment, the supreme court are other examples of defining issues that voters will be considering when placing their ballots either in person or by mail.

Comparisons Drawn Between COVID-19 and the Spanish Flu in the United States

The effects that COVID-19 has had on democracy are not entirely unprecedented. Elections have also been conducted in the context of previous global pandemics, such as the American midterm elections during the 1918 Spanish Flu. When one compares the political situation during these two pandemics, there are some clear differences as well as similarities that cannot be overlooked. A notable difference is that during the 1918 midterms, campaign rallies were banned in many cities. Due to the restrictive rules on public gatherings, candidates focused more on

newspaper advertisements. Luxuries that the digital age introduced, such as live-streamed online debates, were not available. In 1918, the American surgeon general issued a bulletin that advised all public health boards to “ban public gatherings and close the churches, theaters, saloons and similar locations where such gatherings occurred” (Marisam, 2010, p. 142). Many cities went with this recommendation, unlike the present context where restrictions on gatherings have generally been either much less severe, or ignored by a portion of the population. In 1918, there was not the same access to mail-in ballots as seen in the United States today, which certainly impacted why voter turnout was only around 40% in the 1918 midterms (Marisam, 2010, p. 145). Similarly, to present-day, politicians considered postponing the election during the time of the 1918 midterms, similarly to how Jagmeet Singh was hesitant to pursue an election in the previous Canadian example.

“The issue of whether to postpone an election during an emergency is closely linked with the issue of absentee voting. If voters cannot make it to the polls, flexible absentee voting laws can still allow them to obtain ballots at the last minute. Absentee ballots were just becoming popular in 1918, as soldiers shipped to Europe for World War I needed a way to vote. However, the infrastructure was not in place to accommodate last-minute absentee voting” (Marisam, 2010, p. 150).

Without these flexible absentee voting laws, it is not surprising that a significant portion of the population wound up not participating in the democratic process. In the context of the Spanish Flu, those that did vote went to the polling locations with sanitary measures in place, and some states made it mandatory to wear masks while entering polling stations. An important difference between the election process in the current pandemic and the midterm elections during Spanish Flu is the drastically different level of voter turnout. With absentee ballots and mail in ballots not

being prominent in that time, and without electronic voting, going in-person to vote was the only option for many. Without these luxuries that are currently available, many citizens were too fearful to vote, and therefore many in America missed out on their ability to choose their government. Although there were other factors at play, such as the First World War, the Spanish Flu had a significant impact on voter turnout, “perhaps keeping hundreds of thousands away from the poll on election day” (Marisam, 2010, p. 146). But the low turnout did not appear to raise concerns about the legitimacy of the 1918 election results (Marisam, 2010), unlike the current context where there are legitimacy concerns during the current American elections.

Limitations of Research

The biggest limitation on research in the area of how COVID-19 impacts politics and elections is that the pandemic is a new and ongoing situation. Academic literature on the subject is limited, and conclusions can only be hypothesized. At the time that this article is submitted, the American elections have not yet occurred, leaving aspects of this paper to be theoretical in nature. The final limitation of this paper is its reliance on polling data. As the result of the United States election showed in 2016, poll results are not a perfect representation of what to expect in the results of an upcoming election. Future research should look at academic literature on the COVID-19 pandemic and answer if the lack of a positive uptick in Donald Trump’s approval rating during his pandemic response led to him losing the election or not. Future research should also analyze other election results in nations that are now facing their second wave of the COVID-19 pandemic.

Conclusion

The political landscape around the world is significantly different than it was during pre-COVID-19 times. This paper examines the variety of democratic issues that may arise within a

pandemic. Specifically, how they could delegitimize a government; the pandemic's effect on electability; and how the 1918 Spanish Flu provides precedence into a mid-pandemic election. Using the historical context of the Spanish Flu helps one to understand that these current circumstances are not uncharted territory; some degree of precedence does exist. By comparing polling data of various leaders, it becomes apparent that significant political gains can be made by a proper pandemic response. Proper response will hypothetically have a positive impact on the results of an election that follows. On the other hand, if an administration responds to a pandemic improperly, then hypothetically it should have a negative impact on their electoral results, as we have hypothesized regarding the upcoming United States election.

References

- Alberta, T. (2020). A Journey Into the Heart of America's Voting Paranoia. Retrieved from <https://www.politico.com/news/magazine/2020/10/30/voting-mail-election-2020-paranoia-433356>
- Angus Reid Institute. (2020). Trudeau Tracker. Retrieved 2020, from <http://angusreid.org/trudeau-tracker/>
- Bronskill, J. (2020, March 13). Parliament suspends for five weeks over coronavirus concerns. <https://www.theglobeandmail.com/politics/article-mps-to-discuss-suspending-parliament-due-to-coronavirus-pandemic/>.
- Coletta, A. (2020, October 7). Trudeau government survives confidence vote in Canadian Parliament. The Washington Post. https://www.washingtonpost.com/world/the_americas/canada-trudeau-confidence-vote-parliament/2020/10/06/727c0838-0822-11eb-859b-f9c27abe638d_story.html.
- Coletto, D. & Korbabicz, I. (2020). Doug Ford's image goes from very bad to impressive in less than three months. Retrieved from <https://abacusdata.ca/ontario-political-update-doug-ford-image-may2020/>
- Ferris, J. S., & Voia, M.-C. (2009). What Determines the Length of a Typical Canadian Parliamentary Government? *Canadian Journal of Political Science*, 42(4), 881–910.
- House of Commons. (2020, September 23). Parliamentary Business. Parliamentary Business Events, Calendar, and Publications - House of Commons of Canada. <https://www.ourcommons.ca/en/parliamentary-business/2020-09-23>.
- Hurrelmann, A., & Schneider, S. (2015). The legitimacy of regional integration in Europe and the Americas. Basingstoke, Hampshire: Palgrave Macmillan.

- Larsen, M. (2020). South Korea's President Tried To Help China Contain The Coronavirus. Now People Want Him Impeached. Retrieved from <https://foreignpolicy.com/2020/03/09/moon-jae-in-china-coronavirus-impeachment-south-korea-president/>
- Léger. (2019, November 29) Federal politics. Retrieved from <https://leger360.com/wp-content/uploads/2019/12/Federal-politics-November-28-2019.pdf>
- Letki, N. (2016). Democratic deficit. *Encyclopædia Britannica*. Retrieved from <https://www.britannica.com/topic/democratic-deficit>
- Marisam, J. (2010). Judging the 1918 election. *Election Law Journal*, 9(2), 141-152. DOI:10.1089/elj.2009.0052
- Mazepus, H. (2017, March 24). What makes political authorities legitimate? Students' ideas about legitimacy in five European democracies and hybrid regimes. Retrieved from <https://www.tandfonline.com/doi/pdf/10.1080/13569775.2017.1306762?needAccess=true>
- Menon, P. (2020, July 26). New Zealand PM Ardern's ratings sky high ahead of election. Retrieved from <https://www.reuters.com/article/us-newzealand-election-ardern-idUSKCN24R0UI>
- New Zealand Electoral Commission. (2020, October 18). New Zealand Election Results. Retrieved from <https://electionresults.govt.nz/>
- Norris, P. (2011). *Democratic deficit: Critical citizens revisited*. Cambridge: Cambridge University Press. Retrieved from <https://web-b-ebshost-com.proxy.ubishops.ca:2443/ehost/detail/detail?vid=3&sid=1610ef4c-46ab-42a9-9a15-8452a4705708%40sessionmgr101&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=361603&db=nlebk>

Rosenberg, C. E. (1989). What is an epidemic? AIDS in historical perspective. *Daedalus*, 1-17.

Retrieved from

https://www.jstor.org/stable/20025233?seq=1#metadata_info_tab_contents

Silver, N. (2020, November 01). How Popular Is Donald Trump? Retrieved from

<https://projects.fivethirtyeight.com/trump-approval-ratings/voters/>

Singh, J. (2020, October 20). Jagmeet Singh on Twitter: COVID cases are rising... Twitter.

<https://twitter.com/thejagmeetsingh/status/1318672138908454912>.

Stanford University. (2020). COVID-Related Election Litigation Tracker. Retrieved 2020, from

<https://healthyelections-case-tracker.stanford.edu/cases>

Tarallo, M. (2020, May 13). Security Concerns Raised About Possible Online Voting. Retrieved

from <https://www.asisonline.org/security-management-magazine/latest-news/today-in-security/2020/may/online-voting-concerns/>

Tv3 Poll Results. (2020). *Reid Research Services Limited*. Retrieved from

http://www.reidresearch.co.nz/TV3+POLL+RESULTS.html?id=aTto84xWoE6D4YL&mv_pc=s

Tyler, T. (2001). Compliance and Obedience: Legal. *International Encyclopedia of the Social & Behavioral Sciences*, 2440-2445. doi:10.1016/B0-08-043076-7/02886-2

How Trump's Failed COVID-19 Response Made Progressive Policies Mainstream

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Abstract

In early 2020, the Trump administration's lack of preparedness pushed the Overton Window in favor of progressive policies. Progressive policies such as "Medicare-For-All" and Universal Basic Income had mixed reception prior to the COVID-19 outbreak; however, public opinion has shown that these policies could be used as a popular solution to aid Americans for the rest of the COVID-19 crisis. With the 2020 Presidential Election looming, the Trump administration's lackluster response to the COVID-19 pandemic has created an opportunity for Democrats to unseat Trump and enact these popular progressive policies. This is an introductory paper that tracks the shifts in public opinion using major current events and polling in America to explore the shift in favor of more progressive policies. This paper also opens discussion and research for future policy implications in the wake of COVID-19.

Keywords: COVID-19 (coronavirus), American politics, progressive, Overton Window

How Trump's Failed COVID-19 Response Made Progressive Policies Mainstream

In early 2020, the first cases of the novel coronavirus (COVID-19) were documented in Wuhan, China, and declared by the World Health Organization as a virus that could reach epidemic and pandemic proportions. On January 21, 2020, the first case of COVID-19 was documented and many Americans tuned to President Trump's COVID-19 response for safety and reassurance (The American Journal of Managed Care, 2020). On February 2, 2020, the Trump administration placed travel restrictions on China and continued to downplay the threat of the virus to quell fears. However, these actions were implemented too late and the response has been overall lacking. Scientists have argued that the Trump administration should have implemented a nationwide mask mandate and provided more access to COVID-19 testing for Americans. In March and April, hospitals were overrun with COVID-19 patients and had a shortage of Protective Personal Equipment (PPE) for hospital staff (Lopez, 2020). These indicators have shown the cracks and flaws in the American system and sparked a potential shift in the Overton Window.

The Overton Window is a theory that has been used to determine what political ideas are considered "acceptable or desirable" amongst a population. This concept also explains why politicians either embrace or shy away from a policy position. If an idea is outside of the Overton Window, politicians may stray away from the idea, since it may be detrimental to their chances of getting elected or re-elected. However, the Overton Window is not static and is open to change; the conventional idea of an Overton window shifting or expanding is slow and incremental and can apply to any political issue. A tangible example of the Overton Window shifting in favor of a certain policy position in American politics is regarding LGBTQ+ rights. Prior to the legalization of gay marriage in the United States, politicians in both parties were

heavily opposed to same-sex marriage. However, as activists and some politicians continued the push for equality, favorable opinions on LGBTQ rights became the norm and were finally recognized by the Supreme Court (Public Broadcasting Service, 2018; Gallup, 2007). Advocates for policies outside of the Overton Window can shift public opinion in favor of the policy through activism, debates, or even through political campaigns (Mackinac Center, 2020).

Senator Bernie Sanders and Donald Trump’s presidential runs in 2016 marked a shift in the Overton window, as they both fought to get “radical” ideas into the mainstream (Giridharadas, 2019). In four years, Senator Sanders’ 2020 presidential run also reinforced that the Overton Window had shifted towards progressive policies, as exit polls showed Democratic voters sharing similar policy positions—regardless of whether Sanders won or lost the popular vote in the state’s primary. Shifts in the Overton Window can also be fast in cases of crisis (Mackinac Center, 2020). As more individuals became infected with the virus, all unessential jobs were forced to a halt, leading to a period of mass-terminations. During the initial outbreak of COVID-19, the unemployment rate rose to roughly 25%, which was similar to unemployment levels last seen during the Great Depression (Federal Reserve Bank of St. Louis, 2020; Kochhar, 2020). This, coupled with the Trump administration’s lack of preparedness, created a unique situation where progressive policies—such as a universal basic income program and a universal healthcare system,—quickly became popular and opened the door for the implementation of progressive policy ideas should President Trump be ousted this election.

Policy Implications

Healthcare

With the United States still facing the first wave of COVID-19, Americans infected with the virus have relied on the healthcare system for treatment. However, during the early months of

the initial outbreak, the nationwide shortage of PPE and COVID-19 testing kits overwhelmed healthcare workers both physically and emotionally (Scott et al., 2020; Hu et al., 2020). With the rise of COVID-19 cases in more rural states, this issue has been severely exacerbated, given the lack of hospital access in these secluded areas (Leatherby, 2020; “Coronavirus in the U.S.”, 2020). These issues with the current healthcare system in America have led to a discussion surrounding the future of healthcare: whether America should implement a public option or implement a single-payer healthcare system, similar to that of the Canadian healthcare system.

Advocates in favor of a single-payer healthcare system have voiced their opinions about the benefits of Medicare-for-All, such as saving lives and reducing costs. Testing and treatment in the United States, which costs roughly \$35,000 to \$75,000 for uninsured individuals, would instead be free at the point of service. With Medicare-for-All, those who are uninsured would be guaranteed healthcare without worrying about the cost of treatment. Although Congress has made COVID-19 testing accessible, treatment for the virus remains very expensive for uninsured Americans (Abrams, 2020; Schwartz & Tolbert, 2020). Advocates have also pointed out the effective management of COVID-19 in countries with a single-payer healthcare system, such as South Korea and Taiwan, to justify the need for a single-payer healthcare system (Johnson, 2020).

On the other hand, skeptics point to the overrun healthcare system in Italy during the early outbreak as one of the pitfalls of a single-payer system, citing the country’s high death rates and flooded hospitals during its early pandemic response (Scott, 2020b). However, these skeptics cannot deny that the government should provide testing and treatment for COVID-19. Individuals of this mindset will also have to justify the for-profit nature of hospitals and health insurance, since estimates of healthcare premium increases could have inflated to nearly 40%

had COVID-19 costs been left unsubsidized (Kaiser Family Foundation, 2020; Covered California, 2020). Single-payer advocates may be proven right as more workers begin losing their healthcare following termination, and coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) becomes expensive or expires (Klein & Isasi, 2020). When COVID-19 subsides, skeptics will also have to justify why some private healthcare insurance companies may deny coverage to individuals with COVID-19 related conditions, such as lung scarring, because they could be categorized as pre-existing health conditions (Pollitz et al., 2020).

Under a universal healthcare system, all Americans would be guaranteed healthcare at the point of service. This would remove the barriers of the current healthcare system for those who cite the high costs of premiums or who struggle to find a plan that covers their pre-existing conditions (Healthcare.gov, n.d.). While the current Overton Window may seem poised against a universal healthcare system in Congress, American voters are more likely to support a universal healthcare system. Polls have shown that an overwhelming majority of voters are increasingly trending in favor of a single-payer system like Medicare-of-All (Gallup, n.d.). Polls conducted during COVID-19 have ranged from 54% to 69% of voters supporting Medicare-for-All (Gallup, n.d.; Schulte, 2020a). It will be interesting to see how future candidates campaign on this issue and the policy position that they support (i.e., Medicare-for-All, public option, or a complete private healthcare system).

Universal Basic Income

Universal Basic Income (UBI), an idea that former presidential candidate Andrew Yang championed, is now being discussed as a remedy to alleviate some of the missing income from employment loss or reduction of hourly wage. In 2018, Universal Basic Income policies were not

popular with the American public. Public opinion polling indicated that it was disapproved by 43% of the population in 2019, stating that those receiving UBI payments would misuse funds on “frivolous things” (Schulte, 2020b; Samuel, 2019). This idea of misusing funds from universal basic income could be attributed to the reason why Americans tend to be against these policies. Another potential reason as to why some Americans are not as open towards these policies involves a person’s incentive to work: if an individual receives recurring payments, some fear that this would discourage Americans to work (Ito, 2018).

Before the COVID-19 outbreak, universal basic income programs were rare within the United States. Stockton, CA, is the only city in the continental United States to implement such a policy, whereas Alaska is the only state. However, as COVID-19 continues to infect new individuals, cities across the United States have announced initiatives to explore the idea of UBI, showing that the Overton Window is shifting in favor of this policy amongst elected officials (Harrison, 2020; Sandler, 2020).

As COVID-19 caused non-essential workers to lose their wages, universal basic income was within the Overton Window as a potential solution to supply Americans with a relatively stable income for the duration of the crisis. Additionally, the criticisms of UBI amongst skeptical Americans quickly became some of its advantages. Amidst of the pandemic, staying at home with a guaranteed recurring payment would put many struggling Americans at ease. This would allow Americans to buy food and catch up on unpaid bills without exposing themselves to COVID-19 while finding a job. UBI could also encourage staying home to prevent the further spread of COVID-19, potentially reducing the number of new cases if implemented (Levy, 2020). Amongst the American population, UBI is now a popular policy, with a poll conducted in August showing 55% of Americans in favor compared to the 43% from 2019 (Schulte, 2020b).

UBI also has bipartisan support in Congress, with some of its supporters including, but not limited to, Senator Tom Cotton, Senator Mitt Romney, Representative Tim Ryan, and Representative Ro Khanna (Matthews, 2020). This support in Congress could signal to Americans that, if aid does not come in the form of stimulus packages soon, UBI could be an alternative to aid in the recovery process.

The stimulus check that Americans received during the beginning of the pandemic could also be considered as a one-time, universal basic income. These \$1,200 checks were sent to qualifying American citizens and provided an additional \$500 for each qualifying dependent (Parolin et al., 2020a). This singular payment of \$1,200 for every adult and \$500 for every dependent buoyed the American economy during the pandemic (Schulte, 2020b). However, the payment excluded many vulnerable individuals from receiving these benefits. Undocumented citizens were essentially disqualified for their citizenship status, and college students who were classified as dependents were also excluded from the payment (Marr et al., 2020). Unlike the one-time stimulus checks, a recurring UBI policy would be payable to all Americans, regardless of their citizenship or tax status.

As America mulls over the implementation of UBI on a national level, the country could look to its cities or its neighbors to see the viability of UBI. In Canada, a relatively successful 1970 experiment on UBI provided struggling rural Canadians in Dauphin a much-needed income of 16,000 Canadian dollars (Cox, 2020). Anecdotes from these participants in Dauphin show that these payments were not spent on luxury items, even when they had no restrictions on where they could spend their payments. Participants stated that they were able to pay off debts, buy groceries, or save the funds to move to another city with more economic opportunities (Cox, 2020). The UBI trial in Stockton, CA—which provided only \$500 each month—also showed

skeptics that recipients put these funds towards necessities rather than luxury goods (Samuel, 2019). As mentioned, these anecdotes and data points have convinced major cities in America to announce a trial UBI program. If UBI becomes implemented nationwide, there will be an influx of data for future research and policy discussion on basic income, pushing the Overton Window once again. For Americans, a UBI policy could cover missed payments on rent or other bills and could allow Americans to buy living necessities when job opportunities are scarce.

Worker's Rights and Wages

COVID-19 has also created a spotlight for worker's rights and wages. Workers who have been affected by COVID-19, whether terminated or scheduled for fewer hours, will have to file for Unemployment Insurance (UI) and other benefits. As of October 10th, 2020, 22 million Americans are still on unemployment benefits in the United States, with roughly 751,000 new claims being processed (US Department of Labor, 2020). Although the number of new claims has been slowing, future waves of infections may impact these unemployment numbers, potentially bringing workers back to the UI system. During the early response towards COVID-19, states were struggling with long lines and had difficulty accommodating the dramatic increase of jobless claims. The Unemployment Insurance system faced difficulties accommodating the sheer number of new claims due to the old coding of the UI system (Iacurci, 2020; Allyn, 2020). The UI system was built on an old coding language named COBOL that was used during the Eisenhower era. This prevented developers who were unfamiliar with this language from adequately fixing the issues that were occurring during the beginning of the pandemic. This created an issue for those working to process UI claims, as they needed to either learn this coding language or find senior citizens who were well versed in the code. Moving forward, the early flaws depict the necessity for governments to update their systems to match

the current technological advancements instead of hoping that senior citizens will come out of retirement to assist in coding (Allyn, 2020).

Essential workers, who were once undervalued, are now vital to delivering services to Americans staying at home in an attempt to minimize their risk of contracting COVID-19. In response, some employers, such as Walmart and Target, have provided some form of hazard pay for their workers to compensate for the risk of working amidst COVID-19. Other employers of essential jobs, such as Amazon and Instacart, faced scrutiny for their lack of issuing hazard pay and for endangering workers. To combat these conditions, workers have walked out on their jobs and organized strikes due to their employer's endangerment or for inadequately paying workers (Medina, 2020). As workers fight for better conditions, politicians have also acknowledged the importance of essential workers and the need to provide them with a living wage. This attitude shift towards essential workers will be interesting to observe once COVID-19 is no longer a looming threat. Will the federal government decide to raise the minimum wage from \$7.25 to a living wage (\$15 or more), or was the acknowledgment of essential workers' hard work a cynical ploy to attract voters during an election year?

Housing and Homelessness

Although the Trump administration and the Center for Disease Control and Prevention (CDC) advised citizens to stay at home and practice social distancing, the homeless population was left most vulnerable to the pandemic. In California, Governor Gavin Newsom announced that homeless individuals will be filling empty hotel vacancies at a discounted rate and paid for by the state government (Office of the Governor, 2020). This move towards housing the homeless could arguably be considered one of the most progressive actions taken by the country. Additionally, doing so reduces the risk of infection among the homeless population, as they

would have access to shelter. The CDC states that sleeping outdoors “does not provide protection from the environment, adequate access to hygiene and sanitation facilities, or connection to services and healthcare” (Center for Disease Control and Prevention, 2020a), which emphasizes the need for shelter. However, other states initially took a more moderate approach; for example, Nevada painted out sleeping boxes that met social distancing guidelines by the CDC in parking lots. This sparked public outrage and created strong pressures that forced Nevada officials to provide more adequate shelter locations to homeless individuals (“After outrage”, 2020).

Progressive politicians have been able to push the current administration to enact progressive policies as well. Homeowners and renters were at risk of losing their homes, which would have put them at a greater risk of contracting COVID-19. However, after public pressure from lawmakers and the public, Trump’s announcement of a moratorium in rents and mortgages gave some relief to renters and homeowners who have lost their source of stable income. While this is seen as a positive action, there should be future research in terms of the long-term effects. The moratoriums do not place a pause on the amount owed and create a situation where an individual will have to pay the rents or mortgages in full once these moratoriums are lifted. Some local governments, such as San Francisco, have recognized this issue and created stricter moratoriums on evictions—with exceptions for violence or harm (City and County of San Francisco, 2020).

As COVID-19 pushes governments to respond, the actions taken now could influence future policy actions. By providing a more permanent solution for transitional housing and shelters for the homeless, other states can learn from the policies enacted during COVID-19 to improve on their solutions towards addressing homelessness.

Capitalizing on the Shift in the Overton Window

As the Overton Window shifts in favor of progressive policies, this window of opportunity needs to be fueled by willing leaders and social pressures to have successful outcomes. As seen in the Tea Party Movement, Republican politicians caved to the pressures of social movements in the Republican Party's base (Peters, 2019). In the Great Depression, President Franklin Delano Roosevelt was able to channel the public's pressure into some of the most progressive policies at the time, which revitalized the American economy (The U.S. National Archives and Records Administration, 2016). Public pressures have been somewhat successful in getting tangible actions implemented during COVID-19. As mentioned prior, public outrage against Nevada's homelessness response changed the response of officials to better accommodate the homeless population during these difficult times ("After outrage", 2020). This shows that a strong social movement can force our politicians to enact the policy changes Americans want.

Amidst the COVID-19 crisis, the media no longer questions the feasibility of progressive policies and how expensive these will be. Instead, there is a focus on how quickly the government can implement policies that will help essential service workers and those who have lost their jobs. This focus is most notable with the current stimulus debate in Washington, D.C. (Adamczyk, 2020). During the first round of the stimulus packages, the checks and the \$600 addition to unemployment benefits were two of the main factors rebounded the American economy and saved many Americans from further debt (Parolin et al., 2020a; Zeballos-Roig, 2020). However, a recent study done by the Columbia University's Center of Poverty and Social Policy found that roughly 8 million people have slipped into poverty since May (Parolin et al., 2020b). Even though Republicans want to motivate Americans to go back to work, the looming threat of COVID-19 is still present. Incentivizing workers to go back into work will be difficult,

especially when terminations are still occurring (US Department of Labor, 2020). Therefore, a second stimulus package is needed to provide Americans relief and to continue the economic recovery efforts. As mentioned previously, aid in the form of Universal Basic Income policies could provide a steady income for Americans to pay for necessities and bills. These recurring payments for the duration of the pandemic would also continue the positive impact that the first stimulus checks made on the American economy (Parolin et al., 2020a). However, whether Americans will receive another stimulus package or check before the end of 2020 will ultimately be decided by Congress.

The COVID-19 outbreak in America coincides with a presidential election. Activists see the pandemic as a window of opportunity and are pushing leaders to use their platforms to advocate for progressive policies. Progressive-leaning politicians have argued that, should Joe Biden win the election, they will continue to push the Overton Window in favor of progressive policies due to the sheer number of progressive Congressional candidates this election cycle (McCammond, 2020). As this window of opportunity exists, it will also be interesting to observe how long this window exists once worries of COVID-19 begin to fade. Will Americans still support progressive policies once they become employed again? Will the media criticize the sheer cost and feasibility of such policies once COVID-19 no longer becomes an issue?

Conclusion and Future Implications

As the response to COVID-19 continues to develop, the government should keep enacting more policies that protect Americans from losing their footing in society. Americans are feeling the impact of COVID-19 and are beginning to understand that progressive policies are no longer an impossible dream but rather a necessary guardrail for potential crises. By expanding programs like Unemployment Insurance and enacting a UBI program, the government is able to

help Americans in the short term. However, there needs to be long-term systemic solutions, such as a single-payer healthcare system and funding for research against viruses like COVID-19, that address our current problems and prevent a similar situation from happening in the future. The pandemic also highlights future policy positions for candidates in the next election cycle.

Amongst 2020 Democratic primary voters, all exit polls show that voters support Medicare-for-All and increasing support for other progressive policies (Millhiser, 2020; Scott, 2020a). These polls signal to the moderate candidates in the Democratic Party, such as those who favor a for-profit healthcare system or a public option, that there is a growing consensus to implement a single-payer healthcare system in the United States. Since the Democratic Party nominated a candidate that does not support a single-payer system this election, will candidates support a single-payer healthcare system (or other progressive policies) in future elections?

An area of interest for further research investigates the disproportionate impact of COVID-19 on people of color. The CDC's data on COVID-19 cases shows that individuals of color have been impacted by COVID-19 more than their white counterparts. When comparing the number of COVID-19 cases by race to the overall demographics of the United States, Latino and Hispanic individuals represent 23.7% of the total cases and 14.6% of the total deaths, despite being an estimated 18.5% of the population. Black individuals represent 13.8% of the total cases and 18.2% of the total deaths despite being an estimated 13.4% of the population. White individuals represent an estimated 76.3% of the United States population, but represent only 53% of the total COVID-19 cases and 58% of the total COVID-19 deaths (Center for Disease Control and Prevention, 2020b; U.S. Census Bureau, 2019). This shows that COVID-19 does make a larger impact on communities of color and indicates a need for further research. With COVID-

19's disproportionate effect on people of color and other minority communities, healthcare could be tied to racial justice and equality as an issue in future election cycles.

This paper was written prior to the 2020 general election and prior to the second wave of the pandemic in the United States. However, the Overton Window shift on progressive policies may have impacts on the general election. The COVID-19 response by the current administration has been criticized due to a lack of preparedness and decisions that created an opening for COVID-19 to spread within the United States. While some of Trump's base believes that he is handling the situation correctly, a majority of Americans disagree (Bycoffe et al., 2020). This opens up a unique opportunity to oust President Trump in November, with former Vice President Biden promising to listen to science and bring aid to Americans (Biden for President, 2020). After former Vice President Joe Biden's presidential election victory, will voters demand progressive policies to be implemented under a Biden administration? Or will voters be satisfied if Biden only delivers on his campaign promises? Future research should look towards the outcomes of the referenda throughout the United States and should identify the types of candidates that get elected in the United States House of Representatives and the Senate. Did successful candidates support universal healthcare, more resources for homeless individuals, expanding worker's rights, or a universal basic income to win their races? What will their voting record be like in the upcoming Congress? Comparing election results to previous elections and a legislator's voting record can also show whether the Overton Window has shifted, expanded, or remained stagnant.

Bibliography

- Abrams, A. (2020, March 19). *Total cost of her COVID-19 treatment: \$34,927.43*. Time.
<https://time.com/5806312/coronavirus-treatment-cost/>
- Adamczyk, A. (2020, July 30). *How the HEALS act compares to the HEROES act*. CNBC.
<https://www.cnbc.com/2020/07/30/how-the-heals-act-compares-to-the-heroes-act.html>
- The American Journal of Managed Care. (2020, July 3). *A timeline of COVID-19 developments in 2020*. <https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020>
- Allyn, B. (2020, April 22). 'COBOL cowboys' aim to rescue sluggish state unemployment systems. NPR.org. <https://www.npr.org/2020/04/22/841682627/cobol-cowboys-aim-to-rescue-sluggish-state-unemployment-systems>
- Biden for President. (2020, April 7). *The Biden plan to combat coronavirus (COVID-19) and prepare for future global health threats*. Joe Biden for President.
<https://joebiden.com/covid19/>
- Bonn, T. (2019, October 1). *Voter support for universal basic income grows: Poll*. TheHill.
<https://thehill.com/hilltv/rising/463055-more-voters-support-universal-basic-income>
- Bycoffe, A., Groskopf, C., & Mehta, D. (2020, April 3). *How Americans view the coronavirus crisis and Trump's response*. FiveThirtyEight. Retrieved October 31, 2020, from <https://projects.fivethirtyeight.com/coronavirus-polls/>
- Center for Disease Control and Prevention. (2020, August 6). *Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials*. Centers for Disease Control and Prevention. Retrieved August 6, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

- Center for Disease Control and Prevention. (2020b). *CDC COVID data tracker - Demographic Trends of COVID-19 cases and deaths in the US reported to CDC*. Centers for Disease Control and Prevention. Retrieved October 30, 2020, from <https://covid.cdc.gov/covid-data-tracker/#demographics>
- City and County of San Francisco. (2020). *About the COVID-19 emergency Tenant protections*. Retrieved October 31, 2020, from <https://sf.gov/information/about-covid-19-emergency-tenant-protections>
- Covered California. (2020, March 24). *Covered California releases the first national projection of the coronavirus (COVID-19) pandemic's cost to millions of Americans with employer or individual insurance coverage*. Covered CaliforniaTM. <https://www.coveredca.com/newsroom/news-releases/2020/03/24/covered-california-releases-the-first-national-projection-of-the-coronavirus-covid-19-pandemics-cost/>
- Cox, D. (2020, June 24). *Canada's forgotten universal basic income experiment*. BBC. <https://www.bbc.com/worklife/article/20200624-canadas-forgotten-universal-basic-income-experiment>
- Federal Reserve Bank of St. Louis. (2020, August 12). *Comparing the COVID-19 recession with the Great Depression*. Economic Research - St. Louis Fed. <https://research.stlouisfed.org/publications/economic-synopses/2020/08/12/comparing-the-covid-19-recession-with-the-great-depression>
- Gallup. (n.d.). *Healthcare system*. Gallup.com. Retrieved October 18, 2020, from <https://news.gallup.com/poll/4708/healthcare-system.aspx>
- Gallup. (2007, September 14). *Gay and lesbian rights*. Gallup.com. Retrieved 2020, from <https://news.gallup.com/poll/1651/gay-lesbian-rights.aspx>

Giridharadas, A. (2019, November 21). *How America's elites lost their grip*. Time.

<https://time.com/5735384/capitalism-reckoning-elitism-in-america-2019/>

After outrage over homeless sleeping in parking lot, Vegas now touts tented COVID-19 center.

(2020, April 16). *The Guardian*. <https://www.theguardian.com/us-news/2020/apr/16/las-vegas-homeless-coronavirus-parking-lot-center>

Harrison, D. (2020, September 29). *Cities experiment with remedy for poverty: Cash, no strings*

attached. WSJ. <https://www.wsj.com/articles/cities-experiment-with-remedy-for-poverty-cash-no-strings-attached-11601371801>

Healthcare.gov. (n.d.). *Marketplace health plans cover pre-existing conditions*. HealthCare.gov.

Retrieved December 9, 2020, from <https://www.healthcare.gov/coverage/pre-existing-conditions/>

Hu, D., Kong, Y., Li, W., Han, Q., Zhang, X., Zhu, L. X., Wan, S. W., Liu, Z., Shen, Q., Yang,

J., He, H., & Zhu, J. (2020). Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large- scale cross-sectional study. *EClinicalMedicine*, 24, 1-10.

<https://doi.org/10.1016/j.eclinm.2020.100424>

Iacurci, G. (2020, April 2). *State unemployment offices scramble to handle surge in jobless*

claims amid coronavirus fallout. CNBC. <https://www.cnbc.com/2020/04/02/state-unemployment-offices-scramble-to-handle-jobless-claims-surge.html>

Ito, J. (2018, March 29). *The paradox of universal basic income*. Wired.

<https://www.wired.com/story/the-paradox-of-universal-basic-income/>

Johnson, J. (2020, March 16). *Public health experts: Single-Payer systems coping with coronavirus more effectively than for-profit model*. Common Dreams.

<https://www.commondreams.org/news/2020/03/16/public-health-experts-single-payer-systems-coping-coronavirus-more-effectively>

Kaiser Family Foundation. (2020, October 19). *2021 premium changes on ACA exchanges and the impact of COVID-19 on rates*. KFF. <https://www.kff.org/private-insurance/issue-brief/2021-premium-changes-on-aca-exchanges-and-the-impact-of-covid-19-on-rates/>

Klein, J., & Isasi, F. (2020, August 7). *Fighting the COVID-19 crisis by protecting American health insurance*. Health Affairs: Leading Publication of Health Policy Research & Insight. <https://www.healthaffairs.org/doi/10.1377/hblog20200807.745039>

Kochhar, R. (2020, June 11). *Unemployment rose higher in three months of COVID-19 than it did in two years of the Great Recession*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/06/11/unemployment-rose-higher-in-three-months-of-covid-19-than-it-did-in-two-years-of-the-great-recession/>

Leatherby, L. (2020, October 22). *The Worst Virus Outbreaks in the U.S. Are Now in Rural Areas*. *The New York Times*. <https://www.nytimes.com/interactive/2020/10/22/us/covid-rural-us.html>

Levy, A. (2020, March 17). *How coronavirus could finally turn universal basic income, long favored by Silicon Valley, into political reality*. CNBC. <https://www.cnbc.com/2020/03/17/universal-basic-income-ideas-are-part-of-emergency-coronavirus-plan.html>

Lopez, G. (2020, September 22). *How Trump let COVID-19 win*. Vox. <https://www.vox.com/future-perfect/21366624/trump-covid-coronavirus-pandemic-failure>

Mackinac Center. (2020, February 21). *The Overton Window of Political Possibility Explained* [Video]. YouTube. <https://youtu.be/FMU0w4MP8Dc>

Marr, C., Jacoby, S., Huang, C., Hingtgen, S., Sherman, A., & Beltran, J. (2020, May 6). *Future stimulus should include immigrants and dependents previously left out, mandate automatic payments*. Center on Budget and Policy Priorities.

<https://www.cbpp.org/research/economy/future-stimulus-should-include-immigrants-and-dependents-previously-left-out>

Matthews, D. (2020, March 16). *Mitt Romney's coronavirus economic plan: \$1,000 to each American adult*. Vox. <https://www.vox.com/future-perfect/2020/3/16/21181872/mitt-romney-ubi-coronavirus-economic-plan-andrew-yang>

McCammond, A. (2020, October 27). *Ilhan Omar expects Biden to pivot left if elected*. Axios. <https://www.axios.com/ilhan-omar-joe-biden-axios-on-hbo-11071db9-ec1f-48ee-a4b0-7f76aa8f1e35.html>

Medina, D. (2020, April 28). *As Amazon, Walmart, and others profit amid coronavirus crisis, their essential workers plan unprecedented strike*. The Intercept. <https://theintercept.com/2020/04/28/coronavirus-may-1-strike-sickout-amazon-target-whole-foods/>

Millhisser, I. (2020, March 18). *Joe Biden is winning, even though most Democrats support Medicare-for-all*. Vox. <https://www.vox.com/2020/3/18/21184873/joe-biden-medicare-for-all-bernie-sanders-exit-polls>

Coronavirus in the U.S.: Latest map and case count. (2020, March 3). *The New York Times*.

Retrieved October 31, 2020, from

<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

- Office of Governor Gavin Newsom. (2020, March 18). *Governor Newsom takes emergency actions & authorizes \$150 million in funding to protect homeless Californians from COVID-19*. California Governor. <https://www.gov.ca.gov/2020/03/18/governor-newsom-takes-emergency-actions-authorizes-150-million-in-funding-to-protect-homeless-californians-from-covid-19/>
- Parolin, Z., Curran, M., & Wimer, C. (2020, June 21). *The CARES ACT and Poverty in the COVID-19 Crisis*. Center on Poverty & Social Policy, 4(8).
<https://www.povertycenter.columbia.edu/news-internal/coronavirus-cares-act-forecasting-poverty-estimates>
- Parolin, Z., Curran, M., Matsudaira, J., Waldfogel, J., & Wimer, C. (2020, October 15). Monthly Poverty Rates in the United States during the COVID-19 Pandemic. *Center on Poverty and Social Policy*. Working Paper. Accessed October 15th, 2020.
<https://www.povertycenter.columbia.edu/news-internal/2020/covid-projecting-monthly-poverty>
- Public Broadcasting Service. (2018, June 13). *Milestones in the American Gay Rights Movement*. PBS: Public Broadcasting Service.
<https://www.pbs.org/wgbh/americanexperience/features/stonewall-milestones-american-gay-rights-movement/>
- Peters, J. (2019, August 28). *The Tea Party didn't get what it wanted, but it did unleash the politics of anger*. The New York Times - Breaking News, World News & Multimedia.
<https://www.nytimes.com/2019/08/28/us/politics/tea-party-trump.html>
- Pollitz, K., Kates, J., & Mischaud, J. (2020, September 30). *Is COVID-19 a pre-existing condition? What could happen if the ACA is overturned*. Kaiser Family Foundation.

<https://www.kff.org/policy-watch/is-covid-19-a-pre-existing-condition-what-could-happen-if-the-aca-is-overturned/>

Samuel, S. (2019, October 8). *A California city gave some residents \$500 a month, no strings attached. Here's how they spent it.* Vox. <https://www.vox.com/future-perfect/2019/10/8/20902839/universal-basic-income-stockton-trial>

Sandler, R. (2020, June 29). *Los Angeles, Atlanta among cities joining coalition to test universal basic income.* Forbes. <https://www.forbes.com/sites/rachelsandler/2020/06/29/los-angeles-6-other-cities-join-coalition-to-pilot-universal-basic-income/#53d626e01ae5>

Schulte, G. (2020, April 24). *Poll: 69 percent of voters support Medicare for all.* TheHill. <https://thehill.com/hilltv/what-americas-thinking/494602-poll-69-percent-of-voters-support-medicare-for-all>

Schulte, G. (2020, August 14). *Poll: Majority of voters now say the government should have a universal basic income program.* TheHill. <https://thehill.com/hilltv/what-americas-thinking/512099-poll-majority-of-voters-now-say-the-government-should-have-a>

Schwartz, K., & Tolbert, J. (2020, October 8). *Limitations of the program for uninsured COVID-19 patients raise concerns.* Kaiser Family Foundation. <https://www.kff.org/policy-watch/limitations-of-the-program-for-uninsured-covid-19-patients-raise-concerns/>

Scott, D., Irfan, U., & Kirby, J. (2020, March 26). *The next coronavirus crisis will be a shortage of doctors and nurses.* Vox. <https://www.vox.com/2020/3/26/21192191/coronavirus-us-new-york-hospitals-doctors-nurses>

Scott, D. (2020, March 4). *Why support for Medicare-for-all didn't translate into a bigger Super Tuesday for Bernie Sanders.* Vox. <https://www.vox.com/policy-and->

[politics/2020/3/4/21163930/super-tuesday-results-bernie-sanders-joe-biden-medicare-for-all](https://www.vox.com/covid-19-coronavirus-explainers/2020/3/4/21163930/super-tuesday-results-bernie-sanders-joe-biden-medicare-for-all)

Scott, D. (2020, March 29). *4 lessons the US should learn from Italy's coronavirus mistakes.*

Vox. <https://www.vox.com/covid-19-coronavirus-explainers/2020/3/29/21198801/coronavirus-us-italy-when-will-it-end>

Suresh, S. G., & Jeffrey, S. (2017). The consequences of social pressures on partisan opinion dynamics. *Eastern Economic Journal*, 43(2), 242-259. <https://doi.org/10.1057/ej.2016.6>

United States. Cong. House of Representatives. *Expressing the sense of the House of Representatives that there should be a direct emergency economic stimulus for individual Americans in response to COVID-19.* 116th Cong. 2nd sess. H. Res. 897 (2020).

congress.gov. Web. 2 April 2020. <https://www.congress.gov/bill/116th-congress/house-resolution/897/titles>

U.S. Census Bureau. (2019, July 1). *U.S. Census Bureau QuickFacts: United States.* Census Bureau QuickFacts. <https://www.census.gov/quickfacts/fact/table/US/PST045219>

U.S. Department of Labor. (2020, October 29). *Unemployment Weekly Claims.* The U.S. Department of Labor. <https://www.dol.gov/sites/dolgov/files/OPA/newsreleases/ui-claims/20202020.pdf>

The U.S. National Archives and Records Administration. (2016, September 23). *FDR's first inaugural address declaring 'War' on the Great Depression.* National Archives. <https://www.archives.gov/education/lessons/fdr-inaugural>

Zeballos-Roig, J. (2020, July 1). *Giving people free money has kept 12 million people out of poverty and given the economy a crucial boost.* Business Insider.

<https://www.businessinsider.com/cares-act-stimulus-checks-impact-saved-12million-poverty-boosted-economy-2020-7>

The Impact of the COVID-19 Pandemic on Human-Nature Relations

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Abstract

This paper presents a preliminary evaluation of the unfolding COVID-19 pandemic and its implications for human-nature relations and global environmental politics more broadly. We focus on the different, often competing perspectives of anthropocentrism and ecocentrism as normative frameworks for interpreting and reacting to such a disruptive global phenomenon. First, we consider how the anthropocentric norm has justified an unequal and exploitative relationship between humans and non-human nature, and has created the conditions necessary for pandemics to arise. We then present a case for ecocentrism through a brief exploration of the concepts of ecological wholeness and bioregionalism. Finally, we identify the emerging state of a global anthropocentric inertia, and consider how the response to COVID-19 may actually perpetuate, rather than reduce, the destructive divisions between humans and the environment. In the process, the essay also identifies and examines various intersecting lines of inequality running across species, politico-economic communities (Global North and Global South), and classes that have been exposed or exacerbated by the pandemic.

Keywords: COVID-19, environmental politics, human-nature relations, ecocentrism, anthropocentrism

The Impact of the COVID-19 Pandemic on Human-Nature Relations

The global spread of COVID-19, the respiratory infection caused by a novel coronavirus, is producing devastating health effects and unprecedented global socioeconomic disruption. The disease, first detected in the Chinese city of Wuhan in December 2019, is classified as ‘zoonotic’, meaning it was originally transmitted from an animal to a human (WHO, 2020a). The original source is believed to be a Wuhan ‘wet market’ which sold live wild and domestic animals and seafood (WHO, 2020a). Complex social, environmental, economic and political systems amalgamated to provide the necessary conditions for the virus to evolve into the global crisis that it did. Indeed, some of the defining characteristics of the modern world are those that enabled COVID-19 to produce such devastating effects. The purpose of this essay is to examine the COVID-19 pandemic as it pertains to global environmental politics and environmental ethics, while mounting an analysis and critique of the hierarchical and exploitative structure of inter- and intra-species relations. The anthropocentric roots of this hierarchy are the focus of the first section, where we connect the emergence of COVID-19 with ongoing environmental exploitation, driven by the ingrained anthropocentric norm. Having recognised the limitations of anthropocentrism in responding to COVID-19, we then present a case for an ecocentric response, using concepts of ecological holism and bioregionalism to highlight the strengths of this approach. Finally, we explore the emerging state of a global anthropocentric inertia, considering ways in which responses to COVID-19 widen destructive divisions between humans and the environment.

The Anthropocentric Norm

Humans have always shaped and been shaped by their environment. Viewing nature as an entity separate and inferior to humans is particularly longstanding in Western cultures (Boslaugh,

2013). This dominant philosophical framework is known as anthropocentrism, which places human beings above the rest of nature and perceives value as human-centred. Anthropocentrism views non-human nature in terms of its utility to humans, justifying the exploitation of the natural environment for the benefit of humankind (Doyle et al., 2016). This prevailing view is being challenged by the COVID-19 pandemic, which the United Nations' environment chief described as "nature sending us a message" (Carrington, 2020). However, before we consider some of the ways in which humans are and should be responding to that message, it is important to understand how the anthropocentric norm has led us to where we are today. This is particularly evident in the link between environmental degradation and the COVID-19 pandemic.

Environmental destruction derived from the exploitation of nature has created opportunities for dangerous pathogens to be transmitted from animals to humans, with data linking almost half of new zoonotic diseases since 1940 to human-induced environmental change (Roston, 2020). Studies show that by 2019, nearly 50% of the world's terrestrial landmass had been converted from natural habitats into agricultural land (Bloomfield et al., 2020). Land-clearing for agriculture and livestock production as well as logging, mining and the wildlife trade are bringing people into closer contact with wild species than ever before (Calma, 2020; UNEP, 2020). Changes in land use also reduce biodiversity, weakening ecosystems and removing the natural restraints preventing pathogens from spilling into human populations (Johnson et al., 2020). Human behaviour and demographic factors significantly increase these risks (Jeffries, 2020). In 2018 alone, 1.4 billion people travelled internationally (UN World Tourism Organization, 2019). Population density in cities continues to increase, with over 55% of the world's population now living in urban settlements (Ritchie & Roser, 2019), and animal product

consumption has been rising rapidly since the 1950s (Raphaely & Marinova, 2016). Factors such as these have created a global environment highly conducive to the spread of zoonotic diseases and, when viewed holistically, are the reason that COVID-19 evolved into a global crisis of such magnitude.

The impact of anthropocentrism is global, but not equal. The impact of anthropocentric values and practices (the anthropocentric norm) differs across populations, particularly between so-called developed and developing nations, that is, between the Global North and the Global South. Developing regions, with higher population densities and rapidly changing land-use patterns, are most susceptible to zoonotic outbreaks (Ahmed et al., 2019; Jones et al., 2008). Zoonotic diseases can be ‘poverty traps’ for vulnerable populations, which are less able to cope with the health and economic implications of a pandemic (Grace et al., 2017). In addition, demand for wood and minerals from developed countries contributes to the environmental degradation that drives disease in poorer nations (Vidal, 2020; Wiedmann & Lenzen, 2018). In light of this, Oxfam (2020) argues wealthy countries have a responsibility to provide aid to nations more vulnerable to COVID-19.

The pandemic has also brought global attention to ‘wet markets’, a catch-all term for marketplaces selling fresh produce which are popular in many regions around the world. Wet markets, particularly those selling live wild animals, can present a heightened risk of cross-species pathogen transmission and were temporarily banned in China following the COVID-19 outbreak (Samuel, 2020; Vidal, 2020). In February, the Chinese government banned the sale of wild animals for consumption, but exempted animals used for traditional medicine and provided taxation incentives for wildlife exports (O’Keeffe & Xiao, 2020). As COVID-19 spread through the Global North, several politicians and media figures sought to place blame on China, with

many criticisms incorporating racist inferences about Chinese people, their food consumption habits or hygiene practices (Zhang & Xu, 2020). Attacks and calls to ban wet markets have grown in Western countries, often fuelled by cultural insensitivities or misinformation (Beech, 2020). Across many countries wet markets provide essential sources of food for millions of people and are an important outlet for small farmers to sell their produce (Standaert, 2020). Experts note that the enforcement of heightened sanitation and hygiene standards would be a more appropriate response than a sweeping ban (Vidal, 2020). UN biodiversity chief Elizabeth Mrema argued a ban on the live wildlife trade would be advantageous, but conceded that criminalising the trade could merely force it underground where hygiene standards are poorer (Greenfield, 2020a).

In addition to the regulation of wet markets, preventing habitat and biodiversity loss caused by deforestation has also been labelled a priority to reduce the risk of future pandemics (Roston, 2020). Global Forest Watch estimates that tree cover has decreased by 9% globally since 2000 (GFW, 2020) and biodiversity is declining at the fastest rate in human history (Armstrong et al., 2020). The UN Convention on Biological Diversity was due to meet several times in 2020 to negotiate a new global framework to protect land and oceans (Greenfield, 2020b), but ironically meetings were postponed due to COVID-19 (Uwaegbulam, 2020). Ultimately, the pandemic serves as a reminder that human health is deeply reliant on healthy ecosystems. As Elizabeth Mrema noted “if we don’t take care of nature, it will take care of us” (Greenfield, 2020a).

Despite considerable research demonstrating how environmental degradation creates conditions conducive to the spread of zoonotic diseases, little has been done by governments globally to end environmental exploitation. A number of complex factors are responsible,

including the influence of vested economic interests over government policy, an excessive focus on short-term consequences in politics, and a lack of international cooperation or public impetus for change (Doyle et al., 2016). However, some eco-philosophers point to the ingrained anthropocentric norm as constraining effective action against environmental exploitation (Crist & Kopnina, 2014; Feltz, 2019). The anthropocentric norm has become deeply embedded in global society and institutions, driven by a Western cognitive framework that conceptualises humans as fundamentally different and superior to non-human nature (Kopnina et al., 2018). This ‘cognitive belittlement’ rationalises environmentally destructive behaviours, resulting in the physical displacement of non-human nature and loss of biodiversity. Crist and Kopnina (2014) argue these ideational and physical dimensions of anthropocentrism are self-reinforcing. Physical displacement over the natural world reinforces the cognitive conviction of human superiority, in turn justifying increased human domination over non-human nature.

The Ecocentric Proposition

The anthropocentric norm that explains much of our current predicament regarding COVID-19 fails to account for the possibility that the solution to the current crisis might require embracing an ecocentric approach. Indeed, if it is true that “a thing is right when it tends to preserve the integrity, stability, and beauty of the biotic community [and] wrong when it tends otherwise” (Leopold, 1949, p. 224), what conclusions should be drawn about the moral nature of a pandemic which has the potential to restore balance in the biotic community by limiting human activity and population? COVID-19 makes a convincing contribution to the merits of ecocentric approaches to human-nature relations, that is, relations between humans and non-human nature. Ecocentrism is a holistic perspective that recognises how systems can be viewed on many levels. Proponents of holism and ecocentrism “assign moral rights to ecosystems and not just to

individuals within these” (Williams, 1998, p. 17). By deriving from non-human nature yet having a profound impact on the human population, COVID-19 has reaffirmed that humans, their institutions and systems are not removed from non-human earth systems, or ‘the ecological whole’. Moreover, one component of the ecological whole cannot flourish at the expense of the majority. This realisation has profound implications for the way that humans engage with the wider ecosystem.

COVID-19 has presented society with a ‘problem of many hands’. In the field of global environmental politics and environmental ethics, this is a concept often applied to climate change, and is used to explain why, cognitively, individuals are reluctant to take action in situations “in which a large number of individuals are causally involved, but in which the role of individuals in isolation is rather small” (van de Poel et al., 2011, p. 51). Discourse around the ‘problem of many hands’ draws on debated philosophical notions of individual and collective rights and responsibilities. Varied effects of, and responses to, COVID-19 at the global, state, community and individual levels lay bare the vulnerabilities inherent to societies which, in the atomistic framework of anthropocentrism, locate the greatest moral value in the (human) individual. Indeed, COVID-19 has been an exercise in determining the extent to which it is appropriate to curtail individual freedoms in response to a mutually recognised threat to the collective (Human Rights Watch, 2020). The challenge is to extend this collective responsibility beyond human beings to the ecological whole.

Additionally, the worldwide proliferation of COVID-19 has led many to call for a reconnection with indigeneity, ‘the local’, and bioregionalism - defined as living contained within “a geographical area whose boundaries are roughly determined by nature rather than human beings” (Haenke as cited in Williams, 1998, p. 18). The necessity of these human-nature

relational shifts could be further reinforced as global food systems increasingly falter in the coming months. Chief economist of the United Nations Food and Agriculture Organisation, speaking on the urgency of maintaining the globalised food system, asserted that during this pandemic the global food system “just needs one big trader to make a decision [to disrupt the supply of staple crops] and that will affect everywhere” (Torero as cited in Harvey, 2020).

Ecocentrists and bio-regionalists would see the irony in using this argument in defence of the globalised food system, as any system so vulnerable to synchronous failure must be inherently flawed. COVID-19 has aptly demonstrated what has been understood by environmental scientists for decades: there is resilience in regional diversity (Leslie & McCabe, 2013).

The Anthropocentric Inertia

Despite the case for dealing with COVID-19 using an ecocentric approach, responses to the pandemic have often reinforced problematic anthropocentric values. This has created a state of anthropocentric inertia, where political, scientific and medical communities continue to undermine humans’ interdependence with nature as they address the consequences of the pandemic. Ironically, as we have discussed so far, humans catalysed the pandemic by doing just this. While human-induced environmental destruction directly contributed to the spread of COVID-19, anthropocentric attitudes have created a discourse of ‘war’ against the virus and nature more broadly (Varma, 2020). The virus has consistently been positioned as the ‘invisible enemy’ and this militaristic rhetoric shifts accountability away from humans, placing the blame on other forms of nature and legitimising a ‘war’ against them (Naumova, 2020). In March 2020, in response to reports stating that COVID-19 emerged in bats, the Indonesian government culled hundreds of bats to prevent the virus spreading (Tsang, 2020). Similar actions were attempted and advocated for in other countries: in Peru, members of the Culden village unsuccessfully

attempted to set fire to and eliminate a nearby bat colony (Durán, 2020), while conservative Australian politician Tim Smith called, also unsuccessfully, for Melbourne's Yarra Bend colony to be removed (Hall, 2020). Although COVID-19 likely originated in bats, humans have continuously brought themselves into close contact with them through trade, consumption and habitat destruction, allowing the 'invisible enemy' to emerge (Naumova, 2020; Wardrope, 2020). Bats are vital to the ecosystems they inhabit and their unique role benefits both human and non-human nature. They pollinate over 500 plant species, their faeces act as an effective fertiliser (Alagona, 2020), and they help to regulate agricultural crop growth by preying on insects (Hoffmaster et al., 2016). By adopting discourses that blame nature for the problems caused by human activity, and legitimising ongoing environmental damage as a result, we continue to endanger our own livelihoods and those of broader ecosystems.

Though COVID-19 has emphasised the damage that humans cause when we fail to observe our interconnection with nature, potential solutions to the virus still perpetuate hierarchies that prioritise human survival at the expense of non-human life. The Chinese Government initially suggested the use of Tan Re Qing to combat COVID-19: an injection containing bear bile (Fobar, 2020). Tan Re Qing is a common Chinese medicine that treats respiratory and viral infections, including bronchitis and influenza with which COVID-19 shares symptoms (Qiao et al., 2019), however the process of extracting the bile ingredient causes severe suffering and infection in bears (Fobar, 2020). Animal rights activists have rightly pointed out the irony of attempting to cure a disease that emerged through the exploitation of wildlife by further mistreating animals (Briggs, 2020). Meanwhile, there have been similar controversies over the use of (non-human) animal testing in the trials of potential COVID-19 vaccines. Many in the medical and scientific communities have emphasised the necessity of using animal testing,

warning that moving to human trials too early could result in unknown or dangerous side effects, adding to the trauma of the pandemic (Deb et al., 2020; Komesaroff et al., 2020). The promising Oxford University vaccine, for instance, was initially tested on rhesus monkeys (Newey & Nuki, 2020). However, the ethics of animal testing are highly contested - more than 115 million animals are used in research each year (Akhtar, 2015), and many experience health complications, long-term suffering and even death (Bailey & Balls, 2019). Advocates against animal testing argue that, since animals cannot consent to taking part in trials, using them in research denies them agency, exacerbates human-nature divisions and justifies the exploitation of nature for human gain (Baka, 2020; Hepworth, 2010). Thus, the search for a method to prevent COVID-19 continues to reinforce the complex ethics surrounding the value of non-human life and whether it can and should be sacrificed to protect human life.

While anthropocentrism values all humans above nature, humans themselves are not equal (Kopnina et al., 2018). The state of anthropocentric inertia that has emerged in response to COVID-19 not only sees humans continuing to devalue and exploit the environment, but how this exploitation also increases human inequalities. Although these inequalities are pervasive worldwide, the case of Brazil is particularly useful to understand how human-nature divisions have perpetuated hierarchies *between* humans during the pandemic.

In recent years, Brazil has seen historically high levels of environmental destruction, particularly in the Amazon rainforest. The country has the second highest rate of deforestation worldwide (FAO, 2020), and in 2019 the Amazon lost a record 1,218,708 hectares of native vegetation (MapBiomas, 2020). Largely responsible is Brazil's president, far-right populist Jair Bolsonaro, who denies the existence of climate change and has faced global condemnation for prioritising economic growth at the environment's expense (Duarte, 2020; Zimmerman, 2019).

As of December 2020, Brazil also has the second highest rate of COVID-19 deaths and the third highest number of confirmed cases (WHO, 2020b). Despite this, Bolsonaro has not only downplayed the pandemic's severity, but has taken advantage of the crisis to continue his "war on the environment" (Remnick, 2020; Zimmerman, 2019). He has continued to weaken environmental protection measures, reduce Indigenous land rights and ignore illegal mining, farming and land grabbing in the Amazon (Rubaii & Junior, 2020). As a result, the Amazon has seen a 12 year high in deforestation (ABC News, 2020), with the rate of deforestation increasing by 51 percent in the first trimester of 2020 compared to the same period in 2019 (Garrett & Cammelli, 2020). Though deforestation was a catalyst for COVID-19's emergence, Bolsonaro's actions show that leaders with dangerous anthropocentric attitudes continue to ignore this, ultimately worsening the crisis.

Bolsonaro's response to the pandemic, paired with his efforts to increase environmental destruction, has not affected all Brazilians equally - Brazil's Indigenous population has been made uniquely vulnerable. In the Americas, 90 percent of pre-colonial Indigenous populations have been wiped out due to infectious diseases and the COVID-19 pandemic risks a repeat of history (Watts, 2020). More than 50 percent of Brazil's First Nations people have been infected with COVID-19, across more than 146 Indigenous groups (APIB, 2020b; Charlier & Varison, 2020); in what the Indigenous organisation Articulation of the Indigenous Peoples of Brazil (APIB) described as an "unprecedented humanitarian crisis" (APIB, 2020a). As of December 1, there have been 40340 confirmed cases and 881 deaths (APIB, 2020b), with the mortality rate of Indigenous people approximately twice the national average (de Castro et al., 2020). Furthermore, previous and ongoing deforestation in the Amazon has worsened the crisis (de Castro et al., 2020). In multiple cases, the virus has spread to Indigenous communities through

interactions with illegal miners and loggers, who have been able to trespass Indigenous land more easily during the pandemic due to loosened restrictions and land clearing (Palamin et al., 2020; Laudares, 2020). Deforestation is also increasing rates of displacement among Indigenous people who live in and near the Amazon, who are forced to move to urban areas where the virus is more prevalent (Laudares, 2020). Therefore, we can see how the consequences of COVID-19 and environmental destruction inform one another, exacerbating the vulnerability of Indigenous people.

It is important to acknowledge that Indigenous people are not inherently more vulnerable than those who are non-Indigenous. It is the long-lasting legacy of European invasion – which still informs political, economic and social structures and decisions – that renders them more susceptible to crises like COVID-19 (Charlier & Varison, 2020). As the APIB emphasises, Indigenous people are not only facing a pandemic: “we are facing the neglect of the State, fighting for the right to live” (APIB, 2020b). In his neglect of First Nations people, Bolsonaro has vetoed sections of a law that obligated the government to provide additional sanitary equipment and clean water, and guarantee hospital beds to Indigenous communities, calling the provisions “unconstitutional” (Paraguassu, 2020). Meanwhile, the government declared that urban Indigenous people will no longer receive support from the federal Indigenous health service, SESAI, further denying Indigenous people their right to adequate health care and self-determination (Angarova, 2020). In many ways, Bolsonaro’s treatment of Indigenous people mirrors his anthropocentric and exploitative treatment of the environment: he sees both as having little or no agency and believes both are undeserving of protection (Rubaii & Junior, 2020). The current situation in Brazil exposes the brutality of hierarchies that place certain humans above others, and how they are perpetuated by anthropocentric attitudes that treat nature just as poorly.

Despite this, Indigenous people have and will continue to engage in powerful acts of resistance in the face of crises. It is critical to acknowledge the agency of Brazil's Indigenous people, who have fought to draw attention to the impact of the pandemic on their communities and have developed new platforms for solutions to emerge (APIB, 2020b). Indigeneity is not homogenous, and these forms of resistance do not necessarily represent the experiences and perspectives of all Indigenous people in Brazil, let alone across the globe. However, in several cases, Brazil's Indigenous communities have responded to the pandemic in ways that place value on humans and non-human nature, aiming to protect both. For example, technicians from the Kuikuro community developed a contact tracing app to alert members of the Ipatse village, part of the Xingu Indigenous territory, to the spread of COVID-19 (Berman, 2020). Working with a collective of Indigenous and non-Indigenous organisations, and led by the Kuikuro Indigenous Association (with no government support), the app was built using pre-existing technologies designed to monitor wildlife, map cultural and ancestral sites, and help protect the Amazon from threats of fire, deforestation and pollution (Berman, 2020; People's Palace Projects, 2020). The technology has now also successfully reduced the community transmission of COVID-19 in Ipatse (Dias, 2020), emphasising that human development and technology can simultaneously protect humans and the environment. While First Nations people may not necessarily identify as ecocentric, Indigenous and ecocentric perspectives often share similarities in that they regard the relationship between humans and nature as something holistic, interconnected and mutually supportive, rather than hierarchical (DesJardins, 2015; Kusmer, 2020; Sangha et al., 2017). Thus, the Kuikuro community's initiative is one of many ways that we can gain insight into how Indigenous perspectives offer our world the opportunity to reconsider its current anthropocentric

approach to the COVID-19 pandemic, allowing us to see the potential for a more equitable future.

Conclusion

Humanity's degradation of nature, resulting in widespread biodiversity loss, has heightened the threat of zoonotic diseases such as COVID-19 occurring in humans. The COVID-19 pandemic has exposed damaging inequalities between humans and non-human nature, as well as between humans in the Global North and Global South. Focusing on short-term fixes to rebuild economies after COVID-19, without considering long-term environmental damage, will only compound the threat of future crises. We must shift our perspective towards ecocentrism, recognising that our economy and society are embedded within and deeply reliant on our natural ecosystem. Solutions are within reach, but require a fundamental change in our approach in order to meet human needs within the natural ecological boundaries of our planet.

References

- ABC News. (2020). Deforestation in Brazil's Amazon skyrockets to 12-year high under Jair Bolsonaro's push to increase farming and mining to combat poverty. Retrieved from <https://www.abc.net.au/news/deforestation-in-brazils-amazon-skyrockets-to-12-year-high>
- Ahmed, S., Dávila, J., Allen, A., Haklay, M., Tacoli, C., & Fèvre, E. (2019). Does urbanization make emergence of zoonosis more likely? *Environment and Urbanization*, 31(2), 443-460. doi:10.1177/0956247819866124
- Akhtar, A. (2015). The Flaws and Human Harms of Animal Experimentation. *Cambridge Quarterly of Healthcare Ethics*, 24(4), 407-419. doi:10.1017/S0963180115000079
- Alagona, P. (2020, March 24). It's wrong to blame bats for the coronavirus epidemic, *The Conversation*. Retrieved from <https://theconversation.com/its-wrong-to-blame-bats-for-the-coronavirus-epidemic>
- Angarova, G. (2020, June 10). Open Letter to Jair Bolsonaro: Brazil is Failing to Protect the Health of Indigenous People During the Covid-19, *Cultural Survival*. Retrieved from <https://www.culturalsurvival.org/open-letter-jair-bolsonaro-brazil-failing-protect-health-indigenous-peoples-during-covid19>
- Armstrong, F., Capon, A., & McFarlane, R. (2020, March 31). Coronavirus is a wake-up call: our war with the environment is leading to pandemics, *The Conversation*. Retrieved from <https://theconversation.com/coronavirus-is-a-wake-up-call>
- Articulation of the Indigenous Peoples of Brazil (APIB). (2020a). Indigenous Emergency. Retrieved from <https://emergenciaindigena.apiboficial.org>
- Articulation of the Indigenous Peoples of Brazil (APIB). (2020b). Overview of Covid-19 Within the Indigenous People. Retrieved from <https://apiboficial.org/?lang=en>

- Bailey, J., & Balls, M. (2019). Recent efforts to elucidate the scientific validity of animal-based drug tests by the pharmaceutical industry, pro-testing lobby groups, and animal welfare organisations. *BMC Medical Ethics*, 20(16), 1-7. doi:10.1186/s12910-019-0352-3
- Baka, A. (2020, April 19) Animal testing in the search of the Coronavirus vaccine — A Question of Ethics, *Medium*. Retrieved from <https://medium.com/anastasiabaka/animal-testing-in-the-search-of-the-coronavirus-vaccine-a-question-of-ethics>
- Beech, P. (2020). What we've got wrong about China's 'wet markets' and their link to COVID-19', *World Economic Forum*. Retrieved from <https://www.weforum.org/agenda/china-wet-markets-covid19>
- Berman, Y. (2020, November 27). Indigenous leaders offer collective stories of hope in year of crisis, *Pioneer's Post*. Retrieved from <https://www.pioneerspost.com/indigenous-leaders-offer-collective-stories-of-hope-through-year-of-crisis>
- Deb, B., Shah, H., & Goel, S. (2020). Current global vaccine and drug efforts against COVID-19: Pros and cons of bypassing animal trials. *Journal of Biosciences*, 45(1), pp. 2-10. doi:10.1007/s12038-020-00053-2
- Bloomfield, L., McIntosh, T., & Lambin, E. (2020). Habitat fragmentation, livelihood behaviours, and contact between people and nonhuman primates in Africa. *Landscape Ecology*, 35(4), 985-1000. doi:10.1007/s10980-020-00995-w
- Boslaugh, S. (2013). Anthropocentrism, *Encyclopaedia Britannica*. Retrieved from <https://www.britannica.com/topic/anthropocentrism>
- Briggs, H. (2020, April 6). Coronavirus: Putting the spotlight on the global wildlife trade, *BBC News*. Retrieved from <https://www.bbc.com/news/science-environment-52125>

- Calma, J. (2020, April 10). To prevent the next pandemic, scientists search for animal zero, *The Verge*. Retrieved from <https://www.theverge.com/2020/4/10/pandemic-prevention>
- Carrington, D. (2020, March 25). Coronavirus: Nature is sending us a message, says UN environment chief, *The Guardian*. Retrieved from <https://www.theguardian.com/coronavirus-nature-is-sending-us-a-message>
- Charlier, P., & Varison, L. (2020). Is Covid-19 being used as a weapon against Indigenous peoples in Brazil? *The Lancet*, 396(10257), 1069. doi:10.1016/S0140-6736(20)32068-7
- Crist, E., & Kopnina, H. (2014). Unsettling anthropocentrism. *Dialectical Anthropology*, 38, 387-396. doi:10.1007/s10624-014-9362-1
- de Castro, F., Lopes G. R., & Brondizio, E. S. (2020). The Brazilian Amazon in Times of Covid-19: from crisis to transformation? *Ambiende & Sociedade*, 23, 1-11. doi:10.1590/1809-4422asoc20200123vu202013id
- DesJardins, J. (2015). Biocentrism, *Encyclopedia Britannica*. Retrieved from <https://www.britannica.com/topic/biocentrism/Challenges>
- Dias, I. (2020, August 19). When Covid-19 Came to the Kuikuro, *Slate*. Retrieved from <https://slate.com/technology/kuikuro-contact-tracing-upper>
- Doyle, T., McEachern, D., & MacGregor, S. (2016). *Environment and Politics* (4th ed.). London: Routledge, p. 44.
- Duarte, T. R. (2020). Ignoring scientific advice during the Covid-19 pandemic: Bolsonaro's actions and discourse. *Tapuya: Latin American Science, Technology and Society*, 3(1), 288-291. doi:10.1080/25729861.2020.1767492
- Durán, T. G. (2020, May 13). Bats: Resistant to viruses, but not to humans, *Mongabay*. Retrieved from <https://news.mongabay.com/bats-resistant-to-viruses-but-not-to-humans>

- Feltz, B. (2019). The philosophical and ethical issues of climate change, *UNESCO Courier*. Retrieved from <https://en.unesco.org/courier/philosophical-and-ethical-issues-climate-change>
- Fobar, R. (2020, March 25). China promotes bear bile as coronavirus treatment, alarming wildlife advocates, *National Geographic*. Retrieved from <https://www.nationalgeographic.com/chinese-government-promotes-bear-bile-as-coronavirus-covid19-treatment>
- Food and Agricultural Organization of the United Nations (FAO). (2020). The State of the World's Forests 2020. Retrieved from <http://www.fao.org/state-of-forests>
- Garrett, R., & Cammelli, F. (2020, June 12). How Politics of Misdirection Fuel Coronavirus and Amazon Fires, *The Globe Post*. Retrieved from <https://theglobepost.com/coronavirus-amazon-fires>
- Global Forest Watch (GFW). (2020). Global annual tree cover loss. Retrieved from <https://www.globalforestwatch.org/dashboards>
- Grace, D., Lindahl, J., Wanyoike, F., Bett, B., Randolph, T., & Rich, K. (2017). Poor livestock keepers: ecosystem-poverty-health interactions. *Philosophical Transitions B*, 372(1725), 5-10. doi:10.1098/rstb.2016.0166
- Greenfield, P. (2020a, April 6). Ban wildlife markets to avert pandemics, says UN biodiversity chief, *The Guardian*. Retrieved from <https://www.theguardian.com/world/ban-live-animal-markets-pandemics>
- Greenfield, P. (2020b, January 13). UN draft plan sets 2030 target to avert Earth's six mass extinction, *The Guardian*. Retrieved from <https://www.theguardian.com/environment/un-draft-plan-sets-2030-target-to-avert-earths-sixth-mass-extinction>

- Hall, B. (2020, April 21). Expert bats away call for 'ridiculous' cull of Yarra Bend flying foxes, *The Age*. Retrieved from <https://www.theage.com.au/national/expert-bats-away-call-for-ridiculous-cull-of-yarra-bend-flying-foxes>
- Harvey, F. (2020, March 26). Coronavirus measures could cause global food shortage, UN warns, *The Guardian*. Retrieved from <https://www.theguardian.com/global-development/coronavirus-measures-could-cause-global-food-shortage-un-warns>
- Hepworth, A. (2010). The Ethics of Animal Experimentation. *HOPES Stanford University*. Retrieved from <https://hopes.stanford.edu/animal-research>
- Hoffmaster, E., Vonk, J., & Mies, R. (2016). Education to Action: Improving Public Perception of Bats. *Animals* 6(6), 1-9. doi:10.3390/ani6010006
- Human Rights Watch. (2020, April 25). Human Rights Dimensions Of COVID-19 Response. Retrieved from <https://www.hrw.org/news/human-rights-dimensions-covid-19-response>
- Jeffries, B. (2020). The Loss of Nature and Rise of Pandemics: Protecting Human and Planetary Health, *World Wildlife Fund*. Retrieved from <https://wwf.cloudfront.net/the-loss-of-nature-and-rise-of-pandemics-protecting-human-and-planetary-health>
- Johnson, C., Hitchens, P., Pandit, P., Rushmore, J., Evans, T., Young, C., & Doyle, M. (2020). Global shifts in mammalian population trends reveal key predictors of virus spillover risk. *Proceedings of the Royal Society B*, 287(1924), 2-10. doi:10.1098/rspb.2019.2736
- Jones, K., Patel, N., Levy, M., Storeygard, A., Balk, D., Gittleman, J., & Daszak, P. (2008). Global trends in emerging infectious diseases. *Nature*, 451, 990-993. doi:10.1038/nature06536
- Komesaroff, P., Kerridge, I., & Gilbert, L. (2020, March 24). The US is fast-tracking a coronavirus vaccine, but bypassing safety standards may not be worth the cost, *The*

Conversation. Retrieved from <https://theconversation.com/us-fast-tracking-coronavirus-vaccine-but-bypassing-safety-standards>

Kopnina, H., Washington, H., Taylor, B., & Piccolo, J. (2018). Anthropocentrism: More Than Just a Misunderstood Problem. *Journal of Agricultural and Environmental Ethics*, *31*, 109-127. doi:10.1007/s10806-018-9711-1

Kusmer, A. (2020, September 8). Indigenous land rights could save the Amazon from deforestation, *The World*. Retrieved from <https://www.pri.org/stories/how-indigenous-land-rights-could-help-save-brazilian-amazon-deforestation>

Laudares, H. (2020, November 3). Deforestation in Brazil is spreading to the Indigenous Peoples, *VoxEU & CEPR*. Retrieved from <https://voxeu.org/article/deforestation-spreading-covid-19-brazils-indigenous-peoples>

Leopold, A. (1949). *A Sand County Almanac, and Sketches Here and There*. New York: Oxford University Press, p. 224.

Leslie, P., & McCabe, J. (2013). Response diversity and resilience in social-ecological systems, *Current Anthropology*, *54*(2), 114-143. doi:10.1086/669563

MapBiomas. (2020). Brazil's Annual Deforestation Report - 2019. Retrieved from <http://alerta.mapbiomas.org/relatorios>

Naumova, E. N. (2020). The traps of calling the public health response to COVID-19 “an unexpected war against an invisible enemy”, *Journal of Public Health Policy*, *41*(3), 233-237. doi:10.1057/s41271-020-00237-y

Newey, S., & Nuki, P. (2020, May 18). Doubts over Oxford vaccine as it fails to stop coronavirus in animal trials, *The Telegraph*. Retrieved from

<https://www.telegraph.co.uk/global-health/doubts-oxford-vaccine-fails-stop-coronavirus-animal-trials>

O’Keeffe, K., & Xiao, E. (2020, April 12). Amid Coronavirus Pandemic, China Bans Domestic Trade of Wild Animals, but Offers Tax Breaks for Exports, *The Wall Street Journal*. Retrieved from <https://www.wsj.com/amid-coronavirus-pandemic-china-bans-domestic-trade-of-wild-animals>

Oxfam. (2020, March 30). How to Confront the Coronavirus Catastrophe, Media release. Retrieved from <https://oxfamlibrary.com/coronavirus-health-plan>

Palamin, C., Ortega, M., & Marson, F. (2020). Covid-19 in the Indigenous Population of Brazil. *Journal of Racial and Ethnic Health Disparities*, 7, 1053-1058. doi:10.1007/s40615-020-00885-6

Paraguassu, L. (2020, July 9). Brazil’s Bolsonaro vetoes plans to offer Covid-19 support to indigenous people, *Reuters*. Retrieved from <https://uk.reuters.com/article/us-health-coronavirus-brazil-indigenous>

People’s Palace Projects. (2020, August). People’s Palace Projects joins Amazon Hopes Collective amid Covid-19. Retrieved from <https://peoplespalaceprojects.org.uk/peoples-palace-projects-joins-amazon-hopes-collective-amid-covid-19>

Qiao, L., Lou, D., Liu, H., & Zhang, Y. (2019). Monitoring the ingredient change during the production of Tan Re Qing capsules from *Scutellariae Radix* by HPLC-MS/MS. *Journal of Liquid Chromatography & Related Technologies* 41(17-18), 1026-1038. doi:10.1080/10826076.2019.1565831

Raphaely, T., & Marinova, D. (2016). *Impact of Meat Consumption on Health and Environmental Sustainability*. Hershey: IGI Global.

- Ritchie, H., & Roser, M. (2019). Urbanization, *Our World in Data*. Retrieved from <https://ourworldindata.org/urbanization>
- Roston, E. (2020, April 8). Want to Stop the Next Pandemic? Start Protecting Wildlife Habitats, *Bloomberg Green*. Retrieved from <https://www.bloomberg.com/want-to-stop-the-next-pandemic-start-protecting-wildlife-habitats>
- Remnick, D. (2020, April 3). *Exploitation in the Amazon, and Why We Underestimated COVID-19* [Audio podcast]. Retrieved from <https://www.newyorker.com/exploitation-in-the-amazon-and-why-we-underestimated-covid-19>
- Rubaii, N., & Junior, J. J. A. (2020, May 5). Brazil's Bolsonaro has Covid-19 - and so do thousands of Indigenous people who live days away from the nearest hospital, *The Conversation*. Retrieved from <https://theconversation.com/bolsonaro-has-covid-19-and-so-do-thousands-of-indigenous-people-who-live-days-from-the-nearest-hospital>
- Samuel, S. (2020, April 15). The coronavirus likely came from China's wet markets. They're reopening anyway, *Vox*. Retrieved from <https://www.vox.com/future-perfect/coronavirus-china-ban-wet-markets-reopening>
- Sangha, K. K., Preece, L., Villarreal-Rosas, J., Kegamba, J. J., Paudyal, K., Warmenhoven, T., & RamaKrishnan, P. S. (2018). An ecosystem services framework to evaluate indigenous and local peoples connections with nature. *Ecosystem Services*, 31, 111-125. doi:10.1016/j.ecoser.2018.03.017
- Standaert, M. (2020, April 15). 'Mixed with prejudice': calls for ban on wet markets misguided, experts argue, *The Guardian*. Retrieved from <https://www.theguardian.com/mixed-with-prejudice-calls-for-ban-on-wet-markets-misguided-experts-argue-coronavirus>

- Tsang, Y. (2020, March 16). Hundreds of bats culled in Indonesia to 'prevent spread' of the coronavirus, *South China Morning Post*. Retrieved from <https://www.scmp.com/hundreds-bats-culled-indonesia-prevent-spread-coronavirus>
- United Nations Environment Programme (UNEP). (2020). Six nature facts related to coronaviruses. Retrieved from <https://www.unenvironment.org/news-and-stories/six-nature-facts-related-coronaviruses>
- United Nations (UN) World Tourism Organization. (2019). International Tourism Highlights. Retrieved from <https://www.e-unwto.org/doi/pdf/10.18111>
- Uwaegbulam, C. (2020, March 30). UN gets new dates for biodiversity convention talks, *The Guardian*. Retrieved from <https://guardian.ng/property/un-gets-new-dates-for-biodiversity-convention-talks>
- van de Poel, I., Fahlquist, J., Doorn, N., Zwart, S., & Royakkers, L. (2011). The problem of many hands: climate change as an example. *Science and Engineering Ethics*, 18(1), 49-67. doi:10.1007/s11948-011-9276-0
- Varma, S. (2020). A pandemic is not a war: COVID-19 urgent anthropological reflections. *Social Anthropology*, 28(2), 376-378. doi:10.1111/1469-8676.12879
- Vidal, J. (2020, March 17). Destruction of habitat and loss of biodiversity are creating the perfect conditions for diseases like Covid-19 to emerge, *Enzia*. Retrieved from <https://ensia.com/features/covid-19-coronavirus-biodiversity-planetary-health>
- Wardrope, A. (2020). Health justice in the Anthropocene: medical ethics and the Land Ethic. *Journal of Medical Ethics*, 46, 791-796. doi:10.1136/medethics-2020-106855

- Watts, J. (2020, April 3). Brazil: coronavirus fears weaken Amazon protection ahead of fire season, *The Guardian*. Retrieved from <https://www.theguardian.com/brazil-amazon-protection-coronavirus-fire-season>.
- Wiedmann, T., & Lenzen, M. (2018). Environmental and social footprints of international trade. *Nature Geoscience*, *11*, 314-321. doi:10.1038/s41561-018-0113-9
- Williams, S. (1998). Holism, reductionism and communitarian visions. *Social Alternatives*, *17*(1), 17-18.
- World Health Organisation (WHO). (2020a). Origin of SARS-CoV-2. Retrieved from <https://www.who.int/health-topics/coronavirus/who-recommendations>
- World Health Organisation (WHO). (2020b). WHO Coronavirus (Covid-19) Dashboard. Retrieved from <https://covid19.who.int/table>
- Zhang, Y., & Xu, F. (2020). Ignorance, Orientalism and Sinophobia in Knowledge Production on COVID-19. *Journal of Economic and Social Geography*, *111*(3), 221-223. doi:10.1111/tesg.12441
- Zimmerman, F. B. (2019, August 6). Bolsonaro's War on the Environment and Climate Change, *Australian Institute of International Affairs*. Retrieved from <https://www.internationalaffairs.org.au/bolsonaros-war-on-the-environment-and-climate-change>

COVID-19, Ageism and the Commodity of Care for the Marginalised Frail Aged

Population: Why aren't problems with Australia's Aged Care system being talked about enough?

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Abstract

COVID-19 has exacerbated pre-existing inequalities experienced by our marginalised aged population globally. Severe shortcomings of the Australian aged care system have been exposed, prompting the focus of this paper; why aren't problems with Australia's aged care system being talked about enough? Two theoretical lenses drive this analysis, understanding ageism and the impact of neoliberalism. International discourse surrounding innovative models of care and whole-of-system approaches will be examined, alongside close consideration of economic and social policy contexts in Australia and globally. This paper aims to highlight the structural and ideological fluidity that has been sparked by the global health crisis, providing an ideal opportunity to implement large-scale systematic reform, while emphasising the role of social workers as key advocates for older people throughout all levels of policy and service design and delivery to come.

COVID-19, Ageism and the Commodity of Care for the Marginalised Frail Aged Population: Why aren't problems with Australia's Aged Care system being talked about enough?

COVID-19 has had an immensely transformative effect on health and social support systems globally. This paper examines how the COVID-19 pandemic has affected the experiences of and attitudes towards older people, while analysing its interaction with pre-existing shortcomings of the Australian aged care system, especially for the frail aged who reside in residential care. The focus this paper is threefold: the interaction between neoliberalism and ageism, innovative models for residential aged care, and ideas for large-scale systematic reform. This paper will also pay close attention to the position and role of social workers as key advocates for older people, both currently and in the future. This paper is written in the context of the pandemic and examines how it has been navigated, assessing how it will shape the changing health and social policy spheres in Australia. Two key theoretical lenses drive this analysis, understanding ageism and the impact of neoliberalism, in order to address the question; why aren't problems with Australia's aged care system being talked about enough?

The sudden and immense impacts of COVID-19 have been felt globally, leading to dramatic loss of human life and challenging public health, social, and economic systems over the world (World Health Organisation, 2020). Nearly half of the world's 3.3 billion global workforce are at risk of losing their livelihoods, with informal workers particularly vulnerable due to a lack of social protection or access to health care, while the number of undernourished people is estimated to rise by 130 million by the end of the year due to the pandemic (World Health Organisation, 2020). The pandemic has exacerbated pre-existing inequalities, affecting people differently based on class, gender, age, ethnicity, and geography, either directly or due to unequal

policy response (Blundell, 2020, p. 291). Although Australia has been performing comparatively well so far in the prevention and control of the virus, we are seeing our first economic recession in almost three decades, with the weight of its impacts falling heavily on marginalised groups such as Australia's older population and those residing in aged care facilities (Janda & Lasker, 2020). As the events of COVID-19 continue to unfold, it is clear the current crisis will impact inequalities long term, however the size and nature of potential impacts are still relatively unknown, while there is a lack of research available surrounding how the pandemic is impacting Australia's marginalised aged population.

This paper draws on a critical definition of neoliberalism as the broader political, ideological, and cultural phenomenon that prioritises market deregulation, privatisation, and welfare-state withdrawal (Venugopal, 2015, pp. 168, 183). Rather than just describing a change in policy regimes from state to market, critical definitions of neoliberalism also recognise the dynamic interrelations of power, social actors, and material interests that occur within a global-economic context (Venugopal, 2015, pp. 173-176). Australia's overwhelming commitment to neoliberalism in its welfare and social policy spheres has led it to possess one of the most selective income-support systems in advanced industrialised democracies, consisting mainly of means tested welfare payments of low monetary value, targeted directly to the poor (Whiteford, 2010, as cited in Mendes, 2015, p. 430). Recent welfare reforms have continued this trend, promoting workforce participation as the primary means for health, social and economic benefits, with little reference to addressing the needs of long-term income security recipients (McClure, 2015, as cited in Mendes, 2015, p. 431; Deeming and Smyth, 2015, p. 303).

Australia's welfare regime has also demonstrated minimal commitment to reducing inequality,

despite recent economic growth being concentrated at the top end of income distribution, resulting in a rise in relative poverty and income inequality (Deeming and Smyth, 2015, p. 312).

Ageism is the underlying social attitude that has dramatically affected social, economic and policy responses to frail aged people's needs in our communities. In the context of the COVID-19 pandemic, the marginalisation of frail aged people has been highlighted as they have been the major victims of its onslaught. Ageism is understood as the process of systematic and institutionalised discrimination against people because they are old, including prejudicial attitudes towards ageing and older people, as well as institutional practices and policies "which perpetuate stereotypical beliefs about the elderly, reduce their opportunities for a satisfactory life and undermine their personal dignity" (Butler, 1980, p. 8, as cited in R. Phillips, 2018, p. 7). Ageism is normalised and reproduced in everyday life, with negative stereotyping that results in older people being seen as all the same, usually portrayed as vulnerable, frail, and likely to be sick (Duffy, 2017, p. 2069-2070). Dominant ageist discourses are misleading and undermine both diversity in the experience of ageing, which itself is influenced by a variety of factors throughout the older person's life-course, as well as recognition of the intersection of multiple structural oppressions, such as discrimination on the basis of gender, sexual identity, ethnicity, disability, or economic status. Even within social work we see forms of entrenched professional ageism, as social workers often see work in the ageing sector as less desirable, and regard it as work that can be undertaken by less qualified staff (Duffy, 2017, p. 2070; Hall & Scragg, 2012, p. 1). Although ageism is not limited to any chronological age, for the purposes of this paper 'older people' refers to those aged 65 years or older, in accordance with the Australian government's definition of Australia's 'older generation' and eligibility for aged care services

(Australian Institute of Health and Welfare, 2018; Australian Government Department of Health 2019).

Australia's Aged Care System: Constantly under review

Since the late 1990s Australia has seen an overwhelming commitment to neoliberalism in its health and social policy spheres (Mendes, 2015, p. 431; Deeming and Smyth, 2015, p. 306). This has resulted in the evolution of Australia's aged care system to be heavily market-based and privatised, alongside a cumulation of systematic and funding issues (K. Phillips, 2020). Upon examination of current literature surrounding Australia's aged care system, a common theme has evolved that draws links between ageist discourses and the commodification of care. Such discourses include the medicalisation of older age, equating of value to productivity in the economy, and the over-emphasis on risk and cost assessment (R. Phillips, 2018, p. 7). The normalisation and dominance of ageist stereotyping often results in the homogenisation of older people into one category, failing to convey accurate accounts or understandings of ageing (Duffy, 2017, pp. 2068-2070; Hall, 2012, p. 15). This becomes increasingly problematic when the broader government and media discourses influence the attitudes of social and health care professionals working with older people, as it can lead to a generic 'one-size-fits-all' approach that undermines the complexity and diversity of ageing and the challenges that it comes with, resulting in inappropriate or oppressive care for the older person (Duffy 2017, p. 2074). For example, in Australia hospitals use the terms 'acopia/acopic' and 'social admission' to label older people who are seen as not being able to cope at home; however, a study undertaken at two Sydney hospitals found that these labels lead to the misdiagnosis or under-diagnosis of medical issues, and even result in higher mortality rates (Obeid and Ogle, 2008, as cited in Duffy, 2017, p. 2078). Further, older people are often labelled as 'resistant' when showing reluctance to

accepting services or care in hospital and residential aged care settings, even when their needs are not being met or their independence is undermined by the carers (Duffy, 2017, p. 2075).

Ageism in the aged care system is complemented by the heavy influence of neoliberalism in Australia, seen most simply through the government's problematisation of the ageing population and the 'cost' of increased life expectancy (Duffy, 2017, p. 2069). This can be linked to popular anti-dependency discourses that frame older people as a burden on the health system, tax payers, and the people who care for them, resulting in the construction of aged care as a social problem (R. Phillips, 2018, p. 10). Despite being widely discredited, ageing theories such as disengagement theory and biomedical models persist within the aged care system, seeing ageing as a process of natural withdrawal from society until death, positioning older people as a non-productive and costly burden on society, and contributing to a fear of ageing, thus affecting quality of care (Hall, 2012, p. 14). While these discourses have been contested over time by social theories of ageing and broader awareness of ageism and anti-discrimination law, the Australian government's commitment to neoliberal, market-led organisational structures are prioritised over social justice initiatives and policies that could directly address inequality (Carey, 2018, p. 658; R. Phillips, 2018, pp. 6-7; Mendes, 2015, p. 431). The combination of archaic ageing theories, prioritisation of the market over the social, and the biomedical gaze, encourage the oppressive power dynamics that are both internalised and enforced by institutions (Carey, 2018, p. 658; Powell, 2006, p. 4). As a result, when ageism is challenged it is often denied and older people's critical responses to services are pathologized, undermining their autonomy and dignity (Duffy, 2017, p. 2081; See also Laidlaw and Pachana, 2009; Walker and Paliadelis, 2016, p. 6-9).

It is not a coincidence that since major reforms were introduced in the late 90s, the Australian aged care system has undergone more than 20 inquiries, Royal Commissions and reviews due to its failures the provision of appropriate, good care but also to provide safety from abuse for those in aged care. A history of Australian aged care reviews/inquiries between 1997-2019 was published as part of the current Royal Commission into Aged Care Quality and Safety, identifying several recurring and serious issues within the aged care system and how recommendations have failed to be implemented (Royal Commission into Aged Care Quality and Safety, 2019b, p. 1). Recurrent problems include overall accessibility and the complexity of the aged care system, especially for people with chronic conditions or complex needs; poor quality of life; excessive use of chemical and physical restraints; extreme shortages of skilled staff; the absence of a rating system or oversight of quality; weakness in the delivery of services for maintaining healthy functioning; and a lack of coordination and responsiveness across different levels of government and service providers (Royal Commission into Aged Care Quality and Safety, 2019b, p. 1). The nature and consistency of these issues can be linked to the previously identified intersection of ageism and neoliberal care-models, which, combined with the difficulty of previous attempts to implement reform (Royal Commission into Aged Care Quality and Safety, 2019a, p. 1), show that the problems are situated deep within the system itself. Although the sector is currently implementing reforms in response to the Productivity Commission, *Caring for Older Australians* (2011), the goals of affordability, sustainability, and quality of services still prioritises a consumer-driven and market-based agenda (Royal Commission into Aged Care Quality and Safety, 2019b, p. 1).

Many issues occur when the institutional care framework is based on the market economy for care, including the over-responsibilisation of the individual that can arise when

consumer choice is marketed as freedom of choice (Phillips, 2018, p. 8; Hall, 2012, p. 7). One characteristic of Australia's neoliberal economy is the emphasis on individualism as a way of life, with the idea of empowerment as a process of 'responsibilisation' of the individual (R. Phillips, 2018, p. 5). Although the 'freedom of choice' that accompanies market deregulation and welfare-state withdrawal is empowering for some, the normalisation of individual responsibility in the health and social welfare spheres is detrimental to those who do not possess the resources to make changes to their situation, where instead their actions are perceived as the cause for their situation, such as poverty or unemployment (Rivest & Moreau, 2015, p. 1865). This is seen in Australia's aged care system with the recent prioritisation of 'consumer-directed care' intended to give more choice to older people receiving care; the reality of choice is very limited with the voices of care recipients often undermined with little support for decision making, leaving true 'freedom of choice' to older people who can afford private care (Duffy, 2017, p. 2077; R. Phillips, 2018, p. 15; Royal Commission into Aged Care Quality and Safety, 2019d, p. 8). Thus, a question that has emerged from the literature and reports on aged care in Australia: can an affordable, effective, and sustainable framework for quality aged care be developed within the existing market economy for care? In other words, can care be a market commodity or should it be a common good under the responsibility of the state?

Responses to COVID-19 and Ageism

The COVID-19 pandemic has placed many additional stressors on the already-struggling aged care system in Australia, ranging from managing outbreaks in residential care settings and coping with loss, to economic and staffing pressures system-wide. The effects have been distressing and detrimental for older Australian's receiving care, experiencing social isolation and loneliness, and lacking quality or appropriate care that meets specific needs (Ayalon et al.,

2020, p. 1). Additionally, there has been an influx of ageist discourses and attitudes seen globally, from social media to public announcements and government responses (Colenda et al., 2020, pp. 987-988; Ayalon et al., 2020, p. 1; Fraser et al., 2020, p. 692; Brooke & Jackson, 2020, p. 2044). Common ageist attitudes that are emerging are centred around de-valuing older peoples, such as the death of older people being less important than younger populations, and the hashtag #BoomerRemover circulating social medial alongside ageist memes (Colenda et al., 2020, p. 987; Brooke & Jackson, 2020, p. 2044). The misrepresentation and undervaluing of older people that has occurred during this time has significantly influenced responses and advice directed to older people. Approaches by governments have reflected the homogenisation of older people into one category, disregarding ageing as diverse and context-dependent (Ayalon et al., 2020, p. 1). This was evident in Australia as an aged-care specific COVID-19 plan did not exist, instead an adaptation was created months after the broader *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* was released (Royal Commission into Aged Care Quality and Safety, 2020a, p. 4). Ageist, generic approaches globally have meant inconsistencies in documenting deaths of older adults, lack of preparation for crises by aged care facilities, and patronising ‘protective’ policies that frame the virus as an older adult problem (Fraser et al., 2020, p. 692).

Such patterns can be examined more closely looking at residential aged care facilities in Australia, where the impact of COVID-19 has further revealed the numerous and severe shortcomings of the system outlined by the Royal Commission (2019b), as discussed previously. There have been multiple outbreaks across residential aged care settings in Australia, both public and private, with data as of September 2020 showing a total of 580 deaths out of 1,967 cases among residents of aged care facilities, as well as 2,082 residential care staff (Michie, 2020). St

Basil's nursing home in Fawkner, Melbourne, had the highest number of deaths, with 44 out of 92 resident cases dying from COVID-19 and 91 staff cases as of September 2020 (Michie, 2020). When addressing this loss, the Victorian state Premier, Daniel Andrews, expressed a lack of confidence in the private-sector aged care facilities, as some 140 residential care facilities are run by the state (Manning, 2020). According to *Aged care and COVID-19: a special report* (Royal Commission into Aged Care Quality and Safety, 2020a, p. 2), State and Territory Governments, together with the private sector, are responsible for the delivery of care to those living in aged care, as well as managing public health emergencies. Thus, we can see a clear demonstration of the lack of quality oversight and inadequate coordination between the government and private service providers. There have been numerous reports and stories of neglect, and understaffing that were allowed by the lack of staffing regulations within the aged care sector (Morton, 2020; R. Phillips, 2020; see also Davey and Butler, 2020, August 22; Lewis, 2020). Further, the impact of COVID-19 has been felt heavily by residents of aged care facilities that haven't experienced outbreaks, due to months of isolation affecting physical, mental and emotional wellbeing (Royal Commission into Aged Care Quality and Safety, 2020a, p. 25). In response to failures and the widespread impact of the response to the pandemic, in the Royal Commission's *Aged care and COVID-19: a special report* announced immediate recommendations to state and the federal governments, including the allocation of funding for adequate staff and changes to visitation codes, Medicare Benefits alterations to include allied and mental health services, a national aged care plan for COVID-19 and an advisory body, and the deployment of infection prevention and control experts into residential aged care homes (2020a, p. 3).

Australia's aged Care System: Where to next?

Drawing on research literature and governmental reports above, it is clear that Australia's aged care system has been unsustainable and ineffectual, both currently and prior to the COVID-19 pandemic. Australia's commitment to neoliberalism in service structure and provision, favouring markets over state capabilities, has resulted in poor conditions faced by recipients of aged care services and it is hard to imagine the possibility of returning to the 'old normal' (van Barneveld et al., 2020). The flow-on of dramatic effects on the economy due to the pandemic will exacerbate pre-existing inequalities, where economic and labour market impacts will be experienced unequally across different groups of people (van Barneveld et al., 2020). Additionally, due to the increasingly privatised, market-based nature of Australia's health and social welfare sectors, the influence of economic decline will create major supply and demand disruptions (van Barneveld et al., 2020). Within aged care services, this will lead to risk of severe burnout within overstretched staff, potentially adding an additional threat of abusive or neglectful care practices warned by the Royal Commission into Aged Care Quality and Safety Interim Report (2019c; Brennan et al., 2020, p. 2). In the future, there will be higher demand for aged care and aged care workers, and increased pressure on government budgets, all the while enduring vast changes in needs of people requiring care, patterns of disease, patterns of wealth and development of technologies (Royal Commission into Aged Care Quality and Safety, 2019a, p. 1). It is likely these demographic changes and the immense effects they will have on the welfare state will further contribute to anti-dependency discourses that see ageing as a burden, and increased longevity will continue to be problematised rather than celebrated (Hall, 2012, p. 18). Therefore, it is essential to implement changes immediately to ensure we address pre-existing issues and the current and future impact of COVID-19 on ageing and particularly the highly marginalised frail aged care sector.

In saying this, in the face of a global health crisis, current debates both in Australia and globally are questioning the roles of the state versus the market in health and social service provision and implementation (Venugopal, 2015, p. 183; Plant, 2012, as cited in Deeming and Smyth, 2015, p. 316). Welfare policy based on social investment has been increasingly popular within advanced industrialised democracies, following the trends of Nordic social democratic countries (Deeming and Smyth, 2015). According to Mendes, “social investment prioritises policies that involve investment in human capital aimed at reducing the intergenerational transmission of disadvantage” (2015, p. 437). There are some differences in the social investment strategies utilised by social democratic countries when compared to countries with liberal market economics such as Australia; social democratic countries combine strong social protection with heavy investment in human capital in order to secure and maintain greater levels of equality, whereas liberal countries focus on lighter social and human capital investment with pro-market welfare provisions based on workforce participation (Deeming and Smyth, 2015, p. 299). Although this difference in approach to social investment exposes Australia’s neoliberal roots, the success of social democratic countries exemplifies the possibility of maintaining heavy social investment and high equity in resource distribution, alongside high efficiency in the capitalist market economy. Additionally, due to the nature of the pandemic, communities, institutions, and services have been developing creative new ways to deliver support whether formally or informally. Many innovations and changes have been implemented already, especially within the realm of tele-health, however major opportunities for change continue to emerge throughout all levels of the health and social support systems. There are numerous valuable discussions surrounding innovative models of care, care philosophies, and models targeted towards diverse groups such as Aboriginal and Torres Strait Islander peoples or the

LGBTQ+ communities (See Royal Commission into Aged Care Quality and Safety, 2020b; Kodner, 2009 p. 74). Additionally, there is a plethora of research that supports care models that focus on utilising institutional power at all levels to develop a transformative care experience with the older person receiving care, actively opposing ageist views and disengagement theories, instead focusing on quality of life (See Baur and Amba, 2012, Dannafer et al., 2008, as cited in R. Phillips, 2018, pp. 11-16).

Although exploring these models of care is essential when implementing changes within aged care systems, much of the focus in current debates has centred around a whole-of-system approach. Such approaches are not necessarily new, however with the sudden influx of global structural changes, there has never been a better opportunity to implement reform across micro, meso, and macro levels of existing health and social support systems simultaneously. Many countries have been facing similar challenges in their existing aged care systems, especially since the pandemic began, including fragmented services, disjointed care, low quality, and cost issues (Kodner, 2009, p. 68; Edwards, 2009, p. 81). When debating innovative approaches internationally, irrespective of which model is adopted, there are several key components that aim to ensure smooth aged care service delivery (Béland and Hollander, 2011, p. 138); the implementation of umbrella organisational structures that manage service delivery to maintain accountability, multidisciplinary teams for case management and coordination of services, and networks with standardised referral procedures and shared information system (Kodner, 2009, p. 74). Additionally, management of relationships across organisational and professional boundaries is essential, alongside a shared philosophical base that underpins policy (Edwards, 2009, pp. 81, 93). The philosophical base to existing policy is one of the major barriers to reform

efforts taking hold, making it a key component to consider when implementing future changes (Mendes, 2015, p. 427).

The Royal Commission into Aged Care Quality and Safety (2019d) has provided recommendations for the redesigning of Australia's aged care system. The proposed model engages with several key elements previously discussed, focusing on improving access to, and the experience of, aged care services for older people in a way that accounts for changing demographics and needs of older Australians (The Royal Commission into Aged Care Quality and Safety, 2019d). The model consists of three service streams: entry-level support stream, investment stream, and care and health stream (The Royal Commission into Aged Care Quality and Safety, 2019d). Entry-level support includes help at home, such as cleaning, meals, and minor home modifications and assistive technologies, as well as community engagement through social support, transport, and therapies (The Royal Commission into Aged Care Quality and Safety, 2019d, p. 7). The investment stream includes restorative and respite care, as well as major home modifications and assistive technology, while the care and health stream includes personal care, nursing, and allied health (The Royal Commission into Aged Care Quality and Safety, 2019d, p. 7). Although there are three separate streams, the entry point to the aged care system is the same, while flexibility of movement within and between the streams over time ensures consistency of care that is responsive to changing needs (Royal Commission into Aged Care Quality and Safety, 2019d, p. 5). This approach directly addresses the complexity of the current system, providing a program that is easier to navigate, offers more support for the older person and their family throughout the decision making process, and is more flexible to allow for changes and coordination between different areas of care for recipients over time (Royal Commission into Aged Care Quality and Safety, 2019d).

However, another aspect to consider when mapping the future of Australia's aged care system that is not directly addressed in this approach is the growing tension between Australia's strict migration policy and the ageing population (Betts, 2008). This will lead to fewer aged care workers while demand continues to increase, not to mention additional stress on the system due to COVID-19. It is important to consider this now, as 'global chains of care' have emerged internationally, describing the flow of workers from low-to-high-income countries to work in a range of care settings, recognising the increasingly permeable boundaries between national care regimes (Lloyd, 2012, p. 128). It will be interesting to see how these global chains of care will interact with Australia's care systems in the future, depending on which direction Australia's migration policy takes, showcasing the interaction between different policy sectors.

COVID-19 Impacts for Older People and the Social Work Role

Put simply, right now is a crucial moment for social workers to act on their commitment to social justice and their professional hunger for big systematic changes. With so many structural changes occurring at once alongside a global sense of uncertainty surrounding future economic, health, and social support systems, social workers have the opportunity to influence major policy decisions and service delivery at all levels (Hall, 2012, p. 26). It is therefore essential that social workers remain critical and engage with emancipatory practice, especially when working with older people or within the aged care sector. Emancipatory practice prioritises the agency of older people, both individually and collectively, to dismantle personal and structural oppressions, including those gained during the current pandemic (R. Phillips, 2018, p. 4). Essentially, emancipatory practice focuses on intervening in everyday oppressions, as well as challenging institutional care frameworks (R. Phillips, 2018, p. 12). As we are at a systematic turning point, social workers are well positioned to challenge oppressions, while adopting

ensuring that the “rapid growth in needs for care and other services does not result in increased marginalisation, social exclusion and oppression” (R. Phillips, 2018, p. 1).

Previous shortcomings of the Australian aged care sector risk being ignored. The COVID-19 pandemic has exacerbated many issues for older people and their careers, including those surrounding ageism, human rights, and social justice, accompanied by the experience of illness, death, grief and loss, and isolation (Brennan et al., 2020, p. 2). Further, decrease in formal support, alongside potential internalisation of the ageist language and attitudes circulating globally is placing additional challenges on older peoples’ opportunities to exercise self-determination and well-being (Brennan et al., 2020, p. 2; Brooke & Jackson, 2020, p. 2044; Hall, 2012, p. 16). Because the impacts of the pandemic will be felt unequally across different groups, the advocacy role of critical social workers remains essential, which will focus on engaging with the system and creating space for emancipation for the people or communities they are working with (Duffy, 2017, p. 2071).

As systematic change continues to evolve, social workers will need to be constantly reflexive and flexible in their practice approach (R. Phillips, 2018, p. 14). This is especially important when working with older adults as ageist, homogenising discourses have grown more dominant due to responses to the pandemic (Fraser et al., 2020, p. 692). The life-course perspective is particularly helpful when recognising the diversity in experience of ageing, and the complexity and variety of needs that older people may have (R. Phillips, 2018, p. 8). The life-course perspective directs social workers to consider an older person within the context of their life history, taking into consideration social, political, economic, and cultural experiences and how they have influenced the person’s meaning and experience of older age (Greiner, 2012, as cited in Duffy, 2017, p. 2079). In future years, social workers will also need to consider the

impact of living through the COVID-19 pandemic on clients' life-course, and how that may shape their needs and goals, and the way they respond to services. The life-course perspective supplements emancipatory practice, as understanding a person's life-course can prevent the use of harmful assumptions or labels that are informed by ageist discourse, such as 'resistant to services', 'cognitive rigidity', or 'noncompliance' (Duffy, 2017, p. 2079).

Conclusion

COVID-19 has ignited an influx of ageist discourses globally and has exacerbated pre-existing inequalities especially within the frail aged populations. The pandemic has placed additional stressors on the already-struggling Australian aged care system, built upon an alarming combination of neoliberalism and ageism. The cunning pair of neoliberalism and ageism has led to the justification of many of the issues within Australia's aged care system, promoting instead ideas such as 'freedom of choice' and 'consumer directed care', hence explaining why the problems are not being talked about enough, the focus of this paper. This pair has also led to government pandemic responses directed at older people in Australia and globally to be generic and reflective of homogenising discourses, while policies have been protective, framing the pandemic as an 'older adult problem' (Fraser et al., 2020, p. 692). Although conversation questioning the quality of Australia's aged care system has been boosted by the current Royal Commission, the unprecedented onslaught of COVID-19 risks overshadowing the need to make significant changes to the current aged care system.

The Royal Commission into Aged Care Quality and Safety has provided numerous reports and inquiries into the shortcomings of the existing aged care system (2019b, 2019c), issues needing an immediate response in the COVID-19 context (2020a), and future recommendations for system redesign (2019d, 2020b). Additionally, with the common struggles

of aged care systems internationally, as well as the sudden and projected impacts of COVID-19, debate has erupted surrounding innovative residential care models and whole-of-system approaches to care. Recommendations made by the Royal Commission and international debates surrounding systematic approaches both recognise the need for big systematic change, addressing the question of whether quality aged care can be a market commodity or if it should be a common good under the responsibility of the state. Although neoliberal regimes have tended to favour reliance on the market and economic performance over quality of care (Mendes, 2015, p. 427), the models and approaches discussed above have focused more on ensuring consistency in coordination and collaboration across different levels of the sector, implying that mixed private and public system frameworks can be successful so long as management of relationships across organisational and professional boundaries are maintained. Additionally, significant, and continual contribution of user perspectives are essential to the design and implementation of care models to ensure care needs are met, and representation is present at all levels.

Developing a system that includes the above elements can align with the philosophy of social investment welfare regimes, demonstrated by the success of Nordic countries to prioritise equity without detriment to its economic performance globally. Meanwhile, the current ideological and structural fluidity that has resulted from the pandemic means there is no better time to begin implementing these changes. Areas of future research development include the specific impacts of COVID-19 on Australia's residential aged care system and its residents, the feasibility of Australia adopting more social investment ideology within its aged care policy, and the interaction between care sectors and globalisation, such as the 'global chains of care' explored by Lloyd (2012) and the intersection of different policy sectors.

The role of social workers has never been more crucial as we navigate the constant changes and flow on effects of the pandemic, and how they are interacting with and compounding pre-existing social problems. Social workers will therefore need to remain flexible and reflexive in their practice, with the aid of emancipatory practice and social theories such as the life-course perspective. Combined, these practices ensure we are being responsive to the needs of older people as they experience ageing, as well as providing us with tools to recognise and address intersecting oppressions and challenge new oppressions as they emerge at all levels, from policy decisions to working directly with clients and communities.

References

- Australian Government Productivity Commission (2011). *Caring for Older Australians: Productivity Commission Inquiry Report Overview*. (53), Canberra, Australia: Australian Government Publishing Service.
- Australian Government Department of Health (2019, June 23). What is aged care? *Australian Government Department of Health*. <https://www.health.gov.au/health-topics/aged-care/about-aged-care/what-is-aged-care>
- Australian Institute of Health and Welfare (2018, January 16). Older People Overview. *Australian Institute of Health and Welfare*. www.aihw.gov.au/reports-data/population-groups/older-people/overview
- Ayalon, L., Chasteen, A., Diehl, M., Levy, B., Neupert, S., Rothermund, K., Tesch-Römer, C., Wahl, H., & Ayalon, L. (2020). Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity. *The Journals of Gerontology*. Series B, Psychological Sciences and Social Sciences. <https://doi.org/10.1093/geronb/gbaa051>
- Béland, F., & Hollander, M. (2011). Integrated models of care delivery for the frail elderly: international perspectives. *Gaceta Sanitaria*, 25(2), 138–146. <https://doi.org/10.1016/j.gaceta.2011.09.003>
- Betts, K. (2008). Population ageing in Australia: policy implications of recent projections. (immigration policy) (Report). *People and Place*, 16(4), 43–51. Informit Humanities and Social Sciences Collection. <https://search.informit-com-au.ezproxy2.library.usyd.edu.au/search;res=IELHSS;search=FTI=yes%20AND%20IS=1039->

4788%20AND%20VRF=16%20AND%20IRF=4%20AND%20PY=2008%20AND%20P
G=43

- Brennan, J., Reilly, P., Cuskelly, K., Donnelly, S., & Brennan, J. (2020). Social work, mental health, older people and COVID-19. *International Psychogeriatrics*, 1–5.
<https://doi.org/10.1017/S1041610220000873>
- Brooke, J., & Jackson, D. (2020). Older people and COVID-19: Isolation, risk and ageism. *Journal of Clinical Nursing*, 29(13-14), 2044–2046. <https://doi.org/10.1111/jocn.15274>
- Blundell, C. (2020). COVID-19 and Inequalities. *Fiscal Studies*, 41(2), 291–319.
<https://doi.org/10.1111/1475-5890.12232>
- Carey, M. (2018). Biomedical nemesis? Critical deliberations with regard to health and social care integration for social work with older people. *International Social Work*, 61(5), 651–664. <https://doi.org/10.1177/0020872816651698>
- Colenda, C., Reynolds, C., Applegate, W., Sloane, P., Zimmerman, S., Newman, A., Meeks, S., Ouslander, J., & Colenda, C. (2020). COVID-19 Pandemic and Ageism: A Call for Humanitarian Care. *The Gerontologist*, 60(6), 987–988.
<https://doi.org/10.1093/geront/gnaa062>
- Davey, M. & Butler, B. (2020, August 22). Nurses horrified by ‘weeks of neglect’ of woman from COVID-hit Melbourne nursing home. *The Guardian*. Retrieved from <https://www.theguardian.com/australia-news/2020/aug/22/nurses-horrified-by-weeks-of-neglect-of-woman-from-covid-hit-melbourne-nursing-home>
- Deeming, C., & Smyth, P. (2015). Social investment after neoliberalism: policy paradigms and political platforms. (Author abstract). 44(2), 297–318.
<https://doi.org/10.1017/S0047279414000828>

- Duffy, F. (2017). A Social Work Perspective on How Ageist Language, Discourses and Understandings Negatively Frame Older People and Why Taking a Critical Social Work Stance Is Essential. (Report). *British Journal of Social Work*, 47(7), 2068–2085. <https://doi.org/10.1093/bjsw/bcw163>
- Edwards, A. (2009). Working across the Health and Social Care Boundary. In H. Barr, J. Glasby and H. Dickinson (Eds.), *International Perspectives on Health and Social Care*. Wiley, Blackwell Publishing Ltd. [doi:10.1002/9781444322583.ch6](https://doi.org/10.1002/9781444322583.ch6)
- Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechard, L., Garcia, L., Taler, V., Adam, S., Beaulieu, M., Bergeron, C., Boudjemadi, V., Desmette, D., Donizzetti, A., Éthier, S., Garon, S., Gillis, M., Levasseur, M., Lortie-Lussier, M., Wittich, W. (2020). Ageism and COVID-19: what does our society's response say about us? *Age and Ageing*, 49(5), 692–695. <https://doi.org/10.1093/ageing/afaa097>
- Hall, B. & Scragg, T. (2012) *Social Work with Older People: Approaches to Person-Centred Practice*. McGraw-Hill Education. ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/usyd/detail.action?docID=863798>.
- Hall, B. (2012). Reflective social work practice with older people: the professional and the organisation. In B. Hall & T. Scragg (Eds.), *Social work with older people: approaches to a person centred practice* (pp. 7–30). Maidenhead: McGraw-Hill Education. <http://ebookcentral.proquest.com/lib/usyd/detail.action?docID=863798>.
- Janda, M. & Lasker, P. (2020, September 2). “Australian recession confirmed as COVID-19 triggers biggest economic plunge on record”. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-09-02/australian-recession-confirmed-as-economy-shrinks-in-june-qtr/12619950>

- Kodner, D. (2009). Integrated Service Models: An Exploration of North American Models and Lessons. In H. Barr, J. Glasby and H. Dickinson (Eds.), *International Perspectives on Health and Social Care*. Wiley, Blackwell Publishing Ltd.
[doi:10.1002/9781444322583.ch5](https://doi.org/10.1002/9781444322583.ch5)
- Laidlaw, K., & Pachana, N. (2009). Aging, Mental Health, and Demographic Change: Challenges for Psychotherapists. *Professional Psychology: Research and Practice*, 40(6), 601–608. <https://doi.org/10.1037/a0017215>
- Lewis, J. (2020, September 12). “Shocking tale of neglect” for queer elders in aged care. *Star Observer*. Retrieved from <https://www.starobserver.com.au/news/shocking-tale-of-neglect-for-queer-elders-in-aged-care/197608>
- Lloyd, L. (2012). Care for health in later life. In Lloyd, Liz. Health and Care in Ageing Societies: A New International Approach, (pp. 111-130). *Policy Press*. ProQuest Ebook Central, <https://ebookcentral-proquest-com.ezproxy2.library.usyd.edu.au/lib/usyd/detail.action?docID=922864>
- Manning, P. (2020, July 28). Aged Scare: COVID is tearing through nursing homes funded and regulated by the Commonwealth. *The Monthly*. Retrieved from <https://www.themonthly.com.au/today/paddymanning/2020/28/2020/1595914918/aged-scare>
- Mendes, P. (2015). The changing nature of the Australian welfare state: A critical analysis of the ACOSS campaign to increase the Newstart Allowance. *Australian Journal of Political Science*, 50(3), 427–441. <https://doi.org/10.1080/10361146.2015.1065957>
- Michie, F. (2020, September 12). St Basil’s chairman stands down as data shows 580 coronavirus aged care deaths, mainly in Victoria. *ABC News*. Retrieved from

<https://www.abc.net.au/news/2020-09-12/st-basils-chair-stands-down-federal-aged-care-coronavirus-deaths/12657134>

Morton, R. (2020, September 19-25). The collapse of aged care (part two). *The Saturday Paper*.

Retrieved from <https://www.themonthly.com.au/today/paddy-manning/2020/28/2020/1595914918/aged-scare>

Phillips, K. (Presenter). (2020). *The failure of aged care in Australia* [Audio Podcast]. ABC

Radio. Retrieved from <https://www.abc.net.au/radionational/programs/rearvision/the-failure-of-aged-care-in-australia/12598124>

Phillips, R. (2018). Emancipatory social work with older people: challenging students to overcome the limitations of ageism and institutional oppression. *Social Work and Policy Studies: Social Justice, Practice and Theory*, 1(001).

Powell, J.L. (2006). *Social Theory and Aging*. Maryland: Roman & Littlefield Publishers

Rivest, M. P., & Moreau, N. (2015). Between emancipatory practice and disciplinary interventions: Empowerment and contemporary social normativity. *The British Journal of Social Work*, 45(6), 1855-1870.

Royal Commission into Aged Care Quality and Safety (2019a). *Navigating the Maze: An Overview of Australia's Current Aged Care System*. Canberra, Australia: Australian Government Publishing Service.

<https://agedcare.royalcommission.gov.au/sites/default/files/2019-12/background-paper-1.pdf>

Royal Commission into Aged Care Quality and Safety (2019b). *A History of Aged Care Reviews*.

Canberra, Australia: Australian Government Publishing Service.

<https://agedcare.royalcommission.gov.au/sites/default/files/2019-12/background-paper-8.pdf>

Royal Commission into Aged Care Quality and Safety (2019c). *Interim Report: Neglect*.

Canberra, Australia: Australian Government Publishing Service.

Royal Commission into Aged Care Quality and Safety (2019d). *Aged Care Program Redesign: Services for the future*. Canberra, Australia: Australian Government Publishing Service.

<https://agedcare.royalcommission.gov.au/sites/default/files/2019-12/consultation-paper-1.pdf>

Royal Commission into Aged Care Quality and Safety (2020a). *Aged care and COVID-19: a special report*. Canberra, Australia: Australian Government Publishing Service.

<https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/aged-care-and-covid-19-a-special-report.pdf>

Royal Commission into Aged Care Quality and Safety (2020b). *Review of Innovative Models of Aged Care*. Canberra, Australia: Australian Government Publishing Service

<https://agedcare.royalcommission.gov.au/sites/default/files/2020-01/research-paper-3-review-innovative-models-of-aged-care.pdf>

van Barneveld, K., Quinlan, M., Kriesler, P., Junor, A., Baum, F., Chowdhury, A., Junankar, P., Clibborn, S., Flanagan, F., Wright, C., Friel, S., Halevi, J., & Rainnie, A. (2020). The COVID-19 pandemic: Lessons on building more equal and sustainable societies.

Venugopal, R. (2015). Neoliberalism as concept. *Economy and Society*, 44(2), 165–187.

<https://doi.org/10.1080/03085147.2015.1013356>

Walker, H., & Paliadelis, P. (2016). Older peoples' experiences of living in a residential aged care facility in Australia. *Australasian Journal on Ageing*, 35(3), E6–E10.

<https://doi.org/10.1111/ajag.12325>

World Health Organisation (2020, October 13). Impact of COVID-19 on people's livelihoods, their health and our food systems. *World Health Organisation*. Retrieved from

<https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems>

Buying Local Initiatives in Response to the COVID-19 Pandemic: An Analysis of Their Effectiveness

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Abstract

Local, regional, and national governments throughout Canada and in many countries around the world are currently employing 'buy local' initiatives in order to address the negative economic impacts of the coronavirus (COVID-19) pandemic. The primary goals of this paper are to survey the traditional costs and benefits associated with buying local programs followed by an assessment of the new benefits, costs and potential obstacles of these initiatives in the context of a global pandemic. Another objective of this research is to provide a case study of 'buy local' initiatives in the province of Quebec, which includes an analysis of two surveys conducted in the summer of 2020. Results show that the main benefits associated with buying local are job creation and employment stability, income-generating multiplier effects, reductions in environmental damage, better quality products, and supply-chain security whereas the costs are related to declines in the gains from trade, harm to exporting countries, especially developing countries, reductions in variety of available products, trade agreement violations, and higher production costs associated with small-scale production. The findings also suggest that the importance of e-commerce, food autonomy and local procurement is increasing in Quebec. Consumers are concerned about the local economy and are willing to pay a price premium for locally produced goods.

Keywords: Local, Consumer, Supply, Demand, COVID-19

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Buying Local Initiatives in Response to the COVID-19 Pandemic: An Analysis of Their Effectiveness

Encouraging local production and consumption has been an important component of government economic development strategies around the world. These strategies operate under the premise that there are sizable benefits to be had from diverting consumption away from imports and towards locally produced goods. These benefits can be differentiated by their benefits to local producers, local consumers, the broader local economy, and the environment. As a student of economics, the focus of my paper is to examine ‘buy local’ initiatives from an economics viewpoint. What are the benefits of ‘buy local’ initiatives and who are the beneficiaries? What are the costs of ‘buy local’ initiatives and who bears their burden? An economic analysis thus provides policymakers with better information to determine whether *net* benefits are generated from the policies they implement. This is especially important given that government policies involve the use of taxpayer funds to implement them and they result in a reallocation of economic activity that has implications for government spending on other goods and services, for the local citizens, and for those outside of the government’s jurisdiction.

The paper provides a survey of the traditional benefits and costs identified in the literature arising from ‘buy local’ initiatives and then examines whether the COVID-19 pandemic has created new benefits and costs. Since the pandemic began, there has been a marked increase in initiatives of governments at all levels (municipal to national) to further encourage local production and consumption. The pandemic has created supply and demand shocks, both locally and globally, including disruptions to global supply chains, shutting down of non-essential services, panic buying, sizable swings in consumption habits, and growth in online shopping. The final purpose of my paper is to provide a case study of ‘buy local’ initiatives in

my home province of Quebec. The provincial and municipal governments in Quebec have created new ‘buy local’ programs and enhanced existing ones in response to the COVID-19 pandemic. I examine several of these programs in the Eastern Townships and Trois-Rivières regions of the province. I also conduct several studies of Quebec companies that have begun new or changed existing operations in response to the pandemic and provide the results of two surveys of local consumers’ and local producers’ experiences with buying local programs.

Defining ‘local’

There is no clear definition of what constitutes a ‘local’ product. Attempts to define the term ‘local’ are varied. For example, ‘local’ can be defined in terms of distance measures, by strictly defined borders, or by direct seller-to-consumer relationships (Adams & Salois, 2010; Martinez, 2010; Stickel & Deller, 2014; Desjardins, 2015). This lack of a clear definition affects consumers, producers, and governments. In regard to distance measures, for example, the United States Department of Agriculture defines a locally produced food as requiring less than 400 miles of transportation between producer and consumer (Martinez, 2010). The distance of 100 miles became popular with locavores (the movement to purchase only locally produced food products) following the publication of the Canadian couple A. Smith and J.B. MacKinnon’s book *The 100-Mile Diet* in 2007. However, many consumers dispute the distance of 100 miles as defining local. Opinions on the appropriate distance measure vary by region, which vary by population density. Rural consumers have a different opinion on what constitutes ‘local’ than do urban consumers (Ilbery & Maye, 2006).

Government initiatives to support local producers range from municipal support up to national support. There are many examples of municipal ‘buy local’ policies, state or provincial ‘buy local’ policies, and national ‘buy local’ policies. These initiatives employ a strict border as

a key criterion for 'local'. Digging deeper, however, unearths considerable confusion on the part of individual consumers and governments as to what activity within the strict border is local. Is it the actual production of the final product that defines 'local'? This criterion would rule out, for example, the local coffee or tea shop in a Canadian municipality, or the local grocer that sells imported tropical fruit. Is it the designated final consumer that defines local? If it is, then this criterion would include the local coffee or tea shop and the local grocer. Another illustrative example is a local brewer. It is likely that many consumers would classify a local microbrewery in Canada as local. Production of the final product is undertaken locally and the final product is intended for local consumption. However, the majority of the agricultural inputs and the machinery used in producing craft beers are generally imported.

Definitions of 'local' are vague because municipalities, provinces, and countries engage in trade with other municipalities, provinces, and countries. The lack of a definition of 'local' as part of a 'buy local' initiative mirrors the difficulties in defining local content in free trade agreements. These agreements contain lengthy and complicated details of what constitutes local content when importing and exporting products. Canadian consumers have preferences for a wide variety of goods and services. It is not possible for a municipality in Canada or even the country itself to be self-sufficient in satisfying consumers' demand for variety. Canadian producers use imported machinery, imported agricultural products, and imported natural resources to produce final products. Canadian retailers sell imported products and Canadian consumers buy imported products.

The lack of a clear definition of what constitutes 'local' can be problematic when consumers face a price premium that attempts to capture their increased willingness to pay for local goods. Consumer welfare is impacted when price premiums are not clearly related to the

extra value the premium is supposed to represent. Governments, too, encounter problems when scarce resources are used to support local producers without a clear understanding of how local is defined.

Price Premium: Consumer Value of and Willingness-to-pay for Local Products

In economics, the willingness-to-pay for a product is used as the monetary measure of the value a consumer receives from consuming a product. Thus, we can use a price premium of a local product over a non-local product as a measure of the additional value that buying local provides consumers. There is a sizable literature that examines this price premium for locally produced food products since food products are the most advertised to be local.

The value premium from buying local can be made up of different benefits consumers receive from buying local (see, for example, Ilbery & Maye, 2006; Thilmany et al., 2008; Adams & Salois, 2010; Stickel & Deller, 2014; Adalja et al., 2015; Winfree & Watson, 2017). For example, consumers may value the benefits their purchases provide them personally in terms of quality and health benefits. These personal benefits can be differentiated from consumers' concerns about how their purchases provide external benefits (Seyfang, 2006; Vermeir & Verbeke, 2006; Thilmany et al., 2008). For example, consumers may be willing to pay a premium for local goods because of their concern for the incomes of local producers and for local employment. There is also a preference for local products in terms of the reduced impact on the environment from reduced transport costs in bringing products from producers to consumers. There may also be a perception that local production uses cleaner technology and production methods. Consumers may also have a disdain for large corporate producers whose decisions are made impersonally and very far away from the consumers they are serving.

The price premium consumers are willing to pay for local products also varies by type of consumer (Darby et al., 2008; Adalja et al., 2015). Consumers that shop in large supermarkets and shopping malls place a different value premium on local products than consumers that shop at farmers' markets and in small shops along the main street, for example. Furthermore, these different types of consumers attribute different characteristics to 'local'. For example, consumers that shop in large retail stores tend to associate local with using greener production methods. In particular, they often confuse local with organic (Adalja et al., 2015). In contrast, consumers that shop in farmers' markets and small downtown stores tend to distinguish between local being a geographic characteristic and organic or "green" being a production method. Perhaps this is because these consumers are more knowledgeable about the production methods used in producing the local goods they are consuming (Adalja et al., 2015). Consumers also vary according to whether they reside in rural versus urban settings (Ilbery & Maye, 2006). Zepeda and Nie (2012) also find that willingness to pay a premium for local foods increases with income and that women tend to purchase local more than men do.

Consumers' willingness-to-pay for local products is very important for government sponsored 'buy local' initiatives. One obvious reason for this is that it is the consumers who will determine the success of any 'buy local' initiative. Understanding the underlying factors that influence consumers' willingness-to-pay can also help guide policymakers in their design of 'buy local' initiatives. Understanding the benefits that consumers derive from buying local versus non-local is also important in assessing part of the benefits of 'buy local' policies against their costs. Any government policy should be subjected to a cost-benefit analysis, which is the topic of the following sections.

Traditional Benefits of 'buy local' Policies

The traditional benefits of ‘buy local’ policies fall under three categories. The first category is related to the economic benefits from diverting purchases from foreign suppliers to local suppliers. The second category is related to the environmental benefits from buying and producing local instead of importing. The third category is related to increases in benefits to consumers from purchasing local instead of importing.

The Economic Benefits from Buying and Producing Local

The two main economic benefits from ‘buy local’ policies identified in the literature are employment creation and income creation. According to Industry Canada, small businesses employed 69.7% of Canada’s workforce in 2017 and were responsible for 67.5% of net employment growth between 2013 and 2017. A small business is identified as one that employs less than 100 workers. If we define a local business as one that is owned by and employs local workers, then ‘buy local’ policies target those businesses that are responsible for the highest proportion of employment and employment growth and, as a result, the greatest prospect for employment stability (Robinson, 2010; American Independent Business Alliance, 2012; Mailath et al., 2016; Winfree & Watson, 2017; Conseil du Patronat du Québec, 2018).

Although small businesses employ over two-thirds of Canadian workers, they contribute less than half to Canada’s gross domestic product (Industry Canada, 2019). Large businesses generate the greatest share of income in total (Industry Canada, 2019). However, the income generated by these large firms accrues to dispersed shareholders across Canada and the world. For a municipal, provincial, or federal government, however, the incentive is to keep and generate as much income as possible within the municipality, province, or country. Thus, government policies that have as a goal to benefit citizens within their jurisdiction tend to target local businesses, for which the majority tend to be small. ‘buy local’ policies advertise to local

consumers which products are available locally and thus, help increase demand for local products. They also are favored in government procurement of local inputs. Local business owners and the workers they employ thus benefit from 'buy local' policies.

A part of the income generating benefit of 'buy local' policies is the secondary income generation known in economics as the multiplier effect (American Independent Business Alliance, 2012; Milchen, 2015). Owners and workers employed in local businesses that benefit from the 'buy local' initiatives will spend part of their increased income on other local products themselves, whose owners and workers will then also spend part of their increased income on other local products, etc. Thus, any initial increase in income has a multiplicative effect on total income due to these additional rounds of spending. An estimate of the importance of the multiplier effect has been undertaken by the private research firm Civic Economics. Their 2012 report summarizing impact studies of ten cities in the United States shows that, on average, spending locally generates 3.7 times more local economic activity than does spending in large retail chains and additional local spending generates between one and two times additional economic activity (Civic Economics, as cited in American Independent Business Alliance, 2012; Milchen, 2015). Measurement of the magnitude of the multiplier effect is difficult to do in a precise manner. Estimates have to be made on what proportion of individual spending is made on local products relative to imports and on how much additional income is saved versus spent. These estimates vary by locality. For example, the propensity to import depends on the availability of local products, which varies by size of jurisdiction and diversity of industry. The propensity to save depends on the distribution of income and on demographics such as the median age of the population.

An additional economic benefit from employment and income creation is the additional local tax revenue that 'buy local' initiatives may create. When local spending increases, this generates more tax revenues to local governments. These additional tax revenues can then be used by local governments to provide public goods, services, and infrastructure, or perhaps allow local governments to reduce tax rates for the same quantity and quality of services.

Benefits to the Environment from Buying and Producing Local

There are several benefits to the environment from buying and producing local (Bougherara et al., 2009; Adams & Salois, 2010; Martinez, 2010; Robinson, 2010; Adalja et al., 2015). Buying from local producers reduces transport kilometers from producer to consumer which is beneficial for the environment. Furthermore, local retailers tend to locate within the city core instead of the outskirts which also reduces environmental transportation costs. Local producers may also be more concerned about the environmental damage their operations cause within their community and may take measures to mitigate this damage.

Benefits to Consumers from Buying Local

Several benefits to consumers from buying local have been identified in existing literature (Bougherara et al., 2009; Adams & Salois, 2010; Martinez, 2010; Robinson, 2010; Adalja et al., 2015). The value consumers place on local products is measured in their demand for them and their willingness to pay a premium for them relative to imported products. Consumers tend to view local products as being of higher quality than imported products, especially in regard to food items. This benefit is related to the value consumers place on better information about how the product is made and who makes it. The enhanced customer service that arises from local businesses are better able to tailor their products to local consumers' preferences. Consumers also value the reduced environmental costs arising from locally

produced goods. They also value the enhanced support for the local economy and for community development, especially of the downtown core.

Government ‘buy local’ policies have the added benefit to consumers of providing information about the availability of local products. Advertising local products can be beneficial if consumers value local products above non-local products but are constrained by a lack of information about the availability of these products (Carpio & Isengildina-Massa, 2016).

Traditional Costs of ‘buy local’ Policies

The benefits of ‘buy local’ policies outlined above in regards to generating additional employment and income from diverting purchases from imported goods to locally produced goods ignore several issues. One important issue is that locally produced goods and services are often exported to other municipalities, provinces, and countries. Government ‘buy local’ initiatives explicitly benefit local producers at the expense of non-local producers. If governments routinely employ these policies, then export markets suffer along with the employment and income they generate.

Compounding the cost discussed above is an additional one that arises when production for the local economy is restricted in its ability to exploit economies of scale (Hobbs, 2020). The concept of economies of scale manifests itself in declining costs per unit of production as production increases. A simple example illustrates this concept. Consider the costs involved in hydroelectric energy production. A large dam needs to be built to guide water to push blades in a turbine that spins a generator to produce electricity. High costs are incurred even before the first kilowatt-hour of electricity is produced. Now, consider the first kilowatt-hour of electricity produced by the hydroelectric dam project. The cost of producing the first kilowatt-hour is extremely high. However, as more and more kilowatt-hours of electricity are produced, the cost

per unit declines. It is true that hydroelectricity production is an extreme example to illustrate economies of scale, but if you begin to think about the production of all the goods and services that we consume every day, you can appreciate that economies of scale affect most of them. Local producers who cater to local consumers tend to use smaller-scale production methods than producers who cater both to local and export markets. As a result, large producers can take advantage of economies of scale to reduce the production cost per unit. The reduction in cost per unit is typically large enough to overcome the higher transport costs from bringing the product to the consumer. These lower costs per unit from large-scale production are also transferred to the consumer at lower retail prices. Thus, policies that divert production and consumption away from imports may be harmful to consumers in regard to higher prices of goods and services.

A related cost arises when locally produced goods replace non-locally produced goods, the latter of which benefit from having a comparative advantage (Winfree & Watson, 2017; Conseil du Patronat du Québec, 2018; Boyer, 2020). The concept of comparative advantage is one of the foundational concepts of modern economics. Its origins date back to David Ricardo in 1817 (Ricardo, 2015). The idea is that individuals, regions, and nations can gain from trading the goods in which they have a comparative advantage for goods that other individuals, regions, and nations have a comparative advantage. A country, for example, has a comparative advantage in producing a good if it has a lower cost of producing that good *relative* to another country. The terms *cost* and *relative* are very important here. The term *cost* refers to the goods and services the resources and inputs used to produce a good *could have* produced. In economics, we call this an *opportunity* cost. On the other hand, the term *relative* is important because the opportunity cost of production is measured relative to other individuals, regions, or countries in order to determine comparative advantage. For example,

Canada's climate is not conducive to growing tropical fruit. If Canada produced tropical fruit instead of importing them, then many resources would need to be diverted away from producing other goods in order to build large greenhouses, supply them with energy, etc. The *opportunity cost* of producing tropical fruit would be very high in Canada *relative* to tropical countries.

Trade based on comparative advantage has two important benefits. One is that total production can increase with the same amount of resources since individuals, regions, and nations produce what they do best. The other benefit is that production costs are lower, which translates to benefits to consumers in terms of lower prices. One can easily imagine that individuals' standards of living would be greatly reduced if regions and nations closed their borders to trade.

Two further constraints encountered with producing and buying local are the diminished variety and availability of goods and services. The example above related to tropical fruit is a useful one here. A municipality, region, or nation does not have the ability to produce the variety of goods and services that consumers desire. Availability of final goods and services is a concern with producing and buying local, but it also applies to the availability of inputs used to produce final goods and services.

Government-sponsored 'buy local' policies can also be harmful to consumers if they serve solely to persuade people to buy products that have no additional value to the consumer than the imported product does (Carpio & Isengildina-Massa, 2016). For example, studies have shown that some uninformed consumers link local food production with environmentally friendly or organic production methods without knowing whether local farms actually practice these methods (Martinez, 2010).

New Benefits and Costs of 'Buy Local' Initiatives Due to the COVID-19 Pandemic

The COVID-19 pandemic has introduced new motivations for ‘buy local’ initiatives. What is new in this pandemic is the severity of the economic disruption it has created and the climate in which many small local businesses are finding themselves.

New benefits of ‘buy local’ Policies

The pandemic has created disruptions to production and product availability due to lockdowns, worker illness and self-isolation, and border closures (Bonadio et al., 2020; Hobbs, 2020). These disruptions affect local supply chains but are much more important for the global supply chains (Hobbs, 2020; Ivanov, 2020). Policies that support local producers help build and maintain local supply chains so that product shortages can be avoided both in the short-term and the long term.

Diverting production and buying away from imported goods to locally produced goods helps mitigate the short-term decline in local employment and income resulting from the closure of businesses providing non-essential goods and services. Some workers laid-off by these closures can find alternative employment in local production of essential goods and services. Furthermore, many local suppliers of non-essential goods and services have begun or have greatly expanded their online retail operations. Government ‘buy local’ policies help advertise these businesses to local consumers and thus provide a means in which buyers can become informed about local sellers.

A further new benefit of ‘buy local’ policies is to mitigate the disruption and risk caused by foreign governments’ incentives to curtail exports of essential items to keep these items for the benefit of their own citizens. The COVID-19 pandemic witnessed this type of behaviour in regard to Canada’s ability to obtain personal protective equipment (PPE).

Food security risk is more heightened during a pandemic due to disruptions in the supply of food products and the demand for food products (Hobbs, 2020; World Bank, 2020).

Disruptions due to lockdowns and worker isolation affect production. Declines in income and panic buying affect demand for food products, which in turn affects farm incomes. Government ‘buy local’ policies can help increase demand for locally produced food directly by advertising their availability and indirectly by advertising businesses that purchase locally produced food items as inputs (e.g. food delivery and take-out).

New Costs of ‘Buy Local’ Policies

One important new cost of ‘buy local’ policies is related to the traditional costs described above regarding the decline in the gains from trade based on comparative advantage and exploitation of economies of scale. Countries’ national incomes are heavily dependent on a thriving global economy. The incentive for municipalities, provinces, and nations to look inwards in response to massive shocks like the COVID-19 pandemic presents a risk to the global economy and the wealth of individual nations. The incentive to look inwards is a competitive dominant strategy, but the cooperative outcome for all nations is preferred to the outcome with competition. An extreme example of the dangers of looking inwards is the trade war that began in response to the great depression. The collapse of the stock market in 1929 caused a severe decline in countries’ incomes and unemployment rates rose considerably. The incentive to favour local businesses and farmers in response to the shock of the stock market crash prompted the United States government in 1930 to pass the Smoot-Hawley tariff act that increased tariffs on U.S. imports. Many countries retaliated by looking inwards and imposing tariffs of their own. The result was a global decline in trade. The United States, for example, suffered a decline of 67% in exports and imports (Encyclopedia Britannica, 2020). While the world learned a lesson

from this trade war, the incentive for policymakers to divert economic activity towards their jurisdiction is still a dominant and potentially harmful strategy.

Related to the cost described above is the potential that efforts to divert purchases away from imports may increase the risk of future pandemics. 'Buy local' policies that result in a decline in international trade tend to harm low-income countries more than high-income countries. Policies that result in lower income in the developing world can increase the risk of future pandemics arising in developing countries due to weaker health systems and decreased disease surveillance (Oppenheim and Yamey, 2017; Boyer, 2020). Furthermore, they contribute to a non-cooperative view of the world, which is totally at odds with the reality that the interconnectedness of countries is what makes a local epidemic become a pandemic.

Potential Obstacles to Successful 'Buy Local' Initiatives

One important obstacle to successful implementation of 'buy local' initiatives in food supply is seasonal climates combined with consumers' demands for a wide variety of fresh fruits and vegetables. Many types of fruits and vegetables cannot be grown in some regions because of the climate. Other types can only be grown during the summer months with some limited storage possibilities for the remainder of the year.

Another potential obstacle to buying local policies is ensuring compliance with the various trade agreements Canada is party to, which compel the national, provincial and municipal governments to follow specific guidelines as to when they can prioritize local businesses over foreign companies for the granting of contracts. Example of such guidelines are the non-discriminatory clauses present in the Comprehensive Economic and Trade Agreement (CTA) or the obligation of La Loi sur les Cités et les villes and Le Code Municipale du Québec

to retain the lowest bidder on contracts exceeding the \$100 000 threshold (Conseil du Patronat du Québec, 2018).

An obstacle to the successful production of manufactured products is the need to import necessary intermediate products. For example, the production of face masks requires imported machinery and materials. QYK, a mask company located in California, was featured in a recent New York Times article by Keith Bradsher (July 5, 2020). The company's CEO, Mr. Rakesh Tammabattula, commented that in order to expand its production of the QYK mask, it has to charter a jet to fly the large machinery it needed from Southern China to Los Angeles. Furthermore, the company is unable to find any company in the United States capable of making plastic bottles with pump handles in order to begin production of hand sanitizer. It, therefore, imports them from China on expensive chartered aircraft.

According to the New York Times article, one of the reasons why companies in the United States are reluctant to make big investments in manufacturing fabrics needed for mask production is because of concerns that mask demand will subside after the pandemic is over. There is a concern that demand conditions for many products will decline after the COVID-19 pandemic has ended. For PPE especially, once vaccines emerge, demand for face masks will plummet, and factories will either close down or consolidate. This creates a risk for companies if they expand production now. However, if they choose not to expand, it creates a risk for countries in the event of a future pandemic.

The risk of future disruptions such as pandemics provides a rationale for government intervention in some industries. In China, for example, the government has been implementing measures to mitigate the risk of future pandemics. According to Howard Yu, a professor of management and innovation at the Institute for Management Development in

Switzerland, China, out of a concern that the country depends too much on foreign supplies of important goods and services, has introduced a system of subsidies, economic targets, and other government inducements to ensure that it develops and maintains dominance in important industries such as medical supplies. Ma Zhaoxu, China's Vice Minister of Foreign Affairs, commented that from March through May, China has exported 70.6 billion masks. This is quite extraordinary given that the entire world produced about 20 billion masks in 2019, with China accounting for half of the world production. Furthermore, China can now make 150 tons a day of the specialized fabrics used for masks, which is five times what the country could make prior to the pandemic at 15 times the output of companies in the United States even since they began increasing production. This rapid increase in production is possible because of the Chinese government's efforts to support new and expanded production in factors such as those of Shenzhen Mindray, Winner Medical, and Guanzhou (Bradsher, 2020).

In addition, the Chinese government's support in this industry began prior to the COVID-19 pandemic. In 2010, for example, the government's five-year economic plan ordered a "focus on developing basic equipment and medical materials that have high demand, wide application and are mainly imported" (Bradsher, 2020, para. 19). The ministry's decision was part of the country's \$300 billion 'Made in China 2025' industrial policy to replace imports in many key industries, including medical devices. The ministry called for raising China's share of the local market by 30 to 40 percentage points in each category of medical supplies. Lastly, three years ago, the central government required purchasers such as hospitals to buy from domestic producers that could meet requirements. Local governments followed. Sichuan Province, for example, cut in half the number of categories for which medical equipment and supplies were imported. With all these facts at hand, it is reasonable to conclude that the Asia-Pacific region has

an advantage in preparedness for the shocks generated by pandemics. An important question to ask is if the new Quebec production of PPE will be able to meet the demand in the event of a second wave and, in the longer term, future pandemics.

A further obstacle to successful implementation of the new ‘buy local’ initiatives is the level of technical expertise required to participate may not be available for some merchants and consumers. The COVID-19 pandemic has created an increase in e-commerce, but many people and businesses lack sufficient expertise to fully participate in these markets. For example, a recent study conducted by Alain Dumas, Director General of the Quebec government’s “Panier Bleu” program finds that across the province, the primary characteristic differentiating Quebec’s businesses in adapting to the new business climate due to COVID-19 is the size of the business (Rondeau, 2020). Small businesses, farms, and consumers in rural areas and the elderly are especially vulnerable to a lack of technical expertise and find the time and effort required to learn how to participate in e-commerce is substantial. A related concern is the new transportation and product delivery services that are needed when markets go online. We observe new sections of store parking lots reserved for online pick-up, and significant increases in-home delivery services. Businesses of all types are having to adapt to this new form of product delivery. The study by Alain Dumas also identified that loneliness on the part of small sellers from switching to online markets is becoming a burden for them.

The Case of Quebec: Trends and Survey Results

Trends

An interesting response to the COVID-19 pandemic in the province is the proliferation of online platforms for regional producers and businesses to advertise the availability of their goods and services. These ‘buy local’ initiatives target local producers and local businesses, the latter,

recall, are defined as any business that sells solely to local consumers, regardless of whether the product sold is *produced* locally (recall the coffee shop example). Potential buyers can access this information in one online location. These online platforms have been created throughout municipalities and regions in Quebec. Examples include the region of Nicolet-Yamasaki and Bécancour, Maskinongé and Memphremagog.

At the provincial level, the Quebec government created the not-for-profit organization “Le Panier Bleu”, which is an online platform where all the ‘deemed’ local businesses can subscribe and be quickly found via geolocation. This is also the case for Solution Locale, a citizen initiative this time, which regroups entrepreneurs and producers from every region of Quebec.

In addition to the traditional incentives for ‘buy local’ initiatives, the situation of Quebec producers creates additional incentives for the creation or enhancement of local markets. This is due to the prevalence of small-scale, low volume, and often rural producers in Quebec which puts them at a disadvantage in negotiating access to large distributors and wholesalers for their products. Those businesses in rural areas are also often in remote areas that are far from distribution centers. The majority of these businesses are related to agriculture and agro-tourism. For them, these disadvantages create additional costs of operation in local markets due to their increased time requirements, higher marketing costs, the need for additional human resources, and additional investment costs in equipment such as kiosks (Laniel, 2007). Several initiatives have been created in Quebec in order to help local food producers get access to important networks. These initiatives include the government of Quebec’s 2013 Stratégie de positionnement des aliments du Québec sur le marché institutionnel or Metro’s 2013 Local Purchasing Program for its agri-food products.

A further goal of the above-mentioned online platforms during the COVID-19 pandemic is to facilitate the matching of buyers and sellers of local goods and services. It is also a way for confined-at-home consumers to make orders online and receive their orders from businesses that are able to run their operations in an online format. In that sense, and in response to the disruption of global supply chains, many see ‘going online’ as the best response to the COVID-19 pandemic crisis.

Another response to the COVID-19 pandemic is to have more transparency regarding what is local and what is not. Online platforms with local businesses’ registration are one apparent solution to this, but other initiatives such as the creation of the labelling ‘aliments du Québec’ placed on local products in stores has existed for several years already. What we can see now, however, is an accentuation of these initiatives. La Société des alcools du Québec, for instance, has just introduced new labels for its liquors, which are ‘Préparé au Québec’ and ‘Embouteillé au Québec’. This is an expansion and improvement of the labelling initiative ‘Origine Québec’ that was created in 2014 (Dumas, 2020).

Deemed an essential service and a cornerstone of Quebec economic recovery during the crisis, the Government of Quebec as of April 24 granted financial assistance of \$50,000 to the Association des Marchés Publics du Québec (AMPQ) for the deployment of a digital transactional platform for its 130 members. This was followed by the Ministère de l’agriculture, des pêcheries, et de l’alimentation du Québec’s creation of a “Precautionary Measures and Public Health Guide” for direct sales at farmers’ markets, which has forced farmers selling directly to the public to introduce new health and safety measures. The new online platform is being tested by approximately 20 producers. Some farmers’ markets opted in right away, such as the Marché Godefroy in Bécancour, Centre-du-Québec, which was the first to open on the Quebec-

wide “Amazon-like” transactional site, Maturin, on May 11. Some, however, have preferred to go online by using a regional or private platform instead. This is the case for the Marché Public de Bolton-Est, which created its platform in-house in response to the crisis. It is argued that continued growth in this market can help enhance Quebec’s autonomy in food production and food security in the event of future risks, such as we are experiencing with the COVID-19 pandemic.

Finally, in regard to local manufacturing, the Quebec government recently made an investment of four million dollars to ADM Medicom Inc. for the building of a new plant located in Saint-Laurent, Québec. The company currently employs 1100 workers worldwide with 150 in Pointe-Claire (Larocque 2020), and the new investment is expected to create at least 33 new permanent jobs (ADM Medicom, 2020). A 10-year agreement with the federal government is projected to make it possible to produce 20 million N95 masks and 24 million level 3 surgical masks annually (Radio-Canada, 2020). This decision was made as a result of the difficulty of importing personal protective equipment from abroad at the beginning of the crisis. Following the same idea, Quebec’s premier, François Legault, has recently signalled his intention to enhance the province’s efforts to not only buy local, but to ‘produce local’ in many sectors of the economy by the end of his mandate in two years (Chouinard, 2020).

Survey Results

I conducted two small surveys of local businesses and local consumers primarily in the Sherbrooke and Trois-Rivières areas during the summer months of 2020. The survey questions are provided in Appendix 1 and 2. Due to social distancing restrictions, the surveys were conducted only online using Google Forms. Businesses listed in online business directories and ‘buy local’ websites were contacted using a systematic method of either contacting all businesses

in a directory or every third business due to the large number of listings. There are 95 participants in the sellers' survey, and all are small businesses with fewer than 100 employees. The first part of the survey examines whether sellers have experienced differences in the selling of their products. Equal proportions (24%) of participants report a large or a slight increase in sales, whereas 14% report a large decrease in sales and 16% report a slight decrease in sales. In terms of sales, these results indicate that a sizeable portion of businesses have benefitted, and a sizeable portion have been harmed by the pandemic. Prior to the pandemic, 60% of participants sold their products directly to clients in-store. After the pandemic, this number fell to 48%. There are 35% of participants that sold products online prior to the pandemic, and there was a 58% increase in participants selling online since the pandemic began.

A second part of the survey examines participants' experience with 'buy local' initiatives. Of the businesses that participated 57% report that their clients have responded to 'buy local' initiatives since the pandemic has begun. However, only 44% of these businesses report that they are satisfied or very satisfied with these initiatives. There also seems to be some pessimism amongst participants in their confidence in 'buy local' initiatives after the pandemic is over. There are 18% of participants that are 75% to 100% confident that consumers will continue to purchase locally with the same intensity after the pandemic is over, whereas there are 28% of participants that are less than 25% confident that this will occur.

Turning now to the buyers' survey, there are a total of 187 respondents, with 79% being female, 64% being within the 25-55 age range, and 37% (the largest proportion) having income over \$100,000. An impressive 86% of participants report increasing their buying local since the start of the pandemic, and 66% are either satisfied or very satisfied with the variety of local products available. Keep in mind, however, that the survey was conducted over the summer

months. Nearly half of respondents (47%) report being satisfied or very satisfied with the quality of information on local products and 17% report being dissatisfied or very dissatisfied with the quality of information. This suggests some room for improvement in the efforts to improve the information available to consumers.

In regard to benefits from buying local, an impressive 88% of participants report support for the local economy as their greatest motivation for buying local. The next highest motivations are freshness (64%), quality (52%), and health (34%). In regard to the costs of buying local, 61% of the participants report lack of product availability as the most significant downside to buying local, followed by 47% reporting that it is too expensive. Inconvenience is also an issue, which is reflected in 34% reporting that they prefer to shop in a large store. Lack of variety is also an issue with 28% reporting this to be problematic with buying local.

Fruits and vegetables are the largest product group for local purchases, with 87% reporting that they are likely or very likely to purchase these products locally. This is followed by organic products (68%). Smaller local purchases are allocated to building and hardware materials and arts and crafts. There is negligible buying local reported for clothing and footwear, electronics, furniture, and appliances.

Participants were also asked to report on their willingness to pay a premium for local products. The largest response (42%) is in the 5-10% range, followed by the 11-15% range (28%), followed by the 16-20% range (12%), followed by the 0-4% range (11%). Participants were also asked about their intentions to continue to 'buy local' after the pandemic is over, and 76% report that they are greater than 75% confident that they will continue to do so. Only 10% report that they are less than 50% confident that they will continue to do so. Our research

supports the findings of an earlier study undertaken by Desjardins (2015) that found that, in general, Quebecers are willing to pay a premium for local products.

It is important to point out the potential limitations of the survey results. As described above, the survey was conducted online only due to restrictions resulting from the COVID-19 pandemic. This can generate self-selection bias in that the characteristics of those that chose to participate in the survey may be different than those that chose not to participate in the survey. Furthermore, internet surveys can suffer from a low response rate, which was the case in my two surveys.

Conclusion

The pandemic has prompted governments to react to the disruption of important procurements of essential items in the categories of food and PPE equipment and to respond to the closure or partial closure of non-essential businesses that have caused serious declines in employment and income. An important government reaction has been the development of new and enhancement of existing ‘buy local’ programs. The paper has surveyed the benefits and costs of buying local initiatives identified in the literature and discussed new ones brought on by the COVID-19 pandemic. The main benefits associated with buying local are job creation and employment stability, income-generating multiplier effects, reductions in environmental damage, better quality products, better customer service, and supply chain security whereas the costs are associated with declines in the gains from trade, harm to exporting countries, especially developing countries, reductions in variety of available products, trade agreement violations, and higher production costs associated with small-scale production.

The paper also provided a case study of ‘buy local’ initiatives in the province of Quebec. The findings suggest that e-commerce, food autonomy and local procurement practices are

increasing in importance. A main focus of government 'buy local' initiatives has been to address the visibility of local businesses in an online environment. This includes the recent local market and e-commerce efforts of farmers' baskets and online shopping platforms. The results of two surveys provide evidence that consumers care a great deal about the need to promote the local economy, especially for food items, and are willing to pay a price premium for locally produced products. There is also evidence that businesses have turned to online sales as a response to the closure or partial closure of their physical stores. Importantly, there is evidence that businesses are pessimistic about the continued enthusiasm of their customers for buying local after the pandemic is over and the continued government support for 'buy local' initiatives. Furthermore, there is evidence that some industries have benefitted from increased sales during the pandemic whereas others have suffered from it.

Important limitations of this paper are the very short period of time available since the beginning of the COVID-19 pandemic in which to analyze the benefits and costs of 'buy local' initiatives and the difficulty in generating a larger response base for the surveys. Policymakers can benefit from better information about the benefits and costs arising from 'buy local' initiatives so as to better guide their policy choices. Future research on these initiatives will benefit from the ability to gather more information on the evolution of these initiatives and the response of buyers and sellers to them. This research will also be able to learn from the second wave of the pandemic that has recently begun. The second wave has arrived in an environment where businesses and consumers have had the ability to learn from the first one in regard to social distancing measures and online shopping. Future research will also be able to examine whether developments in buying local in response to the pandemic continue after the pandemic is

over. This will be very important information to guide policymakers' decisions in an attempt to mitigate the harm caused by future pandemics should they occur.

References

- Adalja, A., Hanson, J., Towe, C., & Tselepidakis, E. (2015). An Examination of Consumer Willingness to Pay for Local Products. *Agricultural and Resource Economics Review*, 44(3), 253–274. <https://doi.org/10.1017/S1068280500005050>
- Adams, D. and Salois, M. (2010). Local versus organic: A turn in consumer preferences and willingness-to-pay. *Renewable Agriculture and Food Systems*, 25(4), 331–341. <https://doi.org/10.1017/S1742170510000219>
- ADM Medicom. (2020). *Medicom annonce que sa nouvelle installation canadienne de production de masques sera située à Montréal*. Retrieved from <https://www.newswire.ca/fr/news-releases/medicom-annonce-que-sa-nouvelle-installation-canadienne-de-production-de-masques-sera-situee-a-montreal-822435561.html>
- American Independent Business Alliance. (2012). *Ten studies of the 'local economic premium'*. Retrieved from <https://www.amiba.net/resources/studies-recommended-reading/local-premium/>.
- Bonadio, B., Huo, Z., Levchenko, A., & Pandalai-Nayar, N. (2020). Global supply chains in the pandemic. NBER Working Paper No. 27224.
- Bougherara, D., Grolleau, G., & Mzoughi, N. (2009). Buy local, pollute less: What drives households to join a community supported farm? *Ecological Economics*, 68(5), 1488–1495. <https://doi.org/10.1016/j.ecolecon.2008.10.009>
- Bradsher, K. (2020). China dominates medical supplies, in this outbreak and the next. *The New York Times*. Retrieved from <https://www.nytimes.com/2020/07/05/business/china-medical-supplies.html>.

Carpio, C. & Isengildina-Massa, O. (2016). Does Government-sponsored Advertising Increase Social Welfare? A Theoretical and Empirical Investigation. *Applied Economic Perspectives and Policy*, 38(2), 239–259. <https://doi.org/10.1093/aep/ppv012>

Conseil du Patronat du Québec. (2018). De l'achat et de l'approvisionnement local au Québec : Initiatives, politiques, et retombées économiques. Retrieved from <https://www.cpq.qc.ca/workspace/uploads/files/achat-et-approvisionnement-local-au-quebec.pdf>.

Chouinard, T. (2020). Legault veut plus de Fabrique au Québec. Retrieved from <https://www.lapresse.ca/actualites/politique/2020-09-01/legault-veut-plus-de-fabrique-au-quebec.php>.

Darby, K., Batte, M., Ernst, S., & Roe, B. (2008). Decomposing local: A conjoint analysis of locally produced foods. *Journal of Agricultural Economics*, 90(2): 476-486.

Desjardins. (2015). L'achat local, un phénomène qu'on ne peut ignorer. Desjardins Études Économiques.

Encyclopedia Britannica. (2020). Smoot-Hawley tariff act. Retrieved from <https://www.britannica.com/topic/Smoot-Hawley-Tariff-Act>.

Hobbs, J. (2020). Food supply chains during the Covid-19 pandemic. *Canadian Journal of Agricultural Economics*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7264576/>.

Ilbery, B., & Maye, D. (2006). Retailing local food in the Scottish–English borders: A supply chain perspective. *Geoforum*, 37(3), 352-367.

Industry Canada. (2019). Key small business statistics – January 2019. Retrieved from https://www.ic.gc.ca/eic/site/061.nsf/eng/h_03090.html.

- Ivanov, D. (2020). Predicting the impacts of epidemic outbreaks on global supply chains: A simulation-based analysis on the coronavirus outbreak (COVID-19/SARS-CoV-2) case. *Transportation Research. Part E, Logistics and Transportation Review*, 136, 101922–101922. Retrieved from <https://doi.org/10.1016/j.tre.2020.101922>
- Laniel, C. (2007). *Les ventes de proximité : un défi, une opportunité et des cas comparables*. Retrieved from https://www.agrireseau.net/apiculture/documents/Laniel_Claude.pdf.
- Larocque, S. (2020). Vers une usine stratégique de masques au Québec. *Journal de Montréal*. Retrieved from <https://www.journaldemontreal.com/>.
- Mailath, G. J., Postlewaite, A., & Samuelson, L. (2016). Buying locally. *International Economic Review*, 57(4), 1179-1200.
- Martinez, S. (2010). Local food systems: Concepts, impacts, and issues. United States Department of Agriculture Research Report 97.
- Medicom installe son usine de masques N95 à Saint-Laurent. (2020). *Radio-Canada*. Retrieved from <https://ici.radio-canada.ca/nouvelle/1706573/medicom-usine-masques-n95-saint-laurent-coronavirus-covid-19>.
- Milchen, J. (2015), “The multiplier effect of local independent businesses”, American Independent Business Alliance report. Retrieved from <https://www.amiba.net/resources/multiplier-effect/>.
- Ministère de l’agriculture, des pêcheries, et de l’alimentation du Québec. (2011). *Politique souveraineté alimentaire*. Gouvernement du Québec. Retrieved from https://www.mapaq.gouv.qc.ca/fr/Publications/Politique_Souverainete_Alimentaire.pdf.
- Ministère de l’agriculture, des pêcheries, et de l’alimentation du Québec. (2020). *Mise en marché de proximité*. Gouvernement du Québec. Retrieved from

<https://www.mapaq.gouv.qc.ca/fr/Productions/developpementregional/marcheproximite/Pages/Marchedeproximite.aspx>.

Oppenheim, B., & Yamey, G. (2017). Pandemics and the Poor. *Future Development*, Brookings Institution. Retrieved from <https://www.brookings.edu/blog/future-development/2017/06/19/pandemics-and-the-poor/>.

Ricardo, D. (2015). *On the Principles of Political Economy, and Taxation* (Cambridge Library Collection - British and Irish History, 19th Century). Cambridge: Cambridge University Press. <https://doi.org/10.1017/CBO9781107589421>

Richardson, M., & Stähler, F. (2016). Buy Local? Governmental Incentives to “Inform” Consumers. *World Economy*, 39(5), 636–650. <https://doi.org/10.1111/twec.12384>

Robinson, N. (2010). Why buy local? An assessment of the economic advantages of shopping at locally owned businesses. Report of the Michigan State University Center for Community and Economic Development. Retrieved from <https://ced.msu.edu/upload/reports/why%20buy%20local.pdf>.

Rondeau, J. (2020). Commerce en ligne : Une montagne à gravir pour les petits commerçants. *La Tribune*. Retrieved from <https://www.latribune.ca/affaires/commerce-en-ligne--une-montagne-a-gravir-pour-les-petits-commerçants-effafbcffd5d61a1b51240d213cb3767>.

Seyfang, G. (2006). Ecological citizenship and sustainable consumption: Examining local organic food networks. *Journal of Rural Studies*, 22(4), 383–395. <https://doi.org/10.1016/j.jrurstud.2006.01.003>

Stickel, M., & Deller, S. (2014). *Community level impacts of local food movements in the US, Canada and Western Europe: Annotated bibliography* (No. 576). University of Wisconsin, Agricultural and Applied Economics.

- Thilmany, D., Bond, C. A., & Bond, J.K. (2008). Going local: Exploring consumer behavior and motivations for direct food purchases. *American Journal of Agricultural Economics*, 90(5): 1303-1309.
- Vermeir, I., & Verbeke, W. (2006). Sustainable food consumption: Exploring the consumer “attitude–behavioral intention” gap. *Journal of Agricultural and Environmental ethics*, 19(2), 169-194.
- Winfree, J., & Watson, P. (2017). Why buy local? *American Journal of Agricultural Economics*, 99(4): 971–98.
- World Bank. (2020). Food security and Covid-19. Retrieved from <https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-covid-19>.
- Zepeda, L., & Nie, C. (2012). What are the odds of being an organic or local food shopper? Multivariate analysis of US food shopper lifestyle segments. *Agriculture and Human Values*, 29(4), 467-480.

Appendices

Appendix 1

Selling Local Producer Survey

Definition of “buying local”: Purchasing goods or services from a business that produces locally and sell to the end consumer. Note that this does not prevent the said enterprise to employ non-local supply in its production. Also, the end consumer can be a person, a business or a public company.

“Local” can mean within the municipality, within the region, within the province, and within the country.

1. Please indicate where you sold your products or services prior to the Covid-19 pandemic:

- Direct to customers in-store
 Direct to customers online
 Local business or restaurant
 Non-local business
 Other, please specify _____

2. Has there been a change in where you sell your products or services since the beginning of the Covid-19 pandemic?

- | | | | |
|------------------------------|------------------------------|-----------------------------|---|
| Direct to customers in-store | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Direct to customers online | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Local business or restaurant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Non-local business | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Other, please specify _____ | | | |

3. Please indicate if yes or no your goods or services were produced locally before the Covid-19 pandemic (this does not prevent you from having imported supply):

- Yes No In part Not applicable

4. According to your answer to question 3, has there been changes as to where (i.e. local or not) you produce your goods or services since the beginning of the Covid-19 pandemic?

- Yes No Not applicable

5. Knowing that local supply consists of using as intermediate inputs in its production a good or service produced locally, please indicate if you were supplying yourself locally before the Covid-19 pandemic

Yes No In part Not applicable

6. According to your answer to question 5, has there been changes as to where (i.e. local or not) you are supplying yourself since the beginning of the Covid-19 pandemic?

Yes No Not applicable

7. Are you aware of a “buy local” initiative?

Yes No

8. If you answered Yes to question 3, is your business involved in a “buy local” initiative?

Yes No

9. If you answered Yes to question 4, are you aware of whether any of your customers have responded to the “buy local” initiative?

Yes No

10. If you answered Yes to question 5, how satisfied are you with the success of the “buy local” initiative (from 1 meaning not satisfied to 5 meaning very satisfied)?

11. How confident are you that Quebec buyers will continue to buy local at the same intensity after the pandemic is over?

- 100%
- 75%-100%
- 50%-75%
- 25%-50%
- 0%-25%
- 0%

12. How confident are you that the government will continue in their efforts to support buying local initiatives after the pandemic is over?

- 100%
- 75%-100%
- 50%-75%
- 25%-50%
- 0%-25%
- 0%

13. Please specify in which industry your company operates (non-mandatory):

14. Please specify in which region your company is located (non-mandatory):

15. Please specify, if any, the buying local initiative in which you are involved since the beginning of the Covid-19 pandemic:

16. Please specify, if any, the buying local initiative in which you were involved before the beginning of the Covid-19 pandemic:

17. Have you experienced a change in your sales volume since the beginning of the Covid-19 pandemic?

- Yes, a huge increase
- Yes, a small increase,
- Yes, a huge decrease,
- Yes, a small decrease
- No, stable

18. You are:

- A small enterprise (1 to 99 employees)
- A medium enterprise (100 to 499 employees)
- A large enterprise (500 employees and more)

Thank you!

Appendix 2

Buying Local Consumer Survey

Definition of “buying local”: Purchasing goods or services from a business that produces locally and sells to the end consumer. Note that this does not prevent the said enterprise to employ non-local suppliers in its production. Also, the end consumer can be a person, a business or a public company.

“Local” can mean within the municipality, within the region, within the province, and within the country.

1. Have you increased your buying local since the beginning of the Covid-19 pandemic?

Yes No

2. How satisfied are you with the variety of local products available to you (from 1 meaning not satisfied to 5 meaning very satisfied)?

3. How satisfied are you with the information provided about local products (from 1 meaning not satisfied to 5 meaning very satisfied)?

4. If you buy local, what is important to you when choosing to buy local?

- It is cheaper
- It is more convenient
- It is important to support the local community
- It is fresher
- It is healthier
- The products are better quality
- Other, please specify _____

5. What if any are the downsides to buying local?

- I like doing all my shopping at one large store
- Lack of variety
- Products are not always available
- Products are too expensive
- Other, please specify _____

6. Please rank the following products in the likelihood that you buy locally (from 1 meaning very unlikely to 5 meaning very likely)

- Clothing and footwear
- Fruits and Vegetables
- Specialty foods (e.g. organic)
- Electronics
- Furniture
- Appliances
- Building and hardware materials
- Arts and crafts
- Office supplies

7. Have you made online purchases on one of the many local buying platforms available since the beginning of the Covid-19 pandemic?

- Yes No I was already buying on such platforms before the pandemic

8. How confident are you that you will continue buying local after the pandemic is over?

- 100%
- 75%-100%
- 50%-75%
- 25%-50%
- 0%-25%
- 0%

9. What premium are you usually willing to pay for local products (compared to imported products)?

- 0%-4%
- 5%-10%
- 11%-15%
- 16%-20%
- 21%-25%

9. Please indicate your age range

- Under 18

- 18-24
- 25-40
- 41-55
- 55-70
- Over 70

10. Please indicate your gender

- Male
- Female
- Other

11. Please indicate your household income range

- Less than \$20,000
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$79,999
- \$80,000-\$99,999
- Over \$100,000

Thank you!

The Importance of Maintaining Connection for the Mental Health of Older Adults in Residential Aged Care: Lessons From COVID-19

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Abstract

This paper analyses the impact of Australian residential aged care facilities visitation policies on the mental health of older adults during the COVID-19 pandemic. It does so through an investigation on the long-standing mental health issues of residents in aged care and the role that families play in providing social and emotional support for residents. The Royal Commission into Aged Care Health and Safety has made significant contributions to the question of residential aged care facilities' capacity to support the mental health of older adults. Families have played an important role in reporting abuse and neglect and monitoring the health and wellbeing of loved ones, making their absence during COVID-19 a risk factor for abuse and neglect. Emancipatory practice is proposed for social workers to advocate for the rights of residents to maintain connectedness to their families and the wider community. To address the psychosocial support gap in residential aged care for older adults, an integrated biopsychosocial model and person-centred approach is suggested for a policy and cultural shift from solely clinical care to holistic residential aged care.

Keywords: COVID-19, mental health, older adults, residential aged care facilities, integrated biopsychosocial model, person-centred approach, emancipatory practice

The Importance of Maintaining Connection for the Mental Health of Older Adults in Residential Aged Care: Lessons From COVID-19

The COVID-19 pandemic has had an unprecedented global impact that has led to high rates of mortality and morbidity, economic downturn, and sustained social isolation for billions of people. Older adults in residential aged care have been significantly impacted by social distancing and isolation during the COVID-19 pandemic. In the absence of visits from friends and family, residents have faced a significant gap in social and emotional support. In Australia, the ability of residential aged care facilities (RACF) to fill this gap has been limited due to low staffing numbers, resource limitations and lack of training in the complex mental health needs of older adults. The resulting mental health impact and the risk of abuse on residents has been assessed in an Australian government initiated *Royal Commission into Aged Care and COVID-19*, which has highlighted the impact of RACF policies that bar resident access to friends, family, and allied health professionals—including mental health services. The pandemic has drawn attention to the right of residents to maintain connection to their friends and families as well as to the wider community. Ageist policies regarding COVID-19 and older Australians have focused on risk aversion and vulnerability of older adults, denying their right to autonomy and dignity. Though social isolation can be lifesaving, the precaution has not prevented staff-associated virus outbreaks in New South Wales and Victoria, which together caused the deaths of more than 600 residents in aged care (McCauley, 2020). The narrow focus on infection control and containing outbreaks has neglected the effects of isolation on mental and physical health, as well as the increased risk of abuse of older adults in RACF.

Australia presents as an interesting case study as the relative success of containing the virus in the country has been paralleled by the failures witnessed in the aged care sector. The

Royal Commission's *Aged Care and COVID-19: a special report* has chastised the government for not having a residential aged care pandemic plan (Power & McCauley, 2020). This includes lack of care planning for new and enduring mental health conditions for residents and lack of policies aimed at maintaining connection for older Australians to the community. The later development of the voluntary *Industry Code for Visiting Residential Aged Care Homes During COVID-19* (Visitation Code) on the 12th May 2020 arose out of reports from friends and family who were barred from seeing their loved ones in residential care (Hitch, 2020). These slow-to-action policies have shown the pervasiveness of ageism and human rights violations in the aged care sector prior to and during the COVID-19 pandemic.

This paper will examine the question; how can policy changes during COVID-19 lead to a cultural and policy shift in residential aged care facilities to holistically address the needs of older adults? The COVID-19 pandemic has shown the need to prioritise mental health and connection for older adults in residential aged care. What has been seen from the pandemic is that families want to stay connected to their loved ones in residential aged care and play an important role in the emotional support of residents (Hitch, 2020). A strength-based model can facilitate a better understanding of the mutual importance of families remaining connected to older adults in RACF. Social workers can take an emancipatory practice approach to protecting the rights and autonomy of older adults in residential aged care, as well as supporting families' involvement in RACF. An integrated biopsychosocial care-model and person-centred approach is proposed for improving the quality of RACF accounting for the physiological, psychological and social wellbeing of older adults in care.

Literature Review

Mental Health in Residential Aged Care

Australia has done comparatively well combatting COVID-19 in terms of containing outbreaks, low death toll, and economic recovery; however, the high death toll in residential aged care, compounded with ongoing enquiries and the Royal Commission into Aged Care, show a juxtaposing social comparison between older adults in residential aged care and the wider community (Connolly, 2020). The high prevalence of mental illness for residents in RACF has been highlighted by the Royal Commission into Aged Care Quality and Safety's *Interim Report: Neglect* (2020b). Mental health difficulties of older people include anxiety and depression, dementia related behaviours, alcohol misuse, and late-onset psychosis or schizophrenia type conditions (Brennan et al., 2020). Studies have consistently demonstrated high rates of late-life depression in RACF (Teresi et al., 2001; Davison et al., 2012). The *Interim Report: Neglect* has helped to draw conclusions to the relationship between RACF and mental health problems in Australia, finding that around 10% of older Australians have mental health symptoms of depression and anxiety which rises to 50% in RACF (Royal Commission, 2020b, p. 18). The prioritisation of physical health above mental health for older adults has led to the under-utilisation of mental health services by older adults (McCabe et al., 2009). Howard et al. note the particular vulnerabilities of older people in preparation and response to a crisis if they are unable to access practical technologies, such as mobile phones and computers, needed for emotional connection and access allied health services (2018). This also increases the vulnerability to danger and abuse when older adults are separated from carers (Howard et al., 2018). Issues of access to mental health services have been exacerbated during the COVID-19 crisis, with evidence from past pandemics demonstrating added health risks when allied health services become inaccessible (Kidd, 2020; Royal Commission, 2020a).

Applying a biopsychosocial model to the impact of RACF on the mental health of older adults examines biological, physical, and social factors (Davison et al., 2012). This is an effective model through which to understand a multitude of factors that impact older adults' mental health decline whilst in RACF, as well as the association between later-life depression and mental illness for those who have transitioned into RACF (Davison et al., 2012). Physiological factors such as physical deterioration, loss of mobility and disability have been associated with higher levels of depressive symptoms (Davison et al., 2012; Troutman-Jordan & Kazemi, 2020). Increasing frailty leads to greater levels of dependence and can have a major impact on an older person's ability to retain their autonomy and control, especially whilst in an institutional environment with strict rules and routines (Grenade & Boldly, 2008; McCabe et al., 2017). Research has found that higher rates of depression can be linked to residential care homes in which residents have a higher level of dependence (Davison et al., 2012). The association of social factors on the deterioration of physical health and mental illness is important in light of COVID-19, with evidence showing that actual and perceived loneliness and isolation are associated with physical deterioration and increased risk of early mortality (Holt-Lunstad et al., 2015, p. 227).

Social work practice within residential aged care requires attention to the social responses to older adults both within residential aged care and broader societal systems (Fine et al., 2018). Factors that influence connectedness include self-perceptions of ageing, resilience, family and community supports, and technology (Putnam, 2018). Social isolation ('social engagements and contacts') and loneliness ('subjective perception of lack of meaningful relationships') have often been associated with the ageing process and negatively impact the physical and mental health of older adults (Berg-Weger & Morley, 2020, p. 456; Grenade & Boldly, 2008). COVID-19 has

presented a challenge to social workers to not only maintain residents' contact to loved ones but also to advocate for formal and informal support for residents who have experienced loneliness and isolation prior to the pandemic (Brennan et al., 2020; Putnam, 2018). Ageism is a psychosocial factor of mental health which has led to widespread discrimination and exclusion, both of which are evident in barriers to accessing health care, social services, and policies (Colenda et al., 2020). Ageism describes the generational division between young and old generations categorized by a distaste for growing older, disease and disability (Butler, 1969). Older adults who view ageing negatively are more likely to suffer from physical and mental health conditions (Ayalon, 2020; Monahan et al., 2020). Ageist discourse impacts the mental health of older people as it permeates through media, policy, and other institutions (Duffy, 2017). Ageist policies defined COVID-19 rules and regulations around chronological age and negative stereotypes that frame all older people as frail, thereby exacerbating the paternalistic nature of the resident and service provider relationship (Ayalon, 2020; Hardy et al., 2020). Social distancing has compounded the social exclusion of older adults in residential care who already experience internalised ageism and perceived disconnection from society, leading to higher risk of suicide—especially for men aged 85 years or over (Wand & Peisah, 2020). Ageism also impacts perception of mental health of older adults, normalizing mental ill health as a part of the ageing process (D'Cruz & Banerjee, 2020; Holvast et al., 2012).

Disconnection in later life is complex and multi-dimensional in that it constitutes individuals' perception of loneliness, environmental factors, access to resources, and structural approaches such as the impact of gender and culture on later-life social isolation and loneliness (Morgan et al., 2020). A correlation has been found between social disconnection and greater risk of morbidity and mortality rates that are equivalent to health risk factors such as alcohol

consumption and obesity (Necka, 2020; Holt-Lutstad et al., 2015). Smith and Victor (2019) found that groups experiencing social isolation and loneliness were more likely to report poor physical and mental health, although the causal evidence remains vague (Courtin & Knapp, 2017). Adams et al. (2004) add to a growing body of empirical research that supports the need for maintaining established relationships with family and friends to enhance well-being and protect against feelings of loneliness. Sjoberg et al. (2011) explore disconnection in later life in terms of “existential loneliness,” which includes experiences of ageism such as: being met with indifference, having no one to share thoughts and experiences of life with, and a sense of worthlessness that leads to a “disconnection from life” (p. 1357). RACF is recognised as a site for structured psychosocial intervention to increase contact to prevent loneliness that is common amongst residents (Adams et al., 2004). There is an urgent need to develop strategies for psychosocial intervention in RACF that increase the quality and depth of interaction for residents and allow them to make connections within and outside the living facility (Adams et al., 2004; Sjoberg et al., 2018; Necka, 2020). Furthermore, it must be recognised that the experiences of culturally diverse older people require complex and culturally appropriate psychosocial intervention strategies that must also be addressed in policy development (Morgan et al., 2020; Adams et al., 2004).

The Role of Families in Residential Aged Care

Transition into residential aged care transforms the role of the family in the continued caregiving of loved ones (Petersen et al., 2016; Gaugler, 2005). Gerontology literature surrounding family caregiving in residential aged care has sought to dispel the myth that families abandon their relatives once they have entered into residential aged care (Gaugler, 2005; Walker & Paliadelis, 2016). Disengagement theory characterises commonly held assumptions that a

process of mutual withdrawal from social relationships naturally occurs during the ageing process (Johnson & Mutchler, 2014; Hall, 2012). The assumption that disconnection is a normative part of ageing has detrimental effects for older people, as those who view ageing negatively are more likely to suffer a variety of mental and physical health conditions (Ayalon, 2020). McGovern (2015, p. 408) and Davies' (2011, p. 218) strength-based conceptualisation of the “we” and “us” identity view the process of ageing as a shared experience that can join families together. Furthermore, literature on successful ageing shares a positive view on ageing as a time of engagement, contribution, and adaptation in later life (Johnson & Mutchler, 2014; Lang et al., 1997). The capacity of older adults and their families to adapt during unpredictable events such as transition into residential care and the COVID-19 pandemic need to be better understood in policies regarding family caregiving in RACF (Lang et al., 1997; Logue, 2003).

Family involvement in RACF is multidimensional, entailing “visiting, socio-emotional care, advocacy and the provision of personal care” (Gaugler, 2005, p. 105). Perspectives on power and powerlessness in RACF impact family involvement (Tew, 2006). Petersen et al. (2016) argue that RACF are contested spaces due to being a “workplace, a home, a health care centre and an institution” (p. 83). Social workers play a role in negotiating power and control issues to better facilitate relationships between residents, families, and RACF (Petersen et al., 2016; Bauer et al., 2014). Tew (2006) argues that social workers must account for multiple forms of power, as families may exercise both elements of protective power and oppressive power over their loved ones through excluding the older adult from decision-making. Similarly, RCAF may use institutional “power-over,” subjecting residents to abuse and restricting their rights (Tew, 2006, p. 36; Peisah et al., 2020). Families require support as they take on new caring roles

including reporting abuse to authorities, promoting space for family care in policies, and negotiating staff relationships (Gaugler, 2005; Bauer et al., 2014).

Gaps in the Literature

Literature on family involvement in care has predominantly focused on collaboration and partnership (Petersen et al., 2016). Following the Royal Commission into Aged Care, there is room for expanding literature regarding the advocacy role of families in RACF (Petersen et al., 2016). Given the critical role of families in reporting abuse and neglect in RACF, the importance of maintaining family connection during COVID-19 would greatly contribute to the literature (Gaugler, 2005; Brennan et al., 2020; Rahn, 2020). Through an emancipatory framework that seeks to ensure that vulnerable people are not abused or exploited (Phillips, 2018), social work can address gaps in the literature on the role of family advocacy. This would address systemic failures in institutional care that have led to the neglect and abuse of older adults in RACF. Further research can also address the gaps in the literature on resident engagement and involvement in developing psychosocial interventions for social isolation and loneliness in RACF (Morgan et al., 2020). This would allow for a greater understanding of the distinct forms of social disconnection that impact older adults in residential facilities (Necka, 2020). Allowing residents to define connectedness can contribute to greater qualitative literature that covers the complex and multidimensional experiences of disconnection and the impact it has on the mental health of older adults in RACF (Morgan et al., 2020).

The Impact of COVID-19 on the Mental Health of Residents and the Importance of Maintaining Connection

High rates of mental health issues amongst older adults have been a concern pre-COVID-19 (Brennan et al., 2020). The Royal Commission into Aged Care Quality and Safety has

highlighted the impact of RACF on the mental health of residents. Concurrently, COVID-19 has seen a large increase in depression, anxiety, and suicide risk in residential aged care (Royal Commission, 2020b). Failure to strike a balance between limiting the likelihood of an outbreak of the virus and ensuring the autonomy and dignity of residents has led to restrictive and ageist policies that have segregated residents from the community (Peisah et al., 2020). Issues of loneliness and isolation have been overlooked in COVID-19 policies that have focused on protectionism, minimizing outbreaks, and funding issues (Royal Commission, 2020b; Troutman-Jordan & Kazemi, 2020). The COVID-19 pandemic provides a wake-up call to prioritise mental health and human rights of older adults in residential aged care through practice and policy transformation.

Crisis-led policy decision-making regarding infection control led to a blanket exclusion of visitors at the beginning of the COVID-19 pandemic (Metherell & Mitchell, 2020; Peisah et al., 2020). The *Aged Care and COVID-19: a special report* pointed to inadequate care planning for the aged care sector by the federal government (Royal Commission, 2020a). Following reports from friends and families who were unable to visit residents living in RACF, thirteen aged care peak bodies and consumer advocacy organisations released the Visitation Code on May 12th, 2020. The voluntary code advised that visits for the purpose of care and support were still permitted. However, some RACF opted to continue the blanket ban on visitors due to understaffing and resource limitations (Rahn, 2020; Royal Commission, 2020a). Understaffing is not a new occurrence and reflects an ongoing systemic failure of inadequate staffing in the RACF sector, which has placed residents at risk of unsafe practices and neglect (De Bellis, 2010; Royal Commission, 2020b). COVID-19 has raised questions of provider responsibility to deliver services that are fundamental to the facility, inclusive of both infection control and resident

wellbeing (Peisah et al., 2020). Furthermore, social isolation policies reflect ageist rhetoric that frames older adults as a resource burden on the health care system (D’Cruz & Banerjee, 2020; Monahan et al., 2020). On October 8th, 2020, Aged Care Minister Richard Colbeck announced a commitment of \$245 million to support RACF with increased staffing costs for managing visitations and infection control (Department of Health, 2020). The recognition of the importance of visitors and increased staffing provides the opportunity for cultural and policy change within the RACF sector.

Residents’ ability to see loved ones was dependent on the willingness of RACF to implement policies that adhered to the Visitation Code. RACF in Sydney’s south-west continued visitations during COVID-19 by implementing policies that taught all family members how COVID-19 spreads, as well as the principles of COVID-19 infection control as recommended by the *Aged Care and COVID-19: a special report* (Metherell & Mitchell, 2020; Royal Commission 2020a). This example highlights the role of facilities who willingly prioritise maintaining connection throughout the pandemic. Social workers can advocate for a person-centred approach to implementing the Visitation Code with two distinct focuses: firstly, maintaining a focus on the responsibility of the RACF to provide the conditions for person-centred care, including sufficient resources and support for staff to provide emotional support and facilitate visitations for residents (Hall, 2012); and secondly, a person-centred care approach that requires reframing beliefs and approaches to working with older people (Hall, 2012). For social workers, this requires interrogating the meaning and values attributed to older adults on a micro, meso and macro level (Hall, 2012; Petersen et al., 2016). Social workers should aim to incorporate micro level perspective of residents, families, and RACF staff views into broader macro policies (Petersen et al., 2016). Social workers can facilitate this approach through undertaking holistic

assessments that account for psychosocial needs and emotional distress, and then use this knowledge to develop policies (Petersen et al., 2016; Hardy et al., 2020). This person-centred care perspective recognises the personhood of the older adult and emphasises “holistic and humanistic” care practices (McKay et al., 2012). Going beyond the pandemic, the implementation of policies for psychosocial needs and family involvement in RACF can acknowledge the role of family caregiving and encourage partnership between staff and families that can strengthen person-centred care (Petersen et al., 2016; Bauer et al., 2014).

Social workers should advocate for systemic change in residential aged care policies through an emancipatory practice framework that is guided by human rights. Emancipatory practice provides a critique of the contradiction between human interests and institutional practice, and aims to challenge injustice as a means to promoting social change (Phillips, 2018; Rose & Glass, 2008). Emancipatory practice framework seeks to challenge the role of ageism in determining policies that contribute to oppressive practice and the denial of the human rights of older adults (Phillips, 2018). Emancipatory practice can be defined as a practice that aims to increase a person’s autonomy and choice (Phillips, 2018; Jordan, 2004). Looking at RACF visitation policies through the *United Nations Convention on the Rights of Persons with Disabilities (CRPD)*, the denial of rights can be seen through Article 14: “liberty and security of the persons”; Article 19: “living independently and being included in the community”; Article 23: “respect for home and family, and relationships”; and Article 25: “enjoyment of the highest attainable standard of health without discrimination” (Peisah et al., 2020, p. 1). An emancipatory practice approach to RACF requires social workers to uphold human rights and highlight the importance of supported decision-making, autonomy, and consent (Phillips, 2018; Peisah et al., 2020). Underlying ageism forms the basis of restrictions placed on older people based on

chronological age and homogenizes older adults through framing them as “at risk” (Ayalon, 2020, p. 2). COVID-19 has also seen a division between young and old through discourse (for example, COVID-19 named “Boomer remover”) that devalues the lives of older adults (Ehni & Wahl, 2020; Colenda et al., 2020, p. 1786). The effects of negative stereotyping of older adults during COVID-19 pandemic are yet unknown (Ehni & Wahl, 2020; Monahan et al., 2020). Continuing forward, social workers can encourage intergenerational engagement to reduce ageism, which can lead to a greater recognition of the contribution that older adults make to society (Colenda et al., 2020) The role of emancipatory social work practice following the crisis should include promoting intergenerational solidarity and utilizing collective action in the recognition of rights of older adults (Ayalon, 2020; Phillips, 2018).

As discussed in the literature review, there are several factors that impact mental wellbeing in RACF. Many staff in RACF have low levels of mental health knowledge and training (McCabe et al., 2017). During COVID-19, the impact of untrained staff on mental health issues is exacerbated as residents are unable to readily access allied health professionals (Kidd, 2020). COVID-19 policies prioritise the physical health of older Australians, overlooking the impact of isolation and restrictive movement on the mental wellbeing of residents (Peisah et al., 2020; Troutman-Jordan & Kazemi, 2020). Management of complex mental health requires specialised skills and training for the aged care workforce. Insufficient programs and activities, as well as casualised staff, has meant that residents are not provided the opportunity to form relationships that meet their social and emotional needs (Logue, 2003). The struggle for the sector to recruit and maintain staff, particularly during COVID-19, has greatly impacted the ability to form relationships between staff and residents; this impedes staff from taking on an emotional labour role (Brennan et al., 2020; King, 2012). Organisational barriers including low

staffing ratios, perceived staff time constraints, lack of job satisfaction, and lack of staff education impact the success of psychosocial intervention for resident connection (Tarzia et al., 2015). Furthermore, isolation has placed residents at greater risk of abuse due to absence of loved ones who can monitor their health and well-being (Carson & Kaspiew, 2016). King (2012) argues that RACF should support care workers in performing emotional work, recognising the “frustration” that workers experience due to paperwork, lack of time, and lack of resources (p. 52). The risk of burnout, COVID-19 related anxiety, limited sick leave, replacement staff, and absence of mental health support for staff can all increase the likelihood of abusive care practices (Webb, 2020; Kidd, 2020). RACF staff can play a significant role in maintaining the mental wellbeing of residents, and the recent increase in funding for the aged care sector presents policy opportunities for cultural change (Department of Health, 2020; Gurung & Edwards, 2019).

An integrated biopsychosocial care model and person-centred approach is proposed to address the mental health and wellbeing needs of residents in RACF (D’Cruz & Banerjee, 2020). Improving quality of care requires both a policy and cultural shift away from a solely clinical focus to incorporating resident well-being and quality of life (Shier et al., 2014). The psychological wellbeing and social relations between staff, residents, and families also needs to be emphasized to prevent high staff turnover, abusive practices, and neglect (Grenade & Boldy, 2008; Gurung & Edwards, 2019). Social workers can advocate for policy frameworks that foster conditions for staff to understand residents, their key values, and lifecourse in order to provide person-centred care (McKay et al., 2012; McCabe et al., 2017). Social workers can impact changes at a micro level through addressing breaches of rights in care facilities and developing equitable policies and programs that can improve the wellbeing of residents (Hardy et al., 2020) Improving human relationships within care facilities may bolster the capacity of RACF to

provide emotional support for older adults who do not have personal support networks and supplement the social and emotional support gap witnessed during COVID-19 (Brennan et al., 2020). McCabe et al.'s study reveals that organisational environments that value "autonomy, trust and support" directly impact the confidence of staff working with residents with dementia or depression in RACF (2017, p. 492).

Australia faces a growing challenge to meet the needs of its ageing population, as it is estimated that aged-care providers will need to more than triple their existing workforce by 2050 (Hardy et al., 2020). Macro level changes need to take place in which organisational change occurs across the sector; this must occur to improve the experience of all stakeholders, which will encourage connectedness and positive mental health outcomes for residents, families and RACF staff. This can be done through addressing structural barriers to care such as staffing, resource limitations, and organisational inertia (Angus & Valentijn, 2018). With consideration to Australia's ageing population and associated increased incidence of mental health issues, RACF need to make marked improvements to the organisational environment and training for staff to provide the social and emotional support needed by residents (King, 2012). Rather than positioning older people as a "social problem," the Australian Government and the RACF sector should strive to face the challenge head-on and ensure the wellbeing of older adults through actively addressing residents' psychosocial and emotional needs (Hardy et al., 2020, p. 450).

Conclusion

The COVID-19 pandemic has shown that families play an important role in the psychological and emotional wellbeing of older adults in residential aged care. This has highlighted the need for the critical assessment of policies that restrict visitation and increase loneliness and social isolation of older adult. The pandemic has also underscored the inadequacy

of the residential aged care environment to provide this form of support. Using an emancipatory practice approach guided by human rights, social workers can advocate for older adults to maintain connection to friends and family, as well as to wider society. A biopsychosocial model and person-centred approach are proposed to improve the capacity of RACF to support the mental health of older adults and reduce abuse and neglect. In light of the revelations of 2020, there remains hope that COVID-19 and the Royal Commission will lead to a cultural and policy shift in residential aged care that moves toward providing holistic support for residents. Following COVID-19 and the Royal Commission, further research is needed into how organisational change that upholds the prioritisation of mental health and connectedness for residents can occur.

References

- Adams, K. B., Sanders, S., & Auth, E. A. (2004). Loneliness and depression in independent living retirement communities: risk and resilience factors. *Aging & mental health*, 8(6), 475-485.
- Angus, V. & Valentijn, P. P. (2018). From micro to macro: assessing implementation of integrated care in Australia. *Australian Journal of Primary Health*, 24(1), 59–65.
<https://doi.org/10.1071/PY17024>
- Ayalon, L. (2020). There is nothing new under the sun: ageism and intergenerational tension in the age of the COVID-19 outbreak. *International Psychogeriatrics*, 1–4.
<https://doi.org/10.1017/S1041610220000575>
- Bauer, M., Fetherstonhaugh, D., Tarzia, L., & Chenco, C. (2014). Staff–Family Relationships in Residential Aged Care Facilities: The Views of Residents’ Family Members and Care Staff. *Journal of Applied Gerontology*, 33(5), 564–585.
<https://doi.org/10.1177/0733464812468503>
- Berg-Weger, M., & Morley, J. (2020). Loneliness and Social Isolation in Older Adults During the Covid-19 Pandemic: Implications for Gerontological Social Work. *The Journal of Nutrition, Health & Aging*, 24(5), 1–3. <https://doi.org/10.1007/s12603-020-1366-8>
- Brennan, J., Reilly, P., Cuskelly, K., & Donnelly, S. (2020). Social work, mental health, older people and COVID-19. *International Psychogeriatrics*, 1–5.
<https://doi.org/10.1017/S1041610220000873>
- Butler, R. (1969). Age-Isms: Another Form of Bigotry. *The Gerontologist*, 9(4 Part 1), 243–246.
<https://doi.org/10.1093/geront/9.4 Part 1.243>
- Carson, R., & Kaspiew, R. (2016). Elder abuse in Australia. *Family Matters*, 98, 64–73.

- Colenda, C., Reynolds, C., Applegate, W., Sloane, P., Zimmerman, S., Newman, A., Meeks, S., & Ouslander, J. (2020). COVID-19 Pandemic and Ageism: A Call for Humanitarian Care. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 75(9), 1786–1787. <https://doi.org/10.1093/gerona/glaa140>
- Connolly, A., & Stewart, J. (2019, September 19). Bupa’s aged care homes failing standards across Australia. *ABC News*. Retrieved from <https://www.abc.net.au/news/2019-09-12/bupas-aged-care-homes-failing-standards-across-australia/11501050?nw=0>
- Connolly, A. (2020, August 25). Coronavirus is devastating the aged care sector, and it all feels shockingly familiar. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-08-25/coronavirus-aged-care-australia-crisis-feels-shockingly-familiar/12592178>
- Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*, 25(3), 799-812.
- Cox, C. (2020). Older Adults and Covid 19: Social Justice, Disparities, and Social Work Practice. *Journal of Gerontological Social Work*, 1–14. <https://doi.org/10.1080/01634372.2020.180814>
- Davies, J. C. (2011). Preserving the “us identity” through marriage commitment while living with early-stage dementia. *Dementia*, 10(2), 217–234. <https://doi.org/10.1177/1471301211398991>
- Davison, T., McCabe, M., Knight, T., & Mellor, D. (2012). Biopsychosocial factors related to depression in aged care residents. *Journal of Affective Disorders*, 142(1-3), 290–296. <https://doi.org/10.1016/j.jad.2012.05.019>

- D’Cruz, M., & Banerjee, D. (2020). “An invisible human rights crisis”: The marginalization of older adults during the COVID-19 pandemic – An advocacy review. *Psychiatry Research*, 292, 113369. <https://doi.org/10.1016/j.psychres.2020.113369>
- De Bellis, A. (2010). Australian residential aged care and the quality of nursing care provision*. *Contemporary Nurse : a Journal for the Australian Nursing Profession*, 35(1), 100–113. <http://search.proquest.com/docview/759328374/>
- Department of Health. (2020, October 8). *A stronger aged care system with a focus on quality care*. Retrieved from <https://www.health.gov.au/ministers/senator-the-hon-richard-colbeck/media/a-stronger-aged-care-system-with-a-focus-on-quality-care>
- Duffy, F. (2017). A Social Work Perspective on How Ageist Language, Discourses and Understandings Negatively Frame Older People and Why Taking a Critical Social Work Stance Is Essential. (Report). *British Journal of Social Work*, 47(7), 2068–2085. <https://doi.org/10.1093/bjsw/bcw163>
- Ehni, H., & Wahl, H. (2020). Six Propositions against Ageism in the COVID-19 Pandemic. *Journal of Aging & Social Policy*, 32(4-5), 515–525. <https://doi.org/10.1080/08959420.2020.1770032>
- Fine, M., Davidson, B., Aulenbacher, B., Lutz, H., & Riegraf, B. (2018). The marketization of care: Global challenges and national responses in Australia. *Current Sociology*, 66(4), 503–516. <https://doi.org/10.1177/0011392118765281>
- Gaugler, J. (2005). Family involvement in residential long-term care: A synthesis and critical review. *Aging & Mental Health*, 9(2), 105–118. <https://doi.org/10.1080/13607860412331310245>

- Grenade, L., & Boldy, D. (2008). Social isolation and loneliness among older people: issues and future challenges in community and residential settings. *Australian Health Review*, 32(3), 468–478. <http://search.proquest.com/docview/231778263/>
- Gurung, A., & Edwards, S. (2019, June 27). Our ailing aged care system shows you can't skimp on nursing care. *The Conversation*. Retrieved from <https://theconversation.com/our-ailing-aged-care-system-shows-you-cant-skimp-on-nursing-care-115565>
- Hall, B. (2012). Reflective social work practise with older people: the professional and the organisation. In Hall, B., & Scragg, T (Eds.), *Social work with older people: approaches to person-centred practise*, 7-30. Maidenhead: McGraw-Hill Education
- Hardy, F., Hair, S. A., & Johnstone, E. (2020). Social work: Possibilities for practice in residential aged-care facilities. *Australian Social Work*, 73(4), 449-461.
- Hitch, G. (2020, May 1). Aged care visitor guidelines released after complaints against facilities. *ABC News*. Retrieved from <https://www.abc.net.au/news/2020-05-01/aged-care-visitor-draft-code-released/12206822>
- Holt-Lunstad, J., Smith, T., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
- Holvast, F., Verhaak, P. F., Dekker, J. H., de Waal, M. W., van Marwijk, H. W., Penninx, B. W., & Comijs, H. (2012). Determinants of receiving mental health care for depression in older adults. *Journal of affective disorders*, 143(1-3), 69-74.
- Howard, A., Agllias, K., Bevis, M., & Blakemore, T. (2018). How Social Isolation Affects Disaster Preparedness and Response in Australia: Implications for Social Work.

- Australian Social Work*, 71(4), 392–404.
<https://doi.org/10.1080/0312407X.2018.1487461>
- Johnson, K., & Mutchler, J. (2014). The Emergence of a Positive Gerontology: From Disengagement to Social Involvement. *The Gerontologist*, 54(1), 93–100.
<https://doi.org/10.1093/geront/gnt099>
- Jordan, B. (2004). Emancipatory Social Work? Opportunity or Oxymoron. *The British Journal of Social Work*, 34(1), 5–19. <https://doi.org/10.1093/bjsw/bch002>
- Kidd, M. (2020). Five principles for pandemic preparedness: lessons from the Australian COVID-19 primary care response. *The British Journal of General Practice: the Journal of the Royal College of General Practitioners*, 70(696), 316–317.
<https://doi.org/10.3399/bjgp20X710765>
- King, D. (2012). It's frustrating! Managing emotional dissonance in aged care work. *Australian Journal of Social Issues*, 47(1), 51–70. <https://doi.org/10.1002/j.1839-4655.2012.tb00234.x>
- Lang, F., Featherman, D., & Nesselroade, J. (1997). Social self-efficacy and short-term variability in social relationships: the MacArthur successful aging studies. *Psychology and Aging*, 12(4), 657–666. <https://doi.org/10.1037/0882-7974.12.4.657>
- Logue, R. (2003). Maintaining Family Connectedness in Long-Term Care: An Advances Practice Approach to Family-Centered Nursing Homes. *Journal of Gerontological Nursing*, 29(6), 24–31. <https://doi.org/10.3928/0098-9134-20030601-07>
- Metherell, L., & Mitchell, S. (2020, October 18). How training visitors allowed aged care homes to maintain family contact during coronavirus. *ABC News*. Retrieved from

<https://www.abc.net.au/news/2020-10-18/aged-care-homes-that-stayed-open-to-visitors-during-coronavirus/12775402>

McCabe, M., Davison, T., Mellor, D., & George, K. (2009). Barriers to Care for Depressed Older People: Perceptions of Aged Care among Medical Professionals. *The International Journal of Aging and Human Development*, 68(1), 53–64.

<https://doi.org/10.2190/AG.68.1.c>

McCabe, M., Mellor, D., Karantzas, G., Von Treuer, K., Davison, T., & O’Connor, D. (2017). Organizational factors related to the confidence of workers in working with residents with dementia or depression in aged care facilities. *Aging & Mental Health*, 21(5), 487–493. <https://doi.org/10.1080/13607863.2015.1118011>

McCauley, D. (2020, September 29). Aged care COVID-19 deaths could have been curtailed, Brendan Murphy says. *Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/politics/federal/aged-care-covid-19-deaths-could-have-been-curtailed-brendan-murphy-says-20200928-p56006.html>

McKay, R., McDonald, R., Lie, D., & McGowan, H. (2012). Reclaiming the best of the biopsychosocial model of mental health care and “recovery” for older people through a “person-centred” approach. *Australasian Psychiatry*, 20(6), 492–495.

<https://doi.org/10.1177/1039856212460286>

McGovern, J. (2015). Living Better With Dementia: Strengths-Based Social Work Practice and Dementia Care. *Social Work in Health Care*, 54(5), 408–421.

<https://doi.org/10.1080/00981389.2015.1029661>

- Monahan, C., Macdonald, J., Lytle, A., Apriceno, M., & Levy, S. (2020). COVID-19 and ageism: How positive and negative responses impact older adults and society. *The American Psychologist*, 75(7), 887–896. <https://doi.org/10.1037/amp0000699>
- Morgan, T., Wiles, J., Moeke-Maxwell, T., Black, S., Park, H. J., Dewes, O., ... & Gott, M. (2020). ‘People haven’t got that close connection’: meanings of loneliness and social isolation to culturally diverse older people. *Aging & mental health*, 24(10), 1627-1635.
- Necka, R. (2020). Social Disconnection in Late Life Mental Illness – Commentary From the National Institute of Mental Health. *The American Journal of Geriatric Psychiatry*. <https://doi.org/10.1016/j.jagp.2020.08.013>
- Peisah, C., Byrnes, A., Doron, I., Dark, M., Quinn, G., & Peisah, C. (2020). Advocacy for the human rights of older people in the COVID pandemic and beyond: a call to mental health professionals. *International Psychogeriatrics*, 1–6. <https://doi.org/10.1017/S1041610220001076>
- Petersen, M., Wilson, J., Wright, O., Ward, E., & Capra, S. (2016). The Space of Family Care-Giving in Australian Aged Care Facilities: Implications for Social Work. *The British Journal of Social Work*, 46(1), 81–97. <https://doi.org/10.1093/bjsw/bcu108>
- Phillips, R. (2018). Emancipatory social work with older people: challenging students to overcome the limitations of ageism and institutional oppression. *Social Work & Policy Studies: Social Justice, Practice and Theory*, 1(001). ISSN: 2209-0878
- Power, P., & McCauley, D. (2020, October 1). Royal commission demands additional staff in aged care immediately. *Sydney Morning Herald*. Retrieved from <https://www.smh.com.au/national/royal-commission-demands-additional-staff-in-aged-care-immediately-20200930-p56016.html>

- Putnam, M. (2018). Loneliness, resilience and social support. *Journal of Gerontological Social Work*, 61(6), 583–583. <https://doi.org/10.1080/01634372.2018.1499181>
- Rahn, A. (2020, April 15). Banning visitors to aged care during coronavirus raises several ethical questions – with no simple answers. *The Conversation*. Retrieved from <https://theconversation.com/banning-visitors-to-aged-care-during-coronavirus-raises-several-ethical-questions-with-no-simple-answers-134663>
- Rose, G. & Glass, N. (2008). The importance of emancipatory research to contemporary nursing practice. *Contemporary Nurse: a Journal for the Australian Nursing Profession*, 29(1), 8–22. <https://doi.org/10.5172/conu.673.29.1.8>
- Royal Commission into Aged Care Quality and Safety (2020a). *Aged Care and COVID-19: a special report*. Retrieved from <https://apo.org.au/sites/default/files/resource-files/2020-10/apo-nid308612.pdf>
- Royal Commission into Aged Care Quality and Safety (2020b). *Interim Report: Neglect*. Retrieved from https://apo.org.au/sites/default/files/resource-files/2019-10/apo-nid266076_6.pdf
- Shier, V., Khodyakov, D., Cohen, L., Zimmerman, S., & Saliba, D. (2014). What Does the Evidence Really Say About Culture Change in Nursing Homes? *The Gerontologist*, 54(1), S6–S16. <https://doi.org/10.1093/geront/gnt147>
- Smith, K. J., & Victor, C. (2019). Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health. *Ageing & Society*, 39(8), 1709-1730.
- Tarzia, L., Fetherstonhaugh, D., Bauer, M., Beattie, E., & Nay, R. (2015). “We have to work within the system!”: staff perceptions of organizational barriers to decision making for

- older adults with dementia in Australian aged care facilities. *Research in Gerontological Nursing*, 8(6), 286-292.
- Teresi, J., Abrams, R., Holmes, D., Ramirez, M., & Eimicke, J. (2001). Prevalence of depression and depression recognition in nursing homes. *Social Psychiatry and Psychiatric Epidemiology*, 36(12), 613–620. <https://doi.org/10.1007/s127-001-8202-7>
- Tew, J. (2006). Understanding Power and Powerlessness: Towards a Framework for Emancipatory Practice in Social Work. *Journal of Social Work*, 6(1), 33–51. <https://doi.org/10.1177/1468017306062222>
- Troutman-Jordan, M., & Kazemi, D. (2020). COVID-19’s impact on the mental health of older adults: Increase in isolation, depression, and suicide risk. An urgent call for action. *Public Health Nursing*, 37(5), 637–638. <https://doi.org/10.1111/phn.12774>
- UN General Assembly, *Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly*, 24 January 2007, A/RES/61/106, available at: <https://www.refworld.org/docid/45f973632.html> [accessed 26 October 2020]
- Walker, H., & Paliadelis, P. (2016). Older peoples’ experiences of living in a residential aged care facility in Australia. *Australasian Journal on Ageing*, 35(3), E6–E10. <https://doi.org/10.1111/ajag.12325>
- Wand, P. & Peisah, C. (2020). COVID-19 and suicide in older adults. *Medical Journal of Australia*, 213(7), 335–335.e1. <https://doi.org/10.5694/mja2.50763>
- Webb, L. (2020). COVID-19 lockdown: A perfect storm for older people’s mental health. *Journal of Psychiatric and Mental Health Nursing*. <https://doi.org/10.1111/jpm.12644>

Pushed Back into Poverty: The Impact of the COVID-19 Pandemic on the Global Poor

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Abstract

This paper will examine the state of extreme poverty before the COVID-19 pandemic, the negative impacts of the pandemic on extreme poverty, and potential solutions to those negative impacts through the lens of the first five United Nations Sustainable Development Goals. The pandemic threatens to reverse decades of consistent progress in fighting extreme poverty. For the first time in 20 years, the number of people in extreme poverty will increase instead of decrease. An estimated 80 to 400 million people will fall back into extreme poverty because of the pandemic. Millions are on the brink of famine. Pauses in the distribution of mosquito nets and vaccines threaten to cause hundreds of thousands of additional deaths. Potential solutions include reducing the spread of COVID-19, funding the UN COVID-19 Global Humanitarian Response Plan, sending cash transfers to the extreme poor, supporting a global ceasefire, and empowering individuals and organizations to support charities.

Keywords: extreme poverty, coronavirus, famine, Sustainable Development Goals, United Nations

Pushed Back into Poverty: The Impact of the COVID-19 Pandemic on the Global Poor

The ongoing coronavirus disease 2019 (COVID-19) pandemic has upended the lives of billions and wreaked havoc on global economies. The virus itself has infected tens of millions of people and has taken the lives of over one million people. Despite the heavy toll COVID-19 has taken on the United States, Canada, and other high-income countries, COVID-19 threatens to destroy those who have little to begin with: the global poor.

Progress on fighting extreme poverty has been remarkably consistent in the last twenty to thirty years. Between 1999 and 2015, the number of people in extreme poverty fell each year (Roser & Ortiz-Ospina, 2013a). In that period of time, one billion people emerged from extreme poverty, driven largely by the hundreds of millions of people escaping extreme poverty in China and India. However, roughly 700 million people were still in extreme poverty in 2015 (Roser & Ortiz-Ospina, 2013a). 2020 is the first year that the total number of people in extreme poverty increased since 1999 and the first year that the relative amount of people in extreme poverty increased since 1990 (Sumner et al., 2020). The pandemic not only affected those in high-income countries, but it also upended the lives of billions more in middle-income and low-income countries².

The COVID-19 pandemic brought lockdowns, deaths, economic hardship, and strain on healthcare systems, among many other negative impacts. The Gates' Foundation released their 2020 Goalkeepers Report, where they estimate an additional 37 million people have fallen into extreme poverty just in 2020 (Gates & Gates, 2020). The rise in extreme poverty threatens to derail the United Nations Sustainable Development Goal (UN SDG) of ending extreme poverty

² High-income countries have a gross national income (GNI) per capita of \$12,376 or more. Middle-income countries have a GNI per capita between \$1,026 and \$12,375. Low-income countries have a GNI per capita of \$1,025 or less (Prydz & Wadhwa, 2019).

by 2030 (United Nations, 2015). The world may soon face a humanitarian crisis on a scale not seen in decades.

The paper first aims to define extreme poverty. Then it will examine the state of extreme poverty before COVID-19, where it was most prevalent, what kinds of people were in extreme poverty, and what those in extreme poverty lacked. Afterwards, there will be an analysis of COVID-19's impact on the global poor and potential solutions to the current crisis. The paper will also connect extreme poverty before the pandemic and the pandemic's negative effects on poverty to the first five UN Sustainable Development Goals. This investigation ultimately seeks to answer the following question: How has the COVID-19 pandemic impacted the global poor and what are potential solutions for mitigating the negative impacts?

Defining Poverty

Accurately condensing billions of people's experiences into a single definition is difficult. The UN defines absolute poverty as the "severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information" (United Nations, 1995). This definition describes the suffering that millions go through each day, but it can be hard to quantitatively measure poverty on a large scale by that definition.

In many countries, poverty is defined relative to a national poverty line. For example, in the US and Canada, the poverty line is roughly \$20 per day (Roser & Ortiz-Ospina, 2013a). While that threshold may be useful for domestic policy decisions, it makes comparisons between countries difficult. To draw conclusions about global poverty, it must be measured with respect to an international standard.

The World Bank defines extreme poverty as living under \$1.90 a day, in 2011 purchasing power parity (PPP) dollars³ (World Bank, 2015). The line intends to reflect the absolute minimum needed to fulfill basic needs, but there is certainly poverty and deprivation for those living above this line. The \$1.90 a day line seeks to measure those who are truly in the most extreme forms of deprivation. According to this definition, about 700 million people lived in extreme poverty in 2015, a staggering 1 out of every 10 people alive (Roser & Ortiz-Ospina, 2013a).

In addition, poverty in high-income countries looks different compared to poverty in low-income countries. While being in poverty is difficult anywhere, healthcare access is widespread in most high-income countries. Resources such as food banks and welfare programs alleviate food insecurity. During the pandemic, the United States spent \$2 trillion on supporting small businesses, funding unemployment insurance, and supporting local efforts on fighting coronavirus (U.S. Department of the Treasury, n.d.). Inadequate healthcare systems in many low-income countries left many unprepared as COVID-19 spread around the world. Basic welfare programs targeting food insecurity and unemployment were typically nonexistent or inadequate before the pandemic. For those in extreme poverty, the government is largely unwilling or unable to assist them. The paper focuses primarily on extreme poverty and how the pandemic has affected it, because those in extreme poverty often have the fewest resources to begin with and regularly face unimaginable suffering compared to the rest of the world.

Extreme Poverty Before COVID-19

For most of human history, the vast majority of people were in extreme poverty (Roser & Ortiz-Ospina, 2013a). Researchers François Bourguignon and Christian Morrisson estimate that

³ This \$1.90 is universal and has been adjusted for exchange rates and differences in purchasing power between countries. It is based off the US dollar.

in 1820, roughly 84 percent of people alive were in extreme poverty⁴ (Bourguignon & Morrisson, 2002). By 1950, the rate had gone down to 54 percent. Economic growth from 1800 to the present lifted billions of people out of extreme poverty. By 1981, the first year the World Bank began measuring global extreme poverty, the percentage had decreased to 42 percent (World Bank, 2018). Remarkably by 2015, the World Bank reported that only 10 percent of the world population was in extreme poverty. It was the first time in history that 90 percent of all humans alive were out of extreme poverty.

In 1990, most people living in extreme poverty lived in East Asia and South Asia (Roser & Ortiz-Ospina, 2013a). Two-thirds of China's population and nearly half of India's population was in extreme poverty. Furthermore, one billion people in East Asia, half a billion people in South Asia, and nearly 300 million people in Sub-Saharan Africa faced extreme poverty at the time. Since then, extreme poverty has gone down substantially, especially in China and India. China's extreme poverty rate was 0.5 percent in 2016, while India's extreme poverty rate was 21 percent in 2011 (World Bank, 2018). Both countries have lifted a total of 1 billion people out of extreme poverty as a result of economic growth. While the number of extremely poor in Sub-Saharan Africa has increased since 1990, the proportion of people in extreme poverty has declined, from 58 percent in 1993 to 41 percent in 2015 (Roser & Ortiz-Ospina, 2013a).

Today, most of those in extreme poverty live in Sub-Saharan Africa and South Asia. Despite large progress in fighting extreme poverty in Asia, India and China are still home to millions in extreme poverty. In 2013, India had 220 million extremely poor and China had 25 million extremely poor (Roser & Ortiz-Ospina, 2013a). In the same year in Sub-Saharan Africa,

⁴ They define extreme poverty as living under \$1 a day in 1985 PPP dollars, which is roughly consistent with the current World Bank poverty line of \$1.90 a day in 2011 PPP dollars.

Nigeria harbored 86 million people in extreme poverty and the Democratic Republic of the Congo (DRC) had 55 million people living in extreme poverty.

A disproportionate number of those in extreme poverty are children. A joint World Bank-UNICEF report estimated that out of the 767 million people that were in extreme poverty in 2013, 385 million were children (World Bank & UNICEF, 2016). Despite only making up a third of the population in developing countries, children make up more than half of the world's extremely poor⁵. Children are also often the least capable of bringing themselves out of poverty, as they cannot work or go to school on their own.

Extreme poverty can have long-lasting effects on a young child that carry into adulthood. Malnutrition as a child leads to stunting, physical deformities, reduced cognitive capabilities, and other ailments caused by nutrient deficiencies (UNICEF, 2020). Lack of education as a child reduces their human capital and their ability to escape poverty. Lack of access to quality healthcare and clean water means easily treatable illnesses can become life-threatening. As a result, many children still die of malaria, diarrhea, and cholera.

People in extreme poverty also face larger gender disparities and a lack of access to clean water, sanitation, and electricity. Women in extreme poverty are often subject to harmful gender norms and cultural practices. Among the extreme poor, child marriages are more common, and many girls still undergo genital mutilation. An estimated 61 million child marriages are set to occur by 2025 (Save the Children International, 2020). Female genital mutilation has no health benefits and is very painful (World Health Organization, 2020). Yet in some countries, 9 out of 10 girls have been subject to genital mutilation (United Nations, 2020b). In addition, 2 billion people still do not have access to safe, clean drinking water. Unsafe drinking water kills 1.2

⁵ The report included 89 countries as part of a sample representing developing countries.

million people each year (Ritchie & Roser, 2019c). Likewise, billions still lack access to safely managed sanitation. 4.5 billion people, or 60 percent of the world's population, do not have access to safely managed sanitation (Ritchie & Roser, 2019b). Many in poverty also lack access to electricity. In 2016, 940 million people did not have electricity access, or 13 percent of the world population (Ritchie & Roser, 2019a). Those in poverty still face large gender disparities and poor access to clean water, safe sanitation, and reliable electricity.

The United Nations Sustainable Development Goals

The Sustainable Development Goals (SDGs) are seventeen goals adopted by the United Nations that seeks to “achieve a better and more sustainable future for all” (United Nations, n.d.). The goals were adopted in 2015 and all aim to be achieved by 2030. They push for many improvements in quality of life for the poor while also advocating for environmental sustainability. This paper focuses on goals 1 through 5 as they relate to extreme poverty and does not detail the goals that relate to environmental sustainability. The paper will look at progress on each SDG before the pandemic, along with the pandemic's effects on each SDG. Looking at progress on the SDGs before the pandemic gives a picture of life in extreme poverty before COVID-19. Examining the pandemic's effects on the SDGs show how life in extreme poverty is negatively impacted by the pandemic. Each goal has various subgoals called targets, with each target having 1-3 indicators that measure progress towards completing the target. Listed below are those goals, along with a selected target⁶ from each goal.

⁶ The selected targets were chosen based on their relevance to extreme poverty.

Table 1*UN Sustainable Development Goals*

Sustainable Development Goal Number	Name of Goal	Selected Target
1	No Poverty	1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.90 a day.
2	Zero Hunger	2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.
3	Good Health and Well-Being	3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
4	Quality Education	4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.
5	Gender Equality	5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

(United Nations, 2017).

Goal 1: No Poverty

According to Table 1, Target 1.1 seeks to end all extreme poverty by 2030. Before COVID-19, the world was not on track to end extreme poverty by then. UN projections estimated that 6 percent of the world population would still be in extreme poverty in 2030 before the pandemic hit (United Nations, 2020b). With the pandemic however, reaching Target 1.1 will be much more difficult. Nonetheless, the world can still make substantial progress in the next ten years.

Goal 2: Zero Hunger

Hunger and malnourishment are the most common manifestations of extreme poverty. In 2017, 820 million people were undernourished (Roser & Ritchie, 2013a). Since 1991, the number of people who were undernourished declined overall. Between 2014-2017 however, there was an increase in the number of undernourished people, going from 780 million in 2014 to 820 million in 2017 (Roser & Ritchie, 2013a). The Food and Agriculture Organization (FAO), a UN agency, defines undernourishment as a “state, lasting for at least one year, of inability to acquire enough food, defined as a level of food intake insufficient to meet dietary energy requirements” (FAO et al., 2013, p. 50).

Severe malnutrition in children has two worrying effects: stunting and wasting. Stunting and wasting are caused by malnutrition or repeated infections, both which are more common among the extreme poor. A child is considered stunted if they are significantly shorter than they should be for their age (World Health Organization, n.d.). This can cause permanent problems with the child’s physical growth and mental development. For example, going to school and work can become harder because stunting reduces cognitive and physical abilities. Twenty-two percent of children younger than 5 are stunted, and in many countries, 30-45 percent of children

are stunted (Roser & Ritchie, 2013a). Wasting occurs when a child is severely underweight. It is more acute and severe compared to stunting. Unlike stunting though, wasting can be reversed with improved nutrition. Roughly 7 percent of children under 5, or 47 million children, were wasted in 2019 (UNICEF, 2020). Fortunately, the incidence of stunting and wasting has declined since the 1990s.

According to Table 1, Target 2.1 seeks to end hunger for all people and to reduce food insecurity, especially for vulnerable populations. Target 2.1 will probably fail to be reached unless there is rapid, decisive action on a large scale. While overall the number of people who are undernourished is going down, it has been on the rise in recent years, even before COVID-19. Hunger compounds the suffering already present among those in extreme poverty. While great strides have been made in reducing hunger around the world, poor access to nutritious food still causes preventable suffering among the extreme poor.

Goal 3: Good Health and Well-Being

Lack of access to healthcare, infectious diseases, and preventable deaths are much more common to those in extreme poverty. But there is much to be optimistic about. Today, there is no country on Earth with a life expectancy below 50 years. World life expectancy went from 61 years in 1980 to 73 years in 2019 (Roser, Ortiz-Ospina, & Ritchie, 2013). Yearly global malaria deaths declined from 930,000 in 2003 to 620,000 in 2017 (Roser & Ritchie, 2013b). The number of people dying from HIV/AIDS has gone down every year since 2006, and the number of new infections of HIV has gone down since 2000 (Roser & Ritchie, 2014). In 1950, 1 out of every 5 children died before they turned 5 (Roser, Ritchie, & Dadonaite, 2013). Today, only 1 in 25 children suffer the same fate. While childhood deaths and infectious diseases still cause much suffering in the world today, we have certainly made progress in fighting both.

One indicator of a country's quality of healthcare is the maternal mortality ratio. It measures the number of women who die out of every 100,000 births. As shown in Table 1, Target 3.1 seeks to bring the global maternal mortality ratio below 70. In nearly all developed nations, the maternal mortality ratio is below 15 maternal deaths out of every 100,000 births (Roser & Ritchie, 2013c). Deaths during childbirth are extremely rare and show how a strong healthcare system can reduce preventable death and suffering. In many countries in Sub-Saharan Africa though, the maternal mortality ratio is staggeringly high and is typically between 300 to 900. In Sierra Leone, the maternal mortality ratio was 1,360 in 2015 (Roser & Ritchie, 2013c). While that number is half of what it was in 1994, it means that even today, about 1 out of every 75 Sierra Leonean women giving birth die. Countries where healthcare systems are lacking often struggle to provide adequate healthcare for mothers giving birth. There is also a strong correlation between higher incomes and lower maternal mortality. The five countries with the highest maternal mortality rates also have high rates of extreme poverty (Roser & Ritchie, 2013c).

In 2017, the global maternal mortality ratio was 211 deaths out of every 100,000 births (United Nations, 2020b). From 2000 to 2017, the global maternal mortality ratio went down by 3 percent each year. To reach Target 3.1 though, the rate of progress would have to double. The pressure COVID-19 has put on healthcare systems makes reaching this target even less likely. While the global mortality ratio is now roughly half of what it was in 1990, the rate of progress would need to increase to reach Target 3.1 by 2030.

Overall, the world has been making progress on nearly all fronts of global health, but the COVID-19 pandemic will reverse or slow down progress. Reaching the targets for Goal 3 will be more difficult now than it was before. While we may be able to lower the number of child

deaths, maternal deaths, and infectious disease deaths by 2030, it is rather unlikely that we will reach their respective targets in time.

Goal 4: Quality Education

More education boosts employment prospects, human capital, and income. However, many in extreme poverty do not have access to quality education, making it tougher to pull themselves out of poverty. Illiteracy is also a problem in many poorer nations. The world literacy rate increased from 12 percent in 1800 to 86 percent today (Roser & Ortiz-Ospina, 2016). However, this means that roughly 1 billion people still cannot read. Access to education is a key factor to escaping extreme poverty.

As stated in Table 1, Target 4.1 seeks to provide free and high-quality primary and secondary education for all girls and boys. In most countries around the world today, all young children are enrolled in primary school. However, children in Sub-Saharan Africa make up more than half of the total number of school-aged children not in school. In most parts of Sub-Saharan Africa, primary school enrollment rates are over 80 percent (Roser & Ortiz-Ospina, 2013b). However, Sudan, Eritrea, Djibouti, and Equatorial Guinea have less than 60 percent of primary school-aged children in primary school. 22 percent of primary school-aged children in Sub-Saharan Africa were not enrolled in school in 2016 (Roser & Ortiz-Ospina, 2013b). While this is half the number it was in 1999, progress has largely stagnated in recent years, with only a 1.6 percent decrease overall since 2011. By 2030, 200 million children are projected to be out of school (United Nations, 2020b). Girls are also more likely to be out of school than boys, especially among the extreme poor. The COVID-19 pandemic led schools to shut down. Many schools in developed countries switched to remote learning. However, school shutdowns in developing countries meant children lost out on learning. School shutdowns may put millions of

children out of school permanently in developing countries (Fry & Lei, 2020). It is unlikely that Target 4.1 will be reached by 2030.

Goal 5: Gender Equality

Today, women largely bear the brunt of domestic work, especially in extreme poverty. Many women in extreme poverty get married before they turn 18, undergo genital mutilation, and face higher rates of intimate partner violence (IPV) (Ritchie et al., 2018). In addition, women are often discriminated against and are not represented well in national governments.

As displayed in Table 1, Target 5.2 seeks to end all forms of violence against women and girls, including trafficking and sexual violence. SDG Indicator 5.2.1 measures the number of women and girls who experienced violence from an intimate partner in the past year (United Nations, 2017). In most high-income countries, less than 10 percent of women experienced IPV in the past year. In middle-income and low-income countries, the rates of IPV are noticeably higher. In middle-income countries, roughly between 10-20 percent of women faced violence from an intimate partner in the past year. In many low-income countries, more than 20 percent of women experienced IPV. In Afghanistan, where the rate of IPV is the highest in the world, 39 percent of women experienced IPV in 2017 (Ritchie et al., 2018).

Fortunately, violence against women has decreased in nearly all countries around the world. Even in Afghanistan, the rate has gone down from 54 percent in 1990 to 39 percent in 2017. Although there has been consistent progress against IPV, the rate of progress is not fast enough to achieve Target 5.2 by 2030. In India, the prevalence of IPV went from 19 percent in 1990 to 18 percent in 2017. In that same time period, the IPV rate in China went from 16 percent to 12 percent. While there has been progress during those 27 years, it is not fast enough to end all IPV by 2030. In addition, recent lockdowns caused a rise in domestic violence, reversing

decades-long progress in improving the status of women. There is much progress to celebrate in reducing violence against women, but it will likely not be eliminated by 2030.

The Impact of the COVID-19 Pandemic

The pandemic has already put an estimated 37 million people into extreme poverty and threatens to do the same to millions more (Gates & Gates, 2020). It has impacted every Sustainable Development Goal and most of the effects have been negative. Many of the negative effects have been because of efforts to reduce the spread of COVID-19. Lockdowns have led to economic downturns, increases in unemployment, and lost tax revenue. The need for social distancing makes physical labor jobs and service jobs more difficult. Fear of getting infected has shut down the travel and tourism industries, which are a crucial part of the economy in many low-income countries. Supply chains are under more stress as demand for necessities like food and medical supplies increases. Overall, the pandemic has caused a series of wide-ranging negative impacts that pose challenges to those in extreme poverty.

The Impact of the Pandemic on UN SDGs 1-5

Goal 1: No Poverty

Andy Sumner, Eduardo Ortiz-Juarez, and Chris Hoy of the United Nations University World Institute for Economic Research (UNU-WIDER) estimate that an additional 80 to 400 million people could fall below the \$1.90 per day extreme poverty line as a result of the pandemic (Sumner et al., 2020). Their paper assumes that 727 million people were in extreme poverty before the pandemic⁷. They project that with a global 5% contraction in per capita income, 80 million people would fall into extreme poverty. A decrease of 10% or 20% would result in an additional 170 million or 395 million people in extreme poverty, respectively

⁷ They added up the total number of people in extreme poverty in each country in 2018.

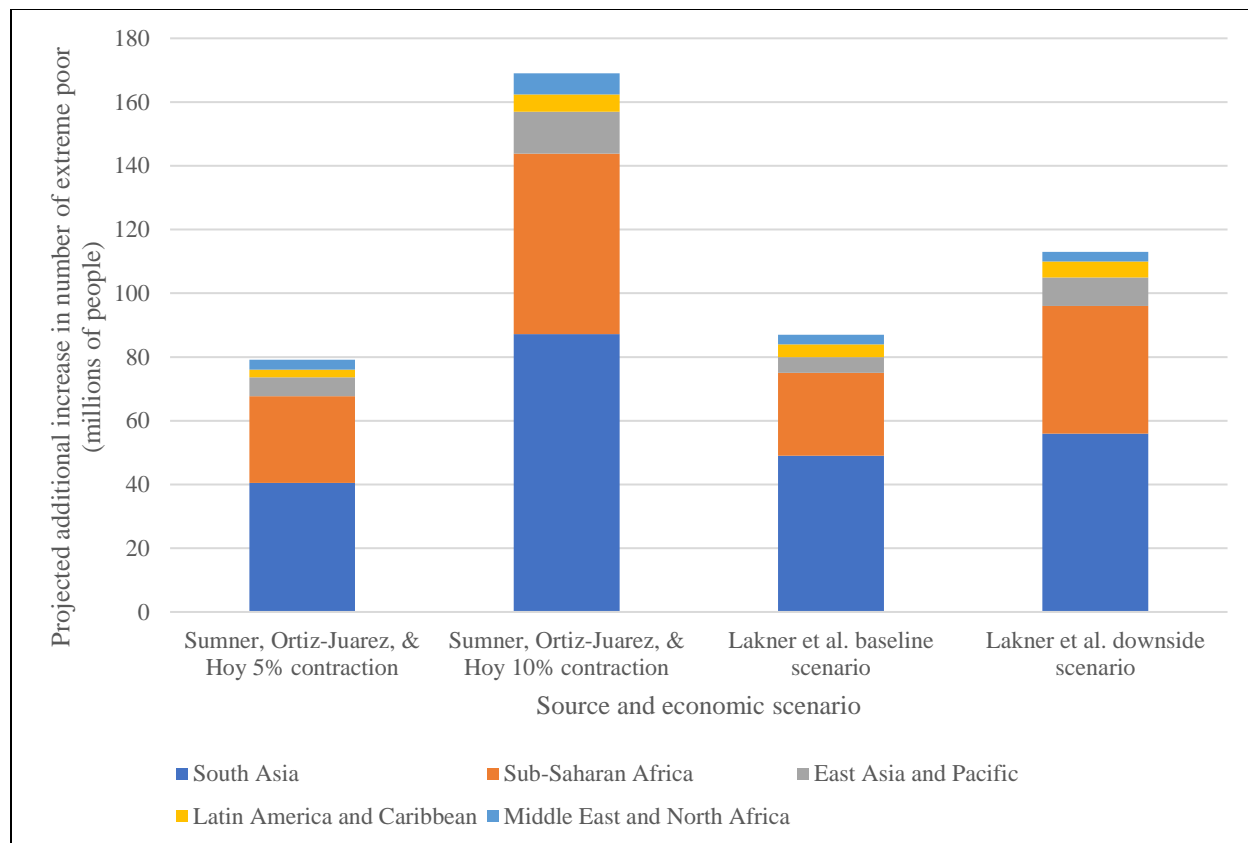
(Sumner et al., 2020). Clearly, the economic fallout from lockdowns and other efforts to control the spread of COVID-19 are having severe effects for those in extreme poverty.

A recent World Bank blog post by Lakner et al. (2020) have similar estimates for the effects of the pandemic on the extreme poor. They estimate that 689 million people were living under \$1.90 per day in 2017. Under the baseline scenario (a decline in global economic growth of 5 percent in 2020) they estimate 88 million people will fall below that line (Lakner et al., 2020). Under the downside scenario (an 8 percent decline) however, 115 million people will. As shown in Figure 1, the pandemic will likely put tens of millions of additional people into extreme poverty, no matter the estimate. Progress would be set back by roughly five years (Roser & Ortiz-Ospina, 2013a).

The pandemic will also hurt some areas of the world harder than others. Most of the world's new poor will be in South Asia and Sub-Saharan Africa. Sumner, Ortiz-Juarez, & Hoy (2020) estimate that with a 5 percent contraction in per capita income, South Asia will add 41 million new poor and that Sub-Saharan Africa will add 27 million new poor. Lakner et al. (2020) estimate that under the baseline scenario, South Asia will add 49 million new poor and Sub-Saharan Africa will add 26 million new poor. Tens of millions have already fallen back into extreme poverty. It is likely that tens of millions more will fall into extreme poverty as a result of the pandemic. The goal of eliminating extreme poverty by 2030 is now even more difficult due to the pandemic's negative effects.

Figure 1

Projected Number of New Poor as a Result of the Pandemic



Note. This figure shows projected global increases in the numbers of people in extreme poverty under different scenarios of economic contraction in different world regions (Lakner et al., 2020; Sumner et al., 2020).

Goal 2: Zero Hunger

The recent rise in undernourishment since 2014 has now been made much worse by the pandemic. An Oxfam report details the effects of the pandemic on the food supply and global hunger. Lockdowns and social distancing measures greatly increased unemployment (Oxfam, 2020). In many low-income countries, there are no social programs in place to support people that are unemployed. Without a stable income, many in extreme poverty will go hungry. Unemployment and financial pressure in high-income countries also have a negative impact on the extreme poor. As money tightens in high-income countries, many who have relatives in low-income countries are sending less money back home. The World Bank predicts a \$100 billion

decline in remittances in 2020 compared to 2019 (World Bank, 2020a). Remittances are an important source of income for those in extreme poverty, since many cannot afford to pay for essentials without them. Travel restrictions prevent many farmers from selling their produce or growing it. Not only do the farmers lose out on income, but their customers are now unable to buy food. Travel restrictions also prevent the hungry from receiving humanitarian aid. Economic contractions mean less funding goes to humanitarian aid, and fewer hungry people are fed.

On top of this, an ongoing locust infestation stretching from Sudan to India has been ravaging crops and agriculture (World Bank, 2020b). It threatens to cause billions of dollars in damage and affect 24 million food insecure people. Although locusts themselves do not attack people, colossal locust swarms eat crops that could feed millions of people. Supply chains, food production, and food imports have all been negatively impacted by the pandemic already. The locust infestation, in addition to the pandemic, could cause the worst famine in decades. Yemen in particular faces a triple threat. The ongoing Yemeni Civil War has caused a famine and a cholera outbreak. Now, a coronavirus pandemic and a locust infestation could cause 360,000 malnourished children to starve unless they receive aid (UN News, 2020a).

Oxfam estimates that 6,000 to 12,000 people could die each day from hunger caused by the pandemic's negative effects, which is potentially higher than the daily death toll from COVID-19 itself (Oxfam, 2020). They highlight nine countries where many could go hungry: Yemen, the DRC, Afghanistan, Venezuela, Ethiopia, Sudan, South Sudan, Syria, and Haiti. Many of these countries do not have adequate food supplies and are in such dire straits that they need immediate international aid.

Given the current pandemic, the locust infestation, and the recent rise in undernourishment around the world, achieving Target 2.1 will be extremely difficult. Many

humanitarian organizations have had funding diverted away from them to put towards fighting COVID-19, making it tougher for them to provide aid and food to those in need. The world is far from eliminating hunger by 2030, but substantial progress is still possible.

Goal 3: Good Health and Well-Being

The pandemic has had wide-ranging effects on health and healthcare. Infectious disease deaths are projected to rise. Efforts toward fighting malaria have been disrupted by travel restrictions and the need for social distancing. A recent Lancet article estimated that under normal conditions (uninterrupted distribution of antimalarial drugs and bed nets), 386,000 people would die of malaria in Africa (Weiss et al., 2020). However, if antimalarial drug and bed net distribution declined by 50 percent, 640,000 people could die of malaria in Africa instead. This increase could set world progress on fighting malaria back by about a decade. We have made great strides in fighting infectious disease deaths in recent years. However, the pandemic and its negative effects will reverse progress, potentially causing hundreds of thousands of additional deaths.

Global vaccination efforts have also been interrupted because of the pandemic, leaving 24 million people unvaccinated for diseases like polio and measles that would have been vaccinated in a normal year (United Nations, 2020b). This puts millions of people, most of whom are children, at risk of death from preventable infectious diseases. Resurgences in measles, cholera, polio, and other infectious diseases are likely to occur as a result of children missing out on their vaccinations.

Maternal deaths and infant deaths are expected to rise because of postponed health checkups and an increase in malnourishment. Hundreds of thousands of additional infant deaths and tens of thousands of additional maternal deaths are projected to occur because of the

pandemic, marking the first increase in both since 1990 (United Nations, 2020b). Progress on both fronts could be set back by a decade. Unintended pregnancies are expected to rise as well. The postponement of routine health checkups and fear of getting COVID-19 have prevented millions of women from getting contraceptives and medical care for pregnancies.

The expected rise in maternal deaths puts the world further away from achieving Target 3.1. Progress on Target 3.1 was already too slow before the pandemic. With the pandemic however, maternal deaths are projected to rise by 8 to 39 percent (United Nations, 2020b). Reaching a global maternal mortality ratio below 70 per 100,000 births will be even more difficult, putting the world further away from fulfilling Target 3.1.

Goal 4: Quality Education

The pandemic's largest impact on education has been widespread school closures. Globally, more than 90 percent of schools had shut down to prevent the spread of COVID-19 (United Nations, 2020b). Prior to COVID-19, the number of children out of school was declining. However, school closures threaten to put many children out of school permanently. It also disproportionately hurts girls more than boys, and it hurts those in extreme poverty more than those who are not. A paper by the Malala Fund estimates that 20 million secondary school-aged girls may drop out because of pandemic school closures based on data from school closures during the 2013-2016 Ebola virus outbreak (Fry & Lei, 2020). School closures cause many girls to take on more domestic work and puts them at higher risk for sexual exploitation. Tightening budgets could lead some families to prioritize education for boys over education for girls.

School closures also reveal large inequities in access to education. 4 out of 5 countries have remote learning solutions, but this still leaves 500 million children who cannot learn remotely (United Nations, 2020b). For example, 87 percent of European households have internet access,

compared to only 18 percent of African households. Online learning is impossible without internet access, making remote learning a challenge. Two-thirds of schools in Sub-Saharan Africa do not have handwashing facilities, which are important to preventing the spread of COVID-19. And 43 percent of schools in Sub-Saharan Africa still do not have electricity. School closures in places like Sub-Saharan Africa often mean children stop learning. Schools also provide access to food and a haven from domestic violence. Both hunger and domestic violence are set to increase as a result of the pandemic.

In order to reach Target 4.1, which seeks to ensure quality education for all children, large inequities in access to education must be remedied. Support for girls' education is especially important, because of gender inequities in access to education. Otherwise, school closures today will put children out of school in the long term and will also make inequality worse. We are not on track to reach Target 4.1, which was made worse by the pandemic.

Goal 5: Gender Equality

Gender inequities have been worsened by the pandemic. Already, the coronavirus pandemic has caused an increase in violence against women, unintended pregnancies, and domestic work (United Nations, 2020c). Lack of access to contraceptives in extreme poverty leads to unintended pregnancies. Child marriages and genital mutilation are also common among those in extreme poverty, both of which increased during the pandemic.

Worldwide lockdowns meant to stop the virus had a strong negative effect: an increase in domestic violence. Men and women in abusive relationships were locked down with their abusers, increasing opportunities for physical violence and psychological manipulation. A United Nations Population Fund technical note projected tens of millions of additional domestic violence cases (United Nations Population Fund, Avenir Health, Johns Hopkins University, &

Victoria University, 2020). Calls to domestic violence centers have also increased substantially during the pandemic. Violence and abuse disproportionately hurt women.

Child marriages are also set to increase as a result of the pandemic. A Save the Children report estimated that an additional 2.5 million girls could be forced into a child marriage because of the pandemic, on top of the estimated 58 million child marriages projected to occur by 2025 (Save the Children International, 2020). Rates of child marriage had fallen over the last 30 years, up until now. While boys do enter child marriages, girls are more than four times as likely as boys to be in a child marriage.

Target 5.2 seeks to eliminate all forms of violence against women. With the rise in lockdowns increasing rates of violence against women, progress will reverse, at least for now. The rate of progress on decreasing violence against women was already too slow to reach Target 5.2 before COVID-19. As long as lockdowns are in place, more women will face violence from their abusers. When lockdowns lift, the hope is that trends will reverse back to decreasing violence against women. Even then, Target 5.2 will still likely not be reached.

Potential Solutions

Even though the pandemic poses many challenges to those in extreme poverty, the tremendous progress the world has made in the past shows that future progress is possible. Many organizations are already working on solutions to the problems listed above. This section includes potential solutions to the negative impacts of the pandemic on the extreme poor.

To mitigate the pandemic's negative effects, an important thing to do is to control the spread of COVID-19 (United Nations, 2020a). Social distancing measures, support for weak healthcare systems, comprehensive testing, protecting healthcare workers, and plans for isolating the sick help to prevent the spread of COVID-19. Distributing masks, hand sanitizer, and soap

help as well, wherever possible. In countries where running water and soap are not readily available, aid organizations can set up handwashing stations and distribute hand sanitizer. Medical supplies and skilled medical personnel can go to countries with struggling healthcare systems. When a safe and effective vaccine becomes available, the UN, aid organizations, and national governments can work to provide them to low-income countries. Individuals can wear masks, wash hands, and social distance in order to prevent spread (Centers for Disease Control and Prevention, 2020). Preventing the spread of COVID-19 would improve health and wellbeing (SDG 3). A potential limitation of this solution is that some efforts to prevent COVID-19 spread create collateral damage. Lockdowns negatively impact people in poverty by shutting down schools and workplaces. This would mean fewer children would be learning and more people would be out of work, reversing progress on SDGs 1 and 3. However, if the damage of COVID-19 would be worse than the damage of shutdowns, a shutdown would be a good option. A careful evaluation of the costs and benefits of different interventions needs to be made. Governments, organizations, and individuals can reduce the pandemic's negative impacts by reducing the spread of COVID-19.

World governments can provide additional funding to the GHRP to ensure health, food, support for women, and safety for the world's extreme poor. Many communities need emergency assistance from aid organizations. Oxfam recommends that countries fully fund the UN's COVID-19 Global Humanitarian Response Plan (GHRP) (Oxfam, 2020). The GHRP is a comprehensive plan that funds hunger relief, COVID-19 tests, personal protective equipment, healthcare services, remote learning, clean water, support for women, and many other services for the extreme poor (United Nations Office for the Coordination of Humanitarian Affairs, 2020). The GHRP would support SDGs 1 through 5. The three main priorities of the GHRP are

to stop the spread of COVID-19, decrease the deterioration of human rights and assets, and to provide support for migrants, refugees, and displaced people. They have requested \$10.2 billion in funding for these programs, but they have only received \$3.2 billion (Financial Tracking Service, n.d.). This lack of funding could mean that many proposed programs will not be implemented. The main funders so far are the US government, the German government, and the European Commission's Civil Protection and Humanitarian Aid Department. A challenge is that national budgets are already tight due to the COVID-19 pandemic. Many countries may also decide to spend money supporting their own citizens, rather than those worse off but outside of their borders. A lack of funding will pose a major hurdle to completing the GHRP.

Many in extreme poverty have lost income as a result of the pandemic's negative economic effects. In Nigeria, 79 percent of households reported losing income because of the pandemic, and in Ethiopia, roughly 50 percent of households lost income (Dabalén & Paci, 2020). Businesses have shut down because of lockdowns and many cannot sell food or other items with social distancing measures in place. A potential solution that could mitigate income losses would be direct cash transfers to those in extreme poverty. A recent paper examined the impacts of COVID-19 on an ongoing universal basic income (UBI) experiment in Kenya. The experiment is run by GiveDirectly, a charity that sends cash from donors directly to people in extreme poverty (GiveDirectly, n.d.). The UBI experiment began in 2016 and is a randomized controlled trial involving 300 rural villages. The paper found that those who received cash transfers had modest effects in reducing hunger, had slightly better physical health, and reported higher measures of wellbeing (Banerjee et al., 2020). Cash transfers support SDGs 2 and 3 by reducing hunger and improving health. They could also support SDGs 1 and 4 by raising the standard of living and by helping to pay for education expenses. In addition, economists Shruti

Rajagopalan and Alex Tabarrok of George Mason University recommended \$38 monthly cash transfers from the Indian government to Indians via Jan Dhan bank accounts (Rajagopalan & Tabarrok, 2020). Roughly 300-400 million Indians have Jan Dhan bank accounts. Government-funded cash transfers can be sent to mobile bank accounts for those in extreme poverty. Non-governmental organizations (NGOs) can implement cash transfers as a way to improve the wellbeing of those in extreme poverty. However, some may argue that the cost of a cash transfer system outweighs the benefits in wellbeing. It is yet to be determined if cash transfers are the best way to improve the wellbeing of those in extreme poverty, but the current evidence suggests a modest boost to wellbeing. Cash transfers to people in extreme poverty buffer income losses and allow them to pay for food and other essentials.

The international community can work to promote peace and to help those affected by war. Wars and conflicts exacerbate extreme poverty. Countries like Yemen, South Sudan, Syria, Afghanistan, and Nigeria are all currently in conflict and have large populations in extreme poverty. The Secretary-General of the United Nations, António Guterres, called for a worldwide ceasefire as COVID-19 spread around the world and pushed to unite humanity against COVID-19 (UN News, 2020b). Ending conflict and war would provide relief to millions in conflict-ridden countries. The risk of famine would decrease as supply chains can open back up without fear of violence. Because conflicts make poverty and hunger worse, stopping conflicts would reduce poverty and hunger and improve progress on SDGs 1 and 2. Ending all war and conflict would likely be infeasible though, as there is no simple and effective way to end ongoing wars quickly and peacefully. Even so, countries, organizations, and individuals can promote peace and progress in the fight against COVID-19. Support can also be given to refugees, displaced people, and people stuck in war zones.

Individuals and organizations can contribute by donating to charities that support the health and well-being of those in extreme poverty. Many charities are doing effective work on mitigating the effects of the pandemic on extreme poverty. The charity evaluator GiveWell granted \$15 million, which was pooled from individual donors, to the Against Malaria Foundation (AMF) (Hollander, 2020). AMF distributes mosquito nets to prevent the spread of malaria and other mosquito-borne diseases. GiveWell estimates that the \$15 million donation stopped 3,000 people from dying of mosquito-borne diseases, mostly in the DRC and Guinea (Hollander, 2020). Other charities, like GiveDirectly, allow individual donors to send cash directly to people in extreme poverty. The UN also runs a COVID-19 Solidarity Fund, where individuals and corporations can donate towards the distribution of essential materials, food for the world's poorest, COVID-19 vaccine development, and help for refugees and other displaced people (United Nations Foundation, 2020). There are many charities working on SDGs 1 through 5 and donors can select which goal to support. AMF improves health and wellbeing, which supports SDG 3. The COVID-19 Solidarity Fund supports SDGs 1, 2, and 3. It may be difficult to encourage all individuals and organizations to donate, especially those that are under additional financial pressure as a result of the pandemic. However, for those who are willing and able to donate, there are many charities working to fight extreme poverty. Encouraging them to donate will give charities more funding and a larger capacity to do good.

These are some of the potential solutions to the pandemic's negative effects. Many of them are being implemented right now. However, the efficacy of these solutions is yet to be determined. There is a lack of empirical evidence on what works best at reducing extreme poverty during a pandemic, as there has not been a pandemic on this scale since 1918. Even so, many organizations, like Oxfam and the UN, support some of the initiatives above as ways to

mitigate the harm of the pandemic on the global poor. Despite the suffering that the pandemic has caused, there is a path to progress for the world's poorest.

Conclusion

The COVID-19 pandemic has certainly made the world worse off. Even though hundreds of millions of people were in extreme poverty, lacked access to stable food sources and quality healthcare, and faced gender and education disparities before the pandemic, the world was making tremendous progress. However, the pandemic has set back progress on all of these fronts. The pandemic will make it much more difficult to achieve the first five UN SDGs, despite how far the world has progressed. The potential solutions listed above could help make life better for the world's poor. They include reducing the spread of COVID-19, funding the GHRP, sending cash transfers to the world's poorest, encouraging a global ceasefire, and calling on individuals and organizations to donate to international efforts towards reducing the pandemic's negative impacts. The road to recovery will be long, especially for the millions that have already fallen into extreme poverty and the millions more that will go hungry. But the decades of progress the world has made in fighting extreme poverty shows that it is possible to ensure long, healthy, and prosperous lives for billions of people. Let us end this pandemic and help the poorest 800 million get there too.

Bibliography

- Banerjee, A., Faye, M., Krueger, A., Niehaus, P., & Suri, T. (2020). Effects of a Universal Basic Income During the Pandemic. *Poverty Action*. Retrieved October 14, 2020, from <https://www.poverty-action.org/publication/effects-universal-basic-income-during-pandemic>
- Bourguignon, F., & Morrisson, C. (2002). Inequality Among World Citizens: 1820–1992. *American Economic Review*, 92(4), 727-744. doi:10.1257/00028280260344443
- Centers for Disease Control and Prevention. (2020, September 11). How to Protect Yourself & Others. Retrieved October 16, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- Dabalen, A., & Paci, P. (2020, August 5). How severe will the poverty impacts of COVID-19 be in Africa? Retrieved October 14, 2020, from <https://blogs.worldbank.org/african/how-severe-will-poverty-impacts-covid-19-be-africa>
- FAO, IFAD, & WFP. (2013). *The State of Food Insecurity in the World 2013. The multiple dimensions of food security* (Rep.). Rome: FAO. Retrieved October 10, 2020, from <http://www.fao.org/3/i3434e/i3434e.pdf>
- Financial Tracking Service. (n.d.). COVID-19 Global Humanitarian Response Plan (Humanitarian response plan). Retrieved October 15, 2020, from <https://fts.unocha.org/appeals/952/flows>
- Fry, L., & Lei, P. (2020, July 14). *Girls' Education and COVID-19* (Rep.). Retrieved October 12, 2020, from https://downloads.ctfassets.net/0oan5gk9rgbh/6TMYLYAcUpjhQpXLDgmdIa/3e1c12d8d827985ef2b4e815a3a6da1f/COVID19_GirlsEducation_corrected_071420.pdf

- Gates, B., & Gates, M. (2020, September). 2020 Goalkeepers Report. Retrieved October 04, 2020, from <https://www.gatesfoundation.org/goalkeepers/report/2020-report/>
- GiveDirectly. (n.d.). About GiveDirectly. Retrieved October 15, 2020, from <https://www.givedirectly.org/about/>
- Hollander, C. (2020, October 13). Maximum Impact Fund update: We estimate GiveWell donors' \$15.3 million to the Against Malaria Foundation will save over 3,000 lives. Retrieved October 15, 2020, from <https://blog.givewell.org/2020/10/13/maximum-impact-fund-update-we-estimate-givewell-donors-15-3-million-to-the-against-malaria-foundation-will-save-over-3000-lives/>
- Lakner, C., Yonzan, N., Mahler, D. G., Aguilar, R., Wu, H., & Fleury, M. (2020, October 7). Updated estimates of the impact of COVID-19 on global poverty: The effect of new data. Retrieved October 11, 2020, from <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-effect-new-data>
- Oxfam. (2020, July 9). *The Hunger Virus: How COVID-19 is Fuelling Hunger In a Hungry World* [Press release]. Retrieved October 11, 2020, from <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621023/mb-the-hunger-virus-090720-en.pdf>
- Prydz, E. B., & Wadhwa, D. (2019, September 9). Classifying countries by income. Retrieved October 12, 2020, from <https://datatopics.worldbank.org/world-development-indicators/stories/the-classification-of-countries-by-income.html>
- Rajagopalan, S., & Tabarrok, A. (2020, April 09). Pandemic Policy in Developing Countries:

- Recommendations for India. Retrieved October 14, 2020, from <https://www.mercatus.org/publications/covid-19-policy-brief-series/pandemic-policy-developing-countries-recommendations-india>
- Ritchie, H., & Roser, M. (2019a). Access to Energy. Retrieved October 07, 2020, from <https://ourworldindata.org/energy-access>
- Ritchie, H., & Roser, M. (2019b). Sanitation. Retrieved October 07, 2020, from <https://ourworldindata.org/sanitation>
- Ritchie, H., & Roser, M. (2019c). Clean Water. Retrieved October 07, 2020, from <https://ourworldindata.org/water-access>
- Ritchie, H., Roser, M., Mispy, J., & Ortiz-Ospina, E. (2018). Goal 5: Gender Equality – SDG Tracker. Retrieved October 11, 2020, from <https://sdg-tracker.org/gender-equality>
- Roser, M., & Ortiz-Ospina, E. (2013a). Global Extreme Poverty. Retrieved October 04, 2020, from <https://ourworldindata.org/extreme-poverty>
- Roser, M., & Ortiz-Ospina, E. (2013b). Primary and Secondary Education. Retrieved October 10, 2020, from <https://ourworldindata.org/primary-and-secondary-education>
- Roser, M., & Ortiz-Ospina, E. (2016, August 13). Literacy. Retrieved October 10, 2020, from <https://ourworldindata.org/literacy>
- Roser, M., & Ritchie, H. (2013a). Hunger and Undernourishment. Retrieved October 10, 2020, from <https://ourworldindata.org/hunger-and-undernourishment>
- Roser, M., & Ritchie, H. (2013b). Malaria. Retrieved October 10, 2020, from <https://ourworldindata.org/malaria>
- Roser, M., & Ritchie, H. (2013c). Maternal Mortality. Retrieved October 10, 2020, from <https://ourworldindata.org/maternal-mortality>

- Roser, M., & Ritchie, H. (2014, November). HIV / AIDS. Retrieved October 10, 2020, from <https://ourworldindata.org/hiv-aids>
- Roser, M., Ortiz-Ospina, E., & Ritchie, H. (2013, May 23). Life Expectancy. Retrieved October 10, 2020, from <https://ourworldindata.org/life-expectancy>
- Roser, M., Ritchie, H., & Dadonaite, B. (2013, May 10). Child and Infant Mortality. Retrieved October 10, 2020, from <https://ourworldindata.org/child-mortality>
- Save the Children International. (2020, October 01). COVID-19 places half a million more girls at risk of child marriage in 2020. Retrieved October 13, 2020, from <https://www.savethechildren.net/news/covid-19-places-half-million-more-girls-risk-child-marriage-2020>
- Share of primary-school-age children who are out of school. (n.d.). Retrieved October 10, 2020, from <https://ourworldindata.org/grapher/share-primary-school-age-out-of-school>
- Sumner, A., Ortiz-Juarez, E., & Hoy, C. (2020). Precarity and the pandemic: COVID-19 and poverty incidence, intensity, and severity in developing countries. *UNU-WIDER*. doi:10.35188/unu-wider/2020/834-4
- U.S. Department of the Treasury. (n.d.). The CARES Act Works for All Americans. Retrieved October 5, 2020, from <https://home.treasury.gov/policy-issues/cares>
- UN News. (2020a). Waiting to declare famine 'will be too late for Yemenis on brink of starvation'. Retrieved October 11, 2020, from <https://news.un.org/en/story/2020/07/1068101>
- UN News. (2020b). UN chief reiterates call for global ceasefire, marking International Day of Non-Violence. Retrieved October 15, 2020, from <https://news.un.org/en/story/2020/10/1074502>

UNICEF. (2020, March). Malnutrition in Children. Retrieved October 10, 2020, from

<https://data.unicef.org/topic/nutrition/malnutrition/>

United Nations Foundation. (2020). Impact. Retrieved October 16, 2020, from

<https://covid19responsefund.org/en/impact>

United Nations Office for the Coordination of Humanitarian Affairs. (2020, April). Global

Humanitarian Response Plan COVID-19: United Nations Coordinated Appeal. Retrieved

October 14, 2020, from [https://www.unocha.org/sites/unocha/files/Global-Humanitarian-](https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf)

[Response-Plan-COVID-19.pdf](https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf)

United Nations Population Fund, Avenir Health, Johns Hopkins University, & Victoria

University. (2020, April 27). *Impact of the COVID-19 Pandemic on Family Planning and*

Ending Gender-based Violence, Female Genital Mutilation and Child Marriage (Tech.).

Retrieved October 13, 2020, from United Nations Population Fund website:

[https://www.unfpa.org/sites/default/files/resource-pdf/COVID-](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

[19_impact_brief_for_UNFPA_24_April_2020_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

United Nations. (1995). *Report of the World Summit for Social Development* (United Nations).

New York City: United Nations. Retrieved October 18, 2020, from

<https://undocs.org/pdf?symbol=en/a/conf.166/9>

United Nations. (2015, October 21). *Resolution Adopted by the General Assembly on 25*

September 2015 (United Nations, General Assembly). Retrieved October 4, 2020, from

[https://www.un.org/en/development/desa/population/migration/generalassembly/docs/glo](https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf)

[balcompact/A_RES_70_1_E.pdf](https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf)

United Nations. (2017, July 10). *Resolution Adopted by the General Assembly on 6 July 2017*

- (United Nations, General Assembly). Retrieved October 7, 2020, from http://ggim.un.org/documents/A_RES_71_313.pdf
- United Nations. (2020a). Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19. *United Nations Sustainable Development Group*. Retrieved October 14, 2020, from https://www.un.org/sites/un2.un.org/files/sg_report_socio-economic_impact_of_covid19.pdf
- United Nations. (2020b). The Sustainable Development Goals Report 2020. *The Sustainable Development Goals Report*. doi:10.18356/214e6642-en
- United Nations. (2020c). *Policy Brief: The Impact of COVID-19 on Women* (Rep.). Retrieved October 18, 2020, from <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>
- United Nations. (n.d.). Take Action for the Sustainable Development Goals – United Nations Sustainable Development. Retrieved October 7, 2020, from <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>
- Weiss, D. J., Bertozzi-Villa, A., Rumisha, S. F., Amratia, P., Arambepola, R., Battle, K. E., Gething, P. W. (2020). Indirect effects of the COVID-19 pandemic on malaria intervention coverage, morbidity, and mortality in Africa: A geospatial modelling analysis. *The Lancet Infectious Diseases*. doi:10.1016/s1473-3099(20)30700-3
- World Bank, & UNICEF. (2016, October). *UNICEF* (Issue brief). Retrieved October 7, 2020, from https://www.unicef.org/publications/index_92826.html
- World Bank. (2015, September 30). FAQs: Global Poverty Line Update. Retrieved October 4,

- 2020, from <https://www.worldbank.org/en/topic/poverty/brief/global-poverty-line-faq>
- World Bank. (2018). Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population). Retrieved October 6, 2020, from <https://data.worldbank.org/indicator/SI.POV.DDAY?view=chart>
- World Bank. (2020a). World Bank Predicts Sharpest Decline of Remittances in Recent History. Retrieved October 28, 2020, from <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>
- World Bank. (2020b). The Locust Crisis: The World Bank's Response. Retrieved October 11, 2020, from <https://www.worldbank.org/en/news/factsheet/2020/04/27/the-locust-crisis-the-world-banks-response>
- World Health Organization. (n.d.). Stunting in a nutshell. Retrieved October 10, 2020, from https://www.who.int/nutrition/healthygrowthproj_stunted_videos/en/
- World Health Organization. (2020, February 3). Female genital mutilation. Retrieved October 27, 2020, from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

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The Institutionalisation and Acceptance of Ageism Amidst COVID-19

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Abstract

As older adults have been identified as the highest risk population for medical complications and mortality from COVID-19, debates on policy responses to COVID-19 often dichotomise the need to protect older adults and the need to maintain social and economic systems. Underpinning these debates, public and political commentary is often underpinned by ageist conceptions of older adults as being burdensome and disposable. This commentary utilises discourse analysis to examine how discourse on lockdowns, herd immunity and medical triaging lead to greater acceptance and institutionalisation of ageism in Western culture. Approaches to COVID-19 policy responses are compared between Australia, the United States and the United Kingdom. Ageism is explored as an oppressive social construct and the implications of ageist discourse on the health and well-being of older people and on society are discussed. Emancipatory social work practice is highlighted as a framework for working with older people to dismantle the personal and structural oppressions that undermine their well-being.

The Institutionalisation and Acceptance of Ageism Amidst COVID-19

In initial reports about the COVID-19 pandemic in early January 2020 from China and late February 2020 by Italy, older adults were identified as the highest risk age group for mortality and health complications (Monahan et al., 2020). As of 3 December 2020, 1.5 million people have died from COVID-19 world-wide ("Coronavirus Age, Sex, Demographics", 2020). In the United States, of the 249,500 people who have died, 131,538 were aged 55 or older and in the United Kingdom, of the 63,852 people who have died, 57,184 were aged 65 years and older ("Coronavirus Age, Sex, Demographics", 2020). As such, many people view COVID-19 as an exclusively "older adult problem" (Lichtenstein, 2020). Since the initial reports of COVID-19, both mainstream and social media have played pivotal roles in the rapid dissemination of information pertaining to older people and coronavirus including scientific research as well as various hoaxes and misinformation (Jimenez-Sotomayor et al., 2020). Due to fears of economic collapse and health care systems being overwhelmed, debates on coronavirus policy responses often draw a dichotomous relationship between protecting vulnerable people and maintaining social and economic systems. From the homogenisation of older adults for risk mitigation, to health advisories on age vulnerability, ageist rhetoric has emerged as a prominent characteristic of pandemic control discourse (Lichtenstein, 2020). In this paper, I aim to discuss the increasing institutionalisation and acceptance of ageist rhetoric resulting from COVID-19 control discourse. In doing so, I will first provide a literature review of ageism, particularly addressing how dominant discourses shape people's experience of ageing, and a review detailing social perceptions of COVID-19 control in Australia, the United Kingdom and the United States. I will then present a discussion on how social attitudes and values have changed towards older people, using discourse analysis to examine the ageist rhetoric underlying debates on medical triaging

and herd immunity, the effect of overt ageism occurring on social media, the potential for social isolation to further interlace ageism into Western culture, and the long-term health effects of social isolation and loneliness. This will then be followed with a discussion on how emancipatory social work practice can be utilised to resist and challenge ageist rhetoric emerging from COVID-19.

Literature review

Ageism

Ageism, coined by Robert Butler, refers to the multi-dimensional phenomenon of systemic stereotyping, bias or discrimination against people based upon their chronological age (Butler, 1969; Azulai, 2014; Duffy, 2017). Whilst ageism can be relevant to any age group, Azulai (2014) indicates that ageism toward older people is based upon the belief that ageing renders people less intelligent, attractive, productive and sexual. These beliefs manifest in prejudicial attitudes towards older people and towards the ageing process, discriminatory practices against the elderly, particularly in employment and in other social roles, and in institutional policies and practices (Phillips, 2018).

Through a social constructionist worldview, identity is shaped by dominant discourses in society and institutions and is maintained through the exercise of power by professions, institutions and governments (Duffy, 2017). In examining the construct of ageism, Azulai (2014) argues that the experience of old age, rather than being a biological given, is socially constructed, both materially and conceptually. As such, ageism, which is predicated upon a system of oppression, significantly impedes upon people's social experience of ageing (Azulai, 2014). This is particularly salient in Australia as, since the 1950's, health and welfare policy have supported social constructions of old age as an active and independent period of life (Hunter & Doyle,

2014). As a result of this, conceptions of ‘idyllic’ ageing have been framed by descriptors such as ‘successful’ and ‘productive’. This creates a category of ‘successfully aged’ people who are active and independent whilst unjustly pathologising those who, due to constraining factors such as cognitive impairment, disability, or lack of resources, require assistive services (Jordan, 2004; Hunter & Doyle, 2014).

With regard to why ageist rhetoric holds hegemonic status in Western societies, Airth and Oelke (2020) argue that neoliberal structures devalue older adults and their contributions to society. Neoliberalism refers to the set of ideas and philosophies encouraging private sector competition, deregulation and greater individual freedoms (Serr, 2017). As individual value, under the neoliberal worldview, is entwined with measures of functionality and capacities for economic contribution (Serr, 2017), old age, which is discursively linked with frailty, ill-health and disability, elicits widespread deficits-laden ageist perspectives (Azulai, 2014). Further, the moralisation of ‘successful ageing’, noted above, is driven by the neoliberal focus on individualism and responsabilisation of the individual. This moralisation serves to shift responsibility for older adults’ well-being away from institutions, portraying the ‘successfully aged’ as disciplined and independent, pathologising the ‘unsuccessfully aged’ for being dependent and burdensome (Hunter & Doyle, 2014), and ultimately, justifying the neoliberal agenda of diminishing the welfare state (Serr, 2017).

As ageist discourse holds hegemonic status in society, it is often accepted as truth by older people, their families and their friends (Duffy, 2017). Azulai (2014) notes that the stigma resulting from oppressive ageist discourse leads to status loss, internalisation and an unwillingness to take advantage of social, economic and healthcare opportunities. According to stereotype embodiment theory, systemic ageism and internalised ageism deleteriously influence

the mental and physical health of older people through psychological, behavioural and physiological pathways (Chang et al., 2020). Congruent with intersectionality theories that posit the converging health effects of multiple marginalising characteristics, the injurious health effects of ageism are intensified by factors such as socioeconomic position, racial/ethnic background, gender, education and sexual identity (Phillips, 2018; Chang et al., 2020). As such, negative stereotypes, prejudice and discrimination are interrelated aspects of ageism that serve to undermine older people's personal dignity, diminish their health, and relinquish important opportunities that are essential for achieving life goals (Phillips, 2018; Van der Horst, 2019).

Perceptions of COVID-19 Control: Australia, United Kingdom and United States

Based upon initial reporting about the COVID-19 pandemic from China in early January 2020 and Italy by late February 2020, older people were identified as the highest risk age group for health complications and mortality (Monahan et al., 2020). These reports indicated that adults aged over 60 presented worse symptoms and significantly higher mortality than younger people (Zhou et al., 2020). Further, the severity of COVID-19 presentation is exacerbated by pre-existing conditions, such as heart disease and hypertension, that occur in higher prevalence among older people (Monahan et al., 2020; Zhou et al., 2020). With cognisance of this, public and political debate over policy responses to COVID-19 often dichotomise the need to protect older adults and the need to protect social and economic systems (Tyrrell & Williams, 2020).

Regarding aged care residence lockdowns, visitation was officially banned in the United States, but not in Australia and the United Kingdom, in which visitation was allowed for family or carers deemed to have satisfied safety criteria outlined by the government (Lichtenstein, 2020; Australian Government Department of Health, 2020). However, the aged care industries of Australia and the United Kingdom, with strong support from the general public, rejected the

government's decision to allow healthy visitors by itself instituting a total ban on visitation (Lichtenstein, 2020; Pachana et al., 2020). Family members in all three countries expressed significant grief and concern at being denied access to their loved ones, citing lack of institutional oversight and neglect of residents in their absence (Lichtenstein, 2020). As families often provide help with feeding, ambulation and socialisation, concerns have been raised on issues of social isolation, loneliness and maintenance of nutrition (Pachana et al., 2020).

Social isolation policies were targeted at people aged over 60 in the United States, 65 in Australia, and 70 in the United Kingdom (Lichtenstein, 2020). In Australia and the United States, advocacy groups for older people published stricter guidelines for social distancing than their governments. Conversely, the United Kingdom's National Pensioners' Convention adopted softer policy guidelines after members expressed outrage at the prospect of self-isolating for indefinite periods of time (Lichtenstein, 2020). In all three countries, harsh public criticisms of older people were predicated upon media and government depictions of them as demented and irresponsible for ignoring health warnings to socially distance (Lichtenstein, 2020; Fraser et al., 2020). Internet and media epithets, such as "boomer remover... boomer doomer... YOLO grandparents... grey shufflers" signify the degree to which older people were belittled and denigrated in coronavirus-related discourse (Fraser et al., 2020; Jimenez-Sotomayor et al., 2020). Contrary to government and media depictions of older people, survey research conducted by the Pew Research Centre (2020a, 2020b) indicates that older people proved more fearful of COVID-19 than younger people, and were less willing to visit friends' homes, grocery stores, restaurants, and social events during lockdown.

With cognisance of the significant social and economic costs to society, the justifiability of lockdowns underpinned public and political debate on 'herd immunity' (Fraser et al., 2020;

Lichtenstein, 2020). Proponents of herd immunity argue that COVID-19 should be allowed to run its course, a proposition in which survivors, presumed to be immune, constitute a large enough proportion of the population to diminish the rate of viral transmission (Fine et al., 2011). Critics of this proposition argue that it is inhumane to allow uncontrolled illness and death to occur until, or if, herd immunity is achieved (Lichtenstein, 2020). Of the three countries, Australia alone rejected herd immunity, arguing that protecting people was the more important goal, and that strict lockdown was the means to achieve it (Lichtenstein, 2020). The United Kingdom, in contrast to Australia, adopted herd immunity on libertarian ideological grounds, citing “the concept of the free-born Englishman” as being foundational to the government’s decision-making in the early stages of the pandemic (Lichtenstein, 2020). Whilst the United States government did not initially enact a policy of herd immunity, bureaucratic delays and lack of testing resulted in COVID-19 rapidly becoming the leading cause of death (Lichtenstein, 2020). Although restrictions and lockdowns were subsequently imposed to reduce rates of transmission, the prospect of economic collapse culminated in political rhetoric urging older people, framed as “American warriors”, to self-sacrifice for the economy (Lichtenstein, 2020). In all three countries, older people expressed dismay at being perceived as unvalued and disposable members of society “to be culled in survival-of-the-fittest fashion” (Lichtenstein, 2020; Monahan et al., 2020).

Discussion

Institutionalisation and Acceptance of Ageism

The rise of age-centric discourse during the COVID-19 pandemic over who should live, die and self-isolate, a common theme across the three countries discussed above, concerningly highlights a trend of heightened institutionalisation and acceptance of ageist rhetoric. In the

context of this discourse analysis, the acceptance and institutionalisation of ageism refers to the establishment of ageist rhetoric as a cultural norm. Lichtenstein (2020) attributes the emergence of the rhetoric of older adult disposability to the ‘them or us’ dichotomy perpetuated in debates about COVID-19 control. This is particularly salient in discourse on medical triaging, the proposition that older people are the lowest priority for life-saving treatment regardless of functional health, and in debates on herd immunity (Monohan et al., 2020). In Australia, medical rationing by age and morbidity was mooted in discussions of healthcare systems being overwhelmed and in second wave scenarios where vaccination and curative therapies are still elusive (Lichtenstein. 2020). In these hypothetical scenarios, the acceptance of discriminatory health care practices indicates that the lives of older people are perceived to be less valuable than that of others. Discussions in Australia of rejecting lockdowns in favour of herd immunity also exacerbate the rhetoric of older adult disposability. Supporters of herd immunity, citing recent nationally scarring events, such floods, droughts, bush fires, and dust storms, prioritise the need to prevent economic collapse over preventing widespread debilitation and mortality among older adults (Pachana et al., 2020). As such, debates on medical triaging and herd immunity highlight the concerning rise in perceptions of older adults as disposable, signifying a greater acceptance of ageist sentiments in Western societies.

In addition to discourse on medical triaging and herd immunity, the emergence of overtly ageist sentiments on social media platforms indicates that the COVID-19 pandemic has exacerbated the negative consequences of the acceptance and institutionalisation of ageism. This is evident as the popularity of social exchanges on Twitter describing COVID-19 as ‘Boomer remover’ and ‘Boomer doomer’, highlights a lack of empathy toward the high death rate among older people (Jimenez-Sotomayor et al., 2020). Monahan et al. (2020) argues that this

denigrating discourse perpetuates pre-existing pervasive negative stereotypes that depict all older people as frail, sickly, dependent, weak, and a burden on society. Heightened societal perceptions of older adults as being helpless and dependent may lead to internalisation of these beliefs, which in turn can deleteriously affect older people's self-esteem and well-being (Chang et al., 2020; Cary et al., 2016). Similarly, negative stereotypes of older adults as being frail often culminates in misdiagnosis and insufficient recommendations for treatment in health care settings (Monahan et al., 2020). As ageist stereotypes have downstream negative effects on older adults' mental and physical health, and also on views of older adults, aging and intergenerational relations (Azulai, 2014), the institutionalisation and acceptance of ageism may have long-term negative impacts on the dignity, health and opportunities of older adults persisting beyond the pandemic.

Social Isolation

Through increased isolation of older adults, COVID-19, as a public health threat, has the potential to further interlace ageism into the fabric of Western culture (Tyrrell & Williams, 2020). Tyrrell and Williams (2020) argues that the threat of older adulthood is not chronological age itself but the association of older age with disease and impairment. In support of this notion, Duncan and Schaller (2009) indicate that people who are unhealthy are perceived as being dependent and as having fewer positive interpersonal traits, regardless of chronological age. Due to this association, the avoidance of infectious disease may increase ageist views, particularly toward those who believe themselves more vulnerable to infection (Duncan & Schaller, 2009). This is particularly concerning in the context of COVID-19 as coronavirus has been primarily conceptualised as a geriatric health emergency (Zhou et al., 2020). As older adulthood is associated with an increased risk of medical conditions that increase vulnerability to and impair

recovery from COVID-19, social distancing, as a precautionary measure, has made salient the association between age and disease. As such, social isolation, whilst important for maintaining the well-being of vulnerable people, further entwines ageism into Western culture, perpetuating the pre-existing stereotype of older people as sick, frail and vulnerable (Tyrrell & Williams, 2020).

Another pervasive consequence of social distancing is that older adults have experienced increased isolation and social detachment. This is particularly concerning as subjective experience of social isolation is strongly correlated with adverse long-term mental and physical health outcomes (Monahan et al., 2020; Tyrrell & Williams, 2020). Research conducted prior to the pandemic indicates that social isolation among older adults deleteriously influences mental and physical health, resulting in increased risk of anxiety, depression, cardiac health disease, rehospitalisation, and negative health behaviours such as smoking and drinking (Nicholson, 2012; Kuiper et al., 2015). Further, the relationship between loneliness and health outcomes is cyclical, as loneliness predicts physical and mental health difficulties, while these difficulties in turn increase risk of further social isolation and loneliness (Tyrrell & Williams, 2020). As loneliness also has strong correlations with impairment, chronic illness and lack of socioeconomic resources (Nicholson, 2012), the negative impacts of social distancing are predicted to extend far beyond the pandemic, affecting older people, communities and society as a whole (Tyrrell & Williams, 2020).

Emancipatory Practice

In seeking to address the increasing institutionalisation and acceptance of ageism resulting from the COVID-19 pandemic, social workers can adopt the emancipatory practice framework. Phillips (2018) indicates that emancipatory practice and policy seeks to support the

agency of older people in ways that dismantle personal and structural oppressions against their personhood. As such, a core aspect of emancipatory practice is the recognition and resistance of personal and institutional assumptions that serve as barriers to dismantling oppression (Phillips, 2018). With cognisance of hegemonic anti-dependency discourses of contemporary society, the persistent perception of individualism as the idyllic way of life, and the proposition that older people are a burden on society, social workers can recognise that aged care has been constructed as a social problem and, subsequently, resist and challenge this construction (Phillips, 2018).

In the context of COVID-19, dismantling oppression requires social workers to be aware of how ageism has underpinned discourse on COVID-19 control and, in turn, how these discourses impact older people's lives. Tew (2006) argues that members of subordinated groups tend to blame themselves for their predicament as they may not be aware of the realities and dynamics of their oppression. As such, a crucial element of emancipatory practice consists of assisting people to develop a greater understanding of the power relations that exert influence in their lives (Tew, 2006). This is particularly important in the case of political discourse on medical triaging and herd immunity. Through an emancipatory practice framework, social workers can highlight how the oppressive ageist stereotypes and rhetoric of disposability underpinning this discourse serve to homogenise older people and diminish their self-worth and dignity. Subsequently, social workers can work collaboratively with older people to develop policy and innovative services that challenge the dominant ageist social constructions of what it means to be 'old' (Pentaris et al., 2020).

Emancipatory action can be operationalised through peer action research, a form of inquiry in which researchers work collaboratively with those affected by an issue for the purposes of generating knowledge and change (Trentham et al., 2015). Peer action research

projects have been identified as an effective tool for drawing attention to social issues and eliciting political change in a manner that is both emancipatory and relevant to marginalised communities (Trentham et al., 2015). Trentham et al. (2015) note that the increasing influence of online technologies, particularly social media, for advocacy work and political discourse has resulted in the exclusion of older adults from key policy conversations. This is particularly concerning in the context of COVID-19 as pandemic control debates on herd immunity and medical triaging can culminate in policy decisions that directly endanger the lives of older adults. As such, social workers can work collaboratively with older people to explore the barriers they face towards engaging in political discourse on social media and how social media platforms can be augmented to support the advocacy needs of older adults. In doing so, social workers and older people can better understand exclusionary ageist forces and how civic engagement can be utilised to challenge ageist social policies that directly influence their well-being (Trentham et al., 2015).

In the pursuit of dismantling oppression and improving the lives of older people, community work is an essential aspect of emancipatory social work. Phillips (2018) indicates that, to improve the life of communities, it is important for social workers to take collective action to challenge discrimination and disadvantage through structural means. This resists increasingly individualistic approaches to working with older adults that seek to mould individual behaviour that conforms to a normative agenda (Phillips, 2018). Due to the current climate of government sanctioned social isolation and overt ageist rhetoric, individualistic approaches to addressing isolation and loneliness may, at best, be unhelpful, and at worst, serve to unjustly blame older adults for their predicament. As such, community work can be utilised as a tool to simultaneously address isolation and resist ageist discourse by fostering community ties

between younger and older adults, increasing social interaction, encouraging intergenerational solidarity and acknowledging the valuable contributions of older adults to society (Pentaris et al., 2020).

Conclusion

In conclusion, this paper argued that discourse on COVID-19 control has resulted in greater institutionalisation and acceptance of ageist rhetoric. As ageism has deleterious effects on older adults' health and well-being, as well as negative effects on societal perceptions of older people and the ageing process, this ageist rhetoric culminates in negative implications for older people's lives that will persist beyond the pandemic. This paper first presented an analysis of social and political discourse on medical triaging and herd immunity. Political and societal support for these proposals suggests a greater level of social acceptance for a rhetoric that assumes older adult lives are disposable. The acceptance of ageist rhetoric is further exemplified through the popularity of denigrating social media epithets describing COVID-19 as 'boomer remover' and 'boomer doomer'. These oppressive discourses perpetuate negative stereotypes of older people as frail, sickly, dependent, and a burden on society. According to stereotype embodiment theory, these beliefs, when internalised by older people, society and institutions, culminate in diminished dignity, health and opportunities for a satisfactory life. This paper then examined the consequences of social isolation, drawing upon a study conducted by Duncan and Schaller (2009) that suggests people perceive those with ill-health as being dependent and as having less positive interpersonal traits. As social isolation policies targeted at older adults have made salient the connection between ill-health and age, social isolation may lead to increased ageist views towards older adults. In addition to this, as social isolation, loneliness and ill-health have a cyclical relationship, COVID-19 enforced social isolation may have long-lasting and

persistent impacts on the health and well-being of older people, communities and society as a whole. This paper concludes with an argument for adopting the emancipatory practice framework in seeking to address the pervasive institutionalisation and acceptance of ageism. Through this framework, social workers examine and challenge dominant ageist discourses in seeking to dismantle oppression. In the COVID-19 context, this includes challenging the construction of aged care as a social problem, working collaboratively with older adults on policies and programs that challenge ageist stereotypes, and addressing social isolation and loneliness through structural change and community work. Although this paper has focused primarily on ageism as it pertains to institutions, a critical component of the process of recognising ageist discourses is the recognition of our own assumptions towards ageing. Phillips (2018) argues that critical social workers seeking to support older people must first understand their unconscious alignments with ageist attitudes. This may be a visceral and direct process of examining how we feel about growing old, how older people look and what it means to be 'old'.

References

- Airth, L., & Oelke, N. D. (2020). How neoliberalism, ageism and stigma drive the lack of policy for older adults' mental health. *Journal of Psychiatric and Mental Health Nursing*.
- Australian Government Department of Health. (2020). Information for health and disability sector [online]. Available at <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-disability-sector>
- Azulai, A. (2014). Ageism and Future Cohorts of Elderly: Implications for Social Work. *Journal of Social Work Values and Ethics*, 11(2), 2–12.
<http://search.proquest.com/docview/1761686708/>
- Butler, R. N. (1969). Age-Is: Another Form of Bigotry. *The Gerontologist*, 9(4 Part 1), 243–246. <https://doi.org/10.1093/geront/9.4 Part 1.243>
- Cary, L., Chasteen, A., & Remedios, J. (2016). The Ambivalent Ageism Scale: Developing and Validating a Scale to Measure Benevolent and Hostile Ageism. *The Gerontologist*, gnw118. doi: 10.1093/geront/gnw118
- Chang, E., Kanno, S., Levy, S., Wang, S., Lee, J., & Levy, B. (2020). Global reach of ageism on older persons' health: A systematic review. *PLOS ONE*, 15(1), e0220857. doi: 10.1371/journal.pone.0220857
- Coronavirus Age, Sex, Demographics. (2020). Retrieved 3 December 2020, from <https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/>
- Duffy, F. (2017). A Social Work Perspective on How Ageist Language, Discourses and Understandings Negatively Frame Older People and Why Taking a Critical Social Work

Stance Is Essential. (Report). *British Journal of Social Work*, 47(7), 2068–2085.

<https://doi.org/10.1093/bjsw/bcw163>

Duncan, L., & Schaller, M. (2009). Prejudicial Attitudes Toward Older Adults May Be Exaggerated When People Feel Vulnerable to Infectious Disease: Evidence and Implications. *Analyses of Social Issues and Public Policy*, 9(1), 97–115.

<https://doi.org/10.1111/j.1530-2415.2009.01188.x>

Fine, P., Eames, K., & Heymann, D. (2011). "Herd Immunity": A Rough Guide. *Clinical Infectious Diseases*, 52(7), 911-916. doi: 10.1093/cid/cir007

Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechard, L., Garcia, L., Taler, V., CCNA Social Inclusion and Stigma Working Group, Adam, S., Beaulieu, M., Bergeron, C. D., Boudjemadi, V., Desmette, D., Donizzetti, A. R., Éthier, S., Garon, S., Gillis, M., Levasseur, M., Lortie-Lussier, M., ... Tougas, F. (2020). Ageism and COVID-19: what does our society's response say about us?. *Age and ageing*, 49(5), 692–695.

<https://doi.org/10.1093/ageing/afaa097>

Jimenez-Sotomayor, M., Gomez-Moreno, C., & Soto-Perez-de-Celis, E. (2020). Coronavirus, Ageism, and Twitter: An Evaluation of Tweets about Older Adults and COVID -19. *Journal of The American Geriatrics Society*, 68(8), 1661-1665. doi: 10.1111/jgs.16508

Kuiper, J. S., Zuidersma, M., Oude Voshaar, R. C., Zuidema, S. U., van den Heuvel, E. R., Stolk, R. P., & Smidt, N. (2015). Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Research Reviews*, 22, 39 –57.

<http://dx.doi.org/10.1016/j.arr.2015.04.006>

- Lichtenstein, B. (2020). From “Coffin Dodger” to “Boomer Remover”: Outbreaks of Ageism in Three Countries With Divergent Approaches to Coronavirus Control. *The Journals Of Gerontology: Series B*. doi: 10.1093/geronb/gbaa102
- Monahan, C., Macdonald, J., Lytle, A., Apriceno, M., & Levy, S. (2020). COVID-19 and ageism: How positive and negative responses impact older adults and society. *American Psychologist*, 75(7), 887-896. doi: 10.1037/amp0000699
- Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *The Journal of Primary Prevention*, 33, 137–152.
<http://dx.doi.org/10.1007/s10935-012-0271-2>
- Pachana, N., Beattie, E., Byrne, G., Brodaty, H., & Pachana, N. (2020). COVID-19 and psychogeriatrics: the view from Australia. *International Psychogeriatrics*, 1–7.
<https://doi.org/10.1017/S1041610220000885>
- Pentaris, P., Willis, P., Ray, M., Deusdad, B., Lonbay, S., Niemi, M., & Donnelly, S. (2020). Older People in the Context of COVID-19: A European Perspective. *Journal of Gerontological Social Work*, ahead-of-print(ahead-of-print), 1–7.
<https://doi.org/10.1080/01634372.2020.1821143>
- Pew Research Center. (2020a). Older Americans continue to follow COVID-19 news more closely than younger adults. Retrieved from
<https://www.journalism.org/2020/04/22/olderamericans-continue-to-follow-covid-19-news-more-closelythan-younger-adults/>
- Pew Research Center. (2020b). Younger Americans view coronavirus outbreak more as a major threat to finances than health. Retrieved from <https://www.pewresearch.org/fact>

[tank/2020/04/07/younger-americans-view-coronavirusoutbreak-more-as-a-major-threat-to-finances-than-health/](https://www.bbc.com/news/health-55444444)

- Phillips, R. (2018). Emancipatory social work with older people: challenging students to overcome the limitations of ageism and institutional oppression. *Social Work and Policy Studies: Social Justice, Practice and Theory*, 1(001). ISSN: 2209-0878
- Tew, J. (2006). Understanding Power and Powerlessness: Towards a Framework for Emancipatory Practice in Social Work. *Journal of Social Work*, 6(1), 33–51.
<https://doi.org/10.1177/1468017306062222>
- Trentham, B., Sokoloff, S., Tsang, A., & Neysmith, S. (2015). Social media and senior citizen advocacy: an inclusive tool to resist ageism? *Politics, Groups, and Identities*, 3(3), 558-571.
- Tyrrell, C., & Williams, K. (2020). The paradox of social distancing: Implications for older adults in the context of COVID-19. *Psychological Trauma: Theory, Research, Practice, And Policy*, 12(S1), S214-S216. doi: 10.1037/tra0000845
- Van der Horst, M. (2019). Internalised Ageism and Self-Exclusion: Does Feeling Old and Health Pessimism Make Individuals Want to Retire Early?. *Social Inclusion*, 7(3), 27-43. doi: 10.17645/si.v7i3.1865
- Zhou, F., Yu, T., Du, R., Fan, G., Liu, Y., & Liu, Z. et al. (2020). Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet*, 395(10229), 1054-1062. doi: 10.1016/s0140-6736(20)30566-3