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COVID-19

More
eyes on the
problem:

Perspectives from the
social sciences and
humanities



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'More eyes on the problem': What the social sciences and humanities allow us to see and do in response to COVID-19

The COVID-19 pandemic has bared the fragile and unequal social and economic structures underlying South Africa, and in this issue of the Journal we foreground what contributions the humanities and social sciences can make to charting a path into an improved future.

We are fortunate that Jonathan Jansen, President of the Academy of Science of South Africa, gathered a group of multidisciplinary essays each written by an expert. Jansen, Distinguished Professor in the Faculty of Education at Stellenbosch University, is a leading intellectual, fearless author, and acclaimed researcher. At his invitation, we present a diverse series of Invited Commentaries that will have lasting value for our country in the difficult period that lies ahead. There are challenges but opportunities too.

When the world's most well-known infectious diseases expert was interviewed about the alarming rate of COVID-19 infections in his country (the USA), Anthony Fauci appealed for caution 'until we have more eyes on the problem'. It is an apt metaphor for what this collection of Invited Commentaries seeks to do – to provide 'more eyes' on the pandemic by drawing in perspectives from the social sciences and the humanities. Until now, the views of scientists such as epidemiologists, virologists and immunologists have enjoyed prominence in advising government on its responses to the pandemic.

The dominance of medical scientists in the initial response to the pandemic is of course understandable given the imminence of the viral threat to human health and human lives. But the limits of medical science evidence alone soon became evident.

Social distancing as a mitigating factor did not take account of crowded human settlements. Restriction of the number of mourners at funerals was made without attending to rituals of mourning and meaning-making in communities. Return of children to schools was gazetted without insights into how schools function as organisations and what that implies for re-opening under strict conditions. Enforcing of lockdown regulations was often done with little regard for the values of the Constitution and the rights of citizens. These were clearly not issues that could be resolved using epidemiological data alone.

Unsurprisingly, the wheels of scientific decorum came off within the science community even as debates raged in the broader public about the easing of lockdown restrictions.

We asked some of the leading social science and humanities scholars in South Africa to throw new eyes on the problem of COVID-19 from the vantage point of their particular disciplines by answering two questions:

1. What does your discipline allow us to better understand with respect to the social and human(e) aspects of COVID-19?
2. What do the insights from your discipline allow us to do differently in the context of the pandemic?

We bring together perspectives from only 11 fields or disciplines given limitations of time and space; these are economics, anthropology, law, political science, ethics, education, history, sociology, religion studies, language and philosophy.

Here – for the first time – is a collection of the best ideas for understanding the social nature of the COVID-19 pandemic and its consequences for humanity. The contributions are at once intellectual and practical as they speak to the many other facets of COVID-19 which we now know is as much a scientific puzzle as it is a social problem in these uncertain times.

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More eyes on COVID-19: Perspectives from History

The need for history in a time of plague

Despite the backward-looking, frozen-in-past-time connotation which the term ‘history’ invariably conjures up, it is necessary to recognise that history or, more precisely, our knowledge (such as it is) of the past, is closely tied to the present too. Not only does it explain how the present has been reached – every current problem has its source in the past – but it is also able to offer comparative historical examples, helping us to keep the present in perspective. To use a motoring metaphor, history provides both a rear-view mirror that shows us where we come from and by what route, and side-view mirrors that reveal where we are on the road in relation to others. To embark on a trip without either would be as foolhardy as drafting policies in a vacuum, without the benefit of memory or an awareness of the wider context.

The critical value of having such historically informed perspectives is well demonstrated when this lens is applied to the COVID-19 pandemic enveloping our country, for South Africa is no stranger to pandemics and so ought to be able to draw on these historical encounters to good effect today. These predecessors of COVID-19 include repeated epidemics of smallpox in the 18th and 19th centuries, bubonic plague (1901–1907), so-called ‘Spanish’ flu (1918–1919), polio (1944–1963) and ongoing HIV/Aids (1982–).

Studying these makes clear that severe pandemics invariably produce at least five broad reactions or results because of the direct, frightening threat which they pose to life:

1. they highlight the basic features of any society and its modus operandi, especially its shortcomings and fault-lines, in ways which are difficult to ignore;
2. they reveal underlying social and cultural attitudes which are not normally on public display;
3. they accelerate trends and tendencies already in train but not yet at full pace;
4. they introduce new, unanticipated developments into society; and
5. they trigger a zeal for medical research and for reform of the deficiencies exposed by the epidemic experience, although usually the latter is short-lived.

Knowledge about these earlier pandemics and the responses they evoked also give us a yardstick by which to judge what is novel and distinctive about a new pandemic and what is not.

Even though COVID-19 is still raging about us, all of these predictable reactions and results are already manifest in South Africa in some way – for instance, the manner in which dire poverty and overcrowding have been highlighted as a standard part of the daily experience of many South Africans, both at home and aboard public transport; the attitude of finger-pointing beginning to emerge towards ‘others’ who have been identified as COVID-19 positive, in the course of which the mantra of social cohesion has been superseded by that of social distancing; the way in which lockdown measures have accelerated the failure of already faltering companies like SAA and Edcon, tipping them over the edge, while at the same time calling forth an unprecedented roll-out of social relief by the state to the unemployed; how apparently sound small businesses and cultural institutions and activities have been very hard hit financially out of the blue, some to the point of collapse; how modes of social gathering have been altered, possibly forever; and how politicians have been vocal about their commitment, in President Ramaphosa’s words, ‘to forge a new economy and not merely return the economy to where it was before COVID-19 struck’. How lasting such commitments are, time will tell.

All of the above – and more – chime in exactly with the kind of responses which a historical study of previous epidemics would have led us to anticipate and prepare for. Moreover, such a study of the Spanish flu and the way in which that catastrophe (which killed 6% of the South African population in 6 weeks) accelerated the slow-moving process of creating a national department of health for the first time in 1919, should alert us to the likelihood that the COVID-19 disaster will be followed by a push to implement a national health insurance system in South Africa speedily.

In other words, history can not only explain the backstory to the present and put a current situation into perspective, but can also be a good guide to the future. The best futurologist is an historically informed one. To put it more felicitously (and with a revisionist nod to George Orwell’s 1984): ‘Who understands the present, shapes the future; who understands the past, shapes the present.’



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More eyes on COVID-19: Perspectives from Economics

The economic costs of the pandemic – and its response

From an economics perspective, the COVID-19 shock is unprecedented and very different from other global financial shocks. For the first time since the 1918 Spanish flu epidemic, the South African economy has been hit by real supply and demand shocks that have struck both domestic production and global supply chains, and simultaneously depressed demand in both the domestic and global economies. Lockdown halted consumption (e.g. in retail) to promote social distancing. Productive activities in most sectors ceased with consequent loss of jobs, workers furloughed or salaries cut – all of which induced a massive demand shock and loss of business and consumer confidence. There is a very real danger that these shocks to the real economy will morph into a financial crisis at a time when the South African economy has already been bedevilled by a secular decline in output growth, high unemployment (especially among the youth), precarious informal sector livelihoods, abject poverty and obscene inequality. The scenario is one of pure uncertainty rather than one of estimable probability.

It is crucial to distinguish the economic consequences of the health impacts from the pandemic itself, and the economic consequences of COVID-19 lockdown policy responses. There is no doubt that the public health imperatives must take centre stage during such an emergency. But it is ironic that, from an economic perspective, the economic costs of the COVID-19 response are likely to exceed the economic costs of the pandemic itself by several orders of magnitude. The quantum of these economic costs would be determined by the trajectory of infections (as contagion surges in ‘hotspot’ locations and subsequently ebbs in waves), the effectiveness of government’s response strategy, the duration and coverage of a lockdown, and the phased exit strategy employed. Some of these costs would be felt immediately, others would manifest more in the medium term and beyond. It has been argued that the pandemic, left unchecked, would affect working adults, reducing their productivity for a month or two, probably keeping many away from work while killing a small number of persons, mainly the aged who are out of the workforce. This rationale has driven the more laissez-faire approaches based on ‘herd immunity’ once 60–70% of the population had already been infected.

Direct costs of the pandemic would include funding the public health response (borne by both the public sector and private sector businesses) and loss of productivity due to illness and death of economically active workers, which would undermine production and reduce consumption and exports. Lockdown responses acknowledge that it is the movement of people which spreads the virus. In order to slow the infection rate as much as possible early on in order to prevent the public health system from being overwhelmed, the lockdown responses aim to promote social distancing through the complete cessation of economic activity, bar a few essential services, such as health care and financial services. The costs of infection control are the incomes lost, both now and in the foreseeable future, as a result of control measures

The gross domestic product (GDP) – the aggregate production of a country – encompasses the value of final outputs of all its businesses, households, individuals, and its public sector. As the virus infects individuals and families, it impacts on the household sector, the business sector, labour markets, the public sector, the balance of payments, foreign investment, prices and money supply. All these impacts could converge to cause a decline in economic growth (a contraction in GDP), the magnitude of which is difficult to forecast at present, with forecasts ranging from 6% to 16%.

As households, firms and government in lockdown reduce their production, they also reduce exports (especially in sectors such as mining and agriculture) and their imports. The effect of COVID-19 on the balance of trade is ambiguous: both imports and exports are likely to decline, but which will fall more is still uncertain. With loss of investor confidence and sovereign credit downgrade, foreign investment might come to a sudden stop, or substantial risk premiums would be required to induce investment, mainly from volatile speculative investors (‘hot money’). Trade partners which would have imported South African products and services are also hit by the pandemic, and exports decline. If trade partners develop relationships with other suppliers when South African export supply chains are disrupted, the decline in export losses may become permanent. These interacting supply and demand shocks will impact on the prices of final goods and services. They will also affect input prices and costs of intermediate inputs, inflation rates, wages, exchange rates, and financial, residential and other asset prices as firms and individuals are forced to divest assets in order to remain liquid or to survive.

The above exposition of some of the economic transmissions and contagion mechanism of the COVID-19 pandemic is highly simplified – but it does illustrate the magnitude and complexity of the shocks which virtually simultaneously hit South Africa and the world, and how economics as a discipline can shed light on how the pandemic shock was transmitted throughout the economy, and its differentiated impact on workers, consumers, firms, the fiscus and more.

Although there may have been public health benefits from an early pre-emptive lockdown strategy, it is clear that the longer the duration of a lockdown, the less effective it is likely to be from a public health perspective. Social distancing and self-isolation during lockdown is only possible in middle-class suburbia. It is simply not practical in the overcrowded informal settlements and townships where access to water and sanitation has shamefully been lacking for decades. On the other hand, the economic costs of a lockdown increase the longer lockdown continues. Extending the lockdown beyond a certain point runs the risk of still being able to contain the pandemic *and* paying the full economic costs of the lockdown.

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Government has designated a system of lockdown levels ranging from Level 5 (most restrictions on social and economic activities) to Level 1 (normal, unconstrained operations), with certain services designated as essential or protected. By 28 May 2020, government had already announced a risk-based lockdown exit strategy, with sectors like mining soon becoming operational. Sector-specific health protocols will have to be negotiated – and more importantly enforced – to ensure that workers' lives are not put at preventable risk (e.g. provision of personal protective equipment and appropriate training).¹

While many of the lockdown regulations were sensible from both a public health and economic perspective, in other cases they appeared to be irrational. Examples include the ban on e-commerce, alcohol sales (including wine exports) and tobacco sales, attempts to microregulate winter clothing sales and attempts to restrict NGOs rolling out feeding schemes when government itself was unable to reach all the needy and excluded groups like foreign nationals, unlike the NGOs. After popular backlash, these regulations were reversed. On the other hand, the Competition Commission was quite proactive in combatting price gouging. For managing the risks to the livelihoods and laying the foundations for inclusive, environmentally sustainable and digitally equitable growth and innovation, effective regulation which enables civil society and the private sector to co-create a post-COVID future would be a prerequisite.

Public discourse on immediate responses to the pandemic's economic impact centre on borrowing, drawing down cash reserves, reprioritising spending, credit guarantee schemes and judicious application of the South African Reserve Bank's balance sheet.² These responses can be only short term at best. In the medium term, the tax system can be the only sustainable bedrock for financing post COVID-19 reconstruction. Inclusive growth is the only way South Africa can dig itself out of this

economic hole. Such a recovery cannot simply be focused on increasing the rate of growth but must also shift the direction and nature of growth to a more employment-intensive, equitable, climate friendly and digitally smart trajectory.

Charting the way forward calls for a fundamental reconceptualisation of the roles and relationships between the public sector, private sector and civil society to forge new social compacts. This will require evidence-based analysis from a range of sub-disciplines of economics, such as fiscal policy and public economics, intergovernmental fiscal relations, municipal finance, monetary policy, exchange rate policy, trade policy, industrial policy, labour market policy, social policy and social security, regional development, innovation systems and R&D, political economy, institutional analysis, energy policy, infrastructure financing, health and education financing, financial economics (banking and credit markets), development finance, and network industries regulation (e.g. information and communication technology and game theory). The pandemic will spawn a thousand PhDs in Economics. This modest contribution has attempted to sketch the broad outlines of that research agenda.

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More eyes on COVID-19: Perspectives from Philosophy

How philosophy bears on COVID-19

Philosophy is rational enquiry that addresses fundamental matters of human life and that transcends science in some way. For example, biologists and chemists appeal to physical facts when explaining what transpires in the world, but philosophers (and specifically ontologists) consider whether there is only a physical realm and whether there is evidence of anything spiritual such as God. Cosmologists claim to know some facts about the universe, whereas philosophers (epistemologists) try to ascertain how it is they know and why astrologers do not know. Sociologists describe how people behave using value-free language, while philosophers (ethicists) prescribe how they morally ought to behave and distinguish between good and bad ways of living.

What follow are three examples of ways in which philosophers are particularly well qualified to address difficult questions pertaining to COVID-19. My aim is not to provide answers here, but rather to demonstrate that compelling answers are not obvious and would require sustained and careful philosophical enquiry.

How should we allocate scarce resources during a pandemic? Ethicists, and specifically philosophers of justice, argue about how to allocate benefits and burdens in ways that are fair. Such issues abound in the context of COVID-19. Consider, here, debates concerning how to balance the interests of the elderly against those of the young. Most who die from COVID-19 are older than 60, while Africa has a relatively large population of young people. How should trade-offs be made between them?

Specifically, if both an elderly person and a youthful person need a ventilator to survive, but resources are scarce such that only one of them can receive a ventilator, who should it be? Should one flip a coin in such cases, because all lives have an equal dignity? Or should we favour the young, because the old have already had lives to lead? Or should we favour the old, because they are entitled to greater respect in virtue of their personhood (wisdom, accomplishment) and because they have paid much more tax into the health-care system?

Beyond this dilemma involving just two persons, there are broader, generational conflicts. For instance, is saving the lives of thousands of elderly people worth impairing the livelihoods of a much greater number of youth through a lockdown? If you are tempted to say that life always trumps livelihood, does it follow that driving cars should be forbidden due to the tens of thousands of lives that are lost in accidents each year?

Must we obey all the government's rules about COVID-19? Ethicists, and specifically political and legal philosophers, argue about when and why we are obligated to obey the government. Sometimes its laws and policies appear unjust, and you, the reader, are invited to pick your favourite example pertaining to COVID-19. Are we obligated to obey a government's rules even when we reasonably disagree with them?

One might be tempted to say that we are obligated to obey only the just laws and policies, and not any of the unjust ones. However, imagine what would happen if people disobeyed the government any time they thought its rules are unjust. Think about what would happen to tax collection, for instance. Values such as the rule of law, order, and peace would be gravely threatened.

In contrast, then, one might suggest that one has a duty to obey all of a government's decisions, whether just or unjust. Or one might think, more specifically, that one has a duty to obey any law or policy that has been ratified by an elected majority. Maybe rebellion against dictatorships is justified, whereas it is not against democracies. However, imagine you are in a group of three people, where, after some debate at a park, two of them vote to take away your shoes and you vote to keep them. The decision was made democratically, but are you obligated to abide by it? Similarly, remember that slavery and Jim Crow laws in the USA were democratically adopted; white people simply outnumbered black people. Did slaves really have a moral obligation to obey their masters? What difference might there be between these cases and your favourite COVID-19 example above?

Whom should we believe about COVID-19? Epistemologists argue about when and why it is appropriate to believe claims about the nature of ourselves and the world. There have been a variety of sources offering competing perspectives on how the coronavirus is spread, how it has affected people's lives and health, and how best to stem the pandemic. The government says one thing in policy briefings, a majority of scientists might have formed a view, a minority of scientists invariably dissent from the majority, international NGOs have their view, religious leaders have theirs, citizens on YouTube who appear to have done a lot of research have theirs, and you of course have yours. When these various viewpoints are incompatible, how should you proceed?

You might be drawn to hold one of two extremes. On the one hand, you might think, 'It's my life, and so I'm going to believe whatever I want or what makes me feel good'. However, it's not just your life that is affected by how you live; the choices you make can radically influence the course of other people's lives, even end them.

On the other hand, you might think, 'I'm not qualified to form an opinion; I'll just leave it to others to judge'. However, you do have a life to live, and so the question becomes: which others should you believe when making choices, including, say, about whether to send your children back to school?

In between these extremes is the approach that we should form beliefs in the light of what the experts tell us. Who counts as an expert? Presumably someone who knows a lot about a topic. OK. But how can we tell who that is? You might be inclined to say that we can know someone is an expert because other experts say so. But how can you know that *those* people are experts? Because they say so, or because still other self-proclaimed experts say so? Presumably not, but then how is one to identify those with expertise?

To conclude, most readers will have real difficulty providing what they deem to be firm answers to these questions backed up by reasoning that others would find compelling. Philosophers are in the business of searching for such answers. No – we do not always find them. However, we do spend 45+ years of our lives trying to. Might we therefore count as experts, or at least deserve a hearing?



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More eyes on COVID-19: Perspectives from Ethics

The most powerful health-promoting forces in COVID-19 are social

As the COVID-19 pandemic rages through the world, all aspects of life globally are being disrupted by mounting death rates¹ and governments' responses. The first ethical lesson has been the realisation that the increasing instability of the world, characterised by diverging trajectories² of health and well-being, with a minority (25%) benefitting from spectacular human development and progress, and a majority (75%) suffering from inadequate human and social development, is amplified in South Africa as a failing state, with its even wider disparities and continuing, pervasive poverty, hunger, unemployment and heavy burden of disease.

The second lesson relates to the complexity of the challenge for the government and people of a middle-income country seeking a balance between efforts to: (1) mitigate and control the pandemic for long enough to prepare already inadequate overall health facilities to save as many lives as possible, and (2) prevent severe damage to our fragile and crumbling economy in order to avoid deaths from starvation and other neglected health needs.

Our politicians, who are abandoning their moral legacy (like those in another retrogressing country³), are not well equipped to take difficult evolving decisions as the pandemic unfolds, without support from a range of available scholars in science, the humanities and medicine. Knowledge of the science⁴ and dynamics of socio-political-economic influences on health and disease are crucial to the wise use of knowledge to improve the lives and health of people at both individual and population levels.

Despite these shortcomings, some admirable attempts are being made to utilise both our well-funded private and poorly funded public health-care sectors to face the immediate challenges. The spirit in which the best and most committed of our health professionals are working, embraces high standards of evidence-based medical practice. Although less adequately taught in our medical schools, the ethics of clinical duties of care and the art of medicine are also manifest, having been nurtured during many decades of clinical experience in caring for the world's largest proportions of patients with both HIV/Aids and tuberculosis.⁵ Inspiring confidence, trust and measured hope are important in everyday health-care practices, and of special importance during public health emergencies. These are best achieved through the application of knowledge with clear, unambiguous communication across diverse barriers by coordinated health-care teams, with empathic understanding of the contextual nature of personal suffering and appreciation of the uniqueness of each person with respect for patient autonomy.

A significant ethical challenge highlighted by the pandemic, is the failure to openly acknowledge a weakness of the popular notion of a 'right'. Conceptually a 'right' can only be considered as one side of a coin, the other being a co-relative 'responsibility'. Rights cannot be met without identifiable and accountable bearers of responsibilities with the ability to do so. The relevance of this at the level of the easing of lockdown restrictions is that national public cooperation is needed to ensure that all are aware, for example, that 'your right not to be infected by me requires me to wear a mask, sanitise and respect social distancing, and my right not to be infected by you requires that you do the same'. By imposing some rigid and poorly conceived rules that provoke frustration and anger, our government is regrettably losing a crucial opportunity to enable all its people to embrace an ethics of good character and responsibility that could contribute to solidarity and social capital. At a higher level, achieving the 'right to health care for all' implies a societal responsibility. Despite success in ensuring equitable access to treatment for HIV/Aids, universal access to broader health-care needs and rights remains an important unfulfilled societal responsibility⁶ with implications that extend to considerations of the global political economy.

In addition to all the above, it should be noted that a public health lens enables us to 'see' that the most powerful health-promoting forces are social. Their effect on health is exemplified by the improved living conditions and use of sanatoria during the 19th century resulting in a ten-fold reduction in mortality from tuberculosis long before effective drug treatment was developed to complete the cycle towards the potential of curing almost all patients with this disease.⁷ It has been estimated that social forces, even in a wealthy country like Canada, account for 50% of the causal factors impeding good health. This proportion is much greater in Africa, disadvantaged by a legacy of previous exploitation⁸ that continues through internal and external processes⁹.

Extension of the interpersonal health ethics discourse since the 2003 SARS epidemic, to include public health ethics, has enabled careful examination of tensions between individual rights and the common good (e.g. quarantine), as well as the evaluation of arguments about how best to balance these conflicting, but mutually valued, ethical perspectives.¹⁰ Greater attention to social justice involves transparent and accountable processes for the allocation of limited health-care resources.¹¹

A study of public health lessons from the SARS and Ebola epidemics revealed the ill-preparedness of the World Health Organization and the global community for large/sustained disease outbreaks.¹² Seven themes that were identified as *ethical lessons stemming from such moral failures* and requiring rectification, are also of crucial importance in South Africa. These include recognition that: health systems are fragile and need strengthening to prevent and mitigate future epidemics and pandemics; there is a need for improved surveillance/response capacities and improved communication and community engagement to build trust; effective and rapid response requires leadership at international, national and local levels; and market-based systems do not cater adequately for neglected diseases.¹³



The impact of both the pandemic and of governments' responses, that most profoundly affect the poor majority in our country and globally, are amplified by a multifaceted complex global/planetary crisis¹⁴ within an ecological system stretched to the limits where multiple tipping points¹⁵ into chaos threaten the future of us all. These insights also help to clarify what striving ethically for health means in the world in which the COVID-19 pandemic has emerged and spread so dramatically. This context¹⁶ comprises a multitude of upstream crises that generate considerations of the ethics of the global political economy, international trade, development aid and the creation of crippling debts, and of cruel industrial animal farming¹⁷ and wet markets with their implications for our humanity and our ecosystem. Such problems are aggravated within an energy-intensive market civilisation, driven by belief in endless economic growth, consumerism, the profit motive and free-riding on the environment, with damaging effects on health, especially in low- and middle-income countries.¹⁸

All the above should be viewed through framings¹⁹ that reveal the ethical dilemmas and power relations²⁰ relevant to population health and well-being (the socio-political underpinnings²¹ of which have previously been identified), and the need for a paradigm shift²² from a competitive anthropocentric focus towards a cooperative ecological perspective on all aspects of life and health. This agenda for a 'new normal' in a post COVID-19 world could be advanced globally and locally through education and public discourse to foster widespread construction of a more collaborative concept of global health ethics as the rationale for mutual caring²³, in a country and a planet in the throes of entropy²⁴.

Innovative social action to facilitate sustainable survival²⁵ is potentially feasible, given human imagination, ingenuity, determination and global political will by those with a vision for the future.

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More eyes on COVID-19: Perspectives from Anthropology

What people believe is a lot less important than *that* they believe it

Anthropology compels us all to see the world from many different perspectives at once. On the rare occasions, such as a pandemic, where we all need to adopt very specific habits from the intimate to the public, these different perspectives must be taken seriously and must inform policy at every level.

Health is not only biophysical, but also emotional, spiritual, environmental and social. Dignity, security, and purpose cannot be achieved alone, but through collective everyday experiences that are currently being radically altered.

In South Africa, the virus has both brought us together and shown up lines of separation that were entrenched throughout our history and have altered very little since 1994. The things that will keep us safe – physical distancing, handwashing, strong immune systems – are simply not possible for many citizens.

Nonetheless, in facing COVID-19, South Africa has a unique opportunity to prove that it will use this historic moment to do well by its population. To respond with respect, compassion, and a recognition of the basic intelligence of all of us: nobody wants their loved ones to get sick and possibly die. What, therefore, can anthropology teach us about an appropriate response to the pandemic?

Firstly, the term ‘social distancing’ should ideally be replaced with the more accurate ‘physical distancing’. This reminds us that human beings are inherently social, and cannot thrive without community. In reality almost nobody is ‘socially distancing’ in South Africa right now. Rather, a vocal ‘some of us’ have the privilege of shifting our human, learning and income-generating connection online.

If we acknowledge that hygiene and physical distancing are the fundamental requirements that currently underpin our constitutionally assured ‘right to life’ we must act strongly. Water, nourishment and *data* must then be free resources for the duration of the crisis. If everyone can eat enough, wash their hands and maintain connections to their loved ones, we are far more likely to emerge from this unbroken.

Belief must be taken seriously. *What* people believe is a lot less important than *that* they believe it. Belief informs actions from the micro to the macro and back again. Religion, news (fake or otherwise), science, statistics and government all demand belief and if people buy into something – regardless of whether or not it is also factual – they will act on it.

Be it online or in person, most people turn to sources that they trust. These may be religious leaders, community level activists, social media stars, educators, or the favourite uncle in the corner store with an interesting opinion. The people we *choose* to listen to direct our behaviour in powerful ways. Partnerships must be established at every level of society, to ensure necessary information is shared in a way that is not antagonistic to existing belief systems. The information must be consistent in translation and modelled in the actions of leadership.

The violent structure of South African society should be acknowledged. COVID-19 is not happening in an historical vacuum, and not all diseases and experiences have been responded to equally to date. The country was not shut down for HIV or tuberculosis or gun warfare or inequality, but the virus will nonetheless run its course on trails worn smooth by these conditions. Acknowledging that this may not be perceived as ‘fair’ and explaining why this time the response is different as the government tries to do better, will help people to make the sacrifices being asked of them with less resentment.

It is important to validate rites of passage. So far, we have only focused on the end of life, and guidelines have been given for funerals. Much more is needed. We must reconsider and develop new rituals for births, transitions into adulthood, marriages and separations, graduations, promotions, and even birthdays. These events help everyday life to continue to hold significance. They make us feel connected, enriched, supported – as a part of something bigger than ourselves, rather than apart from it.

Many of us need help to find meaning: ‘meaning’ makes people happier and more secure, and therefore much more likely to support safe policy and action. ‘Beating the pandemic’ is theoretically a strong motivation, but until someone we know personally dies, COVID-19 will remain abstract for most of us not on its frontlines. Meaning must be given to this rupture.

A national campaign calling for the reimagination of a just and equitable South Africa that is different from the country we left behind could be unifying and productive. It could provide a rare opportunity for *everyone* to reimagine the social contract of citizenship, the individual and the collective and to ensure that when this passes we do not return to where we were before. Anthropology can draw on an extraordinary record of life affirming processes and practices in the face of challenge to support this process going forward.

We live within environments. Our environments should also now be part of our plans. Lockdown has forced many to pay much more attention to spaces around us as we have been more present where we usually come just to sleep. Again, there is a rare opportunity to mobilise towards protection and sustainability – the ecosystems, the animal, bird and insect life, the safety not only of humanity, but of everything else in our world as well.

Finally, our understanding of value needs to be expanded. This is something that anthropology has quietly documented for more than a century. The cultural repertoires that exist within South Africa extend far beyond ubuntu. As we try to mop up the economy, it will be critical to expand the definition of ‘value’ beyond the financial towards the *human, the relational, the social*.



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More eyes on COVID-19: Perspectives from Linguistics

Pay attention to how people are talking about the pandemic in different languages

As linguists we claim that language underlies all human activities. Yet we have entered a cold new world with the freezing of the very interactions which must have given rise to language and which are in turn enhanced by it. Placing masks on mouths and noses is a masking of communication too. No linguistic or applied linguistic textbook quite prepares us for the shutdown of speech in an age of viruses. Here I highlight matters of language and communication that have come to the fore in these times.

We need to keep the lights and the technologies of communication on. Older humanities specialists have always been slightly suspicious of the instruments of technology, of their speed – which seems to overtake the thought processes of their users, coupled somehow with their built-in obsolescence. But COVID-19 has forced us to reconsider. *London Calling* to the faraway towns during the war of a century ago was an important, albeit one-way, means of radio communication for survival. The ubiquitous cellphone, computer and television networks of today have made possible a degree of transmission, discussion and action that would have been unthinkable in the age of radio. They have greatly facilitated modes of survival.

But in using them we miss the nuances of face-to-face interaction that they mask or only approximate in a mechanical fashion. It is the use of eye contact, gesture, facial cues, bodily posture and immediate feedback that makes our communication human. Even for more public and relatively one-way communication, we still require the insights of humanities specialists – as interpreters of official and unofficial stories. We have to be alert to poor arguments, as when politicians appear to put their parties and business interests above those of public safety, or when they disobey the fundamental rules they themselves put in place. Our own President has proven an able communicator and leader, showing the wisdom of humility during a global crisis. Critical language awareness helps us sort out the possible from the impossible, and the plausible from the patently false. At the same time, it is important to listen to the voices of those affected most: the weak and poor, the ones with least access to the technologies of independence, information and power.

In this regard, we need to pay attention to how ordinary people are talking about the pandemic in different languages. Communication of meaning does not rest with the scientists, health specialists or presidents alone. ‘Hydroxychloroquine’ is simply not usable as an everyday word: even a president tongue-tripped over this polysyllabic poser, and apparently not because he is an avid user of the drug. Applied linguists in southern Africa showed a decade ago how people responded in everyday discourse to the ravages of HIV/Aids, moving from silence, taboo and euphemism to circumlocution and paraphrase. This was a new lexicon of coping.

I will cite just a few examples from the present crisis. Unsurprisingly, words like *ikhorona* and *ikhovidi* (and close pronunciation variants) have entered the isiXhosa language at high speed. Zukile Jama (personal communication 2020 May 25) notes that people make links with past epidemics in some of the new terminology (e.g. *ubhubhane*, which links it to the word for the plague and/or Spanish flu of almost exactly a century ago). The word seems to resemble the English word *bubonic flu*, but this might be coincidence, as its root form is *-bhubha* ‘to perish, die’. The entry in Doke and Vilakazi’s *Zulu-English Dictionary* of 1972 for this verb now takes on a poignant reading: ‘to perish, die, be destroyed, become no more, suffer annihilation’. From the virus’s side (virus as subject) the causative form *-bhubhisa* is even more chilling: ‘to destroy, kill, wipe out, annihilate’. Add to this the noun suffix *-ane*, which marks prolonged activity and the full original force of the word *ubhubhane* can be felt. Thabo Ditsele explains a new term for ‘quarantine’ – *diagelo* – that he came across in Setswana social media in relation to the present crisis (personal communication 2020 May 22). The word has undergone an extension of meaning from its original use within the traditional African church for ‘spiritual cleansing by confinement in the home of a church elder’.

COVID-19 has shown us how fragile we humans really are and how presumptuous our use of language can be. Our once clever metaphors – like our airplanes – have been grounded. Can we ever speak lightly of having the travel bug again? Will we think twice before describing someone as a pest or when using the word ‘pestilence’? Or speaking of someone as having an infectious sense of humour? May we ever again describe some facile joke or observation on social media as ‘going viral’? The virus is silent and invisible, but ‘COVID’ and ‘Corona’ will enter the all-time human lexicon of suffering, ahead of ‘tsunami’, ‘AIDS’, ‘Holocaust’, ‘WWII’ and ‘the plague’. Language innovation serves to record our human hopes, but even more so our fragility in the face of bigger forces in the universe.



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More eyes on COVID-19: Perspectives from Religion Studies

How Christian theology helps us make sense of the pandemic

Religion Studies starts with the assumption that a study of religion does not entail a personal religious conviction but is justifiable as an intellectual pursuit of knowledge about the human condition. It also recognises that there are a variety of ways in which humanity understands and responds to the impetus of religion from within (e.g. faith) or from without (e.g. the environment).

All religion is about seeking – a search for understanding and for answers to questions or a world view that is persuasive and becomes a way of life. The sudden arrival of COVID-19 once again places such searching questions at the centre of human lives. What does the study of religion allow us to understand in relation to the pandemic?

Without taking anything away from the broader study of religions, I limit my focus to my area of specialisation which is Christian theology. Christian theology works with tools in history, philosophy, culture and language studies, and psychology to express this idea of the human, especially in its relationship with and understanding of God, as well as in its moral life. Christian theology, it has been said, is first and foremost about the human and the totality of human relationships. It is through seeking to be fully human that one seeks to understand what God wills for one's life.

For that reason, Christian theology is about the imagination. It is by the power of the imagination that so much of Christian life makes any sense. It is accordingly in myth and symbols, story and meaning, worship and human expression in music, dance and movement, poetry and art, that the story of faith can be truly told and faithfully understood. Mouton describes this phenomenon in apt terms as "the ability of the human imagination to *redescribe* reality, to *rename* experiences, to *retell* their stories from new angles"¹. Theology thereby helps one not to be confined to the obvious, natural and material, but to explore the metaphysical world beyond with as much confidence.

To be a Christian is an acknowledgement of God as a 'presence' in your life and in the world, or as one's response to the moment of encounter with a 'living God'. It is a life of confession of Christ in word and deed to be the Saviour of the world, *salvator mundi*. Contrary to what some may believe, the Christian faith is not a transactional religion or about bargaining with God. It is an acknowledgement of God in one's life and in the world. It is rather a compelling reflection and outworking of a life in the midst of a messy world. It makes God 'visible' to the inhabited world and evangelism becomes an offer and an invitation to share the life of Christ.

What this means is that a belief in God and of God's Son Jesus Christ is to be alive to The Other, their significance in making one fully human, the energy derived from relationships, and the moral effect of living together in a community of sharing and loving. This idea of The Other is not only about the recognition or an acknowledgement of God. It is also about the knowledge that The Other is one's neighbour, who has needs and wants.

Christian theology further helps one to understand that not everything that we experience today is known or knowable. It is always being open to new knowledge and understandings that we become human. It is in the surprises of life that the knowledge of God gives substance and meaning.

And yet, Christian theology teaches that human living is never an act in futility but rather one infused with purpose. That purpose is to fulfil God's intentions in Creation. As a moral substance, being human is about taking responsibility and understanding human agency. As agents of God, humanity is continuously a part of the making and unmaking of Creation. If that is so, then choices are made in such a way as to fulfil the act of God.

That explains why Christian thought is able to denounce evil and injustice, and campaign for a fair and a just world. It is out of that ethic of love and peace with justice that a fair and just distribution of wealth is demanded and lasting and viable solutions to the human predicament are sought. Religion and theology therefore is itself a part of science. It lives and breathes science.

Finally, COVID-19 is ultimately never just about the person affected or dying in isolation at a point in time. It is about community and family. The work of caring, of assurance and hope is an ongoing task for those who understand the dynamism of community that is formed and shaped by a selfless community.

After COVID-19 systems must be put in place, families must continue to live wholesome lives, loved ones must be memorialised and humanised and community that has been broken must be formed and re-formed. Religious communities formed as churches, mosques, synagogues, temples, or in ceremonies in African traditional belief systems, for example, become important in sustaining the value of human life beyond death.

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More eyes on COVID-19: Perspectives from Political Science Insights from the political management of COVID-19

It is often said that crises reveal who we truly are. This is as true for societies as it is for individuals. COVID-19 has revealed the bipolarity of South Africa; its deep inequalities and the schizophrenic character that this engenders. The society aspires to and revels in being recognised as world class, politically sophisticated, and socially caring. When this is rendered asunder by the structural realities of our social and economic context, the society quickly degenerates, manifesting in polarised political divides and reflecting embittered social actors embroiled in accusatory and ideologically laden contestation.

When COVID-19 arrived on our shores, our political authorities quickly assembled the medical fraternity's best minds to advise them on how to respond. The President very quickly engaged in consultations with opposition parties and with social actors including business, labour and civic players like religious leaders. A private-public partnership in the form of a Solidarity Fund was announced, and a number of billionaire families including the Oppenheims, Ruperts and Motsepes pledged a billion rand each. This was rapidly followed by government's decision to impose one of the most rigid and extreme lockdowns announced anywhere in the world. We collectively beamed at this decisive, world-class response. We bathed in the praise of the World Health Organization, of the recognitions of our public-private partnerships, and in the realisation that the political responses of our President and government were based on evidence, data and world-class science.

Then COVID-19 exposed the crude underbelly of South Africa. The lockdown exposed our deep economic divides which manifested in starvation, food riots and increasing incidents of malnourishment in the hospitals, while the affluent retreated into secluded suburbs or fled to their holiday homes. The President's leadership and the government's decisive action were quickly unravelled by the skills-compromised civil service and its acute inability to execute decisions like, among others, the payment of social support grants and the distribution of food parcels. It was also undermined when overzealous police and soldiers abused residents. The social pact itself began to erode as businesses closed, workers lost their jobs, and a variety of stakeholders, including academics and scientists, began to advocate for the opening up of the economy. As all of this occurred, the political consensus within the state and among the ruling and opposition parties quickly disintegrated.

Much has been written about these successes and failures. Yet little has been written about the thinking around the political management of these challenges. To be fair, there has been some public puzzlement about, and maybe even derision of, some of the actions of the state and its regulations on what can and cannot be bought, or when one is allowed to exercise. But beyond criticism at the silliness of some of these regulations, there has been very little attempt to understand what is going on and why it is happening. In a sense we seemed to have assumed that this is simply the result of the idiocy of individual ministers and government officials.

But is a deeper understanding not warranted? Is this not the result of the challenge of politically managing a pandemic in a deeply unequal society? The problem is that pandemics have differential effects in unequal societies. Managing it therefore will also have unequal consequences, thereby making government vulnerable to charges that its actions are more prejudicial to the poor than it is to the middle classes and the rich. This is a serious political conundrum in a politically polarised society, especially for a party that derives much of its support from the poor and marginalised.

One solution to this challenge is to be seen to be imposing as many penalties on the rich as is inflicted on the poor. This was particularly explained to me by Garth Stevens, academic psychologist and Dean of the Faculty of Humanities at the University of the Witwatersrand (Wits). As Stevens puts it, you cannot manage the pandemic in local townships without closing the shebeens. But to do so, while allowing middle-class persons to sip on their chardonnays in their suburban homes, is politically unpalatable. The political response is therefore to impose a comprehensive purchase ban of alcohol on all citizens. Similarly, enforcing social distancing in townships without acting against suburbanites is again politically unpalatable. The result was a comprehensive ban on exercise and then its limitation to between 6:00 and 9:00. Regulation after regulation, however irrational, begins to take on a more significant meaning if it is understood from the lens of mitigating the political consequences of managing the pandemic in an unequal society.

But the challenge of managing the unequal effects of the pandemic is not limited to the politicians of the ruling party. It also infects the understandings of a variety of other stakeholders. This was brought home to me recently as we tried to shift to emergency remote learning at Wits so as not to lose the academic year for our students. This was quickly opposed by student leaders at Wits and nationally and even by some academics and politicians. In their view, social justice requires that if everyone cannot learn, no one should. This, in a sense, was the advancement of a vindictive populist politics of impoverishing all, very much akin to that advanced by the Khmer Rouge in Cambodia, or that entertained in China during its Cultural Revolution.

The problem with this strategy of comprehensive imposition of penalties is that it provokes resistance across the board. Government is then forced to make concessions which are then perceived by some political stakeholders as capitulating to entrenched privileged interests. It therefore would be far better if government and other stakeholders adopted a more pragmatic, yet progressive, strategy to manage the pandemic. This would hold that social justice does not require a reversion to the lowest common denominator. Instead, it would hold that social justice requires an awareness of inequality, and a conscious attempt to mitigate its consequences through addressing the inequities. One example of this is how Wits and other universities established a computer loan facility, dispatched computers to thousands of students who did not have a device, and arranged 30G of data for students at no cost to themselves. Another is the ZAR500 billion stimulus package – which is in fact a relief measure – that the President announced with



the lockdown. This, in a sense, is a political agenda of constructive social justice that is directed to building the capacities of and lending a helping hand to disadvantaged communities, rather than advancing a vindictive populist politics of impoverishing all.

Another element of such a pragmatic yet progressive strategy is harnessing the managerial capacity of the private sector to effect decisions. One of the central challenges in this pandemic is the almost non-existent capacity of the state to deliver and execute decisions. Yet the one feature of highly unequal societies like South Africa is that capacity exists, but that it is not in the public but rather in the private sector. Would it not make sense to harness this managerial and logistics capacity of the private sector for the execution of decisions on the pandemic? Could the enormous logistics capacity in the private sector not be used to distribute food parcels, or should the technological and managerial capacities of the financial sector not be deployed for the payment of social grants and implementing other elements of the relief package? Separately, could the procurement and production capacities of the domestic and international pharmaceutical companies not be deployed for the purchase of testing kits and for the production of drug therapies and vaccines as and when these become available? Could our private hospitals not be enlisted to treat public patients on a cost basis? What is being suggested here is for the state not to be obsessed with centralising the administration and management of the pandemic in a context where its execution capacity is so limited. Rather it would be more prudent for it to harness the distributed capacities in the public, private and civic sector to enable an efficient execution of programmes to manage the pandemic.

The additional benefit of harnessing private sector managerial, logistics and technological capacities is that it could become the kernel of the social pact that the President has spoken of for so long. Social pacts are not always realised in grand negotiating forums. Rather they sometimes evolve in the actual practise of small day-to-day multisectoral partnerships in the heat of a crisis. This is what would in effect occur in this case. More importantly, such a social pact is going to be absolutely necessary if we are to manage the after-effects of the pandemic. Its economic, fiscal and

ultimately social consequences are likely to live with us for some time, and it is important that we be able to bring together the collective capacities and energies of South Africa to undertake the trade-offs that are going to be required and to manage the consequences thereof.

Finally, if this pragmatic but progressive agenda of change is to be successful, it cannot be undertaken by stealth. We cannot articulate in public a 'populist politics of impoverishing all', and then implement by stealth a pragmatic constructive social justice agenda. This kind of duplicitous political engagement of saying one thing in public and another in private has to come to an end. The President and those around him have to lead with courage, packaging an agenda of constructive change in a language that the broader citizenry would understand. They would have to also openly challenge more populist interpretations of social justice that seem to prevail in both the opposition and ruling parties. The executive leadership and stewardship of this pandemic must thus involve a politically educative and consciousness raising element as much as it would entail a management and execution of decisions that have been decided by the appropriate authorities.

South Africa and the world are in a challenging moment where a virus has not only brought life as we know it to a standstill, but has also exposed the dark underbelly of what we have become as a nation and a world. If we are to come through this with our collective innate humanity intact, then we have to manage this pandemic with less rigid ideology, and a greater pragmatism. This does not mean that we need to abandon our desire for social justice. Rather it requires a recognition that we operate in a world that does exist, rather than one we wish existed. It requires a constructive social agenda of lending a helping hand, rather than one of impoverishing all. Most of all, it requires managing the pandemic in a manner that enables it to serve as a bridge of praxis that would help us to reimagine and rebuild our country and our world in a more inclusive direction. Are these after all not the central lessons we need to learn from both the heroic social justice struggles of the last century and the more recent enriching, yet simultaneously marginalising, experiences of our contemporary era of globalisation?



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More eyes on COVID-19: A legal perspective

The unforeseen social impacts of regulatory interventions

It is important to consider the social injustice impact of the COVID-19 responses since the first of them were promulgated on 18 March 2019. It is clear that some of the *Disaster Management Act* regulations constituted unfair discrimination by unnecessarily and unfairly imposing restrictions that inflicted a disproportionately higher burden on poor and historically disadvantaged groups and communities. Examples in this regard were restrictions on public transport, warm cooked food, limiting most commerce to e-commerce, and restricting childcare to parents, and even then subject to a court order if parents live apart. Subordinate instruments such as directions, guidelines and municipal bylaws have elicited similar and sometimes more serious concerns regarding impacts on social life, in particular family functionality.

For me, reality struck when the father of one of our students died. None of his medical colleagues could attend the funeral. This was because the COVID-19 regulations do not only restrict the permissible number of funeral attendees, it also specifies who can obtain a permit to attend a funeral across municipal districts. Even the pastor had to conduct the funeral service via Zoom because he was in a different municipal district from the one in which the funeral took place. Regulation 35 of the *Disaster Management Act* only permits nuclear family members and parents to travel across districts for a funeral. Even a mother- and father-in-law are not included among those who may obtain a funeral travel permit.

But nothing had prepared me for the moment the COVID-19 regulations struck in my own family. This happened when someone I have always regarded as my brother-in-law suddenly passed on. He was the husband of a cousin I grew up regarding as my sister, as my father raised her after her own father died. I realised that I could not legally obtain a permit to travel across provinces. Firstly, flights are only allowed for business while road travel would require a permit, which cannot be obtained for funerals of cousins or their spouses.

In advising government, it is imperative therefore to include a social science lens on the process of conceptualising and drafting the COVID-19 regulations and subordinate instruments. Quite frankly a social science lens is imperative for all policy designs in responding to a pandemic. It is my considered view that the experts consulted on the COVID-19 pandemic should transcend doctors and scientists. This is in recognition of the fact that society is a system, and as in all systems, things are interconnected. By government's own admission, COVID-19 is not only a public health threat, but also a threat to society and the economy. The paradigm that therefore limits the threat of COVID-19, and the responding regulations, to concerns about public health and the economy is therefore myopic.

Children's rights have been particularly disrupted by the restrictions on social intercourse. The implications are particularly dire for single parents and others in the lower social classes who cannot afford paid childcare. The challenge is compounded by the closure of early child development centres. The impact on education has hardly been mentioned by the President, yet it is one of the most devastating consequences of the COVID-19 curbing regulations and related instruments.

It is worth noting that the government's own impact assessment tool, the Social and Economic Impact Assessment Systems (SEIAS), is informed by the same policy design paradigm. SEIAS prescribes the assessment of the likely social and economic impact of any policy or law before Cabinet approves it. It does not appear that SEIAS is consistently applied before regulations and subordinate instruments are approved.

There is also the broader equality duty and related social justice commitment that all state action must comply with in the light of section 9 of the Constitution read with sections 1, 7(2), 195, 237 and the Preamble. These collectively enjoin government to advance equality and other human rights in the pursuit of a society based on democratic governance, social justice and human rights. To do so, government needs expertise and instruments such as the 9-Dimensional Social Justice Impact Assessment Matrix, which requires the leveraging of data analytics to assess the likely disparate impact of any planned policy or law. Experts should help the crafting of an alternative achievement of the purpose without the predicted unfair discrimination or human rights violation or to design a compensation strategy to be implemented concurrently with the disruptive regulation or related instrument.

It seems to me that the drafters of the *Disaster Management Act*, the anchor legislation for the COVID-19 regulations and subordinate instruments, also regarded a social science lens as essential, regardless of the nature of the disaster at hand. Section 5(1)(e) of the *Disaster Management Act* includes academics among the civil society groupings, including experts who should form part of the Disaster Management Advisory Forum.

While the *Disaster Management Act* does not specifically mention lawyers, by default, lawyers are involved because legislative drafting is principally undertaken by State Law Advisors. But this is a problem because State Law Advisors are too close to the executive to see things laterally. There is also the reality that state employees tend to do as they are told and advise as expected. There is not sufficient independence, in other words, to speak truth to power. For this reason, it is important that lawyers from outside be also involved in advising. There may also be inadequate expertise in areas such as impact assessment, including social justice and human rights impact prediction.

Anecdotal information suggests that the opinions of outside experts, including lawyers, are sought now and then by individual Ministers and the presidency. Herein lies one of the challenges of the COVID-19 regulations and subordinate instruments – the problem of incoherence and impact unconsciousness. For example, when the



regulations allowed shopping for essential items from supermarkets, public transport was only restricted to essential services.

Also, the impact of closing early child development centres and schools on child nutrition was never detected until the problem of hunger for children became real. The same applies to the implications of poverty and inequality on digital inclusion as education was migrated to online platforms. The impact will be felt in historically disadvantaged communities long after COVID-19.

Even that restriction to essential services was flawed because the operation of taxis and lift hailing services was restricted to the early hours of the morning and evening. Such unintended consequences could have been limited if the multisectoral experts operated under one

roof. In this arrangement, the likely systemic impact of any planned regulatory intervention could be assessed from multiple angles before adopted.

There is no gainsaying the fact that the COVID-19 regulatory approach taken to date has saved lives. Yet the paucity of an impact consciousness has likely exacerbated poverty, inequality, mental health challenges, family dysfunctionality and societal vulnerabilities.

It is my considered view that a Multidisciplinary COVID-19 Advisory Forum could help and needs to be established urgently. That structure should include lawyers, educators, sociologists, psychologists, social workers, statisticians, economists, development experts and others. Having pandemic experts and doctors has clearly not been enough.



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More eyes on COVID-19: Perspectives from Sociology

The social life of a virus

This brief provides a sociological perspective which is the study of how individuals behave in groups and how human behaviour is shaped by groups. The fact that our societies are complex and are made up of a collection of individual people, means that there is a certain connection between the structures and social problems of society and the behaviour of the people who shape it. Human behaviour is complex, far from robotic, but indeed malleable in the way we can respond to social realities and engage with the structures and social problems facing us, such as this COVID-19 pandemic.

The government-imposed 'self-isolation' has certainly activated a range of perspectives that go beyond the biomedical. There is no single story that fully captures the diverse meanings this virus represents. However, the social dimensions of the virus open up an archive of insights related to the physical sense of our experience as social beings. At a personal and collective level, self-isolation – a dominant theme in current language – is not merely about social distancing as a public health measure. A shutdown, with lockdowns and shelter-at-home orders, closed borders and blocked airspace implies a form of self-imposed exile. These tactics highlight the social, and, by forcing us to physically distance from each other, will have implications for our location and our relationships in the world. COVID-19 has created much dis-ease not simply about *what* we know, but also about *how* we come to know our diverse spaces as workers, students, parents, activists, professionals, etc. If, as sociology teaches us, our social world depends on our relationships with individuals and groups, which includes the freedom to move and interact with one another, then we are undoubtedly also living in precarious times. The regulations in place direct us to disengage (and by extension to be disembodied) from our social environments brought about by a disease that will be long and lasting.

The last century has not seen a disease spread (locally and globally) at this rate or on this scale. It is as hasty and impatient as humans are. Self-isolation and self-quarantine limit people in volume and area while time also characterises the incubation period of infections. Livelihoods, communities, small business enterprises, and families have been disrupted in ways that have changed the fabric and texture of our social lives, with social ills such as crime also a factor. As a first pandemic of zoonotic origin since 2013, COVID-19 marshals a history and social context of similar diseases such as H5N1 avian influenza in 1997; Severe Acute Respiratory Syndrome (SARS) in 2002; a H1N1 variant in 2009/2010; Middle East Respiratory Syndrome (MERS) in 2012; and the H7N9 bird flu in 2013. While biomedical science remains at the coalface of the management, treatment, and public health efforts to curb infections, there are indeed other views that matter. I am reminded of the Croatian-born historian of life sciences Mirko Draž en Grmek (1924–2000) who does not deny the reality of individual illnesses but instead emphasises the 'cultural fabrication' of disease as a concept. The point here is that we cannot ignore the social and cultural implications of *how* a disease comes to be, *how* it is shaped and *how* it impacts people as individuals and in groups.

For these reasons, COVID-19 is not just purely a medical pandemic – it is also a social phenomenon whose uncertainty continues to disrupt our social order and risks shaping our social and public imagination. The virus has given governments licence to organise their security apparatus to monitor, shape and modify human mobility and behaviour, including subjecting people to surveillance. The virus has forced international bodies to pursue 'disease diplomacy' that impacts the global health security regime. And it compels us to challenge how we integrate the dis-ease into our social, economic, political and creative 'culture' and histories. The irony is that 'the social life of a virus' has more to tell us beyond the science of the virus, viz. its anatomy, taxonomy and architecture, but also about the virus' impact on human and social costs, including life and its linked meaning, death. The latter connects to an argument made by a prominent Johannesburg-based philosopher, Achille Mbembe, in his philosophical argument *Necropolitics* where he motivates that the political order also increasingly reconstructs itself as a form of organisation for death that results from war and other forms of violence, including in this argument, disease.

This virus and its meanings therefore move us to bigger questions beyond epidemiology. It directs us to query our existence and our very being during this time. It prompts us to ask deeper questions about ways of knowing and our sense of the world we are in. Because we are social beings, our current mental state and our divided emotions trigger our core. More than that, the virus' socio-economic impact is a big unknown as it is surely to impact the local fiscus and the global economy in unprecedented ways. For instance, how is the outbreak felt differently across lines of race, class, gender, age, disability and geography? How has it changed our social lives and relations with one another beyond families, communities and the wider world? How can the decisions South Africans make today inform our responses to the next pandemic? There are no easy answers to these questions as they warrant deeper investigation. Beyond compromising health systems, economic processes, and the glaring challenges of testing and treatment capacity, this pandemic has also manifested stigma and racist ideologies directed, for example, toward China (in relation to the outbreak's supposed origin in a Wuhan wet market), inflaming tension between China and the USA.

Given that there is no single story, we are only scratching the surface of what is a larger project to delve deeper into more sustained arguments about the virus. It is clear that the social life of COVID-19 is arresting inasmuch as it is assaulting. We are learning to renegotiate our world and appreciate parallels with other interconnected social epidemics that are prevalent – poverty, inequality, violence, climate change, the burden of care to name a few. In its social dimensions the epidemic reveals forms of violence, resistance, resilience and new ways of realigning to a new normal.

In spite of the challenges, COVID-19 has also emboldened opportunities to stave off the crisis in a recognition of our intricate human and emotive connections to the social in how we heal, show solidarity, and how we mourn and grieve. As a social species we are locked in the midst of a struggle to regain our social health, an innate human desire to reconnect with life, and with the social groups that give meaning to our identification and relationships in the world. The social life of a virus tells us, sociologically speaking, as of every science, that there are hidden meanings to be revealed and studied.



Check for updates

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More eyes on COVID-19: Perspectives from Education Studies

Schools as organisations and the science of re-opening

One of the most public of controversies has been about when and how to re-open schools after the pandemic lockdown. The fierce debate on the subject is understandable. In mid-May 2020, about 1725 million learners in more than 156 countries worldwide were affected by school closures. Everywhere in the world, parents send their children to school to learn on the assumption that their loved ones will be safe and secure. COVID-19 has, at the very least, caused us to question that assumption.

How therefore can education as a field of study help answer questions about the re-opening of schools? One of the most powerful insights available comes from studies of schools as organisations.

Schools are complex places. They have been described as ecologies, in that many different kinds of human actors exist in this place called school. They interact with each other and often depend on each other. These humans occupying the organisation govern and manage, teach and learn, serve and administer, lead and follow. What this means is that to simply focus on children is to miss the presence and interactions among teachers, secretaries, kitchen staff, cleaners, caretaking staff, delivery personnel, principals, deputies and parents who pass through the organisation throughout the day.

This observation has serious consequences in a pandemic. It means that an invisible virus can enter, live and thrive in this ecosystem, whether or not children are vectors of the disease.

Schools are compact places. There is a solid wall and fence (most times) cordoning off the school from the outside world, a secure and guarded entrance, locked doors into the schools, and occupied classrooms. In most South African schools, those classrooms are packed with learners, even more so when departmental budgets were sliced. Schools determine class sizes depending on the number of teachers they can pay. This observation has direct consequences for how to think about social distancing, especially at that point when all children are back at school.

Schools are contrived places. Children do not roam around freely. They are confined within and move between classrooms. There are breaks that bring students out of classrooms into larger congregations and call them back into confined spaces. The curriculum distributes teachers to some classes as specialists and to others as supervisors when a teacher is absent. Between classes, teachers live in staffrooms that become more or less occupied depending on the time of day or the calling of special events such as staff meetings. In classrooms, students share pencils; in the school library, books; and on the playground, balls and bats.

This observation means that schools are highly mobile places in which streams of human beings move past each other, touch each other, hug and tackle each other.

Schools are sometimes chaotic places. A landmark study describes many South African schools as '(dis)organisations'. Timetables are unpredictable. Teacher absenteeism is high. Basic resources are in short supply. Students come late and leave early. At any point in the school day there are children outside and strangers hanging around the plant. The fact that school principals and teachers are on the school grounds does not mean that active teaching is being done.

This observation implies that the organisational discipline required for managing people, executing plans and organising resources for mitigation purposes would be severely compromised in such dysfunctional contexts.

Why do these aspects of schools as organisations even matter in a pandemic? Because simply talking about opening schools without accounting for how more or less than 1000 humans live and learn in this bounded organisation would have serious implications for the spread of a virus at close quarters. There are no regulations that can fully or consistently manage these many living, moving and interacting elements of an organisation for 6 h a day and for 5 days a week over the months that the pandemic rages in the broader society.

The organisation of a school has a direct bearing on the social and educational lives of those inside of them. School climate studies, for example, have shown that a healthy, positive school environment invariably leads to feelings of well-being and improved academic attainment. Now place children coming out of an extended lockdown in these complex, compact and contrived environments during a pandemic and immediately there could be expected to be fears, anxieties and other kinds of distresses that are likely to affect living and learning inside these organisations.

One policy option is to invest in the re-organisation of schools to receive children during a pandemic – as in the case of a phased return of children by grade. Another is to close the schools until such time that safe, secure and well-managed organisations can be put in place given the high risk of infection under the conditions described.

What the complexity of schools as organisations demonstrate is that re-opening decisions based on epidemiological judgements alone can place thousands of lives at risk.