

PROCEEDINGS II

THE SECOND POLITICAL SCIENCE CONFERENCE MODEL (PSCM)

2nd OF NOVEMBER,
2021

PROCEEDINGS
The Political Science Students' Conference Model
Second Edition
“Pandemics and Politics”

November 2, 2021

Papers Presenters (*In Alphabetical Order*)

Farida Elatriss

Hend Mohamed

Menan Baher

Mouhanad Abusaleem & Sherif Omar

Nardeen Emad

Yara Ahmed

Editorial Committee

Dr. Bassant Hassib

Dr. Rasha Mansour

Dr. Richard Gauvain

Contents

	Page
Dean's Word	2
Vice-Dean for Teaching and Learning's Word	3
Head of Department's Word	4
Editor's Introduction	5
Part I: Pandemics and National Security	7
Pandemic as a Biological Weapon: The Siege of Kaffa <i>Nardeen Emad</i>	8
Securitizing COVID-19 In The United States: Trump's Identification of China as A Threat and the Deterioration of US-Sino Relations <i>Yara Ahmed</i>	14
Part II: The Impact of COVID-19 on Socioeconomic Rights	23
The Right to Health and Political Interests: An Indecent Tradeoff in Latin America <i>Menan Baher</i>	24
The Coronavirus Pandemic and Women's Rights in the United States <i>Farida Elatriss</i>	38
Abuse by the Six Countries of the Gulf Cooperation Council regarding the Rights of Migrants Workers during the Global Coronavirus Pandemic <i>Hend Mohamed</i>	46
Part III: Xenophobia, Systemic Racism and Racial Disparities during COVID-19 in USA	55
Same World, different levels of Suffering: The story of Covid-19 and African Americans in the US <i>Mouhanad Abusaleem and Sherif Omar</i>	56
Annexes	63
Annex 1: The Conference Agenda	64
Annex 2: Members of the Organizing Committee	66

Dean's Word

It is my pleasure to introduce this edited volume on the proceedings of the second model of a students' conference, which was held on November 2, 2021 under the auspice of Prof. Mohamed Loutfi, President of the British University in Egypt (BUE).

I am particularly proud of the Political Science Department for taking this initiative to organise a students' conference, which is a pioneer initiative on both Faculty and University levels. It shows the hard work of all Political Science staff members and it brings the teaching and learning process to a higher practical level. I am especially pleased with the performance of participating students in this conference, which is indeed promising.

Prof. Wadouda Badran

**Dean of the Faculty of Business Administration,
Economics, and Political Science (BAEPS)**

Vice-Dean for Teaching and Learning's Word

It is my pleasure as Vice-Dean for Teaching and Learning to introduce these proceedings, which are the outcome of the second students' conference model in the Faculty of BAEPS. I would like to congratulate the Political Science Department for this intriguing initiative. Launching a students' conference is indeed a significant contribution to the teaching and learning process and it complements the high-quality education provided by the Department.

The second Political Science Conference Model (PSCM II) would not have taken place without the constant support of the BUE President, Professor Mohamed Loutfi, and our BAEPS Dean, Professor Wadouda Badran, to such constructive extra-curricular activities. Also, this event would not have achieved such success without the dedication, commitment and hard work of the Head of the Political Science Department, Professor Amany Khodair and all Political Science Module Leaders, Teaching Assistants and students. My special thanks go to Prof Aleyeldin Helal for his continuous support and for his effective role in the PSCM II.

I am looking forward to many more proceedings of this conference in the coming years. With my best wishes and deep appreciation to the Political Science Department.

Prof. Hadia Fakhreldin
Vice-Dean for Teaching and Learning

Head of Department's Word

I am delighted and proud to introduce these proceedings of the second Political Science Conference Model (PSCM II) which has been a successful experience in every aspect. It is a practical translation of the department focus on research-oriented education and a manifestation of the high-quality teaching provided by all staff members in the department, especially when noting that all essays in this volume are presented and written by undergraduate students from different degree years.

The experience of PSCM II has been very enriching to the students whether they acted as essay-presenters, contributors to the organization of the conference, participants in the conference discussions, or simply listeners and observers of various sessions. The department believes that the PSCM experience is very important in acquainting undergraduate students to the experience of writing, presenting and discussing a paper at an academic conference. Thus, the department has determined to make the PSCM an inherent component of its annual activities in the academic years to come.

I am especially thankful to Prof. Mohamed Loutfi, BUE President, Prof. Wadouda Badran, BAEPS Dean, and Prof. Hadia Fakhreldin, Vice-Dean for Teaching and Learning, for their continuous support and encouragement to the Political Science Department and its initiatives. Also, I am extending my sincere appreciation to all members of the department, especially those who took part in the academic and organising committees and those who acted as session chairs and discussants, for without their devotion and enthusiasm this work would not have been possible. My earnest gratitude goes to Prof. Ali El-Din Helal, Egypt's notable political scientists, for honoring this conference with his keynote speech. I am also indebted to Dr. Mostafa AboElsoud for supporting the department throughout the implementation phase of this conference.

Prof. Amany Khodair

Head of the Political Science Department

Editor's Introduction

This volume grew out of the second Political Science Conference Model (PSCM II), a first of such model in the Faculty of BAEPS and the entire university. It encompasses a variety of undergraduate students' essays that were subject to prior evaluation by an academic committee. The theme of PSCM II is "Pandemics and Politics", under which the academic committee received more than 30 essays on historical and contemporary issues of security and state-society relations under pandemics. The committee carefully selected the eight essays – six of which are included in this volume – for the eventual presentation and discussion in the conference on November 2, 2021.

It is essential to stress that essay presenters are all students from the undergraduate level, ranging from sophomore, junior and senior students, who were all encouraged to submit either especially prepared essays or even revised versions of their own essays that were previously authored and submitted to fulfil the requirements of specific modules. Thus, these facts (i.e. that the majority of presented essays are authored by students from various undergraduate levels and with the purpose of addressing the specific requirements of single modules) are reflected on the level of knowledge attainment, writing skills, academic thoroughness, and overall academic quality of essays. That said, it is important to note that several essays in this volume fell-short from being academically rigorous due to downfalls in academic writing and other common undergraduate-related flaws in proving causality, making inferences, and avoiding bias and single-factor explanations. These issues characterized the overall comments of essay-discussants as well as the following academic debates in each of the three conference panels. However, with all such flaws in mind, it is equally important to stress that the six essays in this volume bring into focus a variety of distinguished topics in a reasonable academic manner that is indeed promising. Besides, the Department's decision to publish this edited volume aims primarily at encouraging students to do research and to be increasingly acquainted with the experience of participating in academic conferences, which are more important educational goals at that stage of students' lives compared to disseminating their research findings.

The six essays in this volume are categorized in three parts: the first includes two essays on pandemics and national security; the second includes three essays on the impact of COVID-19 pandemic on socio-economic rights; while the third includes one essays on xenophobia, systemic racism and racial disparities during COVID-19 in USA. The six essays provide interesting perspectives and fresh views on how undergraduate students can analytically approach a variety of sophisticated issues such as the securitization of COVID-19, pandemics as a biological weapon, socioeconomic rights, xenophobia and racism under COVID-19 pandemic.

It is a pleasure to present this volume of students' essays, in which the editorial committee intervened minimally to maintain the under-graduate students' character, with all their strengths and weaknesses. The department takes pride in publishing these essays with minor editing since the PSCM is suitably assessed as an educational experience that trains and prepares students to become promising researchers.

Dr. Bassant Hassib

Assistant Professor of Political Science

Part I
Pandemics and National Security

Pandemic as a Biological Weapon: The Siege of Kaffa

Nardeen Emad

Introduction

Political changes have always been associated with pandemics around the world, as pandemics impact not only aspects of the public lives of citizens, but also the international relations and political systems of countries. In 1346, a pandemic – the Bubonic Plague (or “Black Death”) – was used as a weapon to change the course of a war. During the Siege of Kaffa, invading Mongol armies began catapulting their dead, infected by the plague, over the walls of the city of Kaffa (in the Crimean) to terrorize its inhabitants. Eventually, the terrified citizens of Kaffa fled their city (Sitaraman, 2020, p.1). Biological weapons are not, then, a new concept in the field of war (Bidwell, Bhatt, 2016, p.1). Further, their use agrees with Realist claims that there is no place for morality in warfare. The strategic usage of a pandemic, to overthrow an enemy, makes this early case study interesting. Thus stated this paper tackles the Mongols’ use of the Black Death pandemic, as a political and military tool, to control the course of events in the case of the Siege of Kaffa. It addresses the concept of security from a classical Realist perspective within the field of International Relations.

This paper argues that pandemics can be used both as a biological weapon and as a military means for the state to survive a threat and achieve security. The paper is divided into three main sections. Section One tackles the concept of security, as a means to survive, from a traditional Realist perspective. Section Two examines the usage of biological weapons through the lens of Realism. Section Three discusses the case of the Siege of Kaffa in light of the concept of security. It explores how pandemics – such as the Black Death – can be weaponized. The paper concludes with a number of observations regarding the possibility of weaponizing the current Covid-19 pandemic .

The Security Concept from a “Realist” Perspective

Realists define security in terms of conflicts between nations. The term “security” – as used in the field of International Relations – traditionally focuses on key issues, such as war, peace, and the balance of power. Security is conceived as coterminous with military security and strength. Realism defines military force as the main and primary tool in maintaining the sovereignty and national security of a particular state (Saleh, 2011, p.230).

The classical Realist School views the security of states as the key issue in Foreign Affairs. It presents the international system as a realm wherein "self-help" is the primary motivation. States must

provide security for themselves (Walt, 2010). Realists believe that protecting their citizens from internal and external threats is the primary responsibility of any state. This goal can be achieved through military power. Therefore, military power is seen as a political tool, in which peace can be maintained, external threats can be exerted, and internal stability assured. In other words, war and military violence are considered rational tools of foreign policy to be used to achieve state security (Saleh, 2011, p.230).

With this conviction – according to Slaughter & Hale (2011) – Realists argue that survival is the main purpose of a state. The most pressing threats facing any state are external aggression and occupation. Due to the fact that the international system is in a state of anarchy, states are required to ensure that they have adequate power to defend themselves and advance their material needs for survival. This means that states are likely to act rationally to increase their chances of survival.

The anarchic and competitive nature of the international system leads to instability. The same system allows states to obtain the most powerful weapons available in their search for security. As Waltz argued, this places the state in a situation of “pervasive insecurity.” The constant possibility of attack from without results in a situation of anarchy compelling states to use all possible means to maintain their security (Martin, 2013, p.176).

According to the theory of Offensive Realism, anarchy provides powerful incentives for expansion. Indeed, all states seek not only to defend their borders, but also aspire to increase their influence. When the benefits of doing so outweigh the costs, strong states follow expansionist strategies. In a condition of anarchy, there is always the possibility that other states will use coercion to hurt or conquer them. This encourages states to engage in military build-ups, unilateral diplomacy, mercantile (or even autarkic) international economic policies, and opportunistic practices to strengthen their relative power positions (Taliaferro, 2001, pp.128-129).

Biological Weapons as a Means to Survive

The Realist school argues that, in order to survive, states should use any material means to achieve security. If the state can remove or substantially decrease the power of a deterrent to inflict punishment, it is less likely that the threat of deterrence can succeed. This means that a weapon must have tremendous destructive ability to act as an efficient strategic deterrent. The punishment inflicted must be perceived as outweighing the gains that could be achieved from an attack (Martin, 2013, p.177).

Because of the ongoing security dilemma and external security threats, states under anarchy are motivated to use biological weapons to achieve security and determine the course of wars. Studies of national biological warfare programmes, emphasize the role of external threats as the key variable

driving these programmes (Koblentz, 2013, p.501-503). In the belief that the best weapon is the one with the capacity to cause the most destruction, it is argued that biological weapons, along with chemical and nuclear weapons, are the three most effective weapons of mass destruction (Leitenberg, 2001, p.269).

For many people, it seems self-evident that the permissibility of self-defence explicitly implies the permissibility of war under certain circumstances. On a basic theoretical level, Realists deny the importance of morality in the conduct of states at war. In light of the fact that opposition leaders invariably make contradictory moral claims, Realists note that moral systems cannot be absolute (Calhoun, 2001, p.37-39). Since the primary goal of war is the security of the state, regardless of consequence, rather than moral arguments, Realists acknowledge the rational validity of using any weapons to achieve this goal.

Logically, then, as state security is the primary goal, biological weapons and weapons of mass destructions are perceived by Realists as singularly effective tools of war. However, biological weapons need not be linked solely to modern technology. Indeed, Carus correctly observes that “biological warfare probably originated in prehistory” (2015, p.222). And some historians believe that certain ancient cultures deliberately spread infectious diseases as a weapon to change the course of wars (Carus, 2015, p.224).

Infectious diseases and other biological weapons were recognized for their potential impact on armies or people in wars as early as the fourteenth century BC. As Barras & Greub argue, the claim of the transcendence of biological warfare (BW) and bioterrorism holds a historical pertinence, insofar as threatening one’s neighbours’ security by using biological technology appears to be as ancient as mankind itself (Barras&Greub, 2014, p.497-498).

Siege of Kaffa: an Early Use of Biological Warfare

“Despite their current notoriety, biological weapons are not new” (Noji, 2001, p.46). Warfare at the time of the Black Death, which spread across Europe, the Near East, and North Africa in the mid-14th century – and was probably both the greatest public health tragedy and most spectacular example of an epidemic in recorded human history – confirms this claim. In fact, it is believed that the Black Death arrived in Europe from the Crimea specifically as the result of a biological warfare attack (Wheelis, 2002).

In 1346, the entire Eurasian continent underwent one of the greatest environmental natural disasters in its history: a global-scale pandemic outbreak known as the Black Death (Grinberg, 2018,

p.20). This plague spread to the Mongol army during the Siege of Kava in the Crimea (Noji, 2001, p.46). As Realism views war as inescapable in a system where sovereign states compete for power and advantage to each other's detriment (Booth, 1991, p.527), it is not surprising that the Mongol army sought to harness the illness that was sweeping through their ranks. Their aim was to create a weapon with an equally destructive ability to decimate the ranks of their opponents. Ultimately, they hoped this strategy would change the course of war. From a Realist perspective, the next move was predictable: the Mongol attackers threw the bodies of their dead over the city walls of Kaffa (Noji,2001,p.46).

In the *Istoria de Morbo sive Mortalitate* (1348), the Italian chronicler Gabriele de' Mussi explains how the Black Death was spread by the Mongol decision to throw diseased cadavers with catapults into the besieged city. Then, according to de' Mussi, ships carrying Genovese troops, fleas and rats escaped from the city, carrying the plague to the Mediterranean ports (Barras & Greub, 2014, p.498).

The ensuing epidemic forced the defenders in Kaffa to surrender. Some of the casualties who left Kaffa may have started the Black Death pandemic that spread across Europe, ultimately killing a third of the population (Noji, 2001, p.46). Changing the course of events, the Mongol army managed to win the war and achieve their goal of survival, after facing a state of defeat following the impact of the Black Death on their armies.

Exploiting the destructive potential of a pandemic – that presents a threat to a state's survival so as to overthrow one's enemy (who also presents a threat to survival) – agrees with the Realist position. Indeed, for Realists as the state's survival is the primary goal of any government, to fail to materials in the vicinity to win a war would be a strategic failure. Any available material may be considered a viable weapon, regardless of its impact on lives outside of the state. For Realism, there are no ethical restrictions: as long as an action will help the state achieve its goal of survival, this action becomes possible. In other words, "Realism resists the application of morality to war" (Coates, 2016, p.1).

Regardless of the fact that its actions spread the pandemic into Europe (Noji, 2001, p.46), the Mongol state managed both to achieve its goal of survival and to change the course of events to its marked benefit. From a Realist point of view, even if the weapon used by the Mongols in their siege led to the spread of the Black Death, they chose correctly as regards their own chances of survival. Exploiting all available material means to develop a weapon of mass destruction increases the chances of maintaining security. In this sense, biological weapons – and pandemics – are potentially useful tools for attack.

Conclusion

This paper has demonstrated that pandemics hold a direct relevance to the field of International Relations. A pandemic, the Black Death, was used as a political weapon to maximize power for purposes anticipated by Realism. Specifically, the devastating effects of the epidemic were used to stabilize the Mongol state at a time of anarchy. By analysing the case of the siege of Kaffa in 1346, this paper has drawn attention to the fact that there is nothing intrinsically modern about biological weapons. Adopting a Realist perspective, the paper proceeded in the conviction that war and morality are not intrinsically linked. From such a perspective, regardless of consequences, every available material may legitimately be used as a weapon – and pandemics can become weapons of mass destruction. This is precisely what happened during the Mongol's invasion of Kaffa.

In conclusion, during war, and due to the anarchy of the international system, it is wise to develop and use a weapon from any existing materials. To serve as an efficient deterrent this weapon should have tremendous destructive ability. Accordingly, the costs to the aggressor must outweigh the gains that might be achieved from an attack. By hurling corpses infected by the Black Death at their enemies, the Mongols harnessed the most lethal weapon at their disposal regardless of its consequences. For Realists, this stands a legitimate decision to be taken in an ongoing war.

Approaching the current global pandemic from a Realist perspective – cognizant that the international system remains in a state of anarchy – this paper anticipates that the world is likely to be entering a new era of security crises. During this era, the dangers of the Corona virus can also be harnessed for political and military purposes. This new virus can come to represent a “new Black Death.” It should, of course, be admitted that the nature of war has evolved since the Mongol era. The Corona virus may not be used as a direct destructive weapon. It can be used, however, within a wide range of contexts to serve as a weapon.

Bibliography

- Barras, V., & Greub, G. (2014). History of biological warfare and bioterrorism. *Clinical Microbiology and Infection*, 20(6), 497-502.
- Bidwell, C., & Bhatt, K. (2016). *Use of Attribution and Forensic Science in Addressing Biological Weapon Threats: A Multi-Faceted Study* (pp. 8-10, Rep.). Federation of American Scientists. Retrieved October 5, 2020, from <http://www.jstor.org/stable/resrep18926.5>
- Booth, K. (1991). Security in Anarchy: Utopian Realism in Theory and Practice. *International Affairs (Royal Institute of International Affairs 1944-)*, 67(3), 527-545. doi:10.2307/2621950
- Calhoun, L. (2001). REGARDING WAR REALISM. *International Journal on World Peace*, 18(4), 37-61. Retrieved February 28, 2021, from <http://www.jstor.org/stable/20753328>

- Carus, W. S. (2015). The history of biological weapons use: what we know and what we don't. *Health Security*, 13(4), 219-255.
- Coates, A. J. (2016). *The Ethics of War*. Manchester: Manchester University Press.
- Grinberg, M. (2018). Janibeg's last siege of Caffa (1346-1347) and the Black Death: the evidence and chronology revisited. *Тюркологические исследования*, 1(2).
- Koblentz, G. D. (2013). Regime security: A new theory for understanding the proliferation of chemical and biological weapons. *Contemporary Security Policy*, 34(3), 501-525.
- Leitenberg, M. (2001). Biological weapons in the twentieth century: a review and analysis. *Critical reviews in microbiology*, 27(4), 267-320.
- Martin, S. B. (2013). The continuing value of nuclear weapons: a structural realist analysis. *Contemporary Security Policy*, 34(1), 174-194.
- Noji, E. K. (2001). Bioterrorism: a 'new' global environmental health threat. *Global Change and Human Health*, 2(1), 46-53.
- Saleh, A. (2011). Broadening the Concept of security: Identity and societal security.
- Sitaraman, S. (2020). (Rep.). Daniel K. Inouye Asia-Pacific Center for Security Studies. doi:10.2307/resrep24861
- Slaughter, A. M., & Hale, T. (2011). International relations, principal theories. *Max Planck encyclopedia of public international Law*, 129.
- Taliaferro, J. W. (2001). Security seeking under anarchy: Defensive realism revisited. *International security*, 25(3), 128-161.
- Walt, S. M. (2010). Realism and security. In *Oxford Research Encyclopedia of International Studies*.
- Wheelis, M. (2002). Biological warfare at the 1346 siege of Caffa. *Emerging infectious diseases*, 8(9), 971.

Securitizing COVID-19 in the United States: Trump's Identification of China as a Threat and the Deterioration of US-Sino Relations

Yara Ahmed

Introduction

Categorized as a global pandemic by The World Health Organization, the novel COVID-19 pandemic was addressed by states through diverse policy responses. Some states sought to combat the virus through international cooperation, while other states framed COVID-19 as a threat to the national security of the state, thus, sought a unilateral approach to such threat. At the forefront of the latter approach is the United States (US) in which President Donald Trump securitized COVID-19 portraying it as a threat to national security, and identified China as the instigator of this universal epidemic. Furthermore, securitizing the coronavirus facilitated Trump's primary goal of decoupling US-Sino interdependence, by identifying China as the referent subject that causes such threat. Subsequently, Trump carried "exceptional measures" allegedly to protect American citizens from the perceived threat of coronavirus. By naming the coronavirus "the Chinese virus", withdrawing from the World Health Organization claiming that it is too "China-centric", and initiating a blaming game with China, Trump managed to de facto impede US-Sino interdependence. The purpose of this paper to examine Trump's policy response to COVID-19 – particularly the securitization of the virus – and the repercussions of such policy on US-Sino relations. This paper questions to what extent has the securitization of COVID-19 impacted the already fluctuating diplomatic tensions, arguing that it has in fact deepened the tensions and contributed to decoupling US-Sino interdependence. Furthermore, this paper's timeframe begins from the announcement of coronavirus as a global pandemic in early 2020 to March 2021. Moreover, this paper relies on secondary research consisting of primary data including Trump's statements and secondary data including books along with scholarly and news articles. This paper is divided into four sections: the first section is dedicated to theoretical framework, the second section explains how coronavirus was securitized in the US, the third section analyses US-Sino relations prior to the coronavirus outbreak, and the fourth section discusses how COVID-19 was perceived as a threat to American national security.

Theoretical Framework: Securitization

By broadening the concept of international security studies, the theory of securitization acknowledges that state security can be threatened by both non-military and military threats and that they can be

countered through military and non-military means. Nevertheless, the state remains as the referent object of concern (Ullman, 1983). The theory of securitization defines security as a notion intrinsically connected to the “existential survival” of individuals, states, and problems including environmental, health, and identity issues (Hirschauer, 2014). Accordingly, insecurity is not predetermined but rather results from the intersubjective, context-based consensus that a particular issue critically threatens a society (Mutimer, 1999). The securitization theory traces back to the Copenhagen School in the 1980’s and the work of the scholars Barry Buzan, Ole Wæver, and Jaap de Wilder (McSweeney, 1996). Buzan, Wæver, and Wilder (1998) argue that “when a securitizing actor uses a rhetoric of existential threat and thereby takes an issue out of what under those conditions is ‘normal politics’, we have a case of securitization”.

The process of securitization involves several practices where heuristic devices are utilized by a “securitizing actor” aiming to publicize to an “audience” or public opinion the critical insecurity of a “referent object” that is threatened by a “referent subject”, and thus paving the way for an extraordinary “customized policy” to be adopted to protect the referent object from the threat (Salter & Balzacq, 2011). Subsequently, securitizing an issue constructs a clear vision of the national “us” against a cause of insecurity or the “other” (Hansen, 1997). In illustration, the securitizing actor portrays an issue as a threat by making a “securitization move” which is carried out through a “speech act” where the actor implies, talks, or writes about security in relation to the issue to “indicate the prominence of a threat” (Hansen, 2011). Through language, security can be subjectively developed by the securitizing actor to gain audience assent. Accordingly, the actor legitimizes the deviation from mandatory regulations to measures such as emergency modes and constraining certain rights to protect the referent object (Taureck, 2006). Through securitizing a matter, the power of elites increases as they are freed from rules they were expected to abide by for “the sake of survival” (Wæver, 1993). Solutions to combat threats are commonly state-concentrated and decided upon by state leaders, as a securitized issue is too vital to be negotiable and prioritized over ordinary political matters.

Particularly, securitizing a health issue or a pandemic could have a positive impact as it promotes a wider awareness of the pandemic and facilitates the allocation of a larger amount of resources towards fighting the pandemic. However, it is argued that the disadvantages of securitizing pandemics outweigh the advantages. When a health issue is securitized, excessive state interference occurs and hinders the functions of other competent actors, excessive and unequal resources are devoted to fight health issues at the expense of de-prioritizing other issues (Youde, 2008). Furthermore, military means are perceived as traditional, inadequate solutions to health threats that transcend the liberties of individuals (Elbe, 2006). Additionally, it is argued that states can often dismiss or undermine framings of other states or international organizations if they are inconsistent with the former state’s own framing of a certain issue

(Huysmans, 1998; McInnes & Rushton, 2013).

Securitizing COVID-19 In The United States

Initially, President Trump was not concerned about the coronavirus and his stance towards the virus was that “the coronavirus is very much under control in the USA” until the end of February 2020 (Trump, 2020). As cases notably increased and the threat of COVID-19 was highly evident to the Trump administration by March, the primary response was through discouraging social gatherings and restricting travel, along with prohibiting entries of foreigners coming from China to the United States. Such measures were followed by a securitized framing of the virus through a securitization move or “speech act” where Trump portrayed himself as a “war-time president” as the United States is “at war with an invisible enemy” (Daoudi, 2020). Thus, President Trump, the securitizing actor, publicly announced that COVID-19 is a “referent subject” threatening America or the “referent object”. Accordingly, a total of \$2.59 trillion was devoted in response to the pandemic, and Trump has given the 50 states within America the power to respond to the virus through diverse precautionary measures, which is argued to be hindering a coordinated effective response (Swindell, 2020; USA Spending, 2020). By January 31, the Trump administration declared COVID-19 as a public health emergency through the Public Health Service Act, the National Emergencies Act, the Stafford Act, and the Defence Production Act (DPA) which granted Trump the authority to control the distribution of resources necessary for national defence – which in such case includes medical equipment – in order to guarantee that supplies including ventilators, masks, and gloves are distributed efficiently (Bragg, 2020; Lawson & Rhee, 2020).

Promoting a high sense of emergency justified the active role of the American military in the response to COVID-19. In a commentary by Military Times, it was stated that “America’s service members and Department of Defence Civilians (DOD) stood with fellow heroes in the medical community to flatten the curve” (Bowman & Zivitski, 2020). Accordingly, the DOD civilians employed 61,000 personnel including 4,400 medical staff and 43,700 army and air national guard personnel. The US Army Corps of Engineers assisted in transforming hotels, dorms, and conference centres into care centres. Moreover, Air Force C-17 members were also deployed to assist in delivering swabs for coronavirus tests, returning US-citizens abroad back to the US, and evacuating coronavirus patients from distant locations (Correll, 2020). However, the Trump administration was criticized for undermining the important role of science and experts. As the securitization theory underpins, increased state interference restrains the role of experts and results in state-cantered solutions. Trump has downplayed the significance of expertise through his assertions that the virus would “disappear soon like a miracle” when temperatures rise in the summer, and that injecting disinfectants could be a solution

(Christensen, 2020). Moreover, Trump has also given medical advice that has not been proven to be safe or effective by stating: “Hydroxychloroquine and Azithromycin, taken together, have a real chance to be one of the biggest game changers in history of medicine” (Rutledge, 2020). Subsequently, several doctors have reported that Trump’s assertion is false and that he is promoting fallacious hope.

US-Sino Relations Prior to the Coronavirus Outbreak

Since the establishment of formal diplomatic ties with China in 1979, the US’s foreign policy towards China was engagement. During the Trump administration, US-Sino relations have fluctuated as Trump stated that “great power competition was the defining feature of the age and the contest with China was at the heart of US global Strategy” (Yuan, 2020). China’s economic and military rise is perceived by the Trump administration as revisionist efforts aimed at transforming the American-led order. Accordingly, American foreign policy sought to end interdependence and shifted to protectionism, resulting in a full-scale strategic competition with China (Boylan, McBeath & Wang, 2020). Primarily, Trump argued that China’s commercial practices are unjust and accused it with stealing American intellectual property. With the commencement of President Trump’s term in office, a trade war against China was launched by imposing tariffs worth \$370 billion on Chinese products aiming to discourage consumers to purchase imported products by raising their price to increase consumption of American-produced goods (BBC, 2020). Notwithstanding the trade agreement signed between the two countries in 2019, the most complex issues remain unresolved, and high tariffs on Chinese goods were not alleviated (Allen-Ebrahimian, 2021). Moreover, Trump prohibited US industries from cooperating with the Chinese multinational information and communications technology firm – Huawei – contending that it is involved in espionage on the American government and intellectual property theft (Paletta, Nakashima & Lynch, 2019). In addition, the Trump administration accused five Chinese supercomputing corporations of utilizing technology for military objectives (Leonard & Donnan, 2019).

Coronavirus as A Chinese Threat to American National Security

The outbreak of COVID-19 can be argued to have assisted Trump in decreasing US-Sino interdependence. By referring to the coronavirus as a threat to American national security, Trump further accused China as the origin of this threat. In relation to the theory of securitization, Trump managed to utilize the threat of COVID-19 to promote a clear identification of the national “self” versus China as the “other”. Accordingly, security to Trump was defined not only as the protection from COVID-19 but also from China (Hansen, 2020). Subsequently, Trump engaged in a “blaming game” where the securitization process leaned towards a nationalist direction constructing the perception of

other states – particularly China – as the antagonist rather than coronavirus as the enemy (Orbey, 2020). Trump stated: “I always treated the Chinese virus very seriously, and have done a very good job from the beginning to close the borders from China” (Sears, 2020). By giving the virus a new name – “the Chinese virus” and “kung flu” – Trump managed to promote xenophobia against Asian Americans and motivated racial violence. When asked if the use of such terms is offensive to Asian-Americans, Trump stated: “I think they would probably agree with it 100%. It comes from China” (Baragona, 2020). Consequently, American public opinion towards China became characterized by negative views. Silver, Devlin & Huang (2020) contend that 73% of American citizens perceive China negatively, which is considered an exceptional number that has not been reached throughout the 40-years US-Sino diplomatic relationship. As a result, 1,400 incidents of pandemic-motivated racist violence against Asian-Americans were reported in the US (Kambhampaty, 2020). As the securitization theory interprets, Trump managed to instill negative perceptions among the American public opinion or the “audience” towards China (the referent subject) as it is considered the culprit of the coronavirus outbreak that is causing insecurity to the US or the referent object.

Furthermore, Wadhams et al. (2020) argue that Trump and Secretary of State Mike Pompeo “pressured the intelligence community to push the narrative that the COVID-19 virus was made in a lab in China”. Consequently, Pompeo asserted that the US possesses vital evidence that the coronavirus was not a result of Chinese maladministration but rather produced intentionally in Wuhan (Bisley, 2020). Nonetheless, Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, argued against such claims and stated that there is no evidence of China intentionally spreading the coronavirus (Akpan & Jaggard, 2020). Furthermore, Trump was dissatisfied with the World Health Organization’s (WHO) reliance on data provided by China without verifying it – which he argued to be false information – and the WHO’s praising of China’s response to COVID-19 regardless of it being the instigator of the pandemic that causes the whole world to suffer. Accordingly, Trump stated that “The WHO really blew it. For some reason, funded largely by the United States, yet very China centric” arguing that China exercises disproportionate influence over the organization (Ravelo, 2020; Trump, 2020). Initially, Trump halted funds to the WHO contending that his administration communicated the vitality of reforming the WHO and that the WHO did not respond to such warnings. Subsequently, Trump has formally taken action to withdraw from the organization as he perceives it to be under China’s control (Wamsley, 2020). From a securitization theory perspective, extraordinary measures such as the withdrawal from the WHO are portrayed to be for the sake of survival and legitimized through the promotion of a high sense of insecurity. On the other hand, Chinese Foreign Minister Wang Yi asserted that the Trump administration is spreading false accusations and conspiracy theories and that “in addition to the coronavirus, there was a political virus running rampant in the United States” (Hein, 2020). Hua Chunying, spokesperson of China’s Foreign Ministry, argued

that China has been cooperating with the United States from the very beginning and providing it with all information at its disposal (Chunying, 2020). In addition, Chinese Ambassador to the United States contended that China and the United States were in communication since early January immediately after China informed the WHO.

Following the United States' withdrawal from the WHO and its struggle to flatten the curve, China had the opportunity to lead the response to the pandemic. While most countries struggled with high numbers of coronavirus patients, China was recovering and defeating the virus as it was the first country to encounter the outbreak. Furthermore, as most economies were deteriorating due to coronavirus, China's economic growth was not highly impacted and its gross domestic product (GDP) is expected by the International Monetary Fund (IMF) to remain on the rise (Sparks, 2020). Subsequently, China possessed the power to assist with sharing expertise and providing masks, medical kits, testing equipment, and ventilators to countries in need. Fayyaz & Malik (2020) add that the "Trump administration also weakened multilateralism, leaving a vacuum and paving the way for China to fill it" which makes COVID-19 "the starting point of a new Cold War between China and the U.S". Trump further increased tensions by stating "We could cut off the whole relationship" and has in fact cut off investment in Chinese industries (Soergel, 2020). Accordingly, the Trump administration's goal to decouple US-Sino interdependence is evidently being achieved (Economy, Huang, Cohen, Segal & Gewirtz, 2020).

Conclusion

In conclusion, securitizing COVID-19 and perceiving it as a threat to American national security enabled Trump to identify China as the cause of this threat or the and thus facilitated his goal of decreasing US-Sino interdependence. In relation to the theory of securitization, Trump or the "securitizing actor" promoted the sense of danger among the public opinion or "audience" through an explicit "speech act" stating that this virus threatens the security of America (the referent object), and is intentionally proliferated by China (the referent subject). Accordingly, Trump has been able to further decouple US-Sino interdependence – which is an explicit goal of the Trump administration – by securitizing COVID-19. Measures such as high tariffs, withdrawal from the WHO, and threats to fully cut ties were facilitated through securitization as they are portrayed as solutions to protect Americans from the threat of coronavirus.

Bibliography

- Akpan, N. & Jaggard, V. (2020, May 5). No scientific evidence the coronavirus was made in a Chinese lab. *National Geographic*. <https://www.nationalgeographic.com/science/article/anthony-fauci-no-scientific-evidence-the-coronavirus-was-made-in-a-chinese-lab-cvd>
- Allen-Ibrahimian, B. (2021, January 19). Special report: Trump's U.S.-China transformations. *Axios*. <https://www.axios.com/trump-china-policy-special-report-154fa5c2-469d-4238-8d72-f0641abc0dfa.html>
- Baragona, J. (2020, March 18). Trump Addresses 'Kung-Flu' Remark, Says Asian-Americans Agree '100 Percent' With Him Using 'Chinese Virus'. *Daily Beast*. <https://www.thedailybeast.com/trump-addresses-kung-flu-remark-says-asian-americans-agree-100-with-him-using-chinese-virus>
- BBC. (2020). <https://www.bbc.com/news/world-us-canada-53327906>
- Bisley, N. (2020, May 11). US-China relations were already heated. Then coronavirus threw fuel on the flames. *The Conversation*. <https://theconversation.com/us-china-relations-were-already-heated-then-coronavirus-threw-fuel-on-the-flames-137886>
- Bowman, B. & Zivitski, M. (2020, April 26). America's military goes to war against the coronavirus. *Military Times*. <https://www.militarytimes.com/opinion/commentary/2020/04/26/americas-military-goes-to-war-against-the-coronavirus/>
- Boylan, B. M., McBeath, J., & Wang, B. (2020). US–China Relations: Nationalism, the trade war, and COVID-19. *Fudan Journal of the Humanities and Social Sciences*, 1-18. <https://link.springer.com/article/10.1007/s40647-020-00302-6>
- Bragg, L. (2020, March 25). President Trump Declares State of Emergency for COVID-19. *NCSL*. <https://www.ncsl.org/ncsl-in-dc/publications-and-resources/president-trump-declares-state-of-emergency-for-covid-19.aspx>
- Buzan, B., Wæver, O., Wæver, O., & De Wilde, J. (1998). *Security: A new framework for analysis*. Lynne Rienner Publishers.
- Christensen, T. J. (2020). A modern tragedy? COVID-19 and US-China relations. *Brookings Institution*. https://www.brookings.edu/wp-content/uploads/2020/05/FP_20200507_covid_us_china_christensen_v2.pdf
- Chunying, H. (2020, March 19). *Twitter*. <https://twitter.com/spokespersonchn/status/1240577157908197376?lang=en>
- Correll, D. (2020, April 13). Air Force C-17 evacuates three Americans with coronavirus out of Afghanistan. *Air Force Times*. <https://www.airforcetimes.com/news/your-air-force/2020/04/13/air-force-c-17-evacuates-three-americans-with-coronavirus-out-of-afghanistan/>
- Daoudi, S. (2020). The War on COVID-19: The 9/11 of Health Security?. *Policy Center for the New South*. <https://www.africaportal.org/publications/war-covid-19-911-health-security/>
- Economy, E., Huang, Y., Cohen, J., Segal, A. & Gewirtz, J. (2020, December 14). How 2020 shaped U.S.-China relations. *Council on Foreign Relations*. <https://www.cfr.org/article/how-2020-shaped-us-china-relations>
- Elbe, S. (2006). Should HIV/AIDS be securitized? The ethical dilemmas of linking HIV/AIDS and security. *International studies quarterly*, 50(1), 119-144. <https://academic.oup.com/isq/article-abstract/50/1/119/1815992>

- Fayyaz, S., & Malik, S. (2020). Question of US Hegemony and COVID-19 Pandemic. *Global Political Review*, 1, 72-83. [http://dx.doi.org/10.31703/gpr.2020\(V-I\).09](http://dx.doi.org/10.31703/gpr.2020(V-I).09)
- Hansen, L. (1997). A case for seduction? Evaluating the poststructuralist conceptualization of security. *Cooperation and Conflict*, 32(4), 369-397. <https://doi.org/10.1177%2F0010836797032004002>
- Hansen, L. (2011) 'Theorizing the image for Security Studies: Visual Securitization and the Muhammad Cartoon Crisis', *European Journal of International Relations*, 17(1): 51–74. <https://doi.org/10.1177%2F1354066110388593>
- Hansen, S. (2020). Trump Suggests China May Have Intentionally Allowed Coronavirus to Spread. *Forbes*. <https://www.forbes.com/sites/%20sarahhansen/2020/06/18/trump-suggests-china-may-have-intentionally-allowed-coronavirus-to-spread/#3a8080ea33f1>
- Hein, M. (2020, June 1). Coronavirus pandemic further strains US-China relations. *DW News*. <https://www.dw.com/en/coronavirus-pandemic-further-strains-us-china-relations/a-53650763>
- Hirschauer, S. (2014). Securitization Theory: A Matter of Words. In *The Securitization of Rape*. Palgrave Macmillan, London.
- Huysmans, J. (1998). The question of the limit: Desecuritisation and the aesthetics of horror in political realism. *Millennium*, 27(3), 569-589. <https://journals.sagepub.com/doi/pdf/10.1177/03058298980270031301>
- Kambhampaty, A. (2020, June 25). 'I Will Not Stand Silent.' 10 Asian Americans Reflect on Racism During the Pandemic and the Need for Equality. *Time*. <https://time.com/5858649/racism-coronavirus/>
- Lawson, A. & Rhee, J. (2020, June 3). Usage of the Defense Production Act throughout history and to combat COVID-19. *Yale*. <https://som.yale.edu/blog/usage-of-the-defense-production-act-throughout-history-and-to-combat-covid-19>
- Leonard, J. & Donnan, S. (2019, June 21). Trump Blacklists More China Tech Companies Days Before Xi Summit. *Bloomberg*. <https://www.bloomberg.com/news/articles/2019-06-21/u-s-adds-chinese-technology-companies-to-export-blacklist>
- McInnes, C., & Rushton, S. (2013). HIV/AIDS and securitization theory. *European Journal of International Relations*, 19(1), 115-138. <https://doi.org/10.1177%2F1354066111425258>
- McSweeney, B. (1996). Identity and security: Buzan and the Copenhagen school. *Review of International Studies* 22(1), 1996, pp. 81–93. <https://www.jstor.org/stable/20097432>
- Mutimer, D. (1999). Beyond strategy: critical thinking and the new security studies. In *Contemporary security and strategy* (pp. 77-101). Palgrave, London. <https://doi.org/10.1017/9780251274441.004>
- Orbey, E. (2020, March 25). “Trump’s “Chinese Virus” and What’s At Stake in the Coronavirus’s Name”. *The New Yorker*. <https://www.newyorker.com/culture/cultural-comment/whats-at-stake-in-a-virus-name>
- Paletta, D., Nakashima, E. & Lynch, D. J. (2019, May 15). Trump Administration Cracks Down on Giant Chinese Tech Firm, Escalating Clash with Beijing: The President Also Signed an Executive Order to Protect U.S. Networks from Foreign Espionage, a Move That Appears to Target China. *The Washington Post*. https://www.washingtonpost.com/world/national-security/trump-signs-order-to-protect-us-networks-from-foreign-espionage-a-move-that-appears-to-target-china/2019/05/15/d982ec50-7727-11e9-bd25-c989555e7766_story.html
- Ravelo, J. L. (2020, May 18). Battered with criticism, what’s next for WHO?. *Devex*. <https://www.devex.com/news/battered-with-criticism-what-s-next-for-who-97257>

- Rutledge, P. E. (2020). Trump, COVID-19, and the War on Expertise. *The American Review of Public Administration*, 50(6-7), 505-511. <https://doi.org/10.1177%2F0275074020941683>
- Salter, M., & Balzacq, T. (2011). *Securitization Theory: How security problems emerge and dissolve*. London: Routledge.
- Sears, N. (2020). The Securitization of COVID-19: Three Political Dilemmas. *Global Policy Journal*, 25. <https://www.globalpolicyjournal.com/blog/25/03/2020/securitization-covid-19-three-political-dilemmas>
- Silver, L., Devlin, K. & Huang, C. (2020, October 6). Unfavorable Views of China Reach Historic Highs in Many Countries. *Pew Research Center*. <https://www.pewresearch.org/global/2020/10/06/unfavorable-views-of-china-reach-historic-highs-in-many-countries/>
- Soergel, A. (2020, May 14). Trump Threatens to ‘Cut Off’ Relationship With China, Claims Coronavirus Proved ‘Trump Was Right’. *U.S. News*. <https://www.usnews.com/news/economy/articles/2020-05-14/trump-threatens-to-cut-off-relationship-with-china-claims-coronavirus-proved-trump-was-right>
- Sparks, W. (2020, June 13). After COVID: The United States vs China. *GZERO Media*. <https://www.gzeromedia.com/after-covid-the-united-states-vs-china>
- Swindell, D. (2020, May 15). Who’s in charge of lifting lockdowns?. *The Conversation*. <https://theconversation.com/whos-in-charge-of-lifting-lockdowns-137972>
- Taureck, R. (2006). Securitization theory and securitization studies. *Journal of International relations and Development*, 9(1), 53-61. <https://link.springer.com/article/10.1057/palgrave.jird.1800072>
- Trump, D. J. (2020, April 7). *Twitter*. <https://twitter.com/realDonaldTrump/status/1247540701291638787>
- Trump, D. J. (2020, March 18). *Twitter*. <https://twitter.com/realDonaldTrump/status/1240243188708839424>.
- Ullman, R. H. (1983). Redefining security. *International security*, 8(1), 129-153. <https://muse.jhu.edu/article/446023/summary>
- USA Spending Data Lab*. (2020). <https://datalab.usaspending.gov/federal-covid-funding/>
- Wadhams, N., Jacobs, J., Sink, J. & Lauerman, J. (2020, May 5). Trump, Pompeo back theory Wuhan lab to blame for COVID. U.S. Intelligence Is Less Convinced. <https://www.bloomberg.com/news/articles/2020-05-05/trump-pushes-virus-from-china-lab-theory-that-divides-u-s-spies>
- Wæver, O. (1993). *Securitization and desecuritization* (p. 48). Copenhagen: Centre for Peace and Conflict Research. <https://pdfs.semanticscholar.org/b533/06c2174b76280c42b5ea14993d79774a7f94.pdf>
- Wamsley, L. (2020, April 14). Trump says he will halt WHO funding, pending review. *NPR*. <https://www.npr.org/sections/coronavirus-live-updates/2020/04/14/834588506/trump-says-he-will-halt-who-funding-pending-review>
- Youde, J. (2008). Who's Afraid of a Chicken? Securitization and Avian Flu. *Democracy and Security*, 4(2), 148-169. <https://doi.org/10.1080/17419160802020264>
- Yuan, N. (2020). Reflections on China–US relations after the COVID-19 pandemic. *China International Strategy Review*, 2(1), 14-23. <https://link.springer.com/article/10.1007/s42533-020-00049-5>

Part II

The Impact of COVID-19 on Socioeconomic Rights

The Right to Health and Political Interests: An Indecent Tradeoff in Latin America

Menan Baher

Introduction

COVID-19 has started in the Chinese city of Wuhan by the end of 2019 then it began to spread all over the world in a frightening way. After this long-scale spread, the World Health Organization (WHO) warned all nation-states at the beginning of 2020 and asked them to “be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread” (Yamey & Gonsalves, 2020, p.1). Accordingly, the COVID-19 virus, which was later characterized as a pandemic, constitutes a threat to people’s health and lives. Hence, states are under an obligation to ensure the protection of people’s right to health. However, not all states took this obligation seriously. The case study of Latin America shows the gap between what is and what ought to be in the COVID-19 issue. For instance, some Latin American leaders decided to downgrade how serious the situation is and to spread inaccurate information about the virus, putting people’s right to health under risk. In Brazil, for example, the journalists turned the Brazilian President Bolsonaro’s eye on how Brazilians’ health and lives were threatened as the number of those affected by COVID-19 was on the rise. However, his response was: “so what? What do you want me to do? people die, that’s life” (The Lancet, 2020, p.1461). Venezuela also infringed on humans’ right to health by detaining journalists who attempted to publish important information about COVID-19 cases and what can citizens do to protect themselves (Amnesty International, 2020a). In addition to paralyzing the dissemination of information that can help people protect themselves from Coronavirus, Latin American leaders did not take enough steps to ensure that the number of COVID-19 cases is under control. They continued to imprison members from the political opposition despite the fact that Latin American prisons are extremely unclean and overcrowded (Human Rights Watch, 2020a). Hence, many Latin American leaders violated the human’s right to health. By looking at different Latin American states, this paper argues that some political leaders might not only disrespect the right to health but also trade it off with their economic and/or political interests. The paper is structured into two parts. While the first part discusses articles from the International Covenant on Economic, Social and Cultural Rights (ICESCR) in addition to the Universal Declaration of Human Rights (UDHR), the second part shows how several Latin American leaders violated different components of the human right to health in an attempt to achieve political and/or economic interests.

1. Important Human Rights Documents

1.1. The International Covenant on Economic, Social and Cultural Rights:

In the context of the current COVID-19 crisis, it is important to discuss the twelfth article of the International Covenant on Economic, Social and Cultural Rights (ICESCR) which emphasizes on the humans' right to the "enjoyment of the highest attainable standard of physical and mental health" (Crawshaw, 2009, p.7). Consequently, the covenant puts some obligations on states. This includes "steps to be taken necessary for the prevention, treatment and control of epidemic, endemic, occupational and other diseases" (Ssenyonjo, 2009, p. 325). Steps that can help in the controlling of diseases, and in this case COVID-19, include the "dissemination of accessible, accurate, evidence-based information about how people can protect themselves" (Amnesty International, 2020b, p. 5). Another duty of states, according to this convention, is to ensure that all people have "equal and timely access to basic preventive, curative and rehabilitative health services" (Office of the United Nations High Commissioner for Human Rights, 2000).

The protection of humans' right to health also necessitates that humans have a healthy working environment. The humans' right to "safe and healthy working conditions" was emphasized in the seventh article of the ICESCR (Davies, 2004). In the context of the spreading COVID-19, employees should have a sanitary place to work as well as equipment to protect them from catching the virus (such as masks and gloves).

So, one can conclude that states are under an obligation to protect humans' right to health by ensuring that important measures are taken to control COVID-19. These measures can include informing citizens how serious the situation is amid of COVID-19. In other words, generally, states should not in any way paralyze the dissemination of information that can help people protect themselves from the virus. Ensuring everyone's right to health also necessitates the existence of a working environment in which humans' physical and mental safety are ensured.

It is important to mention that not all Latin American states ratified the ICESCR¹, yet Kinney (2002, p.1465) pointed out that ICESCR as a whole is "arguably customary international law"². Hence, even those states which did not ratify the covenant are still under an obligation to ensure the protection of the rights mentioned in the treaty. From a legal perspective, since all Latin American states have signed the ICESCR, they should "refrain from acts that would defeat the object and purpose of the

¹ The Latin American states that ratified the ICESCR are Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, and Uruguay (OHCHR, n.d.).

² Also, more specifically, obligations stated in the twelfth article of the ICESCR are seen as customary international law (Saul et al., 2014).

treaty” (Amnesty International, 2020c, p. 6).

1.2. Universal Declaration of Human Rights

When discussing COVID-19 and how it jeopardizes humans’ right to health, one should mention the twenty-fifth article of the UDHR which stresses on the right of Man to “a standard of living adequate enough to ensure the protection of the health and well-being of himself and of his family” (Brown, 2016, p 25). Thus, states are obligated to ensure the realization of this humane standard of living (Mold & Reubi, 2013).

2. Leaders’ Interests and the Right to Health in Latin America: Which Comes First?

Before discussing how different Latin American leaders violated the population’s right to health, it is important to explain why this study chose to investigate the case of Latin America in particular. In 2020, WHO declared Latin America as the “epicentre of the COVID-19 pandemic, accounting for more than forty percent of the world’s COVID-19 deaths” (The Organisation for Economic Cooperation and Development, 2020). Also, Latin America has “twenty-five percent of the recent global infections” (The Lancet, 2021, p.93). Precisely, Brazil is the number two country with COVID-19 infections³ (Hotez et al., 2020). These numbers illustrate the huge extent to which COVID-19 has spread in Latin America. Consequently, it is important to investigate how different Latin American governments responded to COVID-19. In other words, it is of paramount to know what different Latin American governments did and how that led to this increase in the number of COVID-19 cases.

As mentioned above, article twelve of the ICESCR, interpreted as part of customary international law, places states under an obligation to protect humans’ right to physical and mental health. This necessitates that states take whatever measures that would help in preventing, controlling or treating diseases. Yet, many Latin American leaders did not seem to prioritize the protection of the inalienable right to health. Instead, they focused on ensuring that their interests are promoted even if promoting these interests stand in sharp contrast with safeguarding people’s lives. This is extremely hazardous given the already weak Latin American healthcare systems whose blood was sucked by previous diseases such as tuberculosis (Litewka & Heitman, 2020). The below sections demonstrate how the right to health was violated in Latin America because leaders gave more importance to their interests.

³ The United States of America (USA) ranked first, i.e., most of the COVID-19 cases in the Americas was in the USA (Hotez et al., 2020).

2.1: How Did Latin American Leaders Violate the Obligation of Taking Steps to Control COVID-19?

Many Latin American governments did not abide to their obligation to protect humans' right to health as they did not take enough steps to control Coronavirus. For instance, they did not ensure the dissemination of accurate and evidence-based information about how dangerous the new virus is. In Brazil, a nonchalance was evident in the Brazilian President Bolsonaro's rhetoric as he portrayed COVID-19 as "a little flu" and a "fantasy created by the media" (Amon & Wurth, 2020, p.3). Such indifference was repeated in his statement, "people die, that's life" (Kirby, 2020, p.1). Instead of encouraging citizens to implement social distancing, Jair Bolsonaro said that the "preventive measures were hysterical" (Amon & Wurth, 2020, p.3). Another way Bolsonaro downgraded the seriousness of Coronavirus was by telling Brazilians not to wear masks (Duczmal et al., 2021). Also, surprisingly, the Brazilian President did not hesitate to remove masks from the faces of children himself (Duczmal et al., 2021).

To show how Bolsonaro's nonchalance and his downplaying of the virus detrimentally impacted humans' right to health, Ajzenman, Cavalcanti and Da Mata (2020) specified that the Brazilian areas in which Bolsonaro's supporters reside do not implement the WHO's recommended quarantine. Moreover, in 2020, Brazil had "the highest rate of transmission of COVID-19 among forty-eight countries compared (The Lancet, 2020, p. 1461). Also, a study estimated that if the Brazilian government continues to downplay the seriousness of the situation in the country, there would be an upsurge in the pandemic-caused deaths (Philips, 2020).

Bolsonaro's recklessness was because he prioritizes his interests over any other considerations. This was seen in his recurring reluctance to continue Brazil's self-isolation and his encouragement to Brazilians to get back to work amid of the pandemic (Ferrante & Fearnside, 2020). For him, Brazil's economic development is more important than protecting Brazilians from COVID-19. This can be also related to his belief that his survival is dependent on Brazil's continued economic development. He explicitly specified once that "if the economy sinks, my government will end" (Waddan et al., 2021, p.427).

Venezuela is another Latin American state which did not respect humans' right to health by attempting to paralyze the citizens' accessibility to information that could help in controlling the pandemic. Although Venezuela had taken appropriate measures to fight COVID-19, including a lockdown and international isolation when there was only one positive COVID-19 case (Cortes, 2020), a number of Venezuelan journalists were imprisoned due to their attempts of raising awareness with COVID-19 and doubting the number of COVID-19 cases announced by the government (Amnesty International, 2020a). Furthermore, although several researches had been done to prove the safety of AstraZeneca, a COVID-19 vaccine, the Venezuelan President Nicolás Maduro said more than once in

his speeches that the “AstraZeneca vaccine was not safe” (Andrade, 2021, p. 6837). Consequently, Venezuela did not accept a batch of AstraZeneca vaccines (Andrade, 2021, p. 6837). By doing so, Maduro prevented a huge number of Venezuelans from getting vaccinated (Andrade, 2021). Hence, the Venezuelans’ right to health was violated.

Maduro’s refusal to take in AstraZeneca vaccines and his detention of journalists can be explained by his political interests. Venezuelan President Maduro suffers from a political crisis; he is not seen as Venezuela’s legitimate president by some states including the United States and states of the European Union (EU) (Nugent, 2020). Instead, these states see Juan Guaido as Venezuela’s legitimate president (Nugent, 2020). So, it is important for Maduro to take whatever measures needed to hold onto the grip of power and this cannot happen without keeping opposition into place; opposition includes the above-mentioned rebellious journalists (IHS Markit, 2020a). Additionally, Maduro’s rejection to a vaccine promoted by the EU⁴ is not surprising given that, as mentioned above, EU states do not recognize his rule (Andrade, 2021).

The Mexican government is another government which did not stress upon informing citizens with information that can help them protect themselves from the virus. Mexican President Andrés Obrador neglected the dangerousness of the virus and emphasized that COVID-19 is a “conspiracy” (Litewka & Heitman, 2020, p.3). He even urged Mexicans to not exercise social distancing as he stated: “there are people who say you cannot hug because of the virus; hug each other as nothing will happen” (Litewka & Heitman, 2020, p.3). Similar to Bolsonaro who did not shy away from removing masks from children’s faces in rallies, Obrador decided to hug his supporters during different mass mobilizations (Fernandez & Machado, 2021). By showing Mexicans that social distancing is not important, Obrador is putting into their minds that the virus does not constitute a huge threat.

Like his other Latin American counterparts, Andrés Obrador sees economic development as the ultimate goal. For him, taking enough steps to prevent Mexicans from getting infected with COVID-19 is not important. In an attempt to send Mexicans a false message that COVID-19 does not constitute a big threat, Obrador urged Mexicans at the beginning of the pandemic to “live life as usual” (Agren, 2020). Linking the country’s economic downfall with lockdowns and quarantine, the Mexican president specified to citizens: “continue taking your family out to eat, continue to go shopping because that strengthens the economy” (Agren, 2020).

The Nicaraguan government had prioritized its interests over spreading accurate information about the virus. The Nicaraguan Vice President Rosario Murillo⁵ called for a mass mobilization “in the

⁴ When many countries did not trust the safety of AstraZeneca, the EU worked on doing a lot of research in an attempt to prove how safe the vaccine is (Andrade, 2021).

⁵ Notably, she is the wife of the Nicaraguan President Daniel Ortega.

name of love in the time of COVID-19” instead of encouraging for a social distance (Mather et al., 2020, p. e773). By doing so, he was indirectly sending Nicaraguans a message that COVID-19 will not put their lives under risk and so social distancing is not important. To demonstrate how he believes that the economic development of Nicaragua is more important than implementing measures to contain the spread of Coronavirus, Nicaraguan President Daniel Ortega specified that containment measures, including putting limits on commerce, could lead to the “country’s destruction” (Cordoba & Montes, 2020). He showed his reluctance to quarantine by stating that “if this country stops working, it dies” (Thaler, 2020). In order not to disrupt tourism, which constitutes twelve percent of the Nicaraguan growth domestic product (Cimoli et al., 2020), the Nicaraguan government decided that non-Nicaraguans would not be obliged to stay in quarantine when arriving to the state (Delgado, 2020). The government also claimed that COVID-19 cases did not reach a dangerous level, but public hospitals in Nicaragua witnessed a surge of Nicaraguans with COVID-19 symptoms such as pneumonia (Delgado, 2020). In addition, Nicaraguan doctors admitted that they got orders from the Vice-President to deny the real reason why someone died if the reason was COVID-19 (Aburto, 2020).

Moreover, Ortega saw those opposing the government’s unwillingness to impose quarantine as “traitors” (Fernandez & Machado, 2021, p.39). He stated that they were the “same people who attempted a coup against me [Ortega] in 2018; now, they want to take advantage of the pandemic to sink the country” (Fernandez & Machado, 2021, p.39). Thus, it seems that Ortega has been trying to rally Nicaraguans around him by framing those requesting quarantine as non-nationalistic. Hence, he was indirectly downplaying the seriousness of Coronavirus in an attempt to protect his economic interests.

In addition, the Latin American governments violated their obligation to ensure that all citizens have equal and timely access to preventive health services. This is necessary to ensure that COVID-19 is under control. In the case of COVID-19, preventive health services are vaccines. The Argentinian government decided to vaccinate “friends of the government” first (France 24, 2021). Also, while the government of Peru worked on injecting some university staff, public servants and influential figures for free, citizens had to pay to get vaccinated (Amnesty International, 2021b). Notably, these Peruvian individuals are supporters of the existing government (Amnesty International, 2021b).

2.2: Violation of The Right to Healthy Working Conditions:

Although the right to healthy working conditions was stressed upon in the seventh article of the ICESCR, many Latin American governments did not seem to consider protecting this right as a priority. Notably, due to the lack of strict governmental policies aiming at protecting health care workers, Latin America has the “the highest number of health care workers infected in the world” (Amnesty International, 2021a, p.27).

According to Perez et al. (2020), most Latin American healthcare workers do not have sufficient protection against COVID-19 as healthcare authorities do not allocate enough budget to ensure the dissemination of proper and essential protective equipment. Besides, healthcare workers were not given the crucial mental health support (Amnesty International, 2020d). Nicaragua, for example, had put its economic survival first as the government discouraged healthcare staff in many hospitals from protecting themselves through wearing masks and gloves (Human Rights Watch, 2020d). Precisely, Nicaraguan doctors specified that hospital managers told them that they should not wear masks to “prevent patients’ panic” (Human Rights Watch, 2020d). Also, Nicaraguan healthcare workers who were complaining about the unsanitary working environment in hospitals were threatened by imprisonment (Pearson et al., 2020). Other doctors and nurses lost their jobs (Amnesty International, 2020d). Also, to protect their jobs, Honduran healthcare workers were forced to “sign confidentiality agreements prohibiting them from speaking publicly about their concerns” (Amnesty International, 2021a, p.28).

2.3: The Conditions of Vulnerable People in Latin American Under COVID-19:

Historically, indigenous people have been suffering on different levels in Latin America. For instance, governments worked and are still working on preventing the indigenous people from “speaking in their own language or receiving care that takes into account their cultural specificity” (Pan American Health Organization, 2021, p.6). In addition, native Americans do not have equal access to healthcare services and their rights to some lands have always been denied (Pan American Health Organization, 2021).

COVID-19 came to exacerbate the indigenous people’s already detrimental situation in Latin America as governments decided to neglect indigenous people’s right to health to promote their interests. In Brazil, for instance, Bolsonaro’s government indifference had extended to the natives in the Amazon; no adequate measures were taken to protect them (Xafis, 2020). Instead, he ordered the distribution of hydroxychloroquine on the Amazon natives (Duczmal et al., 2021). It is noteworthy to mention that a lot of research have been done to prove that hydroxychloroquine does not help in preventing nor treating COVID-19 (Duczmal et al., 2021). It is also considered a toxic substance (Duczmal et al., 2021). Bolsonaro’s reign also witnessed a twenty-five percent rise in the rate of deforestation in the Amazon⁶ (Laudares & Gagliardi, 2020). His government’s encouragement of deforestation continued even after there was a huge rise in COVID-19 cases ((De Farias et al., 2020). Notably, such deforestation, and consequently the increased number of “loggers” in the Amazon, contributed to an upsurge in the number of Amazonians suffering from COVID-19 (De Farias et al.,

⁶ Governments in Brazil encourage deforestation because this would help them increase soybean exports and have “large areas of forest being devoted for cattle farms” (Vasconcelos et al., 2020, p. 31771). Notably, Brazil is highly dependent on soybean and beef exportation (Vasconcelos et al., 2020).

2020).

As reiterated previously, Jair Bolsonaro puts his interests ahead of people's well-being and health. Accordingly, it is not surprising to see his above-mentioned policies which clearly violate the indigenous people's right to health. To illustrate how Bolsonaro gives more importance to the economy than to protecting the Amazonians' lives, he said in 2020, amid of the pandemic, "where there is indigenous land, there is wealth underneath it; I vow not to designate one centimetre as protected Indigenous lands" (Casado & Londono, 2020).

Indigenous people's right to health was also jeopardized in Ecuador. As stated by Zurita et al. (2020), the Ecuadorian government did not give enough attention to ensuring that different segments in the society understand "prevention information campaigns on COVID-19". At the beginning, these campaigns were not available in the languages of the indigenous people. Later, the government worked on translating the information available into only one native language. Yet, this translation was not accurate and the indigenous people struggled to understand what was being presented. So, their right to information that can help them protect themselves from the virus was severely violated.

The Ecuadorian government's indifference to protecting the indigenous people is due to its emphasis on increasing the country's economic development as much as possible. Like the case in Brazil, in 2020, the government in Ecuador allowed different companies to extract oil, metals and other resources from lands of the indigenous people despite warnings that this would negatively impact the native Americans' health given that they do not have proper access to health care services (People in Need, 2020).

Article fifteen of the UDHR highlighted the humans' right to an adequate standard of living. However, Latin American governments seem to turn a blind eye on ensuring that citizens have a standard of living that can help them remain healthy and protected from the virus. According to Andrade (2020, p.1), the risk of Coronavirus extends to those living in Brazilian slums as they are given no attention from Bolsonaro's policies. The detrimental environment of the Brazilian slums, their pollution, poor sanitation, and their deteriorating infrastructure increase the residents' vulnerability to COVID-19 (Andrade, 2020). Thus, people in slums decided to fight the virus independently away from the state and the political leaders. They employed their own resources, launched local initiatives through "hiring their own doctors" and checked medically the elders in their communities (Andrade, 2021).

2.4: Political Interests and Prisoners' Health in Latin America During COVID-19:

According to Human Rights Watch (2020e), generally, most Latin American prisons are overcrowded and this paralyzes the possibility of implementing social distancing inside prisons. Specifically, "Latin America's prisons are operating sixty percent over capacity" (Mellow et al., 2020, p.11). Also, the

prisoners' proper access to water and to COVID-19 testing is denied (Human Rights Watch, 2020e). These unsanitary prisons do not only threaten the right to health of prisoners but also that of prisoners' security guards, lawyers and regular visitors (Human Rights Watch; 2020a). So, in line with the ICESCR, it is vital that governments work on preventing the spread of COVID-19 and this cannot happen without ensuring that prisons are more clean and less crowded.

Despite the unfavourable conditions inside prisons in Latin America, governments chose to prioritize their interests over ensuring that they fulfil their obligation in the ICESCR: taking steps to control and prevent diseases. For instance, despite the Nicaraguan government's decision to free a number of prisoners to ensure some level of social distancing, none of those who were released were political prisoners (Amnesty International, 2020e). Thus, the government of Nicaragua decided to neglect prisoners' right to health in an attempt to ensure its stability. Noteworthy, COVID-19 symptoms began to appear on those Nicaraguan political prisoners (Amnesty International, 2020f). Additionally, the Cuban government continued to imprison critics of the government during COVID-19 in very huge amounts not taking into account the already unhygienic situation of prisons (Amnesty International, 2021c). This certainly puts detainees under a great risk of catching the virus (Amnesty International, 2021c). The government of Cuba even "accused them [imprisoned critics] of spreading an epidemic" to justify these arbitrary arrests (Amnesty International, 2021c). For illustration, the Cuban security forces "detained fourteen government critics in Havana after alleging that they had violated Covid-19 rules by failing to re-take a test for the Coronavirus" (Human Rights Watch, 2020b).

Conclusion

Many Latin American political leaders prioritized sustaining their power over fighting COVID-19 and protecting people's right to health. By putting their interests at the top of the list, several Latin American governments violate their obligation under article twelve of the ICESCR which is taking steps to control and prevent diseases. One way Latin American leaders violated their duty was by attempting to paralyze the dissemination of information that can help people protect themselves from the virus. In Brazil, president Bolsonaro believes that quarantine and social isolation would lead to the fall of Brazil's economy and consequently his regime. Thus, he has been attempting to downplay the seriousness of Coronavirus and encouraging people to get back to work. Precisely, he called Coronavirus "a little flu". Venezuelan President also worked on detaining whoever was doubting the number of COVID-19 cases in an attempt to protect his regime. Besides, some Latin American governments did not fulfil their duty to ensure that all people have equal and timely access to preventive health services. For instance, in Argentina, the government chose to vaccinate its allies first.

Prisoners' right to health was also highly violated during COVID-19. Notably, prisons in Latin America are extremely unclean and overpopulated. Nevertheless, governments did not take enough steps to release detainees. Even when they did free some prisoners, governments chose not to release those who were imprisoned for political reasons. Governments also sometimes even used COVID-19 as a pretext to detain more critics. This certainly decreases the possibility of having social distancing inside prisons.

As is the case historically, Latin American governments continue to prioritize increasing the countries' level of economic development over the health and well-being of the indigenous people. In other words, deforestation and searching for valuable natural resources in territories where indigenous people live is continuing even during COVID-19. The increased number of loggers in these lands where there are no sufficient healthcare systems augmented the number of indigenous people who caught COVID-19.

The right to healthy working conditions, mentioned in article seven of the ICESCR, is also violated in many states in Latin America. For instance, healthcare workers do not have sufficient protection against the virus and sometimes they were arrested for asking for safer and cleaner working environments. Therefore, it seems that in theory the right to health is certainly undeniable, however, when politics join the game, this is not the case.

Recommendations

To better protect Latin Americans' right to health, states are recommended to ensure that every citizen, either a prisoner or a free person, enjoys the preconditions of the right to health. For instance, governments should work on ensuring that everyone has access to facemasks and sanitizers ("Covid-19 Prisoner Releases", 2020). Latin American governments should also release at risk prisoners, i.e., prisoners who are extremely sick and are vulnerable to die from COVID-19, to ensure some level of social distancing in prisons (Human Rights Watch, 2020c).

The right of the healthcare staff to a safe working environment could be ensured by providing them with sufficient support either psychologically or physically. Non-state actors such as CSOs are to work in hand with the government which is encouraged to adopt policies that acknowledge the healthcare staff's struggle with COVID-19 (Amnesty International, 2020c). This acknowledgement could be through financial support or by social appreciation (Amnesty International. 2020c).

Transparency is a must in this ongoing crisis. Latin American leaders must not point out to the citizens that the danger of the virus is minimal so that citizens would be able to understand how prevention is critical and thus, take adequate steps to protect themselves. Also, the interests of the

political leaders must come second place after the citizens' safety. Governments must also work on ensuring that all people, regardless of their sex, religion, political orientation, race or class, have free access to COVID-19 vaccines.

Bibliography

- Aburto, M. (2020, May 19). Nicaragua's 'express burials' Raise fears Ortega is Hiding True Scale of Pandemic. *The Guardian*. <https://www.theguardian.com/world/2020/may/19/nicaragua-coronavirus-express-burials-death-toll>
- Agren, D. (2020, March 25). Coronavirus Advice from Mexico's president: 'Live life as usual'. *The Guardian*. <https://www.theguardian.com/world/2020/mar/25/coronavirus-advice-from-mexicos-president-live-life-as-usual>
- Ajzenman, N. & Cavalcanti, T. & Da Mata, D. (2020). *More than Words: Leaders' Speech and Risky Behavior During A Pandemic* (Cambridge Working Paper No. 2034). <https://www.inet.econ.cam.ac.uk/working-paper-pdfs/wp2019.pdf>
- Amnesty International (2020a). *Countries Are Failing to Protect Rights of Health Workers*. <https://www.amnestyusa.org/press-releases/countries-are-failing-to-protect-rights-of-health-workers/>
- Amnesty International. (2020b). *Responses to COVID-19 and States' Human Rights Obligations: Preliminary Observations* (Report). <https://www.amnesty.org/download/Documents/POL3019672020ENGLISH.PDF>
- Amnesty International. (2020c). *The Cost of Curing: Health Workers' Rights in the Americas During COVID-19 and Beyond* (Report). <https://www.amnestyusa.org/wp-content/uploads/2020/05/The-Cost-of-Curing.pdf>
- Amnesty International. (2020d). *Americas: States are Failing to Adequately Protect Rights of Health Workers*. (2020). <https://www.amnesty.org/en/latest/news/2020/05/americas-states-failing-protect-rights-health-workers-covid19-pandemic/>
- Amnesty International. (2020e). *Nicaragua: Government increases risk of COVID-19*. <https://www.amnesty.org/en/latest/news/2020/04/nicaragua-gobierno-aumenta-riesgo-contagio-covid19/>
- Amnesty International. (2020f). *Nicaragua: Over A Dozen People Deprived of Their Liberty for Participating in Protests that Began in 2018 Have Symptoms Consistent with COVID-19*. <https://www.amnesty.org/en/latest/news/2020/05/nicaragua-personas-privadas-de-libertad-tienen-sintomas-covid19/>
- Amnesty International. (2021a). *Amnesty International Report 2020/2021: The State of The World's Human Rights*. <https://www.amnesty.org/en/wp-content/uploads/2021/06/POL1032022021ENGLISH.pdf>
- Amnesty International. (2021b). *Vaccines in the Americas: Ten Human Rights Musts to Ensure Health For All*. <https://www.amnesty.org/en/wp-content/uploads/2021/05/AMR0137972021ENGLISH.pdf>
- Amnesty International. (2021c). *Silenced and Misinformed: Freedom of Expression in Danger During COVID-19*. <https://www.amnesty.org/en/wpcontent/uploads/2021/11/POL3047512021ENGLISH.pdf>

- Amon, J. & Wurth, M. (2020). A Virtual Roundtable on COVID-19 and Human Rights with Human Rights Watch Researchers. *Health and Human Rights Journal*, 1-15.
- Andrade, G. (2021). Covid-19 Vaccine Hesitancy, Conspiracist Beliefs, Paranoid Ideation and Perceived Ethnic Discrimination in a Sample of University Students in Venezuela. *Vaccine*, 39, 6837–6842.
- Andrade, R. (2020). The Brazilian Slums Hiring their Own Doctors to Fight Covid-19. *The BMJ*, 1-2.
- Brown, G. (2016). *The Universal Declaration of Humans Rights in the 21st Century*. Open Book Publishers.
- Casado, L. & Londono, E. (2020, April 19). As Bolsonaro Keeps Amazon Vows, Brazil's Indigenous Fear 'Ethnocide'. *The New York Times*.
<https://www.nytimes.com/2020/04/19/world/americas/bolsonaro-brazil-amazon-indigenous.html>
- Cimoli, M., Barcena, A., Garcia-Buchaca, R. & Perez, R. (2020). *Report on the Economic Impact of Coronavirus Disease (COVID-19) on Latin America and the Caribbean*.
<https://www.cepal.org/en/publications/45603-report-economic-impact-coronavirus-disease-covid-19-latin-america-and-caribbean>
- Cordoba, J. & Montes, J. (2020, May 23). As Coronavirus Spreads in Nicaragua, Official Denials Amplify Risk. *The Wall Street Journal*. <https://www.wsj.com/articles/as-coronavirus-spreads-in-nicaragua-official-denials-amplify-risk-11590246000>
- Cortes, G. (2020). *Getting Out the Right COVID-19 Information to Save Lives*.
<https://www.unocha.org/story/getting-out-right-covid-19-information-saves-lives>
- Crawshaw, R. (2009). *Police and Human Rights: A Manual for Teachers, Resource Persons and Participants in Human Rights Programmes*. Martinus Nijhoff Publishers.
- Davies, A. (2004). *Perspectives on Labour Law*. Cambridge University Press.
- De Farias, T., Torres, M., Garvey, B. & Stewart, P. (2020). Amazonian Destruction, Bolsonaro and COVID-19: Neoliberalism Unchained. *Capital & Class*, 45(2), 173-181.
- Delgado, A. (2020, April 2). Defying Pandemic Fears, the Nicaraguan Government Shuns Social Distancing. *Miami Herald*. <https://www.miamiherald.com/news/nation-world/world/americas/article241706736.html>
- Duczmal, L., Ferrante, L., Steinmetz, W., Almeida, A., Leão, J., Vassão, R., Tupinambás, U. & Fearnside, P. (2021). How Brazil's President Turned the Country into a Global Epicenter of COVID-19. *Journal of Public Health Policy*, 42, 439–451.
- Fernandez, M. & Machado, C. (2021). *COVID-19's Political Challenges in Latin America*. Springer.
- Ferrante, L. & Fearnside, P. (2020, April 17). Protect Indigenous Peoples from COVID-19. *Science*, 368(6488), 251-252. <https://science.sciencemag.org/content/368/6488/251.1.full>
- France 24. (2021). *Thousands Protest over Argentina 'VIP Vaccinations' Scandal*.
<https://www.france24.com/en/live-news/20210228-thousands-protest-over-argentina-vip-vaccinations-scandal>
- Gagliardi, P. & Laudares, H. (2020, November). *Is Deforestation Spreading COVID-19 to the Indigenous Peoples?* (Instituto de Estudos para Políticas de Saúde Working Paper No. 8).
https://ieps.org.br/wp-content/uploads/2020/11/IEPS_WP8.pdf
- Hotez, P., Huete-Perez, J. & Bottazzi, M. (2020). COVID-19 in the Americas And the Erosion of

- Human Rights for the Poor. *PLOS Neglected Tropical Diseases*, 14(2), 1-7.
- Human Rights Watch. (2020a). *Latin America: Cut Prison Crowding to Fight COVID-19*.
<https://www.hrw.org/news/2020/04/02/latin-america-cut-prison-crowding-fight-covid-19>
- Human Rights Watch. (2020b). *Cuba: Covid-19 Rules Used to Intensify Repression*.
<https://www.hrw.org/news/2020/12/07/cuba-covid-19-rules-used-intensify-repression>
- Human Rights Watch (2020c). *Covid-19 Prisoner Releases Too Few, Too Slow*. (2020).
<https://www.hrw.org/news/2020/05/27/covid-19-prisoner-releases-too-few-too-slow>
- Human Rights Watch. (2020d). *Nicaragua: Reckless COVID-19 Response*.
<https://www.hrw.org/news/2020/04/10/nicaragua-reckless-covid-19-response>
- Human Rights Watch. (2020e). *How to Prevent Latin America's Prisons from Becoming COVID-19 Incubators*.
<https://www.hrw.org/news/2020/05/21/how-prevent-latin-americas-prisons-becoming-covid-19-incubators>
- IHS Markit. (2020a). *Executive Summary – Venezuela* (Report).
<http://ezproxy.bue.edu.eg:2102/eds/pdfviewer/pdfviewer?vid=0&sid=0509eea4-4ab2-4326-8547-739614070412%40pdc-v-sessmgr02>
- IHS Markit. (2020b). *Executive Summary – Nicaragua* (Report).
<http://ezproxy.bue.edu.eg:2102/eds/pdfviewer/pdfviewer?vid=0&sid=d9d98b84-05a4-4fa3-b466-7c4fcf40aef5%40pdc-v-sessmgr03>
- Kinney, E. D. (2002). The International Human Right to Health: What Does This Mean for Our Nation and World? *Indiana Law Review*, 34, 1457- 1475.
- Litewka, S. G. & Heitman, E. (2020). Latin American Healthcare Systems in Times of Pandemic. *Developing World Bioethics*, 1-5.
- Mather, T., Marin, B., Perez, G., Christophers, B., Paiva, M., Oliva, R., Hijaz, B., Prado, A., Jarquin, M., Moretti, K., Marques, C., Murillo, A. & Tobin-Tyler, E. (2020). Love in the Time of COVID-19: Negligence in the Nicaraguan Response. *The Lancet*, 8(6), e773.
- Mellow, J., Limoncelli, K. & Na, C. (2020). Determinants of Inter-country Prison Incarceration Rates and Overcrowding in Latin America and the Caribbean. *International Criminal Justice Review*, 30(1), 10-29.
- Mold, A. & Reubi, D. (2013). *Assembling Health Rights in Global Context: Genealogies and Anthropologies*. Routledge.
- Nugent, C. (2020, March 20). Could the Coronavirus Topple Nicolas Maduro's Regime in Venezuela? *Time Magazine*. <https://time.com/5807142/venezuela-maduro-coronavirus-oil/>
- Office of the United Nations High Commissioner for Human Rights. (n.d.). *International Covenant on Economic, Social and Cultural Rights*.
<https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>
- Office of the United Nations High Commissioner for Human Rights. (2000). *Economic and Social Council*.
<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW1AVC1NkPsgUedPIF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL>
- Pan American Health Organization (PAHO). (2021). *The Impact of COVID-19 on the Indigenous Peoples of the Region of the Americas: Perspectives and Opportunities*.
<https://iris.paho.org/bitstream/handle/10665.2/53428/PAHOEGCCOVID->

- Pearson, A., Prado, A. & Colburn, F. (2020). Nicaragua's Surprising Response to COVID-19. *Journal of Global Health*, 10(1), 1-5.
- People in Need. (2020). *Covid-19 and Indigenous Communities of Ecuador*. <https://www.peopleinneed.net/covid-19-and-indigenous-communities-of-ecuador-6729gp>
- Perez, G., Delgado, D., Quintana, F., Negretti, C., Mendoza, I., Baranchuk, A & Liprandi, A. (2020). Personal Safety during the COVID-19 Pandemic: Realities and Perspectives of Healthcare Workers in Latin America. *International Journal of Environmental Research and Public Health*, 17(8), 1-8.
- Phillips, T. (2020, March 29). Bolsonaro Threatens to Sack Health Minister over Coronavirus Criticism. *The Guardian*. <https://www.theguardian.com/world/2020/mar/29/bolsonaro-warns-health-minister-covid-19>.
- Saul, B., Kinley, D. & Mowbray, J. (2014). *The International Covenant on Economic, Social and Cultural Rights: Commentary, Cases and Materials*. Oxford University Press.
- Ssenyonjo, M. (2009). *Economic, Social and Cultural Rights in International Law*. Hart Publishing.
- Thaler, K. (2020, April 17). Nicaragua Is Stumbling Into Coronavirus Disaster. *Foreign Policy Magazine*. <https://foreignpolicy.com/2020/04/17/ortega-virus-murillo-nicaragua-is-stumbling-into-coronavirus-disaster/>
- The Lancet (2020). COVID-19 in Brazil: “So What?”. *The Lancet*, 395(10235), 1461.
- The Lancet. (2021). COVID-19 in Latin America—Emergency and Opportunity. *The Lancet*, 398, 93.
- The Organisation for Economic Co-operation and Development. (2020). *COVID-19 in Latin America and The Caribbean: An Overview of Government Responses to The Crisis*. <https://www.oecd.org/coronavirus/policy-responses/covid-19-in-latin-america-and-the-caribbean-an-overview-of-government-responses-to-the-crisis-0a2dee41/>
- Vasconcelos, A., Meyfroidt, P., Gardner, T., Löfgren, P., Lathuillière, M., Godar, J., Ermgassen, E. (2020). The Origin, Supply chain, and Deforestation Risk of Brazil’s Beef Exports. *Proceedings of the National Academy of Sciences of the United States of America*, 50, 31770–31779.
- Waddan, A., Segatto, C., Rocco, P. & Beland, D. (2021). Trump, Bolsonaro, and the Framing of the COVID-19 Crisis: How Political Institutions Shaped Presidential Strategies. *World Affairs*, 184(4), 413-440.
- WOLA. (2020). *Monitoring Anti-Democratic Trends and Human Rights Abuses in the Age of COVID-19*. <https://www.wola.org/analysis/anti-democratic-trends-human-rights-abuses-covid-19-latin-america/>
- Xafis, V. (2020). What is Inconvenient for You is Life-saving for Me’: How Health Inequities are playing out during the COVID-19 Pandemic? *Asian Bioethics Review*, 1-12.
- Yamey, G. & Gonsalves, G. (2020). Donald Trump: A Political Determinant of Covid-19. *The BMJ*, 1-2.
- Zurita, J., Manresa, A., Howard, R., Haboud, M. & Garcia, G. (2020). Miscommunication in the COVID-19 Era. *Bulletin of Latin American Research*, 39(S1), 39-46.

The Coronavirus Pandemic and Women's Rights in the United States

Farida Elatriss

Introduction

The coronavirus pandemic started in 2019, creating an environment of fear among populations and resulting in state lockdowns. It started being used as a justification by different world governments for violating human rights, especially those of the minority, vulnerable, and marginalized. One prominent example is the United States (US), where women's social rights have been violated by the government under the pandemic. Thus, the purpose of this paper is to investigate the US violations of women's social rights under the coronavirus pandemic, an action that led to reinforcing women's disadvantaged status in the society. The paper also aims to provide recommendations for the US on how to address this problem.

The paper argues that women have been disproportionately affected by the spread of coronavirus in the US, which is represented in the increase of domestic violence and the decrease in reproductive health services available to women. By disregarding these issues under the pandemic, the US government has been violating women's social rights, and thus, the paper recommends that women's rights groups be consulted on matters pertaining how to improve women's experiences under the pandemic.

Accordingly, the paper is divided into two sections. The first demonstrates the violation of women's social rights in the US, focusing on women's right to protection against violence and to access necessary health services. In this section, the paper cites human rights conventions to illustrate the state's responsibility for protecting people's social rights, as a means of highlighting the importance of guaranteeing women's rights under the pandemic. The second section provides recommendations for the US government on how to adopt more inclusive and representative policies of women's needs under the pandemic, and these recommendations reside in consulting American women's groups and adopting protectionist social policies.

Literature Review

Similar to the situation under the coronavirus pandemic, human rights violations have taken place during previous pandemics. For instance, under the Human Immunodeficiency Virus (HIV) pandemic, the minorities' right to health and to non-discrimination was violated in North America (Enoch & Piot, 2017, p. 117). In fact, the authorities' initial response to the spread of the virus was negligence, while

many people were infected (Enoch & Piot, 2017, p. 117). Also, authorities started stigmatizing groups that were argued to have a high risk of getting infected, such as the Haitian immigrants in the US (Enoch & Piot, 2017, p. 117). Even when HIV became treatable, the stigmatized minority groups were denied receiving HIV treatment and support, resulting from state policies and regulations that hindered specific groups from receiving treatments (Enoch & Piot, 2017, p. 117). Thus, states' actions violated people's right to health and non-discrimination.

Furthermore, individuals' right to clean water was violated in West Africa during the Ebola pandemic of 2014 (Schiel et al. 2020). Human-to-human transmission of the Ebola virus occurred through direct contact with bodily surfaces and fluids (UNICEF, 2014 as cited in Schiel et al. 2020). This made access to clean water a fundamental issue for good hygiene, and thus for fighting the virus (UNICEF, 2014 as cited in Schiel et al. 2020). However, states like Liberia, Sierra Leon, and Guinea were placed among the states with the lowest 25% of access to basic water globally, leading to an increase in the spread of the virus (Schiel et al. 2020). Another human rights violation took place under the 2009 H1N1 pandemic, in which some states placed travel restrictions, despite of the World Health Organization's assurance that such measures were not necessary for responding to the pandemic (Dybser et al. 2019, p. 5). Thus, people's right to movement was violated.

After reviewing the literature on how human rights were being dealt with under previous pandemics, the paper has found a gap in tackling women's rights violations in specific. The US is one of the states where women's social rights, specifically their right to being protected from domestic violence and to access necessary reproductive health services, were violated under the coronavirus pandemic. Thus, the paper chooses to focus on women's rights violations in the US, as a means of highlighting the importance of guaranteeing their rights as a social group under the pandemic. Also, the case of the US in specific is worth investigating, since the state is considered a global hegemonic power. In fact, it is important to highlight that even hegemonic states have internal major problems, such as violating human rights, that should be addressed.

Women's Social Rights in the US

The coronavirus pandemic has resulted in violations of women's social rights in the US. This is in fact the case since guaranteeing women's rights in specific is not considered an immediate concern for the state under the pandemic, compared to the issue of protecting the population from being infected by the virus (Malik & Naeem, 2020, p. 3). In other words, states under pandemics prioritize the prevention of primary impacts, which are health rights violations, over secondary impacts, such as women's rights

violations. In fact, states overlook the significance of discussing the secondary impacts of the pandemics in the policy-making process (Malik & Naeem, 2020, p. 3).

The severity of women's rights violations under the pandemic is illustrated in the statement of Kristina Lunz, the co-founder of the Centre for Feminist Foreign Policy, "The pandemic is worsening problems women are facing even before it started. Crises like these exacerbate already existing structural inequalities in society. When it comes to women's rights, women's health, and women's economic status, this is what exactly we are seeing now" (Kottasova, 2020). The statement, indeed, highlights the importance that states should accord to women's rights under the pandemic, highlighting their responsibility to prevent them from being violated. In the US, women's social rights that are violated by the government are their right to be protected from violence and to have access to necessary health services.

Firstly, women's right to be protected from violence is violated in the US by the state's inaction towards the increase of domestic violence. According to the Council of Europe (2020), the measures of stay-at-home have led to an increase in the levels of domestic violence. This is because women who live with controlling, violent men have been forced to stay locked at home with those men, increasing their possibility of being exposed to violence (Linde et al. 2020). Also, the stress caused by the pandemic has exacerbated underlying norms, which has led to gender-based violence (United Nations Office for the Coordination of Humanitarian Affairs, 2020). According to Kingkade (2020), domestic violence reports in the US have increased under the pandemic, in which 18 departments of law enforcement agencies assured that there has been a rise in domestic violence during March, 2020. For instance, it has been reported that Houston police in the US has received 300 more domestic violence calls in March than in February, which constitutes a 20% increase in domestic violence cases (Kingkade, 2020).

In fact, since the US remains in a state of inaction with regards to domestic violence, it violates Article 4 of the Declaration on the Elimination of Violence Against Women, which reads, "States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should: Promote research, collect data and compile statistics, especially concerning domestic violence, relating to the prevalence of different forms of violence against women and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women." (OHCHR, 2020).

Secondly, women's right to access necessary health services has also been violated in the US during the pandemic. In fact, US state officials have limited elective abortions in medical procedures (Smith-Spark, 2020). Also, the Trump administration has restricted women's fundamental reproductive

rights, while health experts have warned that women's well-being is critical for long-term recovery from the coronavirus (Phadke & Schmitt, 2020). The administration has officially cut the funding needed for essential reproductive health services, including family-planning, and opposed the resolutions that stressed on the importance of breastfeeding (Phadke & Schmitt, 2020). According to Kottasoya (2020), such actions can have detrimental implications on the US, as seen in the states hit by the previous Ebola pandemic. Those states have experienced an increase in stillbirth deaths, which took place as a result of the inability of women to access appropriate health services (Kottasoya, 2020).

According to some United Nations human rights experts, "Everyone, without exception, has the right to life-saving interventions, and this responsibility lies with the government. Everybody has the right to health" (United Nations, n.d.). Thus, the US decision of restricting women's reproductive rights, including their right to have an abortion, is a breach of women's right to health. It is also a violation of Article 12 (1) of the Convention on the Elimination of All Forms of Discrimination against Women, which reads, "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning" (OHCHR, 2020). It is also a violation of Article 12 (2), which reads, "States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation" (OHCHR, 2020).

Recommendations for the US

Two ways through which the US can prevent the violation of women's social rights under the coronavirus pandemic are consulting American women's groups, and adjusting its policy-orientation from individualist-oriented to protectionist-oriented. Firstly, consulting women's groups would benefit the US in terms of helping it find ideas of integrating women's needs in the policy responses to the pandemic. Consultation would in fact be effective because women's groups would have local understandings of women's needs, and thus would help the US construct gender-sensitive policies that are relevant to women's experiences under the pandemic. In other words, women's groups would provide the state with policy ideas for addressing women's problems, where state efforts were either lacking or insufficient (Jonsson & Jonsson, 2012, p. 1719).

According to Malik and Naeem (2020, p. 18), large-scale consultation with women's groups in different states need to be initiated during the pandemic, as it is an effective tool of combating the implications of women's rights violations. Beardmore (2020) adds that the significance of consulting civil society groups during emergencies like pandemics is manifested in the fact that they understand

policy implications on citizens, especially the most vulnerable. Thus, consulting those groups would ensure that further state policies would be targeted at the vulnerable groups in society and would be sustained in the recovery phase (Beardmore, 2020). Also, they would help the state in prioritizing its policy interventions that can guarantee the greatest benefit possible (Beardmore, 2020).

In addition, David (2001, p. 123 as cited in Rieker & Sabi, 2017, p. 59) argues that civil society groups have an important advocacy role in societies, which is a strategy used to help policy-makers in two different ways. First, it improves existing policies by paving the way for challenging the policies that limit the opportunities for the vulnerable groups (David, 2001, p. 123 as cited in Rieker & Sabi, 2017, p. 59). Second, it helps in providing advices on the suitable actions that should be adopted by the states during emergencies (David, 2001, p. 123 as cited in Rieker & Sabi, 2017, p. 59).

This strategy has a possibility of succeeding based on past state experiences with previous pandemics. For instance, during the HIV pandemic in North America, advocacy and support groups in societies were formed as an attempt to call for the governments' responsibility to fund research, provide communication and prevention materials, and explore the potential of experimental treatment for HIV (Enoch & Piot, 2017, p. 117). The governments responded to these demands and started taking further actions on that basis (Enoch & Piot, 2017, p. 117). Thus, the advocacy role of civil society groups would be needed during the coronavirus pandemic for addressing women's needs in the US.

Secondly, the US should start transforming its policy-orientation from individualist-oriented to protectionist-oriented, as a means of intervening for the protection of women during the coronavirus pandemic. In fact, the US government has always averted taking charge of social problems in the American society for its strong allegiance to "individualism" (Andre & Velasquez, 1851). This concept revolves around the idea that a good society would be constructed when individuals are left free to independently pursue their own private satisfactions (Andre & Velasquez, 1851). It thus emphasizes on the importance of self-fulfilment, which makes the state promote individual achievement that is free from state intervention (Andre & Velasquez, 1851). However, under the condition of the pandemic, the US should start adopting protectionist-oriented policies, as emergencies hinder individuals from having the ability to be self-fulfilled, as in the case of women.

The US can in fact pursue protectionist policies for preventing domestic violence, such as those that have been pursued by some states under the coronavirus pandemic. For instance, it can fund shelters along with other accommodation options, as a means of spending over additional safe housings for women who need them during the quarantine (Guedes et al. 2020). Canada is one of the states that has promoted this action, in which it provided sexual assault centres and women's shelters with 50 million dollars (Guedes et al. 2020). The coordination between the government and the civil society facilitated the distribution of the budget, as 4 million dollars were provided to the Canadian Women's Foundation

and 10 million dollars were provided to 46 emergency shelters of the Indigenous Services Canada's network (Guedes et al. 2020). In addition, France funded anti-abuse organizations, including 20,000 hotel nights for wives who escape their abusive husbands (Guedes et al. 2020). Thus, the US should start adopting similar protectionist policies in terms of increasing its gender responsive-budgeting for saving domestic violence victims.

With regards to women's reproductive rights, the US should start considering the advices of health experts and increase its budgeting in the health sector to guarantee women's access to necessary health services (Malik & Naeem, 2020, p. 18). The state should also increase its cells of research and development in its Health Ministry to ensure working on preparedness and prevention of pandemic, even during normal conditions (Malik & Naeem, 2020, p. 18). Additionally, the state should start investing in paramedical care, along with building its health system capacity by training health workers to lessen the shocks caused by pandemics (Malik & Naeem, 2020, p. 18). In fact, the US should adopt a gender-based budgeting in terms of increasing its spending on future public health emergencies that can take into account women's needs.

Conclusion

In conclusion, women's social rights are violated in the US under the coronavirus pandemic, as a result of the state's inaction towards the issue of domestic violence and its negligence of women's access to reproductive health services. This breaches human rights conventions, which ensure that states have the responsibility to protect women from domestic violence and to provide them with access to reproductive health services. Therefore, the US should start consulting women's groups for constructing more representative policies of women's needs, and should also adopt protectionist-oriented instead of individualist-oriented policies. By studying the status of women as a vulnerable social group in the US under the coronavirus pandemic, the paper has provided an overview of the government's violations of women's social rights and provided recommendations on how to improve the situation. However, the paper did not tackle the long-term impact of these violations on the US; therefore, the paper recommends a future research to be conducted on the expected impact of the US' violations of human rights on its hegemonic position in the international system after the coronavirus pandemic.

Bibliography

- Andre, C. & Velasquez, M. (1851). *Creating the Good Society*. Retrieved from <https://www.scu.edu/mcae/publications/iie/v5n1/homepage.html>
- Beardmore, S. (2020). *Civil Society has a Crucial Role to Play in the Response to the Coronavirus Pandemic*. Retrieved from <https://www.globalpartnership.org/blog/civil-society-has-crucial-role-play-response-coronavirus-pandemic>
- Council of Europe. (2020). *Women's Rights and the COVID-19 Pandemic*. Retrieved from <https://www.coe.int/en/web/genderequality/women-s-rights-and-covid-19>
- Debysen et al. (2019). Insight in HIV Integration Site Selection Provides a Block-and-Lock Strategy for a Functional Cure of HIV Infection. *Viruses*, 11 (1), 1-12. Retrieved from BUE search in all.
- Enoch, J. & Piot, P. (2017). Human Rights in the Fourth Decade of the HIV/AIDS Response: An Inspiring Legacy and Urgent Imperative. *Health and Human Rights Journal*, 19 (2), 117-121. Retrieved from BUE search in all.
- Guedes et al. (2020). *Five Ways Governments are Responding to Violence against Women and Children during COVID-19*. Retrieved from <https://blogs.unicef.org/evidence-for-action/five-ways-governments-are-responding-to-violence-against-women-and-children-during-covid-19/>
- Jonsson, C. & Jonsson, K. (2012). Global and Local Health Governance: Civil society, human rights and HIV/AIDS. *Third World Quarterly*, 33 (9), 1719-1734. <http://dx.doi.org/10.1080/01436597.2012.721261>
- Kingkade, T. (2020). *Police See Rise in Domestic Violence Calls Amid Coronavirus Lockdown*. Retrieved from <https://www.nbcnews.com/news/us-news/police-see-rise-domestic-violence-calls-amid-coronavirus-lockdown-n1176151>
- Kottasova, I. (2020). *Coronavirus is Killing More Men. But the Lockdown is Disastrous for Women and their Rights*. Retrieved from <https://edition.cnn.com/2020/05/24/world/women-rights-coronavirus-intl/index.html>
- Linde et al. *What the COVID-19 Pandemic Tells Us About Gender Equality*. Retrieved from <https://www.weforum.org/agenda/2020/05/what-the-covid-19-pandemic-tells-us-about-gender-equality/>
- Malik, S. & Naeem, K. (2020). Impact of COVID-19 Pandemic on Women Health, livelihoods & domestic violence. *Sustainable Development Policy Institute*, 1 (1), 1-11. Retrieved from Jstor.
- OHCHR. (2020). *Declaration on the Elimination of Violence against Women*. Retrieved from <https://www.ohchr.org/en/professionalinterest/pages/violenceagainstwomen.aspx>
- Phadke, S. & Schmitt, A. (2020). *Protecting and Promoting Women's Rights Is Key to Defeating the Coronavirus at Home and Abroad*. Retrieved from <https://www.americanprogress.org/issues/women/news/2020/05/29/485606/protecting-promoting-womens-rights-key-defeating-coronavirus-home-abroad/>
- Rieker, M. & Sabi, S. (2017). The Role of Civil Society in Health Policy Making in South Africa: A Review of the Strategies Adopted by the Treatment Action Campaign. *African Journal of AIDS Research*, 16 (1), 57-64. Retrieved from BUE search in all.
- Schiel et al. (2020). *The Human Right to Water in a Global Pandemic*. Retrieved from <https://blogs.lse.ac.uk/humanrights/2020/04/16/the-human-right-to-water-in-a-global-pandemic/>

Smith-Spark, L. (2020). *Abortion Access Thrown Into Jeopardy By Coronavirus Pandemic*. Retrieved from <https://edition.cnn.com/2020/03/27/health/coronavirus-abortion-access-intl/index.html>

United Nations. (n.d.). *Protecting Human Rights Amid COVID-19 Crisis*. Retrieved from <https://www.un.org/en/un-coronavirus-communications-team/protecting-human-rights-amid-covid-19-crisis>

United Nations Office for the Coordination of Humanitarian Affairs. (2020). *COVID-19 and Women's Economic Empowerment*. Retrieved from <https://reliefweb.int/report/world/covid-19-and-women-s-economic-empowerment>

Abuse by the Six Countries of the Gulf Cooperation Council regarding the Rights of Migrant Workers during the Global Coronavirus Pandemic

Hend Mohamed

Introduction

The recent spread of the Coronavirus has resulted in a global pandemic. It has taken a devastating cost on communities across the world. Governmental reactions, at both local and national levels, have swung between panic, indulgence and indolence. While public healthcare has to be the priority for everyone, in the case of the Gulf, such reactions are “sounding alarm bells.”

On March 16, 2020, the Office of the United Nations’ High Commissioner announced that the Gulf states should respond to “the COVID-19 pandemic responsibly,” [but also] voiced “concerns regarding the possible human rights violations within measures being undertaken to slow the spread of this virus” (Vardi, 2020). One of the most devastating violations to human rights during the pandemic concerns the “right to adequate standards of living.” This right is based on the principle of dignity which emphasizes the importance of the quality of individual life, protection from discrimination, the provision of equal legal rights, and equal access to public services, such as healthcare, food, water, and social protection.

This paper focuses on the Gulf Cooperation Council (GCC) countries violations of international human rights during the global pandemic. The paper argues that GCC countries have regularly violated adequate standards of living among migrant workers. During the pandemic, migrant workers have witnessed discrimination, and suffered from poor access to public services. In many cases, they have not been provided with healthcare services, paid salaries, food, housing, and jails conditions under the prevention measures. The root cause of this violation is the long history of “systematic abuse and exploitation of the migrant workers under the Kafala (sponsorship) system that is rooted in the Gulf’s political culture and may be traced to [indigenous] Bedouin customs.”

In describing the nature of the violations, this paper relies on the following international conventions of human rights: the Universal Declaration of Human Rights; the International Convention on the Protection of Human Rights of all Migrant Workers and Members of their Families; and the International Covenant on Economic, Social and Culture Rights.

The paper’s first section presents the conceptual framework of the right to adequate standard of living and its aspect. The second section analyzes violations of the right to an adequate standard of

living for migrant workers in the six countries of GCC during the global pandemic. The third section presents a series of recommendations to remedy these violations and a conclusion.

The Conceptual Framework

The right to the adequate standards of living is based on the concept of “Dignity” (Wicks, 2012). This term encompasses certain broad aspects while assuming a decent quality of life (Ohchr, 2016).

According to the Oxford Dictionary, dignity refers to “[t]he state or quality of being [that is] worthy of honor or respect” (Kotzmann & Seery, 2017). The following three observations regarding the nature of dignity can immediately be made. First, dignity refers to two important consequences in human life: an extension to measures that is essential for the continuation of life with some basic, social and economic needs; and the recognition that human life needs a minimal basic level for protection (Le Moli, 2019).

Second, the state of living is a tangible term that can be measured by employment opportunities, income, paid vacation days, Incidence of disease, safety also included.

Third, a dignified state of living has an intangible quality. It often refers to conditions in the workplace, in education, and/or healthcare. The United Nations' Universal Declaration of Human Rights, adopted in 1948, introduced a list of factors which enable the evaluation of quality of life. These include: freedom from discrimination; freedom of residence within one's home country; right to fair pay; and equal pay for equal work (World Health Organization, 2020).

When grouped together, the above range of concepts and standards guarantee an adequate (and dignified) standard of living. According to the Icelandic Human Rights Centre, every person must be provided with adequate food and nutrition, clothing, housing and care. Article 25 in UDHR similarly states that, to enjoy dignity, all individuals should be guaranteed these basic needs (Icelandic Human Rights Centre, 2014).⁷ It can be concluded that any violation of the right to adequate standards of living can be extended to the violation of other rights, such as the right to be free from discrimination, to be healthy, and the right of migrant workers to live dignified lives.

⁷ According to the Universal Declaration of Human Rights (UDHR) Article 25: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” This article is accessed here: <http://www.humanrights.is/en/human-rights-education-project/human-rights-concepts-ideas-and-fora/substantive-human-rights/the-right-to-an-adequate-standard-of-living>

Violations of the Right to an Adequate Standard of Living

Generally, in the Gulf countries, the reason for the violation of human rights may be traced to a long history of monarchical authoritarianism. To be specific, this reason is the Bedouin Kafala (sponsorship) system. According to Human Rights Watch, this system is “a custom, not a code. It is from the culture of the people” (Human Rights Watch, 2010). One scholar, Beague, states that the Kafala system results from the Bedouin custom of “temporarily granting strangers protection and even affiliation into the tribe for specific purposes” (Heeg, N.D.).

To clarify the relationship between Bedouin culture and the Kafala system, Jennifer Heeg (N.D.) explains that, in Bedouin culture, it is customary to take in strangers, provide food to them and their animals, and allow them to stay as long as necessary (Heeg, N.D.). According to this approach, “the tribe absorbs and extends protection to the visitor.” The same thinking, in theory, applies under the Kafala system. Here, migrant workers become the sponsor's responsibility; they should enjoy the protection of the tribe which cares for their basic needs. Some Gulf government officials justify the Kafala system by referring to this connection to Bedouin traditions and customs (Asia Pacific Mission for Migrants, 2014).

In practice, the Kafala system has led to the systematic abuse and exploitation of the migrant workers. Such abuses predate the pandemic. This system developed in the 1950's to regulate relationships between migrant workers and employers in many West Asian countries. It continues to serve as the routine practice for the Gulf Cooperation Council (GCC) countries. The objective of the Kafala system is to provide a cheap workforce: “temporary, rotating labour that can be rapidly brought into the country in economic boom and expelled during less affluent periods” (Ruhs, 2012).

Under the Kafala system, a migrant worker's immigration status is legally guaranteed by their native employer or sponsor (*kafeel*) during the contract period. The migrant worker is not permitted to enter the country, transfer employment or leave the country for any reason without the explicit written permission from the *kafeel*; and the worker remains tied to his *kafeel* throughout his stay. Also, the *kafeel* can exercise control over the migrant worker by “confiscating his passport and travel documents, despite legislation in some destination countries that declares this practice illegal.”

In practice, the migrant worker often becomes completely dependent on his sponsor for his/her residency and livelihood. Indeed, this power of the sponsor over the migrant worker may be viewed as a contemporary form of slavery, with the sponsor meeting “their labour needs in the context of immense control and unchecked leverage over workers creating an environment ripe for human rights violations and erosion of labour standards” (Migrant Forum in Asia Secretariat). In 2020, the violation of the migrant workers' rights and dignity worsened with the arrival of the global pandemic and the resulting

economic crisis. This crisis pushed some countries to exclude certain populations from the costly protection against the virus.

As mentioned above, the objective of the Kafala system is to provide a cheap workforce which is “more likely to be lower-skilled and at the risk of abusive and fraudulent practices” (International Labour Organization). Accordingly, during COVID-19, cheap migrant workforces have faced greater risks in a variety of ways (Amnesty International, 2020). The global pandemic has driven the Gulf region governments to take measures. According to the Gulf Centre of the Human Rights (GCHR), some of these measures explicitly impact human rights by targeting the most vulnerable individuals – first and foremost, low-skilled migrant workers.

There have been extensive violations of the international human right to an adequate standard of living among migrant workers in the Gulf. For instance, The Universal Declaration of Human Rights (UDHR) in Articles 4, 20, 23, 24 and 25⁸ are intended to protect people who live in substandard conditions. GCHR has received reports from Gulf states noting that migrant workers face the severest form of discrimination under the global pandemic as regards public services, work conditions, medical care, food, housing and prevention measures.

In comparison with Gulf citizens, many migrant workers already live and work in conditions that are far below acceptable standards of living (Ibrahim, 2020). The King of Saudi Arabia declared that he would provide suitable treatment for all people who have become infected with Covid-19, including foreigners. However, “a \$2.4 billion aid package” which should cover private sector workers’ salaries was delivered only to Saudi citizens (Hubbard, 2020). A Filipino restaurant worker in the same country said that “I was told with 16 of my colleagues to stop working and that no work meant no pay.” These individuals did not receive their paid final salary, and “food allowances” were not provided for them as promised. At the time of the interview, matters were growing difficult. The man continued “our

⁸ "No one shall be held in slavery or servitude.... Everyone has the right to freedom of peaceful assembly and association.... Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment. Everyone, without any discrimination, has the right to equal pay for equal work. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection. Everyone has the right to form and to join trade unions for the protection of his interests. Everyone has the right to rest and leisure, including reasonable limitation of working hours.... Everyone has the right to a standard of living adequate for the health and well-being of himself and his family ... and the right to security in the event of unemployment, sickness, disability ... or other lack of livelihood"

-The Universal Declaration of Human Rights, Articles 4, 20, 23, 24, and 25 may be accessed here: <https://pdhre.org/rights/work.html>

supplies are running out fast.... we have started to eat less, to save what we are left with” (Hubbard, 2020). Such conditions explicitly violate Article 23 of the UDHR⁹.

In the Gulf states, healthcare services, housing, and food providers have been impacted by the lockdown. Under prevention measures, the governments of the Gulf have imposed “strict stay-at-home orders” and closed businesses. On the other hand, the “migrant-heavy sectors,” such as oil, gas and construction have continued to operate. Naturally, migrant workers in these sectors have been more exposed to the virus than anyone else. Stay-at-home orders have ensured that the government has provided its citizens with food and healthcare services (including the COVID-19 test because people could not leave the house). By contrast, as they are not citizens, migrant workers have not been provided with the same services. In Saudi Arabia, for instance, Mohamed al-Sayid, an Egyptian restaurant worker, was locked in a room with seven friends after they lost their jobs. He complained that no one had checked in with, or even tested, them for the virus: “I am not afraid of corona. I’m afraid we’ll die from hunger!” (Hubbard, 2020). Again, such negligence clearly violates the right to food (General Comment 12) in Article 11 of the Right to an Adequate Standard of Living in ICESCR.¹⁰

Across the Gulf countries, prevention measures have led to dangerous conditions in housing and jails, as well as poor healthcare services. In Qatar, migrant workers are placed in camps in which 10 men share the same room – “a fertile environment for contagion.” A Kenyan oil worker remarked that he was going to his workplace in a crowded bus with 60 workers. He shared a room with three others, “in a ward with only six bathrooms for 450 men.” This particular situation violates the right to adequate housing (General Comments 4 and 7) in Article 11 mentioned above. The oil worker’s company provides food in a crowded dining hall: “it is not in any way social distancing...it is only God who is protecting people.”

Some Gulf countries, like the UAE, Kuwait, and Bahrain, have provided migrant workers amnesties and extended visa deadlines to avoid causing them legal problems during the pandemic. Nevertheless, hundreds of migrant workers have been stranded in the Gulf due to the blocking of air

⁹ Article 23 in the universal declaration of human right: Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment. 2. Everyone, without any discrimination, has the right to equal pay for equal work. 3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection. <https://www.un.org/en/universal-declaration-human-rights/index.html>

¹⁰ Under Article 11 in the international Convention of Economic, Social and Cultural Rights, everyone has the right to “an adequate standard of living for himself and his family.” The Committee on Economic, Social and Cultural Rights has issued several General Comments explaining the components of this right including the right to adequate housing (General Comments 4 and 7) in Article 11 of ICESCR, the right to food (General Comment 12), the right to water (General Comment 15) as well as the right to social security (General Comment 19). <http://www.humanrights.is/en/human-rights-education-project/human-rights-concepts-ideas-and-fora/substantive-human-rights/the-right-to-an-adequate-standard-of-living>

flights; many have then been sent to jail as they have remained beyond the date of their visas: “The jail was full of people.... All the people were fed in a group, with food lying on plastic on the floor. Some were not able to snatch the food because of the crowd.” This is how one Nepali man described the period he spent in detention after Qatari police had arbitrarily arrested him. Amnesty International reports that, in Doha, Qatari police told the migrant workers that they would be taken to do the COVID-19 test and then returned to their accommodation. “Instead, they were crammed on to buses and taken to a crowded detention facility where many were held for days.” These facilities are described by Amnesty International as overcrowded and lacking in adequate sanitation and fresh water (Amnesty International, 2020). Again, this situation violates the right to food (General Comment 12) in Articles 11 and Article 25 of the UDHR mentioned above.

Discrimination against migrant workers in the Gulf has not been limited to the restriction of public services. It also includes racist comments and “hate speeches.” Indeed, the Coronavirus has triggered xenophobic sentiments from “popular voices and the officials in government itself.” For instance, in Kuwait, migrant workers have been “demonised” by political experts and government officials, such as the MP Safaa Al-Hashem. When speaking to al-Rai, al-Hashem requested restrictions on all places in which migrant workers reside, and asked for the deportation of migrants “to purify the country from illegal workers.” Such speeches not only lead to “discriminatory policy making” but can result in “xenophobic public attitudes.” The famous Kuwaiti actor Hayat Al-Fahad complained that we “are fed up. If we get sick, there are no hospitals ([or Kuwaitis]... we should send them out [migrants]... put them in the desert” (Migrant Rights Organization, 2020) – a violation of Article 2 in the UDHR¹¹.

These actions and attitudes to migrant workers have resulted in the serious spread of illness. In Bahrain, the number of migrant workers who tested positive in a "quarantined labour camp belonging to Almoayyed Contracting Group" rose from two to 66 cases (Migrant Rights Organization, 2020). In addition, in Saudi Arabia, there are indicators showing that Corona has hit the migrant workers with force: "Saudi Arabia's Health Ministry said, on April 5, 2020, that more than half of its cases of Covid-19... were [among] foreigners" (Hubbard, 2020).

Recommendations

Having identified many violations of the human rights of migrant workers in Gulf countries during the pandemic, this paper offers key preventative recommendations. First, the governments of the Gulf

¹¹ In article 2 in UDHR “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.” http://www.claiminghumanrights.org/universal_declaration.html

should transfer migrant workers to the new facilities. Here they would benefit from social distancing and suitable hygiene standards to protect against infection. The same measures should be taken in detention centres too.

Second, these governments should make sure that migrant workers are regularly tested for COVID-19, provided with healthcare services in jails and other facilities, and given water, food and adequate sanitation when they are self-isolating.

Third, both governments and employers in the Gulf should make sure that migrant workers are “paid on time and in full” and granted access to the “full range of social protection, including sick pay, financial support and affordable health care” without discrimination.

Fourth, governments should give amnesties and extend visas for migrants who find themselves unable to travel and/or suffering restrictions imposed during this pandemic.

Fifth, in addition to the role of the Gulf States, the embassies of the migrants’ own countries should cooperate with Gulf governments to support their nationals thereby ensuring their right to health and an adequate standard of living (Amnesty International, 2020).

Conclusion

In conclusion, the GCC countries have a long history of discrimination towards migrant workers because of the Kafala system that is rooted in traditional culture. As a result, low-skilled migrant workers have suffered human rights violations during the global pandemic, with the limited economic resources of the Gulf countries required to provide protection for all.

Many reports have been introduced to show how the six Gulf states have failed to respect the right to adequate standards of living among migrant workers. Indeed, millions of these workers have found themselves trapped, during lock-down, with no place realistically to turn for help. They have been expected to remain in cramped, unsanitary facilities, deprived of fairly paid salaries to buy food and resources. Too often, these workers have been unable to return to their countries of origin because of travel restrictions. When detained, they have been kept in dangerously unsanitary jails.

Many migrant workers have witnessed racism in the political discourse of the government officials and suffered through xenophobic public attitudes. They have been treated as an expendable underclass that does not belong in the same community as the local Gulf residents. These realities have negatively impacted the migrants’ lives in multiple ways. The policies here recommended would go some way towards restoring these workers’ sense of dignity.

Bibliography

- Amnesty International. (2020). COVID-19 makes Gulf countries' abuse of migrant workers impossible to ignore. Retrieved from <https://www.amnesty.org/en/latest/campaigns/2020/04/covid19-makes-gulf-countries-abuse-of-migrant-workers-impossible-to-ignore/>
- Asia Pacific Mission for Migrants. (2014). The Kafala: Impact and Relation to Migrant Labor Bondage in GCC Countries. Retrieved from <https://www.apmigrants.org/articles/publications/Featured%20Researches/Kafala%20Research%202014-FINAL.pdf>
- Claiming Human Rights. (2010). *The Universal Declaration of Human Rights*. Retrieved from http://www.claiminghumanrights.org/universal_declaration.html
- Heeg, Jennifer. N.D. "Gender, international human trafficking norms and Gulf migration" Retrieved on 20 October 2013 from http://citation.allacademic.com/meta/p_mla_apa_research_citation/5/0/2/9/0/pages502906/p502906-1.php
- Hubbard, B. (2020). Coronavirus Fears Terrify and Impoverish Migrants in the Persian Gulf. *The New York Times*. Retrieved from <https://www.nytimes.com/2020/04/13/world/middleeast/persian-gulf-migrants-coronavirus.html>
- Human Rights Watch. 2010. Walls at every turn: Abuse of Migrant Domestic workers through Kuwait's Sponsorship System. New York.
- Ibrahim, K. (2020). Impact of COVID-19 containment measures on human rights and civil liberties in the Middle East. Retrieved from <https://globalvoices.org/2020/04/08/impact-of-covid-19-containment-measures-on-human-rights-and-civil-liberties-in-the-middle-east/>
- Icelandic Human Rights Centre. (2014). the Right to an Adequate Standard of Living. Retrieved from <http://www.humanrights.is/en/human-rights-education-project/human-rights-concepts-ideas-and-fora/substantive-human-rights/the-right-to-an-adequate-standard-of-living>
- International Labour Organization. Labour Migration in the Arab States. Retrieved from https://www.ilo.org/beirut/areasofwork/labour-migration/WCMS_514910/lang--en/index.htm
- Kotzmann, J & Seery, C. (2017). Dignity in International Human Rights Law: Potential Applicability in Relation to International Recognition of Animal Rights. *Michigan State International Law Review*. Vol. 26.1. Retrieved from <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20851>
- Le Moli, G. (2019). The Principle of Human Dignity in International Law. 10.1163/9789004390935_021. Retrieved from https://www.researchgate.net/publication/333343939_The_Principle_of_Human_Dignity_in_International_Law
- Migrants Human Right Organization. (2020). The COVID-19 crisis is fuelling more racist discourse towards migrant workers in the Gulf. Retrieved from <https://www.migrant-rights.org/2020/04/the-covid-19-crisis-is-fueling-more-racist-discourse-towards-migrant-workers-in-the-gulf/>
- Migrant Forum in Asia Secretariat. Policy Brief No. 2: Reform of the Kafala (Sponsorship) System. Retrieved from www.ilo.org
- Ruhs, Martin. 2012, March 27. "Can't change one without the other': reforming labour immigration and labour markets in the Gulf." Blog post on The Compass Blog. School of Anthropology, University of Oxford. Retrieved on 20 October 2013 from <http://compasoxfordblog.co.uk>

United Nations Human Rights Office Of The High Commissioner. (2016). Statement to the General Assembly, presenting the report on "Right to life & right to housing: interconnected and indivisible". Retrieved from <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20851>

Vardi, S. (2020). *Are governments violating human rights and civil liberties in coronavirus response?* Retrieved from <https://www.afsc.org/blogs/news-and-commentary/are-governments-violating-human-rights-and-civil-liberties-coronavirus>

Wicks, E. (2012). The Meaning of 'Life': Dignity and the Right to Life in International Human Rights Treaties. *Human Rights Law Review*. 12. 199-219. 10.1093/hrlr/ngs002. Retrieved from https://www.researchgate.net/publication/270782764_The_Meaning_of_'Life'_Dignity_and_the_Right_to_Life_in_International_Human_Rights_Treaties

Part III

**Xenophobia, Systemic Racism and Racial Disparities during COVID-19 in
USA**

Same World, different levels of Suffering: The story of Covid-19 and African Americans in the US

Mouhanad Abusaleem and Sherif Omar

Introduction

“We’re all in this together” has become a rallying cry during the coronavirus pandemic. While it is true that Covid-19 affects everyone in some way, the magnitude and nature of the impact takes various forms. Additionally, evidence to date suggests that black workers face much more economic and health insecurity from Covid-19 than the majority of workers. Furthermore, one can see through the observing both reality and the literature that the disparate racial impact of the virus is deeply rooted in historic and ongoing social and economic injustices. Persistent racial disparities in health status, access to health care, wealth, employment, wages, housing, income, and poverty all contribute to greater susceptibility to the virus—both economically and physically. Even though black communities share many of the experiences that make them more vulnerable, there are also important differences between these communities that need to be understood in order to effectively combat the adverse economic and health effects of the virus.

The purpose of this paper is to investigate and shed the light on the severe conditions that African Americans of the United States are facing due to the Covid-19 pandemic. Furthermore, the paper also focuses on the factors that made the pandemic even more intense to this group, by emphasising on the disparities from within the US society (Mar & Ong, 2020). Thus, this paper argues that the African Americans in the United States are more threatened by getting infected by Covid-19, and the inability to afford its medication than the majority of society, due to the lack of equality in providing public health services along with the inequality in the employment of this group. The paper focuses on African Americans as a case study because they are the group that suffered the most from the pandemic. Moreover, the paper focuses on two main aspects to measure the impact of the pandemic on African Americans. These two aspects are economic and health ones. The body is divided into two main sections. Section (1) discusses the economic effects. Section (2) discusses the access to healthcare and the environmental conditions.

1. Economic effects

There are three main groups of workers in the Covid-19 economy: those who have lost their jobs and face economic insecurity, those who are classified as essential workers and face health insecurity as a result, and those who are able to continue working from the safety of their homes. Furthermore, black

workers are less likely to be found in the last group. They have suffered record numbers of job losses over two months from March 2020 to May 2020, along with the ensuing related economic devastation. They also are disproportionately found among the essential workers in the economy today, continuing to go to their workplaces, risking their health and that of their families because they are unable to sustain adequate social distance from their co-workers and customers.

1.1. Spiking unemployment rates:

The labour market has continued to deteriorate, as evidenced by massive numbers of unemployment insurance claims through the middle of May (Shierholz, 2020). As of May 16, nearly one in four workers have applied for unemployment insurance benefits, either in the regular program or through the new Pandemic Unemployment Assistance program since stay-at-home orders first went into effect. Furthermore, in the first month of job losses, for every 100 workers who were able to file for UI, 37 additional workers tried to apply but could not get through the system to make a claim (Zipperer & Gould 2020). While many of those who initially couldn't get through have likely been able to in subsequent weeks, it is also likely that would-be applicants face ongoing challenges and that the reported number of applicants understates the magnitude of the problem.

According to the latest national data available to assess the impact of job losses for black and Caucasian workers separately is the Current Population Survey for April 2020. The labour market started deteriorating in March but fell off a cliff in April. While the losses have certainly continued, the April data gives us a first look at how black and Caucasian workers are faring.

In the first quarter of 2020, African American workers had the highest unemployment rate nationally, at 6.3%, following by Hispanic workers (at 4.8%), white workers (at 3.1%), and Asian workers (at 2.9%). The African American unemployment rate was at or below its pre-recession level in 17 states (these data are available for 21 states and for the District of Columbia). However, in 15 states and in the District of Columbia, African American unemployment rates exceed white unemployment rates by a ratio of 2.0-to-1 or higher. The District of Columbia had a Black–white unemployment rate ratio of 5.6-to-1, while Tennessee had the highest ratio among states (3.0-to-1) and Alabama had the lowest ratio (1.2-to-1). The highest African American unemployment rate was in the District of Columbia (11.3%), followed by Pennsylvania (10.2%), Louisiana (10.0%), and Mississippi (9.1%). The highest Hispanic state unemployment rate was in Pennsylvania (8.3%), followed by Washington (6.8%), and North Carolina (6.6%). Meanwhile, the highest white state unemployment rate was 5.0%, in West Virginia. (Cyrus et al., 2020).

1.2. Falling employment-to-population ratios:

The unemployment rate is a commonly used measure of labour market slack. One limitation, however, is that it relies on would-be workers to either be on temporary layoff or have looked for work in the last four weeks to be counted as unemployed. In this economy, with the health requirements to stay home and with sectors being completely decimated, it is likely that many would-be workers are not actively looking for work and therefore would not be counted in the official unemployment rate. For this reason, policymakers should look to other measures to determine when to turn on and off policy triggers to support workers and the economy (Noppert, 2020). One such measure is the employment-to-population ratio (EPOP), or the share of the population with a job.

Due to Covid-19, lower household incomes and higher poverty rates significant gaps in both employment opportunities and wage levels translate into lower incomes and higher poverty rates in the pre-pandemic economy. In 2018, median household income for white households was 70% higher than for black households (\$70,642 vs. \$41,692). On top of decades of preferential wealth accumulation for white families versus black families (Rothstein 2017; Darity et al. 2018), lower incomes are one of the reasons that black families haven't been able to build up savings to weather storms such as the one that the US finds itself in today. At the bottom of the income distribution, the black poverty rate is two-and-a-half times the white poverty rate. One in five black people in the US live below the poverty line—that's below about \$26,000 annual income for a family of four. Job loss for those living at such low incomes is absolutely shattering

Employment losses were stark across racial lines between February and April. Black workers saw slightly greater losses in employment than Caucasian workers (10.6 vs. 9.5 percentage-point losses). This translates into an employment loss of 17.8% among black workers and 15.5% among Caucasian workers. More than one in six black workers lost their jobs between February and April. As of April, less than half of the adult black population was employed. While the economic devastation is widespread, as we show in this report, black workers are less able to weather such a storm because they have fewer earners in their families, lower incomes, and lower liquid wealth than Caucasian workers.

As with the unemployment rates, women suffered greater job losses than men. Black women experienced a drop in their EPOP of 11.0 percentage points. Put another way, 18.8% of black women workers lost their jobs between February and April. At 45.5%, Caucasian women haven't seen such a low share of the population with a job since the late 1970s, when Caucasian women were still increasing their participation in the labour market in general.

2. Threat Analysis on the Exclusion from Healthcare and Neglecting Environmental Catastrophes

2.1. The Exclusion from Healthcare:

In addition to the spiking unemployment rates, one may examine how African Americans are also subject to discrimination within the healthcare system. According to Louis-Jean and Aime (2020), it is not surprising that illness and deaths are suspiciously found among black workers and their families, investigating that the number of African Americans who have died from Covid-19 is nearly double the numbers found in the majority of the U.S. population. Additionally, the percentages are even higher in some states such as Wisconsin and Kansas, where the rate of African American deaths is more than four times as high as their share of the population in these states respectively (Meepagala & Romer, 2020). Furthermore, to examine how African American communities are discriminated within the healthcare system, it is needed to understand that a large number of the African American population were subject to pre-pandemic health insecurities that make them more susceptible to the coronavirus. These diseases are shown to be diabetes, hypertension, and asthma, which according to Otu et al. (2020) are all associated with a bigger risk of mortality from the coronavirus.

According to Laurencin & McClinton (2020), this is likely an additional contributing factor to the disparity in chronic illnesses described above, but it also might result in uninsured workers waiting longer to seek care for suspected coronavirus symptoms

Furthermore, according to Ferdinand & Nasser (2020), the greatest racial inequalities that can be examined, exist within hospitals that offer treatment of the coronavirus. Explaining that 43% of hospitals in the US have only accepted Covid-19 cases that are covered by health insurance leaving those who are not covered to either pay for the expensive treatment or to not receive treatment at all. Resulting in a choosing to delay receiving health care until one's condition is critical. This can be linked to scholars Van Dorn et al. (2020), who elaborate that an estimate of 24% of the total African American population are uninsured and do not have access to healthcare. Providing statistics that showed that black workers are 60% more likely to be uninsured than the majority in the US.

The suffering did not stop there where this has resulted in a major issue faced by several African Americans after the Covid-19 outbreak, which is medical debt. Which according to Taylor (2019) has caused 40% of African Americans to use all their savings, and 5% to declare bankruptcy. Rabin et al. (2020), also discussed how medical debt is commonly found within African American communities rather than the majority, explaining that for "blacks to get fairly treated they were to visit 6 times more than the non-Hispanic Caucasians, along with taking more time to recover from any illness because they do not have access to appropriate healthcare that fit their needs".

Due to this exclusion from the healthcare system, Covid-19 has infected the African American population within the US more than that of the majority (Fitzhugh, 2020). Furthermore, as shown in the video clip PBS NewsHour (2020), 16% of the Covid-19 deaths in the city of Chicago are from the African American community. The CEO of a local hospital argued that 96% of the Covid-19 cases within the hospital are African American, elaborating that a high percentage of these cases are supported by Medicaid¹², but still are not eligible to the full healthcare necessary to treat Covid-19. “That showcases the disparity in the funding of healthcare that has happened over decades in the United States” (PBS NewsHour, 2020).

2.2. Neglecting Environmental issues and its effect on African Americans:

In mid-2020 the Centre for Disease Control (CDC) issued a report which contained research conducted on a sample population of African Americans. Within this report it has been found that high numbers of Covid-19 outbreaks are occurring in African American communities. According to Fitzhugh et al. (2020), this sample indicated that areas that contained harsh living conditions represent a larger share of the regions that has been infected by Covid-19. Therefore, one of the reasons for disproportionately higher rates of Covid-19 deaths among African Americans is the fact that they are more likely to live under these harsh conditions or what can be referred to as Covid-19 Hot Zones.

Even accounting for this fact, African Americans still have higher death rates than any sample population taken would indicate. The relevance of such information is highlighted by Dyer (2020), who sheds light on the harsh living conditions that numerous African American communities are currently living in. Elaborating, that several areas such as the Marcy Houses in Brooklyn and the Jordan Downs Watts in Los Angeles, are subject to higher Covid-19 outbreaks because of water pollution along with other environmental catastrophes. Further elaborating that these areas lack basic public services such as police enforcement, waste removal services and fast medical response.

Another highly important factor to why Covid-19 outbreaks were highly present in African American communities is Air pollution. This has long been known to increase risk of heart and respiratory disease which made it easier for communities that has high air pollution rates to get Covid-19. This can be linked to a 2019 report by a group of scientists at the EPA National Centre for Environmental Assessment which explained that people of colour are disproportionately affected by air pollution due to their proximity to particulate-matter-emitting facilities (Dyer, 2020) Therefore, environmental racism the disproportionate impact of environmental hazards on health outcomes among

¹² Medicaid is a federal and state program in the United States that aids and minimizes healthcare costs for some people with limited income and resources.

people of colour is a contributing factor to these racial health disparities. African Americans suffer the most, with exposure 54% above average.

Conclusion

In conclusion, this paper has examined how marginalised groups in the US, specifically African Americans, were subject to several forms of discrimination. These forms have been categorised into two fields the economic sphere, and the Healthcare and environmental sphere. Based on these facts, this paper argued that the marginalised groups in the US were more prone to be infected with Covid-19, resulting in a high mortality percentage among these groups. In the first section, this paper has described the economic effects that the African American community has faced in the Covid-19 outbreak. One of these economic effects were unemployment rates and the failing employment-to-population ratios. Furthermore, this paper has also examined how African Americans were subject to the exclusion from the access of healthcare in comparison to the majority of the US. Explaining how they were discriminated by hospitals and were finding difficulties in getting treatment. Moreover, the paper also explained how the Environmental sphere has played a huge role in explaining how African Americans got high Covid-19 cases. Inspecting that this was due to neglecting the harsh environmental conditions that these communities were living in. In the end, one can clearly observe that these communities were subject to discrimination and neglect from both the federal institutions and local authorities. The paper recommends that the US government provides the marginalised groups, such as the African Americans with better working conditions, and medications in order to be safer from the pandemic.

Bibliography

- Cyrus, E., Clarke, R., Hadley, D., Bursac, Z., Trepka, M. J., Dévieux, J. G. & Wagner, E. F. (2020). The impact of COVID-19 on African American communities in the United States. *Health equity*, 4(1), 476-483.
- Darity Jr, W., Hamilton, D., Paul, M., Aja, A., Price, A., Moore, A., & Chiopris, C. (2018). What we get wrong about closing the racial wealth gap. *Samuel DuBois Cook Center on Social Equity and Insight Center for Community Economic Development*, 1-67.
- Dyer, O. (2020). Covid-19: Black people and other minorities are hardest hit in US.
- Ferdinand, K. C., & Nasser, S. A. (2020). African-American COVID-19 mortality: a sentinel event.
- Fitzhugh, E. (2020). COVID-19: Investing in black lives and livelihoods. *np: McKinsey & Company*.
- Laurencin, C. T., & McClinton, A. (2020). The COVID-19 pandemic: a call to action to identify and address racial and ethnic disparities. *Journal of racial and ethnic health disparities*, 7(3), 398-402.
- Louis-Jean, J., & Aime, M. (2020). On the novel coronavirus (COVID-19): a global pandemic. *Jurnal Teknologi Laboratorium*, 9(1), 103-114.
- Noppert, G. A. (2020). COVID-19 is hitting black and poor communities the hardest, underscoring fault lines in access and care for those on margins.
- PBS NewsHour. (2020). This Chicago hospital shows why African Americans are suffering more from Covid-19. https://www.youtube.com/watch?v=df5f2K_ofII&t=48s
- Rabin, D. L., Jetty, A., Petterson, S., & Froehlich, A. (2020). Under the ACA higher deductibles and medical debt cause those most vulnerable to defer needed care. *Journal of health care for the poor and underserved*, 31(1), 424-440.
- Rothstein, R. (2017). *The color of law: A forgotten history of how our government segregated America*. Liveright Publishing.
- Shierholz, H. (2020). Nearly one in four workers applied for unemployment benefits. Economic policy institute.
- Taylor, J. (2019). Racism, inequality, and health care for African Americans.
- Zipperer, B. & Gould, E. (2020). Unemployment filing failures: new survey confirms that millions of jobless were unable to file an unemployment insurance claim. Economic policy institute.

Annexes

Annex 1: Conference Agenda

November 2, 2021

Library Cultural Room

9:00 – 9:30 Registration

9:30 – 9:45 Opening Session

Welcome: Prof. Wadouda Badran, Prof. Hadia Fakhreldin and Prof. Amany Khodair

9:45 – 10:00 Keynote Speaker

Prof. Aly El-Din Helal

10:15 – 11:00 Panel 1: Pandemics and National Security

Chair: Prof. Sally Isaac

Discussant: Nour Hany

Nardeen Emad – “Pandemics as a biological weapon; the siege of Kaffa”

Yara Ahmed – “Securitizing COVID-19 In The United States: Trump’s Identification of China as A Threat and the Deterioration of US-Sino Relations”

11:00 – 11:30 Coffee break (Interactive Room)

11:30 – 12:30 Panel 2: The impact of COVID-19 on Socioeconomic Rights

Chair: Dr. Maha Ghalwash

Discussant: Deena Wahba

Menan Baher – “The Right to Health and Political Interests: An Indecent Tradeoff in Latin America”

Farida Elatriss – “The Coronavirus Pandemic and Women’s Rights in the United States”

Hend Mohamed – “The Abuse of the Six Countries of the Gulf Cooperation Council to the Migrants Workers’ Rights Under the Global Pandemic of Coronavirus”

12:30 – 1:30 Coffee break (Interactive Room)

1:30 – 2:30 Panel 3: Xenophobia, Systemic Racism and Racial Disparities during COVID-19 in USA

Chair: Dr. Richard Gauvain

Discussant: Amira ElSayed

Haidy El Kasaby – “Corona virus as a catalyst for xenophobia: Case of the United States and Asian minorities”

Radwa Rady – “‘Black Lives Matter’ under COVID-19”

Mouhanad Abusaleem & Sherif Omar – “Same World, different levels of Suffering: The story of Covid-19 and marginalised groups in the US”

2:30 – 3:00 Coffee break (Interactive Room)

3:00 – 3:30 Closing, pictures and certificates

Annex 2: Members of the Organising Committee

Prof. Amany Khodair

Dr. Rasha Mansour

Dr. Richard Gauvain

Dr. Bassant Hassib

Dr. Aliaa Khalil

Mr. Omar Aboubaker

Ms. Jasmin Makhoulf

Mrs. Mereet Hany Adly

Ms. Monia Rashed

Ms. Youstina Magdy

Ms. Rita Banoub

Students Contributing to the Conference Organisation

Aly Mohamed Hussein Ibraheem

Hana Hazem Kamal Ahmed Barakat

Mennatullah Ehab Ahmed Mohamed Saeed

Salmin Adel Thabet Mohamed

Elena Khaled Hassanin Ragab Elsayed

Marina Rashad Samir Marzouk

Merna Ashraf Mostafa Abdo

Nada Sabry Fahim Ibrahim Mazloun

Enje Khaled Ali Alhusseing Mattar

Shahinaz Mahmoud Kazem Haroon

Shorouk Mahmoud Farouk Ahmed

