

## PEDAGOGY OF COVID 19 RESILIENCE RESPONSE FROM THE PERIPHERIES

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The CADIS COVID 19 Emergency Intervention phase 1 program is primarily designed to deliver relief to the most vulnerable population and immediate assistance to the Camillian healthcare facilities in the developing countries of Africa, America, and Asia. Moreover, it also aimed to get first-hand information on the real situation, the available resources (human and material) and capacities of the local communities affected, and how to rebuild and strengthen vulnerable communities' resilience (second phase). Thus, phase 1 served as an entry point to CADIS's main thrust, i.e., to deliver a community-based and participatory response to the complex impact of the COVID 19 pandemic to vulnerable communities. It offered a learning space for a more in-depth analysis of the pandemic's impact while finding ways to confront the issue with a rights-based and integral approach.

### **SEE: The emergency relief response**

On January 30, 2020, the World Health Organization (WHO) declared COVID 19 as a public health emergency of international concern (PHEIC). This would allow the WHO to coordinate the global response better and hold nations accountable if they ignore the organization's standards pertaining to travel, trade, quarantine, and screening. At this time, COVID 19 cases have reached 7818 total confirmed cases worldwide, with most of these in China and 82 cases reported in 18 countries outside China. A month later, on March 11, a pandemic was declared to the over 118,000 cases of the coronavirus illness in over 110 countries and territories worldwide, with more than 4300 deaths attributed to the disease to Johns Hopkins University. (cf. [JH Coronavirus Resource Center](#))

By the time that CADIS began its daily monitoring of COVID cases in the 37 mission countries of the Camillians in April 2020, there were already 1,403,367 confirmed cases, 97,874 deaths, and 306,914 recovered (21% rate of recovery). In September, confirmed cases reached 25,604,771, deaths at 777,194, and recovered 18,949,023. Though confirmed cases are increasing, the rate of recovery is tremendously rising to 74%. Thanks to the global scientific and political efforts, which led to new strategies in fighting the coronavirus infection. Learning from the past pandemics lessons, the quarantine measure has helped in flattening the curve of the spread and infection of coronavirus. However, it has some adverse collateral damages to the personal and social life of the people. This has been noticed in the recent research on the impact of quarantine measures published in *The Lancet*. "*Separation from loved ones, the loss of freedom, uncertainty over disease status, and boredom can, on occasion, create dramatic effects. Suicide has been reported, substantial anger generated, and lawsuits brought following the imposition of quarantine in previous outbreaks.*" (*Lancet* 2020; 395: 912-20, 26 Feb. 2020). This finding was based on a scientific literature review done by the Department of Psychological Medicine, King's College London, and published in one of the prestigious medical journals - *The Lancet*.

While preparing for emergency relief intervention, CADIS collaborated with some members of the Camillian Charismatic Family (CCF) and other non-Camilian partners and organized an online multi-lingual psychosocial and spiritual support to persons affected by the pandemic. It was realized through an online platform initiated by the Catholic Health Association of India called the

Corona Care (<https://coronacare.life/>). WHO's Information Network for Epidemics (EPI-WIN) convened a meeting of Faith-Based Organizations (FBOs) like CADIS and faith leaders of major world religions to formulate guidelines on FBOs' engagement to proper and accurate delivery of messages regarding the pandemic. This multi stakeholder's approach to establishing psychosocial and spiritual support is highly effective in mitigating the onset of serious mental health issues among those affected by the pandemic. Considering this pandemic's complexity, a multidisciplinary, culture-sensitive, and rights-based approach needs to be integrated into whatever forms of responses.

Apart from the distance mental health and psychosocial-spiritual (MHPSS) intervention, CADIS engaged with emergency relief operations. Of the 37 mission countries of the Camillians, 18 developing countries were selected for the relief operation in **Asia** (India, Indonesia, Pakistan, Philippines, Vietnam), **America** (Argentina, Colombia, Ecuador, Haiti, Mexico, Peru), and **Africa** (Benin, Burkina Faso, CAR, Kenya, Tanzania, Togo, Uganda). Three major programs were organized, such as 1) food and non-food distribution, 2) provisions of PPEs and 3) institutional support to healthcare personnel (frontliners). The main funders of these projects are CADIS Taiwan, the Episcopal Conference of Italy (C.E.I.), and some individual donors.

The emergency relief operation has a double objective, namely, a) to ease the economic and psychological burden of the people and b) to see, to feel, and to understand the situation on the ground in preparation for the second phase post-coronavirus intervention. The programs' implementation was conducted with due observance to the public health protocols by the members of CADIS, CCF, confreres, and volunteers. Physical presence onsite was then necessary for this intervention to achieve the objectives of this project.

A total of 69,482 individual beneficiaries and 7 Camillian healthcare facilities were served in this emergency response. Hundreds of volunteers joined in this effort. The total cost of the projects was €750,000.

CADIS's emergency response has eased the economic and psycho-spiritual burden of the families and the Camillian healthcare facilities, who remained operational amid the pandemic. On the other hand, it motivates CADIS members and volunteers to engage and be proactive, especially in a crisis.

### **JUDGE: Learnings and realizations from the response**

The COVID 19 pandemic reminds of our **shared humanity**. It does not discriminate by race, religion, nationality, and socioeconomic status. It renders influential leaders like Mr. Boris Johnson of the UK and Mr. Donald Trump of the U.S.A. just as vulnerable as ordinary citizens. In its path, we are all equal, which means we all must face this crisis together. The chief rabbi of South Africa, Warren Goldstein, claimed that: *“At a time of heightened polarization worldwide, this pandemic is reminding us of our shared humanity. Its relentless spread should reinforce our faith in the common dignity of all human beings.”* Marie Dennis of *Pax Christi* further affirmed: *“it has helped me to recognize the fragility of life, the centrality of relationships and the importance of community. Covid-19 is exposing the deep injustice and violence that leave too many people, communities, and countries vastly more vulnerable than others.”*

Moreover, the coronavirus is also a reminder of our **collective fragility**. *“Despite our grand 21st-century advancements in medicine and technology, a stealthy and invisible virus has demonstrated our weakness. We recognize and express in prayers our fundamental vulnerability, and acknowledge that we are, after all, in God’s hands.”* (Rabbi Warren Goldstein)

What’s behind our shared humanity and collective fragility is the fundamental truth about human existence - all creations' interconnectedness. *“If we do not take care of one another, starting with the least, with those who are most impacted, including creation, we cannot heal the world.”* (Pope Francis, General Audience August 12, 2020). Therefore, any effective solutions to diminish this pandemic's severe impact require an **integral vision** that is **person-centered**, aligned with the principles of **rights-based** healthcare, and **ecological justice** and the method of **participation** that is primarily **community-based**. This is the path that CADIS will be following in its post-COVID 19 resilience program.

### ***Integral vision***

The impact of the pandemic is far from over. Everybody is convinced that its worst impact is still about to come. It’s wreaking havoc to the personal, social (which includes economic - the exchange of goods between persons and society at large, and the political - the exercise of rights and duties of persons in the *polis*), and spiritual (reflective dimension of human beings interrelation to God and others). Thus, it is imperative to design a response to mitigate the impact of COVID 19, which regards all the other interrelated aspects of human life. This is primarily in line with CADIS's vision, i.e., the fullness of life in a resilient community. Any project must be anchored with a particular vision and projects itself for a transformation in the affected people's lives. The vital question that needs an accurate answer is what has been transformed (qualitative) and not just what has been changed (quantitative).

A **person-centered** approach puts the person at the center of all our goals. After the lockdown measures have been gradually eased in most countries, the economy takes the center of the stage in the ongoing debate on the way forward, even at the expense of public health. Everyone seems to forget that the economy is at the service of humanity and not vice versa. Pope Francis has pointed out the direction and aspiration that we need to take.

*“The world was relentlessly moving towards an economy that, thanks to technological progress, sought to reduce “human costs”; there were those who would have had us believe that freedom of the market was sufficient to keep everything secure. Yet the brutal and unforeseen blow of this uncontrolled pandemic forced us to recover our **concern for human beings, for everyone**, rather than for the benefit of a few. Today we can recognize that “we fed ourselves on dreams of splendor and grandeur, and ended up consuming distraction, insularity, and solitude. We gorged ourselves on networking and lost the taste of fraternity. We looked for quick and safe results, only to find ourselves overwhelmed by impatience and anxiety. Prisoners of virtual reality, we lost the taste and flavor of the truly real”. The pain, uncertainty and fear, and the realization of our own limitations, brought on by the pandemic have only made it all the more urgent that we rethink our styles of life, our relationships, the organization of our societies, and, above all, the meaning of our existence.”* (FT, 33)

A person-centered approach supports and enables a person to build and keep control over their life. It places the person at the ‘center of the service,’ to make decisions about their life. Its strengths are based, where people are acknowledged as the experts in their life, focusing on what they can do first, and any help they need second. Thus it encourages **participation** and valuing one's capabilities because no one has the monopoly of particular knowledge. There's an old African proverb that says, “*If you want to go quickly, go alone. If you want to go far, go together.*”

*“Human groupings, their lifestyles, and their worldviews are as varied as the land itself since they have had to adapt themselves to geography and its possibilities. [...] In each land and its features, God manifests himself and reflects something of his inexhaustible beauty. Each distinct group, then, in a vital synthesis with its surroundings, develops its own form of wisdom. Those of us who observe this from without should avoid unfair generalizations, simplistic arguments, and conclusions drawn only on the basis of our own mindsets and experiences.”* (QA, 32)

### ***Rights-based***

COVID 19 holds no respect to whatever boundaries such as race, religion, nationality, and socioeconomic status. However, it unmasked the gross inequality among peoples and nations. According to the United Nations Development Program (UNDP) report on the socioeconomic impact assessments of the 63 countries in June 2020, 40-60 million people will be pushed into extreme poverty because of the economic shocks from COVID-19; 1.6 billion informal workers lost 60% of their income, with little to no savings and no access to social protection; 265 million people in low and middle-income countries at risk of acute food insecurity; and 55% of the world's population (as many as 4 billion people) are not covered by social insurance or social assistance.

To build an enduring impact and transformation to the lives of the vulnerable families and communities affected by COVID 19, it is desired that any initiatives to rescue them must be rights-based. There is a need to strengthen and build people's capacities and improve the social condition that will enhance self-protection and rebuild community assets to protect them from the pandemic's adverse impact. In one of his catechism in Covid times, Pope Francis says: “[...] *we must also cure a larger virus, that of social injustice, inequality of opportunity, marginalization, and the lack of protection for the weakest. In this dual response for healing, there is a choice that, according to the Gospel, cannot be lacking: the preferential option for the poor.*” (General Audience, August 19, 2020)

### ***Ecological justice***

The imbalance of our ecosystem has brought profound impact to human lives and all living creatures, entirely designed by the Creator to protect human life and our common home. The ecosystem's vulnerability is primarily anthropogenic. The famous “throwaway culture” and the desire for profit cause a lot of damage to our common home. Urbanization and associated land-use changes have brought reservoirs of wildlife diseases into closer contact with livestock and people in conjunction with rising meat consumption. (cf. Editorial, Crossover, Q1, 2020). “*The Covid-19 pandemic reveals the fundamental truth that societies cannot be healthy unless the planet and its ecosystems are healthy. The origin of the present coronavirus – and its predecessors SARS and MERS, as well as Ebola – is linked to human interference in the intricate balance of natural ecosystems.*” (DPIHD, COVID 19 Commission - Ecology Taskforce, May 2020).

The Pontifical Academy for Life (PAL) confirmed that the COVID 19 epidemic has much to do with human beings' *"degradation of the earth and the despoiling of its intrinsic value."* The following phenomena evidence this: a) *"increasing deforestation pushes wild animals in the proximity of human habitat. Viruses hosted by animals, then, are passed on to humans, thus exacerbating the reality of zoonosis, a phenomenon well known to scientists as a vehicle of many diseases;"* b) *"exaggerated demand for meat in first world countries gives rise to enormous industrial complexes of animal farming and exploitation. It is easy to see how these interactions might ultimately occasion the spread of a virus through international transportation, mass mobility of people, business travel, tourism, etc."* (PAL, *Humana Communitas* in the age of pandemic: untimely meditations on life's rebirth, July 22, 2020).

Any initiative to mitigate the impact of the COVID 19 epidemic must integrate an element of ecological conversion *"where the life of the spirit is not dissociated from the body or nature or worldly realities but lived in and with them, in communion with all that surrounds us."* (Pope Francis). It has to restore the intrinsic relationship and connectedness of everything that the world has in concrete terms. It should promote and raise people's behavior to a high level of ecological consciousness.

### **ACT: Building and strengthening the resilience of vulnerable communities**

The **CADIS Post-Coronavirus Action Plan (PCAP)** aims to provide a medium through which the Provinces and Delegations of the Order of the Ministers of the Infirm, as well as their legally registered CADIS country organizations, and their partner organizations can work with CADIS International to build international alliances, collaboration and or partnership that will a) respond to the current outbreak of COVID-19 in developing countries; b) address essential objectives and c) advance the strategic priorities and goals of CADIS. By partnering with CADIS, the Provinces and Delegations can leverage the expertise, assets, and working relationships of CADIS in a manner that advances success to address COVID-19 and fosters the broader goals of building the resilience of peoples and local healthcare systems and advocating for justice and inclusion of communities sidelined by mainstream development processes.

The coronavirus pandemic and climate change are enormous challenges that require concerted and coordinated action by everyone. CADIS participates in these concerted and coordinated actions through partnerships and collaboration. The Camillians, in general, cannot act in isolation from the others but must find other organizations and institutions to work with, facing enormous challenges that affect the most vulnerable groups and populations. Moreover, it is not the intention of this PCAP to support relief-driven activities or are traditional approaches that lack creativity and thought. Instead, it pays attention to those ideas that seek to initiate, develop, enhance, or otherwise increase local resilience and reduce vulnerability. A critical part of any action that reduces exposure and increases resilience approaches includes, rather than exclude peoples and address fundamental rights such as the right to healthcare or providing marginalized peoples a voice in how they are to be helped and assisted.

CADIS is committed to an evolving partnership model, collaboration, and networking with those the Camillians serve worldwide. It recognizes that creating sustainable solutions for global

challenges is a joint effort involving leaders and communities who live in the countries where the Camillian religious members work.

CADIS is passionate about challenging conventional wisdom and practice in doing ministry in healthcare, international development, and humanitarian actions to create new ways of working directly with local organizations and communities in developing countries where the Camillian religious members are present.

COVID 19 exposes the vulnerabilities of privatized national public health care systems and the inadequate response of the capitalist governments since Spanish influenza. Privatization of healthcare results in the weakening of public health initiatives. For example, the highly developed countries where the coverage of mass immunizations is low are those that succumbed to high COVID 19 infections. When healthcare ceases to be a human right, it becomes a commodity. As a commodity, it becomes lucrative, and thus it replaces the right for profit. A noble initiative recommended is to strengthen the resilience of the primary health systems that are always the vanguard of the people's health, particularly in developing countries.

At this point, CADIS is now working closely with the Camillians in Burkina Faso, Uganda, Tanzania, Kenya, and Haiti in building and strengthening community resilience of challenged communities. This project will benefit over 500.000 vulnerable populations in these five developing countries. Uganda and Tanzania projects will support primary health care delivery services focusing on maternal and child healthcare and skills building for single mothers and school drop-outs. Kenya will work on building resilience and sustainable ecosystems among semi-arid land communities using the method of SMART agriculture to resolve food insecurity. Haiti will build on strengthening the resilience of the healthcare facility and initiating micro-enterprise in pilot vulnerable communities. Burkina Faso will focus on building resilience among internally displaced populations (IDPs) in the country's northern part.

CADIS considers these future initiatives as seeds for change and innovation to the ministry in the world of health. Sick people are not only confined within the walls of the healthcare facilities. Saint Camillus de Lellis is convinced that wherever the sick is, the Camillian should be there - the *mare magnum* of charity (the Camillian ministry).