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INTRODUCTION

One of the striking features of the enduring COVID-19 pandemic across the world is the societal and social rifts it has opened in many societies. Both the US and Germany, to take but two examples, have witnessed turf wars between those who support evidence-based measures aimed at limiting contacts and thus the spread of the virus and those who see such measures as an encroachment on personal liberties driven by economic and totalitarian forces. The alliance in Germany between right-wing neo-nazis and left-wing hippies who believe in a range of natural and homeopathic remedies against the virus transcends hitherto well-established political and ideological boundaries. The new fault lines are between those who believe that SARS-CoV-2 is a deadly virus, and those who believe all social ills derive from any public health measures taken against the virus.

The picture is a very different one in many African countries. As Martin Ajei argues in his contribution to this special volume, the endorsement of measures taken in many African countries during the early phases of the pandemic may derive from a fundamentally different conception of the relationship between individuals and society. Ajei describes ‘the self-conception of most Africans as essentially communal beings’ who accept ‘the duties that correlate with such self-awareness’ as one of the fundamental factors that may explain the very different form the COVID-19 pandemic took in many African countries. In this view, while the US and Germany witness the unveiling of the very thin patina of social cohesion, many African countries benefit from and may possibly reinforce the strong communal ties that bond citizens together in the face of crisis. Instead of insisting on cultural stereotypes when discussing COVID-19 from a global perspective, commentators would be well served to acknowledge ‘alternative moral traditions’ as they ‘could be useful to Western efforts to curb the virus. Such acknowledgement is desirable precisely because a serious conception of global justice in the liberal tradition implies acknowledging reasonableness in the moral orientations of other societies.’

The relevance of health as a central concern for a revised global justice theory is also the topic of Jan Hellinger et al.’s paper. Their thesis is that considerations

of health need to move front and centre into theorizing about global justice, rather than being considered a mere application of justice theories. Surely one lesson all countries have learned from the pandemic is that we need a global public health ethics, as Heilinger et al maintain. The authors suggest several principles that should guide the design of such an ethical blueprint; most notably, they argue that global public health principles ought to ‘pay attention to the social, structural origins of the unequal distribution of advantages and disadvantages in domestic societies and the global society, to prevent that the already disadvantaged will disproportionately suffer from harms resulting from COVID-19.’ The advent of new COVID variants of concern has taught the global community about the risks of ignoring this insight in light of unequal vaccine allocation and the ensuing vulnerability not only of disadvantaged populations but the global effort to subdue the virus. As Heilinger et al. end, ‘[p]andemics are as much social and political as they are biological.’ They can only be combatted effectively if a global right to health is implemented. The ideas in Heilinger et al.’s work are useful as nations begin to deliberate on the structure and content of a future global pandemic treaty.

A *human* right to health is also the subject of Nicole Hassoun’s paper. But rather than describing what content such a right should have, as Heilinger et al. propose, Hassoun argues that such a human right requires a particular virtue to be realized – what she calls the ‘virtue of creative resolve.’ It may seem counterintuitive to conceptualize global justice duties in terms of virtue – something more often encountered in ethical theories concerned with human behavior, rather than as an action guiding principle. However, Hassoun argues that the virtue of creative resolve is what the realization of a human right to health demands. The virtue describes a kind of resolve that ‘embodies a fundamental commitment to finding creative solutions to what appear to be tragic dilemmas.’ It is certainly undisputable that the COVID-19 pandemic has raised many tragic dilemmas across the world: think here of the hotly disputed issue between preserving health resources, on the one hand, and restrictions to individual liberties on the other. Or think of health care triage in the face of scarce health resources. According to Hassoun, and echoing Heilinger et al., the human right to health

generates independent obligations to ensure that everyone has the socially controllable determinants of health where possible [...] Those who have creative resolve: 1) question evidence that we cannot meet significant moral duties; 2) seek out creative ways to fulfill these duties; and 3) act to fulfill them.

In this view, the duty of creative resolve is a tool for change, and a lens human rights activists can use to criticize all manners of policy-making that pertain to health. In this vein, the virtue of creative resolve can help develop a global public health ethics that is wedded to the principles of global justice. When designing these principles, Atuire and Bull argue that a new, decolonialized approach to global health research needs to be applied. Much like Heilinger et al., Atuire and Bull observe that ‘a notable characteristic of the COVID-19 pandemic is the way it exposes inequalities and systemic fragilities’ within and across countries, ‘with specific attention being drawn to the devastating impact of COVID-19 on low- income and marginalised communities.’ To combat the unequal capacities communities have when addressing the challenges of the COVID-19 pandemic, Atuire and Bull argue that health research needs to be redesigned based on three decolonializing principles:

hegemonic, a shift of greater power and decision making to local actors; epistemic, a revisiting of the intellectual and cultural models governing the generation and sharing of knowledge; and commitmental elements, a conscious decision to engage with and make research also accountable to local communities.

Especially when it comes to sharing developing research methods and sharing research data, the authors worry that a neo-colonial mindset is still prevalent among many health researchers. Such a neo-colonial mindset seems certainly widespread among many policy makers in the global north – witness to this are the November 2021 travel bans issued in the face of the COVID-19 variant, Omicron, against at least ten African countries, while Europe is equally in the grip of the new variant. Yet policy makers have utilized the COVID-19 pandemic not only to rejuvenate discriminatory stereotypes against some countries – they have also used the real and imagined threat of the pandemic to bolster their authoritarian tendencies. The last article in this collection, authored by Wolff et al., provides interesting data and analysis on how governments have used the pandemic to strengthen authoritarianism. In particular, the authors identify two specific strategies that governments have employed with reference to the COVID-19 pandemic: fear-invoking and fear-minimizing. In their view, governments can mobilize fear in different ways: ‘first, in ways that lead to the suspension of civil liberties; second, that foster discrimination against minorities; and third, that boost the personality cult of leaders and limit criticism or competition.’ When fear reigns, the authors argue, this creates ‘windows of opportunity for changing settled political patterns’ – including moves away from established democratic principles to government by fiat and authoritarianism. Most troubling from a justice perspective are

the consequences for minorities within societies. Minorities, including socio-economically disadvantaged groups, have been shown to have the worst health outcomes since the onset of the pandemic – migrant populations have suffered the worst health consequences of the pandemic in many countries of Europe and North America, sometimes linked to lacking health resources, or the fact that many are employed in the health sector and worked without effective protective gear. More politically, they have also been blamed in some countries for the spread of the different virus variants.

Sadly, at the time of writing, the COVID-19 pandemic is still with us, with new variants developing bringing new waves of infections in their wake. The selection of articles in this special issue highlight how pervasive the effects of this global pandemic are – and how global justice theorists ought to employ the insights of the pandemic to develop more appropriate theoretical tools to face the challenges to global health.

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