

Yale Human Rights Journal

Summer 2021



Human Rights and the Pandemic

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A Note From the Editor-in-Chief

As we continue our transition back to in-person learning, the predominant characterization is, “returning back to normal.” The theme of our first summer publication is meant to emphasize that this “normalcy” is a privilege. Both domestically and internationally, the pandemic has exacerbated pre-existing, as well as, raised new human rights and equity concerns. It has exposed gaps in public policy, cost jobs, and caused a mental health crisis. Most importantly, this pandemic is still ongoing and many of us are continually confronting its daily challenges whilst also dealing with the aftershocks of devastating loss and hardship. Pretending nothing ever happened neglects the opportunity to make impactful change. I am equally grateful and overjoyed to feel the warmth of the sun as I walk to class and to laugh with friends I have not seen in almost two years. However, I speak for the entire Human Rights Journal staff with the hope that this publication reminds you to be respectful of the New Haven community. Furthermore, we hope that rather than deny its existence, you use the past and present realities of the pandemic to provide a newfound perspective, mindfulness, and drive to make the most of your Yale education in order to help others.

I want to close with an enormous thank you to the writers and editors. It speaks volumes that they would dedicate their summer to extensive research and interviews. Through our meetings and discussions they have taught me so much from the medical supply crisis in Cuba to the lack of health policy-informed law enforcement. For many the stories are deeply personal, and for all, time was taken and empathy was demonstrated to conduct first-hand interviews with people directly affected by the issues. To everyone, thank you for sharing and trusting us with your story.

Respectfully,

McKenna Christmas

Supervising Editor-in-Chief

Summer 2021 Issue

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Amelia Lake | amelia.lake@yale.edu

The Rohingya, a stateless people sometimes referred to as “the world’s most persecuted minority”, have suffered racial and religious persecution in Myanmar for generations. The 2017 military crackdown and subsequent ethnic cleansing campaign saw thousands of deaths and forced almost a million Rohingya to flee for their lives. Since the arrival of Covid-19 in Southeast Asia, conditions have only worsened for surviving Rohingya, both those in refugee camps, where they lack access to proper sanitation, medical treatment, and vaccinations, and those still in Myanmar, where media and government officials have scapegoated them for the spread of the pandemic. A Rohingya refugee and a Nobel Laureate doctor weigh in.



Coronavirus Was The Last Straw For Cubans And Their Calls Remain Unanswered

(9-12)

Rashel Chipi | rashel.chipi@yale.edu

July 11th marked a historic moment in Cuban history, where thousands of Cubans protested their lack of food, medicine, and oppressive censorship, which has worsened since the pandemic. In order to understand the medical crisis in Cuba, it is important to first understand Cuba’s unique history as a renowned medical provider. The medical crisis in Cuba is currently underscoring conversations regarding the legitimacy of the Cuban government, but while these conversations occur, little visibility is given abroad to Cubans who need urgent medical attention. In the midst of such chaos, many refuse to believe that the

Cuban government plays a role in neglecting its people by denying humanitarian aid, among other actions. This article features interviews with Brown Professor Daniel A. Rodriguez, president of the Yale Cuban-American Student Association, Kelly Gouin, and Cuban immigrant, Yasmin.

ICE Immune to Following Public Health Policy During Pandemic

(12-16)

Eda Aker | eda.aker@yale.edu

There are countless accounts of immigrants in detention who have protested ICE’s actions during the pandemic, endless amounts of research being done into how human rights have been violated during the pandemic, and a myriad of unknown horrors committed in detention centers. Many diverse organizations and people—medical, advocacy, legal, and detainees themselves, have come together to call attention to ICE’s inhumane treatment of immigrants during COVID-19. In doing so, they shed light on why immigrant detention is a crucial topic for us to understand and work towards solving. In this piece, the featured interviewees include Ranit Mishori, a senior medical advisor, Sarah Tosh, an assistant professor, Lauren Kostas, a managing attorney, Maru Mora Villalpando, community organizer and undocumented immigrant.

Pwersang Balikbayan - The State of Overseas Filipino Workers Amid the COVID-19 Pandemic

(17-20)

Razel Suansing | razel.suansing@yale.edu

At the turn of the 20th century, Overseas Filipino Workers or OFWs have been viewed as the Philippines’ economic tanks — being a reliable source of Gross Domestic Product growth through remittances. As the lockdowns and lay-offs occurred worldwide, the OFWs’ economic prospects were one of the many casualties of the COVID-19 virus. Upon returning, the “unsung heroes” received less than a hero’s welcome, facing stigma from perceived infection and minimal assistance from the government. This article tracks the plight of OFWs amid the COVID-19 pandemic and the future of overseas Filipino work in a post-pandemic world.

Kashmir: Land of Lockdowns

(20-22)

Hamera Shabbir | hamera.shabbir@yale.edu

Kashmiris endured a federally-imposed lockdown for seven months before COVID-19 began. Lacking access

to adequate Internet connectivity and resources on the evolving epidemiological threat, Kashmiris had to cope with two different shutdowns during the COVID-19 pandemic. Dr. Hafsa Kanjwal (assistant professor at Lafayette College), Ifat Gazia (host of the Kashmir Podcast), and Alysha Siddiqi '23 (president of Yalies for Pakistan) speak* on why these shutdowns are so prevalent, what their consequences are on the COVID-19 pandemic, and how to support silenced Kashmiris.

*Interviews edited for clarity and grammar purposes with no major revision of tone or intent.

Religion and Restriction during COVID-19

(23-25)

Mirabel Nguyen | mirabel.nguyen@yale.edu

Despite the fact that the persecuted are impacted more severely by COVID-19, these minority groups are also forced to bear the blame for the pandemic's devastating toll. In particular, religious minorities around the world are scapegoated, abused, and attacked, all the while struggling to receive adequate access to treatment and vaccinations. However, to neglect religious identity is to lose sight of a sense of culture, tradition, and belonging, all of which enable global citizens to remain hopeful amidst the devastation of a pandemic. Claire Thomas, deputy director at Minority Rights International, and Sonia Sarkar, an independent journalist covering south and south-east Asia, weigh in.

Hidden in Plain Sight - The Impact of Coronavirus on Adults with Intellectual and Developmental Disabilities (IDD)

(25-28)

Astri Doub | astri.doub@yale.edu

Millions of adults with intellectual and developmental disabilities live in the United States and hundreds of thousands are on waitlists for home and community-based services. However, even as the coronavirus affects people with IDD, their stories are largely unknown. Through interviews with a mother of a loved one with IDD, Diana White, and the Senior Public Policy Director at the Arc, Nicole Jorwic, COVID exacerbated the shortage in services and staff already present in a system on the brink of collapse, and it created new challenges as individuals struggle to adjust to the rapidly changing rules and regulations.

A Hidden Population: Navigating Covid 19 with Homeless Youth

(28-31)

Faith Evanson | faith.evanson@yale.edu

In Connecticut, homeless youth are often the most unaccounted for. Many enter the system through different entry points like child services, transitional centers, or their schools. As state agencies and local organizations worked together to combat youth homelessness, COVID-19 brought about new barriers and complications in providing their service. Alternative measures were taken to ensure homeless youth had access to an education, health services, and housing. Featured interviews include Carl Asikainen, Daniel Diaz, Ryan Beach, Chris Venable, and Carline Charmelus.

Marching for Public Health, Not In Spite of It

(31-36)

Isabella Marin | isabella.marinquintero@yale.edu

Daily life as we knew it changed a few months into 2020 as the coronavirus spread across the United States. With

its pervasive nature, the virus infiltrated and changed conversations about civil rights in the US while protests erupted all around this country in response to the back-to-back murders of Black Americans by the police and the systemic racism that fueled them. In the context of a contagious respiratory virus, the meaning of respecting the right to protest changed as protecting the public health of Americans and allowing for safe protesting became priorities. Interviews with the Minneapolis Health Department and two Yale students who have participated in BLM protests reveal the conclusion that public health and civil rights are inseparable.

We Are Not All In This Together: COVID-19 and the Vaccine Apartheid

(36-40)

Megan Ruoro | megan.ruoro@yale.edu

This summer, as the Western world revels in some semblance of normalcy, the Global South, in particular African nations, continues to battle helplessly with COVID-19 due to the inequitable access to vaccines. While over half of Americans are fully vaccinated, researchers predict that people in the



poorest country will not be protected from this virus until 2023. The disparity among wealthy and lower or middle-income countries is so great, that activists have dubbed this human rights concern the vaccine apartheid. Featured interviewees: Chris Morten (Professor at Columbia Law School and director of their forthcoming Science, Health, & Information Clinic), Doctor Mbira Gikonyo (chairman of the nation's COVID-19 Task Force and ENT surgeon), Alex Welte (a Research Professor at the South African Centre for Epidemiological Modelling and Analysis and Stellenbosch University), Jackson Majoni (pharmacist of Eldoret, Kenya)

**Equality and Fairness for Some:
Education during the COVID-19
Pandemic**
(40-43)

Maia Decker | maia.decker@yale.edu

For many Americans, access to quality education was a major barrier before the COVID-19 pandemic. Over a year and a half later, these barriers have only been exacerbated by online learning as wealthier families are able to homeschool and provide educational resources to their children. For the families unable to afford educational alternatives, online learning has presented its own unique difficulties. Featured interviews include: Jane Karr, Vikki Katz, Mordechai Levy-Eichel, Pam Wright, and Melinda Wenner Moyer.



A people on the brink

The Rohingya have long been considered to be among the world's most persecuted people. Now, in the midst of ongoing genocide, they face a new threat.

Amelia Lake



(“Displaced Rohingya People in Rakhine State.”¹ Image courtesy of Foreign, Commonwealth & Development Office. Licensed under CC BY-ND 2.0)

“Usually kids get a bedtime story before they go to sleep, like something from a Walt Disney film,” says Sam. “In my case, my parents used to tell us about the genocidal acts that happened to our relatives and how our villages were destroyed.”*

Like many Rohingya, Sam, whose full name must be kept confidential for security and privacy reasons, was born undocumented and in exile to parents who escaped ethnic cleansing in Myanmar as children. He

is among the lucky few who managed to reach safety in the United States, where his children were born. In spite of the suffering his people continue to endure, he remains fiercely proud of his heritage: “Rohingya is my language, my dignity, my belonging, and a cause that I am ready to defend whenever it is required.”

Persecution of the Rohingya in Myanmar dates back generations and is codified into its legal system. Myanmar’s nationality law², enacted by the Burmese military junta in 1982, is primarily based on membership with any of the 135 legally recognized “national races”. The International Commission of Jurists has condemned this legislation as intentionally discriminatory, particularly against those of South Asian, Chinese, and mixed descent.³ The Rohingya, a Muslim minority in a majority-Buddhist country, are not legally considered a distinct ethnic group indigenous to Myanmar, but rather, illegal immigrants from Bangladesh⁴, a claim which the government of Bangladesh rejects. Consequently, the Rohingya are ineligible for citizenship in either country. With few exceptions, they are denied access to education, the right to vote, and freedom of movement.

1. Foreign, Commonwealth & Development Office, Displaced Rohingya People in Rakhine State, photograph, Flickr, December 14, 2012, <https://flickr.com/photos/foreignoffice/8280610831>.

2. “Myanmar’s Discriminatory Citizenship Laws Can and Must Be Immediately Reformed.” International Commission of Jurists, June 25, 2019, <https://www.icj.org/myanmars-discriminatory-citizenship-laws-can-and-must-be-immediately-reformed/>.

3. “Myanmar’s 1982 Citizenship Law and Rohingya.” Burmese Rohingya Organisation UK, December 2014. <https://burmacampaign.org.uk/media/Myanmar%E2%80%99s-1982-Citizenship-Law-and-Rohingya.pdf>.

4. “Why Myanmar’s Rohingya Are Forced to Say They Are Bengali.” Christian Science Monitor, June 2, 2013, <https://www.csmonitor.com/World/Asia-Pacific/2013/0602/Why-Myanmar-s-Rohingya-are-forced-to-say-they-are-Bengali>.

Government forces, often aided by the local Buddhist population, routinely attack Rohingya villages⁶, forcing survivors to flee to internally displaced persons camps.

Rohingya resistance has been met with brutal, crushing reprisals. In response to a 2017 Rohingya militia attack⁸ on border police, the Tatmadaw (the

out of Rakhine State. The massacres, including village burnings, torture, and gang rapes, left thousands dead and forced 700,000—almost 70% of Myanmar's Rohingya population—to flee to Bangladesh in what the U.N. has called a “textbook example of ethnic cleansing”¹⁰. Leading up to the 2017 atrocities, Myanmar military and intel-

speech and incite ethnic violence. Still, the government of Myanmar officially denies any allegations of genocide¹².

With the arrival of Covid-19 in South-east Asia, the plight of the Rohingya has taken a turn for the worse. As Myanmar's underprepared health-care system¹³ strains at the seams, the outbreak has fanned the flames of ethnic tensions and incited racist hate speech online, prompting fears of further violence¹⁴. Rohingya refugees attempting to return to Myanmar from Bangladesh have been scapegoated for the spread of Covid in Myanmar. The Voice, a Burmese media outlet whose Twitter account was later suspended, published a cartoon depicting a Rohingya man as an illegal border-crosser¹⁵ carrying Covid. Ro Nay San Lwin, a Rohingya political activist, accused local officials of publicizing the names and addresses¹⁶ of Rohingya diagnosed with Covid. After reports of several cases in Rakhine State in June 2020, where a number of Rohingya still remain, Aung San Suu Kyi, former State Counsellor of Myanmar, threatened illegal border-crossers¹⁷ and their helpers with “severe” punishment, a stark contrast to her earlier policy encouraging the return of non-Rohingya



(“Burnt Down House in Northern Rakhine State.” Image courtesy of Moe Zaw, Voice of America. Public domain.)

Myanmar Armed Forces) began a campaign of violence⁹ against Rohingya civilians in an effort to drive them

ligence officials infamously engaged in a years-long campaign on social media¹¹ to promote anti-Rohingya hate

5. Matthew Smith, “‘All You Can Do Is Pray’: Crimes Against Humanity and Ethnic Cleansing of Rohingya Muslims in Burma’s Arakan State.” Human Rights Watch, April 22, 2013, <https://www.hrw.org/report/2013/04/22/all-you-can-do-pray/crimes-against-humanity-and-ethnic-cleansing-rohingya-muslims>.

6. Reuters Staff, “Muslim, Buddhist Mob Violence Threatens New Myanmar Image.” Reuters. Thomson Reuters, June 11, 2012, <https://www.reuters.com/article/uk-myanmar-violence-idUSLNE85A01C20120611>.

7. Moe Zaw, Burnt Down House in Northern Rakhine State, photograph, VOA, September 2, 2017, <https://gdb.voanews.com/56CDA0A-AAA1-49C1-AF0A-355E461158C4.jpg>.

8. Poppy McPherson, “Dozens Killed in Fighting between Myanmar Army and Rohingya Militants.” The Guardian. Guardian News and Media, August 25, 2017, <https://www.theguardian.com/world/2017/aug/25/rohingya-militants-blamed-as-attack-on-myanmar-border-kills-12>.

9. Reuters at the United Nations, “UN Report Details Brutal Myanmar Effort to Drive out Half a Million Rohingya.” The Guardian. Guardian News and Media, October 11, 2017, <https://www.theguardian.com/world/2017/oct/11/rohingya-refugees-myanmar-aung-san-su-kyi-un-report>.

10. “UN Human Rights Chief Points to ‘Textbook Example of Ethnic Cleansing’ in Myanmar.” UN NEWS. United Nations, September 11, 2017, <https://news.un.org/en/story/2017/09/564622-un-human-rights-chief-points-textbook-example-ethnic-cleansing-myanmar>.

11. Paul Mozur, “A Genocide Incited on Facebook, With Posts From Myanmar’s Military.” The New York Times. The New York Times, October 15, 2018, <https://www.nytimes.com/2018/10/15/technology/myanmar-facebook-genocide.html>.

12. Rebecca Hamilton, “Myanmar’s Commission Report Delivers Genocide Denial Playbook.” Just Security, January 31, 2020, <https://www.justsecurity.org/68383/myanmars-commission-report-delivers-genocide-denial-playbook/>.

13. Robert Bociaga, “Between Covid and the Coup, a Humanitarian Emergency Is Underway in Myanmar.” The Diplomat, August 25, 2021, <https://thediplomat.com/2021/08/between-covid-and-the-coup-a-humanitarian-emergency-is-underway-in-myanmar/>.

14. Andrew Nachemson, “Racism Is Fueling Myanmar’s Deadly Second Wave of Covid-19.” The Diplomat, September 11, 2020, <https://thediplomat.com/2020/09/racism-is-fueling-myanmars-deadly-second-wave-of-covid-19/>.

15. Zaw Lahpai, Twitter post, June 2020, 7:39 a.m., https://twitter.com/zaw_lahpai/status/1272493897416011776.

16. Ro Nay San Lwin, Twitter post, June 2020, 5:10 a.m., <https://twitter.com/nslwin/status/1272456385289166849>.

refugees¹⁸ from Thailand to seek medical assistance with no punishment.

For those Rohingya who manage to cross the border into Bangladesh, the struggle is far from over. Kutupalong camp in Cox's Bazar is the largest refugee camp in the world, and one of several sheltering Rohingya refugees in Bangladesh. First established in 1991 to house Rohingya fleeing Myanmar's Operation Clean and Beautiful Nation¹⁹, its population has since swelled to over 700,000²⁰, and continues to grow. The camp is located in the deforested hills of the Chittagong Province, which are vulnerable to floods and mudslides during Bangladesh's monsoon season. Refugees largely lack access to education and vocational training, and some have turned to the illicit drug trade²¹, inciting ire from Bangladeshi locals. Authorities also struggle to cope with the influx of sex traffickers²² exploiting Rohingya women and girls. Citing safety and security concerns, the Bangladesh government heavily restricts movement into and out of the camps²³. Internet and electricity are limited, and access to mobile phones is scarce, leaving many diaspora Rohingya, like Sam, unable to reliably contact their loved ones.

Covid-19 has taken a surprising



(Kutupalong Refugee Camp.²⁴ Image courtesy of John Owens, Voice of America. Public domain.)

amount of time to take a foothold among the Rohingya refugee population. When the first wave swept through Bangladesh in 2020, of the roughly 1.1 million Rohingya in Cox's Bazar, only 11 deaths were reported²⁵. In response to early infection reports, the government instituted a strict lockdown in the camps, withdrawing all but essential services—health, shelter, and food. HAEFA (Health and Education for All), which operates medical centers in the camps, meticulously screens refugees for symptoms, offering treatment not only for Covid but for other chronic underlying conditions that can make infection especially dangerous. Without consistent access to electricity, healthcare workers rely on a solar-powered electronic medical record system²⁶ to track Covid cases. This, in combination with restrictions on refugee movement, is believed to have curbed the spread of infections.

But the recent rise of the Delta variant poses a se-

17. "Those who come into the country illegally, those who receive them knowingly, and those who cover up will be dealt with strictly and severely according to the law: State Counsellor." The Global New Light of Myanmar, June 14, 2020, https://www.gnlnm.com.mm/those-who-come-into-the-country-illegally-those-who-receive-them-knowingly-and-those-who-cover-up-will-be-dealt-with-strictly-and-severely-according-to-the-law-state-counsellor/?__cf_chl_jschl_tk__=pmd_vitnG9BDkd69MdySmrB2jtF4TN0V_xLrJRYOwr.UDeg-1630294115-0-gqNtZGzNAzujcnBszQbl.

18. "State Counsellor discusses preparations for returnees with chief ministers of Kayin, Taninthayi and Mon." The Global New Light of Myanmar, May 6, 2020, <https://www.gnlnm.com.mm/state-counsellor-discusses-preparations-for-returnees-with-chief-ministers-of-kayin-taninthayi-and-mon/>.

19. Habiburrahman Ansel and Sophie Ansel, "Neither 'Clean' Nor 'Beautiful': A Rohingya in Myanmar Speaks." The Wire, August 25, 2019, <https://thewire.in/rights/neither-clean-nor-beautiful-a-rohingya-in-myanmar-speaks>.

20. "UN Teams Assisting Tens of Thousands of Refugees, after Massive Fire Rips through Camp in Bangladesh." UN News. United Nations, March 23, 2021, <https://news.un.org/en/story/2021/03/1088012>.

21. AFP, "Bangladesh Sees Meth Boom amid Rohingya Crisis." Dhaka Tribune, March 30, 2018. <https://www.dhakatribune.com/world/south-asia/2018/03/30/bangladesh-sees-meth-boom-amid-rohingya-crisis>.

22. "The Rohingya Children Trafficked for Sex." BBC News. BBC, March 20, 2018, <https://www.bbc.com/news/world-asia-43469043>.

23. Paul Dorosh, "The Rohingya in Bangladesh Are Surviving – but Their Long-Term Prospects Are Grim." The Telegraph. Telegraph Media Group, June 25, 2019, <https://www.telegraph.co.uk/global-health/climate-and-people/rohingya-bangladesh-surviving-long-term-prospects-grim/>.

24. John Owens, Kutupalong Refugee Camp, photograph, VOA, March 24, 2017, <https://gdb.voanews.com/881EAB01-5F3E-468A-B1CC-F95581521730.jpg>.

25. SN Najmus Sahib, "COVID-19 Kills 11 Rohingya Refugees in Bangladesh Camps." Anadolu Ajansı, April 21, 2021, <https://www.aa.com.tr/en/asia-pacific/covid-19-kills-11-rohingya-refugees-in-bangladesh-camps/2215278>.

26. "Our Approach." Health and Education for All. Accessed August 30, 2021, <http://haefa.org/our-approach>.

rious threat to the Rohingya. “[They] are now at very high risk for this Delta variant because they are not vaccinated at all,” says Ruhul Abid, MD, PhD, recently nominated for the Nobel Peace Prize²⁷. “In our calculations, one-fifth to one-fourth of the adult population suffers a comorbidity such as diabetes, hypertension, or asthma, which can create very severe Covid outcomes. It’s going to become an enormous risk unless we donate vaccines very quickly.”

Abid suggests that vaccine donations to developing nations should include a number earmarked for refugee populations, who remain especially vulnerable and tend to lack access to comprehensive healthcare. “We’re doing good. The United States is roughly 70 percent vaccinated, and soon we’ll reach 80 and 90 percent. But if the rest of the world does not get vaccinated, we’ll have the same problem again. There will be another variant. India had a huge infection rate, and that’s where the Delta variant emerged—because if 1.3 billion people cultivate a virus, there will be variants.” Presently, health workers are undergoing training to inoculate Rohingya refugees aged 55 and above²⁸, pending vaccine availability.

For many Rohingya and advocates, dwindling recognition of their cause as Myanmar’s military crackdown heightens is a cause of frustration. Bangladesh, overwhelmed by the deluge of refugees, has increasingly pushed to

repatriate its Rohingya population²⁹, an effort met with resistance and protest from the refugees themselves, who fear continued persecution and statelessness if forcibly returned to Myanmar. But even if governments and institutions are reluctant to help in the name of altruism, it might be in their own interest to do so. “These things have

to be brought back into the mainstream discussion, because they’re on the back burner right now,” says Abid. “But they can’t be on the back burner. You, your children, and your family might get infected. Developed nations need to know that

developing nations have to be vaccinated for their own safety. Whoever is hosting refugees needs to know that these people must be actively vaccinated, otherwise these pockets will infect again...Covid has taught us at least one thing—that even if we don’t care what happens to marginalized groups, you can’t be safe unless you provide healthcare to everyone.”

“*Unless you go there in person, it’s very difficult to understand the scale of this crisis and how inhuman the conditions are.*”

For most Rohingya, the future remains uncertain. “Currently I’m hopeless,” says Sam. “We don’t see any serious action being taken to solve this issue. We had a little hope during the International Court of Justice case³⁰, but then things went into sleep mode again.”

“Unless you go there in person, it’s very difficult to understand the scale of this crisis and how inhuman the conditions are,” Abid says. “And how forgetful we all are as well. This is something we need to remember.” He expressed hope that mobilization of Yale student platforms to raise awareness for the Rohingya cause might inspire alumni, many of whom occupy powerful positions in government and business, to take tangible action. And Yale is hardly uninvolved—ear-

lier this year, a petition demanding the removal of Yale-NUS Governing Board chair Kay Kuok Oon Kwong³¹ over her alleged financial ties to the Tatmadaw reached over 2,000 signatures. Recognition of genocide may be a largely symbolic gesture, but it can foment political change by leveraging diplomatic alliances, a decision the United States government neglects

27. Jared Zhang, “Nonprofit Organization Founded by Brown PROFESSOR Receives Nomination for 2020 Nobel Peace Prize.” Brown Daily Herald, September 21, 2020, <https://www.browndailyherald.com/2020/09/21/nonprofit-organization-founded-brown-professor-receives-nomination-2020-nobel-peace-prize/>.

28. “Bangladesh Plans to Vaccinate Rohingya against Covid: Official.” Coronavirus pandemic News | Al Jazeera. Al Jazeera, July 16, 2021. <https://www.aljazeera.com/news/2021/7/16/bangladesh-vaccine-rohingya-refugees-covid>.

29. Shaikh Azizur Rahman, “Bangladesh Expects to Start Rohingya Repatriation to Myanmar in June.” Voice of America, January 20, 2021, <https://www.voanews.com/east-asia-pacific/bangladesh-expects-start-rohingya-repatriation-myanmar-june>.

30. Param-Preet Singh and Amy Braunschweiger, “Interview: Landmark World Court Order Protects Rohingya from Genocide.” Human Rights Watch, January 27, 2020, <https://www.hrw.org/news/2020/01/27/interview-landmark-world-court-order-protects-rohingya-genocide>.

31. Julia Brown and Adam Levine, “Petition Demands Removal of Yale-NUS Governing Board Chair over Ties to Myanmar Army.” Yale Daily News, April 29, 2021, <https://yaledailynews.com/blog/2021/04/29/petition-demands-removal-of-yale-nus-governing-board-chair-over-ties-to-myanmar-army/>.

32. Michael P. Scharf, Paul R. Williams, and Milena Sterio, “Why the Us Should Recognize the Rohingya Genocide.” The Diplomat, June 1, 2021, <https://thediplomat.com/2021/06/why-the-us-should-recognize-the-rohingya-genocide/>.

to make.³² Whether it be donating vaccines, or pressuring Congressmen to pass legislation, for an institution as influential and wealthy as Yale, there is more that can—and should—be done for the Rohingya.

*Sam's words have been slightly edited for clarity.

Writer's Reflection

While it is neither advisable nor possible for an individual to be fully aware of and active in advocating for every single human rights abuse in the world, it saddens me how quick we are to forget any given crisis once it's no longer in the headlines. In researching for this article, I was struck both by the immense tragedy of the subject, which words fail to fully capture, and the selflessness of the people who have dedicated their lives to it. Repeatedly, the value of raising awareness for the Rohingya people was emphasized. I hope that in writing this article, I might be able to do just that, even if only incrementally. I'd like to extend my heartfelt gratitude to Sam for sharing his words with me. Our intention initially was to interview some of his contacts within the camps, with him acting as a translator and mediator; however, as a result of the Bangladesh government's restrictions on Internet access, he was unable to reach them. Instead, he graciously agreed to be interviewed over email.

I'd also like to thank Dr. Ruhul Abid both for his noble work and for taking the time out of his busy schedule to speak with me. Lastly, I'd like to call special attention to Tarikul Islam and Rashed Khan from Rise for Rohingya

and Adem Carroll from the Burma Task Force at Justice for All for their generosity in offering me research resources and putting me in touch with Sam and Dr. Abid.

The history of the Rohingya and the entirety of their current situation are deep and complex topics, far beyond what I can explain in my 1500-word limit. I strongly encourage readers to visit Rise for Rohingya, Justice For All, Health and Education for All, and the Yale Rotaract Club to learn more about this issue and find ways of getting involved.

Coronavirus was the last straw for Cubans and their calls remain unanswered

Rashel Chipi

July 11th marked a long-awaited day for the Cuban diaspora. Thousands of Cubans throughout the island took

part in massive protests, for the first time since the Cuban revolution in 1959. Videos of Cubans flooding the streets was a miracle for generations of Cuban exiles who had long lost hope of such a sight. In the protests, Cubans chanted for "food," "freedom," "medicine," and "democracy." However, these demands have been skewed and politicized beyond measure. In truth, for every person who claimed that Cubans that day demanded more so "food," than "democracy," or vice versa, there were Cubans in those crowds, for whom these were deciding factors. After all, the 62 year-long Castro regime has given those with a tie to Cuba multiple grievances, ranging from lack of political freedom to access to bread. However, it is important to acknowledge that the lack of fundamental medical supplies, in the face of a pandemic, was the tipping point for such protests to have occurred. Over a month has passed since July 11th and discourse on what freedom looks like for Cubans has overshadowed an urgent question of medical crisis on the island. While ideological conversations continue, Cubans on the island are on the verge of despair and their global visibility is little to none.

In order to understand the current conditions of the Cuban medical system, it is first important to learn about the issues that have historically plagued the island. Cuba's economy¹ never fully recovered from the famous "Special Period" in the 90s, after the Soviet Union collapsed, and the island has experienced material shortages ever since.² In addition, censorship has been a consistent threat to Cubans with over 100 political prisoners reported in 2020, and that number has

1. The Economist. "Cuba is Facing its Worst Shortage of Food."

2. Cuba Platform. "The Special Period."

more than tripled since July 11th.³ The pandemic has exacerbated such scarcity and political tensions by prompting a dollar crisis and forcing the country to close its borders to tourism, which is the country's second highest source of income.⁴ The medical system has waned alongside the economy, which alone is not unique to Cuba during the pandemic, but the stakes for Cuba on the global stage are certainly unique.

Medical affairs have always been politicized in Cuba's history because they have become a key metric for the success of the Cuban government, which in turn, has been used as a legitimiser for communism. The pandemic has highlighted such hyper politicization as American media lost no time in using concerning medical situations as either a segue to preach about the failures of communism⁵ or to sermonize about the evils of the U.S embargo⁶ placed on Cuba. In focusing on discourse about the competence of the Cuban government, the media is contributing to making Cubans' health an afterthought. Daniel A. Rodriguez, a professor at Brown University, has observed the Cuban medical system for about 20 years and made a clear-cut statement regarding healthcare in Cuba: "You can't understand the protests outside of the government's failure to fulfill what the people had come to agree was one of its minimum tasks."

Article 25 of the Universal Declaration

of Human Rights, states that, "everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including . . . medical care⁷." While many countries, including the US, do not provide healthcare through a public system, the Cuban government does. In fact, expectations for the Cuban government to provide public healthcare was fostered by the government itself as a promise of the Cuban revolution. They not only pledged to provide healthcare to their citizens, but also to civilians abroad. To fulfill such responsibility, Cubans have the most doctors per capita in the world.⁸ Following countless natural disasters, Cuban medical missions have provided a viable alternative to "disaster tourism" in the Global South.⁹ The Henry Reeve Brigade, a group of several thousand Cuban medical specialists, was formed in 2005, and has assisted in Chile, Pakistan, Peru, and countless more. At the start of the pandemic, Cuba sent brigades to Andorra, Italy, Venezuela, and Jamaica.¹⁰ Such a prestigious international reputation in medicine makes it difficult for many to believe that the Cuban government could be culpable in the medical neglect of its own people.

Doubts about the government's faults are rationalized through the U.S embargo, which is often solely blamed for Cuba's inability to acquire resources, including medical supplies.¹¹ However, this logic does not account for

restrictions established by the Cuban government, which further limit civilians' access to supplies. Just after July 11th, the Cuban government responded to the protests by lifting restrictions on travelers bringing food and medicine to the island.¹² The policy allows travellers to bring a larger amount of supplies and lifts a tax they previously paid for importing those supplies.¹³ This new policy will likely have a low impact since few flights currently operate from Miami to Cuba. A Trump era policy in 2019 banned all U.S flights to Cuba except for Havana.¹⁴ More importantly, it bears the question of why such a restriction existed in the first place. Rather than accepting humanitarian aid, which would save countless lives, this policy places the burden on Cubans abroad, to desperately shove as many supplies as they can into suitcases, to save their relatives on the island. Yasmin, a Cuban immigrant in Miami who is also my mother, has been sending packages and remittances to her family overseas for over two decades. Since the start of the pandemic, she has, "practically not been able to help them." When asked how she has been able to send help, she responded: "I can only send them money here and there. Before the pandemic, I used to send them packages, through Miami Cubans, whose business was to travel to Cuba and transport packages. They have since stopped because the government obligated all travelers to quarantine for 14 days upon arrival, which makes the business unprofitable

3. Human Rights Watch. "Cuba Events of 2019"

4. Frank and Marsh. "Cuba to Devalue Peso."

5. Walker. "Communism has Failed Cuba."

6. Conley. "Progressives Call on Biden to Lift U.S. Embargo."

7. United Nations. "Universal Declaration of Human Rights."

8. The World Bank. "Physicians per 1,000 People."

9. Kirk, J. "Healthcare without Borders."

10. Rodriguez. "Cuban Docs Fighting Coronavirus."

11. Speck. "Lift the Embargo."

12. Macintosh and Oppmann. "Cuba Lifts Customs Restrictions on Food and Medicine."

13. Al Jazeera and News Sources. "Cuba lifts food, medicine customs restrictions."

14. Frank and Shepardson. "U.S Bars Airline Flights To All Cuban Airports Except Havana."

for them. I recently sent a package of medication for my family through Rexport Cargo, a shipping agency, but the package won't arrive for another two months. One day, my sister who lives on the island, told me over the phone, 'there is so much desperation in the streets, it looks like a war zone.' Us Cubans are really frustrated because we are so close to our family yet so far because we cannot give them the help they need."

The collapse of the medical system occurred in parallel to the country opening its borders to international travel on November 15th, 2020, which allowed a fifteen-fold spike in cases across the country for the year 2021.¹⁵ This concerning increase came at a time when the Cuban hospital system is experiencing more material scarcity than usual and medical professionals on the island are inundated with the rise of patients. An online movement in Matanzas, using the hashtag #SOS-Matanzas, has arisen in response to the abysmal conditions in hospitals. Civilians have taken to their Facebook pages to show hospitals, completely void of basic sanitation and supplies including food, pillows, and sheets.¹⁶ Some have even reported cadavers sitting in their homes for 24 hours before anyone could pick them up.¹⁷ The movement urges for assistance from anyone willing to help in other provinces and internationally. The Cuban government dismissed these efforts as a promotion of U.S intervention, a common tactic used to gaslight Cubans who experience human rights violations and detract from the government

taking accountability for its inaction.

The Cuban government's insistence on proving self-sufficiency has cost its civilians' precious time and lives. At the time this article was written, Covid-19 Cuba Data reports over 500,000 cases and 4000 deaths since the start of the pandemic.¹⁸ The government has opted to make their own vaccines through BioCubaFarma, Cuba's biotechnology organization, instead of accepting foreign vaccines, which were developed sooner. This delay put Cuban civilians in a compromising situation as Cuba reopened its borders. Additionally, the government has refused to provide their vaccines' progress to the WHO's Covid-19 vaccine tracking system.¹⁹ BioCubaFarma has developed the Abdala vaccine and Soberana 02 vaccine, which both require three doses.²⁰ The need for three doses per civilian exacerbated a syringe deficit on the island. Fortunately, the Cuban government did accept a donation of 1.7 million syringes from Global Health Partners, an organization from New York.²¹

Earlier this summer, Yale's Cuban-American Undergraduate Student Association (CAUSA) released a statement in response to the July 11th protests. The statement called for humanitarian aid, among other demands. Kelly Gouin UG '22, the President of CAUSA, was raised on the island and when asked about her interactions with Cuba's healthcare system, she responded, "I can confirm the dire need that Cubans face. It is true that the system is universal and free of charge, as people often bring up

while defending communism, however, the lack of basic goods and medicine, the decaying state of the infrastructure, and consequently, the diminished quality of service result in a system unable to meet the people's needs. So yes, you might not need to pay or have insurance coverage for your otherwise \$20,000 surgery that you absolutely need, but you might also not get the surgery at all because there is no running water at the hospital, or there are no sterile products to operate with." Gouin added, "I don't think Cubans lack the talent or knowledge to handle this crisis to the same level of relative success other countries have achieved, but they do lack the resources, and unfortunately, that can make a huge difference."

As material conditions worsen on the island, the most important thing Yalies and other outsiders can do is listen to Cubans of all identities and connections to the island. Cuba is fast-approaching a turning point in its history and everyone must keep their eyes peeled for when the political pleas overshadow the survival of Cubans on the island. As Professor Rodriguez said, "It will be interesting to see where the Cuban government goes with this in four to five years." The question remains of whether the Cuban government will accept humanitarian aid and whether their vaccines prove successful and lucrative abroad. The legitimacy of the Cuban government will depend on its next steps to address this medical crisis, but more importantly, the lives of Cubans on the island will depend on those next steps.

15. U.S Embassy in Cuba. "COVID-19 Information."

16. El Toque. "Médicos y Familiares Cuentan la Situación en Matanzas."

17. Ibid.

18. Covid-19 Cuba Data.

19. Torres, G. "Cuba Says Two of its Vaccines Are Effective Against Covid-19."

20. Ibid.

21. Torres, G. "Once Again, Cuba Blames the U.S Embargo."

Writer's Reflection

As I immerse myself in the world of media, I realize the importance of incorporating context, specifically through history, when discussing new developments. The moment history is introduced into a current-day discussion on any matter, nuance and complexity inevitably form. All topics regarding Cuba run especially close to home for me since I am a first-generation Cuban-American. These stories and issues shaped my upbringing and my relationship to my family on the island.

During my first semester at Yale, I completed the course, "Historical Perspectives on Global Health," and for our semester-long project, I created a virtual bank of articles recording coronavirus developments in Cuba as well as sources that detailed Cuba's medical history. At the time, I did not realize that I was trying to present current-day news through a historical lense. This article gave me an opportunity to solidify all these connections, which had been forming for the past year. It was the marriage between my personal history and journalistic aspirations. Cuban medical history is extremely complex and cannot be adequately explained in under 2000 words. I encourage you to read through the sources I have linked throughout the article and to speak with Cubans of all identities. Cuban medical affairs are ubiquitous on the island, which makes it likely that a Cuban you speak to will have a story to tell. While I searched for sources that interviewed Cubans on the island, it was important for me to remember that many Cubans on the island, who choose to speak up, may not feel safe enough to express themselves fully. Some Cubans may refrain from speaking at all. Such is the

case with several of my relatives on the island. These limitations are important to keep in mind as we will never fully understand what it is like to live on the island.



ICE immune to following public health policy during pandemic

How the coronavirus pandemic has harmed immigrants in detention centers, violating the human rights to life and asylum, and what this means about our immigration system as a whole.

Eda Aker

XXX is an undocumented immigrant. He has poor lung function and no criminal history. During the pandemic he spent his days in fear trudging through legal documents in a foreign language, in a prison in a foreign land, faced with a deadly foreign disease. He exerted extensive efforts to be released, working with an English speaking lawyer for months. His condition legally qualified him for an earlier release date than was attained. XXX's name will remain undisclosed, as he himself could not speak with me, but his lawyer did. Compared to others, XXX's story is relatively happy — it ends with being released from detention by a judge and is one that is told. For the vast majority this is not the case.

Immigrants in detention have faced multitudes of hurdles during the pandemic to ensure their wellbeing. According to the Vera Institute of Justice, there have been over 25,000 cumulative cases of COVID-19 in ICE Detention Centers since the start of the pandemic.¹ The Journal of the American Medical Association found that between April and August 2020, the amount of people who tested positive for COVID-19 in ICE detention centers in 2020 was 5.7 to 21.8 times higher than the rate for the general US population.² Investigations by Physicians for Human Rights have found that ICE's health and safety practices strongly did not comply with the CDC's guidelines for public health.

The chain of command in ICE facilities does provide some explanation to where the room to violate COVID-19 guidelines come from. Ranit Mishori, Physicians for Human Rights Senior Medical Advisor, shared that most ICE facilities are operated by private organizations with their own standards of operation. While the chain of command for detention centers involves an individual ICE facility's own medical team, the Chief Medical Director of ICE, and the Chief Medical Director of Homeland Security, she explained there is little way to make certain legally mandated CDC measures are implemented.

Though detention centers themselves do not disclose much information on what happens within the facilities, ICE's indiscrepancies with following CDC protocol and inhumane treatment of immigrants are told in a multitude of ways; physician reports,



("Detention unit in disarray at an ICE detention center in MA in 2020". Image courtesy of CNN.)

“**Detention centers in the US have denied immigrants the right to life.**”

human rights advocacy groups, legal aid groups, social media, and detainee testimonies.

Detention centers in the US have denied immigrants the right to life. The right to life, explained Mishori, by definition is to not be arbitrarily killed by a state agent. In the case of immigrant detention, this means that government run ICE agents have a “duty to protect without due diligence” the mental and physical well being of immigrants in detention.

“No matter how you look at it, there were deficiencies in how the disease was managed in the settings and a lack of transparency,” continued Mishori.

One major problem in detention facilities during the pandemic has been the lack of health safety precautions and protocols. The nature of coronavirus being an communicable disease makes it susceptible to spreading in congregate settings— such as densely packed ICE facilities. Without the adequate social distancing protocols in place, immigrants in detention were particularly susceptible to contracting the virus. It is nearly impossible to maintain health safety in centers where detainees sleep on bunk beds and in rooms with no natural ventilation, and the average distance between beds is 2.87 feet.³ Addition-

1. Noelle Smart and Adam Garcia, “Tracking COVID-19 in Immigration Detention,” Vera Institute of Justice, November 18, 2020, <https://www.vera.org/tracking-covid-19-in-immigration-detention>.

2. Physicians for Human Rights, “Praying for Hand Soap and Masks,” Physicians for Human Rights, January 12, 2021, <https://phr.org/our-work/resources/praying-for-hand-soap-and-masks/>.

3. Ibid.

ally, as mentioned by Lauren Kostas, a Managing Attorney with the Florence Project, the unrestricted transport of immigrants to and from facilities, and entrance of ICE agents and contractors, went against CDC protocol and led to the spread of the virus.

In the case that a detainee showed signs of sickness, detention centers also did not employ the proper protocols. Mishori mentioned how if a detainee were to show a sign of sickness, ICE failed to properly test and isolate them in negative pressure rooms—opting instead to throw detainees in solitary confinement.

Another major problem in detention facilities to protect the health of detainees has been the lack of hygienic and sanitary products. Many immigrants in detention did not have soap or hand sanitizer, and those that did had little, at times having to resort to using shampoo to prevent the spread of COVID-19.⁴ They also did not get masks until late on in the pandemic, and if they were given masks, they would be low-quality, unclean, and a “one-time occurrence.”⁵

In addition to a lack of hygienic and sanitary products, disinfectants were greatly misused in detention centers. The Environmental Protection Agency found that ICE used pesticides as cleaning chemicals in detention centers.⁶ Detainees were exposed to these pesticides which are normally used outdoors, up to 40 times per day, in every enclosed unit. Such over-exposure to pesticides is detrimental to

an individuals’ health—it can increase one’s likelihood of contracting an infection and lead to higher rates of chronic respiratory conditions and decreased lung function.⁷ In sum, with the misuse of disinfectants, ICE not only promoted the spread of COVID-19 but also left detainees even more at risk from COVID-19.

“Our system categorizes people into good and bad immigrants and decides

dehumanized detainees was by failing to communicate with them about the virus. Kostas shared that during the pandemic many detainees with pre-existing medical conditions were not only denied their legally entitled accommodations, but also were not aware they were entitled to them.

“Immigration detention has just become part of this deportation machine and is just really cruel,” continued



“Close living quarters at an immigration detention center in TX in 2007.” Image courtesy of Getty/Paul J. Richards and STR. Center for American Progress.)

who deserves detention, deportation, enforcement, and prioritization,” shared Tosh, speaking of the unjust treatment of detainees in immigrant detention during the pandemic and as a whole.

Not only was ICE problematic in following health safety measures concerning COVID-19, they received significant backlash later on during the pandemic for their lack of transparency for their dehumanizing treatment of detainees. One way in which ICE

Kostas. She emphasized the psychological implications of ICE’s dehumanizing treatment of detainees. First, since detainees do not have contact with the outside world and many do not speak English, many of Kostas’s clients were not made aware by ICE of the need for masks, social distancing, or even the fact that there was a pandemic. Second, even when vaccines became available in facilities, ICE’s lack of transparency led detainees to continue to be terrified for their lives by being injected at the hands of an

4. Physicians for Human Rights, “Praying for Hand Soap and Masks,” Physicians for Human Rights, January 12, 2021, <https://phr.org/our-work/resources/praying-for-hand-soap-and-masks/>.

5. *Ibid.*

6. Tina Vasquez, “EPA Warns an Immigrant Detention Center to Stop Cleaning Microwaves with Pesticides,” The Counter, August 11, 2021, <https://thecounter.org/ice-processing-detention-center-immigration-tacoma-pesticides-covid/>.

7. Thomas Blecher, Kathryn Hampton, and Ranit Mishori, “In COVID-19 Response, ICE May Be Misusing a Common Disinfectant in Detention Facilities,” Physicians for Human Rights, August 10, 2020, <https://phr.org/our-work/resources/in-covid-19-response-ice-may-be-misusing-a-common-disinfectant-in-detention-facilities/>.

agent with an ‘unknown’ substance.

In addition to ICE’s lack of transparency within facilities to detainees, their lack of transparency with outsiders on what happens inside detention centers has proved a cause for public concern. The horrific treatment of detainees in ICE facilities has brought forth multitudes of immigrant protests for human rights all around the US.

One example is a hunger strike in The Northwest Detention center in Tacoma, Washington. The strike showcased the voices of up to 50 detainees calling for more humanitarian treatment for immigrants and to stop deportation until the pandemic ended.⁸ Normally when detainees find the means to protest against ICE’s actions, they are punished by being pepper sprayed, thrown in solitary confinement, or struck by rubber bullets.⁹ However, sometimes, such hunger strikes garner enough attention to lead the centers to close.¹⁰

On the one hand, Maru Mora Villalpando, an undocumented immigrant, recognizes the success of such calls to action by immigrants. She is herself a community organizer with La Resistencia, a grassroots organization which supported the immigrants at the Northwest Detention Center hunger strike.

On the other hand, Villalpando also recognizes that the reason such strikes happen is beyond ICE’s violation of CDC protocols or the right to health. Rather, the overarching concern for

immigrant rights, the humane treatment of immigrants and the right to asylum, lies with the nature of the US immigration system itself.

“This is really a struggle for being recognized as human beings, just because we are, ‘not from here,’” Villalpando emphasized.

The right to asylum, explained by Sarah Tosh, Assistant Professor in the Department of Sociology, Anthropology, and Criminal Justice at Rutgers, by definition involves no jail time and granted due process of law for all immigrants. The fact that asylum-seeking immigrants are thrown in centers that were previously prisons, and the conditions they lived under during COVID-19, are reasons why Tosh argues that detention equates to incarceration in the US. The fact that immigrants are denied due process of law in immigration court proceedings regularly, and the worsened legal denial of rights to those with pre-existing conditions during COVID-19, are reasons why Tosh argues our system has failed in protecting the right to asylum.

“*This is really a struggle for being recognized as human beings*”



(“Privately Owned Immigration Detention Center in Tacoma, WA” Image courtesy of Dean J. Koepfler, News Tribune).

The pandemic has highlighted how the right to health and asylum are threatened by detention centers.

In order for the nation to move forward— both to protect the people from the more contagious Delta variant and from injustice through human rights violations— our first goal should be to not be complacent. While Kostas, Tosh, and Villalpando agreed that the change from the policies of Trump to the Biden administration have been beneficial to furthering these causes, per the increased investigations on facilities following guidelines, vaccination efforts and funding, it is still not enough.

We must be vigilant about making sure there is transparency with detention centers and with

8. Detention Watch Network Copez, “People Detained at the Northwest Detention CENTER Spell out Distress Signal, Sos, as They Begin the THIRD Hunger Strike at the Facility in Three Weeks to Demand Their Immediate Release,” Detention Watch Network, April 16, 2020, <https://www.detentionwatchnetwork.org/pressroom/releases/2020/people-detained-northwest-detention-center-spell-out-distress-signal-sos>.

9. Jose Olivares, “ICE’s Immigration Detainees PROTESTED Lack of Coronavirus Precautions - and SWAT-LIKE Private-Prison Guards Pepper-Sprayed Them,” The Intercept, May 5, 2020, <https://theintercept.com/2020/05/05/ice-stewart-immigration-detention-coronavirus-protest-pepper-spray/>.

10. Nina Shapiro, “Lawsuit Challenges New LAW CLOSING Immigrant Detention Center in Tacoma,” The Seattle Times (The Seattle Times Company, May 17, 2021), <https://www.seattletimes.com/seattle-news/lawsuit-challenges-new-law-closing-immigrant-detention-center-in-tacoma/>.

listening to the words of others. During the pandemic immigrant hunger strikes and testimonies were the primary evidence to uncover ICE's violations, and in the future with Delta as well, we must listen to the needs and stories of those with direct connections and knowledge about how the system works in practice.

"This is a time where we can have the opportunity to reshape society altogether," asserted Villalpando, "there's no perfect campaign. There's no perfect movement. And there's no perfect struggle. We all are still learning on how to go about this...so I think that there needs to be a huge shift on how people think." The effort to learn from immigrants and investigations on immigrant detention rights must continue. Even if detention is abolished, that is not the end of the movement for immigrant rights, it is merely the end of a campaign.

Immigrant detention has long been a large topic of campaign in the United States. But beyond the media attention it has garnered during the Trump Administration, there lies a larger conversation that needs to progress—immigrant rights as a whole is a vital issue that needs to continuously be addressed for the health of our citizens and nation.

Writer's Reflection

When asked, most of us would say we care about human rights. But what can we do with this care? My hope was that by writing this article I would be able to inspire others to find ways to act on immigrant detention. In my process of understanding, I was most impressed by the mindset my interviewees shared on the topic as a group. All who I spoke to happen to have ties to the issue of



human rights within immigrant detention centers. They were immigrants, raised in immigrant communities, or worked with immigrants. The work they did was inspired by their backgrounds, despite each of them approaching the issue through a different profession and method. What impacted me the most from our conversations were how all my interviewees knew that their backgrounds gave them sensitivity to the topic of immigrant detention, but they understood that this sensitivity did not make them complacent in understanding the topic. In fact, all of my interviewees mentioned several other individuals involved with immigrant detention within our conversation. They all put in so much dedication to understand the problems with detention, and act knowing that there is no one or easy solution. I am of course greatly limited in my understanding—I did not get the opportunity myself to speak directly with XXX or individuals currently in detention centers—instead I used second hand retellings from their legal representatives, activists, and first-hand testimonies I found online. Because most immigrants are willing to talk. Despite this limitation, I hope that I have told a small fraction of their stories well here. What I learned from this process and what I hope all my readers take with them: there is always a story to write and always a story to listen to.

“
We must listen to the needs and stories of those with direct connections and knowledge about how the system works in practice.
”



Pwersang Balikbayan - The state of Overseas Filipino Workers amid the COVID-19 pandemic

Top left: HK Victoria Park Filipino Migrant Workers. July 4, 2007. Wikimedia Commons.

**Razel
Suansing**

As the pandemic ushered in lockdowns across the globe, Haifa found herself jobless amid an unknown country with no relatives or acquaintances by her side. She worked as a domestic helper in Oman for three years when her contract expired during the pandemic. With few job prospects, she decided to come home to Shariff Saydona, Maguindanao.

What waited were not the usual “Welcome Home” banners and cheery loved ones, but men in military uniform guiding her across the airport. She joined the lines and lines of Overseas Filipino Workers, waiting for their quarantine hotel designation and mandatory COVID-19 test. After she finished her 14-day quarantine in Manila, she booked a flight home, where she underwent another 14-day quarantine.

She was not prepared for the stigma she faced.

“When I arrived, no one wanted to talk to me,” Haifa told Oxfam Philippines.¹ “I even heard someone say, ‘There’s an OFW there! Don’t go near that house!’ I felt hurt because people were talking negatively about me and my circumstances.”

While in quarantine, she felt continued isolation as her family was unable to see her during the 18 days.

Haifa’s circumstances are all too familiar to the Overseas Filipino Workers, who arrived during the pandemic.

Known as the country’s economic tanks, the OFWs contribute much to the Philippines’ Gross Domestic Product due to remittances. Many lost their jobs amid the pandemic. A 2021 Senate Report found that from 2019 to 2020, total OFW deployment dropped from 2.2 million to 549,800, contracting by 74.5 percent.² Over 80 percent of the affected OFWs opted to come home; about 49,700 are awaiting repatriation.

OFWs faced less than a hero’s welcome as they faced stigma, perilous returns, and an uncertain future amid the pandemic.

“Balik Probinsya” (Back to the Province)

After completing their quarantine, OFWs flew back to their home provinces through the government’s “Balik Probinsya” program. Under two “Bayanihan,” or COVID emergency

1. Estacaan, Genevieve. “Stigma Stories: AN OFW’s Journey HOME: Oxfam PHILIPPINES.” Oxfam in Philippines, 2021. <https://philippines.oxfam.org/latest/blogs/stigma-stories-ofws-journey-home>.

2. Rep. Effect of COVID-19 Pandemic on OFW Deployment and Remittances, April 2021. http://legacy.senate.gov.ph/publications/SEPO/AAG_Migration%20and%20Remittances%20amidst%20COVID%2019_final.pdf.

response laws, they received cash, free COVID-19 testing, accommodation, food, and transportation.³ Almost a million returning OFWs had RT-PCR tests and 580,100 were successfully sent back to their homes.

The OFWs lamented, however, that the one-time cash assistance through “Abot Kamay ang Pagtulong or Help is Within Reach” or AKAP program of 200 dollars was barely enough to cover the cost of RT-PCR tests and accommodations during quarantine.

Some were not able to come home and made up of almost half 250,000 locally stranded individuals in the capital within sports stadiums. These LSIs would crowd without the stadiums because of the little available space, making the conditions prime for COVID transmission. Local Government Units stated that many of the COVID cases in their provinces are from repatriated LSIs.⁴ These local government units would need to find money within their coffers to create isolation centers.

Those who were able to return home right away had little means of surviving economically. Out of the millions of OFWs that arrived in the Philippines, the government approved only 600,000 requests for assistance.⁵ GMA News reported that some had become so desperate that they resorted to selling their blood and donating their organs.⁶

Even amid these circumstances, many OFWs remain steadfast in their goal to find jobs after pandemic recovery.

Weakening recruitment

In an interview for this article, Leading migration expert Emmanuel Geslani predicts that OFW deployment will not recover until 2022; he further predicts that OFW remittances are only expected to grow by around two percent in the next two years. Geslani attributed the slow recovery to the steady return to normalcy of economies within the Middle East and Europe, prime locations for OFW deployment. Geslani added that the travel restrictions imposed by several countries in the Middle East, where the Philippines deploys 70 percent of its OFWs per year contribute to the grim outlook.

According to Philippine Overseas Employment Administration Chairman Bernard Olalia, the overseas recruitment industry has virtually collapsed from 800 land-based agencies and around 300 sea-based manning agencies to less than 100 agencies. Geslani added that the most severely affected sector is household service, which makes up 60 percent of the country’s yearly deployment.

Geslani noted that recruitment agencies are facing problems because of the POEA policies on Saudi Arabia. The policy issued in October 2020 suspended the accreditation of “new” principals or employers, the renewal of foreign principal accreditation, and the application of job orders from mega recruitment agencies. An additional memorandum released in May 27 suspended the deployment of OFWs to Saudi Arabia.



“The department received reports that departing OFWs are being required by their employers/foreign recruitment agencies to shoulder the costs of the health and safety protocol for COVID-19 and insurance coverage

3. Rep. Effect of COVID-19 Pandemic on OFW Deployment and Remittances, April 2021. http://legacy.senate.gov.ph/publications/SEPO/AAG_Migration%20and%20Remittances%20amidst%20COVID%2019_final.pdf.

4. Fernandez, Ica, Justin Muyot, Abbey Pangilinan, and Nastassja Quijano. “A Hero’s Welcome? Repatriated Overseas Filipino Workers and COVID-19.” LSE Southeast Asia Blog, October 14, 2020. <https://blogs.lse.ac.uk/seac/2020/10/08/a-heros-welcome-repatriated-overseas-filipino-workers-and-covid-19/>.

5. Santos, Tina G. “More than 600,000 Ofws Seek Dole Assistance amid Pandemic.” INQUIRER.net, August 17, 2020. <https://globalnation.inquirer.net/190280/more-than-600k-ofws-seek-dole-assistance-amid-pandemic>.

6. Casilao, Joanna Lei. “Stranded Ofws in Saudi Forced to Sell Their Blood to Survive.” GMA News Online. GMA News Online, June 24, 2020. <https://www.gmanetwork.com/news/pinoyabroad/news/744064/stranded-ofws-in-saudi-forced-to-sell-their-blood-to-survive/story/>.



Filipino Workers Clear Volcanic Ash from a Drainage Ditch in Anticipation of the Upcoming Rainy Season. The Ash Was Deposited during the Eruption of Mount Pinatubo. U.S. National Archives & DVIDS Public Domain Archive. Accessed September 13, 2021.

premium upon their entry in the Kingdom,” Labor Secretary Silvestre Bello III said.

In a May 28 briefing, Olalia said that the department wanted to prevent OFWs from “bearing the brunt” of the requirement amid the pandemic.

The policies on Saudi Arabia have dismayed OFWs and recruitment agencies because of the loss of job prospects in the Philippines’ largest labor market.

Geslani said that overall OFW deployment has decreased because the POEA is working with a skeletal workforce. The 5000 Filipinos leaving the country every day in 2019 have now lowered to 2000. Geslani added that he is not optimistic the government will reach its target of 500,000 OFWs deployed.

Geslani also added that a great proportion of OFWs are seafarers or work in the cruise industry.

“Many of our OFWs are actually seafarers, and a huge part of seafarers work in luxury, or those in the same type of ships. And I don’t think that kind of industry will take over anytime soon,” Justin Muyot, a senior lecturer at the University of Philippines, said. Muyot added that since

shipping and logistics are essential services, seafarers in those industries can expect to get employed.

The demand for Filipino nurses
Internationale Nederlanden Groep Senior Economist Nicolas Mapa added that amid the pandemic, healthcare workers have seen an increase in demand.

Early in the pandemic, the Philippine government imposed a nursing cap of 5000 for OFW deployment because the government stated that the Philippines was experiencing a nursing shortage. Now that the cap has been lifted, Mapa stated in his interview for this article that the nursing profession can become a reliable source of remittances.

He predicted that the government may try to leverage the nursing demand for increased opportunity for other professions.

“If they have to deal with that in Japan, I do know, we have a new signing deal with them. for caregivers, nurses in the like, maybe they leverage as they need, you know, could you give us a little more leeway on slots for professionals as for engineers with like, maybe that’s something they try to, you know, utilize in the next few years?” Mapa said. Mapa recognized that though the mirage of overseas nursing has faded in the past 10 to 15 years, nursing still continues to be a profession OFWs go into.
...

“Now people realize that it’s still a very good profession to get into,” Mapa said. “And once again, this is all private-sector driven. This is all households just deciding this is the way to go with income, and [they] fill up in that

sector.”

Lessening reliance on remittances?

Muyot said that even prior to the pandemic, the Philippines was becoming less reliant on remittances as a source of economic growth.

“In the first part of this millennium, so early 2000s, it was growing at a higher rate, and I say in the last 10 years, the growth has slowed down because it’s become almost 30 billion a year, when in the early 2000s, it started out around 10 billion a year,” said Muyot. Muyot said that though he expects remittances to continually grow, it is uncertain of the range in which it will grow.

“My question is if it will be a growth of around four to five percent, which is what we saw in the last decade?” Muyot said. “Or will it be slower? Two to three percent, or even one to two percent? Because of the pandemic, but in general, I think it will probably grow around that range for the next decade.” Though remittances will remain a crucial element of the Philippine economic recovery, the precarious public health situation around the world and the weak OFW deployment show that the government must rely on other sectors to boost its economy. Most importantly, the government must address the woes of current OFWs to urge future economic tanks from taking the task on in the post-pandemic world.

Writer’s Reflection

I wanted to write this article to shed light on the plight of OFWs, the unsung heroes of the country. I wanted to shed light on the human rights violations they faced during the pandemic and how we as a country should improve in our response. It was difficult

to find OFW primary sources but I was lucky to find experts, who were willing to talk to me.

Kashmir: land of lockdowns

Hamera Shabbir

This August marks two years since the contentious abrogation of the Indian Constitution’s Article 370 which granted Jammu & Kashmir special autonomy. Afterward, the disputed region would experience the longest Internet shutdown instituted in a democracy compounded by the eventual spread of COVID-19.

Seven months before Indian Prime Minister Narendra Modi ordered a nationwide lockdown in response to the COVID-19 pandemic, the territory of Jammu & Kashmir (J&K) had begun a peculiar shutdown with no similitude in any other democracy. Beginning August 5th, 2019, Kashmir endured curfews during peacetime, received troops in the world’s most militarized region, and lost access to communication networks as New Delhi revoked Article 370 of the Indian Constitution. Kashmiris would lack access to vital information and infrastructure for over half a year, inhibiting the region’s response to the eventual arrival of COVID-19 in early 2020. High-speed internet access returned this spring, but the consequences of a 552-day communications blackout have devastated a generation of educational, healthcare, and civil society efforts in an already underserved region.

“Kashmir was thrown into this information black hole. We had no idea what’s going on in the rest of the world. The people in the outside world had no idea what’s happening in Kashmir,” recalled Ifat Gazia, a second-year doctoral student at the University of Massachusetts-Amherst and host of The Kashmir Podcast.¹

Into the valley

Internet shutdowns serve as a lynchpin mechanism in silencing civil unrest in India—categorized as “partly free” on the net by Freedom House— and disproportionately target J&K, with 312 Internet shutdowns since 2012,² per the Software Freedom Law Center India. Shutdowns in J&K disproportionately occur after periods of increased demonstrations, especially those related to what the Indian government deems militancy, and coincide with physical lockdowns that can paralyze social necessities such as education for up to 150 days. Hafsa Kanjwal, an assistant professor in the history department at Lafayette College, explained that the Indian government views the Internet as a space for militants, “or people who want to cause political trouble,” and therefore, cites the “rubric of terrorism” as a rationale to shut down communications.

This strategy has come under criticism from human rights observers ranging from Amnesty International to the United Nations Office of the High Commissioner for Human Rights. In

May 2017, the UN Special Rapporteur for Freedom of Opinion and Expression, David Kaye criticized a telecommunications shutdown precipitated by student protests and characterized it as “collective punishment.”³

India, however, would not heed this warning and continues to limit access to the Internet ahead of its own initiatives. Early in August 2019, Indian authorities urged pilgrims, tourists, and students to exit J&K as at least 25,000 troops entered the region,⁴ escalating the region’s status as one of the most militarized zones in the world and heightening the fears of Kashmiri residents. On August 5th, the Indian government revoked Article 370—a fundamental amendment to the Indian constitution that protected Kashmiri autonomy—and cut communication networks.

“I wake up to my phone with like zero signal. I have no idea what’s going on. We turn on the TV, there are just two, three Indian news channels... You can’t step outside of your home because they had flown so much of military to an already super militarized region. There was curfew, so you have no idea what’s going on,” Gazia recollected. She would soon return to the United States, where she would be unable to communicate with her family for seven months.

Schools shut down, movement slackened under curfews, and families struggled to make sense of an unclear

future. Documentation from the Kashmir Tourism Department reveals that tourism between August and December declined by 86% in 2019⁵ compared to the same period in the year prior, devastating Kashmir’s tourism industry. Without a connection to the outside world, Kashmiri journalists commuted out of J&K to complete their stories.

“The consequences have been really difficult, I think, not just the material consequences, but also the psychological toll that it’s taken on people just to kind of live in a way where they feel that they are completely isolated from the rest of the world, and the rest of the world has no idea what’s going on,” Kanjwal said, “That’s how, in many ways, Kashmiris feel even beyond the times that there’s major internet shutdown because India kind of blocks the ways in which Kashmiris can express themselves themselves, even when there is internet.”

Public health amidst censorship

Early on, Kashmiri hospitals suspended treatment to their poorest patients as workers could not process patients’ registration to a national health welfare program.⁶ Software in these hospitals, including those of life-saving devices, could not be updated and doctors could not consult with one another during curfew or through any communication networks. These conditions led to one doctor’s arrest in August after he staged a sit-in to demand an end to the communications shutdown.⁷

1. The Kashmir Podcast. “The Kashmir Podcast.” Linktree, Stand with Kashmir, linktr.ee/kashmirpodcast/.

2. “Freedom on the Net 2020: India,” Freedom House, 2020, freedomhouse.org/country/india/freedom-net/2020.

3. “India must restore internet and social media networks in Jammu and Kashmir, say UN rights experts,” OHCHR, May 11, 2017, ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21604&LangID=E.

4. Nazir Masoodi, “25,000 More Troops Being Moved To Kashmir, Week After 10,000-Strong Push,” NDTV, August 1, 2019, www.ndtv.com/india-news/jammu-and-kashmir-25-000-more-troops-being-moved-to-kashmir-week-after-10-000-strong-push-2079007.

5. Muzamil Bhat, Chitrangada Choudhury, “Number of Tourists in Kashmir Down by 86% in August-December 2019: RTI,” The Wire, January 16, 2020, thewire.in/government/kashmir-tourism-article-370-rti.

6. Swagata Yadav, Athar Parvaiz, “In J&K Shutdown, PM’s Health Scheme Grinds To Halt, Healthcare Crisis Grows,” India Spend, September 5, 2019, www.indiaspend.com/in-jk-shutdown-pms-health-scheme-grinds-to-halt-healthcare-crisis-grows/.

7. BBC Urdu (@BBCUrdu), Twitter, August 26, 2019, twitter.com/BBCUrdu/status/1165974265524555776.

In late January 2020, access to 2G Internet was allowed under government restrictions just two months before the state's first COVID-19 case would be detected. The Government of J&K echoed anti-militant sentiments in warning that Internet users may "propagate terrorism, indulge in rumor-mongering, support fallacious proxy wars, spread propaganda/ideologies."⁸ One media analysis found that under a 2G connection, only 126 of 301 whitelisted sites were somewhat usable as social media sites remained suspended.⁹

The slow connectivity of 2G Internet made accessing COVID-19-related information difficult in Kashmir, even for doctors accessing COVID-19 management guidelines. J&K was ill-prepared for the virus; according to Al Jazeera, there is one doctor for every 3,866 residents and one ICU bed for every 27,000 people.¹⁰ Medical efforts were further throttled in May 2020 when authorities prohibited doctors from speaking with the press and blocked NGO access to oxygen supplies.¹¹

For students of all ages in Kashmir, education was either nonexistent or limited during the lockdown period triggered by the revocation of Article 370. Schools were ostensibly opened in October, two months into the lockdown, yet many parents feared for their children's safety amid the increased military presence and uncertainty of the period. As guests on Gazia's podcast describe, tutors and home-based education attempted to fill the gaps, but frustrated students

missed their classrooms and peers. Once COVID-19 entered the valley, schools were asked to shift to virtual learning in a region with throttled Internet infrastructure. In addition to 2G limitations that diminish the viability of remote learning, Gazia noted that many Kashmiri families lack the hardware to access education as, for instance, one family may only have a single device to share amid three children.

"Any organization engaged in the conversation of human rights should be advocating for Kashmir and advocating for allowing them to have their own voice heard," Alysha Siddiqi '23, president of Yalies for Pakistan, stressed. Siddiqi, while not Kashmiri, studies global health with an emphasis on South Asia and noted Kashmir's lack of vital medical infrastructure.

After a lockdown that predated the arrival of COVID-19, Kashmir is beginning to open back up. In February of this year, 4G access was restored to the region after 552 days since the first lockdown began. The weekend curfew has been lifted from all J&K districts in response to declining COVID-19 cases and more than half of J&K's districts maintain case numbers in the single digits or at zero. Still, four internet shutdowns occurred in July alone and as of August 15th, 4,395 people had died in Kashmir from COVID-19. Losses in education — already exaggerated in areas with inadequate infrastructure — will continue to influence Kashmir's youngest generation. Other losses, including medical and economic, will reverberate in the shifting

relationship between Kashmiris and the Indian federal government.

Writer's Reflection

During the COVID-19 pandemic, I learned about my Kashmiri grandfather's family, who come from a relatively peaceful part of Pakistani Azad Kashmir, yet I was aware of the fact that conflict plagued the region. My interest in political movements facilitated by the Internet led me to discover Stand with Kashmir, an organization blacklisted in India. India outpaces every other democracy with the number of Internet shutdowns it's ordered, most of these targeting Jammu & Kashmir, a region that already has sub-par infrastructure, heightened societal tensions, and increased rates of mental illness due to prolonged conflict. I was curious to see how these Internet shutdowns impacted the region during COVID-19, especially given the fact that the region had just relaxed an Internet shutdown as the pandemic spread. Through this process, I learned about the concrete implications of these shutdowns — such as families without technology for their children to use during distance learning or communities stifled by a lack of contact. While hearing stories of the individuals who I interviewed, I was taken aback by the lack of response from certain sources. I attempted to expand beyond Muslim and Pakistani perspectives, yet none of the Hindu Kashmiri or non-Kashmiri sources that I contacted agreed to interview, limiting the perspective of this article.

8. Department of Information and Public Relations Jammu & Kashmir (@diprjk), "Internet Restoration in J&K ordered by J&K Home Department," Twitter, January 4, 2019, twitter.com/diprjk/status/1217149110219722817?s=20.

9. "Even The 301 Whitelisted Sites In Jammu And Kashmir Are Not Entirely Accessible: An Analysis," Medianama, January 28, 2020, www.medianama.com/2020/01/223-analysis-of-whitelisted-urls-in-jammu-and-kashmir-how-usable-are-they/.

10. Umar Lateef Misgar, "Kashmir: Surviving COVID-19 under the military boot," Al Jazeera, June 8 2021, www.aljazeera.com/opinions/2021/6/8/kashmir-surviving-covid-19-under-the-military-boot.

11. Rifat Fareed, "Kashmir doctors prohibited from speaking to media as COVID rages," Al Jazeera, May 7 2021, www.aljazeera.com/news/2021/5/7/kashmir-doctors-prohibited-from-speaking-to-media-as-covid-rages



Religion and restriction during COVID-19

Mirabel Nguyen

The challenges faced by religious minorities due to increased discrimination, prejudice, and stereotypes during the global pandemic

Los Angeles' Huong Tich Temple is a place of Buddhist worship, education, and community. Despite its sacrosanctity, vandals did not hesitate to viciously desecrate the temple in November 2020 by defacing over a dozen Buddha and bodhisattva statues.¹ The brutal attack was one of six perpetrated against

“*Fear manifests in the resurgence of previous patterns, which include age-old contempt for members of minority communities.*”

the Vietnamese Little Saigon region—all within the same month.

Ignoring the need for unity during global catastrophe, these trends reveal discord and mistrust against those who already face persecution. Fear manifests in the resurgence of previous patterns, which include age-old contempt for members of minority communities. Falling back on convention makes novel threats less intimidating, and religious discrimination is no exception to this pattern.² Certain members of religious majorities may find that sustaining their contempt for minorities reaffirms their sense of familiarity in the midst of upheaval. As a result, the political and social stigma against religious minorities has risen to new heights, largely due to the scapegoat narratives that intensify preexisting prejudices.

Religious Scapegoating in Politics

The scapegoat narrative has long played a role in the response to deadly diseases. For example, in fifteenth-century Europe, Jews were blamed for the spread of the Black Death and were forced to flee or face imprisonment and execution.³ During the COVID-19 crisis, a similar, fear-driven response arose as individuals across the globe developed increasing reliance on digital methods of communication. The perpetrators of religious discrimination also shifted with the times by making use of the most prolific and accessible platform: social media. Knowing their affiliations protect them from blame, users are easily able to add a derogatory hashtag to their tweet, comment on malignant cartoons, or repost hate speech of a misinformed activist.⁴

Rather than condemning them for their bigotry, aggressors may derive validation from prominent political figures.⁵ Cambodia's Ministry of Health attributed the country's first cases to Khmer Muslims, who arrived from a foreign gathering, without mentioning the religious identities of other trav-

1. Yoshiko Kandil, Caitlin. "Buddhist Temple Attacks Rise as COVID-19 Amplifies Anti-Asian American Bias." Religion News Service, 15 Dec. 2020, religionnews.com/2020/12/10/buddhist-temple-attacks-rise-as-covid-19-amplifies-anti-asian-american-bias/.

2. "UN Expert Warns against Religious Hatred and Intolerance During COVID-19 Outbreak." OHCHR, www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25814&LangID=E.

3. "Antisemitism." United States Holocaust Memorial Museum, United States Holocaust Memorial Museum, encyclopedia.ushmm.org/content/en/article/antisemitism-1.

4. Perrigo, Billy. "Coronavirus Exacerbates Islamophobia in India." Time, Time, 3 Apr. 2020, time.com/5815264/coronavirus-india-islamophobia-coronajihad/.

5. Selsky, Sam. "State-Sponsored Religious Discrimination Rises with the Pandemic." Freedom House, 18 May 2020, freedomhouse.org/article/state-sponsored-religious-discrimination-rises-pandemic.

ellers in the group.⁶ Pakistani officials sealed off two large Hazara Shia areas while banning government workers from travelling to Hazara neighborhoods; the display inspired social media users to refer to COVID-19 as the “Shia virus.”⁷ These acts of discrimination echo a sentiment popularized by the officials who targeted the Shia region of Qatif in Saudi Arabia.⁸ Home to 500,000, the region’s 237 cases were ample grounds for shutdown according to the government.

India has similarly suffered from widespread hatred on social media platforms—some of which has been exacerbated by political leaders. A feature in the British Medical Journal, authored by Sonia Sarkar, reveals that the labels, “#coronajihad” and “Quran-e-virus,” gained frequency among the tweets composed and shared by certain Twitter users in India.⁹ The nation has struggled with religious stratification prior to the pandemic as a result of political misinformation.

“Ever since the Hindu nationalist Bharatiya Janata Party (BJP) under the leadership of Prime Minister Narendra Modi took power in India in 2014, there has been an organised hatred campaign against Muslims through fake news and false narratives by certain social media users, who have often identified themselves as BJP supporters or even claimed to have been followed by PM Modi himself,” states Sarkar, an independent journalist

covering conflict, religion and politics in South Asia and Southeast Asia.

As ruling party politicians maneuver to strengthen their support base, the relations between religious groups deteriorate: minorities suffer the consequences of a regime that prioritizes maintaining power—and popularity among Hindu right-wing majorities—over preserving peace during the pandemic.

Coronavirus-Stigma

Discriminatory patterns have existed long before the emergence of the virus. As new forms of hate speech arise, COVID-19 allows a clearer glimpse into religious discrimination as a deep-rooted practice in modern society. The pandemic has exacerbated antagonisms between religious groups; hostilities are becoming increasingly overt as aggressors allow their anxieties to fuel the flames of their prejudice.

“COVID-19 was really just the magnifying glass that allowed us to see the discrimination that was already happening on a daily occurrence,” Claire Thomas, deputy director of Minority Rights Group International, explained.

Religion occupies a unique space at the intersection of many social inequalities. Across the world, those belonging to religious minority groups are more likely to experience poverty, restrictions to healthcare and education, and adverse living conditions.¹⁰

Their position in each of these settings creates a greater vulnerability to “coronavirus-stigma,” a term used by UNICEF to account for the stereotypes, unequal treatment, and the loss of status experienced by discriminated groups during the pandemic.¹¹ Not only do their circumstances generate a larger risk of infection, but they are also less likely to seek treatment for their symptoms, contributing to difficulties controlling infection rates and social tensions.

To many members of majority religious groups, even the opportunity to speak the same language as the remainder of the country is an overlooked advantage. According to Thomas, those who are members of religious majorities tend to speak the most common languages of the region, and rarely question the extent to which this privilege grants them easier access to healthcare.

Unlike religious minorities, majority groups do not have to consider “whether they will have been given access to information about COVID and vaccinations,” or “whether [information on COVID-19] will be explained to them in ways that are culturally appropriate.” These barriers serve as “evidence of problems that affect all other walks of life.”

Reversing Religious Bias

Resolving the discrimination specific to the pandemic may help to reverse

6. Chhengpor, Aun, et al. “Linked to Viral Outbreak, Cambodian Muslims Facing Backlash.” VOA, Linked to Viral Outbreak, Cambodian Muslims Facing Backlash, 23 Mar. 2020, www.voacambodia.com/a/linked-to-viral-outbreak-cambodian-muslims-facing-backlash/5341035.html.

7. “USCIRF Troubled with Targeting Of Hazara Shi’a in Pakistan amid CORONAVIRUS LOCKDOWN.” USCIRF, 31 Aug. 2021, www.uscifr.gov/news-room/releases-state-ments/uscifr-troubled-targeting-hazara-shia-pakistan-amid-coronavirus.

8. “Saudi Arabia Seals Off Shia Qatif Region OVER CORONAVIRUS FEARS.” The Guardian, Guardian News and Media, 9 Mar. 2020, www.theguardian.com/global/2020/mar/09/saudi-arabia-seals-off-shia-qatif-region-over-coronavirus-fears.

9. Sarkar, Sonia. “Religious Discrimination Is Hindering the Covid-19 Response.” The BMJ, British Medical Journal Publishing Group, 29 June 2020, www.bmj.com/content/369/bmj.m2280.

10. Petersen, Marie Juul, et al. “Will COVID-19 Increase RELIGIOUS Hostilities and Discrimination?” OpenGlobalRights, 4 June 2020, www.openglobalrights.org/will-covid-19-increase-religious-hostilities-and-discrimination/.

11. “Social Stigma Associated with the CORONAVIRUS Disease (COVID-19).” UNICEF, www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19.

the habits that disadvantage religious minorities beyond the reach of COVID-19. Combatting the scapegoat narrative not only has an impact on the COVID-19 response but may contribute to a greater degree of social equality. Thomas reveals that contesting religious bigotry emphasizes to minority religious groups that their liberties are prioritized.

“[It shows them that] they’re free of discrimination on the grounds of religion and belief, so being of a particular faith doesn’t mean you can’t succeed in life or have the same opportunities in life [as religious majorities].”

Eliminating religious tensions is a responsibility required of all citizens, but many are confined by the belief that they are incapable of addressing the issue. A successful response requires an analytical approach. Sarkar warns against falling into either of the two classifications of citizens: those who fail to interpret misinformation with a critical eye, and those who exclusively rely on information that reaffirms their bias.

“The first group of people is gullible and don’t use their intelligence in rationale and reasoning... They are the fence sitters, they don’t challenge the narrative or even look for ways to know if the information is true or false. The second group is those who have already decided to believe whatever suits their imagination. This is the group which will consume any information that suits their political agenda.” Therefore, “the real task is to spread the truth among these two sets of people.”

By recognizing bigoted political agendas, online hate speech, and scapegoat narratives, individuals can identify the

ways by which systemic faults emerge in everyday rhetoric. Rationality must be used to combat the effects of misdirected fear. Attention must be paid to those who seek to legitimize their power by casting blame. Above all else, to prevent the misinformation that contributes to religious marginalization, truth must prevail.

Writer’s Reflection

Social inequalities often intersect with one another, and groups that are persecuted for their religion must often contend with unequal access to the same resources and liberties as their religious majority counterparts. Therefore, by contacting a director of Minority Rights Group International and a journalist operating from south Asia, I learned that the issues facing religious minorities during COVID-19 represent only a small portion of the preestablished social injustice of today’s society. However, my information was limited due to the fact that I did not include the insight of individuals who have experienced religious discrimination firsthand, and I instead relied on organizations that represent their experiences from a secondary perspective. Being able to write this article revealed the importance of prioritizing facts and data over information that has become familiarized or reaffirms bias. I also learned that an effective response to any global crisis rarely consists of taking an easy route—becoming educated on sensitive issues requires uncomfortable introspection but helps to identify the truth.

Hidden in plain sight: the impact of Coronavirus on adults with Intellectual and Developmental Disabilities (IDD)

Astri Doub

At the start of 2020, when Covid was a news story in the US rather than an everyday reality, Tucker settled into his own ‘new normal’. Tucker is a 24-year-old with Down Syndrome from Baltimore, MD. At 19, he moved out of his family home and into a group home for adults with intellectual and developmental disabilities (IDD). After the initial move, his housing agency moved him another two times before ending up in his current apartment complex with two compatible roommates.

As Tucker moved between living situations, his family also searched for a day program where he could learn and work in a supportive setting. He was in school for the first year after he moved out, but when he finally graduated at 21, his mother Diana struggled to find

a program: “I thought that was just a given: you graduate and went to a day program.” Tucker tried out the program run by his high school, but “he didn’t last nine days and partly that’s his behavior, but I was disappointed and concerned. . . This has nothing to do with the pandemic. This is just Tuck and his situation.” Diana looked for a year before finding a program to take on Tucker, and he received no structured programming during that time.

Although finding appropriate housing and day programming for Tucker took years, compared to many, his situation is enviable. As described by the Arc Senior Public Policy Director, Nicole Jorwic, “Before the pandemic, there were over 820,000 people on waiting lists for home and community based services (HCBS).” Many people wait to get into supportive living arrangements and community programs for years because, just as Diana discovered, entitlements for people with disabilities drop off after graduation. Nicole describes that across the country, “So many people don’t realize the problems in the system until they need them. . . They think Medicare will cover HCBS without realizing the only entitlement right now is to institutional services.”

Getting into a day program requires countless hours of advocacy from caregivers that many families do not have and cannot dedicate until it is too late. This advocacy often continues for the entirety of an individual’s adult life. At Diana’s last meeting with Tucker’s day program before the pandemic, she pleaded with them to better fulfill their promise of community-based activities: “The goal, you know, is to go out

in the community, but if Tucker says no—and he’ll say no to a million dollars; he’ll say no to ice cream—then they just hang out there all day, which to me defeats the purpose of the program. At that last meeting, I was trying to put things on his plan to be more active, be more physical because once he starts something, chances are he’ll grow to like it.”

Developing plans with the staff at

“
As families work to make their loved one’s situation better, they also must constantly be on guard for the worst case scenarios.

different HCBS also proves difficult because staff changes constantly. “The direct support professional workforce that typically serves people with intellectual and developmental disabilities has a national turnover rate of nearly 50%,” Nicole explains. “It also has incredibly low wages, the national average wage is less than \$11 per hour, and they either have to seek a huge amount of overtime or work other jobs just in order to maintain their families.” Caregivers must trust

staff members with their loved one’s safety and wellbeing, but developing relationships becomes difficult as the staff themselves are overworked and underpaid to the point where they often do not last.

These conditions are not just difficult for those with good intentions, but they create a breeding ground for abuse. In 2016, the Chicago Tribune¹ investigated Illinois group homes and discovered 42 deaths caused by abuse or neglect from seven years prior. As families work to make their loved one’s situation better, they also must constantly be on guard for the worst case scenarios.

Before the pandemic, HCBS were strained and riddled with problems. For the IDD community, COVID exacerbated existing problems and fears, in addition to adding the new struggles of pandemic life. Like the rest of the country, Tucker was quarantined immediately, and because he would not wear a mask, he could not even leave his apartment. While pre-Covid, Tucker saw his family every weekend, Diana “didn’t get to see him for Easter, I didn’t get to see him on his birthday, I did not get to take him out until June 2020. . . that was probably the longest separation we ever had.” At points, his parents would go to see him in person standing outside the complex with Tucker inside the building: “I’m not allowed in, and he’s not allowed out, but he’s trying to come out, and they are blocking him. . . that felt like it was torture for him and for us.”

His day program did offer a virtual option, but Diana explains, “virtual is not Tuck’s strength. When they did the zoom with his day program, he

1. Michael J. Berens and Patricia Callahan. “In Illinois group homes, adults with disabilities suffer in secret.” Chicago Tribune, December 30, 2016.

wouldn't sit still." He stopped attending the day program, which meant a return to the long, unstructured days he faced immediately after graduation.

Cutoff from his friends and family outside his apartment, the pandemic was lonely for Tucker. Nicole, a sibling of someone with IDD, shares that, even in pre-Covid times, "I know my brother's world can be pretty small. And then you layer something on like COVID. The social isolation that can already be, unfortunately, in existence for a lot of people with disabilities can only be exacerbated."

Tucker's daily entertainment and stimulation became limited to the iPad. When his family began taking him out again in June 2020, they noticed that "as soon as we get sort of near his apartment, he'll say Barney, Barney. And it's not necessarily Barney, but Barney means all videos. That clearly is something that he relates or correlates to his apartment." The only word he associated with his apartment was a TV show. Even being out with his family proved difficult, as "Tucker would refuse to do activities he once loved, and that never happened before the pandemic. All the social skills he had practiced for years went out the window."

Additionally, there was constant fear that the staff may decide not to show up to work, as they faced the risk of illness everyday going to their jobs. As money got pumped into various industries and even directly to individuals in the form of stimulus checks, there was no increase in HCBS funding. Policymakers largely left the disability community

by the wayside. Nicole notes, "We saw that policymakers were not necessarily thinking specifically about the disability community or about the workforce that supports them in a variety of pieces of legislation. There was no dedicated funding for Medicaid HCBS passed by Congress last year."

The lack of funding went hand-in-hand with the lack of reporting on COVID cases in the IDD community. When asked about the impact on people with IDD, Nicole responds, "We don't have that data. . . During the pandemic, the CDC and other agencies were requiring reporting in facilities like nursing home, but were not making those same requirements across the board for places like institutions for people with disabilities that are still open in 36 states or group homes." In July 2020, The Disability and Health Journal published a study in response to the lack of information on the IDD community, which showed people with IDD under 75 were over 30% more likely to die from COVID than the general population.² However, it received little publicity, no follow-ups about the risk level of individuals with different diagnoses, and no increased aid from federal or state governments. It was not until October 2020, that a British scientific journal, The Annals of Internal Medicine, reported that people with Down Syndrome, like Tucker, are 10 times more likely to die from coronavirus than the general population.³ Still, the federal government never provided aid in 2020 for HCBS serving this high-risk population.

Information on infections and deaths also does not document the behavioral

regression of adults due to the break in routine and lack of stimulation which Diana saw firsthand. Even as Tucker's family helped him adjust back into their weekly family routine, skills developed in his day program have not been practiced since March 2020. As people started getting vaccinated in January 2021, his day program began to open up, but only to people who required less support. Over half a year later, Diana says, "I have heard nothing. It has been very frustrating for me that lack of communication because he can tell us little to nothing, so we rely on other people to give us feedback." Programs cherry-picking which participants can return hurts those who need these programs the most. However, the lack of funding available for staff, transportation and different activities leaves few other options.

At the beginning of 2021, one act was passed on the national level which provided funds for group homes and programs. Thanks to Policy Directors like Nicole, "In March of this year, The American Rescue Plan Act did finally include funding, totaling \$12.7 billion, that really should have passed the year before. . . It's filling in holes to a ship that is sinking." However, while these funds can help allow for the re-opening of community services and increased safety supplies, it cannot solve the long-term shortage of programs available and staff. As Nicole explains, "It's one year. One year of funding. States aren't going to do anything long term with that."

Still, there is a glimmer of hope. For Nicole and other policy workers, the future of HCBS depends on the passage of The Better Care Better Jobs

2. Margaret A. Turk, Scott D. Landes, Margaret K. Formica, and Katherine D. Goss, "Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis," *Disability and Health Journal* 13, no. 3 (July 2020): 2.

3. Ashley Kieran Clift, Carol A.C. Coupland, Ruth H. Keogh, Harry Hemingway, Julia Hippisley-Cox, "COVID-19 Mortality Risk in Down Syndrome: Results From a Cohort Study of 8 Million Adults," *Annals of Internal Medicine*, (October 2020): 572-576.

Act. Part of the Biden Administration's Build Back Better plan, The Better Care Better Jobs Act would provide long-term funding into HCBS as more and more aging parents struggle to find living and working arrangements for their adult-children before it's too late: "This is a historical investment in a system that is crumbling. With the additional funding, more programs could be created to serve the people still on waiting lists and also alleviate the staff shortage."

The national progress remains abstract for many families and organizations who lack the necessary supports today. For now, Diana, along with caregivers across the country, will keep fighting every day to make sure Tucker and other loved ones with IDD are safe and happy.

Writer's Reflection

Having an adult sibling with autism and Down Syndrome, I know firsthand the shortage of programs available for daily activities and living arrangements, along with the constant problems in the services that exist. I wanted to give people a glimpse into these struggles and how they were exacerbated by the pandemic because the public's lack of knowledge can often leave me feeling like my brother and other adults with IDD are invisible even with services based in the community. I found capturing the IDD experience to be difficult because every person is different, and every pandemic experience is different. However, I hope this glimpse into national trends and a personal story act as a starting point to grow people's knowledge of issues facing the IDD community and support for acts to increase HCBS funding.

A hidden population: navigating COVID-19 with homeless youth

Faith Evanson



A "hidden population" – this is how many describe the community of homeless youth in Connecticut. While all adults who are experiencing homelessness enter the system through the 2-1-1 referral service, many minors and young adults enter the system through a variety of channels – whether that be via a school referral, Department of Children and Families (DCF), or other service agencies. These numerous pathways make it difficult to account for how many youth are homeless and what services are needed where. Homeless youth may also enter the system with their families, as run-aways, abandoned youth, or unaccompanied migrants. Initiatives like Youth Count host a couple hundred volunteers who go out into the community to conduct thousands of surveys in order to estimate a proper number of youth. Amidst the pandemic, new challenges faced both homeless youth and their service providers. Many organizations and state agencies took alternative measures to

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For a homeless student, the transition to virtual learning might have meant a lack of access to food, WiFi, ideal study spaces, and other essentials to on-line learning.

ensure homeless youth had access to adequate education, health services, and housing.

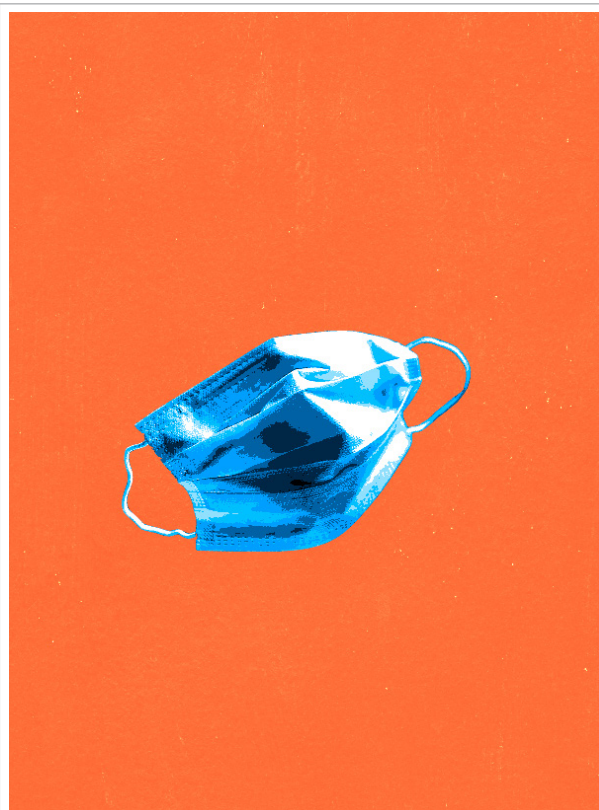
Mitigating Barriers to Education

Homeless youth are guaranteed their rights to education and transportation under the “McKinney Vento Act.” Every school district has a McKinney Vento liaison, who is responsible for ensuring that all eligible students receive their school choice¹ with immediate enrollment and provided transportation. The “McKinney Vento Act” expands the definition of homelessness to encompass a wider range of circumstances. Not only does it include students who lack a fixed and stable residence but also migratory students and students who are between homes or “couch-surfing.” This definition allows for schools and districts to account for more of the “hidden population.”²

For much of 2020, Connecticut’s schools, like other states, operated in a virtual format in accordance with state and federal laws and recommendations. For a homeless student, the transition to virtual learning might have meant a lack of access to food, WiFi, ideal study spaces, and other essentials to online learning. Carl Asikainen, project manager at the Connecticut Coalition of the Homeless (CCH), recalls that “more than one-fourth” of students never returned to classes following the March 2020 shutdown. Districts across the state have tried mitigating the concerns of online schooling by attempting to maximize attendance through the distribution of portable WiFi routers, computers, school supplies, and meals.

New Haven Public Schools (NHPS) operated remotely for the first half of the 2021 school year and slowly began opening schools back up for in-person instruction. Daniel Diaz, NHPS coordinator of parent engagement, acknowledged that the traditional means to identify homeless students by recognizing their specific transportation needs was not an accurate measure while school was online. Students could not request a change in their transportation needs due to homelessness because classes were completely virtual. As students began to return to in-person school, the number of McKinney Vento students increased.

Diaz emphasized the extra pressure the pandemic brought on towards the effort of preventing homelessness, “some families were homeless, which we’re working with, but some of them were just on the verge.” In response to this pressure, the district made extra efforts in assisting families with meals and technology. The McKinney Vento Program within NHPS adapted its approaches this year by dropping off food for students whose family members have tested positive for



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The ultimate challenge for school districts was maintaining the safety of delivery workers, students, and families.”

COVID. The program also connected families with community collaborators, who helped secure groceries for families in need. Even outside the school year, NHPS has a wide range of summer programs for both homeless and non-homeless families. The ultimate challenge for school districts was maintaining the safety of delivery workers, students, and families.³

Accessing Healthcare

The homeless community was one of the most at risk of infection for COVID-19. Many homeless youth cannot always effectively social distance, and they frequently utilize public transportation, which increases their risk. Free COVID-testing sites

1. “Youth Resources: Connecticut Coalition to End Homelessness.” Youth Resources Comments. Connecticut Coalition to End Homelessness . Accessed 2021. <https://www.cceh.org/provider-resources/youth-resources/>.

2. “Office of Youth, Family & Community / McKinney VENTO Information for Parents and Staff.” New Haven Public Schools . Accessed 2021. <https://www.nhps.net/Page/1015>.

3. “Summer Programs / Summer Programs.” New Haven Public Schools. Accessed 2021. <https://www.nhps.net/summerprograms>.

that did not require insurance, an appointment, and an address, unlike other pharmacies across the state, have opened up. An additional concern with testing is getting the necessary health care in the case of a positive result.

Basic center programs like Youth Continuum⁴ offered help in obtaining health insurance. Children and youth up to age 19 can also qualify for the free or low-cost Husky B Health Insurance.⁵ Although this is a solution for a portion of homeless youth, there has been an increase in the number of unaccompanied minors residing in Connecticut. Under the Affordable Care Act, unaccompanied minors do not qualify⁶ for this insurance unless they hold an eligible immigration status. Supposing extended stays at hospitals are needed for COVID treatment, this could lead to large sums of debt that may increase their period of homelessness.

Free vaccination sites have also begun setting up across the state and have been welcoming homeless youth. The harder step was disseminating the information out to sheltered and unsheltered youth. However, for youth 18 and under, it is unlikely that they will be able to receive the vaccine without parental or legal guardian permission in Connecticut.⁷ This leaves isolated or unaccompanied youth without many options and most vulnerable.

Resource Availability and Shelter Capacity

Decreased capacities in shelters due

to health or safety concerns was one of the most concerning issues brought on by the pandemic. Shelters and crisis response centers operated at 50 percent occupancy, which left many homeless unsheltered. Ryan Beach, director of development and communications at CCH, discussed the temporary hoteling of the homeless partially funded by FEMA grants as a response to the outstanding number of unhoused people. Beach adds “hoteling was funded to some degree by FEMA, but across the board, I did not think there is a shelter or homeless service provider in the state didn’t feel the effects of the pandemic.” Another response was the opening of additional temporary shelters. This led to an increased cost to run shelters as more staff was needed to operate the second shelters and delegate hoteling.

These efforts were not always successful as highlighted by Chris Venable, a homeless youth liaison for the Journey Home organization. “[Hoteling] didn’t change the number of youth that were sheltered, although some... decided that they did not want to be in shelters because of the pandemic, so they actually opted to stay in their car,” Venable said. It is clear that many homeless youth are being forced to choose between their health and adequate shelter. Venable added landlords have been ever more reluctant to lease out units to low income individuals due to the eviction moratorium.

For runaway youth, some of the best resources they can utilise are basic

centers, transitional living, and street outreach programs, according to Carline Charmelus, the collective impact & equity manager at the Partnership for Stronger Communities. Basic centers offer a range of services including shelter, medical care, food services, family and mental health counseling, and afterschool programs. Transitional living programs offer some of the same services but focus on older youth and emphasize job and career readiness. Street outreach programs have mentors and social workers who support street youth through granting access to emergency shelter, providing survival aid and tactics, as well as treatment and counseling. All of these programs have been “decompressed” by reducing the number of in-person interactions per day.

Some of these services like mental health counseling have been done remotely. Other mental health services have been hotlines for general help, people of color youth, LGBTQ+ youth, sexual assault or harassment victims, and more. There are also Telehealth virtual meetings for youth, who need to speak with a clinician or psychiatrist. Venable noticed a decline in missed appointments because clients or patients can more readily access resources. Unfortunately, other programs like food services and street outreach cannot be utilised virtually.

The efforts to get homeless youth off the streets and into stable homes was not put on pause because of the pandemic but was definitely slowed. Social distancing and “decompressment”⁸

4. “Preventing and Addressing Youth Homelessness in New Haven, CT.” Youth continuum. Accessed 2021. <https://www.youthcontinuum.org/>.

5. “How to Qualify.” HUSKY Health For Connecticut Children & Adults. CT.gov. Accessed 2021. <https://portal.ct.gov/HUSKY/How-to-Qualify#HUSKYD>.

6. “Unaccompanied Children and Health Care.” Healtorture.org. The Center for Victims of Torture. Accessed 2021. <https://www.healtorture.org/resource/unaccompanied-children-and-health-care>.

7. “State Laws on Minor Consent for Routine Medical Care.” SchoolHouse Connection. Accessed 2021. <https://schoolhouseconnection.org/state-laws-on-minor-consent-for-routine-medical-care/>.

8. “Executive Order NO. 7XX of March 10, 2020, Protection Of Public Health And Safety During Covid-19 Pandemic And Response” Accessed 2021. <https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7XX.pdf>

mandates have pushed the states and providers to abandon traditional approaches to their service. These challenges have helped shine a light on non-traditional or virtual initiatives like the Shelter app,⁹ the Cara App¹⁰ and the DreamKit app¹¹. Created by Mariana Marmolejo, Yale MPH '24, the Dream Kit app is designed to pair youth in New Haven, Connecticut under the age of 25 with resources such as mentorship and employment opportunities. They are also rewarded with points that translate into currency they can use at physical locations.

Unfortunately, the scale at which the pandemic has impacted homeless youth is unclear because it is so difficult to account for all the youth who need these services. Although surveys are still being conducted, as local and state collaborators buckle down for the 2021-22 school year, concerns of the Delta variant and its potential impact on the state's progress brew.

Writer's Reflection

I wrote this article because I've always been passionate about solving the issue of chronic and episodic homelessness. I did some work with non-profit organizations on homelessness prevention and service back home in Kentucky, so I was curious to see how the systems in other states operate and how they differ. Throughout my research and interviewing, I found that the state is very responsive to changes and the needs of the homeless. These needs can range from food services to employment to domestic dispute resolution. It's just the matter of figuring out what those needs are for each individual and

how to effectively solve them. My source material came mostly from organizations involved in the advocacy and policy making towards the eradication of homelessness who collected data, such as, the Connecticut Coalition for the Homeless, Journey Home, and Partnership for Stronger Communities. Some of my other sources were government agencies and school districts webpages which aided me in understanding some of the law present and relevant practices by schools. My source material came mostly from organizations involved in the advocacy and policy making towards the eradication of homelessness who collected data, such as, the Connecticut Coalition for the Homeless, Journey Home, and Partnership for Stronger Communities. Some of my other sources were government agencies and school districts webpages which aided me in understanding some of the law present and relevant practices by schools. Many of the organizations I interviewed worked in the Greater New Haven Area. I think as a Yale Student it is easy to forget about the community that surrounds campus, and the way we impact their lives as well as the way they impact ours, and I hope this article is a subtle reminder.

Marching for Public Health, Not In Spite of It

Isabella Marin

The summer of 2020 was unlike any other. From buying groceries to studying, the pandemic has made many things harder, including expressing calls for change through protest. Last summer, many Americans were fighting two wars, one with COVID-19 and the other with systemic racism. While these often feel like distinct battles, they are not unrelated; COVID-19 disproportionately affected people of color, reflecting the health disparities that can result from systemic racism.

After the murder of George Floyd on May 25, 2020



A crowd of protesters facing the police in New York City. Image courtesy of Johannes Eisele/Getty Images and the New York Post.

9. "Homeless Resources ." Shelter App. Accessed 2021. <https://www.shelterapp.org/>.

10. "CARA the Heart of Our Project." Kanndoo. Accessed 2021. <https://www.kanndoo.org/our-apps/core-app/>.

11. "Our Team - DreamKit: An App SUPPORTING Unstably Housed Youth." DreamKit. Accessed 2021. <https://www.dreamkitapp.com/team>.

1. "How Systemic Racism Impacts Coronavirus Racial Disparities," Anti-Defamation League, accessed August 30, 2021, <https://www.adl.org/education/resources/tools-and-strategies/how-systemic-racism-impacts-coronavirus-racial-disparities>.

in Minneapolis, Black Lives Matter protests broke out in the city, in the rest of the country, and even around the world. The millions of people who turned to the streets were not just protesting the unjust murder of an unarmed Black man by the police officer who pinned him down.² Floyd was the latest victim to fall to the systemic racism that has characterized American police forces since their roots as slave patrols that evolved into the modern police. Many studies have found ample evidence of systemic racism in the police, such as the finding by the National Bureau for Economic Research that white officers called to Black neighborhoods fire their weapons five times more often than Black officers for the same type of calls.³ It is this type of long-standing discrimination and oppression that fueled the national protests. While the last decade was no stranger to BLM protests, the movement in 2020 was unlike any other because it rose out of the many murders that closely followed each other. Andre Hill, Breonna Taylor, Rayshard Brooks, Manuel Ellis, and Daniel Prude are among those who were killed at the hands of the police last year, their deaths catalyzing the movement.⁴

Even in this new environment, the virus did not seem to stop protesters. The 2020 BLM protests were some of the biggest activist movements in history, the largest estimate of participants approximating 26 million people in the US.⁵ As Yale Law Professor and Co-Director of the Global Health Justice Partnership Alice Miller pointed

out, while a push for internet usage during the pandemic has increased connectivity and access to leaders, internet activism is often considered to be far less effective than in-person events in reaching the public masses. According to Caroline Reed, a Yale student who attended several BLM protests in New York City during the summer of 2020, the presence of online events is easy to ignore as all you need to do is click away, while ignoring a march occurring right outside your window is significantly harder. Peyton Sias, another Yale student who attended a BLM protest in Lafayette, LA, thinks that the pandemic did not hinder the effects of the movement. She said, “The pandemic provided context because it disproportionately killed people of color, so it provided protests with a sense of urgency along with videos of Black men being murdered, which turned ambivalence to politically active.” Organizers recognized the importance of speaking out during the pandemic, so COVID-19 was an obstacle they overcame.

To demand change, activists had to navigate these new circumstances, but the same challenge fell on local governments when responding to the protests. In this country, protesting is a right enshrined in the first amendment of the Bill of Rights, which protects the freedoms of speech, assembly, and petition of the government.⁶ While conversations around human rights are not often the focus in American politics, protecting the right



to protest became a critical concern when the pandemic forced the ban of large gatherings. What it means to uphold the right to protest changed during the era of COVID. Endangering protesters directly contradicts

2. Evan Hill et al., “How George Floyd Was Killed in Police Custody,” The New York Times, June 1, 2020, sec. U.S., <https://www.nytimes.com/2020/05/31/us/george-floyd-investigation.html>.

3. Phillip Meylan, “Are the Police Systemically Racist?,” The Factual, September 9, 2020, <https://blog.thefactual.com/police-systemic-racism-floyd-blake-media>.

4. Alia Chugtai, “Know Their Names: Black People Killed by the Police in the US,” Al Jazeera, accessed August 30, 2021, <https://interactive.aljazeera.com/ajc/2020/know-their-names/index.html>.

5. Larry Buchanan, Quoc Trung Bui, and Jugal Patel, “Black Lives Matter May Be the Largest Movement in U.S. History,” The New York Times, accessed August 30, 2021, <https://www.nytimes.com/interactive/2020/07/03/us/george-floyd-protests-crowd-size.html>.

6. “U.S. Constitution - First Amendment,” Constitution Annotated, accessed August 30, 2021, <https://constitution.congress.gov/constitution/amendment-1/>.



A Black Lives Matter Protest in Minneapolis. Image courtesy of Stephen Maturen/Getty Images and CNN.

respecting the right to protest; when a contagious virus that spreads quickly in large crowds threatens protests, public health must be part of the civil rights conversation.

On the surface, the gathering of protesters would seem to be the last thing needed during a pandemic. Reed and her parents were concerned for

her safety at protests but she decided that the urgency of the cause trumped those fears. In the end, there was no real cause for significant COVID-related concerns; almost all of the protesters she encountered were wearing masks and while social distancing was basically impossible, she never got COVID from attending these marches. Sias also mentioned that all the pro-

testers attending the march in Lafayette were masked and organizers had hand sanitizers available. These are not isolated cases. A study performed by the Northeastern, Harvard, Northwestern, and Rutgers Universities that covered nearly 40,000 protesters nationwide found that BLM protests were not responsible for spikes in COVID-19 cases.⁷ Masked protesters

7. Peter Ramjug, "Racial Justice Protests Were Not a Major Cause of COVID-19 Infection Surges, New National Study Suggests," News @ Northeastern, August 11, 2020, <https://news.northeastern.edu/2020/08/11/racial-justice-protests-were-not-a-major-cause-of-covid-19-infection-surges-new-national-study-finds/>.

in outdoor spaces have been proven to not pose a significant danger in this pandemic.

While BLM protests did not cause COVID-19 spikes, local governments still considered the protests in the context of public health to varying degrees across the country. In some cities, like Minneapolis, governments were supportive of the protests and worked with the community to make them as safe as possible. According to the Minneapolis City Health Department, the local government made an effort to reach out to the community through their Shared Power Advisory Committee, which includes trusted community leaders, and received their input for decisions regarding the protests. Josh Peterson,

one of multiple city Health Department staff interviewed for this article, conveyed the department's commitment to supporting the protests when he said, "This pandemic is happening concurrently with the pandemic of racism, if not another epidemic of state violence or police violence as well. It is important to recognize that it is impossible to take those things apart. So, when we think about how to respond to this from a public health perspective, we understand that the response needs to really integrate all of those things." Because the pandemic has disproportionately affected people of color, the city sought to distribute resources like masks to protesters to make sure that everyone was able

to protest safely. The State Office of Civil Rights provided the city Health Department with 50,000 masks to distribute. They handed those out and promoted the use of masks through trusted community partners because their status as Minneapolis city employees made it hard for the people to trust them. However, while the Mayor's Office received recommendations from the Health Department, COVID-19-related public health considerations were not always at the center of all protest protocols.

During the pandemic, public administration was particularly hectic and decisions about the protests in Minneapolis were sometimes made without advice from the city Health Department. The police department's lack of communication with the city Health Department is particularly concerning. The Health Department was not consulted about decisions

regarding the curfew or the police response to the protests. Additionally, while some in the city Health Department expressed concerns about the use of chemical irritants to respond to protesters because of the threat this may pose during the pandemic of a respiratory disease, this never reached higher levels within their local government. This may explain one of the biggest inconsistencies when it comes to understanding BLM protests through the scope of public health. Reed mentioned that the only people she saw at the protest not wearing

masks were police officers. She saw them jamming people tightly into cars and vans after they were arrested. In Minneapolis, arrests and the use of tear gas were commonplace even though incarceration and pulmonary irritation exacerbate the situation. Sven Eric Jordt, a Duke professor who studies the effects of tear gas, called its use during the current public health crisis a "recipe for disaster".⁸ While many city Health Departments like the one in Minneapolis have made their commitment to supporting safe protests clear, this is partly contradicted by the insufficient influence of the city Health Department and the irresponsible actions taken to police protesters. The lack of funding for public health departments may be partially to blame, as this reduces their manpower and their ability to shape some aspects of policy, such as law enforcement tactics, that critically need public health insight, especially during the pandemic.⁹

A politically skewed narrative of the protests can also affect how much protesting is respected. The narrative surrounding the protests has not always been shaped by scientific studies. State and local leaders have warned against attending protests because of the danger this may pose during the pandemic. Some, like Mayor Bill de Blasio,¹⁰ made these announcements around the time that CDC Director Robert Redfield warned against the potential of protests as superspreader events and before the studies that found that BLM protests did not create spikes,¹¹ while others, like Gover-

8. Will Stone, "Tear-Gassing Protesters During An Infectious Outbreak Called 'A Recipe For Disaster,'" NPR, June 5, 2020, sec. Shots - Health News, <https://www.npr.org/sections/health-shots/2020/06/05/870144402/tear-gassing-protesters-during-an-infectious-outbreak-called-a-recipe-for-disaster>.

9. Lauren Weber et al., "Hollowed-Out Public Health System Faces More Cuts Amid Virus," Kaiser Health News, July 1, 2020, <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>.

10. Margaret Besheer, "As New Yorkers Protest, Officials Fear New COVID-19 Spike," Voice of America, June 1, 2020, <https://www.voanews.com/covid-19-pandemic/new-yorkers-protest-officials-fear-new-covid-19-spike>.

11. Stephanie Southeray, "CDC Warns of Protests and COVID-19 Spread," CIDRAP, June 5, 2020, <https://www.cidrap.umn.edu/news-perspective/2020/06/cdc-warns-protests-and-covid-19-spread>.

nor Brian Kemp, made those claims despite the findings of experts.¹² The media has also played a role in characterizing the public health impact of the protests. Some news networks like Fox News have continued to claim that BLM protests led to infection spikes even when city officials make no such statements.¹³ This differs significantly from their coverage of a Back the Blue rally, where the pandemic was not even mentioned.¹⁴ This demonstrates how much the political and media narratives surrounding the protests have been shaped by political leanings rather than just scientific data.

As public health experts Julia Marcus and Gregg Gonsalves pointed out, these leaders also failed to consider that BLM protests affect public health in ways other than their influence on COVID transmission rates.¹⁵ According to their op-ed, the systemic racism that Black Americans struggle against has serious health effects. Black Americans have higher rates of illness, lower life expectancy, and are less likely to be insured than white Americans,¹⁶ resulting in more than 80,000 excess deaths among Black Americans every year.¹⁷ The people marching in the street were not just protesting for the end of police brutality, they aimed to target systemic racism in all aspects of American life. They were marching for their lives, not putting more lives at risk. This inspired over 1,200 public health professionals to release a letter

in support of the protests as important for improving national health.¹⁸ Explaining their position, these experts wrote, “We support them as vital to the national public health and to the threatened health specifically of Black people in the United States. We can show that support by facilitating safest protesting practices without detracting from demonstrators’ ability to gather and demand change.”¹⁹

Protests have given rise to questions about civil rights, but the pandemic and its related restrictions brought the issue to the forefront. It also highlighted the importance of considering public health in all types of questions including policy, civil rights, and corresponding media narratives, not only how it is being threatened, but also what actions are being taken in its name. This is no less true in New Haven, a city that continues to see protests and that needs to keep this framework in mind because of its significant racial and health-related discrepancies, and as COVID-19 continues to pose a big threat. With massive cuts for public health departments around the country, the improving COVID-19 situation must not be followed by allowing public health to go back into the shadows since health is one of the most critical human rights. Instead this should serve as the wake-up call that makes public health an even bigger factor in policymaking.

Writer’s Reflection

While I eventually was able to protest in the name of BLM, I was stuck at home during the summer of 2020 because my parents were too scared for my well-being to allow me to go to a protest. Their fears and my confusion about the motivation behind some local responses to protests, like the curfew instituted in my hometown, made me curious about how the context of the pandemic affected protest protocols, political tactics, and the movement for social justice. Through writing this article, I learned a lot about what local decision-making was like during the pandemic, including that some local governments and officials took more steps than I had expected to support safe protesting. To write this piece, I consulted Yale Law and Public Health Professor Alice Miller to point me in the right direction. I mostly relied on articles from the summer of 2020 in addition to interviews with the Minneapolis Health Department and a couple of protesters. As a result, the article fails to cover all the perspectives involved in these events. I was also unable to describe how procedures differed across the country since there were so many different localities with different policies, so this article does not paint a picture of what it was like everywhere in the US. However, it does explore a general idea using Minneapolis as the main case study to reveal the effect the pandemic had on protests, policies, and civil rights as

12. Addie Haney, “Atlanta Protests to Blame for Surge of COVID-19 in Georgia: Kemp,” 11 Alive, July 17, 2020, <https://www.11alive.com/article/news/health/coronavirus/atlanta-protests-covid-spike-kemp-claims/85-b16993e3-ce89-43a3-808a-723a5347a568>.

13. Shawn Carter, “Cleveland Coronavirus Spike Comes after May Protest,” Fox News, June 29, 2020, <https://www.foxnews.com/us/cleveland-coronavirus-spike-comes-after-may-protest.amp>.

14. “Long Island Hosts Largest Back the Blue Rally,” Fox News Video, July 24, 2020, <https://video.foxnews.com/v/6174655788001#sp=show-clips>.

15. Julia Marcus and Gregg Gonsalves, “Public-Health Experts Are Not Hypocrites,” The Atlantic, June 11, 2020, <https://www.theatlantic.com/ideas/archive/2020/06/public-health-experts-are-not-hypocrites/612853/>.

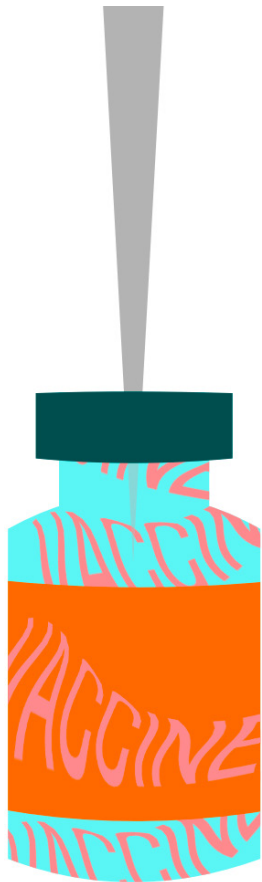
16. Jamila Taylor, “Racism, Inequality, and Health Care for African Americans,” The Century Foundation, December 19, 2019, <https://tcf.org/content/report/racism-inequality-health-care-african-americans/>.

17. Marcus and Gonsalves, “Public-Health Experts Are Not Hypocrites.”

18. Mallory Simon, “Over 1,000 Health Professionals Sign a Letter Saying, Don’t Shut down Protests Using Coronavirus Concerns as an Excuse,” CNN, June 5, 2020, <https://www.cnn.com/2020/06/05/health/health-care-open-letter-protests-coronavirus-trnd/index.html>.

19. Ibid.

well as the need for increased spending on public health and for better integration of Health Departments with other branches of local government, especially when it comes to civil policy and law enforcement.



We Are Not All In This Together: COVID-19 and the Vaccine Apartheid

Existing policies and power structures have granted Western Nations control over global vaccine supplies while populations in the Global South, particularly African nations, struggle to get their hands on doses. This inequity has led to the unnecessary loss of millions of lives and endangerment of the human right to health.

Megan Ruoro

A few Sundays ago, Jackson Majoni received a phone call from a woman complaining about chest pain and a high temperature. As the local pharmacist, Majoni is used to providing medical advice to the residents of Eldoret, a town in western Kenya. However, this past year, his phone has become increasingly busy. Almost every minute it rings with another question from frightened locals. Majoni suspected that the woman had pneumonia thus advised her to seek further treatment. But fearing the desperately overcrowded hospital, she resolved to stay home and by Tuesday night, Majoni received another call. This time, it was from a family member notifying him that she had died. The police soon collected her body, which had been abandoned out of fear of contagion. And when the postmortem report returned, it declared the sorrow that has become Majoni's daily reality: death by COVID-19.

This summer, the Western world has been reveling in a long-awaited "return to normalcy." Finally, indoor dining can be enjoyed comfortably; sports stadiums are reopening; theatre is making a comeback. The loathed emblem of COVID-19, masks, is beginning to disappear. While the proliferating Delta variant threatens to ruin fall plans, the majority of people in the richest nations consider the worst of the pandemic to be behind them. This privilege is not afforded to the millions of people in the Global South, in particular African nations, who continue to battle skyrocketing infection numbers, devastating mortality rates, and an impending fourth wave.

This is a result of global inequitable access to COVID-19 vaccinations. According to UNAIDS, “rich nations including the United States and Europe are vaccinating one person every second while the majority of the poorest nations are yet to give a single dose.”¹ At this current rate, researchers predict that nations such as Rwanda, Bangladesh, and Venezuela will not be fully vaccinated until 2023. The continent suffering from the lowest number of vaccines is Africa. Only one percent of Africa’s 1.3 billion people are fully vaccinated.² Yet, according to ONE’s analysis, the world’s wealthiest nations would still have over 1.9 billion doses in surplus if they vaccinated their entire population.³

While the pandemic began with international messages touting unity, solidarity rings hallow during what many activists are describing as the vaccine apartheid. The presumed Western champions of humanitarianism such as the U.S. are selfishly hoarding the doses and vital medical technology needed to end this pandemic. This crisis echoes the injustice suffered during the HIV or AIDs epidemic. Access to life-saving medical innovations such as a COVID-19 vaccine must be recognized as a human right that should be enjoyed by all. Until officials in wealthy nations utilize the legal and financial power at their disposal to address this issue, the pandemic will continue to rage on.

Understanding how this inequity could persist amid the global pandemic requires the exploration of many other questions tied to the crisis. In pursuit of answers, the Journal spoke to legal and medical experts about the causes, implications, and possible solutions to the vaccine apartheid.

How are vaccines being supplied?

Lacking the purchasing power to negotiate early deals with manufacturers, the vast majority of lower or middle-income nations are relying on a supply of vaccines from COVAX, an international initiative funded by the Gates Foundation. This joint venture, led by the World Health Organization and Gavi, was founded in April 2020 on the promise of providing equitable access to COVID-19 vaccines.

The initial goal set by COVAX was to vaccinate at least 20 percent of the world’s population by the end of this year.⁴ However, the organization’s current delivery rate is falling well below this modest target. Almost 550 million fewer doses than originally promised by COVAX were delivered internationally between January and June.⁵ The number of doses promised was then decreased by 405 million.⁶ COVAX officials predict that they will not be able to meet their goal of delivering more than 200 million doses to Africa by October.⁷ With this number, only seven percent of the continent’s population would be fully vaccinated.⁸ These distribution problems are a

result of the organization’s failure to secure enough doses. Supply priority went to wealthy nations with the money and power to broker deals with manufacturers directly. These nations quickly bought up more than enough doses for their populations. Additional setbacks for COVAX occurred in March when its major supplier, the Serum Institute of India, halted vaccine exports to ensure the country had enough doses during its worst period of the pandemic.

Let down by unfulfilled promises, the 55 member states of the African Union have been forced to search for other options such as contracting directly with pharmaceutical companies. However, these nations lack the purchasing power held by the West thus find themselves at the very end of the line.

“It’s not because of science or engineering that billions of people around the world lack vaccines,” explains Chris Morten, professor at Columbia Law School and Director of their forthcoming Science, Health, & Information Clinic. “It’s because of policy failures— or they might not even be properly characterized as failures; we might just think of them as policy choices.” These choices have ensured that the governments of the United States, the European Union, Australia, and other wealthy nations hold control over vaccine production. Patents and intellectual property rights are barring African nations from producing vac-

1. Matt Grainger, Sarah Dransfield “Rich nations including the United States and Europe are vaccinating one person every second while the majority of the poorest nations are yet to give a single dose,” UNAIDS, Published March 10, 2021, https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210310_covid19-vaccines

2. Abdi Latif Dahir, Josh Holder “Africa’s COVID Crises Deepens but Vaccines Are Still Far Off,” The New York Times, Published July 16, 2021, <https://www.nytimes.com/interactive/2021/07/16/world/africa/africa-vaccination-rollout.html>

3. “Data Dive: The Astoundingly Unequal Vaccine Rollout,” ONE, <https://www.one.org/africa/issues/covid-19-tracker/explore-vaccines/>

4. Jason Beaubien “What Is This COVAX Program That The U.S. Is Pouring Millions Of Vaccines Into?,” NPR, Published May 19, 2021, <https://www.npr.org/sections/goatsandsoda/2021/05/19/998228372/what-is-this-covax-program-that-the-u-s-is-pouring-millions-of-vaccines-into>

5. Benjamin Mueller, Rebecca Robbins “Where a Vast Global Vaccination Program Went Wrong,” The New York Times, Published August 2, 2021, <https://www.nytimes.com/2021/08/02/world/europe/covax-covid-vaccine-problems-africa.html>

6. Ibid.

7. Ibid.

8. Ibid.

cines to save their own people.

“It’s not the simplest thing in the world to make a vaccine,” Morten says, “but there are manufacturers throughout the world, including many places in the Global South...with capacity and with scientific sophistication to make the vaccines, if they had the recipes— if they had instructions on how to make vaccines, we could have them such that today, vaccines would be flowing out of those factories, but we’ve chosen not to do that.”

What are the implications of the lack of vaccine supply?

The lack of vaccines is resulting in catastrophic impacts on the lives of billions of people. In Kenya, Doctor Mbira Gikonyo, chairman of the nation’s COVID-19 task force and ENT surgeon, explains “the demand is much higher than the supply, and [vaccines] are not readily available. Most of the time, they are restricted to the elderly, and the healthcare workers. They are not available for the common person.” Despite these rationing measures, those in most need of protection are still far behind young and healthy U.S. citizens who have received both doses months ago.⁹ In June, after receiving the AstraZeneca vaccine, 20 million African healthcare workers and elderly people were left without their second dose due to shortfalls in COVAX supplies.¹⁰ This has forced public health officials to rely on the enforcement of what Gikonyo describes as ‘non-pharmaceutical interventions.’ This includes masking, social distanc-

ing, and hand-washing. “Of course, vaccines work well,” Gikonyo explains, “but in practice in Sub-Saharan Africa less than two percent of people are vaccinated, so it’ll take many months to get to the sort of levels to have a public health impact.”

In a Scheer Intelligence episode centered on this issue, activist Achal Prabhala explains, “by only immunizing wealthy nations, the pharmaceutical companies in question are in effect engineering vaccine apartheid... and driving the proliferation of other variants of the coronavirus.”¹¹ African nations are bracing themselves for a devastating fourth wave of infections due to the increasing prominence of the Delta variant. Epidemiologists such as Alex Welte, a Research Professor at the South African Centre for Epidemiological Modelling and Analysis and Stellenbosch University, are concerned for what is to come. “[The lack of vaccines] leaves us more vulnerable”, Welte said. “We have one less important tool in the closet as we would like to have.” While this new threat is posing a risk for all nations, the severity of Delta’s predicted impact differs between the well-vaccinated and under-vaccinated. According to analysis done by Financial Times, countries such as Namibia, Tanzania, and South Africa are experiencing surging infection rates which mirror the trend in mortality.¹² Cases are increasing in wealthy nations as well; however, vaccines have protected against a mirrored rise in deaths. For example, the United Kingdom’s death to cases ratio

has fallen from 1 to 50 to 1 to 750 thanks to the availability of vaccines. In Namibia, where only 1.2 percent of the population is vaccinated, the death to cases ratio is 1 to 22.

“At the moment, the ICU facilities are overwhelmed”, Gikonyo said. “And on most days, one cannot get a critical care bed or ICU bed, meaning they cannot be ventilated. So this is a real challenge. We expect by the end of this month, to be at the point where even the outpatient departments will be overwhelmed.”

“It’s getting worse”, Majoni responded when asked about the situation in Kenya. Recently, he had to face the challenging task of telling a neighbor that her husband succumbed to the virus after spending a week in the hospital. After revealing that she was experiencing symptoms as well, Majoni referred her to the hospital where she was put on an oxygen tank. The next day she died in that same hospital as her husband did. “Everybody’s afraid,” Jack said.

How can this be fixed?

There are several steps that the U.S. government could immediately take to address this urgent human rights concern. The first of which is to donate unused vaccines. Daily vaccination rates have slowed down in the United States leaving the nation with a surplus of doses. According to ONE’s analysis, rich countries are sitting on enough extra doses to vaccinate all of Africa.¹³ By the end of the summer, the vaccine

9. Christina Goldbaum “No Work, No Food: Pandemic Deepens Global Hunger,” The New York Times, Published August 6, 2021, <https://www.nytimes.com/2021/08/06/world/africa/covid-19-global-hunger.html>

10. Nurith Aizenman “20 Million Africans Are Due For Their 2nd COVID Shot. But There’s No Supply In Sight,” NPR, Published May 21, 2021, <https://www.npr.org/sections/goatsandsoda/2021/05/21/999114414/20-million-africans-are-due-for-their-2nd-covid-shot-but-theres-no-supply-in-sig>

11. Scheer Intelligence, “The West Is Keeping the COVID Pandemic From Ending,” Robert Scheer, Achal Prabhala, Aired July 30, 2021, <https://podcasts.google.com/feed/aHR0cHM6Ly93d3cua2Nydy5jb20vY3VsdHVyZS9zaG93cy9zY2hlZXItaW50ZWxsaWdlbmNl3Jzcy54bWw/episode/ZGExZmY1MDVmMzZhNDMyNDkzMzlmYzNiNGIw-Mjc0MjY3hl=en&ved=2ahUKEwiAh-LJlDyAhVHXMKHQAaLbKMQieUEegQICBAL&ep=6>

12. John Burn-Murdoch, David Pilling “Delta variant takes hold in developing world as infections soar,” Financial Times, Published July 18, 2021, <https://www.ft.com/content/fa4f248a-a476-491d-a5ce-f128360e9f24>

supplies in the United States, Germany, Canada, Italy, France, and the United Kingdom will surpass demand. Donating unused vaccines to countries in need is the easiest action the Biden Administration can take; however, this alone will not sufficiently address the issue at hand.

To combat vaccine inequity, the president needs to recognize the Global South's manufacturing capabilities. This involves waiving the World Trade Organization's Trade-Related Aspects of Intellectual Property Agreement (TRIPS). Established in 1995, this agreement ensures the protection of intellectual property rights for medical innovations. Led by South Africa and India, over 100 countries have called on the WTO to issue a temporary waiver for certain parts of the agreement to allow countries to produce, import, and export COVID-19 medical products. However, opposition from powerful nations such as the United Kingdom and Germany has kept this action from happening. The Biden Administration has expressed support for a TRIPS waiver, yet has failed to take any steps towards its realization.¹⁴ Because of this, Morten describes the president's endorsement as "actually pretty weak."

Morten is a proponent of the TRIPS waiver, which would remove some of the legal barriers keeping African nations from manufacturing locally. However, he notes that it cannot be the sole solution to vaccine inequity. "It's a necessary step and it's an important step," said Morten, "but it is not a sufficient step in and of itself."

The waiver alone does not ensure that pharmaceutical companies must equip countries with the technology and medical know-how needed to produce vaccines by themselves.

Thus further government intervention is needed. The Defense Production Act enables the president to command private companies to act in the name of national security. In "How to Vaccinate the World, Part 2," Amy Kapczynski explains that "the risk of virus variants alone clearly makes global vaccination an issue of national security as defined by the Act."¹⁵ Provisions of the Act outline the government's power to require Pfizer, Moderna, and Johnson and Johnson to facilitate the necessary transfer of technology and share their trade secrets, enabling the increase in global vaccine production. Recently, Public Citizen found that the Biden Administration possesses "unlimited rights" to share key contracted information about the development of the NIH-Moderna vaccine.¹⁶ Outlining the implications of this revelation via Twitter, Law & Policy Researcher Zain Rizvi explains that "based on public information, we can reach high-level conclusion: because Moderna learned how to commercially produce hundreds of millions of doses on the taxpayer's dime, the govt appears to have unlimited rights in the recipe for commercial-scale mRNA vaccine production."

Despite these legal powers at the president's disposal, so far Biden has done very little to enable global access to the vaccine. Instead, the administration continues to uphold the pharmaceuti-

cal monopolies of the status quo. But as Morten explains, "the world is on fire, now's the time to break the glass and use the tool that's been sitting there waiting for us."

Why should you care?

The political realist's answer is that the vaccine apartheid will affect everyone regardless of which country you reside in.

"The problem is that we live in a global village", Gikonyo said. "The village in Africa eventually gets to America... A disease in Africa is a danger to America, a disease in America is a danger to Africa... vaccinating only your neighbors and yourself is meaningless and does not defend you." For as long as a part of the world remains unprotected, new variants will develop and spread from nation to nation prolonging this pandemic. No one is safe until everyone is safe.

However, advocating for this issue solely in the name of self-preservation will never lead to the destruction of the unjust systems of its cause. Instead, Welte says we should ask ourselves: "Is this really the kind of world I want to live in?"

"Without deeply being willing to reassess the basic structures of the world from a human rights point of view," he explained. "The big questions are still being skillfully avoided rather than dealt with." Access to life-saving medical innovations including but not limited to the COVID-19 vaccine is a human right that should be enjoyed by all. The fact that young people in

13. "Data Dive: The astoundingly unequal vaccine rollout"

14. Emma Bowman, Ashish Valentine "Biden Backs Waiving International Patent Protections For COVID-19 Vaccines," NPR, Published May 5, 2021, <https://www.npr.org/sections/coronavirus-live-updates/2021/05/05/993998745/biden-backs-waiving-international-patent-protections-for-covid-19-vaccines>

15. Amy Kapczynski, Jishian Ravinthiran "How to Vaccinate the World, Part 2," LPE Project, Published May 4, 2021, <https://lpeproject.org/blog/how-to-vaccinate-the-world-part-2/>

16. Zain Rizvi "Sharing the NIH-Moderna Recipe," Public Citizen, Published August 10, 2021, <https://www.citizen.org/article/sharing-the-nih-moderna-vaccine-recipe/>

America are attending concerts while healthcare workers in Ghana remain unvaccinated due to existing policies and power structures is a grave injustice. This disease has proven to be indiscriminate, thus responses to it must account for all of humanity.

What can you do?

Check out the Universities Allied For Essential Medicines and the chapter at Yale. This organization is a global network of university students dedicated to accessible public health and medicines. The People's Vaccine is a global coalition of organizations taking significant steps towards the end of this issue. Easy actions to support their work can be found on their website.

Writer's Reflection

After a year of isolation, this summer I along with the rest of the United States, celebrated the long-awaited "return to normalcy" thanks to the effectiveness of COVID-19 vaccinations. However, talking with my family living in Kenya, forced me to acknowledge that the human rights to health and dignity are not being protected for those in the Global South. Angered by this, I began my research in the search for answers to the stark lack of vaccine supplies, particularly in African countries. What I discovered was the shocking history of selfishness and apathy on the part of Western nations when it comes to the issue of global inequitable access to healthcare. This issue extends far beyond the time, location, and word count limitations imposed on my research. However, I hope this piece encourages students like myself

to become educated and involved in the fight for life-saving medicines for all. I would like to give a special thanks to Doctor Gathaiya Jumbi, chairman of Surgery & Orthopedics at Kenyatta University School of Medicine, and Naomi Karoki for personally connecting me with valuable sources in Kenya. Thank you as well to Doctor Mbira Gikonyo, Chris Morten, Alex Welte, and Jackson Majoni for sharing their time and expertise with me.

Equality and Fairness for Some: Education during the COVID-19 Pandemic

Maia Decker

For most of America's youth, elementary education is their first introduction to a community outside their familial structures. In Spring of 2020, as the nation locked down in an attempt to mitigate the spread of the COVID-19 virus, the majority of schools transitioned from in-person to fully online learning. As these schools moved to digital platforms, their ability to provide equitable access to education, community, and other benefits reduced dramatically. The effects of difficulties faced by educators, stu-

dents, and districts may continue to affect students in the upcoming year.

With most households confined to their homes, adult family members took unprecedented responsibility for their younger relatives' education. Although homeschooling is far from a new phenomenon as nation-wide lockdowns pushed elementary education into the virtual classroom, the rates of homeschooled students more than tripled by Fall of 2020.¹ For wealthier families, a common practice became the establishment of "pods"² for their children: small, private educational groups that study under either parents or hired educators. However, educating their children in pods is unachievable for many families; access to a pod often requires the financial means to pay for outside education, or the financial freedom to take time off from work to teach. In already under-resourced school districts, families that pull their students out of public schools can negatively impact district's funding either through decreased PTA engagement or direct "by head" government assistance.

For the students that remained enrolled in more traditional schools, the likelihood of attending school virtually varied. According to Vikki Katz, author of the report *Learning at Home While Under-connected*³, the likelihood of virtual school changed based on race/ethnicity, but not between locations or poverty levels. When many schools first transitioned to online learning, lower-income parents reported being more than three times

1. Bureau, U.S. Census. "Homeschooling on the Rise during Covid-19 Pandemic." The United States Census Bureau, March 22, 2021. <https://www.census.gov/library/stories/2021/03/homeschooling-on-the-rise-during-covid-19-pandemic.html>.

2. Moyer, Melinda Wenner. "Pods, Microschools and Tutors: Can Parents Solve the Education Crisis on Their Own?" The New York Times. The New York Times, July 22, 2020. <https://www.nytimes.com/2020/07/22/parenting/school-pods-coronavirus.html>.

3. "Learning at Home While under-Connected." New America. Accessed September 7, 2021. <https://www.newamerica.org/education-policy/reports/learning-at-home-while-underconnected/>.

more concerned about their children falling behind⁴ compared to their wealthier counterparts. Less than half of parents reported that their children were receiving “a lot” of interaction with teachers in the first few months of virtual school.

Mordechai Levy-Eichel, historian and lecturer for the Yale Political Science Department, has studied education as an academic and is a parent himself. “What I sort of immediately thought was, we’re totally unprepared for this,” said Levy-Eichel on hearing the news that schools would transition to online learning. In his research on education, Levy-Eichel has found that educational enterprises tend to be “inertial:” educators and educational institutions have immense difficulties adapting to change of any sort. The lack of direct engagement from teachers in the pandemic’s early months aligns with Levy-Eichel’s analysis: districts were unprepared for the transition to online learning.

According to Levy-Eichel, the transition to virtual schooling presented the opportunity for innovation in an otherwise very conservative field. However, due to the inertial state of education and the collective suffering under the pandemic, very few innovations occurred. For students, this meant that those who were under-served by the pre-pandemic education system suffered even more intensely in virtual schooling. According to Jane Karr, Journalism Lecturer at Yale and former editor for the Education section of the New York Times, many of the “least

privileged” families lacked good internet access while a great deal of schools in low-income areas were unable to provide the same quality of education as their wealthier counterparts.

“The numbers of students lost by the system altogether is stunning,” said Karr.

Bellwether Education Partners⁵, a national nonprofit focused on assisting underserved children through education, estimated that three million of the “most educationally marginalized students in the country” have been missing from classrooms since March of 2020. Karr noted that beyond the purely educational aspect of elementary schools, many communities rely on educational institutions for quality meals, physical education, and assistance in helping young people learn to socialize and be a part of a community.

“We expect a lot from our schools,” Karr said. For the over three million students missing from classrooms, they are unable to receive the support previously given by their schools.

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Despite the large expectation many have for educators and their institutions, a great number of the individuals responsible for American education did not receive the training necessary to launch into a fully digital classroom. “What struck me was how little energy teachers unions and schools put into training their staff in online instruction,” Karr said.

Even for those still attending school virtually, by the Fall of 2020 students coming from lower-income households were more than four times more likely to experience one of three “digital obstacles”⁶ preventing their education compared to their upper-income counterparts. According to data from the Pew Research Center in September of 2020, these digital obstacles

included: having to do schoolwork with a cellphone, having to use public wifi to finish schoolwork due to lack of reliable home internet access, and not being able to complete schoolwork due to lack of a home computer. Of the parents who anticipated that their children may face one of these obstacles, 92% were in favor of schools providing broadband access for students. Com-

4. Horowitz, Juliana Menasce. “Lower-Income Parents Most Concerned about Their Children Falling BEHIND amid COVID-19 School Closures.” Pew Research Center. Pew Research Center, July 27, 2020. <https://www.pewresearch.org/fact-tank/2020/04/15/lower-income-parents-most-concerned-about-their-children-falling-behind-amid-covid-19-school-closures/>.

5. “Missing in the Margins: Estimating the Scale of the Covid-19 Attendance Crisis.” Bellwether Education, March 8, 2021. <https://bellwethereducation.org/publication/missing-margins-estimating-scale-covid-19-attendance-crisis>.

6. Vogels, Emily A. “59% Of U.S. Parents with Lower INCOMES Say Their Child May Face Digital Obstacles in Schoolwork.” Pew Research Center. Pew Research Center, September 10, 2020. <https://www.pewresearch.org/fact-tank/2020/09/10/59-of-u-s-parents-with-lower-incomes-say-their-child-may-face-digital-obstacles-in-schoolwork/>.

paratively, 52% of all Americans were in favor of government support for internet access.

For some schools, such as Rattlesnake Elementary in Missoula, Montana, laptops and hotspots were distributed to families in need along with community options for affordable internet access. Pam Wright, principal of Rattlesnake Elementary reported that the pandemic was a major disruption to “the way we’ve always done things.” Educators were forced to do more with less time and reaching students became easier once the school moved to a hybrid model⁷ in the fall of 2020. Wright noted that many parents became more involved in their student’s education during the original lockdown, while others were too overwhelmed with other stressors: equity problems with parent’s ability to engage with their children’s education were exacerbated by the pandemic. This fall, Wright commented that the school will be focusing on “Acceleration rather than Remediation;” some students have certainly fallen behind and rather than risk increased learning gaps, the school will continue to provide “high-quality grade level curriculum,” emphasizing on any missing skills required to meet grade level standards.

For households in which one or more parents were considered “essential workers,”⁸ a full lockdown was im-

possible. Many child-care centers⁹ remained open for these children while their parents were working on the frontlines of industries essential to ensure the continuity of America’s infrastructure. In New York City, a hot-spot for virus transmission, the YMCA reported caring for over 40,000 children during the lockdown with almost no recorded cases of transmission at their centers.

For privileged families locked-down together, guardians engaged more¹⁰ with all aspects of their students’ education. Levy-Eichel noted that formal education is often less influential than familial environment when it comes to determining children’s future. Melinda Wenner Moyer,¹¹ science journalist and author of a science-based book on raising children, has two children under the age of ten. Moyer said that during the pandemic, she and her husband were able to ask their children regular questions about their independent, outdoor-based school. In addition, their family had dinner together where they would talk about: “evolution, geography, and microbiology.” Moyer said that they had, “more opportunities than usual” to engage with their children in “meaningful dialogue” about the world. This beneficial dialogue was not possible for all families, especially those who were placed under additional stressors by the pandemic. New America, an Amer-

ican think tank and civic innovation platform, found that students — especially those who were less economically advantaged — were more likely to turn to educational media during the pandemic. Likewise, families under the poverty line reported a greater difficulty finding print books to read with their children while in lockdown.

Although higher education is a voluntary experience, college students¹² reported many difficulties with online school including: disengagement with school, troubles forming relationships and self-motivating, and family responsibilities pulling them away from school. At Yale, over half¹³ of the undergraduate population was enrolled virtually while most courses were held entirely online. Although Yale’s undergraduate population participated in online education like much of the nation’s students, the university’s financial resources allowed for portions of the student population to remain on-campus while being tested weekly. This experience was not universal across the country and many higher-education institutions were forced to close after campus-wide outbreaks.

The pandemic has even altered admissions to colleges and universities. Many universities announced their decision to change to a test-optional¹⁴ system. Over 300 deans of college admission¹⁵ released a public state-

7. “Coronavirus Information / Return to School Plan.” Coronavirus Information / Return to School Plan. Accessed September 7, 2021. <https://www.mcpsmt.org/Page/15753>.

8. “Categories of Essential Workers: Covid-19 Vaccination.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 29, 2021. <https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html>.

9. Kamenetz, Anya. “What Parents Can Learn from Child Care Centers That Stayed Open during Lockdowns.” NPR. NPR, June 24, 2020. <https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns>.

10. “Learning at Home While under-Connected.” New America. Accessed September 7, 2021. <https://www.newamerica.org/education-policy/reports/learning-at-home-while-underconnected/>.

11. Moyer, Melinda Wenner. “How to Raise Kids Who Aren’t Assholes by Melinda Wenner Moyer: 9780593086933; Penguinrandomhouse.com: Books.” PenguinRandomhouse.com. Penguin Adult HC/TR. Accessed September 7, 2021. <https://www.penguinrandomhouse.com/books/618206/how-to-raise-kids-who-arent-assholes-by-melinda-wenner-moyer/>.

12. Morris ME, Kuehn KS, Brown J, Nurius PS, Zhang H, Sefidgar YS, et al. (2021) College from home during COVID-19: A mixed-methods study of heterogeneous experiences. PLoS ONE 16(6): e0251580. <https://doi.org/10.1371/journal.pone.0251580>

13. Cummings, Mike. “Yale Prepares to Welcome Students for Fall Semester 2020.” YaleNews, August 20, 2020. <https://news.yale.edu/2020/08/19/yale-prepares-welcome-students-fall-semester-2020>.

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ment emphasizing the importance of self-care, academic work, and service and family contributions. In the open letter, the deans noted that applying students will not be disadvantaged due to changes to extracurricular or summer activities, hopefully making the admissions process more equitable.

These changes may mean more equitable admissions to institutions of higher education. Furthermore, large-scale online education during the pandemic has provided tangible evidence of the feasibility of virtual learning. For those who are unable to attend in-person school, this period of educational history may help future administrations cater to students who require more nontraditional means of learning. Although it is difficult to diagnose the pandemic's long-term effects on education, recent lockdowns and the resulting shifts in education have exacerbated inequality in American education to unprecedented levels. Educational inequality remains a massive issue in the United States that ought to be combated whenever and wherever possible.

Writer's Reflection

During the pandemic, my parents each faced their own challenges: my mother as a nurse and my father as a first grade teacher. In hearing the difficulties he faced as an educator and a community member, I wanted to further research the ways that COVID-19 has affected elementary education and the students that rely on quality education. In studying this topic, the long term effects of online learning are hard to predict. As Levy-Eichel said, it is difficult to give an "autopsy." However, I hope that the lessons learned from this period will

inform administrations in the future in order to better educate and assist American students.

14. American foreign Service Association. Accessed September 7, 2021. <https://afsa.org/college-admissions-and-covid-19-evolving-landscape>.

15. Capezza, Kristen. Publication. Care Counts in Crisis: College Admissions Deans Respond to COVID-19. Accessed 2021. https://static1.squarespace.com/static/5b7c56e-255b02c683659fe43/t/5ef9bf0b67d0746239a5b429/1593425675919/FINAL+Statement_+TTT+Deans+20200629.pdf.

