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What we need is a sustainable politics of life

Richard Horton¹ provides us with an important comment on the ongoing COVID-19 pandemic. By refracting the ongoing pandemic through the scholarship of the anthropologist and physician Didier Fassin,² Horton alerts us to the fact that COVID-19 is much more than a global health crisis: it is a crisis of life itself.

We agree. However, we would also argue that the ongoing pandemic sheds light on the need for equitable and sustainable politics. If the COVID-19 crisis is a crisis of life, then what is needed is a sustainable politics of life, not just health. Horton, through Fassin, contrasts “the rising legitimacy of those who have a biologically defined disease with the declining legitimacy of lives lived in a particular social setting”,¹ such as poverty. He further argues that “the physical has prevailed over the political” in health care, thus reducing our ability to understand life as political.¹ Nevertheless, data show that COVID-19 is driven to a large degree by social and economic inequalities, rendering “the furthest behind” the most vulnerable.^{3,4}

If we are to take the UN’s Sustainable Development Goals (SDGs) seriously, health can no longer be reduced to a purely biomedical concept. The SDGs urge us to acknowledge the social determinants of health and to understand health in the broadest of contexts.⁵ We cannot model our way out of the COVID-19 crisis because we cannot model our way out of the social inequalities that drive COVID-19 and other diseases and illnesses. What is needed is a sustainable politics of life that produces surplus health for all rather than excess all-cause mortality for some, often the most vulnerable. Horton’s call is one that turns the attention to “the biographies of those who have lived and died with

COVID-19”.¹ These biographies matter and are valuable as entry points for producing a critique of the current biomedical and modelling driven COVID-19 response.

Doing away with health disparities and social inequality is not just social justice, it is indeed pandemic preparedness at its best. Now is the time to take the SDGs seriously and turn our attention to the broader canvas in which COVID-19 takes place.

We declare no competing interests.

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COVID-19, nuclear war, and global warming: lessons for our vulnerable world

The COVID-19 pandemic teaches lessons we must embrace to overcome two additional existential threats: nuclear war and global warming. Health professionals need to send a message to those whose lives we have vowed to protect: all three threats result from forces of nature made dangerous by triumphs of human intelligence, and all three can be solved by human intelligence.¹⁻⁵

Albert Einstein warned that “the unleashed power of the atom has changed everything save our modes of thinking and we thus drift toward unparalleled catastrophe”.⁶ The nuclear

threat plus global warming led the Bulletin of the Atomic Scientists to advance the Doomsday Clock to 100 seconds before midnight—the closest ever—just before the pandemic.

Although it may seem overwhelming to contemplate additional threats during COVID-19, we must address all three since they are the greatest dangers ahead. Their origins and solutions are remarkably similar.

COVID-19 is the most visible. Had the outbreak happened before air travel, the mutant virus would have remained in China and spread slowly, if at all. Today, we face a permanent threat of future pandemics—genes will continue to mutate and planes will continue to fly.

Nuclear war is the least visible threat, as well hidden as the virus of a bat in a cave near Wuhan. It is, however, the most likely to have an immediate, devastating impact. In a city hit with a nuclear weapon, by intent or by accident, there would be no decisions about which patient to treat with the remaining ventilator.²⁻⁴

Global warming is the threat most certain to generate future harm, although human suffering will spread more slowly than with nuclear war or a pandemic.⁵

The global response to COVID-19 is a source of hope. Scientists launched an inspiring counterattack on the coronavirus. Clinicians, often risking their own lives, rushed to bedsides.

The struggles against these threats teach valuable lessons. First, each threat must be recognised. Second, political leaders must respect truth and defer to expertise. Third, the threats are global and require global cooperation. Fourth, we all have to focus on our collective survival, and that includes care for the least privileged.

The world need not be the same after the pandemic. It can be better. A COVID-19-induced awakening can arrest our drift toward catastrophe. Health professionals, uniquely aware of the threats, have an obligation to enhance understanding of the requirements for survival in the 21st century.



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JEM is a co-founder of International Physicians for Prevention of Nuclear War, the organisation awarded the 1985 Nobel Peace Prize. DGN is a co-founder of Physicians for Social Responsibility. We declare no competing interests.

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Gendered effects of school closures during the COVID-19 pandemic

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Governments worldwide have implemented school closures as a preventive measure to the spread of COVID-19. According to UNESCO, school closures have sent about 90% of all students out of school, among them more than 800 million girls. A substantial number of these girls live in the world's least developed countries where getting an education is already a struggle. We agree with Hall and colleagues¹ who recognise girls as a vulnerable group in the COVID-19 pandemic, stress two issues hindering girls' education in developing countries, and challenge progress and commitment toward gender equality, girl empowerment, and the Sustainable Development Goals.

The first issue relates to sexual and reproductive health aspects, where teenage girls might disproportionately drop out of school due to an increased risk of sexual exploitation, pregnancy, and (forced) marriage. School closures during the Ebola outbreak were associated with an increase in teenage pregnancies.² Once schools re-opened, many "visibly pregnant girls"² were banned from going back to school. With schools closing throughout the developing world, where stigma around teenage pregnancies prevails, we will probably see an increase in drop-out rates as teenage girls become pregnant or married.

The second issue relates to socioeconomic aspects, where girls might spend less time studying or might drop out of school at higher rates than boys because of a disproportionate increase in unpaid household work. Girls aged 5–14 years already spend 40% more time doing household work than boys do.³ As girls stay at home because of school closures, their household work burdens might increase, resulting in girls spending more time helping out at home instead of studying. This might encourage parents, particularly those putting a lower value on girls' education, to keep their daughters at home even after schools reopen. Moreover, research shows that girls risk dropping out of school when caregivers are missing from the household because they typically have to (partly) replace the work done by the missing caregiver,⁴ who might be away due to COVID-19-related work, illness, or death. Therefore, with the current COVID-19 pandemic, we might see more girls than boys helping at home, lagging behind with studying, and dropping out of school.

We warn that school closures in this COVID-19 pandemic may bolster gender gaps in education and girl empowerment dampening any progress already made, particularly in developing countries. We call for public acknowledgment and discussion about the adverse effects school closures can have on widening of the schooling gap

between girls and boys. We call for a gendered perspective in developing policy responses by tackling the sexual and reproductive health and socioeconomic issues addressed here to bring girls back to school after the measures to contain the COVID-19 pandemic end. We also ask governments to collect data specifically on non-paid housework and childcare responsibilities frequently ignored when investigating the consequences of child labour. Addressing the health and socioeconomic issues girls might face during this pandemic, as well as collecting data to quantify their effects, are important in honouring the commitment to the Sustainable Development Goals.

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Challenges for the female academic during the COVID-19 pandemic

Science and innovation benefit from diversity. However, as the global community fights COVID-19, the productivity and scientific output of female academics are disproportionately affected, leading to loss of women's scientific expertise from the public realm.