Pandemic: An Invisible Enemy
From the Editor

A Note to the Reader

On behalf of our Editorial Board, I am pleased to present the first-ever Special Edition of The Diplomatic Envoy.

As the world finds itself engulfed in a crisis unlike any in modern history, this April we chose to focus on delving into the stories that matter most to the global community as it moves forward in the coming months. This edition explores the hearts of issues pertaining to the field of international health, from threats facing vulnerable populations and economic security to emergency ethics and environmental integrity.

For the past month, The Envoy’s editorial board has worked with a select group of our most dedicated staff writers whose locations and ideas stretch across borders now more than ever before. It is our privilege to showcase the contributions of both our editors and our staff, and we welcome the opportunity to continue The Diplomatic Envoy’s proud tradition even in this time of transition.

Stephanie Miller,
EDITOR-IN-CHIEF

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For more information on sources, go to blogs.shu.edu/thediplomaticenvoy
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Flattening the Curve: Pandemic Response and the East-West Dichotomy

Daniela Maquera | Staff Writer

Courtesy of Fran Boloni (Unsplash).
When China announced that its two-month lockdown, border shutdown, and intense police surveillance had lowered the country’s rising number of coronavirus cases, it shocked the world. Many western countries did not think it possible to imitate China’s methods: many called them draconian and looked elsewhere. However, in Asia, Singapore, Hong Kong, and Taiwan took a different approach. Recalling lessons learned from the aftermath of the 2002 SARS outbreak, despite their close links to mainland China, they chose to sacrifice that relationship for health and cut ties with the virus’ source.

Many states considered their measures extreme. Even when the WHO did not consider “travel bans” necessary, these three regions had already restricted passengers coming from the mainland. According to Time, their strategy cost trade and tourism revenue coming from China. However, in the long-run, their proactive prevention has made them the almost-certain winners in the fight to contain COVID-19.

Putting aside these countries’ different regimes, the open and honest interaction of government officials and health experts with citizens has led to clarity. Through effective communication and free testing, governments continue to alleviate the civilian economic and health burden. Singapore tests every case of influenza-like illness and tracked contacts of possibly infected patients. Taiwan combined its national health care and immigration databases to generate automated travel alerts. South Korea and Japan both adopted measures of strict social distancing once the spread began. According to Wired, these countries used prior experience with outbreaks to build health systems with strong countermeasures and activated them “before the bomb exploded.”

Strict surveillance plays a big role in containing the number of cases in these Asian countries, although the main driver of their effective response is the rapid development of testing. According to The Lancet, once the genetic sequences for COVID-19 were published, Hong Kong, Japan, and Singapore all developed their own tests for the virus and ramped up production of necessary materials. However, according to a New York Times report, despite the almost-flat curves of Hong Kong, Singapore, and Taiwan, occasional spikes imply they remain at risk. All eyes now turn to South Korea – the only country besides China to successfully flatten their curve.

In a single week, South Korea halved its number of cases with no draconian restrictions or lockdowns. Instead, the country engaged in widespread testing, contact tracing, and rallied critical support from citizens, a design that minimizes the risk of contagion to health workers. These separate centers spared hospitals and clinics from being overwhelmed.

Although the fear of resurgence remains, the remaining lesson is that there is no time to waste – action must be taken now. Sadly, countries with stunning numbers of new cases, such as Italy, Spain, and the United States, have moved on to a new reality that limits which measures they can emulate from these Eastern countries.

As experts argue whether this health crisis demands a wartime-like response, more European countries continue to lock down their borders. Rather than acting in unison, The New York Times states, each country is closing its borders: Germany, France, and Britain all banned gatherings and deployed police officers to keep citizens home as slow testing exacerbates hospital resource depletion. The Atlantic says that Italy published a guideline for doctors calling for extreme triage measures: intensive care is limited to patients with the highest life expectancy.

Epidemiologists say that not much can be done without early and widespread testing. The New York Times states that inconsistent testing has led to a patchwork response to the crisis in Europe and the U.S. Unlike South
Korea and Singapore, most European countries face shortages of testing chemicals and thus limited testing availability. Fearing an economic downturn, Europe did not close businesses and must now take even stricter measures.

The U.S. is living an even worse reality. With the highest recorded death rate of any country, the government struggles to define its strategic plan, their dilemma lying between prioritizing the economy or civilians’ health. Although Congress’s two trillion dollar emergency spending bill promises to deliver cash to individual Americans, businesses, and health care facilities reeling from the pandemic, the Washington Post notes that this will not stop travel or contain the virus. In stalling action plans, the U.S. ignores Europe’s hard-learned lesson: failing to accept the severity of the virus and act accordingly can cost lives.

American testing remains limited and costly, according to The Atlantic, limiting access even to healthcare workers who are in direct contact with patients. Crippled international supply chains short the country’s medical professionals of crucial access to protective medical equipment. Combined with the country’s unwillingness to shut down businesses, America could very well see a projected death toll of up to 2.2 million.

Although the world has not faced such fearsome pandemic in 100 years, past outbreaks helped better prepare Asian countries for the COVID-19 outbreak. By choosing short-run economic losses over massive deaths and panic, in the long run, they have kept a relative-flat curve of coronavirus cases. Because Europe and the United States’ failure to establish equivalent early warning systems, these countries will be placed on the frontline of a battle without adequate resources, forced to wage a war with no end in immediate sight.

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- The New York Times
Misinformation and the Rise of the “Infodemic”

Joaquin Matamis | Staff Writer
Since COVID-19 first entered the collective consciousness of media and society, people far and wide continue to spread all information they can gather on the virus. Unfortunately, whether maliciously intended or not, this has led to the widespread dissemination of misinformation on a viral scale. The fear and paranoia around the globe indicate not only the dangers of the viral pandemic but a worldwide “infodemic”.

Dr. Claire Wardle, a leading expert in the field of social media and user-generated content, states in an Aspen Institute webinar that this “infodemic” has taken shape in a couple of trends worldwide. For one, most of the viral content that has been spread assuredly contains some truth regarding COVID-19. Secondly, she notes that information has traveled most popularly in closed and semi-closed social spaces. These can take the form of small groups like family and relatives, coworkers, and friends to larger groups like those on Facebook, Twitter, Whatsapp, and similar platforms. Combined, these two factors create a dangerous environment that warps the validity and accuracy of information.

Misinformation on COVID-19 penetrates all topics on the virus, from disinformation (deliberately harmful information) on the virus’s origins to misinformation about the virus’s spread, symptoms, and treatments. Stories range from Chinese biological weapons programs to intentionally spread by the U.S. military and even Bill Gates’ involvement in pharmaceutical production as a front for surveillance and profit. As tensions grow among different state actors, people question the politics of pandemics, sowing doubt behind the efficacy of official actions and government agendas, according to The Economist.

Misinformation also affects both social and economic behaviors. These viral campaigns utilize a number of psychological “backfire effects”, clouding the truth from society and inhibiting the work of health officials. For example, the repetition of media falsehoods establishes a level of familiarity between consumers and inaccurate information. As NBC’s Ruairidh Arrow reports, some companies resort to false advertising and upselling toxic chemical to make a profit. Chloroquine, a drug for malaria, is not proven to work against COVID-19 and its phosphate equivalent is toxic to humans, used in aquariums to treat fish. However, this has not stopped consumers from purchasing the chemical and experimenting with self-treatment.

Similarly, hearsay typically dominates Facebook and Whatsapp, as unwary people fall victim to mass gossip. Whether it comes from “friends” of government officials or “relatives” of health workers, mass rumors have only added more confusion and uncertainty to the COVID-19 narrative. Data analysts on social media have several international similarities in the types of misinformation being disseminated. Stories about “local” outbreaks, home treatments, and diagnoses share similar patterns in different languages, suggesting there are dedicated groups maliciously spreading rumors internationally. Most importantly, the spread of rumors and misinformation has incited levels of mass panic that poses a great danger to society. Most media outlets like Time have covered the numerous “toilet paper epidemics” worldwide, which initially seem humorous. However, these developments point to a more dangerous precedent of supply shortages, not only in toilet paper, but in medicine, masks, and other materials essential to health workers. The financial world has equally been shaken up by COVID-19 developments, inciting similar panic in would-be investors and average people. Particularly provocative disinformation has upset the stock market already but can also influence runs on bank and questionable financial decisions across the board, as CNN predicts.

So, two questions remain: How
can professionals and officials with the right insights convey their information without being drowned out by ubiquitous media? And similarly, how can one properly inform themselves during this time of social isolation without experiencing the pitfalls of mis- and disinformation? The reason why misinformation and groups with specific agendas, like the anti-vaxxer movement, are so successful is because of provocative, yet easily understandable content. Memes that up to play or downplay the virus – or even colorful graphics that seem to disprove well-known facts – are more likely to make an impact on readers. Despite the existence of dependable research, correct information often struggles to come to light because of lengthy, medical jargon-ridden reports, which are hard to access for the everyday media consumer. Dr. Wardle unapologetically calls us “lizard-brained”, meaning individuals value data that is concise, digestible, and often in infographic form. Government and health officials should strive to create content and data that is easily readable and readily available for the common person. If authorities can assert themselves on social media and more relatable platforms, people can be more informed and restore their faith in status quo research.

Yet these standards should also be met on the consumer side of things. When looking at published data, whether formally in scientific research or informally through different sources of media, people should be aware of underlying facts, different sources of information, and the pitfalls of psychological backfire effects. When spreading awareness for different issues, people should be careful to fact-check alongside reliable and officially published data first before sharing. Nevertheless, there can be some reassurance knowing that there are kernels of truth to everything and piecing them together is the first step to becoming informed. Recognizing that knowledge is power, we can do our part in fighting against this infodemic and the COVID-19 pandemic overall.

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Courtesy of Brian McGowan (Unsplash).
Government Interventions, Public Health Responses, and the Economics of Pandemics

Ali H. Aljarrah | Staff Writer
As the world hits over a million total confirmed cases of COVID-19, the world economy remains in a comatose state due to government mitigation policies designed to slow the infection rate of the virus, reports Johns Hopkins’ Coronavirus Resource Center. In a March 27 interview with CNBC, International Monetary Fund Managing Director Kristalina Georgieva announced the global economy entered a recession due to COVID-19. A previous Morgan Stanley report predicted a “deeper recession, but not depression” in 2020, placing global growth estimates at 0.3 percent.

COVID-19 is the first pandemic to wreak havoc on the global economic system in recent memory, but it is not the first in history. The 1918 H1N1 “Spanish flu” pandemic was the last virus to cause a major interruption to the international economy. A March 2020 Federal Reserve study found that areas affected by Spanish flu in the United States saw a “sharp and persistent decline in real economic activity,” similar to economic trends caused by COVID-19.

The study concludes that areas where local governments implemented Non-Pharmaceutical Invention (NPI) policies like school closures, public gathering cancellations, and quarantines earlier in the year experience quicker economic recovery compared to areas that do not immediately intervene. For example, because Oakland implemented NPIs early in the year, the California city saw lower mortality rates and experienced a strong and quick economic recovery. Meanwhile, Philadelphia continued to hold major public gatherings, subsequently experiencing higher mortality rates and a slower recovery of city-level employment, manufacturing output, and holdings of national bank assets. The study corroborates Brookings Institute findings, which state that while governments across the world overwhelmingly responded to the COVID-19 outbreak with NPI implementation, results differ based on response times. Within the first three weeks after the outbreak in China, the countries of Japan, South Korea, and the United States confirmed their first cases of COVID-19. However, South Korea and Japan saw lower infection rates compared to the United States, which began NPI implementation much later than the east Asian countries.

Governments taking measures to minimize interaction simultaneously rush to prevent a depression-level economic crisis. Unfortunately, the reality of a globalized, economically interdependent world means the NPI implementation is not always feasible, especially in developing countries. The Council on Foreign Relations estimates the total price tag of COVID-19 to be $10 trillion globally, a price that developing countries have not historically been able to pay. The 2002 SARS outbreak in China resulted in the loss of some $80 billion due to medical expenses, travel and tourism restrictions, loss in consumer confidence, and loss in investments, according to a U.S. Institute of Medicine study. Likewise, the 2014-2015 West African Ebola crisis heavily impacted international prices for bauxite, iron ore, and gold, losing 30-60 percent of overall value while hurting GDP growth and ultimately costing the region approximately $2.8 billion, according to the World Bank.

The future of the world economy is dependent on the duration and death toll of the virus, with both in direct correlation with public health response. The U.S. stock market reciprocated anxieties surrounding outbreak duration and response in March, anticipating a slowdown in economic growth. The S&P 500 index lost almost half its value when it bottomed on March 23. The Dow Jones Industrial Average lost 40 percent of its

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A healthcare worker assessing a sick traveler at the airport. Courtesy of Rawpixel.
value on the same day, while U.S. unemployment skyrocketed to 13 percent.

Given the volatile stock market, the Federal Reserve indicated that they “will do anything within its power” to aid the economy while Congress passed a $2 trillion stimulus package to provide economic support. A CNBC analysis asserts the brief economic rebound was a direct result of Congress’s relief package and an improving outlook on the outbreak, many fear that the market might crash again.

In Asia, the Chinese stock market slowly recovers from COVID-19-related falls while economists expect the country to have a slow growth this year. China’s central bank announced that they will reduce reserve requirements to help prop up businesses. Meanwhile, Japan’s Prime Minister Shinzo Abe promises an ‘unprecedented’ stimulus package for cash payments, interest-free loans, and other programs designed to stimulate the shrinking economy suffering from a drop export demand, a direct result of the virus outbreak.

Europe is also taking similar action. The New York Times reports the EU backed a half-trillion euro stimulus package to protect their economies. Germany’s government is also allocating 350 billion euros to bail out businesses, and the Bank of England is lowering interest rates and spending 400 billion euros to protect workers’ pay.

In the last 100 years, the world has not experienced a pandemic that ravaged and disrupted life more than COVID-19. Given lessons learned from the 1918 Spanish flu pandemic, governments must intervene to implement and enforce NPIs in order to minimize illnesses deaths. Global economies will not begin to recover until governments contain and minimize the virus. States now face the difficult challenge of stabilizing their economy while also supporting their people, a task that could result, if not done correctly, at an even higher cost.

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Vulnerable Populations: COVID-19 and the Risk of Leaving Developing States Behind

Megan Gawron | Staff Writer
As Americans lament the social distancing measures in place to combat COVID-19, thousands of the world’s most vulnerable populations face an even greater challenge than closed nightclubs and toilet paper shortages. NPR reports that refugees and people in developing states with already fragile healthcare systems are at an increased risk of contracting the deadly disease.

Myanmar’s persecution of Rohingya Muslims has forced over a million refugees to flee into Bangladesh since the 1990s, more than half of which now living in Kutupalong, Cox’s Bazar. According to UNHCR, the large size of this settlement draws “concerns over the lack of adequate water, shelter, and sanitation,” a situation that Asia Times describes as a “time bomb.” While Japan Times reports that the Kutupalong camp has no confirmed cases as of April 4, the refugee’s reliance on aid from Bangladeshi locals and international humanitarian workers leaves them at constant risk of exposure. Once a refugee contracts the disease, the close-quarters nature of the camp and the absence of adequate health infrastructure means the disease will spread like wildfire, quickly surpassing volunteers’ capacity to combat it.

The situation the Rohingya face in Bangladesh parallels the state of the Mae La refugee camp in Thailand during the 2009 H1N1 pandemic. The National Center for Biotechnology Information reports the Mae La camp, which housed only half the population density of Kutupalong, had five times the instances of influenza and influenza-associated pneumonia than the rest of Thailand. According to Asia News, Mae La refugees recovering from the effects of the pandemic subsequently suffered outbreaks of dengue and cholera. Reuters reported skyrocketing suicide rates in Mae La as the already vulnerable population continued to suffer.

Without greater access to health facilities and professionals, the Rohingya are bound to face the same fate as those living in Mae La a decade ago. However, refugees are far from the only at-risk group facing this pandemic.

Al Jazeera warns that developing nations with fragile healthcare systems may become hot spots for COVID-19. This is especially true in Nigeria, where population density limits civilians’ ability to self-isolate. While the number of COVID-19 patients soars to over 200, according to CNBC Africa, a deadly outbreak of Lassa fever is exhausting healthcare facilities across the country. According to Quartz Africa, Lassa fever, a disease comparable to Ebola, afflicted more Nigerians in the first two months of 2020 than in 2017 and 2018 combined. While the country has only suffered roughly 132 deaths, doctors believe the epidemic is far from over.

On top of Lassa fever and COVID-19, a third problem compounds Nigeria’s health crisis: access to working doctors. Healthcare professionals in the capital Abuja are now on strike, according to The New Humanitarian, asserting that they have not been paid in two months. Despite the rising need for them, doctors insist that they will not return to work until they receive all the back pay they are owed. Until the strike is over, the three million residents of Abuja are left to cope with these two diseases on their own.

Across the Atlantic, Haiti struggles to battle COVID-19 after years of natural disasters and cholera outbreaks, which devastate their sanitation and health facilities. In an interview with Press Herald, Haitian civilian Majorie Jean-Baptiste laments, “Coronavirus will kill like Cholera did. The country doesn’t have any resources to combat epidemic.”
While Haitian citizens anxiously wait to see if COVID-19 will be contained, the state faces a problem that may be more pressing than faltering hospital infrastructure: gang violence. The Guardian reports that gangs in Haiti take advantage of civil unrest for personal gain, kidnapping hospital administration and holding them for ransom, according to Reuters.

Although UN Secretary-General Antonio Guterres announced a $2 billion global humanitarian aid plan to help countries such as Haiti to combat COVID-19, Haitians remain skeptical. The National Review reports that the last time the UN sought to help Haiti, UN Peacekeepers sexually assaulted women, fathered children with girls as young as 11, and caused a cholera outbreak which infected over 80,000 Haitians.

The UN maintains that it seeks to help developing nations and will push for its plan to dispense aid. In a statement regarding its new humanitarian plan, the UN asserts that without significant aid, children in developing nations will be the “hidden victims” of this pandemic. While most COVID-19 related deaths occur in people over age 60 rather than adolescents, the UN contends that pandemic-driven school closures in developing nations put children at an increased risk of neglect, labor exploitation, and sexual abuse.

The UN Development Programme posits the economic losses caused by COVID-19 have the potential to impact education, human rights, and food security in many nations. While the media bombards citizens with information about infection rates and death tolls, people must look at who may be left behind. Aid packages proposed by the UN are a step toward lessening the impact of the pandemic, but if member states neglect to follow through, developing states and refugees will be left more vulnerable than ever before.

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COVID-19 and the Emergency Ethics: A New Dimension of Medical and Political Response

Natalie Sherman | Staff Writer
As the severity of the COVID-19 pandemic increases at an alarming rate, the hypothetical shortages of ventilators and hospital beds described by the New England Journal of Medicine are now a haunting reality. The rapidly spreading virus continues to wreak havoc across the globe, compelling governments to suspend many of the rights enjoyed by their citizens and doctors to choose which patients to save – decisions that would otherwise be unthinkable in everyday life.

Such decisions are the result of what the Centers for Disease Control and Prevention (CDC) calls “tragic choices.” The CDC defines tragic choices as “public choices involving life and death situations that pit irreconcilable values against one another.” Often referred to as emergency ethics, these are the extraordinary choices that must be made during times of emergency requiring special ethical considerations.

Considering emergency ethics is now the new facet of everyday life for much of the world. The New Humanitarian reports that “people all over the world [are] understanding and getting behind the ethics of ‘flattening the curve’ and changing their behavior to protect others, often at deep costs to themselves.”

Many actions taken by governments in response to this time of emergency, such as issuing stay-at-home orders and banning public gatherings, might be considered draconian during normal circumstances. The New York Times states, “The pandemic is already redefining norms. Governments that initially criticized China for putting millions of its citizens under lockdown have since followed suit.” Indeed, obeying the new restrictions and limitations that have been put on citizens’ rights during this pandemic arguably helps decrease transmission of COVID-19 and reduce the number of cases healthcare professionals will have to take on at the peak of the pandemic.

The South China Morning Post reports that these very considerations are now on trial in the Philippines. Recent versions of an emergency powers bill initially gave President Rodrigo Duterte the right to take control of private firms like public utilities and private banks, a move that would pave the way for Duterte to further consolidate his hold over the Philippine government. Heavy international criticism later forced the idea out of subsequent versions of the bill.

Perhaps the most discussed facet of emergency ethics regarding the COVID-19 pandemic is the decision healthcare professionals must make when facing scarcity, namely triage. Notorious in battlefield medicine but also regularly practiced in emergency rooms, triage is the practice of sorting patients by the urgency of their need. When critical medical supplies run low, doctors must make decisions not just about when someone will receive care but whether they will receive care at all.

When dealing with patient prioritization, there are three types of medical triage: prioritarianism, egalitarianism, and utilitarianism. Vox describes prioritarianism as widely practiced in emergency rooms, involving the treatment of the sickest and most at-risk patients first. Egalitarianism treats all patients equally and often employs a lottery system. Utilitarianism seeks to maximize benefits with the lives saved. Triage utilitarianism would prioritize younger patients or those with fewer health complications to maximize the number of years and quality of life of the patients they do choose to save.

As noted by The Lancet, hospitals typically use a combination of all three triage approaches: “No single principle is sufficient to incorporate all morally relevant considerations and therefore individual principles must be combined into multi-principle allocation systems.” However, utilitarianism triage has come under fire in recent years for issues of equality and fairness. Ira Bedzow and Lila Kagedan, two medical ethics experts, tell CNN that utilitarianism should not be used in triage except in cases where it is clinically relevant. They argue that medical professionals have no authority to prioritize patients.
Water pollution such as this costs $8 billion in damages to the environment. Photo Courtesy of Wikimedia.

Scientists are working tirelessly to find a vaccine for the virus. Courtesy of Rawpixel.

"The pandemic is already redefining norms. Governments that initially criticized China for putting millions of its citizens under lockdown have since followed suit."

- The New York Times

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simply because of their youth or any presumed value they may give to society. Other indirect factors, such as co-morbidities, are only relevant should they affect survivability or prognosis.

Triage can also be traumatizing to healthcare workers. Doctors and nurses who chose their profession so that they could help others are put into a position where they must make the decision of which patients they will save and which they will be forced to let die.

The COVID-19 pandemic response is often compared to a war, but wartime triage does not account for the diverse victims of COVID-19. If healthcare professionals do have to make tough decisions about which patients to allocate resources to, there are many more ethical considerations to be made than in battlefield medicine. Bedzow and Kagedan explain the harsh realities facing pandemic triage to CNN moving forward:

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“Wake-Up Call”: How the Coronavirus Can Impact Climate Change

Axel Songerath | Staff Writer
As the coronavirus continues to morph into a global pandemic few saw coming, civilians watch as hazardous biocontamination, a perilous healthcare crisis, and a looming economic crash unfold across the globe. Amongst the chaos of this international emergency, an unknown and unseen actor emerges: the environment.

The environmental effects of the COVID-19 pandemic are visible across the world. The Guardian reports that in Nara, Japan, sika deer wander through city streets and subway stations, with raccoons spotted on the beach in an emptied San Felipe, Panama and wild turkeys making a reappearance in Oakland, California. It appears that ecosystems can indeed rebound with speed once human intervention subsides, according to Bloomberg. However, the question of how to sustain these gains still looms.

The story of lowered carbon emissions began right where the virus itself originated: The People’s Republic of China. According to Scientific American, China has seen a 25% decrease in carbon emissions since the viral outbreak. This is largely due to the sudden and almost immediate halt in travel and manufacturing activity around the nation. Emission outputs similarly declined worldwide as the spread of COVID-19 curtailed the global demand for oil and air travel. According to the BBC, traffic levels in New York City were estimated to be down 35% compared to a year ago. Emissions of carbon monoxide, mainly due to cars and trucks, fell by roughly 50%.

The onset of the coronavirus pandemic is forcing scientists to examine the relationship between everyday human behaviors, their response to large-scale disasters, and carbon footprints. Climate change policy expert Christopher Jones told Scientific American that “with the economy and carbon footprints, they’re so interrelated that you really quickly start to have all these complex interactions.” Simply put, a typical American under a government-issued stay-at-home order consumes less carbon than ever.

Although this reality highlights how much of our carbon footprint derives from daily activity, there is still a catch. Staying at home could mean that people consume much more energy inside the home, Scientific American reports, from online shopping to watching TV to using household appliances with more frequency. The precise amount depends on weather conditions, geography, and different family lifestyle.

“If you come home to a cold house and you have to heat it, that’s going to more than offset the savings from not driving your vehicle to work, on average,” Jones says. “If you come home to a beautiful day as we have in California, and there was somebody home anyway, really we’re not using much more energy than if I were at work.”

Another catch is the potential harm that non-environmentally conscious government interventions will do to the environment. According to Wired, the most likely outcome of this pandemic is not a climate change solution. In order to make for the economic losses, countries like China and the US will instead roar back with stimulus packages that will bolster industries who harm the environment the most.

The BBC reports that governments around the world now have the opportune moment to latch on to green energy. Professor Corinne Le Quéré from the University of East Anglia stated, “[governments] should focus on those things that are ready to go that would lower emissions, like renovating buildings, putting in heat pumps and electric chargers. These are not complicated and can be done straight away, they are just waiting for financial incentives.”

Other reports are much less optimistic. Joanna

NASA satellite data shows that the Northeastern U.S. has seen decreased levels of nitrogen dioxide air pollution. Courtesy of NASA.
Lewis, an expert on China’s energy sector at Georgetown University, told the Washington Post, “The reductions are substantial, but they are most certainly only temporary, and there will likely be a rebound effect. Once people go back to work and factories restart, they may try to make up for lost time. This could result in a surge in emissions.”

Although the impact of the coronavirus pandemic is not something to be celebrated in any capacity, there are tangible goals for governments to achieve in the wake of this tragedy. Jacqueline Klopp, co-director of the Center for Sustainable Urban Development at Columbia University stated to Scientific American, “For resiliency in crises, public health and greenhouse gas reductions, it is critical to build cities that cater for zero emissions, healthy modes of transport. They can do that by investing in safe, segregated bike lanes and excellent sidewalks, as well as amenities not too far away from where people live, so they have the option of using these modes.”

Ultimately, the COVID-19 pandemic will not offer up a solution to climate change. Even though it may have given the Earth a much-needed breather, government interventionist policies could end up doing more harm in the long run. No matter what the consequences, one thing is clear: governments must be incentivized to adopt environmentally sustainable practices. COVID-10 may be a wake-up call, but if nothing is done in the near future, it will be far from the only one.

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STAY HOME

Courtesy of Sharon McCutcheon (Unsplash).
The Diplomatic Envoy is the School of Diplomacy’s undergraduate foreign affairs newspaper.

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