

Chapter 9: A POLITICAL CONCEPTION OF PANDEMICS AND EPIDEMICS IN AFRICA

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Abstract

This chapter is concerned with extra-biological, extra-medical or extra-health factors, namely actions and inactions (commissions and omissions) that are morally unjust - that is, which are moral injustice - which ultimately cause, enable or contribute to pandemics and epidemics in Africa. Therefore, although this chapter is dealing with health, the framework of the chapter is neither biological nor medical, but political. This is what is referred to in the chapter as a *political conception* of pandemics and epidemics. The contention of the chapter is that the interactional and institutional failure to conform to the communal basic structure of society (assuming the communal basic structure is itself just and not unjust) causes, enables or contributes to pandemics and epidemics in Africa.

1.1 Introduction

This chapter is dealing with health. Nevertheless, the framework of the chapter is neither biological nor medical, but political. This is what is referred to in the chapter as a *political conception* of pandemics and epidemics. In this political conception, I contend that the interactional and institutional failure to conform to the communal basic structure of society (assuming the communal basic structure is itself just and not unjust) causes, enables or contributes to pandemics and epidemics in Africa. Pandemics are diseases that are prevalent over a sizable geographical area such as a country, sub-region, continent or the entire world. While epidemics mean widespread occurrences of infectious diseases in a particular community and at a particular time. Pandemics and epidemics include cholera, Ebola, yellow fever, etc.

Specifically, the concern of the chapter is with the individual's morally unjust actions and inactions that cause, enable or contribute to pandemics and epidemics in Africa. I consider

the actions and inactions to be moral injustice because of the resultant pandemics and epidemics. *Prima facie*, this argument is a consequentialist one. However, the arguments in this paper will be based on deontological grounds where as a moral agent and member of society, the individual has certain duties or obligations, and these obligations are formalised in terms of norms or rules. Whether the consequences of her actions and inactions are positive or negative do not determine their moral rightness or wrongness. What determines the moral rightness or wrongness of her actions and inactions is whether she acts or fails to act in accordance with her duty or duties.

9.1.1 The Structure of the Chapter

I will focus on cholera in Nigeria. There have been many cholera outbreaks in Nigeria. The most recent outbreak was in 2017 (WHO 2012). Cholera is an infectious and fatal bacterial disease of the small intestine which causes severe vomiting and diarrhoea. Since cholera is typically contracted from infected water supplies, cholera outbreak implies the failure to provide healthy water supplies. If we are to successfully prevent cholera outbreaks in Nigeria, quickly eradicate them when and where they have already occurred, and to shield victims and families of victims from suffering the after-effect when and where outbreaks have already been eradicated, then we must pay attention to how members of society can have a causal, enabling or contributory roles in cholera outbreaks.

In the above regard, we must pay attention to all agents, both the more important and the less important, and both the more powerful and the less powerful. However, because individuals are less powerful and less important in terms of how agents affect cholera outbreaks in Nigeria, the causal, enabling and contributory roles of individuals do not receive adequate attention. Therefore, the focus of this chapter is on individuals. The chapter engages in both the descriptive and prescriptive analyses of the failure to conform to the communal basic structure of society which in turn causes, enables or contributes to cholera outbreaks. The descriptive analysis shows us what the actions and inactions of members of society are. While, relying on the descriptive analysis, the prescriptive analysis tells us what the duties or responsibilities of the members of society ought to be.

The chapter is divided into six sections. The first section is this introductory and structural section. In the second section, I present my conception of communal basic structure. In the third section, I present a descriptive analysis of how members of society have causal, enabling or contributory roles in cholera outbreaks in Nigeria. In the fourth section, I

explain the systemic nature of the individual's actions and inactions. In the fifth section, I explain, within the context of our subject matter, the relationship between causal responsibility (actions or inactions) and the corresponding moral responsibility (the consequences generated by the actions or inactions). Finally, in the concluding section, I reiterate my conception of responsibility - throughout the chapter, it is this conception that allows us to see the culpability of agents in pandemics and epidemics.

9.2 Communal Basic Structure

The fundamental concept of this chapter is "communal basic structure." By "communal basic structure," I mean the basic structure of a moderate communitarian society in which the explicit focus on the rights of the community and the duties of individuals is complemented by an implicit focus on the duties of the community and the rights of individuals. In other words, on the one hand, even when and where the society emphasizes the rights of the community, it does not negate the rights of individuals. On the other hand, even when and where the society emphasizes the duties of individuals, it does not negate the duties of the community.

The concept is a derivative of John Rawls' (1999) 'basic structure' and Kwame Gyekye's (1997) 'moderate communitarianism.' According to Rawls (1999), "the primary subject of justice is the basic structure of society...the way in which the major social institutions distribute fundamental rights and duties and determine the division of advantages from social cooperation" (6). While for Gyekye (1997), in moderate communitarianism, the rights of the individual and the individual's obligations to society are given equal weight (52). By virtue of the equal weight given to both the individual's rights and her obligations to society, Robert Nozick's (1974) libertarian assertion that "Individuals have rights and there are things you cannot do to them without violating their rights" (IX) will not be allowed to stand alone in a moderate communitarian society. It must be balanced with a counter assertion that communities and societies have rights and there are things individuals cannot do to them without violating their rights.

In spite of the above counter assertion, a moderate communitarian society - unlike a non-moderate communitarian society - does not negate the individual's rights while affirming the society's rights. In other words, it does not deem the individual to only be a communal being whose existence and essence can only be defined in terms of the obligations she owes

the society. Therefore, a moderate communitarian society avoids the danger of a non-moderate communitarian society. The danger of a non-moderate communitarian society is that, like utilitarianism, it does not respect the separateness of persons. It does not recognize that:

Each person possesses an inviolability founded on justice that even the welfare of society as a whole cannot override...justice denies that the loss of freedom for some is made right by a greater good shared by others. It does not allow that the sacrifices imposed on a few are outweighed by the larger sum of advantages enjoyed by many....the rights secured by justice are not subject to...the calculus of social interests (Rawls 1999, 3-4).

In a moderate communitarian society, while the individual is seen as a communal being with obligations, she is also seen as an autonomous being with rights. According to Gyekye (1997), "The capacity for self-assertion that the individual can exercise presupposes, and in fact derives from, the autonomous nature of the person. By autonomy, I do not mean self-completeness but having of a will, a rational will of one's own, that enables one to determine at least some of one's own goals and to pursue them, and to control one's destiny" (54). Consequently, the autonomous nature of the individual entails that "the communitarian self cannot be as a cramped or shackled self, responding robotically to the ways and demands of the communal structure. The structure is never to be conceived as reducing a person to intellectual or rational inactivity, servility and docility" (55-56).

Within a moderate communitarian society, there are two normative relationships, namely the vertical and the horizontal, and the communal basic structure is the hub which these special relationships revolve around. On the one hand, the vertical relationship is the relationship that exists between the society and individuals. On the other hand, the horizontal relationship is the relationship that exists among the individuals. Combining both relationships, the communal basic structure forms and shapes, and guards and guides the life of the society. For this reason, to know whether the society is structurally just or unjust, or to know to what extent the society is structurally just or unjust, we only need to look at how far away or close the interactions and institutions within the society are from or to the communal basic structure. My contention is that actions and inactions that fail to

conform to the communal basic structure of society can cause, enable or contribute to pandemics and epidemics.¹³

9.3 The Role of the Individual in Cholera Outbreaks in Nigeria

The individual can be said to contribute to causing or enabling cholera in Nigeria due to certain actions or inactions. For instance, the unavailability of water supply from a water board or ministry of water resource usually forces people to have alternative water supplies. While some alternative water supplies are clean, many are contaminated. In this case, if there is a cholera outbreak due to the usage of contaminated water, the individuals who are responsible for water supply at the water boards or ministries of water resource are morally responsible for the cholera outbreak. Further instances include the supply of contaminated water for consumption, pollution of water bodies, etc. While the aforementioned instances directly result in outbreaks, instances such as non-enforcement of laws, non-implementation of policies, non-prosecution of offenders, making of bad laws and policies, lobbying, etc. can indirectly cause or enable outbreaks.

The aforementioned actions and inactions of individuals can affect cholera outbreaks at one, two or three of the following stages; pre-outbreak, outbreak and post-outbreak. At the pre-outbreak stage, individuals are said to have a causal or contributory role in an outbreak if or when their actions or inactions pre-outbreak (that is before the actual occurrence of the outbreak) are responsible for the *fact, condition or situation* that the outbreak could not be prevented. At the outbreak stage, individuals are said to have an enabling or contributory role in an outbreak if or when their actions or inactions during an outbreak are responsible for the *fact, condition or situation* that the outbreak was allowed to spread or could not be eradicated, or at least could not be eradicated as quick as possible.

¹³Throughout this chapter, I am dealing with political agents, rather than biological and medical agents. In other words, I am not dealing with fungi, bacteria, viruses, environmental conditions, natural elements, etc., but with individual agents (human beings or persons) who are part and parcel of the communal basic structure of society.

At the post-outbreak stage, unlike the pre-outbreak and outbreak stages, when I say individuals are responsible for an outbreak, I do not mean that they caused or contributed to the failure to prevent the outbreak (as in the pre-outbreak stage). Neither do I mean that they contributed to the spread or the failure to eradicate the outbreak (as in the outbreak stage). But what I mean is that the actions and inactions of these individuals caused or contributed to the *fact, condition or situation* that those affected by the outbreak are allowed to suffer the after-effect of the outbreak.

The actions and inactions of individuals, in the above instances and stages fail to conform to the communal basic structure of society in two senses. In the first sense, the individual fails to conform to the communal basic structure of society by failing to perform her duty to society or by not refraining from performing acts which violate the rights of society. For instance, when individuals pollute common water bodies, they violate the right of the community to clean water and fail in their own duty to refrain from such violation. In the second sense, the individual fails to conform to the communal basic structure of society because by failing in her duty to society she consequently violates the rights of other members of society. In other words, the individual's failure in her duty to society mitigates the ultimate end of society which is the creation and sustenance of a just and fair society for the wellbeing of the entire membership. Ultimately, in the context of our discussion, this is what causes, enables or contributes to a condition or situation whereby cholera outbreaks: (i) are not prevented; (ii) are either not eradicated or not quickly eradicated, and; (iii) victims and family members of victims are allowed to suffer the after-effect.

9.4 The Systemic Nature of the Individual's Actions and Inactions

When isolated as singular actions and inactions, individuals' actions and inactions that are held responsible for cholera outbreaks in Nigeria may neither be necessary nor sufficient conditions for the outbreaks. Nevertheless, when all the actions and inactions are not seen in isolation, but are seen holistically, then we can see how together they cause outbreaks. In other words, outbreaks are 'up to the actions and inactions' collectively, therefore the actions and inactions "have a collective *causal* responsibility for" (Pogge 1989, 276) outbreaks. What this means in terms of cholera outbreaks in Nigeria is that many outbreaks could have been prevented, many could have been eradicated quickly, and many victims and families of victims could have been shielded from the after-effect of such outbreaks if not for the actions and inactions of certain individuals who do not respect the

communal basic structure of society. In view of the grave consequences of such actions and inactions, it is apt to conclude that such individuals have no value for human life or at least they do not care about human suffering.

But how can an individual be said to have caused cholera outbreaks when her actions and inactions are not causality if causality is understood as a necessary and sufficient condition for an effect? Before answering the question, I will briefly explain what I mean by 'necessary and sufficient condition' in the context of cholera outbreak. In the context of cholera outbreak, just like in ordinary language sense, an individual's action or inaction is necessary and sufficient for an outbreak if: (i) the outbreak will not occur except the action or inaction has already taken place; (ii) the action or inaction must precede the outbreak and the outbreak must follow the action or inaction. In my argument, the individual's actions and inactions are not a necessary and sufficient condition for cholera outbreaks. Other than the individual and her actions or inactions, other agents and factors can be responsible for the outbreaks; in this sense, the individual's actions or inactions are not *necessary* for an outbreak. In spite of the individual's actions or inactions, there may not be an outbreak; in this sense, the individual's actions or inactions may not be *sufficient* for an outbreak. However, while the individual's actions and inactions may not be *the cause* of an outbreak, such actions or inactions may be *part of the cause* of an outbreak.

The above explanation shows that while the individual's actions or inaction may be inconsequential when viewed in isolation, it may be consequential when view in relation to other enabling actions. In this sense, the nature of the combined actions or inactions is systemic, and the individual's action or inaction is accurately understood when it is viewed as part of a system. To see the individual's role as part of a systemic one, an explanation of systemic causation will suffice. According to George Lakoff (2012):

Systemic causation, because it is less obvious, is more important to understand. A systemic cause may be one of a number of multiple causes. It may require some special conditions. It may be indirect, working through a network of more direct causes. It may be probabilistic, occurring with a significantly high probability. It may require a feedback mechanism. In general, causation in ecosystems, biological systems, economic systems, and social systems tends not to be direct, but is no less causal. And because it is not direct causation, it requires all the greater attention if it is to be

understood and its negative effects controlled. Above all, it requires a name: systemic causation.

Moreover, as Thomas Pogge (1989) says, “injustice can be systemic, can exist without being traceable to any manifestly unjust actions by individuals or groups. Our causal contribution to suffering is extremely indirect and intermixed with the causal contributions of others” (11-12). In this case, although we may not be able to trace an outbreak to any manifestly unjust actions and inactions of an individual, yet their causal and constitutive contributions are indirect and intermixed, hence systemic.

A brief description of the enabling conditions of the 1996 Cholera Outbreak in Niger State, Nigeria suffices to illustrate the systemic nature of the individual’s actions or inactions. No particular source was identified as the source of the outbreak and no specific persons were identified as being responsible for the outbreak. In the absence of pipe borne water, in some parts of the State people were dependent on certain sources of water for their water supply although such sources were reported to be contaminated. The sources included River Guarara, private wells and public wells.

The state had ministry of water resource and water boards that were responsible for the supply of clean water, yet there was no clean water for consumption in spite of the annual budgetary allocations for clean water supply. The politicians and civil servants who had the duty to provide clean water but failed in their duty are morally responsible for the cholera outbreak. Also morally responsible for the devastating effects of the outbreak are politicians and civil servants who were in charge of the ministry of health and medical practitioners and other health workers who were in charge of public health. These latter individuals were inefficient in their response to the outbreak hence the outbreak could not be quickly eradicated. Therefore, while no singular individual can be held morally responsible in isolation, collectively all the aforementioned individuals share responsibility for the outbreak.

Some arguments might be raised against my conclusion as reached above. For instance, it can be argued that in most of the scenarios above, if it were not a particular health worker, director of public health, commissioner of water resource or minister of environment, some other health workers, directors of public health, commissioners of water resource or ministers of environment would have taken their places and done the same immoral deeds

because the structures, system or institutions are such that there will always be some actors to do the exact deeds. However, this does not negate the fact that the actors that actually did the deeds are blameworthy. What it shows is that the structures, systems or institutions are also blameworthy. When someone has committed a crime or moral wrong, we do not say that the person is not to blame because others would have done that crime or moral wrong. For instance, when there is a vicious and violent xenophobia in a community, the targets will be prone to crimes being committed against them and moral wrongs being done to them. But we do not exonerate a xenophobe from her morally wrong act or crime of killing someone because if she did not do it someone else would have done it.

Perhaps a stronger argument against my conclusion regarding the particular health worker, public health director, commissioner of health or minister of environment will say that rather than acting or failing to act on their own, such individual merely acted or failed to act as an agent of the government. Hence it is the government that should be held morally responsible rather than the individual. Nevertheless, holding the individual morally responsible does not negate holding the government she represents morally responsible. Ultimately, the government is responsible for the actions and inactions performed on its behalf with its approval. But as a moral agent, the individual is morally responsible for her part in the actions and inactions.

In summary, in the context of our discussion, the health worker, civil servant or politician faces a two-count moral charge namely action and inaction. On the one hand, *when she acts*, for instance, when she uses her executive power to make harmful public policies, she is guilty of causing, enabling or contributing to a condition or situation whereby cholera outbreaks: (i) are not prevented; (ii) are either not eradicated or not quickly eradicated; (iii) victims and family members of victims are allowed to suffer the after-effect. On the other hand, *when she fails to act*, for instance, when she has the legislative power to stop the above harmful public policies but fails to do so, she is guilty of causing, enabling or contributing to a condition or situation resulting in the above.

9.5 Causal Responsibility and Corresponding Moral Responsibility

A moral agent can be causally responsible in action or in omission and yet can be said not to have any corresponding moral responsibility for the consequences of the action or

omission. So also a moral agent can be said to have a moral responsibility for an event, condition or situation even if the agent has no causal responsibility for the event, condition or situation. Nevertheless, in this chapter, I am only concerned with the relationship between actions/inactions (causal responsibility) and the cholera outbreaks that result from the actions or inactions (corresponding moral responsibility).

The concept of responsibility is always difficult to define. This difficulty is usually resolved by proving that: first, a particular agent caused an undesirable incident or failed to prevent an undesirable incident; second, then the action or omission is shown to be against certain laws, rules, norms, codes or principles. When these two conditions of proof are met, then the agent is said to be responsible for the undesirable incident. This is usually the standard way of resolving the difficulty of defining responsibility in the context of the relationship between causal responsibility and the corresponding moral responsibility.

In the court of law, lawyers and judges have a constitution or legal code to serve as their frame of reference when proving the guilt of an accused. In moral philosophy, there is no canonical conception of moral responsibility. As Paul Ricoeur (2000) says, the concept of responsibility is “not really well-established within the philosophical tradition” (11). Nevertheless, there are standard conceptions of moral responsibility:

- I. moral responsibility may refer to prospective responsibility whereby a moral agent has a certain moral role (Williams 2014), for instance a moral duty to care for or attend to a sick person during an epidemic and failure to perform this duty leads to blame or punishment;
- II. moral responsibility may refer to retrospective responsibility which is a situation when the actions of a moral agent are judged to be morally wrong, and the moral agent thus deserves to be blamed or punished for the actions (Ibid.);
- III. while theories of moral agency tend to regard an agent as either responsible or not, with no half-measures, our everyday language usually deploys the term ‘responsible’ in a more nuanced way....one way we do this is by weighing degrees of responsibility, both with regard to the sort of prospective responsibilities a person should bear and a person’s liability to blame or penalties (Ibid.).

In summary, the three standard conceptions conceive of responsibility to be moral culpability for one's actions or inactions which cause moral harm. Having established the individual's causal and constitutive (contributory) role in cholera outbreaks in the previous sections of this chapter, and in view of the standard conceptions of responsibility, the conclusion I will draw is that the individual can be morally responsible for cholera outbreak. But so also are the agencies they work for or the communities they belong to. Therefore, my conclusion is less emphatic, but it is nonetheless valid.

First and foremost, given that cholera outbreaks are 'up to all the agents' collectively, and therefore they "have a collective *causal* responsibility for" pandemics and epidemics, "this causal responsibility gives rise to a *moral* responsibility, which is a collective responsibility for [their] collective role in" (Pogge 1989, 276) the outbreaks. Second, but of equal importance as the first, contributory causal and constitutive role implies partial blameworthiness, which in turn implies partial responsibility. Linking contributory causal and constitutive role with partial responsibility suggests that the principle of commensurability is in application. It is with the help of the principle of commensurability that we are able to gauge the exact or approximate relationship between contributory causal and constitutive role and the corresponding partial responsibility.

Given the contributory causal and constitutive role the health worker, civil servant or politician plays in causing cholera outbreaks and given the principle of commensurability, it is only fair that she is *prima facie* morally responsible to the extent or degree that she is causally and constitutively responsible. In spite of the principle of commensurability, her moral responsibility, commensurate with her causal and constitutive role, should only be a *pro tanto* obligation. Because, as a member of society with a communal basic structure she may have a duty that goes beyond the extent of her role in an outbreak. Therefore, by seeing her responsibility as a *pro tanto* obligation, there will be enough room left for more demanding obligations. The nature of such obligations will depend on what the communal basic structure of her society stipulates.

To conclude this section, I admit that there are "cases of exception." By cases of exception, I mean there are cases whereby although a health worker, civil servant or politician has a role in a cholera outbreak, she may still be deemed not blameworthy because of certain circumstances. For instance, if a health worker has already done her fare share, she may not be expected to take up the slack when others refuse to do their own share.

Furthermore, children who have not attained the age of reason, mentally disabled persons etc. cannot be held morally responsible for their actions even if such actions contribute to outbreaks.

9.6 Conclusion

In the above discussion, I contended that the interactional and institutional failure to conform with the communal basic structure of society (assuming the communal basic structure is itself just and not unjust) causes, enables or contributes to pandemics and epidemics. I contended that there are obligations the individual owes her society and failure to fulfil such obligations can lead to grave consequences such as the 1996 Cholera Outbreak in Niger State, Nigeria. In order to avoid situations of such grave consequences which result from the actions or inactions of individual members of society, a moderate communitarian society has a “communal basic structure” which explicitly focuses on the rights of the community and the duties of individuals, and implicitly focuses on the duties of the community and the rights of individuals. While the rights of individuals are not negated, the rights of the community are emphasized. And while the obligations of the community are not negated, the obligations of the individual are emphasised.

To summarise the crux of the discussion, individuals are morally responsible, albeit commensurately, for pandemics and epidemics. By implication, as already mentioned, they have *pro tanto* obligations which leave enough room for the possibility of more demanding obligations. The *pro tanto* obligations can be summed up into a negative and a positive duty. On the one hand, the individuals will have a negative duty *not to cause* harm and *not to act* in such ways that they will cause, enable or contribute to a condition or situation whereby: (i) pandemics and epidemics are not prevented; (ii) pandemics and epidemics are either not eradicated or not quickly eradicated, and; (iii) victims and family members of victims of pandemics and epidemics are allowed to suffer the after-effect of pandemics and epidemics. On the other hand, the individuals will have a positive duty *to make amends* for the harms they have already caused, and *to act* in such ways that they will cause, enable or contribute to a condition or situation whereby: (i) pandemics and epidemics are prevented; (ii) pandemics and epidemics are quickly eradicated, and; (iii) victims and family members of victims of pandemics and epidemics are shielded from the after-effect of pandemics and epidemics.

Note

I first worked on some of the ideas in my chapter - "A Political Conception of Pandemics and Epidemics in Africa" -in my PhD Dissertation. Some ideas have changed and some have remained the same. The conclusion I reached in the chapter is some ways different from, and in other ways similar to, the conclusion I reached in the PhD Dissertation. In other words, it is some ideas in the dissertation that metamorphosed into the chapter.

9.7 References

Gyekye, K. 1997. *Tradition and Modernity*. New York: Oxford University Press.

Lakoff, G. 2012. "Global Warming systematically caused Hurricane Sandy." <http://blogs.berkeley.edu/2012/11/05/global-warming-systemically-caused-hurricane-sandy/> Accessed: 04 May 2013.

Nozick, R. 1974. *Anarchy, State and Utopia*. New York: Basic Books.

Pogge, T. 1989. *Realizing Rawls*. Ithaca, NY: Cornell University Press.

Rawls, J. 1999. *A Theory of Justice*, rev. ed. Cambridge, MA: Harvard University Press.

Ricoeur, P. 2000. *The Just*. Trans. D. Pellauer. Chicago: The University of Chicago Press.

World Health Organization (WHO). 2012. "Emergencies, Preparedness, Response:

Cholera – Nigeria." *Disease Outbreak News*. <http://www.who.int/csr/don/12-july-2017-cholera-nigeria/en/> Accessed: 09 July 2018.

Williams, G. 2014. "Responsibility." *Internet Encyclopedia of Philosophy*. <http://www.iep.utm.edu/responsi/> Accessed: 28 July 2014.