The Antidote to COVID-19: Policies and Programs to Enhance Our Well-Being

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The preamble to the World Health Organization (WHO) constitution states "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946). Over time, we have come to appreciate this broader definition of health that clarifies that good health is more than the absence of illness and disease. The quality of one's life affects one's well-being, and one's physical health is closely linked to the quality of one's life. Researchers are changing how we assess health (WHO, 2005), increasingly seeing health as a multidimensional concept related to physical, mental, emotional, and social functioning and the social context in which people live (WHO, 2005). People with higher levels of well-being tend to view their lives more positively, have more energy, have better physical and mental health, and are more satisfied with their lives and accomplishments (Diener et al., 2009).

The COVID-19 pandemic has dramatically changed lives across the world and left many feeling stressed, anxious, and struggling to cope. Medical advancements have reduced some of our fears of dying from COVID-19, but COVID-19 continues to affect how we live, our social interactions, and our work for some time to come. Newly published research, including the articles in this issue, demonstrates that the consequences of the pandemic are likely to be long-lived. Without question, COVID-19 has raised stress levels throughout the world, whether or not one was directly afflicted with the virus. Heightened stress increases the risk of emotional and physical health issues beyond COVID-19. As the authors in this issue demonstrate, there are policies and programs related to housing, employment, and universal access to health services that governments can enact, modify, or retract that would lower stress levels and improve overall well-being.

COVID-19 deepened social, health, and economic inequities within many communities across the world. In the USA, immigrants lacking legal authorization to stay in the country were especially vulnerable. During the pandemic, they were at greater risk of losing their jobs, not qualifying for assistance, living in crowded conditions, and likely not having access to health services needed to prevent and care for themselves and family members should they become infected with COVID-19. Disney, Koo, Carnes, and Warner use Critical Race Theory to accentuate ways policies enacted during COVID-19 further alienated this group of immigrant workers and fueled inequities. COVID-19 made clear the inadequacy of our shelter system in the USA to house people during a crisis. Shelters were unable to accommodate people and follow the health protocols, such as social distancing during COVID-19. This raised the risk of infection for persons lacking housing whose health status was already compromised, increasing social and emotional risks and poor social connectivity. Calhoun, Wilson, Chassman, and Sasser explore an alternative to congregate shelter for those experiencing homelessness — tiny home communities that can potentially enhance vulnerable individuals' emotional, social, and physical well-being during and beyond a crisis. Bietch walks us through the health equity model created to address the elevated rates of chronic conditions (such as HIV, cancer, and diabetes), higher prevalence of anxiety/depression and substance abuse, higher economic insecurities, limited community resources, and limited access to health care services for LGBTQ adults in the USA as compared to heterosexual/cisgender counterparts. COVID-19 escalated these disparities, and Bietch explains how changes to policies and practice methods using a rights-based approach can narrow the inequities.

COVID-19 posed challenges to individuals, communities, and governments worldwide. Ronconi analyzes how key judicial decisions made in Buenos Aires, Argentina intended to protect individuals during the pandemic but negatively

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affected the well-being of homeless persons when implemented. In their article, Alsawalqa, Al Qaralleh, and Al-Asasfeh, demonstrate how while the Jordanian government contained the spread of COVID-19 and its economic consequences; it was at the expense of restricting the freedom of expression by the media and individuals. Regus, Tapung, and Jelahut in Indonesia also explore government restrictions of freedoms for public safety concerns. The authors discuss how human rights, religion, and state regulation interact during a crisis and the implications beyond the current pandemic. In Uganda, COVID-19 raised the stigma and discrimination against youth living with HIV. According to the research presented in the article by Sharma, Small, Okumu, Mwima, and Patel, youth living with HIV suffered from lessened access to antiretroviral treatments and elevated mental health issues due to food insecurity and fears about their health during the pandemic.

The articles in this issue also explore the vulnerability of health and well-being in situations created by human actions and attitudes. Albinism is a genetic condition but how we react to persons with Albinism is a choice we make as humans. Through interviews with individuals who have Albinism in Nigeria, Aborisade helps us understand the kinds of discrimination, stigmatization, and microaggressions persons with Albinism in Nigeria can live with daily and how this affects their employment, social relationships, alienation within society, and overall well-being. Similarly, Dako-Gyeke, Kodom, and Ntewusu's article reveals how women living with obstetric fistula due to childbirth attended by no or poor medical care are ostracized by their families, friends, and communities in Ghana. Likewise,

Liyew's article on female genital mutilation practices in the Afar community in Ethiopia illustrates ways human constructions of beauty and worthiness negatively affect women's physical and mental well-being. We learn from Islam, Islam, Alam, Hussain, and Haque's article about how the unsanitary, unsafe, and generally poor living conditions of refugee camps established for the Rohingya people forcibly displaced from Myanmar have negatively affected many aspects of their well-being.

Together, the articles cry for us to treat one another with greater respect and dignity — the basis of all human rights. We all have opportunities to uphold one another's rights, and when we do so, we protect and promote our own rights. When we do this, as the authors in this issue demonstrate, we elevate our individual and collective well-being.

References

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