"THIS WON'T BE THE LAST TIME…" CONCEPTUALIZING THE NEED FOR NATURAL DISASTER AND PANDEMIC PREPAREDNESS

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Abstract

This conceptual paper focuses on the various ways that pandemics and natural disasters adversely affect countries in the Caribbean, and the important role of social worker preparedness, from education to delivery of services to policy and practice, in promoting effective response and recovery strategies. A comparative analysis of outcomes from natural disasters, and the prevalence of Covid-19 effects in Caribbean countries relative to the rest of the world is provided within the context of the degree of openness, social worker preparedness, and availability of healthcare resources in the region. It highlights the necessity to prepare social workers for dealing with disasters, with specific attention given to curricula in schools of social work, field placement modifications, and certification and accreditation issues. The importance of a plan of action is recommended, and opportunities for further research in social work education, practice, and policy are suggested, with emphasis on Covid-19 lessons learned.

Keywords: natural disasters, pandemic, Covid-19, Caribbean, social work practice, policy education, ethics, curriculum development

Conceptualizing the Need for Natural Disaster and Pandemic Preparedness

When it's your turn, you must be prepared. There may be no time to "get ready," you must "be ready." This paper addresses the need for social workers to be on the front line of defence in the wake of unexpected disasters or a pandemic such as Covid-19. Uncertainties due to climate change, political upheavals, natural disasters, and other unforeseen tragedies can occur in a flash creating loss of life, personal injury, trauma, turmoil and distress, and property damage. In turn, the subsequent fallout from disasters on communities including dislocation, family separation and refugee issues, and basic resource needs—food, water, shelter, sanitation, and medical assistance for persons unable to cope with recovery—will be immense. It will require rapid action from first responders and policymakers to include physical and mental health services and related infrastructures. The degree

of disaster risks a country or region faces is dependent on the resiliency of the population (e.g., human capital, economic resiliency), and the resources available to mitigate, respond, and recover from hazardous events.

This paper assesses the impact (e.g., deaths, persons affected) of the Covid-19 pandemic and natural disasters on countries in the Caribbean relative to other world regions, with a primary focus on social worker preparedness for dealing with disasters on an individual and community-based level. It emphasizes the role of social work and healthcare resources in promoting more effective coping strategies and mitigating the negative impacts on communities in the Caribbean region.

Natural Disasters and COVID-19 Pandemic Impacts and Preparedness

Comparative Analysis of Natural Disaster Impacts in the Caribbean

Natural disasters occur when societies are exposed to potentially hazardous events, and when people are unable to cope or recover from the impact. The 7.0 magnitude earthquake in Haiti in 2010 left over 220,000 people dead, with more than 3.7 million persons displaced. According to Muñoz and Ötker (2018) "the recent devastations of category 5 hurricanes Maria and Irma (both in September 2017) demonstrate how powerful storms can lead to widespread destruction, loss of life, and weaker economic growth prospects" (para. 1). Hurricane Irma made landfall in Cuba as the first category 5 hurricane since 1924, with sustained winds of up to 270 km/h from September 8–10, 2017. Strong winds, heavy rains, and resulting coastal flooding affected 158,554 dwellings and damaged: 980 health institutions, 2,264 educational centres, 466 poultry farms, 95,000 hectares of cultivated land, telecommunications systems (246,707 landlines and 1,471 data points), and 537 km of roads. At least 3,100,000 persons were left with no electricity and water at the beginning of this event (International Federation of Red Cross & Red Crescent Society, 2019). As global warming continues to rise, Caribbean islands are becoming more vulnerable to more frequent and damaging natural disasters (Muñoz & Ötker, 2018).

Natural disasters have more unfavourable outcomes for Caribbean countries relative to other countries that experienced similar events over the last 20 years. The Centre for Research on the Epidemiology of Disaster's (2009) Emergency Events Database (EM-DAT) contains data on over 22,000 mass disasters in the world from 1900 to present. Information from EM-DAT is used to assess the frequency and impact of natural disasters such as droughts, earthquakes, epidemics, extreme temperature, flood, insect infestation, landslide, mass movement (any type of downslope movement of earth materials, storms, volcanic activity, and wildfires) in terms of total deaths, total affected, and property damage from 2000 to 2021. *Total deaths* include those dead or missing. *Total damage* is the amount of damage to property, crops, and livestock. *Total number affected* includes
(a) people suffering from physical injuries, trauma, or an illness requiring immediate medical assistance, (b) number of people who need shelter after an event, and (c) people requiring immediate assistance during a period of emergency (i.e., requiring basic survival needs such as food, water, shelter, sanitation, medical assistance).

Appendix A shows the total number of natural disaster event occurrences by world region. The Caribbean experienced 311 natural disaster events over the last 20 years. This is relatively low

compared to more disaster-prone regions, such as Southern Asia with 1,065 events or South-Eastern Asia with 1,147 events. Yet, as shown in Appendix B, the Caribbean experienced more adverse impacts relative to other regions. Specifically, the Caribbean region suffered 21,505 deaths per 1 million persons, and 3.1 million total affected per 1 million persons, which indicates a loss of life and human capital from natural disasters that far outweighs other regions. In comparison, South-Eastern Asia experienced only 1,534 deaths per 1 million persons even though they experienced more than three times as many natural disaster events. In terms of property damage, the Caribbean experienced $12 billion worth of damage per 1 million persons, the largest value of economic destruction compared to regions with more frequent events (e.g., South-Eastern Asia with 1,147 events and $623 million worth of damage per 1 million persons; and South America with 680 events and $476 million worth of damage per 1 million persons). The regions with the next largest dollar value of property damage incurred were North America and Australia/New Zealand with $4 billion worth of damage per 1 million persons. The Caribbean experienced more adverse outcomes from natural disasters relative to their population, compared to other regions around the world. Most of the natural disasters in the Caribbean over the last 20 years have been tropical storms (58%) and floods (28%), followed by epidemics, droughts, and earthquakes (13%). Appendix C shows that Haiti experienced the most natural disaster events (87) in the region, followed by the Dominican Republic (55), and Cuba (37), respectively.

Comparative Analysis of Covid-19 Pandemic Impacts in the Caribbean

The Caribbean has weathered many disasters, but none that impacted the region like the coronavirus pandemic (Coley-Graham, 2022). One major challenge facing the region is "flattening the curve" or reducing the spread of the virus. Distancing and quarantining, while practical, may not be economically prudent in a culture that relies on face-to-face transactions for economic stability (e.g., more reliance on tourism and hospitality industries).

This section assesses the impacts of Covid-19 in the Caribbean, and around the world, and the availability of mental health resources in Caribbean countries to aid in recovery. Information on the number of Covid-19 deaths, cases, the availability of tests, and vaccines administered is based on real-time data on Covid-19 in the Coronavirus Pandemic (Covid-19) dataset (Mathieu et. al., 2020) published online at OurWorldInData.org retrieved as of May 2022. Appendix D compares the number of cases and deaths for regions around the world. Western Europe, Northern Europe, Southern Europe, North America, and Australia and New Zealand regions experienced the largest number of cases per capita (greater than 250 cases per 1,000 persons) in comparison to other world regions. Southern Europe with 2.6 deaths per 1,000 persons, and Eastern Europe and North America with 2.8 deaths per 1,000 persons, had the largest number of deaths per capita. The Caribbean region ranks 11th among the 22 world regions in terms of impacts, with a cumulative number of 52.5 cases per 1,000 persons, and 0.5 deaths per 1,000 persons, as of May 2022.

One measure of Covid-19 preparedness or vulnerability is the number of total tests and vaccinations available. Appendix D shows the Caribbean region ranks 12th out of the 22 world regions when it comes to vaccine preparedness and 14th when it comes to number of tests available per person (i.e., 208.5 tests per 1,000 persons). Other world regions fared worse than the Caribbean in terms of the fallout (deaths, and cases) resulting from the pandemic. However, these effects vary from

country to country within the Caribbean, and when viewed in relative terms, some of those countries experienced a similar degree of intensity when compared to other world regions.

Appendix E and Appendix F show the relative distribution of impacts from Covid-19 within the Caribbean by country. Clusters of total deaths per 1,000 persons (Appendix E), and total cases per 1,000 persons (Appendix F) are mapped for visual presentation. Trinidad and Tobago (2.77), British Virgin Islands (2.03), the Bahamas (2.04), and Saint Lucia (1.99) experienced the largest number of deaths per capita. In terms of total cases per 1,000 persons, Cayman Islands (368.1), British Virgin Islands (219.9), and Barbados (272.7) experienced the largest number of cases. When presented in relative terms, these countries had more Covid-19 cases relative to the total population, and similar death rates, compared to other world regions (e.g., North America with 234.9 cases per 1,000 persons, and 2.8 deaths per 1,000 persons).

Countries in the Southeast (e.g., Trinidad and Tobago) and Northeast Caribbean (e.g., Bahamas) geography observed a disproportionately larger relative number of cases and deaths compared to countries located elsewhere (e.g., Haiti, Dominican Republic). Countries with the fewest deaths per 1,000 persons are Cayman Islands (0.42), Dominican Republic (0.40), and Haiti (0.08). Countries with the fewest Covid-19 cases relative to the population are Haiti, Jamaica, and the Dominican Republic.

Social work and other health and social welfare professions provide critical supportive and adaptive resources for individuals, families, and communities trying to cope with disaster outcomes and engage in recovery efforts. Global statistics on healthcare workforce numbers in the Caribbean region are limited, particularly regarding mental health and social work assets. However, they do provide a good starting point to assess the regions' capability to prepare for and respond to the fallout from natural disasters and pandemics. The World Health Organization (WHO) Global Health Observatory data repository maintains statistics on healthcare workforce resources in the mental health sector (WHO, 2021). Appendix G shows the distribution of psychiatrists, nurses, social workers, and psychologists working in the mental health sector for countries where data is available. Grenada, Antigua and Barbuda, and Saint Vincent and the Grenadines have the largest number of social workers per 100,000 persons, while Dominican Republic, Haiti, Saint Lucia, and Jamaica have the lowest number of social workers per 100,000 persons. Cuba has the largest number of psychiatrists and psychologists per 100,000 persons, and Barbados has the largest number of nurses per capita.

Some countries with the largest impacts from Covid-19 (Trinidad and Tobago, Saint Lucia) have the fewest mental health resources per capita available. Saint Lucia has 0.564 psychiatrists per 100,000 persons working in the mental health sector compared to Cuba with 9.056 per 100,000 persons. Saint Lucia, Trinidad and Tobago, the Bahamas, British Virgin Islands, and Saint Vincent and the Grenadines also have fewer resources available in terms of Covid-19 tests (less than 1,000 per 1,000 persons), see Appendix H. Saint Lucia, the Bahamas, and Saint Vincent and the Grenadines have fewer than 1,000 vaccinations per 1,000 persons, indicating that populations in these countries remain more vulnerable to Covid-19 fallout. The numbers presented show some countries in the Caribbean suffer disproportionately from natural disasters and Covid-19 pandemic outcomes relative to their population, when compared to other world regions.

Another measure of a country's vulnerability to a global pandemic is the degree of openness of the economy – measured by the share of gross domestic product generated by travel and tourism. For some countries, a major component of their gross national product comes from tourism. According to Lopez (2022), Antigua and Barbuda are identified as the Caribbean economies that relied the most on travel and tourism in 2021 (61%), followed by Aruba (59.6%), Saint Lucia (48.6%), Bahamas (28.1%), and U.S. Virgin Islands (25.3%). Of note, Saint Lucia, Bahamas, and U.S. Virgin Islands also suffered the largest number of deaths from Covid-19 compared to other countries in the region. Many countries have also suffered from lack of foreign investment and remittances given that their primary suppliers (United States of America, United Kingdom, and Canada) are also facing economic hardship. According to ECLAC-United Nations (2022) "foreign direct investment in Latin America and the Caribbean rose by 40.7% in 2021 but did not return to pre-pandemic levels" (para. 1). Many commodity-based economies are suffering from negative impacts on trade, specifically oil, natural gas, and gold (Coley-Graham, 2022). Dependency on tourism, trade, and foreign direct investment may have a detrimental effect on economies in the region and impact resource availability when disasters occur.

Within the region there is a smaller group of islands, not often discussed, that face their own unique, complex realities: overseas countries and territories Aruba and Bonaire. They are not sovereign countries and depend on countries in Europe and North America—the Netherlands, France, the United Kingdom, and the United States of America—to varying degrees. Due to their location, these islands are intricately linked with the Caribbean through transport and trade routes, culture, and migration. Like many Caribbean countries, they are heavily dependent on tourism rendering them particularly vulnerable to pandemics and measures taken to curb them, such as border closings (Cox et al., 2022). Unlike many Caribbean islands, overseas countries and territories typically have limited access to the regional and international initiatives and developmental partners that support the region. They have limited resources to prepare for and cope with a disaster. For this reason, the World Bank helped to facilitate avenues for economic and technical assistance to mitigate against the effects of closed borders, lockdowns, and the negative effects on tourism even while slowing the spread of the virus (Cox et al., 2022).

However, economic recovery measures, no matter how helpful, do not address current and lasting mental health issues facing many populations. To the extent that access to mental health services and telemedicine and other technological advantages are limited, this may present challenges to the effectiveness of using alternative modalities for delivering health services to populations at-risk.

Covid-19: A World-wide Catastrophe with many Facets and Implications

In the Caribbean, Resiere et al. (2021) note that because of Covid-19 many lessons can be learned from the necessary ongoing international and scientific cooperation. They observe that Covid-19 presents as a human social and emotional challenge which highlights the need for close medical cooperation between countries. Because the pandemic is not yet over and has global ramifications, the Caribbean could serve as a model for international cooperative approaches to the development of regional healthcare provision. According to Resiere et al. (2021), Covid-19 demonstrated unequivocally the value of multilateralism and the urgent need to expand the capacity for human

resources and healthcare infrastructure regionally. As the virus spread across the Caribbean, at-risk countries had to prepare for increased hospital capacity requiring increased infrastructure and human resources in the form of staff and equipment.

Resiere et al. (2021) credit rapid closures of land and sea access, lockdowns, and curfews, after the first Covid cases were detected, with the resulting limited fatalities. However, budget constraints limited needed access to more trained intensive care unit staff, acquisition of beds and equipment, ventilators, access to clinical expertise, and so forth, for small and/or underdeveloped countries. Lessons learned from various epidemics should serve as an impetus for a revised approach in the strategic planning for the management of infectious diseases in the Caribbean. Covid-19 presents an opportunity to build the capacity and increase the scope of disaster management capabilities including training of relevant personnel.

The increased prevalence of chronic non-communicable disease, and increased mortality rates in patients with underlying health issues, coupled with the increase in the frequency of natural disasters and emergence of tropical diseases should have alerted the Caribbean to the fragility of their healthcare system and highlight the need for robust primary healthcare programmes (Resiere et al., 2021). Measures taken to contain or slow the pandemic have often led to severe stretching of existing safety net resources, health care structures, and in some cases, caused a collapse in an entire country's economy because of a slump in tourism.

With a new hurricane season on the horizon, and other world-wide and national crises (e.g., the pandemic) competing for scarce resources and political attention, regional self-sufficiency remains a laudable goal. The remainder of this paper presents some of the challenges for the social work profession towards achieving this goal. Of particular concern for the social work profession are the following:

- the number of deaths that could have been prevented if different policies, procedures, and structures were in place
- the ways in which human behaviour, cultural norms, and practices contribute to either misery or death or can be mobilized towards recovery
- the negative effects of political corruption, mismanagement, and mistrust of science
- finding ways to preserve sacred religious and spiritual rituals which are important for mental well-being and recovery (last rites, proper burials, etc.)
- identifying the lasting and as of yet undetected mental health issues facing children, adults, older adults, and other vulnerable persons who have been exposed to, suffered through, or are living with the effects of Covid-19
- identifying ways in which the pandemic has changed lives, for better or worse, for individuals or communities

In times of disaster, social workers are well positioned for the role of first responders in providing mental health services to individuals, families, and communities adversely affected by the disaster. They can help to optimize coping strategies and make critical policy decisions, as an integrated component of disaster response and recovery. Specifically, schools of social work have to consider the following: (a) re-examining standards of accreditation and certification if students spend less quality time in the field gaining critical "hands-on" experience; (b) the possible unavailability of field instructors; (c) the negative

effects of agency cutbacks and remote learning on clients with which students are engaged; (d) ethical issues involved in termination and referral of clients and in the use of new technologies for service provider/client interactions; and (e) helping students cope with their own personal struggles with the pandemic (including their own losses) and the ability to continue or discontinue their relationship with clients.

Impact of Disasters on Communities

Mental Health Issues

Some concerned psychologists and psychiatrists suggest that we need to prepare for a tsunami of mental health issues caused by the collective trauma of Covid-19 (Weinhouse, 2021). Psychological issues can far outlast medical issues in size and duration, according to Baptista (as cited in Weinhouse, 2021). One of the key mental health challenges is coping with anguish and loss resulting in delayed traumatic responses both among healthcare workers and people who have not had the opportunity to deal with grief (Albano, as cited in Weinhouse, 2021). People are unable to participate in critical bereavement rituals while they are also facing job loss, business losses, financial hardship, restricted freedom of travel, and loss of social life and family celebrations.

While everyone is affected in some way by Covid-19, some populations may be more vulnerable to long-term mental health effects than others, especially those who have a predisposition or susceptibility to a particular disorder. The pandemic may also exacerbate complications of these conditions including self-medication with drugs and alcohol, suicide, and violent behaviour. Healthcare professionals must look ahead to anticipate any given community's increase in its mental health needs.

One major challenge for social workers is to bring mental health resources to communities that need them the most. Economic, socio-economic, and educational disparities in any country can result in marginalized populations being underserved and at risk for future mental health problems. One remedy for this is to ensure that there is a diverse mental health delivery system that reflects the diversity of the population and caters to the needs of all citizens. Even though the pandemic could exacerbate long-standing disparities in mental health treatment, it may provide an opportunity to better deliver mental health and related services that reduce stress and trauma and build resilience. The mental health toll taken by doctors and nurses in hospitals and clinics is well-documented in the medical and health field literature. Schools of social work need to pay careful attention to the personal toll Covid-19 might take on students, faculty, field supervisors, and build in measures for self-care to mitigate against the risk to their physical health and mental well-being.

Research has shown that Covid-19 has had less dire effects on children and teenagers (Sikkema, as cited in Weinhouse, 2021). However, even those populations cannot escape the psychological effects that can result from disruption in normal life that the pandemic caused and, for those affected, the grief over the loss of a parent, sibling, or others close to them. Most children who have solid connections with family and friends will weather the storm. Some will struggle more than others with the absence of the routine of school, the confinement of being home-schooled, and then later re-entry. How children adjust or re-adjust will depend heavily on their accessibility to counsellors, positive parenting (parents may have to be trained), and the skill of their teachers (teachers may need

additional training on managing the new issues facing children who experienced long absences and home schooling).

An extensive study by Parker and Alfaro (2022) describes in detail the impact of Covid-19 on children in the Caribbean. Specifically, they lament that Covid-19 threatens to reverse progress made so far on Social Development Goal 4 and other Social Development Goals and risks harm to generations of children. It threatens the aim of eliminating disparities or access to all levels of education for the vulnerable including persons with disabilities, Indigenous people, and children in vulnerable situations.

Digital Access and Telemedicine

Despite mobile phone access, technology for accessing important data at home may be lacking. As the Caribbean is so spread out, technology is needed to shrink distances and should be seen as necessary for the public good (Coley-Graham, 2022), such as accessing care through telemedicine. When Covid-19 hit, it was hoped that telemedicine would offer better access to care through virtual delivery of clinical services and consultations. But, even in places where telemedicine is considered standard, the rapid implementation of telemedicine did not bridge the gap as much as people hoped (e.g., Adepoju et al., 2022). Studies in Texas found that African Americans were 35% less likely than Whites to use telemedicine (Adepoju et al., 2022). The main reason for this disparity was not mistrust of the medical establishment, but rather the digital divide. Adepoju et al. further note that the disparity resulted from both the lack of appropriate technology and the inability to use or access it by people who really need it. It was suggested that, going forward, clinics serving various constituents will need to include a technology support system as part of their set-up.

The use of telemedicine would be a welcome resource for reaching rural areas and remote places to address the health needs of those populations. This underscores the need for further development of this technology and improving the necessary linkages between technology and the professional healthcare network in the Caribbean.

Remote Learning and Closing of Institutions and Facilities

In a study exploring the impact of Covid-19 on students studying in medical schools in the Caribbean, Thind et al. (2021) concluded that online learning has many disadvantages, including isolation and lack of guidance, and suggested a need for an "academic welfare support framework" to ensure that students coping with the necessary content are not academically disadvantaged. They note that the shift from in-person lectures to remote learning has deprived students of their focus, interest, and time management skills while experiencing feelings of isolation, depression, and anxiety throughout the duration of the lockdown. With limited personal protective equipment and strict health measures in place, medical students' role in providing care and treatment to Covid-19 patients is diminished and hands-on experience is compromised. The authors conclude that online learning is not a feasible alternative and that better ways need to be to be found to maintain quality education during a pandemic.

Any adverse situation created by Covid-19 that affects medical staff and students will also have an effect on social work students working in medical settings. Any adverse effects on patient care will

present hospital social workers and students in training with a domino effect of problems including lack of supervision and guidance, absenteeism, staff shortage, self-care issues, patient and staff anxiety, and compromised teamwork.

The closing of educational facilities, the postponement of assessments and examinations, the interruptions in in-class participation, and the move to remote learning had detrimental consequences for Caribbean children's academic development, according to studies by Parker and Alfaro (2022). They further contend that school closures also undermine the role schools play in supporting children's social development, their physical and mental health and well-being, and as a safe space from abuse, violence, teenage pregnancy, and crime. Children from low income or unstable households are more likely to be affected by this separation from peers and the supportive environment provided, leading to further educational disparities. In a comprehensive study of five Caribbean countries and territories — Barbados, the British Virgin Islands, Guyana, Jamaica, and Trinidad and Tobago—Bleeker and Crowder (2022) examined the effects of online learning during Covid-19. The study highlights learning continuity, challenges, and successful adaptations specific to the sub-region during the Covid-19 pandemic. Of particular interest is the negative impact massive school closings and online instruction have on the social and emotional well-being of children, parents, and teachers partially due to the unavailability of the usual safety nets and services in place prior to the pandemic.

Remote learning presents school social workers with both challenges and opportunities. Not only will they face a new set of problems by students, teachers, and staff due to shutdowns and online learning, they will have to figure out how to give social work interns in this new situation the hands-on hours and supervision they require. As is true of social work students doing field placements in medical settings, student interns in school settings face similar problems. Once an entire institution and/or facilities are impacted by measures taken to mitigate against Covid-19, anyone connected with that institution/facility will be affected. The disadvantages of remote learning, on-line instruction, inadequate supervision and guidance, lack of hands-on and face-to-face experience, and interaction with clients (i.e., patients, students, family members, peers, colleagues, team members) may adversely affect the overall quality of the practicum experience for social work interns.

Social Work Preparedness: Education and Practice

Accreditation Standards and Certification for Social Work Education

Recognizing the challenge of the spread and disastrous effects of Covid-19 in the United States of America and around the world posed for social work education, the Council on Social Work Education (CSWE) issued guidelines for schools of social work to consider to maintain professional compliance for accreditation and student/faculty/agency and staff safety. These included examples of alternative fieldwork activities, ways to incorporate pandemic issues into coursework, and new ways to develop and assess competencies remotely, and so forth (CSWE, 2020). A careful review of any country's professional code of ethics for guidance in ensuring that responses to unavoidable disruptions do not violate the profession's code of ethics would be useful.

All students in the helping professions, including doctors, nurses, psychologists, and social workers, want to be assured that the certificate awarded to them upon graduation carries the same

merit and prestige as those awarded to students at the same institution prior to the pandemic. Obviously, changes may have to be made in terms of hands-on experience, number of hours spent in field placements, and learning modalities. Acceptable substitutions for evaluating learning and mastering required material and professional progress will also need to be explored.

Principle 9.2 in the International Federation of Social Workers (IFSW; 2018) *Global Social Work Statement of Ethical Principles* states that "social workers must hold the required qualifications and develop and maintain the required skills and competences to do their job." This statement was developed jointly with the International Association of Schools of Social Work (IASSW) and individual countries have adapted their own codes of ethics within the general framework, which reflect their own cultural nuances (e.g., Barbados, Jamaica). In addition, the Association of Caribbean Social Work Educators has helpful guidelines for social work professionals. Within any framework of standards, however, the various methods required to contain the spread of the pandemic, minimize deaths, and protect individuals, families, and communities will require attention to how the usual standards for qualification and certification should be modified without compromising the integrity of the degree or certificate that the profession requires, and that the public expects and deserves.

Many social work educational institutions realized that meeting accreditation standards in ways that were required or acceptable prior to the pandemic were not possible during the pandemic and presented severe challenges to maintenance of traditional social work ethics and values (e.g., Banks et al., 2020; Banks et al., 2021; Crisp et al., 2021; Pascoe, 2021). Instead of arguing for a new set of accreditation standards, Crisp et al. (2021), argued for a principles-led approach, informed by ethical standards, to ensure quality in practice and education under new adaptations for in-person learning and field placement arrangements.

Some schools of social work world-wide, including those in the Caribbean, without specific license requirements for social work practice, rely on and follow IFSW (2018) guidelines for certification and practice standards. According to Buchanan and Bailey-Belafonte (2021), the pandemic highlighted the urgency for licensing and regulation in the Caribbean with efforts to standardize culturally relevant best practices.

Ethical Issues

By the very nature of the social work profession, the foundation of which is to promote human rights and preserve human values, social workers face very serious ethical challenges and dilemmas during a disaster, especially a prolonged pandemic. Tough ethical decisions may require compromises which conflict with established policies and practices in our places of work and in student fieldwork settings. Fortunately, we do not have to operate in a vacuum when it comes to making ethical decisions.

The IFSW (2018) *Global Social Work Statement of Ethical Principles* identifies nine principles (including subdivisions) which guide social work practice world-wide. These principles cover those related to recognition of human dignity, human rights, social justice, diversity, equitable access to resources and their distribution, self-determination, the right to equal participation, and respect for confidentiality and integrity.

Of particular interest here is Principle number 8 which deals with the ethical use of technology and social media. With the pandemic forcing lockdowns or social distancing in major vital social and medical facilities and institutions like hospitals, schools, institutions of higher learning, and social agencies, distance and online learning have become standard procedure. The principle states that

> social workers must recognize that the use of digital technology and social media may pose threats to the practice of many ethical standards including but not limited to privacy and confidentiality, conflicts of interest, competence, and documentation [and that social workers] must obtain the necessary knowledge and skills to guard against unethical practices when using [social media] (IFSW, 2018).

The *Ethical Challenges for Social Workers During Covid-19: A Global Perspective* executive summary (Banks et al., 2020) summarizes an international study of the ethical challenges faced by social workers during the pandemic. It suggests useful guidelines for education and practice and challenges the profession to re-think how to apply professional principles in a new context.

Pascoe (2021) cautions that social workers must resist reactionary responses to technological developments and consult many sources to protect and mitigate risks to service users, their families, fellow practitioners, and the profession. These sources include published studies, media policies, national legislation, sister associations, and professional supervision. The author suggests that existing codes of ethics, guidelines, and training might need to be revised considering the restrictions and limitations imposed by the Covid-19 pandemic.

Social work has an essential frontline role to play in the fight against the spread of Covid-19. Some of their key functions should include ensuring that the most vulnerable are included in the planning and response; organizing communities to ensure that essentials such as food, and clean water are available; advocating for social distancing and for policies that support vulnerable communities and strengthen health and human services (IFSW, 2018).

Carrying out these tasks during a pandemic may present ethical dilemmas and require difficult ethical decisions. Banks et al. (2020) illustrate, through case vignettes gathered from around the world, some interesting ethical dilemmas faced by social workers and potential, if difficult and controversial, solutions. These vignettes range from enabling family contacts with nursing home residents to fielding suicide calls on telephone hotlines. The purpose is to help social workers develop skills in identifying ethical issues in complex situations and to analyse how ethical judgements may be challenged and how values may have to be re-prioritized in crisis situations.

Curricula

The first challenge facing schools of social work world-wide is to accept the challenge of training social workers as first responders or front-line workers for disasters and/or pandemics. Attention must also be given to social workers who are not first responders, but who are hoping to receive a recognized qualification for practicing social work from an accredited social work institution in their country. This might involve changes in curricula, field placement arrangements, attention to student and faculty self-care, grief management, ethical issues with clients (especially confidentiality and termination), accreditation standards, and the advantages and disadvantages of remote learning during lockdowns and quarantines.

Finding creative ways to ensure that all students in all methods get relevant information about the pandemic and its effects on the clients and communities we serve is a challenge to all social work programmes. For example, because the pandemic impacts all citizens locally and globally, it could be infused into the curricula as a public health issue at all levels and as an effort to investigate social factors as root causes of health inequities (CSWE, 2020) which have been identified as problematic by many scholars writing on this issue in countries around the world, including the Caribbean.

Field Placement Issues

Experience in the field under competent supervision has always been a critical component in the training of helping professionals and educators. Managing the impact of disasters on field education is not new in many countries where disasters are not uncommon. However, many existing disaster plans turned out to be too limited because of the pandemic's global reach and duration. The onset of the global crisis outpaced rapid response assets and, although it affected everyone without discrimination, existing health and welfare inequalities were exacerbated for certain vulnerable populations: older people, persons with compromised health conditions, Indigenous people, children, and those living in poverty.

University lockdowns, agency closures, staff stress and illness, student anxiety and illness posed major challenges to ensuring that practice competencies were not compromised. Rapid response, innovation, flexibility, financial resources, and creativity, in combination, by all stakeholders would prove to be responses and conditions to yield the best outcomes (Fronek et al., 2021). But these were resources probably many schools did not possess (e.g., Kourgiantakis & Lee, 2020). In Jamaica, for example, Buchanan and Bailey-Belafonte (2021) describe how the field experience component had to be quickly adjusted and explore how information and technology, home visits, insurance, and liability impacted field work placements. Particular challenges raised included: the readiness of the information and telecommunication capabilities to accommodate online learning, business transactions, and delivery of social services; privacy and security; the digital divide; and lack of digital and media literacy preventing some individuals and organizations from using information communication technology to its full potential. These conditions led to difficulties in finding online practicum sites or supervisors with appropriate online practice experience as tele-work and tele-counselling were uncommon in Jamaica.

The need to curtail or eliminate home visits required by childcare workers and family court social workers and limited internet connectivity led to the risk of some of the most vulnerable clients being inaccessible. These and many other challenges in the service delivery system led social work educators to explore ways to simulate the fieldwork experience in lieu of face-to-face contact through simulation with virtual clients, case and client studies, video presentations, online projects and online supervision; delaying practicum placements for certain students thereby creating more site options; increasing student involvement in revising the practicum and their duties; assessing student comfort and ability to work online, face-to-face, or a mixture of the two.

The pandemic, according to Buchanan and Bailey-Belafonte (2021), also led to considering ways to strengthen regional and national networks for knowledge sharing and capacity building. They contend that, despite the challenges, the Caribbean has consistently flourished under difficult

conditions and the pandemic will "inspire the profession to innovate and transition Caribbean social work education into a new paradigm" (p. 287). Fortunately, countries with national professional accreditation bodies could rely on them for guidance about acceptable number of hours and the nature of substitute activities that would constitute the satisfactory completion of "in person contact." Such bodies could also provide guidelines for acceptable remote learning conditions and stipulations to maximize student, client, faculty, and agency staff safety.

Grief Management

Managing grief during a pandemic is a challenge confronting all parties in social work encounters, that is, educators, students, fieldwork personnel, agency executives, individual clients, families, and communities. Parker and Alfaro (2022) caution against minimizing the effects that Covid-19 has on professionals who deliver services. Opportunities for grief management and the allowance of time to observe proper grieving rituals with family and community need to be made available. Grief-work may be a new skill required for practice competency as students deal with their own grief in terms of loved ones close to them and the grief of their clients, co-workers, teachers, and entire communities. This individual grief may be an addition to the collective feeling of grief and anxiety by everyone over the loss of the life they knew as "normal" prior to the pandemic.

A Global Response to a Global Pandemic

The WHO declared Covid-19 a public health emergency of international concern and issued guidelines to the world public for dealing with it on all levels (WHO, 2020). The fact that this pandemic is a global phenomenon means that anxiety and other psychological symptoms were shared and experienced by almost everyone everywhere. This shared experience, happily, has decreased the stigma around asking for professional help. The pandemic can turn out to be an impetus for positive change (Baptista, as cited in Weinhouse, 2021). Many countries, the Caribbean included, have developed innovative ways to not only combat the pandemic, but also to be positively challenged by it.

In Australia, Crisp et al. (2021) argue in terms of social work education that rather than having their education compromised by Covid-19, social work students, now and in the future, may benefit from changes that have emerged from the pandemic period. According to Fronek et al. (2021), after examining field placement arrangements in Australia, New Zealand, and the United States of America, the pandemic has forced social work education to critically examine what works well and what does not, evaluate contextualized best practice, and ensure that pandemic preparedness is on the international agenda as part of our disaster responses in preparation for the next health emergency. They note that the pandemic has created new social research agendas regarding student learning, online field placements, the evaluation of alternative field placements and their impact on student efficacy, competency, and future liability.

Many studies have revealed the existing shortcomings in healthcare services, education, and training of healthcare and social workers world-wide, and this should serve as impetus for change. As Coley-Graham (2022) notes, the outcome of the latest pandemic could lead to a more self-reliant, more digitalized Caribbean economy including tapping into the possibility of encouraging more tourism within

the region to mitigate against the disastrous effects of the decline in tourism from outside the Caribbean. According to Parker and Alfaro (2022), lessons learned from the many innovations which have been employed in response to the pandemic are important steps towards evidence-based strategies for post-covid recovery and resistance.

Conclusion

This is not the last pandemic or crisis that we are likely to experience due to the un-expectancies of climate change, global warming, and increased frequency of natural disasters like fires, floods, volcanoes, earthquakes, and human error. The Caribbean region experiences disproportionately more negative consequences from natural disasters (deaths, persons affected, property damage) compared to other regions in the world. Some Caribbean countries with more open borders experienced larger death and case rates per capita from the Covid-19 pandemic compared to other world regions and were lacking availability of mental health professionals—psychiatrists, social workers, psychologists—and other healthcare resources to assist in recovery. When the next large-scale disaster strikes, poor communities, and the already vulnerable populations, wherever they are, will be the hardest hit. We delay preparedness at our own peril. The pandemic and research examining its effects highlight the fact that one pandemic or disaster can have global effects and that no country is immune from their economic, psychosocial, and physical fallout.

The pandemic exposed weaknesses in critical educational, economic, health and welfare systems, and infrastructures in many countries. Because of the challenges to human survival and the mental health consequences of delayed action, social workers must identify and align themselves with other first responders. They must step up immediately for "search and rescue" and not wait to be called upon for "retrieve and salvage." As a profession, social work needs to position itself as a safety net on top of the mountain (prevention, response) and not just as an ambulance at the bottom (recovery). Fortunately, many social work educators, practitioners, and administrators view this pandemic as an opportunity to be better prepared for the next global crisis.

A plan of action going forward should include attention to the points raised in this paper. Of particular concern are the following: (a) the physical and mental health of individuals, communities, and care providers to cope and manage adverse effects of disasters; (b) existing infrastructures and resources; (c) ethical issues facing both providers and clients; and (d) educational and training adjustments. Attention must focus on wherever changes necessitated by disasters and/or pandemics intersect with current social work practices, procedures, policies, and education. The urgency of identifying unmet needs, gaps in service, and need for educational and training modifications should set the agenda for further research.

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Appendix A
Number of Natural Disaster Events by Region (2000 – 2021)
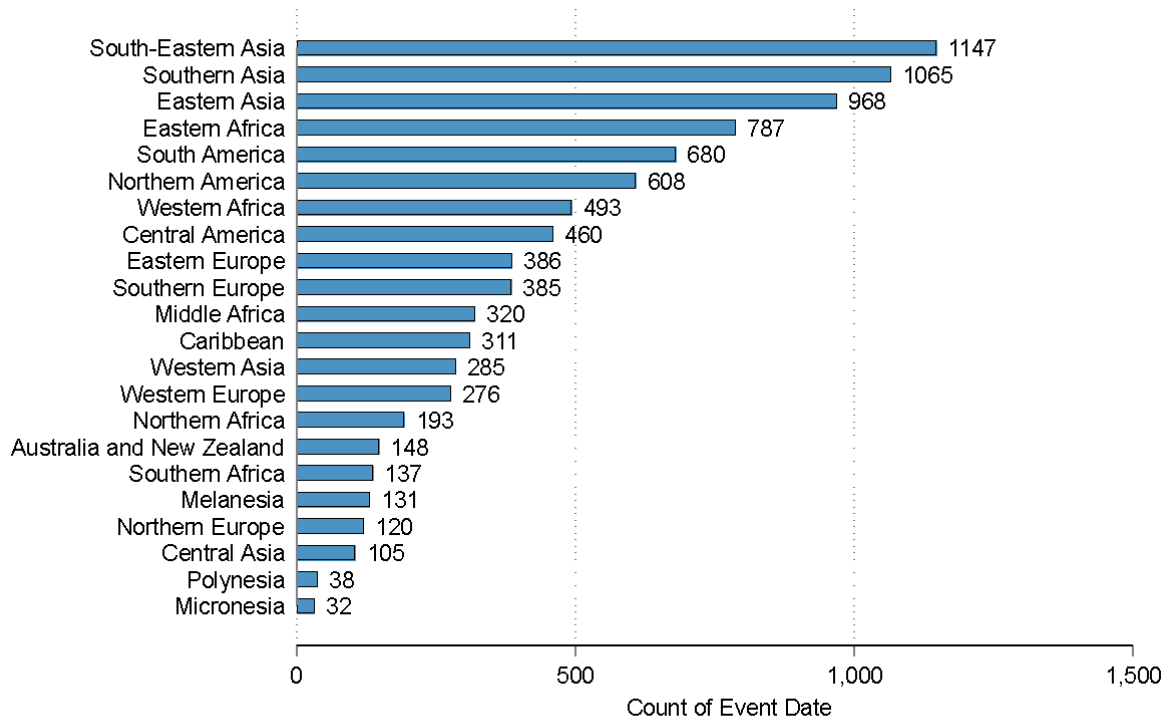
Source: EM-DAT. Author's Calculations

Note. Figure created using data from *Em-Dat: The International Disaster Database* by Centre for Research on the Epidemiology of Disasters, 2009, (https://www.emdat.be). Copyright 2009 UCLouvain.
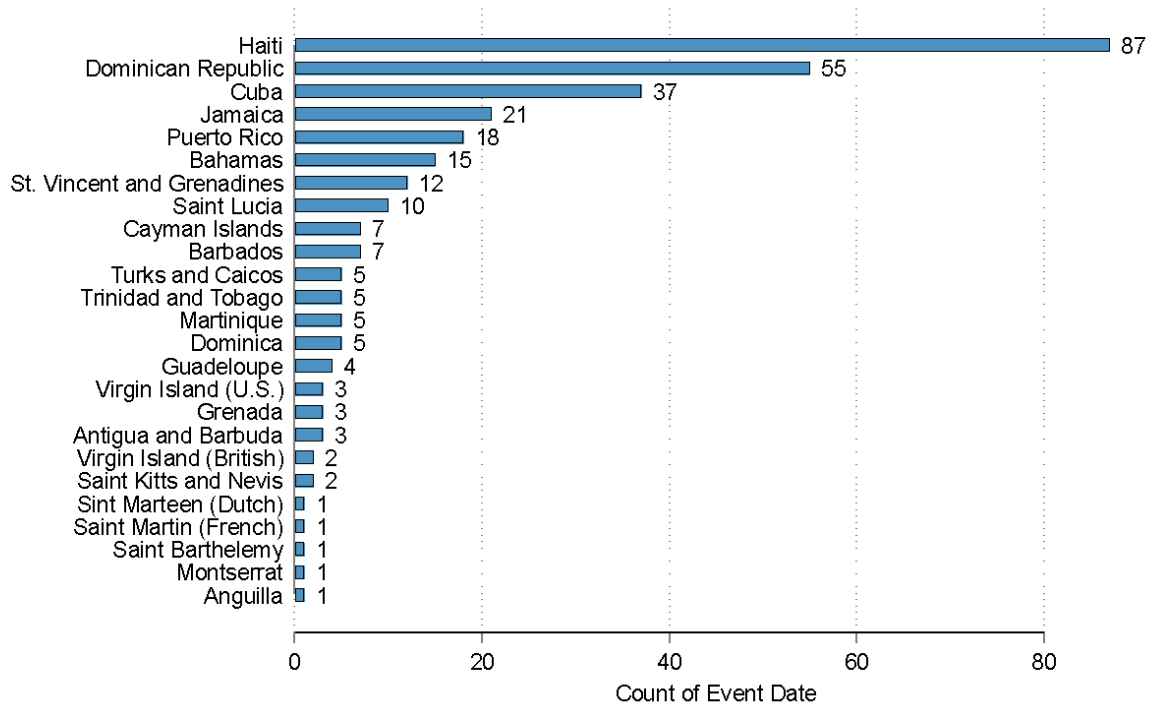
Appendix B
Impacts of Natural Disaster Events by Region (2000-2021)

Region	Total affected (per 1M persons)	Total deaths (per 1M persons)	Total damage $000 (per 1M persons)
Caribbean	3,542,543.50	21,505.40	12,198,705.00
South-Eastern Asia	1,390,316.50	1,534.10	623,461.30
Polynesia	781,901.30	1,120.60	3,194,009.00
Southern Europe	89,037.00	705.2	1,939,278.10
Eastern Africa	2,648,353.50	589.8	117,853.40
Western Europe	12,489.00	570.7	1,918,610.30
Micronesia	1,437,480.00	539.2	1,371,548.60
Middle Africa	292,562.30	475.5	1,158.00
Eastern Europe	57,898.80	441.7	257,814.30
Western Africa	520,542.80	295.1	11,517.20
Southern Asia	1,124,839.40	226.9	169,098.40
Melanesia	788,654.40	179.8	260,915.30
Northern Africa	294,374.90	130.8	143,559.30
Eastern Asia	1,355,517.50	105.7	802,868.90
Central America	390,343.20	81.6	571,286.90
South America	492,745.50	78	476,476.60
Western Asia	328,077.60	69.4	251,564.50
Northern Europe	8,365.90	63.5	696,710.90

Region	Total affected (per 1M persons)	Total deaths (per 1M persons)	Total damage $000 (per 1M persons)
Australia and New Zealand	51,455.70	50	4,240,513.00
Southern Africa	807,053.90	40.7	105,318.10
Northern America	357,903.20	30.6	4,397,959.50
Central Asia	329,548.80	25.3	71,263.00

Note. Table created using data from *Em-Dat: The International Disaster Database* by Centre for Research on the Epidemiology of Disasters, 2009, (https://www.emdat.be). Copyright 2009 UCLouvain.

Appendix C
Number of Natural Disaster Events in the Caribbean (2000 – 2021)

Source: EM-DAT. Author's Calculations

Note. Figure created using data from *Em-Dat: The International Disaster Database* by Centre for Research on the Epidemiology of Disasters, 2009, (https://www.emdat.be). Copyright 2009 UCLouvain.

Appendix D

Covid-19 Deaths, Cases, Tests, Vaccinations per 1,000 persons by Region (As of May 2022)

Region	Total cases (per '000 persons)	Total deaths (per '000 persons)	Total tests (per '000 persons)	Total vaccinations (per '000 persons)
Western Europe	382.6	1.9	3371.5	2012.3
Northern Europe	325.8	2.2	6003.9	2035.8
Southern Europe	285.4	2.6	3048.8	1809
Australia and New Zealand	260.3	0.3	2516.9	2218.3
Northern America	234.9	2.8	2547.3	1801.4
Polynesia	160.9	1.1	0.0	1753.4
Eastern Europe	147.1	2.8	1583.9	1023
South America	131.8	3.0	497.1	1838.9
Western Asia	111.3	0.8	1611.2	1035.7
Southern Africa	65.8	1.6	428	554.1
Caribbean	52.5	0.5	208.5	1311.4
Central America	49.4	2.1	162.1	1406.4
South-Eastern Asia	46.8	0.5	376.9	1351.5
Southern Asia	28.5	0.4	478.3	1332.8
Central Asia	24.6	0.3	158.6	928.8
Eastern Asia	18	0.0	5609.4	2279.2
Melanesia	17.5	0.2	65.7	253.9
Micronesia	14.9	0.0	652.6	265.3

Region	Total cases (per '000 persons)	Total deaths (per '000 persons)	Total tests (per '000 persons)	Total vaccinations (per '000 persons)
Northern Africa	13.7	0.3	108.6	531.7
Eastern Africa	5.5	0.1	57.4	319.5
Middle Africa	2.3	0.0	31.9	127.9
Western Africa	2.2	0.0	31.9	212.8

Note. Table created using data from *Coronavirus Pandemic (COVID-19) dataset*, by E. Mathieu, H. Ritchie, L. Rodés-Guirao, C. Appel, C. Giattino, J. Hasell, B. Macdonald, S. Dattani, D. Beltekian, E. Ortiz-Ospina M. Roser, 2020, Our World In Data (https://ourworldindata.org/coronavirus). Open access under the Creative Commons Attribution 4.0 International Public License.

Appendix E
Distribution of Covid-19 Deaths per 1,000 persons by Country in the Caribbean
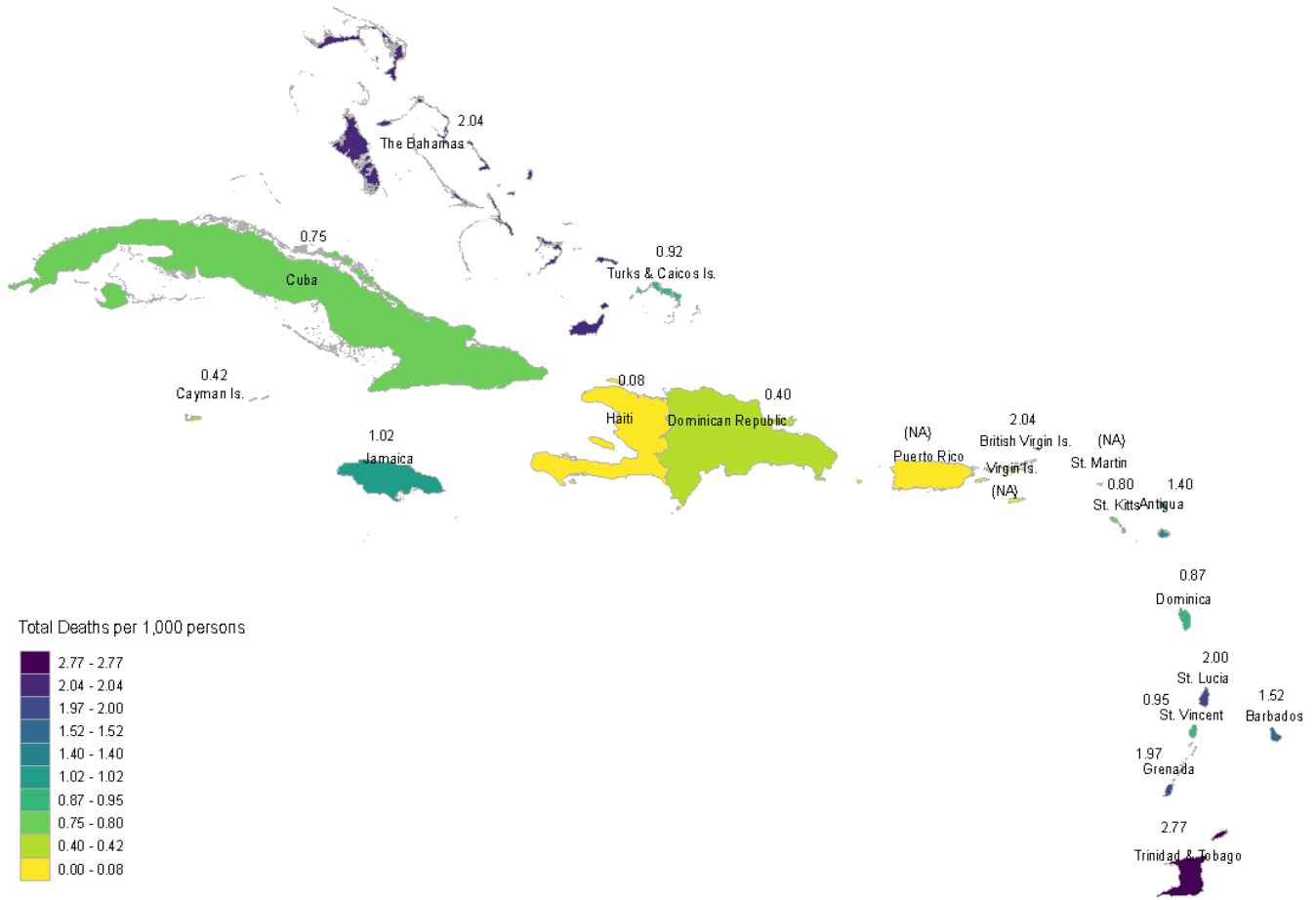
COVID-19 Data from OurWorldInData.org

Note. Figure created using data from *Coronavirus Pandemic (COVID-19) dataset*, by E. Mathieu, H. Ritchie, L. Rodés-Guirao, C. Appel, C. Giattino, J. Hasell, B. Macdonald, S. Dattani, D. Beltekian, E. Ortiz-Ospina M. Roser, 2020, Our World In Data (https://ourworldindata.org/coronavirus). Open access under the Creative Commons Attribution 4.0 International Public License.

Appendix F
Distribution of Covid-19 Cases per 1,000 persons by Country in the Caribbean

COVID-19 Data from OurWorldInData.org

Note. Figure created using data from *Coronavirus Pandemic (COVID-19) dataset*, by E. Mathieu, H. Ritchie, L. Rodés-Guirao, C. Appel, C. Giattino, J. Hasell, B. Macdonald, S. Dattani, D. Beltekian, E. Ortiz-Ospina M. Roser, 2020, Our World In Data (https://ourworldindata.org/coronavirus). Open access under the Creative Commons Attribution 4.0 International Public License.

Appendix G
Mental Health Workforce Working in the Mental Health Sector by Country (2016)

Country	Psychiatrists (per 100,000 pop.)	Nurses (per 100,000 pop.)	Social workers (per 100,000 pop.)	Psychologists (per 100,000 pop.)
Antigua & Barbuda	1.001	7.005	4.003	-
Barbados	-	63.332	-	-
Cuba	9.056	8.899	1.335	31.061
Dominican Republic	2.28	-	0.294	7.598
Grenada	1.872	0.936	2.808	-
Haiti	0.075	0.233	0.373	0.56
Jamaica	1.149	10.272	0.453	0.383
St. Kitts & Nevis	5.526	-	-	-
St. Lucia	0.564	50.788	0.564	-
St. Vincent & Grenadines	-	4.568	1.827	1.827

Note. Dash (-) used in cells where data was unavailable. Table created using data from *Global Health Observatory Data Repository*, by World Health Organization, (https://apps.who.int/gho/data/node.main.HWFGRP). Licence: CC BY-NC-SA 3.0 IGO

Appendix H
Covid-19 Tests and Vaccinations per 1,000 persons by Country (As of May 2022)

Country	Total tests (per '000 persons)	Total vaccinations (per '000 persons)
Antigua & Barbuda	169.2	1272.2
Bahamas	590.1	858.8
Barbados	2346.9	1093.9
Cuba	468	3216.1
Cayman Islands	0.0	2162.2
Dominica	2671.2	922.2
Dominican Republic	302.7	1427.3
Grenada	1386.1	782.1
Haiti	17.1	24.2
Jamaica	351.6	481.5
St. Kitts & Nevis	1439.8	1129.3
St. Lucia	991.3	652.6
Sint Maarten	0.0	1484.1
Turks & Caicos	0.0	1753.9
Trinidad & Tobago	521.9	1109.5
St. Vincent & Grenadines	957.5	632.1
British Virgin Islands	0.0	1344.7
U.S. Virgin Islands	1078.8	0.0

Note. Table created using data from *Coronavirus Pandemic (COVID-19) dataset*, by E. Mathieu, H. Ritchie, L. Rodés-Guirao, C. Appel, C. Giattino, J. Hasell, B. Macdonald, S. Dattani, D. Beltekian, E. Ortiz-Ospina M. Roser, 2020, Our World In Data (https://ourworldindata.org/coronavirus). Open access under the Creative Commons Attribution 4.0 International Public License.