

OPINION

#GLNROPED

COVID-19 Economic Recovery Task Force established

Prime Minister Andrew Holness has announced the establishment of a Cabinet-approved multisectoral task force to oversee Jamaica's economic recovery from COVID-19, which will be chaired by Minister of Finance and the Public Service, Dr. Nigel Clarke and comprise leaders from all sector groups. "Every measure

that the Government has put in place to slow down movement and further spread of the virus... slows down our economy... we have to figure out how to put in place measures that slow and control the COVID-19 spread... whilst, at the same time, not doing irreparable damage to our economy," said Holness.

WHAT'S YOUR VIEW?

The Gleaner welcomes your views on any issue. Preference will be given to letters of 300 words or less. They must bear the writer's name, address and telephone contact. If using a pen name, you must state your full name. Your name and address will be withheld on request.

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ABRAHAMS

Load of nonsense, Abrahams

THE EDITOR, Madam:
WHAT A load of nonsense. That is my response to Michael Abrahams' column 'What really happened at Andrews Memorial Hospital', published in yesterday's *Gleaner*.

Forgive me if my emotions get the better of me, but Abrahams' explanations may have been acceptable had it not been that there is a lot of background which he conveniently left out.

On March 20, Andrews put out a notice in the paper signed by Dr Lindon Leach. The notice advised the public that if you have "coughing, running nose, cold and shortness of breath", don't come to Andrews. Any of these symptoms are also the symptoms of the common cold or the flu.

How can a hospital, much less a hospital which claims to have a Christian foundation, ever take the position that it will turn away sick persons. It is unconscionable. If Andrews has to turn away persons even suspected of having COVID-19, what should a Type C hospital in rural Jamaica do?

Andrews, from in March, had already taken the position that they don't want people coughing or with running noses. The actions of the staff and hospital in the case of Jodian Fearon was consistent with the policy that the hospital had already adopted, which was to get her out of their hospital.

Abrahams had the temerity to suggest that Fearon, of her own will, then took it up on herself to leave Andrews, to leave her doctor, to leave the anaesthetics who were willing to do the operation, to leave the most prestigious private hospital in Jamaica to then go to Spanish Town Hospital, the most overcrowded Type B hospital.

Mr Abrahams, I have been going to Andrews for over 50 years, my children and my family go to Andrews, and have done many surgeries there. I have nothing but praise for the team, and that is why I find it so difficult to understand how Dr Leach could ever have come up with such a preposterous policy. It is this policy and its implementation that caused Fearon's death.

IVAN ANDERSON



Jodian Fearon



[LETTER OF THE DAY]

Are our lives worth any less in St Catherine?

THE EDITOR, Madam:

I HAVE long been a fan of Etana. From the first day I heard the lyrics of her song *Wrong Address*, I was left spell bound by the sweet melodies of this songbird. In her song, she talks about the challenges of persons from inner-city communities; as it relates to getting jobs due to their addresses, they were treated with suspicion.

As a young man from rural St Catherine, I could not relate. For me, this was a distant reality. I listened in songs and watched in movies until now.

A friend of mine asked me to give blood for her uncle, who is a resident of Spanish Town but now a patient at the Kingston Public Hospital. In her last conversation with him, he was literally in tears. He was in need of blood, and the doctors asked family members to donate on his behalf. My friend was terrified of needles and weighed her decision with a heavy heart but, like the saying goes, blood is thicker than water, and she asked me to give blood as well.

On April 27, 2020, we went to the Blood Bank in Kingston in an effort to do our part. However, to our surprise, we were informed that they will not be taking blood from anyone in St Catherine.

At the moment that I am penning these words, no one has donated blood on his behalf. As a resident of Spanish Town, most of his family members are also from St Catherine, and as the ones

closest to him, they are the most likely to contribute.

Recently, the story of Jodian Fearon has captivated the country, but what about the silent victims who are also dying from the fear of COVID-19? Is anyone able to count the true numbers?

PARALYSED WITH FEAR

Alone on his bed at the Kingston Public Hospital, the nation may never hear his cry, his name, or the names of persons like him. As a nation, have we become so paralysed with fear that we will allow persons to die because we are afraid to help?

Is St Catherine suddenly a 'wrong address'? For all my life, I have been proud to call St Catherine my home and to have been given the opportunity to represent my parish. I am especially proud of my *alma mater* in Spanish Town, and I will always wear her colours with great pride.

My pride will never diminish, even in light of the reaction of the young woman at the reception desk at the Blood Bank, who responded to the words 'Spanish Town' in a manner that reflects the disgust and discrimination we face.

We have been taken aback by the story of Jodian Fearon, but what of the silent victims whose cry we will never hear because more than half a million Jamaicans can no longer contribute blood on behalf of their family members?

SEON LEWIS

The Gleaner [EDITORIAL]

Ms Fearon's death shames us all

THE TRAGIC, and apparently avoidable, death of Jodian Fearon won't be listed in the running count of casualties of COVID-19. But nearly as much as any of the seven direct fatalities of the novel coronavirus, she was a victim of the infection – of the fear, stigma and discrimination it elicits, and, very palpably in this case, a massive bungling by a raft of institutions and healthcare professionals, who appear to have forgotten the tenets of the Hippocratic Oath. Bureaucracy gained ascendancy when humanity should have prevailed. And that is to the shame of us all.

A number of investigations have begun into Ms Fearon's death, including one by the police to determine if anyone was criminally liable, on which this newspaper makes no judgement. These probes notwithstanding, The University of the West Indies (UWI) ought to have a special interest in the Fearon case, given the involvement of an associated hospital. The UWI should conduct its own probe into the matter. The case should also cause an in-depth analysis and review of Jamaica's protocols for the handling and management of COVID-19-related cases, as well as the campaign to tackle stigma and prejudice against anyone with the virus, including language used in these messages.

Ms Fearon would have been 24 years old yesterday. She was 38 weeks pregnant, or two weeks ahead of her normal time for delivery, which was planned for the privately owned Andrews Memorial Hospital. But with Ms Fearon having developed complications with her pregnancy, her doctor decided to induce birth, setting off a chain of developments, over which at least four hospitals have traded blame, raising questions about Jamaica's capacity to cope should the COVID-19 epidemic radically escalate in the island.

ACCESS DENIED

First, having checked in at Andrews, Ms Fearon displayed symptoms similar to those associated with COVID-19, for which she was eventually tested negative. The hospital didn't want to keep her because, it said, it didn't have a COVID-19 isolation ward. So, her doctor attempted to have her admitted to the Victoria Jubilee Hospital, the Government's specialist maternity hospital. He was denied. That hospital's handful of COVID-19 beds were already taken.

Much of what happened afterwards is rived with controversy. Ms Fearon's doctor says Andrews, apparently fearing his patient's possible COVID-19 infection, cleared its maternity ward, suggesting that it had changed its mind and was prepared to keep Ms Fearon. But according to Andrews, when it was decided that she should give birth by Caesarean section and would probably need intubation, the private anaesthesiologists engaged by her doctor backed out, afraid the patient might have COVID-19.

Ms Fearon's doctor next approached the University Hospital of the West Indies (UHWI), the main teaching hospital of the Faculty of Medicine of the UWI, which appoints several of its governors, and two of whose former professors serve, respectively, as chairman and vice-chairman of its board. According to Ms Fearon's doctor, he renewed attempts to have his patient transferred to the UHWI. But while its intensive care unit (ICU) said it could accommodate her, the maternity ward said no. Ms Fearon's doctor then turned to the Spanish Town Hospital, where television images captured him agitatedly pacing outside, while his patient waited in an ambulance for an hour, as the hospital prepared to accommodate her. Having given birth at Spanish Town, she was subsequently transferred to the UHWI, where she died.

The UHWI, however, claimed that before Ms Fearon finally came into its care, it had attempted to help. Aware that Ms Fearon was 38 weeks pregnant and in labour, it had dispatched a team, including a top gynaecologist, to Andrews, apparently to somehow help in her care. But by the time they arrived, the UHWI said, Ms Fearon had been removed.

SIMILAR INSTANCE

This newspaper can't claim to be completely surprised by these sorry events. They were, in a sense, foreshadowed by the situation at the private Hargreaves Memorial Hospital in Mandeville at the outset of COVID-19 in Jamaica, when a doctor, suspected of being infected with the virus, was turned away from the institution. Our concern deepened when the Government's senior epidemiologist, Karen Webster Kerr, revealed to a parliamentary committee that testing for COVID-19 was, at the time, lagging because of the apprehension of healthcare professionals conducting the tests. We then advised the health authorities that there was work to be done to sort out its COVID-19 protocols and in developing an education campaign against stigma and discrimination. Clearly, not enough happened. The authorities need to get back to the drawing board.

In this instance, we are particularly concerned that there is controversy over the behaviour of the UHWI, which, while it falls within Jamaica's healthcare system, is also a regional institution linked to a university ranked among the world's top five per cent. What the UHWI imparts to the students it helps to train must be more than the technical skills in medicine, but the humanity to which those skills are expected to be employed, each individual at a time. That – and the importance of having a properly run hospital associated with the UWI's medical faculty – is why Hilary Beckles, the university vice-chancellor, should want to get to the depths of this matter.

At the same time, everything must be done to provide justice for Ms Fearon and the family left with the callousness of her death.

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