Cuban doctors hold an image of Fidel Castro during a farewell ceremony before departing Italy to assist with the spread of COVID-19, March 21, 2020. Nearly 40 countries across five continents received Cuban doctors during the pandemic. Reuters

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Neither gift, nor luck:

Island resilience and the COVID-19 pandemic

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ABSTRACT

Seven of the nine countries that, as of November 2020, reported no COVID-19 cases were islands. Another 13 island nations reported having fewer than 500 cases. Why did island nations fare well during the COVID-19 pandemic? Beyond the isolation of islands, deeper foundations of health cooperation and collaboration may help to explain this resilience. The nature of

public health governance on islands may explain, at least in part, why islands appear to be the safest spaces on Earth during COVID-19, and yet still remain incredibly vulnerable. Islands have a long and painful history of pandemics that dates well back to the earliest days of colonization. Unlike past pandemics when islands were seen as highly vulnerable to viruses, during the COVID-19 pandemic islands have demonstrated resilience. This has emerged as a result of strategic health governance, and coordinated responses to the social and economic challenges of the pandemic. This chapter discusses the place of Cuban medical internationalism and current collaborations between other island nations for longer-term health planning and capacity building. Taken together, this chapter serves as a reminder that health resiliency among islands during the COVID-19 pandemic is the product of resilience and planning, and may indeed speak the very meaning of islandness itself.

INTRODUCTION

As of November 2020, only nine countries reported having no cases of COVID-19 (McCarthy, 2020). Aside from several countries with questionable health reporting, all of the remaining COVID-19-free countries were islands. Furthermore, among the 20 countries reporting fewer than 500 cases of COVID-19, thirteen were island nations (Johns Hopkins University & Medicine, 2021). Although this is just one indicator of public health and we are not yet at a post-pandemic stage, the implied resiliency of islands to COVID-19 should serve as a clarion call to health policy experts and global health researchers to better understand how, and why, islands are faring so well during this pandemic. Some may point to the fortune of physical geography and insularity, as islands only border the ocean, serving as a natural barrier to the spread of the virus (Edwards, 2020; Gunia, 2020). Others may cite the inherent challenges of travel to islands, which restricts the movement of the potentially ill (Horton & Das, 2008). Yet, in the past, water has proven to be, at best, a porous barrier to the transmission of viruses, including the 1918 influenza and the HIV/AIDS virus (Horton & Das, 2008; Shanks et al., 2018). Likewise, many island nations do not enjoy comprehensive customs and immigration services, as they often make do with outdated equipment and ravaged budgets that are a far cry from the rigorous biometric screening seen at many foreign borders. As Shanks and Brundage (2012) point out, island quarantines are not sustainable indefinitely. Nor is the absence of COVID-19 on islands a gift from mainland countries whose lockdowns may have encouraged would-be island tourists to stay at home (Amos, 2020). Rather, many island nations, notably those in the Pacific, structured their COVID-19 responses by taking difficult steps to reduce the spread of the virus by locking down ports and disrupting valuable trade and communication networks (Diarra et al., 2020). How island nations have responded to COVID-19 exposes

the vital place they have in a global society and, in doing so, calls into question the degree of connectedness of islands during a pandemic.

This chapter argues that islands fared best during the COVID-19 pandemic because of pre-existing foundations of health cooperation and collaboration. Island resilience against the pandemic is not an accident of physical geography, nor is it part of an assumption that islands are at the margins of globalization (Firth, 2007). Quite the opposite. Resiliency among islands during the COVID-19 pandemic is grounded in a deep sense of islandness itself (Conkling, 2007) — beyond a sense of place grounded in metaphysical isolation, but rather from social capital that builds good governance in times of crisis (Baldacchino, 2005; Fowles, 1999). It is naive to think that the COVID-19 virus, born and bred through globalization, would simply ignore islands because of the intervening barriers of oceans or entry points. Islands have a long and painful history of pandemics that dates well back to the earliest days of colonization (Cook & Lovell, 2001; Shanks et al., 2008). Knowing the vulnerability associated with viruses, coupled with under-funded and over-stretched health systems, many island nations imposed strict travel restrictions based on internationally recognized best practices, which effectively disrupted global processes of trade and capitalism (Mei & Hu, 2020). As this chapter argues, islands are at the margins of globalization, which makes them more vulnerable to global challenges like pandemics. Unlike past pandemics when islands were seen as highly vulnerable to viruses, during the COVID-19 pandemic islands have demonstrated resilience (De Bevoise, 1995). This has emerged as a result of strategic health governance, and coordinated responses to the social and economic challenges of the pandemic. Health governance can be understood as processes of policy development, resource stewardship, continuous improvement of services, partner engagement, legal authority, and the oversight of a health department (Carlson et al., 2015). The nature of public health governance on islands may explain, at least in part, why islands appear to be the safest spaces on Earth during COVID-19, and yet still remain incredibly vulnerable. What seems to be an important factor is the concept of buy-in from businesses, non-governmental organizations, and civic society institutions to adhere to and maintain public health ordinances. Despite these empirical successes, broader challenges remain in preserving island health as pre-pandemic geo-strategic competition among world powers continues to put islands in a vulnerable position.

THE NATURE OF PUBLIC HEALTH governance on islands may explain, at least in part, why islands appear to be the safest spaces on Earth during COVID-19, and yet still remain incredibly vulnerable.

THE IDEA OF HEALTH AND PLACE

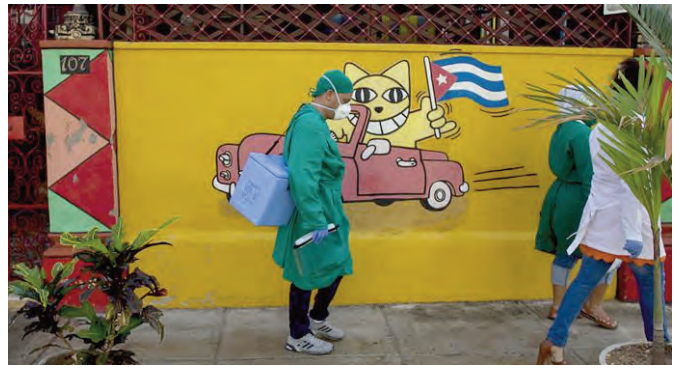
Oceans have rarely served as effective barriers against viruses. Even in the age of oceanic travel by sail, when most international sea voyages outside of Europe were naturally self-isolating by taking longer than the incubation periods of most contagious diseases, illness and pestilence still managed to travel and survive on distant lands (Maglen, 2003). Terrestrial rodent-carried viruses such as smallpox, bubonic plague, or even bovine-based viruses such as measles succeeded in spreading across the oceans with devastating results (Lovell, 1992). During the 19th century, vector-borne illness spread more effectively with the development of canals and railroads in the Americas, Africa, and Asia. The 1918 "Spanish" influenza epidemic knew no borders. Powered by the age of steam, this flu virus was able to reach more destinations in less time than any other virus in the modern era (Mills et al., 2004). While the entire planet was impacted by the spread of the Spanish flu virus, island nations — notably Western Samoa, then governed by New Zealand — were particularly affected (Tomkins, 1992). One in three Samoans lost their lives during that pandemic. In the 1920s, the League of Nations Health Committee felt that the increasing ease of global travel would only exacerbate the spread of more viruses and illness within and between colonial nations, which raised even greater concerns for remote islands (Borowy, 2009). Eighty years later, the concerns and challenges of viruses on islands remained. Toward the beginning of the 21st century, the human immunodeficiency virus (more commonly referred to as HIV) took a heavy toll on islanders around the world, especially in the Caribbean (UNAIDS, 2019).

WHEN DISCUSSING THE health of islands in the time of a pandemic, it is important to challenge the assumption that having no land borders is in itself an advantage against a virus.

When discussing the health of islands in the time of a pandemic, it is important to challenge the assumption that having no land borders is in itself an advantage against a virus. Likewise, understanding the place of island nations in the COVID-19 pandemic requires looking past the belief that they are on the edges of globalization. Islands exist on the front lines of globalization and have often experienced the greatest changes and impacts. From climate change to plastic pollution, to the migration of workers, to the security of the seas, islands are not immune to the consequences of globalization, including the COVID-19 pandemic. As Baldacchino (2005) suggests, such challenges build social capital that can transfer into economic development and good governance. The shared characteristics of island nations arise not just from the physical isolation or site characteristics of islands, but from the dynamics of closed communities (Conkling, 2007).

Campbell (2009) argues that colonialism and development processes have eroded

historic health resilience within island states. Despite this erosion, a common experience of good governance grounded in islandness often arises (Baldacchino, 2005). This phenomenon speaks to the processes of community-minded governance influencing local and national resilience, and island resilience through social capital. The ability for island nations to respond to challenges and crises through co-operation based on "shared norms, values and understandings" (Keeley, 2007, p. 103) speaks to the power of islandness during the pandemic. It is less about the consequentialism of water borders and isolation, and more about the sense of place within island nations that builds a culture of positive and cooperative policy development in addressing global challenges such as pandemics (Helliwell, 2003, p. 9). It is why health policy matters on islands. Those jurisdictions that have structured their COVID-19 responses on best practices that ensure effective health outcomes, rather than haphazard policies that only quell the virus, have fared best. How island nations have successfully achieved this remains to be fully understood, but what can be assured is that strong island pandemic responses are grounded in capacity built from cooperation and collaboration, rather than through the gifts of charity and aid.



Cuban health workers: Cuba is perhaps the one nation where the constitution declares that health is the right of everyone. AP photo

Pandemic management has rarely been about ensuring health. Since biblical times, it has been about combating illness. Today, the World Health Organization (2006) defines health in a broad sense of "a state of complete physical, mental and social well-being." Holistic as it is, few nations have committed to ensuring health in this way, regardless of a pandemic. When it comes to the health of islands, the high-level policy recommendations from the World Health Organization focus on the impacts of climate change to health more so than building social capital for universal health care, let alone pandemic resilience (Ghebreyesus & Espinosa, 2018). Universal health insurance programs are often designed to mitigate the costs of health care or to cover the bills when accidents occur. Cuba is perhaps the one nation where the constitution declares "health" in this broadest interpretation of the word, to be a right for all, and to which the government follows up through rigorous programs of health promotion and disease prevention (Huish, 2014). Few nation states have programs in place explicitly stating that they are working towards ensuring good health for all (Global Health Watch, 2021). A foundation to Cuba's public health forte stems from a centralized national governance model that

relies on wide-spread buy-in and participation of health ordinances at the local level through community groups, government agencies, and unions. The same holds true in times of pandemic planning, where the playbooks focus less on eliminating the virus and more on "flattening the curve" of disease spread so as to avoid overburdening the health care system. In as much as health is often defined as a lack of illness, so too do states approach pandemic management as a pursuit against the illness, rather than as building and maintaining a healthy, robust population.

During the COVID-19 pandemic, many nations have come to rely on ancient methods in order to deal with this modern-day pandemic. Quarantines date back to biblical times, to quote the *Book of Leviticus* (n.d.) in the Old Testament, "as long as they have the disease, they remain unclean. They must live alone; they live outside the camp." Restrictions on mobility and self-isolation accompanied managing the plague in medieval Europe (Gensini et al., 2004). Port quarantines are as old as sea-faring trade itself. With these ancient methods came ancient problems, such as stigma, marginalization, and poverty (Herek & Glunt, 1988; Person et al., 2004). While these methods may prevent or hinder the spread of disease, they cannot ensure the health of individuals or their communities. In order to ensure good health, actions and policies that are preventive in nature and based on a social determinants of health model, i.e., encompassing economic, social, and environmental structures, are required. Stated alternatively, while self-isolation policies may work to slow the transmission of the virus, without some level of assurance of good housing, access to health resources, and financial support systems for those adversely affected, such policies may produce indirect and unintended poor health outcomes. By fully grounding air travel and halting tourism, many island nations are likely to face serious financial and employment hardships from a loss of foreign revenue (Poling & Natalegawa, 2020). Without programs in place to mitigate this loss, longer-term social and economic hardships will become the consequences of the COVID-19 pandemic.

WHILE SELF-ISOLATION policies may work to slow the transmission of the virus, without some level of assurance of good housing, access to health resources, and financial support systems for those adversely affected, such policies may produce indirect and unintended poor health outcomes.

Edwards (2020, para. 2) suggests that many island health systems, notably those in the Pacific, "tend to be fragile and missing." Many island nations face a three-fold challenge during the pandemic. The first is to have, or to have access to, needed health care resources in the event of an outbreak that requires advanced hospitalization of many patients. Since a great deal of global health outreach to island nations focuses on downstream (meaning closer to point of care) reactions to current health challenges, little has been given by donor nations in terms of upstream (meaning concern with the social determinants of health) resiliency resources. The second challenge is to draw resources

together to support citizens whose livelihoods have been disrupted by the pandemic. As many island nations rely heavily on remittance income from able workers abroad, little is in place for ensuring strong social safety nets. Finally, connectivity matters enormously. Rather than viewing isolation as luck during a pandemic, it should be understood that, for isolated island nations, disruptions to limited trade and travel networks can only worsen social problems at home.

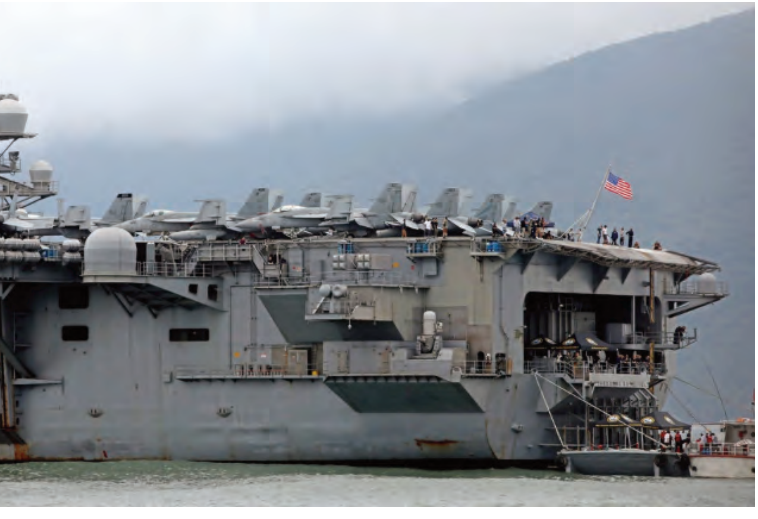
For these reasons, it is erroneous to suggest that good health among island nations in a pandemic is a "gift" or the result of good "luck". The assurance of good health within island nations during, and after, the COVID-19 pandemic will come as the result of governance strategies in balancing the ability to guard against the virus, while at the same time mitigating the economic and social consequences from global disruption. In as much as foreign aid and cooperation will be important tools to the economic recovery of island economies, it will be the balance made by island leaders that will ultimately determine their health security. To be clear, not all policy matters are concerned with health as a top priority, but health will also be an outcome from policy decisions.

THE ASSURANCE OF GOOD HEALTH within island nations during, and after, the COVID-19 pandemic will come as the result of governance strategies in balancing the ability to guard against the virus, while at the same time mitigating the economic and social consequences from global disruption.

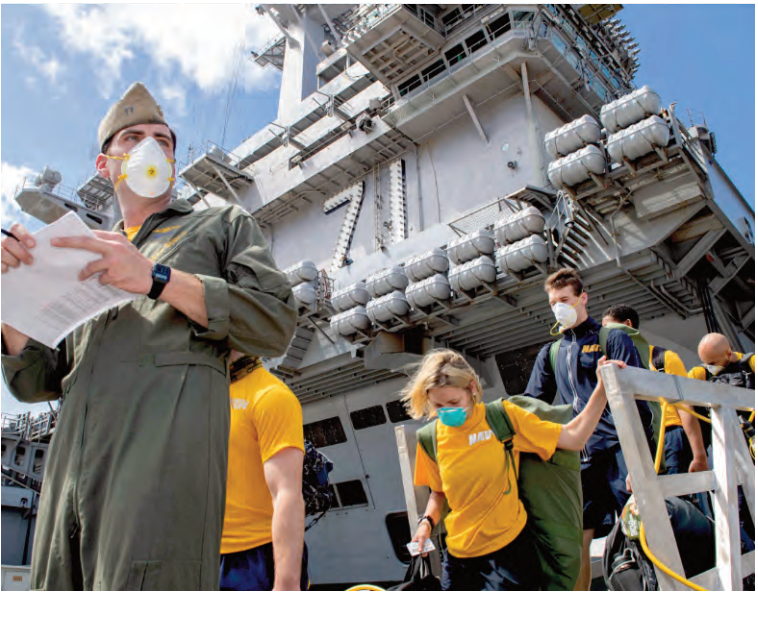
In as much as border closures and quarantines can counter the ability of the COVID-19 virus to migrate on jet aircraft and long-distance ships, effective policy decisions matter most in handling the consequences in areas where it is rampant, and also areas where it is scarce. The virus itself has no set plan other than to "copy itself in whatever way it does simply because it has copied itself to great effect before" (The Economist: Essay, 2020, para. 5). But it can take advantage of opportunities that societies offer it, such as muddled public health orders, a lack of hygienic equipment, or the inability to practice safe social distancing. As Simpson (2020) correctly states, quarantines are not pure science, and they have always been structured to protect some members of society while leaving others vulnerable.

This is why health governance for island nations must extend beyond quarantine and prohibition of movement, to develop "policies that protect, promote, and improve public health," (Carlson et al., 2015, p. s163) while also managing resource stewardship and partner engagement that allows for inclusive public health education alongside social and economic support for those impacted by health ordinances. As Edwards (2020) notes, health systems in many island nations are fragile, which makes the role of governance all the more important to achieve buy-in from inclusive coordination. Guam is a case in point where the governor's attempts to implement health measures to slow the spread of the virus have had no influence or impact on the large number of U.S. military personnel on the island (Kettl, 2020; Walker, 2020). So, when the U.S.

aircraft carrier *Theodore Roosevelt* arrived in port carrying 4,900 personnel, including 1,000 who had tested positive for COVID-19, they proceeded to quarantine on the island itself (Starr & Nedelman, 2020). From August to December of 2020, Guam recorded an average of 100 new cases of COVID-19 each day, for a total of 8,000 cases by December 8, 2020, within a population of 165,800 (Johns Hopkins University & Medicine, 2021). Likewise, regardless of the sentiments of local government, air traffic has remained steady. These are the consequences of Guam's overseas territory status that prevents the government from having the same level of autonomy, control, and coordination that independent island nations may enjoy. In the end, Guam's inability to quell COVID-19 is in part a consequence of multiple decision-makers acting at cross purposes.



Almost a quarter of the 4,900 sailors aboard the massive US aircraft carrier *Theodore Roosevelt* (above) were infected with COVID-19, causing the carrier to quarantine on the island of Guam in late March 2020. Sailors were moved off the ship in rotation: when they cleared quarantine and tested negative for COVID-19, they would swap places with the sailors who were still aboard the ship. It was months before the carrier resumed sailing. US Navy photo



For island nations such as Fiji, grounding air fleets — banning almost all non-citizen travel — effectively eliminated 'super spreaders', while at the cost to the tourism sector. Locals may still frequent restaurants, or gather at local drinking establishments, but the high capacity gathering places associated with mass tourism are faced with restrictions. Cuba, on the other hand, delayed closing its borders to foreigners, and even accepted a ship with a COVID-19 outbreak on board (Burgis, 2020). However, Cuba mustered its health resources in unusual and creative ways. Even amid the

height of the global pandemic, Cuba welcomed foreigners to particular isolated resorts on smaller island keys, which in itself created a form of quarantine from the rest of the Cuban population. Foreigners, like nationals, would be given care and quarantine if they tested positive for COVID-19. Advanced care facilities were prepped to handle an influx of patients. Smaller countries in the Pacific such as Kiribati require "travelers from countries with ongoing local transmission of novel coronavirus to spend at least 14 days in a country free of the virus before traveling to Kiribati, and to provide a medical clearance to confirm that they are virus-free" (U.S. Embassy in Fiji, Kiribati, Nauru, Tonga, and Tuvalu, 2020). Differing policies indeed, but with one shared element: unlike many developed continental jurisdictions, none of these island nations have a high percentage of senior citizens living in care facilities, as elder care is often handled within multi-generational households (Fernandes et al., 2018). In as much as each of these policies responds to the capabilities and demands of each nation, the question remains as to how Fiji will manage economic recovery, how Cuba will continue to finance its health system, and how Kiribati will manage to acquire much needed trade and resources with such strict travel measures in place.

THE QUESTION REMAINS as to how Fiji will manage economic recovery, how Cuba will continue to finance its health system, and how Kiribati will manage to acquire much needed trade and resources with such strict travel measures in place.

LESSONS FROM HISTORY

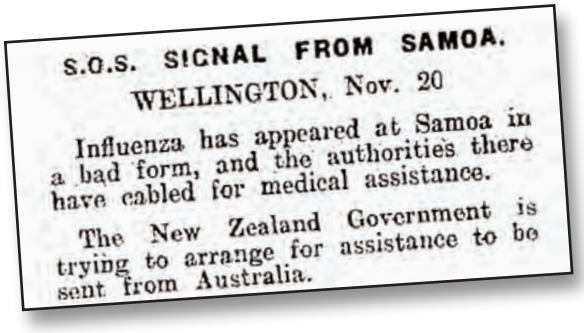
Quarantines have a long history as a public health measure, and have been accompanied by challenges. First is that effective quarantines are difficult to impose (Sundwall, 2019). Even on islands with few entry and exit points, the need for people to leave and enter quarantine zones for essential purposes remains. Historically, quarantines have proven ineffective, notably with measures taken during the bubonic plague or with the spread of smallpox, the former being spread by vermin and the latter by airborne human-to-human contact. Until better knowledge of virology and, more recently, the development of vaccines, people relied on quarantine rules, to only limited effect. Until the 1920s, the proof of efficacy of quarantine as a front-line measure against pandemics was debated. Only when the 1918 influenza struck Western Samoa (or what is now Samoa) was there a clear and demonstrative justification to show the efficacy of quarantine measures (Tomkins, 1992).

On November 7, 1918, the steamship S.S. *Talune* arrived at Apia, in New Zealand-controlled Western Samoa. Arriving in dock, a passenger cried out to those on shore that there was sickness on the boat (Radio New Zealand, 2018). Indeed, the 1918 influenza struck those on the ship hard, and when it unloaded, community spread

began to occur across Western Samoa. By the end of January 1919, 8,500 people, or roughly 22% of the population of 38,000, had died from the influenza (Shanks et al., 2018). Meanwhile, on nearby American Samoa, Commander John Martin Poyer enacted a full moratorium on all ships entering its waters (Nishiura et al., 2009). As a result, not a single life was lost from influenza on this American island territory (Tomkins, 1992). This is a good example of the importance of local leadership and has served as a justification for quarantines when combatting pandemics (McLeod et al., 2008). On the surface, it may appear that a simple action, aided by island isolation, showed how a *cordon sanitaire* was able to prevent the influenza outbreak (Patterson & Pyle, 1991). However, as McLane (2013, p. 31) states, "This success was facilitated by isolation, limited trade, a colonial government with absolute power but little oversight, and a working relationship between the US Navy and the traditional Samoan elites." As McLane (2013) points out, the action of closing ports is but one element in the broader successful strategy of avoiding pandemic community spread in American Samoa. While the island isolation certainly complemented efforts, by no means did it ensure success. The nature of governance itself, including the assistance of the U.S. Navy to enforce quarantines, and the working relationship between colonial powers and locals to follow ordinances also played a role in the outcome.

The SS *Talune*.

On the other hand, the story of New Zealand-governed Western Samoa tells a tale of a public health disaster. This took place not just because Robert Logan, the acting administrator of Western Samoa, allowed vessels with the disease into port, but also because health and sanitation measures were not enforced (Tyquin, 2012). As Tahana (2018, para. 5) describes, "People went into Apia town. Others rode goods wagons up into rugged interior. A Christian missionary walked from village to village along the coast, taking a hacking cough with him." Logan's leadership of Western Samoa during the pandemic can best be described as bumbling, incompetent, and racist. Even before the pandemic arrived in Western Samoa, Logan passed laws that discriminated against Chinese immigrants, and he demonstrated a profound indifference for Samoan people (Tahana, 2018). During the pandemic, Logan refused to set up aid stations, refused medical help from American Samoa, allowed infected vessels to leave port, and, when asked to provide food for sick Samoan children at a boarding school, he replied, "there is a dead horse



S.O.S. SIGNAL FROM SAMOA.

WELLINGTON, Nov. 20

Influenza has appeared at Samoa in a bad form, and the authorities there have cabled for medical assistance.

The New Zealand Government is trying to arrange for assistance to be sent from Australia.

From *The Samoan Times*, 1918.

at your gate, let them eat that" (Tahana, 2018, p. 30). Clearly, differences in leadership and administrative decision-making between Western Samoa and American Samoa during the 1918 influenza was one of the key factors in the different outcomes, and can inform our ability to understand island resilience during the current COVID-19 pandemic.

Shanks and colleagues (2018, e323) suggest that "the high case-fatality rate associated with the 1918 pandemic in Western Samoa seems unlikely to reoccur in the future influenza pandemics. However, understanding the critical determinants of the mass mortality is essential to prepare for future pandemics." As Shanks et al. (2018) rightly state, the 1918 influenza was essentially the same strain that spread across the Pacific, which allows for important comparisons between regions and populations. The authors suggest that populations with a higher rate of pre-exposure to the 1918 influenza fared better in terms of mortality (Shanks et al., 2018; Shanks & Brundage, 2012). While this may indeed be a factor, so too is the nature of governance, as the case of Western Samoa and American Samoa demonstrates. Whereas Western Samoa suffered from poor infrastructure coupled with a dysfunctional colonial governance structure that furthered tensions rather than community-based cooperation, the governance of American Samoa demonstrated stronger processes of respect, enforcement, and ooperation between the governing authorities and local populations.

Robert Logan's leadership of Western Samoa during the 1918 pandemic can best be described as bumbling, incompetent, and racist.

DIFFERENCES IN LEADERSHIP and administrative decision-making between Western Samoa and American Samoa during the 1918 influenza was one of the key factors in the different outcomes, and can inform our ability to understand island resilience during the current COVID-19 pandemic.

A VIRUS WITHOUT A PLAN

Because the virus has no plan, it becomes paramount that small nations, particularly islands, are prepared. The key to a solid, resilient pandemic plan is to build on pre-pandemic foundations of economic and social strength (Sundwall, 2019). Island nations that are deeply integrated into broader global networks must find selective opportunities within the networks that they have (Kakazu, 2006). Cuba, Fiji, and Kiribati all serve as important exemplars of health governance built upon existing strengths, networks, and capabilities, without necessarily relying upon their relative isolation and control over entry. Isolated, spread over a wide area of ocean, and facing a climate emergency, the archipelago of Kiribati has taken a very isolationist approach to COVID-19 policy that has even left its own citizens stranded abroad. At the same time, it struggles to acquire much-needed resources and partnerships during this time (United Nations, 2020). Fiji has also experienced fewer COVID-19 cases to this point, but it has come at the cost of restricting all international flights, thus stifling its tourism sector. Then there is Cuba, a country that provides free universal health care to its population of 11.3 million people and offers its own medical services to foreign nations struggling with COVID-19, but that also suffers from crippling resource shortages under a tightening embargo from the United States (Huish, 2020). Taken together, these case studies offer important insights into how island governance matters in times of pandemics.

THE KEY TO A SOLID, resilient pandemic plan is to build on pre-pandemic foundations of economic and social strength.

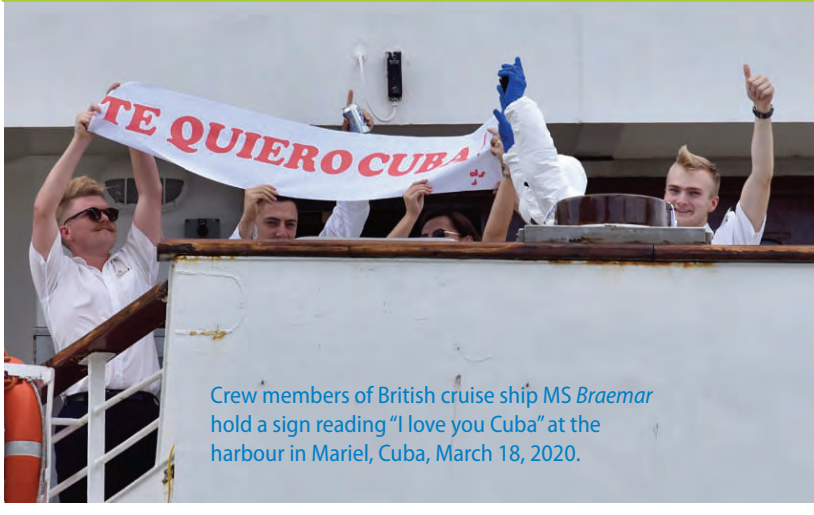
Cooperation: Cuba's medical internationalism

Cuba has a long-standing history of medical internationalism. Since the early 1960s, Cuba has sent over 100,000 health care workers to over 100 countries. As of 2020, some 28,000 Cuban health workers were serving in 60 countries, 30 of which were solely for COVID-19 response. In 2020, Cuba sent health brigades to affluent European and Gulf States such as Italy, Andorra, Qatar, and Kuwait. As well, Cuba's health workers answered the call for COVID-19 support from many island nations in the Caribbean (Huish, 2020). This builds on a long-standing policy of offering human resources for health to countries in need on a global scale that is unmatched by any other nation (Huish & Kirk, 2007). Moreover, Cuba chose to keep its borders open to foreigners well after many island nations, including neighbouring island nations in the Caribbean, ceased international travel. As of November 2020, Cuba had averaged about 50 new cases of COVID-19 per day, suggesting that, at least for the time being, it is controlling the pandemic; a feature that is remarkable for a country of 11.3 million. Amid such strong global outreach, and such a strong national response, Cuba has suffered severe

economic hardship during the pandemic. The cessation of international tourism (and the foreign revenue and local employment earned from this activity) and a tightening U.S. embargo have led to alarming shortages, long lines, and genuine hardship for the Cuban people (Augustin & Robles, 2020). How, then, did Cuba manage to achieve such impressive COVID-19 statistics and global cooperation amid devastating economic hardship?

Simply put, Cuba has built a solid foundation of building national health capacity and global health outreach (Huish, 2013). Health is a strength that it exports, because it has an overcapacity of health services at home. In some cases this is done for generous remuneration, while at other times altruistic or geopolitical reasons have prompted the country to send Cuban volunteer doctors abroad. Cuba's foreign policy is deeply grounded in medical internationalism. It is a characteristic that has allowed Havana to build strong international relationships and to strengthen its own domestic capacity for human resources for health (Kirk, 2017).

RATHER THAN ISOLATE OR IMMEDIATELY RETREAT from the global community in the onset of the pandemic, Cuba chose to help others beyond its shores.



Crew members of British cruise ship MS *Braemar* hold a sign reading "I love you Cuba" at the harbour in Mariel, Cuba, March 18, 2020.

Cuba offers three important lessons for pandemic health for islands. First, open borders do not necessarily spell disaster if resources are in place to handle contact from potentially infectious visitors (Sundwall, 2019). Cuba's willingness to keep its borders open to other nations longer than most other nations may be interpreted as 'brave', but it has more to do with confidence in the domestic health system. Second, Cuba's commitment to internationalism maintains important networks of solidarity and cooperation (Blue, 2010). As the global economy ground to a halt, international solidarity networks remained as an avenue of communication and exchange (Huish, 2020). This approach is especially important for a heavily embargoed nation like Cuba. Finally, the shortages Cuba is experiencing during the COVID-19 pandemic from disruptions in global trading networks to a tightening U.S.-imposed embargo have caused enormous economic hardship, but not at the cost of national health security. It is a compelling example of how a commitment to health, despite resource shortages, can bring about impressive results.

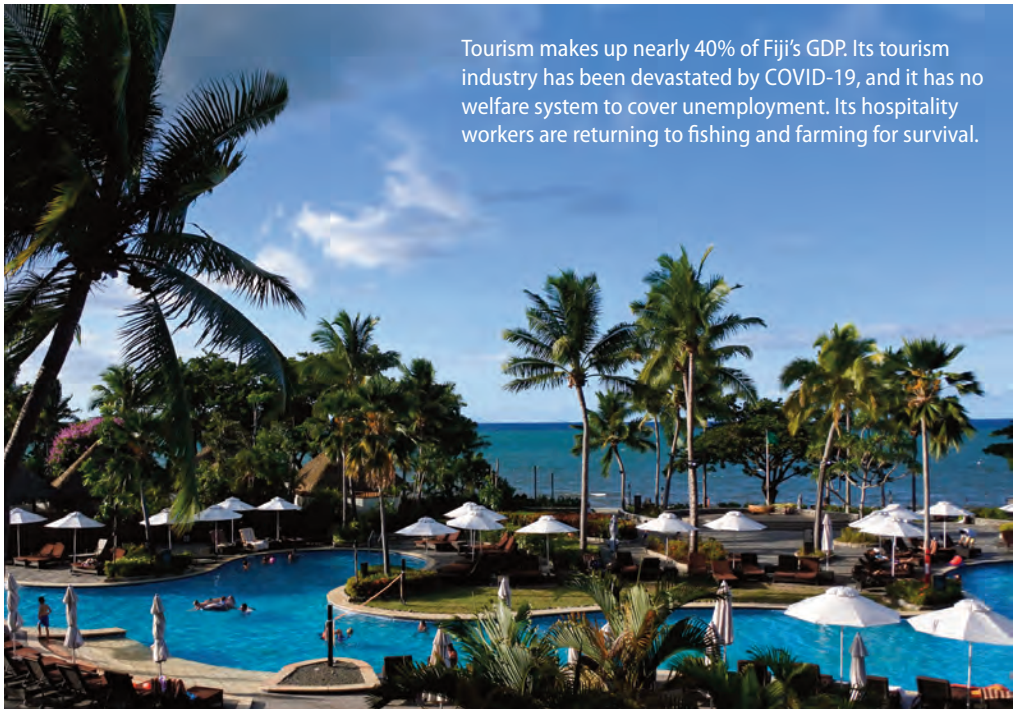
Taken as a whole, Cuba's experience during the COVID-19 pandemic is one of outward internationalism, coupled with centralized public health management. Rather than isolate or immediately retreat from the global community in the onset of the pandemic, Cuba chose to help others beyond its shores. The country has maintained an effective COVID-19 response and the benefits of its cooperation are felt around the world. Cuba shows not just a radical repudiation of the common trend of quarantine and isolation, but that internal governance and leadership matters in building resilience against global health challenges. While the Cuban model is not likely to be imitated, it does inform broader discussions around the role of unitary states such as New Zealand, South Korea, and Singapore that combine high rates of testing with local level buy-in for restrictions on movement (Hazen, 2020). Runde et al. (2020) suggest that countries like New Zealand and South Korea did better at generating buy-in to health measures than other states, which may in part explain why they were able to flatten the curve more quickly than in other countries.

Collaboration: Chronicles from the Pacific

COVID-19 decimated the economies of tourism-dependent countries like Cuba and Fiji (Gaffney & Eeckels, 2020). According to the model projections by Noy et al. (2020), the economic risk from this pandemic will be high. Sheller (2020) suggests that mobility justice may be a way to approach the challenges arising from deeply wounded tourism sectors in the Caribbean. While Cuba built a robust health system and a decent social safety network, Fiji has no welfare system to cover unemployment compensation (Yeh, 2020). With resorts closed, and the virus under control, hospitality industry workers are returning to fishing or farming for survival and sustenance (Island Times, 2020). With a significant arable land mass, and abundant fishing grounds, Fijians are hoping that a return to subsistence production will cushion the impacts of a devastating loss within the tourism industry. Although a regional leader in the Pacific in building health care capacity, Fiji shares a lack of health care capacity with many other Pacific island nations. These island nations are therefore unable to handle large-scale waves of COVID-19 (Leal Filho et al., 2020). Likewise, smaller nations in the Pacific, such as Kiribati, could also be overwhelmed by the influx of COVID-19 cases. While Fiji has implemented restrictive measures and a mandatory two-week quarantine for persons upon arrival, Kiribati demands that any inbound travelers must have spent 14 days in a COVID-19 free nation before arriving (U.S. Embassy in Fiji, Kiribati, Nauru, Tonga, and Tuvalu, 2020). This policy applies to both tourists and overseas workers and encompasses visitors from all other locations, including Fiji and other Pacific island nations.

ALTHOUGH A REGIONAL leader in the Pacific in building health care capacity, Fiji shares a lack of health care capacity with many other Pacific island nations.

In as much as tourism is a devastated industry during COVID-19, so too is the impact on remittance income that comes from the ability of overseas workers to travel and send home their earnings. The international labour diaspora of islands is extensive (Durutalo, 2012). For decades, the International Monetary Fund, the World Bank, and other development finance organizations have encouraged small island nations such as Kiribati to increase their capacity to send nationals overseas for work in the hopes that a return flow of remittances would serve as a form of development. Although the long-term social and economic impacts of the pandemic remain to be seen, some research suggests that remittance income will drop significantly (Abel & Gietel-Basten, 2020).



Tourism makes up nearly 40% of Fiji's GDP. Its tourism industry has been devastated by COVID-19, and it has no welfare system to cover unemployment. Its hospitality workers are returning to fishing and farming for survival.

It is a serious moral challenge for any nation to deny entry to its own citizenry. While many nations implemented travel bans during the pandemic, it was assumed that nationals would also be welcomed to return home. For densely populated island nations with struggling health care systems, this was not an option. As a result, thousands of temporary seasonal workers were stranded in Australia and New Zealand — countries that were facing their own strict pandemic measurements. What would be the fate of temporary migrant workers who could not return home, and who do not have substantial income to support a long period of self-isolation in relatively costly nations?

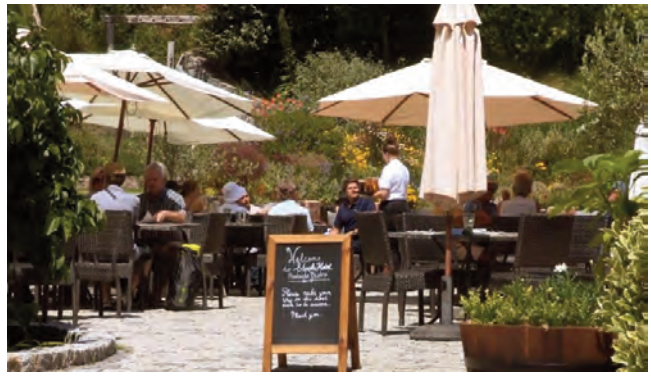
The United Nations International Organization for Migration (UN IOM) found that destination nations for seasonal workers from island nations responded by extending work visas, encouraging employers to keep migrant workers at their destination work

sites (United Nations International Organization for Migration [UN IOM], 2020). While New Zealand extended its Recognised Seasonal Employer scheme visas, 1 out of every 3 migrant workers is not actively working in the country (UN IOM, 2020). This adds incredible pressure to the already vulnerable remittance economy for island nations. In order to compensate for the potential loss in this area, collaboration is necessary between the source and destination countries. The UN IOM suggests that forms of income assistance be offered directly to remittance income workers who were unable to travel, and that destination countries also provide support under government income assistance schemes, medical insurance, and opportunities for repatriation. What's more, the UN IOM argues that regional consultations and collaboration take place for the creation of Pacific travel bubbles that would allow safe migration of Pacific labourers so that they can support the economic recovery in the region.

SO FAR, AUSTRALIA AND NEW Zealand have offered minimal commitments to the preventative health needs of migrant workers from Pacific island nations. There is an opportunity to improve this by encouraging collaboration through travel bubbles, remittance security, and temporary social support for migrant workers.

So far, Australia and New Zealand have offered minimal commitments to the preventative health needs of migrant workers from Pacific island nations. There is an opportunity to improve this by encouraging collaboration through travel bubbles, remittance security, and temporary social support for migrant workers. In as much as the tourism sector has been decimated in Fiji, the remittance economy is even more important and fragile for smaller nations such as Kiribati. Ensuring minimum income to workers in such countries is essential for warding off longer term health and economic calamities.

Bearing these challenges in mind, some island territories have enjoyed strong collaborative success during the pandemic by creating travel bubbles during the COVID-19 pandemic to allow trade and traffic to other jurisdictions. It is an experience that Pacific island countries may well want to consider for current and future pandemic scenarios. Two bubbles are notable in this regard. The first is the "Bailiwick Bubble", which includes the Channel Islands of Guernsey, Alderney, Sark, and Herm, with a total population of just under 170,000 (States of Guernsey, 2020). This bubble, which has allowed for unfettered travel within the forementioned islands without quarantining on the destination island, is reported to have benefited tourist operators from islanders taking "staycations" (ITV, 2020). Anyone arriving from outside of the bubble is still required to self-isolate for 14 days, preventing tourism from Europe and Britain. The second bubble, with a total population of close to two million, includes two Canadian island provinces (Prince Edward Island and Newfoundland) and parts of mainland North America (i.e., the provinces of Nova Scotia, New Brunswick, and Labrador, the latter being the mainland portion of Newfoundland and Labrador). This "Atlantic



One month after launching its Staycation Club, hundreds of people holidayed within the Bailiwick of Guernsey.
ITV Channel TV

Bubble" permitted widespread travel without the need to self-isolate across Atlantic Canada for several months in 2020 and allowed hospitality and tourism operators to open for those traveling within the region (Ross, 2020). Despite free movement, and having many hotels, restaurants, and sports centres open for business, public health measures remained thorough, with high expectations for mask wearing in public, social distancing in shops, and contactless payments (Government of Nova Scotia, 2020). The Atlantic Bubble burst in November 2020 as community spread occurred in Nova Scotia and New Brunswick, which led to each province within the Bubble (re)imposing 14-day self-isolation periods, similar in length to the requirement of other travelers. Even still, both of these bubbles stand out as impressive examples of collaborative health policy and were likely enforceable because of the regional scale and the ability to manage connectivity with surrounding areas.

Competition: What lies beneath

Australia has long considered itself a leader and protector of its 'patch' of the Pacific (Wood et al., 2020). For countries such as Kiribati, this has resulted in development, trade, and security commitments. For development, in light of atoll nations like Kiribati being at risk of sea-level rise, Australia is offering a wider range of labour visas for migrants from the region (Department of Foreign Affairs and Trade, 2020; UN IOM, 2020; Wyeth, 2017). For security, the country continues to provide technical assistance for policing and for maritime security. As for trade, a limited quantity of goods makes its way to Tawara in Kiribati on a regular basis, with the top Australian exports being alcohol, fatty meat, and cigarettes (The Economist: Banyan, 2019). Similar outreach loosely extends from Australia to other Pacific island nations. It offers stability, but little innovation, and most of these initiatives existed prior to the pandemic. In a report commissioned for the New Zealand Ministry of Health, Wilson and colleagues (2020) offer some creative policy solutions for outreach in the Pacific, including the "keep it out" and "stamp it out" phases of pandemic response which imply strict quarantines. Proposed actions include, for example, allowing would-be travelers to Pacific islands to pre-isolate in New Zealand, and discontinuation of routine flights to relevant Pacific islands (Wilson et al., 2020). Such recommendations expand quarantine efforts, but do

not necessarily help to overcome the broader social and economic consequences of the pandemic. In addition, during a pandemic, when the exceptional becomes the "new normal", questions arise as to how and on what basis new partnerships may emerge.

Maritime security of the Pacific is a growing concern and priority for many nations (Bateman & Bergin, 2011). In recent years, many continental and powerful nations have recognized the value of small islands controlling vast areas of ocean, which holds benefits for large-scale commercial fishing and for military exercises (Leenhardt et al., 2013). Many Pacific islands have used this new geopolitical relationship to their advantage by entering into partnerships with the hope and expectation that the partner nations would help to improve local infrastructure and increase trading opportunities (Chasek, 2005). Now, amid a pandemic, how will Pacific island nations approach partnerships?

The COVID-19 pandemic has exposed the tenuous nature of relationships with traditional trading and security partners. Whereas the advantage of large-scale tourism or export markets draws immediate appeal, the ability to demonstrate low levels of COVID-19 may become the next competitive advantage in developing partnerships with island nations. Countries that cannot guarantee health security with their own resources may be overlooked as strategic partners by island nations (Edwards, 2020). China appears to be embarking on a 'health belt and road' initiative, which calls for the strengthening of health systems as a means to encourage cooperation. Tambo et al. (2019) suggest that this version of the capital- and infrastructure-intensive Belt and Road Initiative will include invigorating innovation through information development and technology sharing, but also through public health vigilance and health service provision. Indeed, the reported low COVID-19 case numbers in island jurisdictions may be a strong factor for island nations to do business with China in the post-pandemic world. The practicality, however, of ensuring information exchange and public health vigilance between jurisdictions may well continue to be a challenge for the foreseeable future. Likewise, nations that can offer more direct assistance with health care responses, especially in isolated settings, may again gain the favour of island nations.

THE COVID-19 PANDEMIC HAS exposed the tenuous nature of relationships with traditional trading and security partners. Whereas the advantage of large-scale tourism or export markets draws immediate appeal, the ability to demonstrate low levels of COVID-19 may become the next competitive advantage in developing partnerships with island nations.

Ultimately, the question comes down to the foundations upon which island nations choose to govern themselves. In a post-COVID-19 world, will the priority be on restoring the economies that were derailed by the pandemic? Or will new avenues emerge that seek more diverse collaborations? Will health care itself become a greater priority? Island states well recognize that oceans cannot stop viruses in the age of jet travel, but

preparation, good planning, and solid cooperation and partnerships can; this is why mainland nations will continue to court and compete to gain favour with island nations post-COVID-19. The immediate deals may involve maritime security, trade, fishing, or tourism privileges, but rest assured that whatever deals are struck through such competition, investment and assurances in the health sector will likely be a top priority for years to come (Atkinson, 2010; Hayward-Jones, 2013; Wesley-Smith & Porter, 2010).

FINAL THOUGHTS

Once a safe and accessible vaccine arrives, the trials and tribulations of the COVID-19 pandemic may be forgotten. However, what may be remembered is how nations chose to collaborate with each other when no medicine was available, and the non-pharmaceutical strategy of isolation was key. Islands have already offered insights regarding pandemic resilience and they will likely continue to be exemplars during the post-pandemic recovery. This chapter is intended to serve as an invitation to look beyond the assumed physical advantages islands have in imposing isolation. Rather, it is the governance of islands that matters most, as we see from the examples of Cuba, Fiji, and Kiribati. All three islands approach health as a factor that extends beyond their borders, and one that is deeply grounded in international networks and cooperation. It is a fitting example of a sense of health as a critical outcome of islandness. How islands will organize with each other and with mainland nations remains to be seen in the post-COVID-19 world. So, too, will negotiating debt commitments with multilateral institutions such as the International Monetary Fund and the World Bank. But, no doubt, global public health strategies will be grounded in a continued strong sense of islandness when island nations form new partnerships. Going beyond the challenges of physical isolation, islandness maintains community resiliency amid economic and social pressures, and is indeed an important lesson for the world (Conkling, 2007). Considering that COVID-19 impacted the economic engines of globalization, an appetite for fostering new networks of collaboration and cooperation may well emerge. Islandness may be one of the most valuable assets to such networks. One of the key factors will be demonstrated evidence that partners are in a position to contain pandemics, and to offer assistance when needed. If history is to offer any advice for emerging island policy post COVID-19, it is that closing a border is never enough to ensure public health security, regardless of the added assurance of a border that is surrounded by the sea. What matters most is how people take care of each other, and how they value that care. No doubt, island nations, through islandness, have found their own unique approach to resilience during the COVID-19 pandemic. It is more than likely that islandness will be the envy of global health policy in building new post-pandemic geographies.

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