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Health Geopolitics in the Contemporary Caribbean

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Summary

This paper examines the health geopolitical implications of COVID-19 in the Caribbean, including its scope and impact on the region, the pandemic diplomacy conducted by the United States, China, India, and other great powers, and Cuba's leveraging of its medical capabilities to punch above its weight globally. The study suggests that the dawn of the Age of COVID-19 has added to the region's geopolitical complexity, accentuating the importance of health geopolitics. It argues that COVID-19 has been testing the political and diplomatic adroitness of leaders in navigating the turbulent geopolitical high seas where the United States, China, Russia, and India have been jockeying to secure more geopolitical gains.

COVID-19 has literally scarred 2020 in ways that will forever be remembered throughout the annals of history. We did not expect to shut down our borders to ourselves as a family, [and] to the rest of the world. ... But COVID-19 has also wrought serious economic hardship and damage to our region.

-- Prime Minister Mia Motley of Barbados³

For the small island states of the Caribbean, vaccine diplomacy is crucial to managing the COVID-19 pandemic. ... Many Caribbean nations have long played Taiwan and China off each other, to their own advantage. Five of the 15 states worldwide that officially recognize Taiwan diplomatically are in the Caribbean—namely Belize, Haiti, St. Lucia, St. Kitts and Nevis, and St. Vincent and the Grenadines.

– Bert Hoffman⁴

I. Introduction

Geopolitics has been a cardinal feature of studies about the Caribbean. Indeed, in his influential book, The United States and the Caribbean, eminent Caribbeanist Anthony Maingot asserted: “If one were to choose a single word to encapsulate Caribbean history, that word would have to be ‘geopolitics,’ the relationship between geography and international relations.” (Maingot, 1994: 1). Besides, although the late renowned geopolitician and erstwhile National Security Advisor to President Jimmy Carter Zbigniew Brzeziński did not discuss the Caribbean in his masterful study called The Grand Chessboard, the region fits his definition of a “pivot” perfectly: “Geopolitical pivots are the states whose importance is derived not from their power and motivation but rather from their sensitive location and from the consequences of their potentially vulnerable condition for the behavior of geostrategic players. (Brzeziński, 1997:41) The Polish-born scholar-policy wonk

³ Motley, 2020.

⁴ Hoffman, 2021.

added: “Most often, geopolitical pivots are determined by their geography, which, in some cases, gives them a special role either in defining access to important areas or in denying resources to a significant player.” (Brzeziński, *Ibid.*)

The Caribbean has retained its essence as a pivot space. However, over recent decades there has been a diminution in the scholarly discourse on the geopolitics of the region. The end of the Cold War contributed to this. But other geo’s—geonarcotics and geoeconomics—plus the geopolitics of energy and the geopolitics of migration have trumped geopolitics; those issues gained greater scholarly and policy traction, and for plausible reasons.⁵ Yet, the end of the Cold War and the high premium placed on geonarcotics and other concerns have not diminished the region’s geopolitical value. The geopolitics discourse to which we are referring falls under the rubric of conventional geopolitics, notwithstanding its numerous theoretical and conceptual permutations. (See Legucka, 2013; and Flint, 2017) Still, contemporary regional and international vicissitudes necessitate extending the perimeter of the discourse about the Caribbean pivot space beyond the realm of conventional geopolitics to that of health geopolitics.

Undoubtedly, the scarring caused by COVID-19 to which Prime Minister Motley referred, speaking in July 2020 as outgoing Chair of CARICOM, did not cease when that fateful year ended. The evidence of this is abundant. The head of the Caribbean Public Health Agency (CARPHA) reported to Caribbean leaders at the September 13, 2021 CARICOM special emergency meeting convened to assess the pandemic’s impact that since March 2020 CARICOM countries had endured 300,000 confirmed cases and more than 6,700 deaths. (Morgan, 2021). The communique issued at the end of the meeting noted “deep concern at the increase with more than 100,000 new cases and 1,400 deaths between July 2021 and September 12, 2021.” (Morgan, *ibid.*) Indeed, the scarring is likely to extend well into the future. The pandemic has occasioned the need for Caribbean statesmen and diplomats to hone their vaccine diplomacy skills in order to navigate choppy health geopolitical waters, as German international affairs analyst Bert Hoffman avers in the epigraph. In many ways, the pandemic is manifesting itself to be an existential matter for the Caribbean. Thus, examination of the region’s health geopolitical landscape is not simply desirable, it is necessary.

According to Johns Hopkins University data, as of Noon EST on September 30, 2021, the world had experienced 233,479,934 COVID-19 infections—20 times Haiti’s population of 11,402,528—and had suffered 4,777,581 fatalities—12 times Belize’s population of 403,134—because of it.⁶ Earlier, in his March 5, 2021, media briefing, World Health Organization (WHO) Director General Tedros Adhanom Ghebreyesus revealed that “the COVID-19 pandemic has caused more ‘mass trauma’ than World War II.” (Feuer, 2021) Evidently, the pandemic has triggered tectonic shifts within states and societies and upended global affairs, affecting every conceivable aspect of human endeavor. It also is pregnant with conventional geopolitical implications for both large and powerful nations, such as the United States and China, and small and subordinate ones, such as those in the Caribbean. (See Nye, 2020; and Kissinger, 2020) COVID-19 has been defining the content and

⁵ This writer contributed to this outcome. See Griffith, 1993-94; Griffith, 1997; and Griffith, 2000.

⁶ Johns Hopkins University Coronavirus Resource Center, available at [COVID-19 Map - Johns Hopkins Coronavirus Resource Center \(jhu.edu\)](https://www.covid19.jhu.edu/). Accessed on September 30, 2021.

context of national actions and international interactions the world over, and all indications are that its implications will be deep and long-lasting. Thus, in my view, our global society is experiencing the traumas and tribulations of a pandemic age; we are living in the Age of COVID-19. Therefore, it would be dereliction of academic duty to analyze the dynamics of the contemporary Caribbean without examining COVID-19 and some of the health geopolitics involved.

II. Dynamics of Health Geopolitics

Continuity and change continue to define the region's lived reality. Some of this lived reality is age-defining. COVID-19 demonstrates this. Since the end of 2019 the world has been experiencing the makings of age-defining change ushered in by the pandemic, which has health geopolitical implications, among others. The primacy of geography and of the state as actor are common denominators of the discourse on conventional geopolitics. This is not entirely so with health geopolitics. Geography does feature, but the actor matrix is broader, involving non-state actors, such as pharmaceutical companies, and multilateral organizations, such as the WHO and the World Bank; non-state actors exercise vital agency.

Suerie Moon (2020) is correct in positing that "Europe, developing countries, the WHO, and the pharmaceutical industry are also key players in this complex, multilevel game. Normative authority, reputation and scientific knowledge have become strategic sources of power." In pondering the increased resonance of global health issues, noted British geographer Alan Ingram explained that four factors have been involved. Two of them are the growing salience of health in the context of globalization and the potential for diseases to disrupt sovereignty as interconnections increase. As well, diseases have the potential to disrupt state stability and international security. Finally, there has been increased interest in health, foreign policy, and security in health interventions as ways of achieving geopolitical stability. (Ingram, 2005: 523-24) Thus, the linkages involving geography, disease, and power have been made manifest. What, then, are some of the interconnections in the Caribbean?

A. COVID-19 Manifestations in the Caribbean

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more serious ones, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). A novel coronavirus is a new strain that had not been previously identified in humans. COVID-19 causes pneumonia-like symptoms, including coughs, fever, and breathing difficulties, and organ failure in serious cases. The name COVID-19 (COrona VIRus Disease of 2019) was revealed in February 2020 by the WHO. (Boseley et al, 2020)⁷

The first COVID-19 cases in the Caribbean region were reported on March 1, 2020, in St Martin in a couple who returned from France and in the Dominican Republic in a 61-year-old man visiting from Italy. (In Latin America, the first case was reported in São Paulo, Brazil, on February 25, 2020, in a 61-year old man who had recently returned from the Lombardy region in Italy.) (Andrus et al,

⁷ For a sobering report on pandemics over time, see [Epidemics That Didn't Happen | Prevent Epidemics](#).

2020:593) Tables 1 and 2 provide portraits of the virus’s global and regional “presence.” Table 1 offers a global snapshot, showing that with 614,921 cases as of April 1, 2021, the Caribbean represents a “mere” 0.48 percent of the global cases that number 128.5 million. The region’s 8,453 deaths as of the same date amounts to “just” 0.30 percent of the global figure of 2.8 million.⁸ Yet, that really is little consolation; when viewed in regional context, the number of infections and fatalities are not always minuscule, and they point to some troubling manifestations and consequences of the disease. For instance, Table 2, which captures the most comprehensive virus portrait available, points to some troubling as well as encouraging realities. For one, it is remarkable that places with comparatively large populations, such as Cuba and Haiti, have had relatively “low” case counts, while places with comparatively small populations, such as Aruba and Curaçao, have had fairly “high” ones.

Table 1: COVID-19: The Caribbean in Global Context as of April 1, 2021

	Cases	Recoveries	Deaths
Globally	128,542,101 <i>(1,649,827)</i>	73,252,878 <i>(1,039,541)</i>	2,808,312 <i>(29,677)</i>
Caribbean Region including CMS <i>35 countries/areas/territories</i>	614,921 <i>(7,703)</i>	404,476 <i>(6,916)</i>	8,453 <i>(67)</i>
CARPHA Member States <i>26 countries/areas/territories</i>	138,082 <i>(2,777)</i>	105,969 <i>(2,513)</i>	2,236 <i>(32)</i>
Rest of the World <i>187 countries/areas/territories and international conveyances</i>	127,927,180 <i>(1,642,124)</i>	72,848,402 <i>(1,032,625)</i>	2,799,859 <i>(29,610)</i>

* Figures reported by WHO supplemented with additional data from local country reports for the Caribbean.

Note: numbers in () are new since the previous report.

Source: Source: “CARPHA Situation Report No 145, April 1, 2021, Coronavirus Disease (COVID-19) Pandemic,” available at [Situation Report 145 - April 1, 2021.pdf \(carpha.org\)](https://carpha.org/Situation-Report-145-April-1-2021.pdf).

Table 2: COVID-19 Cases, Recoveries, and Deaths in the Caribbean as of April 2, 2021

Country/Territory With Population (2020)	Cases	Recoveries	Percentage Recovered	Deaths
Anguilla* 15,003	25	NA	NA	0

⁸ Although Table 1 is from CARPHA (Caribbean Public Health Agency), the organization reports on non-CARPHA member countries. CARPHA itself is a regional public health agency that was established in July 2011 and became operational in January 2013. See [The Caribbean Public Health Agency \(CARPHA\)](https://carpha.org/).

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Antigua and Barbuda 97,929	1,152	858	74.4	28
Aruba* 106,766	9,443	NA	NA	86
Bahamas 393,244	9,171	8,676	94.6	188
Barbados 287,375	3,659	3,506	95.8	42
Belize 403,134	12,456	12,090	97	317
Bermuda* 63,918	1,217	NA	NA	12
British Virgin Islands* 30,231	154	NA	NA	1
Caman Islands 65,722	500	NA	NA	2
Cuba 11,326,616	77,353	72,351	93.5	429
Curaçao* 164,093	8,404	NA	NA	35
Dominica 71,986	164	157	95.7	0
Dominican Republic 10,847,910	253,781	213,339	84	3,334
French Guiana* 298,682	17,132	NA	NA	93
Grenada 112,523	155	152	98	1
Guadeloupe* 400,124	11,512	NA	NA	5
Guyana 786,552	10,446	9,211	88.1	235
Haiti 11,402,528	12,788	11,126	87	252
Jamaica 2,961,167	39,967	17,861	44.6	607
Martinique* 375,265	7,549	NA	NA	50
Montserrat* 20	20	NA	NA	1

4,992				
Puerto Rico* 2,860,853	107,470	NA	NA	2,118
Saba* 1,933	6	NA	NA	0
St. Barthélemy 9,877	857	NA	NA	1
St. Kitts and Nevis 53,199	44	44	100	0
St. Lucia 183,627	4,265	4,142	97.1	61
St. Maarten (Dutch)* 42,876	2147	NA	NA	27
St. Martin (French)* 38,666	1,657	NA	NA	12
St. Vincent & Grenadines 110,940	1,754	1,614	92	10
Suriname 586,632	9,122	8,598	94.2	177
Trinidad and Tobago 1,399,488	8,116	7,624	93.9	145
Turks and Caicos* 38,717	2,331	NA	NA	17
US Virgin Islands* 104,425	2,907	NA	NA	26

Sources: Johns Hopkins University Coronavirus Resource Center, available at [Home - Johns Hopkins Coronavirus Resource Center \(jhu.edu\)](#); WHO Coronavirus (COVID-19) Dashboard, available at <https://covid19.who.int/table>; Caribbean Population, available at [Population of Caribbean \(2021\) - Worldometer \(worldometers.info\)](#); South American countries by population, available at [South American countries by population 2020 - StatisticsTimes.com](#); and Central American Countries 2021, available at [Central American Countries 2021 \(worldpopulationreview.com\)](#).

Notes

*=COVID-19 data from WHO

NA=Not Available

Second, Table 2 suggests that Cuba, with a population of 11.3 million that experienced “only” 77,353 cases and 429 deaths, was able to make remarkable strides in dealing with the virus. This is attributed to several factors, including their free universal healthcare, having the world’s highest ratio of doctors to population, and positive health indicators, such as high life expectancy and low infant mortality. It also helps that Cuba has a well-educated population and advanced medical and

pharmaceutical ventures, including three laboratories with equipment and staff trained to conduct virus tests. Moreover, with a state-controlled society the government can mobilise resources relatively quickly. (Morris and Kelman, 2021).

As well, it is noticeable from Table 2 that the Bahamas, Barbados, Cuba, Dominica, St. Lucia, Suriname, and Trinidad and Tobago all managed to secure recovery rates upwards of 90 percent. Fourth, it is clear that Jamaica owns the dubious distinction of having the lowest recovery rate—44.6 percent—while Grenada has the highest—98 percent. Initially, Jamaica’s response to the pandemic, including closure of its borders, won high praise nationally and internationally, including commendations from the WHO as well as the United States ambassador there. That was in March 2020, shortly after the outbreak on the island. (See Davidson, 2020) However, several factors combined to overwhelm them, including an already swamped public health system, lackluster response from citizens to the government’s pandemic control measures, and transmission from tourists after the borders were reopened in July 2020.

It should be noted that the number of recoveries and deaths do not total the number of cases because some infected individuals are still hospitalized, and others are recovering either at home or elsewhere. It also is remarkable that Haiti, with a population of 11.4 million and 12,788 cases, “only” lost 252 people to the disease. In addition, people in the British Virgin Islands, the Cayman Islands, Grenada, Montserrat, St. Barts, Anguilla, Dominica, Saba, and St. Kitts and Nevis must be offering special prayers having been unscathed so far, while those in the Dominican Republic and Puerto Rico, with cases exceeding 100,000 and deaths north of 2,000, must be desperate to see the pandemic end without inflicting further harm on their societies.

CAREST (CARibbean network of REsearchers on Sickle cell disease and Thalassemia) comparative March-May 2021 data also provide a mixed portrait, but also troubling situations in most places. For instance, in relation to infections, the number grew from 250,579 to 280,994 in the Dominican Republic; from 197,041 to 260,566 in Puerto Rico; from 68,986 to 129,346 in Cuba; from 36,670 to 47,672 in Jamaica; from 7,903 to 18,227 in Trinidad and Tobago; from 9,820 to 19,743 in Guyana, from 9,077 to 12,571 in Suriname; from 8,935 to 11,396 in the Bahamas; and from 4,161 to 4,995 in St. Lucia. As regards deaths, the number grew from 3,289 to 3,600 in the Dominican Republic; from 2,096 to 2,438 in Puerto Rico; from 405 to 840 in Cuba; from 545 to 902 in Jamaica; from 141 to 341 in Trinidad and Tobago; from 220 to 349 in Guyana; from 177 to 240 in Suriname; from 188 to 222 in the Bahamas; and from 58 to 77 in St. Lucia (CAREST, 2021b).

Caribbean leaders have needed to undertake delicate balancing acts: mitigation against economic collapse because of the high tourism dependency on the one hand, and public health over-precaution, on the other. As such, the small, subordinate states in the Caribbean pivot space have been on survival roller coasters trying desperately to cope with the pandemic. Jamaica is a case in point. Jamaica recorded its first virus case on March 10, 2020. That same month they closed their borders to control the number of infections and deaths. The drastic move successfully limited the spread of the virus across the island. However, it was crippling the economy. So, the borders were reopened to tourists on June 15, 2020. After the arrival of more than 35,000 tourists and confirmation of more than 100 new cases of the virus, the Minister of Tourism announced plans for a “resilience corridor” to run from west to east, along Jamaica’s northern coast, where all travelers would remain. Later, a corridor on the south coast was established. By the end of July 2020, the government was contending with a backlog of 10,000 coronavirus tests. As part of control efforts

they also released an app named JamCOVID19 to track the movements of visitors, that also can be used for contact tracing. (See Meade, 2020) The app itself later turned out to have serious security breaches.

The Jamaican government had contracted with the Amber Group, a local Information Technology company, to develop a border entry system to facilitate reentry of residents and arrival of tourists. The system, named JamCOVID, was rolled out as an app and a website to allow visitors to get screened before they arrive. In order to enter Jamaica, travelers were required to upload a negative COVID-19 test result to JamCOVID before boarding flights from high-risk countries, including the United States. The company's CEO bragged that his firm had developed JamCOVID in three days and that they had practically donated the system to the government, with the understanding that the government would purchase additional features and customizations. Following the successful rollout, the Amber Group secured contracts for similar products in the British Virgin Islands, St Lucia, the Turks Caicos Islands, and Grenada. However, in February 2021 it was discovered that JamCOVID had exposed immigration documents, passport numbers, and COVID-19 lab test results for almost half-a-million travelers who visited the island over the past year. This occurred because technicians had inadvertently set the access to the JamCOVID cloud server to public, allowing anyone to access its data from their web browser. The system was, therefore, taken offline. (Graham, 2020; and Whittaker, 2021)

The number of infections and recoveries, and especially the death counts, are dramatic manifestations of the pandemic in the region. But they only reveal the tip of the iceberg. Other factors and realities point to its dramatic and devastating scope and impact. Although it is beyond our purview to examine scope and impact factors comprehensively, it is important to underscore a few of them in addition to the quantitative indicators provided above.

B. COVID-19 Scope and Impact

The evidence about the wide scope and multidimensional impact of COVID-19 is irrefutable. Writing during the pandemic's early stages, respected Trinidadian economist Marla Dukharan observed presciently that: "the socio-economic effects of COVID-19's sudden-stop represent the most significant shock we have experienced in about 100 years, with global implications that we can't yet imagine. ... The current crisis created multiple challenges simultaneously: a health crisis, sudden-stop of economic activity, volatile financial markets, weak investor confidence, capital flight, exchange rate volatility, tighter financial conditions, price shocks, lower remittance inflows, and reduced availability of traded goods." (Dukharan, 2020: 2)

Moreover, there is no disputing her contention later that the pandemic has made tradeoffs more expensive, amplified the benefits of being prudent and prepared, highlighted the risks inherent in business models and economic structures, and spotlighted the dangers of "obscene inequality." Accordingly, she argues, the pandemic has "created a natural experiment, laying bare the evidence that in general, our overdependence on the traditional tourism product in the Caribbean is a major source of socio-economic vulnerability. As such, the pandemic has also amplified the imperative of economic diversification away from traditional tourism." (Dukharan, 2021) In relation to tourism,

the lives and livelihoods of a considerable segment of the Caribbean revolve around the tourism product, even for countries with mineral endowments, such as Cuba and the Dominican Republic.

According to Nina Burleigh of *The New York Times*, “last year [2019], more than 31 million people visited the Caribbean, more than half of them from the United States. I was one of them. Together, we contributed \$59 billion to the region’s 2019 gross domestic product — accounting for a whopping 50 to 90 percent of the G.D.P. for most of the countries, according to the International Monetary Fund.” (Burleigh, 2020) Moreover, one report by CSIS cites a December 2020 study by the Economic Commission for Latin America and the Caribbean (ECLAC) that found the COVID-19 impact on tourism to have resulted in a decline in total employment by seven percent in 2020. This contributed to GDP losses across the region, with St. Lucia, Antigua and Barbuda, and Barbados enduring the steepest losses: 26 percent, 18 percent, and 16 percent, respectively. (Runde et al, 2021)

In opening Jamaica’s 2021/2022 parliamentary budget debate on March 9, 2021, Finance Minister Nigel Clarke reminded fellow legislators that tourism and remittances are the country’s two largest sources of foreign exchange. He reported: “COVID-19 has decimated Jamaica’s foreign exchange inflows from tourism. ... During the 9-11 terrorist attacks tourism earnings declined by 14 percent. In the global financial crisis, tourism earnings declined by 5 percent. (Clarke, 2021) The Minister then provided a sobering factoid: “*Madam Speaker, as a result of the COVID-19 pandemic, Jamaica’s foreign exchange inflows from tourism are projected to fall by 74 percent or US\$2.5 billion in 2020/21. In 2019/20 we earned US\$3.4 billion from tourism but in 2020/21 we are expected to earn only US\$874 million or approximately one quarter of 2019/20 earnings.*” (Clarke, *ibid.*) (My emphasis) Thankfully, projections for 2021 from Jamaica, the Dominican Republic, Puerto Rico, and the U.S. Virgin Islands offer hope about the beginnings of a turnaround for the industry. (See Jessop, 2021)

Needless to say, remittances are vital not just to Jamaica’s economic buoyancy; it is so across the region. We learn from Marla Dukharan that the region receives some US\$15.8 billion in remittances annually, 84 percent of which goes to the Dominican Republic, Haiti, and Jamaica. Remittances serve a variety of functions: as a buffer to economic shocks, for private consumption, provide FDI for micro and small enterprises, and reduce income inequality and volatility. Importantly, “data from the World Bank show that the majority of remittances come from the US, UK and Canada. As with any global economic crisis, remittances are likely to suffer, thereby amplifying the economic pressures on the most vulnerable in the Caribbean.” (Dukharan, 2020: 3) Clearly, then, the region is almost at the edge of a social-economic precipice. Economist Scott MacDonald was spot-on in July 2020 when he wrote: “The Caribbean faces a radically different world since January 2020.” (MacDonald, 2020)

As we have noted earlier, the pandemic’s impact is multidimensional. The excellent recently published study by Jessica Byron and colleagues of the Institute of International Relations at the University of the West Indies shows this clearly. (See Byron et al, 2021) While Bryon and her team focus on the Commonwealth Caribbean, their analysis applies to the entire region. They are correct in contending that “the pandemic elevated the portfolios of health, education, and social protection, challenging the CC [commonwealth Caribbean] state to focus more on human security, and on

transparent communication that engenders citizens' trust. Many states adjusted their practices in the areas of communication, law enforcement and to the extent possible, social protection." (Byron et al, 2021: 109.)

COVID-19 dramatizes the importance of health geopolitics. It also reminds us of the region's multiple vulnerabilities, some of which derive from the region's physical geography. Notable here are hurricanes and volcanoes. Distinguished scholar Andy Knight is one of many analysts who have reminded us that the region has had a long history of natural disasters, including from hurricanes, floods, earthquakes, and volcanic eruptions. Hurricanes lead the way in death and destruction. Knight cites a 2017 IMF study that indicates that over six-and-half decades, hurricanes have cost Caribbean nations about 5.7 percent of their annual GDP. The vagaries of climate change, especially the continual warming of temperatures, most likely will boost the intensity of hurricanes, thereby increasing the death and destruction in the region. (Knight, 2019: 411) Hurricanes and vulnerability to them clearly are permanent features of the region's geography. It is hoped that Mother Earth will offer the region a reprieve from severe hurricanes this year and the next few seasons, to enable it to recover economically, socially, and psychologically without extra severe stress related to hurricanes. (Sadly, this hope stands to be dashed if the 2021 hurricane forecast—of an above-average season, with 17 named storms, eight being hurricanes and four becoming major (Cat 3 of higher) storms—holds. See Harris, 2021)

The hope for hurricane reprieve assumes greater significance in light of contemporary developments in the Eastern Caribbean. The La Soufrière volcano in St. Vincent and the Grenadines, which had begun to show signs of renewed activity in late December 2020, erupted on April 9 and had explosions and lava flows several days afterwards. The last eruption was in 1979. Then, debris was hurled thousands of feet into the air, with ash reaching Barbados, which is 110 miles east of St. Vincent. Thankfully, there were no fatalities because of the swift evacuation of residents close to the volcano to other parts of the island. The same was done this time, although St. Lucia, Barbados, and Grenada offered to host individuals and families. (Cooke and Lopez, 2021) As in 1979, there have been no fatalities this time. The eruption in St. Vincent and the Grenadines should serve as a reminder that the Caribbean Sea is dotted with volcanoes. The Eastern Caribbean alone has 19 active (likely to erupt again) volcanoes, 17 of them on 11 of the islands, with the remaining two being underwater near Grenada. One of the two, called Kick 'Em Jenny, has been active in recent years (Associated Press, 2020) As well, the Dominican Republic has three volcanoes and Haiti two of them.⁹

⁹ For examination of the volcanoes in the region, see [Volcanoes of the Caribbean: facts & information / VolcanoDiscovery](#). Accessed on April 10, 2021. Reflective of global connectivity, ash and gas from La Soufrière floated not just to Barbados, but fully across the Atlantic Ocean, reaching Spain 3,930 miles away within a week, with sulphur dioxide emissions reaching India on April 16. (See Lillo, 2021; and Sangomla, 2021). For interesting educational videos about the region's only underwater volcano, see [\(15\) Kick n Jenny warnings 15 06 20 - YouTube](#) and [\(15\) IN DEPTH ON KICK EM JENNY - YouTube](#). Accessed on April 17, 2021.

C. Geopolitics and Pandemic Diplomacy

It should surprise no one that health geopolitics related to COVID-19 manifests—and will continue to manifest—both competition and cooperation moves, in relation to medical supplies, testing, research, vaccines, technical personnel, and financial stabilization funds, among other things. Response support, perhaps, allows the greatest manifestation of geopolitical competition and leveraging of pandemic support for non-pandemic geopolitical benefits. It is reasonable to ponder whether pandemic assistance provided by global-level actors, such as the United States, Russia, China, India, and Britain, is essentially humanitarian aid. Or, is it reflective of soft power—geopolitical—considerations? My analysis suggests that the two are not mutually exclusive; both generally are involved, even by small but influential actors, such as Cuba.

Besides, the Caribbean pivot space is an arena for great power geopolitical positioning, aiming to solidify friendships or win new ones, win the hearts and minds of people there, and garner diplomatic support as donor states pursue national interests unrelated to the region. For instance, less than six months into the pandemic, Russia had given pandemic aid to 46 countries around the world, including the United States. (See Zykov, 2020; and Troianovski, 2020) Within the same timeframe China had offered Latin American and Caribbean countries US\$ 1 billion in loans to enable them to battle the pandemic, and since then China has extended bilateral assistance to several countries in the region, sometimes diplomatically acknowledging the competition with its global rivals. (See Suarez, 2020; Song, 2020; Dube and Magalhaes, 2021; Maynes, 2020; and News Americas, 2021) Health geopolitics has been at work with China, Russia, and India selectively donating their COVID-19 vaccines in order to bolster their influence. One [Sky News](#) analysis found that 47 countries plus the African Union, which represents 55 countries, have made or have been offered vaccine deals with India, China, and Russia. ([Sky News](#), 2021). (Also, see Charles, 2021a, 2021b; [Guyana Chronicle](#), 2021a; and Choudhury, 2021) The United States also has been accused of selectivity with COVID-19 vaccines. (See Weiland and Robbins, 2021)

India has made bold pandemic diplomacy moves.¹⁰ It established a “Vaccine Friendship” program intending to distribute vaccines free of cost and on a discount basis to 49 countries in Africa, Latin America and the Caribbean, and Asia. Up to February 2021 it had distributed 22.9 million doses under the program. India donated 500,000 doses of AstraZeneca vaccine to CARICOM, calling it “a tangible expression of goodwill in this challenging time.” Barbados received 100,000 of the vaccines, 1,500 of which it gave to Guyana, 2,000 to Trinidad and Tobago, 1,000 to St Lucia, 500 to Grenada, and 1,000 to Belize. As well, India has given 70,000 vaccines to Dominica, which, in turn, extend its generosity to other Eastern Caribbean countries by giving 2,000 to St Lucia, 5,000 to Antigua and Barbuda, 5,000 to St Vincent and the Grenadines, 2,000 to St Kitts and Nevis, and 500 to Grenada. The Dominican Republic also benefited from India’s pandemic diplomacy with 30,000 doses, and

¹⁰ They were forced to halt their pandemic diplomacy pursuits because of a crisis at home. On April 21, they eclipsed the previous world single-day recorded 300,669 cases, set by the United States on January 8, registering 312,731 new infections in a 24-hour period. They also are facing drugs and oxygen shortages. See Bengali, 2021.

Guyana received 80,000 doses, which were delivered in March.¹¹ (Wyss, 2021; Fraser, 2021; and [Stabroek News](#), 2021.)

The United States has provided the region a wide range of pandemic support, both bilaterally and multilaterally, through WHO, PAHO, and other agencies. For instance, the United States is the single largest contributor to the UN-backed COVAX (COVID-19 Vaccines Global Access).¹² Yet, there was a sense during 2020 into mid-2021 that the United States was lagging behind China and India in its vaccine donations to the region, losing its hegemonic edge in this aspect of health geopolitical competition. This prompted calls—from both with the Caribbean and the United States—for the United States to exercise bold leadership in this area, especially in light of the loan deal with Mexico and Canada in March 2021, to send them 4 million doses of AstraZeneca vaccines. (See Mason, 2021; [St. Kitts Nevis Observer](#), 2021; Farnsworth, 2021; and Mowla, 2021.) Nevertheless, the virtual meeting on April 21, 2021, of U.S. Secretary of State Antony Blinken and the Foreign Ministers of CARICOM set the stage for enhanced vaccine and other pandemic assistance, among other things. (See [News Source](#), 2021; and [Courtenay](#), 2021) The positive upside occurred a few months later, in August, when as part of its Global Vaccine Sharing initiative, the United States announced its donation of 5.5 million doses of Pfizer vaccines along with ancillary kits to the 15 members of CARICOM. (See U.S. Department of State, 2021; [Coto](#), 2021; and [White House](#), 2021)

The public health, economic, and other capability limitations of Caribbean states necessitate reliance on external assistance—from state actors; international governmental institutions, such as the WHO, the World Bank, PAHO, and the IDB; and international non-governmental organizations, such as the International Red Cross, Direct Relief, and Doctors Without Borders. As well, the virus's mode of transmission and its inherent globalization feature make it necessary for Caribbean states to seek international support. As might be expected, Britain, France, Canada, and the European Union have been major donors to the region, both bilaterally and through multilateral agencies such as WHO and PAHO, with humanitarianism and geopolitics featuring. (See [The Star](#), 2021; [European Commission](#), 2020a, 2020b; [The Jamaican Gleaner](#), 2020a; IDB, 2020; [World Bank](#), 2020; and [PAHO](#), 2020) Up to late April 2021, Caribbean countries also had received some 350,000 vaccines through the COVAX facility, with the following distribution: Jamaica, 14,400 doses; Barbados, 33,600 doses; Trinidad and Tobago, 33,600 doses; the Bahamas, 33,600 doses; Guyana, 24,000 doses; the Dominican Republic, 91,200 doses; Dominica, 28,800 doses; Belize, 33,600 doses; Suriname, 24,000; St. Vincent/Grenadines, 24,000 doses; and Bermuda, 9,600. ([Palma](#), 2021) In early

¹¹ Guyana also received a delivery of 25,000 Sputnik vaccines in early April, the first batch of 200,000 doses arranged through the United Arab Emirates, at a cost of US\$4 million. (See [Guyana Chronicle](#), 2021b) The Atlantic Council provides useful interactive maps that track the percentage of the populations of Latin American and Caribbean countries covered by vaccine agreements, and the number of doses acquired by countries, with indication of the suppliers involved, among other things. The maps are updated on a biweekly basis. See [COVID-19 vaccine tracker: Latin America and the Caribbean - Atlantic Council](#). Accessed on April 19, 2021.

¹²For details of U.S. assistance, see [U.S. helps Caribbean countries fight COVID-19 | ShareAmerica](#); [SOUTHCOM COVID-19 Humanitarian Assistance Projects](#); [Congressional Research Service](#), 2021; and [Latin America and the Caribbean: Impact of COVID-19 \(fas.org\)](#).

May 2021, Jamaica's minister of health and wellness Christopher Tufton observed that COVAX has only been able to deliver one-fifth of what was promised and expected to some 100 countries, and he lamented that "Jamaica's allotment from COVAX so far is approximately 69,000 doses, well below the two hundred and fifty doses promised by now. COVAX has been unable to fulfil its commitments as a direct result of wealthier countries' actions, including export bans on vaccines and raw materials, which have effectively undermined the facility." (Tufton, 2021)

Caribbean states are not only recipients of pandemic aid and objects of geopolitical positioning, though. As noted above, a few of them also have been donors within the Caribbean family. Furthermore, one of them—Cuba—has been practicing pandemic diplomacy at the global level, punching above its weight on the global pandemic stage. It is the only Caribbean nation able to produce COVID-19 vaccines, and one of only two in the entire Latin America and the Caribbean to do so, the other being Brazil. They are developing five vaccines: Soberana 1, Soberana 2, and Soberana Plus, produced by the Finlay Vaccine Institute, and Mambisa and Abdala, produced by the Center for Genetic Engineering and Biotechnology. (See Marsh and Zodzi, 2020; Hosek, 2021; Ballard, 2020; Grant, 2021; Faiola and Herrero, 2021; Saney, 2021; and Yaffe, 2021)

Moreover, in October 2020, Cuba's Henry Reeve International Medical Brigade against Disasters and Serious Epidemics was nominated for the 2021 Nobel Peace Prize. Since the pandemic was declared, Cuba has deployed almost 4,000 medical personnel in at least 39 countries across the world, despite United States sanctions complicating life for both Cuba and some recipient countries. Jamaica, Barbados, Belize, Antigua and Barbuda, St. Vincent and the Grenadines, Haiti, St. Lucia, Suriname, Grenada, Dominica, and St. Kitts and Nevis are the Caribbean beneficiaries. (TeleSUR, 2020; Whitney, 2020; and Saney, 2021) Additionally, Cuba is enabling Venezuela to enter the global pandemic diplomacy stage by allowing them to produce its vaccines. On April 8, 2021, Venezuelan Vice President Delcy Rodríguez confirmed that the vaccine named Abadala will be produced by the Socialist Enterprise for the Production of Biological Medicines for use within and beyond Venezuela. She explained: "Cuba will hand over the patent to Venezuela. We will produce the vaccine for our people and the countries of the Bolivarian Alliance for the Peoples of Our America (ALBA)."¹³ (TeleSUR, 2021) In late April 2021 Argentina began talks with Cuba to produce their Soberana vaccine. (Merco Press, 2021)

For all its progress in dealing with the pandemic, Cuba experienced a significant domestic backlash, which affected its global pandemic diplomacy. As we noted above, Cuba's dealings with the pandemic was exceptional during 2020. However, the economic contraction, tough pandemic control measures, shortages of basic commodities, rising prices, and power shortages combined to lead to growing popular discontent, which erupted in mass protests across the island in July 2021. Particularly embarrassing to the government was the fact that scores of medical doctors and other health workers voiced their own discontent with the conditions under which they were obliged to work and the chronic shortage of supplies. However, contrary to the hopes and expectations of

¹³ ALBA, an initiative of the late President Hugo Chávez, was established in 2004 with Venezuela and Cuba as founding members. The current members are Bolivia, Nicaragua, Dominica, Ecuador, Antigua and Barbuda, St. Vincent and the Grenadines, St. Lucia, Grenada, and St. Kitts and Nevis.

some local and foreign activists and analysts, the protests were not sustained and significant enough to threaten the country's internal security and governance. However, the authorities were forced to recall some of the medical brigades from postings abroad to fill some of the local deficits. (See Morris, 2021; and Oppmann, 2021)

III. Conclusion

In discussing the geopolitics of disease, distinguished political geographer Alan Ingram offers the supportable proposition that “contemporary strategic concerns about disease proceeds on two levels: its potential role in directly altering military balances and precipitating conflicts, and its longer term indirect role in undermining the social, economic and political fabric of societies, exacerbating existing problems and creating conditions where instability becomes more likely.” (Ingram, 2005: 530) In terms of the Caribbean, our examination of the nature and impact of the COVID-19 pandemic does not suggest any cause for concern in relation to the first level of concern. Clearly, though, the second level of concern is relevant at this time. The above discussion clearly suggests that economic and social undermining is already part of the consequence matrix of the pandemic's grip on the region.

Evidently, the dawn of the Age of COVID-19 has added to the region's geo-political complexity, accentuating the importance of health geopolitics. The pandemic has, undoubtedly, been testing the political and diplomatic adroitness of leaders in navigating the turbulent geopolitical high seas where the United States, China, Russia, and India have been aiming to enhance their geopolitical market share using COVID-19 vaccine and other pandemic aid both for humanitarianism and for geopolitical gains. Beyond this, I endorse the view of Jessica Byron and her colleagues: “The CC (Commonwealth Caribbean) is part of a larger Caribbean space, strongly attached to the geopolitical and geo-economic poles of the Americas. Its experience of the pandemic has been influenced by its location and developments in the surrounding geopolitical space. COVID-19 has highlighted the risks inherent in the region's manner of integration into the global economy ...” (Byron et al, 2021: 100) Finally, although Caribbean leaders have been lauded for their skillful vaccine diplomacy (see Hoffman, 2021), we can anticipate delicate horizons ahead as the region shares the vicissitudes of the Age of COVID-19 with the rest of the global commons.

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