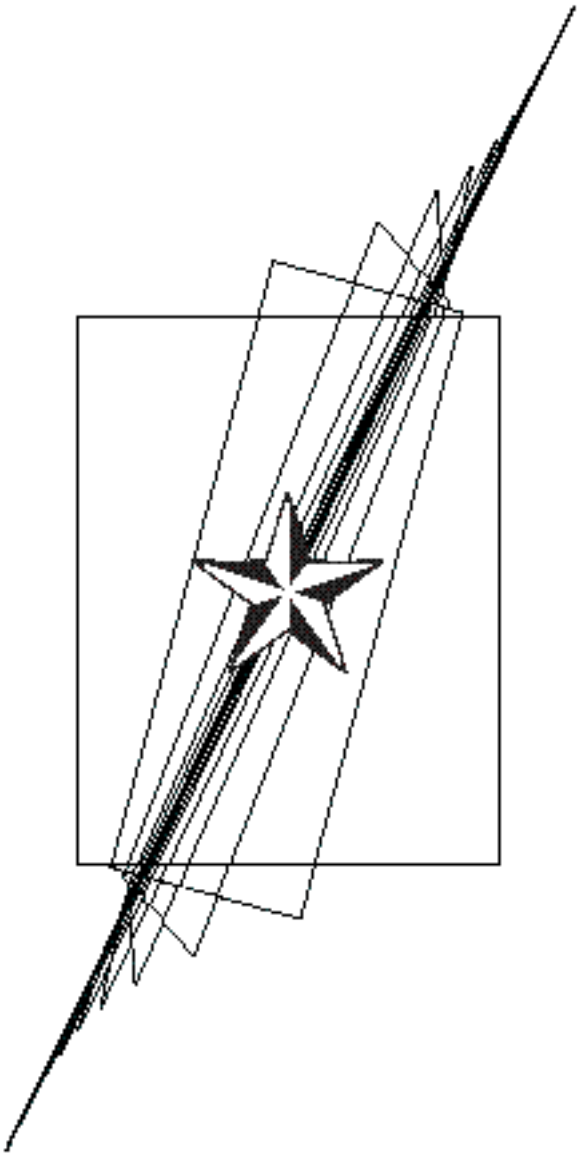

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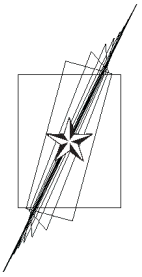

ASIA-PACIFIC SOCIAL SCIENCE REVIEW

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From the Editor

Mortality, COVID-19 Risk—and the Social Sciences

Human mortality is a critical challenge to any country because of its immense ramifications for national development. From the standpoint of the national labor force requirements alone, where domestic-based industries need to be supplied with human resources to help keep the country-level economy going, mortality would always be a big issue, particularly when too many citizens are dying. Rampant deaths are a direct hit on the number of warm bodies in the labor pool and are disruptive, as well as catastrophic to the effective functioning of any national economy.

Fortunately, many countries seldom experience having abnormally high mortality levels, at least in normal times. My review of the published empirical evidence suggests that the numbers of human deaths across most countries are sporadic rather than massive: (a) more infants are surviving rather than dying at birth or some years after birth; (b) far greater numbers of adults are living longer, commonly around or beyond the average life expectancies; and (c) among the cohorts described in national life tables, survivors are outnumbering the dead persons across the entire age groups (i.e., from age 0 to 80+ years). In other words, dying is simply not as common as surviving.

Some national features and resources—designed or consequential—are making human mortalities non-normative. Broad contextual factors have enabled us to flatten the mortality curve, even up to a point where we seem to have already silence death as if we have given death its rightful end. Moreover, our countries' relentless pursuit of socio-economic-political milestones and our myriads of attendant activities—for instance, schooling, working, earning and lending money, paying taxes, transacting with banks, babysitting, walking the dogs, eating, cooking, washing, texting, surfing the Internet, zooming, shopping, traveling, buying cars, purchasing homes, acquiring land, paying loan interests, among others—have allowed us to also dilute the salience of death in our national consciousness, to the extent that we appear to have forgotten that death exists. On some occasions, our respective countries would learn about some fatal vehicular accidents involving, for example, some famous personalities. These accidents would make us stop and ponder about death, but after some days, we would carry on with our lives, thereby sending our thoughts about death—including death itself—back to the deepest recesses of our minds.

In 2020, with COVID-19, we could not simply brush off death our way. The COVID-19 outbreak had forced us for a face-to-face, a grave encounter with death. Amidst our control and prevention measures against the virus, scores of our countries literally just stood still as we saw the virus-related deaths occurring one after another every day for a number of months. Many of our countries had several hundreds or thousands of human fatalities (and counting as of this writing). It was as if death, courtesy of the COVID-19, had wanted us to re-acknowledge its perpetual presence.

The country-level deaths from COVID-19 in 2020 were recorded and reported by official authorities. The deaths were measured using the case fatality rate, or $CFR_{COVID\text{-}19}$, where the numerator consisted of *the number of patients who died from COVID-19* and the denominator *the total number of people who contracted the virus*.

Across all available data, I found that almost all of our countries had a low $CFR_{COVID-19}$—below 10% for every national set of 10 COVID-19 cases. The low $CFR_{COVID-19}$ holds true for the three tiers of countries that I had categorized based on the national numbers of COVID-19 infection cases. Thus, whether the numbers of our countries' COVID-19+ cases were low (i.e., <25,000 infections), middle (i.e., 25,000 to 50,000 infections), or high (i.e., with >50,000 infections), the numbers of COVID-19 deaths were proportionally smaller than the numbers of survivors, a testament to our overall readiness against the unseen enemy.

Would the level of COVID-19 deaths approximate some degree of normativeness (e.g., beyond 20%) if the most-at-risk population (MRP)–and not the general population (GP) of COVID-19+ patients—were used as the denominator? (The MRP are COVID-19+ patients in severe condition, whereas the GP includes all COVID-19+ patients with mild, moderate, and severe conditions). It would be difficult to say because no attempt has been made to calculate COVID-19 death rates using the MRP as the denominator. The concept of MRP was discussed in the international media at some point, but there was no follow-up since then. The number of MRP can be disaggregated from the denominator of $CFR_{COVID-19}$ and used as the denominator of a special measure that I propose here as severe case fatality rate, or $SCFR_{COVID-19}$. $SCFR_{COVID-19}$ will have for its numerator *the number of severe cases who had died from COVID-19* and for its denominator *the total number of severe COVID-19 cases.* With $SCFR_{COVID-19}$, the results may be different from that of $CFR_{COVID-19}$, but will the results underscore the normativeness of COVID-19 deaths? Will death jump out in this instance to far higher levels? We do not know until some of us researchers would disaggregate the severe cases from the general pools and then compute the $SCFR_{COVID-19}$.

But why this lengthy discussion about death? Apart from being a natural phenomenon, death is also a scientific concept. In science, a concept is operationalized using indicators. The more specific and precise the indicators are, and the more these indicators are subjected to falsification (or scrutiny), the more scientifically rigorous they become. The more rigorous the concepts and indicators are—that is, the more we accurately know them—the more amenable these would be for prevention and control. Our countries are less likely to suffer if we understand how death affects our lives. We know so much about death already, for instance, why fewer infants die and why fewer elderly die at earlier ages. Historically and the published literature indicate that the answers have more to do with public health than medicine alone (the physician system is just a part of the broader explanations). However, we need to learn more about this natural process, particularly that its rhythm also changes alongside transformations in the numbers of human populations and the degradation of environments, as many scientists suggested. In this continued pursuit of new knowledge, our focus should be on the MRP—the ones with the greatest death risk. Healthcare resources are finite (even in the industrialized world), so interventions should prioritize those whose probability of dying is the highest. Note, however, that the MRP in itself is not immune from scientific scrutiny. The concept has to be continually rethought regarding its monolithicness, or lack thereof. For instance, the $MRP_{covid-19}$ covers all patients diagnosed with the symptoms (e.g., cough and fever) and co-morbidities (e.g., cancer), and assumes that all these patients have similar risk levels, but in reality, this is not necessarily so. Symptoms and co-morbidities are not of comparable severity and risk levels from one person to another, or even within a person. It is for this reason that risk measures must evolve. The good thing is that science already has a measure called "person-" or "patient-years exposure to risk" to measure relative risk.

Once we embrace human mortality as a scientific concept, our countries would be empowered to confront the phenomenon with rationality. We would be more at ease facing death rather than running away from it or fearing it. Our vain attempts at concealing death would be lessened, precisely because we are in the know as to what causes it and who are the most-at-risk. Our country-level scientific know-how would then enable us to take control of and prevent many of the untimely human deaths.

The social sciences can very well help our countries' movement towards adopting the scientific mindset on human mortality. For sure, science will clash with traditional cultures. Objective symptoms, rational explanations, and numerical measures would be reinterpreted using commonsense and sociocultural beliefs. Proven treatments and medication would be ignored. Calculated probabilities for getting sick and treatment and for dying would be overshadowed by the citizens' sense of invulnerability or fatalism. There is no linear pathway to achieve the transition, but the social sciences—with its time-tested patience, perseverance, and social and organizational

skills—should be able to help our countries navigate through these intricate cultural barriers. Solid investment in science—that is, country-wide allocation and spending of funds to form, apply, and sustain scientific knowledge—is a necessary foundation. Again, the social sciences are more than equipped with varied social strategies to motivate our national governments to make that investment. Like death, the propagation of science should be scientific in itself—measured, evolving, and targeting sectors that can most help in realizing the transition and in the eventual flourishing of the scientific culture.

I wish everyone the best of the yuletide season! Keep the submissions flowing. Our website is at https://apssr.com and our submission platform is at https://mc04.manuscriptcentral.com/apssr.

Romeo B. Lee
Editor-in-Chief
romeo.lee@dlsu.edu.ph