Research Note

Relational Egalitarianism and the COVID-19 Pandemic

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Abstract

The current COVID-19 pandemic has called for unprecedented measures to contain it and, as such, has reinforced and produced complex and intertwining health and non-health inequalities. I take the perspective of relational egalitarianism and argue that these inequalities are not only issues of public health and economics but also of social justice. I thus aim to construct a relational egalitarian framework to examine how and why the inequalities of COVID-19 are unjust and to work out what structural changes and processes might be required to justly respond to these inequalities.

Keywords: *COVID-19, health equity, relational egalitarianism*

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Inequality is our pre-existing condition.
– Paula Braveman[1]

Outline and Significance of Topic

The ongoing COVID-19 disease outbreak is an "unprecedented pandemic [that] calls for unprecedented measures to achieve its ultimate defeat."[2] As such it has disproportionately affected groups of people and left them vulnerable in different yet overlapping ways.[3] More precisely, it is a "syndemic" (a "synergistic epidemic") that has reinforced and produced intertwining health and non-health inequalities.[4] Granted, COVID-19 is not the only pandemic that can be associated with inequality. Ebola, HIV/AIDs, TB, and previous influenza outbreaks each revealed and worsened prevailing social disparities.[5] But aside from

[1] "COVID-19: Inequality is Our Pre-existing Condition," UNESCO Inclusive Policy Lab, April 14, 2020, https://en.unesco.org/inclusivepolicylab/news/covid-19-inequality-our-pre-existing-condition.

[2] Monica Gandhi, Deborah S. Yokoe, and Daine V. Havlir, "Asymptomatic Transmission, the Achilles' Heel of Current Strategies to Control Covid-19," *The New England Journal of Medicine* 382, no. 22 (2020), 2159, http://doi.org/10.1056/NEJMe2009758.

[3] See Steve Matthewman and Kate Huppatz, "A Sociology of Covid-19," *Journal of Sociology* (2020), https://doi.org/10.1177/1440783320939416.

[4] See Clare Bambra et al., "The COVID-19 Pandemic and Health Inequalities," *Journal of Epidemiology and Community Health* (2020): 1–5, http://dx.doi.org/10.1136/jech-2020-214401.

[5] See Paul Farmer, "Social Inequalities and Emerging Infectious Diseases," *Emerging Infectious Diseases* 2, no. 4 (1996): 259–69; Sandra Crouse Quinn and Supriya Kumar, "Health Inequalities and Infectious Diseases Epidemics: A Challenge for Global Health Security," *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 12, no. 5 (2014): 263–73, https://doi.org/

revealing, reinforcing, and worsening existing forms of socioeconomic inequality, COVID-19 has also produced other complex forms of health and non-health inequalities relating to social status and civil liberty. These complex inequalities are impacts of the drastic and uncoordinated responses made by countries to contain the pandemic, namely, the imposition of unparalleled restrictions (such as travel bans, quarantines, and lockdowns) and the implementation of other extraordinary public health protocols (such as physical distancing measures), all of which have had disproportionate effects on different groups of people.[6]

These responses and the inequalities they have produced are well illustrated in the Philippines.[7] As was the case in many other countries, the Philippines' national government officials were slow and unsystematic in responding to the pandemic during its earlier stages in the first months of 2020, and thus missed the chance to comprehensively plan

10.1089/bsp.2014.0032; and Bambra et al., "The COVID-19 Pandemic and Health Inequalities."

[6] See Sharmila Devi, "Travel Restrictions Hampering COVID-19 Response," *The Lancet* 395, no. 10233 (2020): 1331–32, https://dx.doi.org/10.1016%2FS0140-6736(20)30967-3; Margaret Douglas et al., "Mitigating the Wider Health Effects of Covid-19 Pandemic Response," *BMJ* 369 (2020), https://doi.org/10.1136/bmj.m1557; and Bambra et al., "The COVID-19 Pandemic and Health Inequalities."

[7] I will mention only a few specific examples of the Philippines' COVID-19 response and of their resultant inequalities here. I will discuss more of these in a later work.

and prepare for it.[8] Their delayed and piecemeal response resulted not only in preventable medical resource constraints (e.g., shortages in test kits, testing-capable laboratories, personal protective equipment or PPEs, and health workers) but also in many avoidable infections and deaths among health workers and the public. It has also led to a problem of distribution, as these scarce resources have been unequally distributed and those with power and wealth have disproportionately had access to them. For example, "VIPs" such as government officials have easily been able to get tested and have even crowded out testing queues.[9]

[8] See Dessy Bautista and Melissa Luz Lopez, "TIMELINE: How the Philippines is Handling COVID-19," *CNN Philippines*, April 21, 2020, https://www.cnnphilippines.com/news/2020/4/21/interactive-timeline-PH-handling-COVID-19.html; Michael Beltran, "The Philippines' Pandemic Response: A Tragedy of Errors," *Diplomat*, May 12, 2020, Southeast Asia, https://thediplomat.com/2020/05/the-philippines-pandemic-response-a-tragedy-of-errors; and Nastassja Quijano, Maria Carmen Fernandez, and Abbey Pangilinan, "Misplaced Priorities, Unnecessary Effects: Collective Suffering and Survival in Pandemic Philippines," *The Asia-Pacific Journal* 18, no. 5 (2020), https://apjjf.org/2020/15/QuijanoEtAl.html.

[9] See Prinz Magtulis, "With Only 250 People Tested a Day, Philippine Health Sector Appears Ill-Prepared for COVID-19," *PhilStar*, March 9, 2020, Business, https://www.philstar.com/business/2020/03/09/ 1999444/only-250-people-tested-day-philippine-health-sector-appears-ill-prepared-covid-19; Pocholo Concepcion, "Gov't Officials Crowd Out Patients for COVID-19 Testing," *Philippine Daily Inquirer*, March 23, 2020, https://newsinfo.inquirer.net/1246714/govt-officials-crowd-out-patients-for-covid-19-testing; Darryl John Esguerra, "DOH: No VIPs but 'Courtesy' Given to Key Gov't Execs," *Philippine Daily Inquirer*, March 23, 2020, https://newsinfo.inquirer.net/1247088/fwd-doh-no-vip-treatment-in-covid-19-testing-but-courtesy-given-to-security-health-officials; "VERA FILES FACT SHEET: Are PH Health Workers Adequately Protected During the COVID-19 Pandemic?," *VERA Files*, April 27, 2020, https://verafiles.org/articles/ vera-files-fact-sheet-are-ph-health-workers-adequately-prote; and Ronnie E. Baticulon, "Why Do Filipino Health Workers Keep Getting Infected with COVID-19?," *CNN Philippines*,

In March 2020, in response to the growing number of COVID-19 cases in the country, the Philippine government began to impose quarantine measures in the form of lockdowns, which were later extended to the end of April and which, at the time of writing, remain in effect in a modified form across the country. Quarantine measures are meant to "flatten the curve"—that is, to lower the number of and prevent increases in COVID-19 cases—and thus buy time for the country to "raise the line"— that is, to address its medical resource constraints and improve its overall health care capacity.[10] However, these measures have had unequal impacts on income and food security. While some Filipinos have the means to stay at home in relatively comfortable circumstances, many others who cannot afford to stockpile need to work and buy food daily. These people cannot afford to stay indoors and must go out, running the risk of infection or of getting caught for violating quarantine restrictions in their effort to feed their families. As a resident from an impoverished community in Quezon City put it, "*'Di ako natatakot sa COVID-19 na 'yan, kasi kaya mong*

May 13, 2020, Culture, https://www.cnn.ph/ life/culture/2020/5/14/health-workers-opinion.html.

[10] See Xave Gregorio, "Movement of People in Luzon Restricted as Island Placed Under 'Enhanced' Community Quarantine," *CNN Philippines*, March 16, 2020, https://www.cnnphilippines.com/news/2020/3/16/luzon-enhanced-community-quarantine-covid-19.html; and CNN Philippines Staff, "Luzon-Wide Lockdown Extended Until April 30 to Stop COVID-19 Spread," *CNN Philippines*, Aril 7, 2020, https://www.cnnphilippines.com/news/2020/4/7/Luzon-lockdown-enhanced-community-quarantine-extension.html.

gamutin ang sarili mo. Ang nakakatakot diyan ay mamatay kang dilat sa gutom. (I am not afraid of that COVID-19, because you can cure yourself. What's frightening is dying with your eyes open because of hunger.)"[11]

In response to the income and food insecurity caused by quarantine measures, many Filipino citizens and civic groups have organized and coordinated to provide relief to impoverished communities. One such effort is Bayanihang Marikenyo at Marikenya (Marikina Solidarity), which involves running a regular feeding program through a community kitchen set up for affected families in Marikina City.[12] Ten volunteers from the feeding program were arrested on May 1, 2020, during their regular relief operations for allegedly holding a mass gathering. Although the volunteers had secured the proper permits to conduct

[11] Rambo Talabong and Jodesz Gavilan, "'Walang-Wala Na' [Absolutely Nothing]: Poor Filipinos Fear Death from Hunger More Than Coronavirus," *Rappler*, April 2, 2020, In-Depth, para. 21, https://rappler.com/newsbreak/ in-depth/poor-filipinos-fear-death-from-hunger-more-than-coronavirus. See also Nick Aspinwall, "Coronavirus Lockdown Strikes Fear Among Manila's Poor," *Al Jazeera*, March 14, 2020, https://www.aljazeera.com/news/2020/03/ coronavirus-lockdown-strikes-fear-manila-poor-200313133102404.html; Geoffrey Ducanes, Sarah Lynne Daway-Ducanes, and Edita Tan, "Addressing the Needs of Highly Vulnerable Households in Luzon During the Covid-19 Lockdown" (Ateneo Center for Economic Research and Development Working Paper No. 2020-01, Department of Economics, Ateneo de Manila University, March 2020), https://ideas.repec.org/p/agy/dpaper/202001.html; Beltran, "The Philippines' Pandemic Response"; and Quijano, Fernandez, and Pangilinan, "Misplaced Priorities, Unnecessary Effects."

[12] See Janess Ann J. Ellao, "Women's Group Provides Warm Meals for Marikina's Poor Residents," *Bulatlat*, March 30, 2020, https://www.bulatlat.com/ 2020/03/30/womens-group-provides-warm-meals-for-marikina-residents.

relief operations and had followed physical distancing measures, the chief officer of the National Capital Region Police Office (NCRPO), Debold Sinas, claimed that they had violated quarantine restrictions. However, over a week later, the NCRPO's Public Information Office published on its Facebook page photographs of Sinas's birthday party, which took place a week after the arrest of the volunteers. The party was attended by dozens of guests—it was a kind of mass gathering in other words—and the photographs showed many guests not adhering to physical distancing measures. The photographs and the party triggered outrage over the unequal enforcement of quarantine restrictions, especially since the Philippine National Police chief and even the Philippine President himself excused Sinas's behavior and came to his defense.[13]

These examples illustrate some of the many ways in which inequality has been a feature of the COVID-19 pandemic. One way of understanding the different forms of

[13] See Neil Jayson Servallos, "Marikina Mayor, Cops Clash Over Volunteers' Arrest," *PhilStar*, May 2, 2020, Nation, https://www.philstar.com/nation/2020/05/02/2011196/marikina-mayor-cops-clash-over-volunteers-arrest; Barnaby Lo, "Senior Philippine Cop's Lockdown Birthday Bash Draws Outrage," *CBS News*, May 13, 2020, https://www.cbsnews.com/news/philippines-police-chief-debold-sinas-coronavirus-lockdown-birthday-party-draws-outrage-2020-05-13; "'I Don't Think Na Merong Violation' [I Don't Think There Is a Violation]: PNP Chief Defends Sinas' Birthday Fête," *ABS-CBN News*, May 13, 2020, https://news.abs-cbn.com/news/05/13/20/i-dont-think-na-merong-violation-pnp-chief-defends-sinas-birthday-fte; and Leila B. Salaverria, "Duterte on Keeping Sinas: 'It's on Me'," *Philippine Daily Inquirer*, May 21, 2020, https://newsinfo.inquirer.net/1278499/duterte-keeps-sinas-its-on-me.

inequality that have been reinforced and produced by COVID-19 is with reference to the distinction between "distributive equality" and "relational equality," which is key to contemporary egalitarian theory. Simply put, distributive equality is equality in the distribution of goods, while relational equality is equality in social relations.[14] In the words of Elizabeth Anderson,

> Equality in the distributive conception consists in the mere coincidence of what one person has with what others in the comparison class independently have and need not entail that the persons being compared stand in any social relations with one another. They might even live on different planets and have no interactions with each other. On the relational view, the only comparisons that fundamentally matter are among those who stand in social relations with one another and in which the goods of equality are essentially relations of equal (symmetrical and reciprocal) authority, recognition, and standing.[15]

Relational equality is broader and arguably more nuanced than distributive equality because distributive equality does not and cannot fully capture relational equality.[16] For

[14] Elizabeth Anderson, "Equality," in *The Oxford Handbook of Political Philosophy*, ed. David Estlund (Oxford: Oxford University Press, 2012), 40.

[15] Ibid., 41.

[16] Ibid., 40–41.

example, assigning separate testing centers for "VIPs" and for ordinary Filipino citizens to prevent the former from crowding out testing queues may meet the requirement of distributive equality, but even if we make sure that the testing centers are proportional, the whole arrangement will not meet the requirement of relational equality. This is because the former are by definition considered "very important" while the latter are not. In other words, the arrangement is disrespectful toward ordinary Filipino citizens who are classified as unimportant. Thus, this arrangement fails to see them as equals of the "VIPs."

The relationship between distributive equality and relational equality therefore is that the latter encompasses the former and that the former is grounded in the latter. As Anderson puts it, "Within the relational view, distributive concerns appear as but one part of the egalitarian agenda. Distributions matter as causes, consequences, or constituents of social relations."[17] The relational definition of equality therefore "better embodies the full range of normative concerns of egalitarians than the distributive conception."[18]

[17] Anderson, "Equality," 53.

[18] Ibid., 55. A different but similar way to frame the relation between distributive and relational equality is to see it as the relation between redistribution and recognition. Put very simply, "redistribution" refers to the egalitarian conception of distributive justice that comes from the Rawlsian tradition of analytic philosophy, while "recognition" refers to the conception of individual identity as being conditioned on intersubjective and reciprocal regard, which is rooted in the Hegelian tradition of continental philosophy. The debate on redistribution and recognition emerges from a difference in

To locate distributive equality within relational equality and to argue that the latter rather than the former embodies the ideals of egalitarianism is to take the view of relational egalitarianism, which is one of the dominant variants of contemporary egalitarian theory. According to this view, "The core of the value of equality does not . . . consist in the idea that there is something that must be distributed or allocated equally . . . . Instead, the core of the value is a normative conception of human relations, and the relevant question, when interpreting the value, is what social, political, and economic arrangements are compatible with that conception." [19] Precisely because it takes this view, relational egalitarianism allows for an understanding of equality as it is historically articulated in the concerns of contemporary egalitarian social movements and thus "enables a sociologically more sophisticated range of critiques of inequality as well as richer conceptions of what a society of equals could look like."[20]

Given the distinction and relationship between distributive and relational equality, and through the more historically and sociologically sensitive lens of relational

philosophical traditions, while the debate on distributive and relational equality emerges from critiques within one philosophical tradition. My research finds its place in the latter debate rather than the former. For more on the redistribution and recognition, see Nancy Fraser and Axel Honneth, *Redistribution or Recognition? A Political-Philosophical Exchange*, trans. Joel Golb, James Ingram, and Christiane Wilke (London: Verso, 2003).

[19] Samuel Scheffler, "What is Egalitarianism?," *Philosophy & Public Affairs* 31, no. 1 (Winter 2003), 31.

[20] Anderson, "Equality," 46.

egalitarianism, I can now more clearly identify the earlier examples of the impacts of the Philippines' COVID-19 response as illustrations of the following complex and intertwining forms of inequality, namely: the unequal distribution of medical resources, the unequal impacts of quarantine measures, and the unequal enforcement of quarantine restrictions. I want to examine these three forms of inequality associated with COVID-19.[21]

The preceding discussion shows that the inequalities reinforced and produced by the COVID-19 pandemic are not only of the distributive sort. Yes, they are essentially health disparities that are tied to distributive differences in socioeconomic factors, but these disparities and differences are in turn rooted in relational inequalities embodied by social hierarchies of power, esteem, and standing. As such they call for an understanding of and a response to the pandemic not only in terms of public health and economics but also in terms of social justice. This claim, however, requires further clarification and justification precisely because the inequalities involved are complex. They overlap and intertwine with one another and go beyond mere distributive inequalities. In this regard, the relational egalitarian view will be most helpful. With its sensitivity to a broader, more nuanced, and more grounded kind of

[21] These are of course not the only inequalities associated with COVID-19, but keeping to these three inequalities will significantly clarify my focus.

inequality, relational egalitarianism can provide a philosophical framework to identify and examine injustices in the context of COVID-19—which, as will be made clear later, is the first key step in the pursuit of justice in health—and offer some guidance for justice-oriented decisions in pandemic preparedness and response.

All in all, and with the bigger picture of COVID-19 in mind, I ask the following central question: What does relational egalitarian justice require in responding to the inequalities of the COVID-19 pandemic in the Philippines? This question means that I will take the relational egalitarian view in examining COVID-19. More precisely, I aim to construct a relational egalitarian framework to systematically examine why the three complex and intertwining inequalities that have been reinforced and produced by the pandemic are unjust, and to work out, with the broad relational egalitarian vision of a society of equals in mind, what structural changes and processes might be required to justly respond to these inequalities. In doing so, I hope to also contribute to a more refined understanding of relational egalitarian theory in general.

Put simply, my aims are to examine inequality in the context of COVID-19 through the lens of relational egalitarianism and to work out an account of what it means to address them justly. As such I hope to contribute to the growing body of research on the connection between pandemics such as COVID-19 and inequality, to the

literature on the pursuit of justice in pandemic preparedness and response, and to the general understanding of the relational egalitarian view of health and of relational egalitarianism as a theory.

Literature Review

It has already been established that there is a connection between COVID-19 and inequality, but there is little to no research on the inequalities associated with the pandemic through the lens of contemporary egalitarianism—much less relational egalitarianism. It is in this broad space within the growing body of research on COVID-19 and inequality where my research finds its place and will do its work.

Given my research topic and central question, my research falls mainly under the category of political philosophy, particularly belonging to the application of egalitarian theory to issues of justice in health. However, because it also asks about pandemics, which are an epidemiological concern, my research will also engage with public health research, specifically on justice in health or health equity. The literature review is structured around these two broad bodies of research.

While there is already an established body of work on the topic of pursuing justice in health, there is not enough literature on the topic in the context of extreme health crises such as pandemics. My research will thus also contribute to the literature on the pursuit of justice in pandemic preparedness and response by providing a relational

egalitarian account of what it means to justly respond to the inequalities of COVID-19.

Egalitarian Justice and Health

There is already a large and solid body of research on the general theme of contemporary egalitarianism and health. Some works under this theme clearly have their roots in political philosophy, while others are more grounded in public health research. Whether from the former or latter field, the overall concern of the literature on the theme of egalitarian justice and health is the same: the problem of health inequality.

Most of the work under this theme from the side of political philosophy focuses on figuring out as exactly as possible what theories of egalitarian justice require in addressing health inequality. Initially this focus meant a shift in the approach toward problems in health in general. For example, in his seminal work *Just Health Care*,[22] philosopher Norman Daniels aimed to move beyond and away from the tendency to understand and treat problems in health from a bioethics perspective and through ethical terms. He thus attempted to construct a comprehensive theory of distributive justice for health grounded in John Rawls's theory of justice as fairness.[23]

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[22] Norman Daniels, *Just Health Care* (Cambridge, UK: Cambridge University Press, 1985).

[23] See John Rawls, *A Theory of Justice*, rev. ed. (Cambridge, MA: Belknap Press of Harvard University Press, 1999).

The work of figuring out what egalitarian justice requires in terms of health shifted again, however, when work in public health research started drawing attention to and examining the social determinants of health. Simply put, these determinants are the controllable and intervenable socioeconomic factors that have been proven to have effects on health outcomes.[24] Research on these factors and their relation to health has shed light on the existence of a social gradient in health—"the phenomenon whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged."[25] Such a gradient thus called for a broadening in the scope of justice in health and for a realignment of goals in addressing the problem of social injustice. As epidemiologist Michael Marmot put it,

> We should have two societal goals: improving health for everybody and reducing health inequalities. Others may see them as being in conflict, but they are two separable goals. Both are worthy and should be pursued. I have never argued that an overall improvement in health should be sacrificed in the pursuit of narrower

[24] See Michael Marmot, "Social Causes of Social Inequalities in Health," in *Public Health, Ethics, and Equity*, ed. Sudhir Anand, Fabienne Peter, and Amartya Sen (Oxford: Oxford University Press, 2004), 37–61.

[25] Angela J. M. Donkin, "Social Gradient," in *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, ed. William C. Cockerham, Robert Dingwall, and Stella R. Quah (2014), para. 1, https://doi.org/10.1002/9781118410868.wbehibs530.

> health inequalities. Given my general thesis that, to oversimplify, good health results from a good set of social arrangements, I would look to sacrifice other social goals . . . before accepting that there had to be a tradeoff between these two health goals.[26]

With the above in mind, Daniels updated his views and arguments regarding egalitarian justice and health in his follow-up work *Just Health: Meeting Health Needs Fairly*,[27] published over 20 years after *Just Health Care*. He recognized that in his earlier work on the matter he had not paid enough attention to the population view of health that animates public health research and had limited his understanding of health inequality to inequality in health care. He thus reconstructed his theory of distributive justice for health in accordance with the latest developments in public health research involving the social determinants of health. In his own words,

> If health has special moral importance because of its impact on opportunity, then these other determinants of health have special importance comparable to that of

[26] Michael Marmot, "Fair Society Health Lives," in *Inequalities in Health: Concepts, Measures, and Ethics*, ed. Nir Eyal et al. (Oxford: Oxford University Press, 2013), 283.

[27] Norman Daniels, *Just Health: Meeting Health Needs Fairly* (Cambridge, UK: Cambridge University Press, 2008).

> health care. The broad determinants of health and its distribution in a population include income and wealth, education, political participation, the distributions of rights and powers, and opportunity. These are quite centrally the goods that any general theory of social justice is concerned about. We cannot achieve effective promotion of health in a society as well as its fair distribution without a just distribution of these other goods.[28]

Since it is now understood that health is influenced by other factors that are controllable and intervenable, it is now unreasonable to insist that health is purely a natural good. This is in contrast to Rawls's initial position on the matter since he considered health to be a natural good that is not directly under the control of the basic structure of society and is thus outside the scope of distributive justice. [29] Though Rawls eventually later recognized that health is not simply a product of natural factors, he still did not consider it a primary social good.

Philosophers like Daniels thus needed to work to extend the scope of Rawls's theory of justice to include health by broadening the Rawlsian notion of fair opportunity.[30] Even health outcomes that seem natural, according to Daniels, in

[28] Daniels, *Just Health*, 4.
[29] Rawls, *A Theory of Justice*, 54–55.
[30] Daniels, *Just Health*, 56–60.

the sense that they appear to be uncontrollable and a matter of luck (e.g., disability or illness), can no longer be said to be outside the scope of justice since the outcome itself as well as its effects can still be mitigated and improved through intervention or treatment. As Daniels puts it, "An account of justice must explain what assistance we owe each other in meeting such needs [for intervention or treatment], even when no one is responsible for making us needy. We should not allow misfortune to beget injustice."[31]

In addition to health no longer being a natural good and thus now belonging to the scope of justice, health is now also more clearly a matter of relational equality since it involves factors that are tied to unequal social relations within and among populations (e.g., the unequal relation between rich and poor, or the unequal relation between non-minority groups and minority groups).[32] In this sense, Daniels is a relational egalitarian, for while a large part of his work is about figuring out how to justly distribute and allocate goods and resources relevant to health inequalities (i.e., a large part of his work operates in terms of distributive equality), his work is also situated within the broader vision of addressing relational inequalities in society at large. Put differently, Daniels does not only consider health inequalities to be unjust on their own; he

[31] Daniels, *Just Health*, 13.
[32] Ibid., 14.

also considers health inequalities to be unjust because they are rooted in relational inequalities that are unjust. In his words, "The fact that health is not simply the product of health care means that we cannot easily isolate health from broader social justice."[33]

A range of other political philosophers have engaged with Daniels's work. [34] Shlomi Segall, [35] for instance, has questioned Daniels's broadening of the scope of justice by including in the Rawslian notion of fair opportunity not only health care but also health. If health is of special importance and if health care is simply one of the many factors that affect health as Daniels argued in *Just Health*, then why bother with a theory of justice specifically for health? Why not formulate instead a general theory of justice to address inequalities, say, in the social determinants of health or even in other non-health factors that may impact opportunities? In Segall's words, "Once one broadens one's concern from the narrow and defined sphere of health care, one finds it difficult to justify being content with equalizing that part of opportunities that is due to health and leaving untouched that part of it that is owed to talents [i.e., that is not due to

[33] Daniels, *Just Health*, 23.

[34] See, for example, the "Norman Daniels Symposium" section of *Journal of Medical Ethics* 35, no. 1 (2009): 1–41, https://www.jstor.org/stable/i27720240.

[35] Shlomi Segall, "Is Health (Really) Special? Health Policy between Rawlsian and Luck Egalitarian Justice," *Journal of Applied Philosophy* 27, no. 4 (2010): 344–58, http://doi.org/10.1111/j.1468-5930.2010.00499.x. See also Shlomi Segall, "Is Health Care (Still) Special?" *The Journal of Political Philosophy* 15, no. 3 (2007): 342–61, https://doi.org/10.1111/j.1467-9760.2007.00284.x.

health]." [36] Segall then argues against Daniels's broadly relational egalitarian position for a luck egalitarian and prioritarian[37] theory of egalitarian justice, which does not consider health to be of special importance, which is sensitive to the role of personal responsibility in health, which allows for prioritization based on personal responsibility in cases when there are resource constraints, and which is capable of addressing objections against it that argue it is either too narrow or too wide in its scope.[38]

For his part, in response to criticisms and objections against his theory of justice for health such as those from Segall, Daniels has insisted on the special importance of health care. Even if he has broadened the scope of justice to include health and its social determinants, health care remains to be a significant good to be distributed justly in his theory of justice. As he puts it, "Even in an ideally just distribution of the social determinants of health (leave

[36] Segall, "Is Health (Really) Special?" 347.

[37] "Luck egalitarianism" is a term coined by Anderson. Briefly, it is the theory of justice that argues that "people should be compensated for undeserved misfortunes and that the compensation should come only from that part of others' good fortune that is undeserved." Elizabeth Anderson, "What is the Point of Equality?," *Ethics* 109, no. 2 (1999): 290, https://doi.org/10.1086/233897.

"Prioritarianism" is a variant of luck egalitarianism that argues that "justice requires us to maximize a function of human well-being that gives priority to improving the well-being of those who are badly off and of those who, if badly off, are not substantially responsible for their condition in virtue of their prior conduct." Richard J. Arneson, "Luck Egalitarianism and Prioritarianism," *Ethics* 110, no. 2 (2000): 340, http://doi.org/10.1086/233272.

[38] Segall, "Is Health (Really) Special?," 348–56.

healthcare aside) people will encounter disease or injury or disability that undermines their opportunity. Consequently, healthcare remains of special moral importance to protecting opportunity since we cannot prevent all ill health."[39]

The significance of health care is evident in the literature on relational egalitarianism and health. In their article examining the relational egalitarian approach to health,[40] Kristin Voigt and Gry Wester point out that most of the work in this relatively small area of research argues for the special importance and value of health care. Moreover, they show that relational egalitarians recognize not only the instrumental value of health care in protecting opportunity and promoting good health, as clearly seen in Daniels's work, but also its expressive value—that is, that the provision of health care expresses respect and concern toward its recipients as equals.[41]

The expressive value of health care brings to light the relational aspect of health inequality. From the relational egalitarian perspective, health inequality is not only about the social gradient in health, its distributive differences in health outcomes or disproportions in the distribution of health care, or of the social determinants of health. Health

[39] Normal Daniels, "Just Health: Replies and Further Thoughts," *Journal of Medical Ethics* 35, no. 1 (2009): 38, http://doi.org/10.1136/jme.2008.026831.

[40] Kristin Voigt and Gry Wester, "Relational Equality and Health," *Social Philosophy and Policy* 31, no. 2 (2015): 204–9, http://doi.org/10.1017/S0265052514000326.

[41] Ibid., 211–14.

inequality is also about the social and structural factors that have led to such distributive differences and disproportions, that have led to such a gradient, and about what these factors express toward people.

This relational aspect of health inequality is clearly seen in the work of Thomas Pogge, whom Voigt and Wester identify as the only relational egalitarian who has attempted to directly and comprehensively assess whether health inequalities are just or unjust.[42] Pogge for his part argues that

> in shaping an institutional order, we should be more concerned, morally, that it not substantially contribute to the incidence of medical conditions than that it prevent medical conditions caused by other factors. And we should design any institutional order so that it prioritises the mitigation of medical conditions whose incidence it substantially contributes to. In institutional contexts as well, moral assessment must then be sensitive not merely to the distribution of health outcomes as such, but also to how these outcomes are produced.[43]

[42] Voigt and Wester, "Relational Equality and Health," 214. See Thomas W. Pogge, "Relational Conceptions of Justice: Responsibilities for Health Outcomes," in *Public Health, Ethics, and Equity*, ed. Sudhir Anand, Fabienne Peter, and Amartya Sen (Oxford: Oxford University Press, 2004), 135–61.

[43] Pogge, "Relational Conceptions of Justice," 135.

This means that in determining whether a health inequality is just or unjust, Pogge focuses on the role a particular "institutional order" or social arrangement plays in producing or causing "medical conditions" or, as he also calls them, "deficits" in health. The degree to which the deficit is unjust can be determined by the interaction among the following: the degree to which an institution causes a particular deficit in health (as observed in the way it is ordered or arranged), the attitude expressed by the institution toward individuals (again, through its order or arrangement), and the degree of the medical severity of the deficit involved.[44]

For Voigt and Wester, two conclusions can be gleaned about health inequalities from Pogge's relational egalitarian approach: first, "where our social and economic arrangements lead to health deficits, these can constitute injustices even if governments do not *intend* such effects,"[45] and second, health inequalities "that have natural causes but that could be addressed by social institutions" could be unjust.[46] Voigt and Wester thus conclude that "a broader range of health inequalities could be considered unjust from a relational perspective than one might initially assume."[47]

[44] Pogge, "Relational Conceptions of Justice,"156–57.
[45] Voigt and Wester, "Relational Equality and Health," 218.
[46] Ibid., 219.
[47] Ibid.

Pogge's approach to assessing whether health inequalities are just or unjust finds an analogue in Jeffrey Brown's "egalitarian contribution principle." In his article applying relational egalitarianism to the problem of disability injustice,[48] Brown argues that the inequalities and disadvantages experienced by disabled people are unjust because they arise from social structures that are ableist and thus disrespectful toward the disabled. While it is not implausible to say that some of the inequalities and disadvantages disabled people experience are "natural" consequences of being disabled, Brown argues that most of these inequalities and disadvantages are the effects of how institutions distribute opportunities and resources. Thus, as Brown's egalitarian contribution principle states, institutions can be said to contribute to relational inequality if their conduct was necessary to the causal sequence that led to the relational inequality involved and if their conduct initiated, facilitated, or sustained it.[49]

All in all, what Pogge and Brown show, aside from the relational aspect of health inequality, is that my chief aim is feasible—that relational egalitarianism can effectively provide a philosophical framework for identifying unjust health inequalities and for examining the structural roots of

[48] See Jeffrey M. Brown, "Relational Equality and Disability Injustice," *Journal of Moral Philosophy* 16, no. 3 (2019): 327–57, https://doi.org/10.1163/17455243-20180008.

[49] Ibid., 345.

these inequalities. Knowing which health inequalities are unjust and understanding the mechanisms that cause them from a relational egalitarian viewpoint can enable further research toward the advancement of justice in health, especially in the area of how health policies and programs are developed.[50] This latter point echoes and dovetails with another point I made earlier about how relational egalitarianism can provide a philosophical framework to identify and understand the injustices associated with the COVID-19 pandemic: Because relational egalitarianism is sensitive to a broader, more nuanced, and more grounded kind of inequality (i.e., relational inequality) it can thus provide a philosophical framework to examine health inequalities that extend beyond distributive inequalities and offer some guidance for decisions and actions geared toward the pursuit of justice in health.

What would happen if we applied relational egalitarianism to the inequalities reinforced and produced by COVID-19? Or as I ask, what does relational egalitarian justice require in responding to the inequalities of the COVID-19 pandemic in the Philippines? There is no research yet on these questions nor any literature on contemporary egalitarianism in general as it is applied to pandemics such as COVID-19.

[50] Voigt and Wester, "Relational Equality and Health," 225. See also Erika Blacksher, "Redistribution and Recognition: Pursuing Social Justice in Public Health," *Cambridge Quarterly of Healthcare Ethics* 21, no. 3 (2012): 320–31, https://doi.org/10.1017/S0963180112000047.

It this within this space in the literature where my research—which aims to construct a relational egalitarian framework to identify, examine, and respond to the unjust inequalities associated with COVID-19—will do its work. There is clearly more to learn about contemporary egalitarianism and, more specifically, relational egalitarianism as it is applied to health in the context of pandemics.

Health Equity Research

The topic of pursuing justice in health is neither exclusive nor original to research on theories of egalitarian justice and health inequality within the field of political philosophy. Instead, the pursuit of justice in health more suitably falls under health equity within the field of public health research, where there is an overwhelmingly large body of literature. Since my research is primarily about relational egalitarianism as it is applied to the context of a specific public health problem, my research more properly belongs to the field of political philosophy. As such, to keep things concise, this portion of the literature review will focus only on notable works from health equity research that are relevant to my topic and that show where and how relational egalitarianism can contribute.

We can begin with a definition of health equity to see how research on it connects and overlaps with the contemporary egalitarian view of health. In the words of health equity researchers and advocates Paula Braveman and Sofia Gruskin,

> For the purposes of operationalisation and measurement, equity in health can be defined as the absence of systematic disparities in health (or in the major social determinants of health) between social groups who have different levels of underlying social advantage/disadvantage—that is, different positions in a social hierarchy. Inequities in health systematically put groups of people who are already socially disadvantaged (for example, by virtue of being poor, female, and/or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their health; health is essential to wellbeing and to overcoming other effects of social disadvantage.[51]

Apart from this definition of health equity already taking the social determinants of health into consideration, what is significant about it is that it sees health inequalities not as differences between individuals but rather between social groups. Moreover, these groups are recognized as belonging to a social hierarchy that advantages or disadvantages the health of groups depending on their positions in the said hierarchy. It is this structural and systematic advantaging or disadvantaging of health in groups that makes

[51] Paula Braveman and Sofia Gruskin, "Defining Equity in Health," *Journal of Epidemiology and Community Health* 57, no. 4 (2003), 254, http://doi.org/10.1136/jech.57.4.254.

inequalities unjust and thus it is the focus of health equity research. In other words, to pursue health equity is to work on narrowing health inequalities brought about by social hierarchies.

Braveman and Gruskin's definition of health equity shows that the relational egalitarian view of health inequality is compatible with how health equity researchers and advocates approach health inequality. The two are compatible because both are sensitive to a broader, more nuanced, and more grounded kind of inequality—the kind that is irreducible to differences in distribution, that is rooted in institutional or structural mechanisms that leave groups of people on unequal footing. Simply put, the pursuit of health equity is a relational egalitarian concern.

What then can relational egalitarianism lend or contribute to health equity research and more importantly, to the pursuit of health equity? As a chiefly philosophical work on relational egalitarianism applied to an epidemiological concern, what can my research add to the discussion?

Specifically, relational egalitarianism can contribute to health equity research by providing some guidance for decisions and actions in the process of pursuing health equity. Health equity, after all, is both an outcome to be achieved and the process of working toward that outcome.[52] This process is comprised of several steps, namely,

[52] Paula Braveman et al., *What Is Health Equity? And What Difference Does a Definition Make?* (Princeton, NJ: Robert Wood Johnson Foundation, 2017), 3.

identifying health inequalities that are unjust and of concern to those who are affected by them, changing institutional and structural mechanisms to narrow the inequalities involved (e.g., changing policies), evaluating and monitoring these changes using short- and long-term measures, and reassessing health equity strategies on a regular basis. This process is iterative, that is, it is a cyclical process of improvement that does not have a clear beginning or end.[53] Given the above, we can say that relational egalitarianism can mostly help in the first two steps in the process of working toward health equity. As I argue, relational egalitarianism can effectively provide a philosophical framework to identify, examine, and respond to injustices in health.

Certainly, health equity researchers and advocates have their own frameworks with which to do these first two steps in the health equity process, but their frameworks tend to lean heavily toward epidemiology, focusing on the distributive factors of disease and ill health.[54] This tendency is understandable as disease and ill health are epidemiological concerns that exemplify health inequalities brought about by social hierarchies. But this tendency can also overshadow health equity or justice in health as an outcome to be achieved. Such an overshadowing is

[53] Braveman et al., *What Is Health Equity*?, 6–8..

[54] Sridhar Venkatapuram and Michael Marmot, "Epidemiology and Social Justice in Light of Social Determinants of Health Research," *Bioethics* 23, no. 2 (2009): 79–80, http://doi.org/10.1111/j.1467-8519.2008.00714.x.

illustrated well in the area of research on preparing for and responding to extreme health crises such as pandemics. The issue of social justice in relation to health does not figure prominently in the literature on pandemic preparedness and response.[55] Instead what is prominent are the formal and scientific epidemiological aspects of preparing for and responding to pandemics, namely, reviewing and amending technical policies regarding pandemic response, developing disease detection and surveillance tools and methods, and formulating pharmaceutical and non-pharmaceutical control strategies.[56]

Apart from leaning heavily toward epidemiology, the bulk of the research on pandemics also tends toward framing the problem of health inequality in terms of ethics (e.g., the

[55] See Harvey Kayman and Angela Ablorh-Odjidja, "Revisiting Public Health Preparedness: Incorporating Social Justice Principles into Pandemic Preparedness Planning for Influenza," *Journal of Public Health Management and Practice* 12, no. 4 (July–August 2006): 373–80, http://doi.org/10.1097/00124784-200607000-00011; Lawrence O. Gostin, "Why should We Care about Social Justice?," *The Hastings Center Report* 37, no. 4 (2007): 3, https://doi.org/10.1353/hcr.2007.0054; Lori Uscher-Pines et al., "Planning for an Influenza Pandemic: Social Justice and Disadvantaged Groups," *The Hastings Center Report* 37, no. 4 (July–August 2007): 32–39, https://doi.org/10.1353/hcr.2007.0064; and Debra DeBruin, Joan Liaschenko, and Mary Faith Marshall, "Social Justice in Pandemic Preparedness," *American Journal of Public Health* 102, no. 4 (April 2012): 586–91, http://doi.org/10.2105/AJPH.2011.300483.

[56] See Lance C. Jennings et al., "Stockpiling Prepandemic Influenza Vaccines: A New Cornerstone of Pandemic Preparedness Plans," *The Lancet Infectious Diseases* 8, no. 10 (2008): 650–58, https://doi.org/10.1016/S1473-3099(08)70232-9; Harvey V. Fineberg, "Pandemic Preparedness and Response—Lessons from the H1N1 Influenza of 2009," *The New England Journal of Medicine* 370, no. 14 (2014): 1335–42, http://doi.org/10.1056/ NEJMra1208802.

obligations of health workers in extreme health crises, or ethical issues that may arise from vaccine development) and thus "does not specifically address the needs of socially and economically disadvantaged groups."[57] As a result, "Common pandemic preparedness strategies to reduce transmission may be nominally fair and neutral but create disparities when applied in contexts beset with inequalities. . . . Thus, rather than ameliorating structural inequalities, pandemic preparedness strategies sometimes contribute to them."[58] In response to this oversight, there has been a growing recognition of the need to more consciously incorporate considerations of justice that are specifically aimed at the reduction and elimination of health inequalities brought about by social hierarchies in preparing for and responding to pandemics.

Given the above, a relational egalitarian framework, which I aim to construct, can provide a unique philosophical perspective that is specifically focused on social justice in relation to health and that can work alongside existing epidemiological and ethical frameworks in the process of working toward health equity in general and in the context of pandemics. As Sridhar Venkatapuram and Marmot put it,

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[57] Uscher-Pines et al., "Planning for an Influenza Pandemic," 33. Cf. Nancy E. Kass, "An Ethics Framework for Public Health and Avian Influenza Pandemic Preparedness," *Yale Journal of Biology and Medicine* 78, no. 5 (2005): 235–50; and World Health Organization, *Ethical Considerations in Developing a Public Health Response to Pandemic Influenza* (Geneva: WHO Press, 2007).

[58] DeBruin, Liaschenko, and Marshall, "Social Justice in Pandemic Preparedness," 587.

> Philosophical reasoning has to become more explicit in epidemiology and the causation and distribution of health has to become more central to social justice philosophy. In order for the reasoning used in epidemiology as a whole to be sound, for its scope and (moral) purpose as a science to be clarified, and equally as important, for philosophical theorizing on social justice to be relevant and coherent, epidemiology and philosophy need to set in motion a meaningful exchange of ideas that flows in both directions.[59]

My research then will contribute to the literature on the "meaningful exchange" between political philosophy and epidemiology in public health research—more specifically, between contemporary egalitarianism and health equity research—about the process of working toward health equity. More precisely, through the relational egalitarian framework it aims to construct, my research will contribute to the growing literature in the area between contemporary egalitarianism and health equity research about what it means to pursue justice in health in preparing for and responding to extreme health crises such as pandemics.

[59] Venkatapuram and Marmot, "Epidemiology and Social Justice," 80.

Overview of the Work

Methodologically, my research will be an exercise in "nonideal theory." As Anderson puts it, nonideal theory does "not advance principles and ideals for a perfectly just society," but instead advances "ones that we need to cope with the injustices in our current world, and to move us to something better," and as such starts "from a diagnosis of injustices in our actual world, rather than from a picture of an ideal world."[60]

Adopting nonideal theory in my research has its advantages. To begin with, the methodological movement of nonideal theory follows the same rhythm, so to speak, as the process of pursuing justice in health, of advancing health equity. As it will be shown later, the approach of nonideal theory begins with the identification of a problem and then works toward understanding the problem better and figuring out how to solve it. This is in step with the approach adopted in public health research on health equity, which begins with identifying health inequalities that require addressing and then moves on to working out what to do to address them. Such a methodological compatibility facilitates a smoother exchange between contemporary egalitarian theory and public health research.

Aside from the reasons specific to my research, however, there are also other methodological reasons to adopt

[60] Elizabeth Anderson, *The Imperative of Integration* (Princeton, NJ: Princeton University Press, 2010), 3.

nonideal theory. Anderson for her part says that there are three reasons to do so. The first reason is to acknowledge and emphasize that whatever principles or ideals we formulate about justice must be suited to the human condition.[61] In other words, nonideal theory recognizes that human beings are not perfectly rational individuals and that we must understand what motivates and shapes the behavior and reasoning of real human beings if we are to come up with institutional and structural mechanisms to pursue justice. The human condition therefore does not only factually and feasibly constrain our principles and ideals of justice; it is also precisely what animates and calls for them.[62]

The second reason is that if we do not adopt nonideal theory in political philosophy and instead adopt ideal theory, "we risk leaping to the conclusion that any gaps we see between our ideal and reality must be the cause of the problems in our actual world, and that the solution must therefore be to adopt policies aimed at directly closing the gaps."[63] For instance, in the context of the COVID-19 pandemic, the ideal situation would be one wherein everyone is willing to give up a bit of their liberty to follow quarantine measures and thus stop the spread of the disease. But that is not the case. Beginning with this ideal scenario in

[61] Anderson, *The Imperative of Integration*, 3–4.

[62] Laura Valentini, "Ideal vs. Non-Ideal Theory: A Conceptual Map," *Philosophy Compass* 7, no. 9 (2012), 657, http://doi.org/10.1111/j.1747-9991.2012.00500.x.

[63] Anderson, *The Imperative of Integration*, 4.

mind may lead us to identify people's unwillingness to give up a bit of their liberty as the cause of the spread of the disease. Such a "misdiagnosis," as Anderson might call it, may lead to inappropriate or mismatched solutions such as the authoritarian and militaristic enforcement of quarantine restrictions in response to what is essentially a public health and social protection problem.[64]

The third reason to adopt nonideal theory, which is related to the second reason, is that "starting from ideal theory may prevent us from recognizing injustices in our nonideal world."[65] In other words, aside from possibly leading to inappropriate or mismatched solutions, starting with what is ideal may also lead us to gloss over or even neglect actual and current problems of justice and their causes. Going back to the COVID-19 example, starting with the ideal scenario in mind may cause us to overlook how quarantine measures could be unjust to begin with because they fail to consider that following quarantine measures rests not only on one's willingness to stay at home but also one's ability to do so, which is largely determined by one's socioeconomic status.[66]

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[64] See Beltran, "The Philippines' Pandemic Response"; and Quijano, Fernandez, and Pangilinan, "Misplaced Priorities, Unnecessary Effects."

[65] Anderson, *The Imperative of Integration*, 5.

[66] See Aspinwall, "Coronavirus Lockdown"; Ducanes, Daway-Ducanes, and Tan, "Addressing the Needs"; Talabong and Gavilan, "'Walang-Wala Na' [Absolutely Nothing]"; Beltran, "The Philippines' Pandemic Response"; and Quijano, Fernandez, and Pangilinan, "Misplaced Priorities, Unnecessary Effects."

These reasons show that nonideal theory as Anderson conceives it—based on the terms in Laura Valentini's conceptual map of the debate about ideal and nonideal theory—is realistic and transitional.[67] It is a realistic theory because, as mentioned earlier, it is both constrained and animated by the realities of the human condition. Moreover, it recognizes that as human beings we already intuitively appreciate what injustice is and as such we do not need a completely fleshed out account of justice for us to know that there are problems that need addressing.[68] Through nonideal theory, what we can do is to examine our intuitions regarding injustice and to provide concepts and frameworks to further refine or maybe even replace them and work out a better working account of justice.

The realistic nature of Anderson's conception of nonideal theory connects to it being a transitional theory as well, being a theory that allows for "transitional improvements without necessarily determining what the 'optimum' is."[69] Simply put, nonideal theory recognizes that justice is an outcome to be aimed for just as much as it is the process of working toward that outcome; it is therefore unnecessary to exhaustively work out what it means to aim for justice for us to start working toward it. We do not need "to know what is ideal in order to improve. Knowledge of the better does not

[67] Valentini, "Ideal vs. Non-Ideal Theory," 656–62.
[68] Anderson, *The Imperative of Integration*, 3
[69] Valentini, "Ideal vs. Non-Ideal Theory," 654.

require knowledge of the best."[70] Ideals therefore are not congealed aims that are prerequisites for working toward justice. Rather, as Anderson argues, ideals function as hypothetical and imagined solutions to problems of justice that need to be constantly tested and reassessed.[71]

With nonideal theory as my methodological approach, I will rely on the following guiding process from Anderson to unpack and operationalize my central question and build my arguments:

> In nonideal theory, normative inquiry begins with the identification of a problem. We then seek a causal explanation of the problem to determine what can and ought to be done about it, and who should be charged with correcting it. This requires an evaluation of the mechanisms causing the problem, as well as the responsibility of different agents to alter these mechanisms. If they are unjust, we then consider how these mechanisms can be dismantled.[72]

Given the above, and through three sub-questions, my research will work toward and carry out its aims: to construct a relational egalitarian framework to identify and examine which of the inequalities that have been reinforced and produced by the COVID-19 pandemic are unjust and to

[70] Anderson, *The Imperative of Integration*, 3.
[71] Ibid., 6–7.
[72] Ibid., 22.

work out what changes and processes might be required to justly respond to these inequalities.

The first sub-question asks: What inequalities has the COVID-19 pandemic reinforced and produced in the Philippines? This means that I will start with looking at the impacts and resultant complex inequalities of the Philippines' COVID-19 response and then construct a relational egalitarian framework, drawing from the works of various relational egalitarians, to identify and understand them more clearly. I will also examine which social relations and institutional arrangements have caused or contributed to the inequalities of COVID-19. To a certain extent, I have already begun to answer this first sub-question as I have already identified specific inequalities associated with the pandemic. There is still more, however, to be said about these inequalities, especially since they have been discussed here only in relation to a few examples of the impacts of the Philippines' COVID-19 response. There is also more to be said about relational egalitarianism as a theory.

The second sub-question asks: From the relational egalitarian perspective, which of these inequalities are unjust? This means that after answering the first sub-question, I will sift through the COVID-19 inequalities I have identified—namely, the unequal distribution of medical resources, the unequal impacts of quarantine measures, and the unequal enforcement of quarantine restrictions—and then using the relational egalitarian framework I have constructed, I will figure out which among them are unjust.

Answering this second sub-question means taking a closer look at the social relations and institutional arrangements that are causally relevant to these unjust inequalities and checking if they disempower, disrespect, or disadvantage people. Answering this sub-question will also allow us to take stock of our intuitions about injustice and check which of them may need to be refined or even replaced.

Finally, the third sub-question asks: What structural changes would relational egalitarianism require in responding to these injustices? This means that I will also work out, using my relational egalitarian framework, how to reduce or eliminate the injustices associated with COVID-19. More precisely, I will review causally relevant social relations and institutional arrangements to figure out what structural changes and processes might be required to justly respond to the injustices that these relations or arrangements have caused and identify who might be responsible for implementing and developing such structural changes and processes. Based on the answer to this sub-question, I will also attempt to sketch out a working relational egalitarian approach to pursuing justice in extreme health crises such as pandemics.

All in all, then, I will argue that the distributive inequalities of the COVID-19 pandemic are rooted in relational inequalities embodied by social hierarchies of power, esteem, and standing. As such the inequalities of COVID-19 call for an understanding of and a response to

the pandemic not only in terms of public health and economics but also in terms of social justice. In line with this argument, I aim to construct a relational egalitarian framework to systematically identify, examine, and respond to the injustices that arise from pandemics and other extreme health crises, as well as contribute to a more refined understanding of relational egalitarian theory in general.

Bibliography

ABS-CBN News. "'I Don't Think Na Merong Violation' [I Don't Think There Is a Violation]: PNP Chief Defends Sinas' Birthday Fête." May 13, 2020. https://news.abs-cbn.com/news/05/13/20/i-dont-think-na-merong-violation-pnp-chief-defends-sinas-birthday-fte.

Anderson, Elizabeth S. "Equality." In *The Oxford Handbook of Political Philosophy*, edited by David Estlund, 40–57. Oxford: Oxford University Press, 2012.

———. *The Imperative of Integration*. Princeton, NJ: Princeton University Press, 2010.

———. "What is the Point of Equality?" *Ethics* 109, no. 2 (1999): 287–337. https://doi.org/10.1086/233897.

Arneson, Richard J. "Luck Egalitarianism and Prioritarianism." *Ethics* 110, no. 2 (2000): 339–49. http://doi.org/10.1086/233272.

Aspinwall, Nick, 'Coronavirus Lockdown Strikes Fear Among Manila's Poor', *Al Jazeera*, 14 Mar. 2020, https://www.aljazeera.com/

news/2020/03/coronavirus-lockdown-strikes-fear-manila-poor-200313133102404.html, accessed 21 Jul. 2020.

Bambra, Clare, Ryan Riordan, John Ford, and Fiona Matthews. "The COVID-19 Pandemic and Health Inequalities." *Journal of Epidemiology and Community Health* (2020): 1–5. http://dx.doi.org/10.1136/jech-2020-214401.

Baticulon, Ronnie E. "Why Do Filipino Health Workers Keep Getting Infected with COVID-19?" *CNN Philippines*, May 13, 2020, Culture. https://www.cnn.ph/life/culture/2020/5/14/health-workers-opinion.html.

Bautista, Dessy, and Melissa Luz Lopez. "TIMELINE: How the Philippines is Handling COVID-19." *CNN Philippines*, April 21, 2020. https://www.cnnphilippines.com/news/2020/4/21/interactive-timeline-PH-handling-COVID-19.html.

Beltran, Michael. "The Philippines' Pandemic Response: A Tragedy of Errors." *Diplomat*, May 12, 2020, Southeast Asia. https://thediplomat.com/2020/05/the-philippines-pandemic-response-a-tragedy-of-errors.

Blacksher, Erika. "Redistribution and Recognition: Pursuing Social Justice in Public Health." *Cambridge Quarterly of Healthcare Ethics* 21, no. 3 (2012): 320–31. https://doi.org/10.1017/S0963180112000047.

Braveman, Paula, and Sofia Gruskin. "Defining Equity in Health." *Journal of Epidemiology and Community Health* 57, no. 4 (2003): 254–58. http://doi.org/10.1136/jech.57.4.254.

Braveman, Paula, Elaine Arkin, Tracy Orleans, Dwayne Proctor, and Alonzo Plough. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Brown, Jeffrey M. "Relational Equality and Disability Injustice." *Journal of Moral Philosophy* 16, no. 3 (2019): 327–57. https://doi.org/10.1163/17455243-20180008.

CNN Philippines Staff. "Luzon-Wide Lockdown Extended Until April 30 to Stop COVID-19 Spread." *CNN Philippines*, April 7, 2020. https://www.cnnphilippines.com/news/2020/4/7/Luzon-lockdown-enhanced-community-quarantine-extension.html.

Cohen, G. A. *If You're an Egalitarian, How Come You're So Rich?* Cambridge, MA: Harvard University Press, 2000.

Concepcion, Pocholo. "Gov't Officials Crowd Out Patients for COVID-19 Testing." *Philippine Daily Inquirer*, March 23, 2020. https://newsinfo.inquirer.net/1246714/govt-officials-crowd-out-patients-for-covid-19-testing.

Daniels, Norman. *Just Health Care*. Cambridge, UK: Cambridge University Press, 1985.

———. *Just Health: Meeting Health Needs Fairly*. Cambridge, UK: Cambridge University Press, 2008.

———. "Just Health: Replies and Further Thoughts." *Journal of Medical Ethics* 35, no. 1 (2009): 36–41. http://doi.org/10.1136/jme.2008.026831.

DeBruin, Debra, Joan Liaschenko, and Mary Faith Marshall. "Social Justice in Pandemic Preparedness." *American Journal of Public Health* 102, no. 4 (April 2012): 586–91. http://doi.org/10.2105/AJPH.2011.300483.

Devi, Sharmila. "Travel Restrictions Hampering COVID-19 Response." *The Lancet* 395, no. 10233 (2020): 1331–32. https://dx.doi.org/10.1016%2FS0140-6736(20)30967-3.

Donkin, Angela J. M. "Social Gradient." In *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, edited by William C. Cockerham, Robert Dingwall, and Stella R. Quah. 2014. https://doi.org/10.1002/9781118410868.wbehibs530.

Douglas, Margaret, Srinivasa Vittal Katikireddi, Martin Taulbut, Martin McKee, and Gerry McCartney. "Mitigating the Wider Health Effects of Covid-19 Pandemic Response." *BMJ* 369 (2020). https://doi.org/10.1136/bmj.m1557.

Ducanes, Geoffrey, Sarah Lynne Daway-Ducanes, and Edita Tan. "Addressing the Needs of Highly Vulnerable Households in Luzon During the Covid-19 Lockdown." Ateneo Center for Economic Research and Development Working Paper No. 2020-01, Department of Economics, Ateneo de Manila University, March 2020. https://ideas.repec.org/p/agy/dpaper/202001.html.

Ellao, Janess Ann J. "Women's Group Provides Warm Meals for Marikina's Poor Residents." *Bulatlat*, May 30, 2020. https://www.bulatlat.com/2020/03/30/womens-group-provides-warm-meals-for-marikina-residents.

Esguerra, Darryl John. "DOH: No VIPs but 'Courtesy' Given to Key Gov't Execs." *Philippine Daily Inquirer*, March 23, 2020. https://newsinfo.inquirer.net/1247088/fwd-doh-no-vip-treatment-in-covid-19-testing-but-courtesy-given-to-security-health-officials.

Farmer, Paul. "Social Inequalities and Emerging Infectious Diseases." *Emerging Infectious Diseases* 2, no. 4 (1996): 259–69.

Fineberg, Harvey V. "Pandemic Preparedness and Response—Lessons from the H1N1 Influenza of 2009." *The New England Journal of Medicine* 370, no. 14 (2014): 1335–42. http://doi.org/ 10.1056/NEJMra1208802.

Forrester, Katrina. *In the Shadow of Justice: Postwar Liberalism and the Remaking of Political Philosophy*. Princeton, NJ: Princeton University Press, 2019.

Fourie, Carina, Fabian Schuppert, and Ivo Wallimann-Helmer, eds. *Social Equality: On What It Means to Be Equals*. New York: Oxford University Press, 2015.

Fraser, Nancy, and Axel Honneth. *Redistribution or Recognition? A Political-Philosophical Exchange*. Translated by Joel Golb, James Ingram, and Christiane Wilke. London: Verso, 2003.

Gandhi, Monica, Deborah S. Yokoe, and Daine V. Havlir. "Asymptomatic Transmission, the Achilles' Heel of Current

Strategies to Control Covid-19." *The New England Journal of Medicine* 382, no. 22 (2020): 2158–60. http://doi.org/10.1056/NEJMe2009758.

Gostin, Lawrence O. "Why Should We Care About Social Justice?" *The Hastings Center Report* 37, no. 4 (2007): 3. https://doi.org/10.1353/hcr.2007.0054.

Gostin, Lawrence O., and Madison Powers. "What Does Social Justice Require for the Public's Health? Public Health Ethics and Policy Imperatives." *Health Affairs* 25, no. 4 (July/August 2006): 1053–60. https://doi.org/10.1377/hlthaff.25.4.1053.

Gregorio, Xave. "Movement of People in Luzon Restricted as Island Placed Under 'Enhanced' Community Quarantine." *CNN Philippines*, March 16, 2020. https://www.cnnphilippines.com/news/2020/3/16/luzon-enhanced-community-quarantine-covid-19.html.

Jennings, Lance C., Arnold S. Monto, Paul K. S. Chan, Thomas D. Szucs, and Karl G. Nicholson. "Stockpiling Prepandemic Influenza Vaccines: A New Cornerstone of Pandemic Preparedness Plans." *The Lancet Infectious Diseases* 8, no. 10 (2008): 650–58. https://doi.org/10.1016/S1473-3099(08)70232-9.

Kass, Nancy E. "An Ethics Framework for Public Health and Avian Influenza Pandemic Preparedness." *Yale Journal of Biology and Medicine* 78, no. 5 (2005): 239–54.

Kayman, Harvey, and Angela Ablorh-Odjidja. "Revisiting Public Health Preparedness: Incorporating Social Justice Principles Into Pandemic Preparedness Planning for Influenza." *Journal of Public Health Management and Practice* 12, no. 4 (July–August 2006): 373–80. http://doi.org/10.1097/00124784-200607000-00011.

Lasco, Gideon. "Medical Populism and the COVID-19 Pandemic." *Global Public Health* (2020). https://doi.org/10.1080/17441692.2020.1807581.

Lasco, Gideon, and Nicole Curato. "Medical Populism." *Social Science & Medicine* 221 (January 2019): 1–8. https://doi.org/10.1016/j.socscimed.2018.12.006.

Lewis, Dyani. "Mounting Evidence Suggests Coronavirus is Airborne—but Health Advice has not Caught Up." *Nature*, July 8, 2020, News. https://www.nature.com/articles/d41586-020-02058-1.

Lo, Barnaby. "Senior Philippine Cop's Lockdown Birthday Bash Draws Outrage." *CBS News*, May 13, 2020. https://www.cbsnews.com/news/philippines-police-chief-debold-sinas-coronavirus-lockdown-birthday-party-draws-outrage-2020-05-13.

Magtulis, Prinz. "With Only 250 People Tested a Day, Philippine Health Sector Appears Ill-Prepared for COVID-19." *PhilStar*, March 9, 2020, Business. https://www.philstar.com/business/2020/03/09/1999444/only-250-people-tested-day-philippine-health-sector-appears-ill-prepared-covid-19.

Marmot, Michael. "Fair Society Health Lives." In *Inequalities in Health: Concepts, Measures, and Ethics*, edited by Nir Eyal, Samia A. Hurst, Ole F. Norheim, and Dan Wikler, 282–98 Oxford: Oxford University Press, 2013.

———. "Social Causes of Social Inequalities in Health." In *Public Health, Ethics, and Equity*, edited by Sudhir Anand, Fabienne Peter, and Amartya Sen, 37–61. Oxford: Oxford University Press, 2004.

Matthewman, Steve, and Kate Huppatz. "A Sociology of Covid-19." *Journal of Sociology* (2020). https://doi.org/10.1177/1440783320939416.

Morens, David M., Gregory K. Folkers, and Anthony S. Fauci. "What is a Pandemic?" *The Journal of Infectious Diseases* 200, no. 7 (October 2009): 1018–21. https://doi.org/10.1086/644537.

"Norman Daniels Symposium." *Journal of Medical Ethics* 35, no. 1 (2009): 1–41. https://www.jstor.org/stable/i27720240.

Pogge, Thomas W. "Relational Conceptions of Justice: Responsibilities for Health Outcomes." In *Public Health, Ethics, and Equity*, edited by Sudhir Anand, Fabienne Peter, and Amartya Sen, 135–61. Oxford: Oxford University Press, 2004.

Quijano, Nastassja, Maria Carmen Fernandez, and Abbey Pangilinan. "Misplaced Priorities, Unnecessary Effects: Collective Suffering and Survival in Pandemic Philippines." *The Asia-Pacific Journal* 18, no. 5 (2020). https://apjjf.org/2020/15/QuijanoEtAl.html.

Quinn, Sandra Crouse, and Supriya Kumar. "Health Inequalities and Infectious Diseases Epidemics: A Challenge for Global Health Security." *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 12, no.5 (2014): 263–73. https://doi.org/10.1089/bsp.2014.0032.

Rawls, John. *A Theory of Justice*. Rev. ed. Cambridge, MA: Belknap Press of Harvard University Press, 1999.

Richardson, Eugene T. "On the Coloniality of Global Public Health." *Medicine Anthropology Theory* 6, no. 4 (2019): 101–18. https://doi.org/10.17157/mat.6.4.761.

———. "Pandemicity, COVID-19 and the Limits of Public Health 'Science'." *BMJ Global Health* 5, no. 4 (2020). http://dx.doi.org/10.1136/bmjgh-2020-002571.

Salaverria, Leila B. "Duterte on Keeping Sinas: 'It's on Me'." *Philippine Daily Inquirer*, May 21, 2020. https://newsinfo.inquirer.net/1278499/duterte-keeps-sinas-its-on-me.

Scheffler, Samuel. "What is Egalitarianism?" *Philosophy & Public Affairs* 31, no. 1 (Winter 2003): 5–39.

Segall, Shlomi. "Is Health Care (Still) Special?" *The Journal of Political Philosophy* 15, no. 3 (2007): 342–61. https://doi.org/10.1111/j.1467-9760.2007.00284.x.

———. "Is Health (Really) Special? Health Policy between Rawlsian and Luck Egalitarian Justice." *Journal of Applied*

Philosophy 27, no. 4 (2010): 344–58. http://doi.org/10.1111/j.1468-5930.2010.00499.x.

Servallos, Neil Jayson. "Marikina Mayor, Cops Clash Over Volunteers' Arrest." *PhilStar*, May 2, 2020, Nation. https://www.philstar.com/nation/2020/05/02/2011196/marikina-mayor-cops-clash-over-volunteers-arrest.

Stier, Andrew, Marc Berman, Luis and Bettencourt. "COVID-19 Attack Rate Increases with City Size." Mansueto Institute for Urban Innovation Research Paper No. 19, University of Chicago, March 2020. https://ssrn.com/abstract=3564464.

Talabong, Rambo, and Jodesz Gavilan. "'Walang-Wala Na' [Absolutely Nothing]: Poor Filipinos Fear Death from Hunger More Than Coronavirus." *Rappler*, April 2, 2020, In-Depth. https://rappler.com/newsbreak/in-depth/poor-filipinos-fear-death-from-hunger-more-than-coronavirus.

Uscher-Pines, Lori, Patrick S. Duggan, Joshua P. Garoon, Ruth A. Karron, and Ruth R. Faden. "Planning for an Influenza Pandemic: Social Justice and Disadvantaged Groups." *The Hastings Center Report* 37, no. 4 (July–August 2007): 32–39. https://doi.org/10.1353/hcr.2007.0064.

Valentini, Laura. "Ideal vs. Non-Ideal Theory: A Conceptual Map." *Philosophy Compass* 7, no. 9 (2012): 654–64. http://doi.org/10.1111/j.1747-9991.2012.00500.x.

Venkatapuram, Sridhar, and Michael Marmot. "Epidemiology and Social Justice in Light of Social Determinants of Health Research." *Bioethics* 23, no. 2 (2009): 79–89. http://doi.org/10.1111/j.1467-8519.2008.00714.x.

"VERA FILES FACT SHEET: Are PH Health Workers Adequately Protected During the COVID-19 Pandemic?" *VERA Files*, April 27, 2020. https://verafiles.org/articles/vera-files-fact-sheet-are-ph-health-workers-adequately-prote.

Voigt, Kristin, and Gry Wester. "Relational Equality and Health." *Social Philosophy and Policy* 31, no. 2 (2015): 204–29. http://doi.org/10.1017/S0265052514000326.

Wolff, Jonathan. "Fairness, Respect, and the Egalitarian Ethos." *Philosophy & Public Affairs* 27, no. 2 (2006): 97–122. http://doi.org/10.1111/j.1088-4963.1998.tb00063.x.

World Health Organization. *Ethical Considerations in Developing a Public Health Response to Pandemic Influenza*. Geneva: WHO Press, 2007.

Yan, Zheng. "Unprecedented Pandemic, Unprecedented Shift, and Unprecedented Opportunity." *Human Behavior and Emerging Technologies* 2, no. 2 (2020): 110–12. https://doi.org/10.1002/hbe2.192.