

AFRICAN PHILOSOPHY OF EDUCATION AND COVID-19 PANDEMIC

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Abstract

COVID-19 is a novel disease of the 21st Century just like other pandemics of the past centuries of human existence. But unlike other deadly outbreak of killer diseases in history, COVID-19 is surrounded with conspiracies and shrouded in confusion and lies which have to do with the conspicuous silence at the dawn of this disease by WHO and Chinese Government who were first to encounter this deadly monster of a disease. It continues with the mystery masking its curative and preventive measures linking new world order and the war of the global market. In this light I employed African Philosophy of Education. However, African philosophy is philosophy as it is done in and for Africans and others. It is a by-product of human enterprise on the proper interpretation of people's culture and weltanschauung. It is philosophy done within African philosophical tradition designating the corpus of African philosophical writings. By implication therefore, African philosophy of education is a discipline done in an African context with different aspects and complexities of teaching and learning amidst challenges as an African person. In this respect, African philosophy of education is a contextual education. And in our context it is the application of African philosophy of education on COVID-19 Pandemic within the bounds of African context. Using the method of hermeneutics, the paper shows that with proper orientation based on African Philosophy of Education, COVID-19 Pandemic may be well appreciated in its positive and negative consequences as mere sickness that can be prevented and or cured.

Keywords: Philosophy, African Philosophy of Education, COVID-19

Introduction:

Philosophy is traditionally understood as *philosophia*. It is a human enterprise. This is why *philosophia* is transliterated love (*philos*) of wisdom (*sophia*). As a human enterprise, at any

point man seeks to know with an unaided reasoning and understands effectively the reason and wisdom behind every reality, philosophy is involved and at play. Philosophy is an attempt at personal comprehension, trying to fathom out or give meaning to one's own environment. As Okere, T. (1983, 114) will say: "Philosophy is an effort at self understanding, a giving of meaning to one's own world and existence. It is always "my" philosophy – in other words, a first-person effort". Hence, Maritain (2005, 72) maintains that Philosophy is the highest of human sciences, that is, of the sciences which knows things by the natural light of reason. As a human enterprise, neither discipline nor culture, neither science nor arts and every form of development, humanities and society is devoid of philosophical influence and critical attention. Obenga Theophile (1992, 51) reiterates on this issue thus, "Philosophy has nourished science. It precedes science. Sciences (Physics, Chemistry, Mathematics, Political Science, Aesthetics, Logic, Biology, Sociology, etc) were born of Philosophy".

African Philosophy is philosophy as it is done in and for Africans and others. It is a philosophical tradition that is African within the mainstream of philosophy as a systematic study. African philosophy is the critical and universalizing interpretation of the culture and the worldview of African people by philosophers within and outside African continent. However, Iroegbu, P. (1994, 116) an optimistic contemporary philosopher was very apt in defining African philosophy as:

The reflective inquiry into the marvels and problematic that confront one in the African world, in view of producing systematic explanation and sustained responses to them. It is an inquiry with two aspects: *philosophical* and *African*.

Iroegbu, P. was very *premier* in giving this succinct definition. In this definition one can read a *kind* defense of African philosophy against being labeled mere folk, cultural or *ethno*-philosophy. The background at the time of this definition has to do with questioning and giving the possibility of African philosophy with regard to historicity and methodology. This is why for Iroegbu, P., African philosophy is *philo-sophia, a quest for African wisdom*. However, Iroegbu was academically astute enough to reiterate that "African philosophy is philosophy done in an African context...the different aspects and complexities of existence that challenges him as an African person. In this respect, every philosophy is contextual philosophy". As contextual philosophy, this paper therefore is contextualizing philosophy that is African philosophy of Education on the current issue of COVID-19 in African continent.

African Philosophy of Education

Education derived from two Latin words thus: *educere* is the process of leading one out of ignorance and *educare* is the consequent act of cultivating or leading one into knowledge. Education literally means the ability to lead one out of ignorance and train or lead one into knowledge which is power. Education, formal or informal, therefore has a normative implication of dealing with ignorance with all the instruments of knowledge. And the product is always discipline that is value oriented. Education is the bed rock of every successful country. As one of the oldest industries in human history, education is the main instrument employed by the society to preserve, maintain and grapple with its social balance; hence a society's future depends largely on the quality of its citizens education. Education therefore is an instrument of change and value orientation. However, Nelson Mandela was credited for the saying that *Education is the most powerful weapon which you can use to change the world.*" This is why no country rises above the quality of her education system.

We had African Traditional Education which was a means of transmitting one's culture from one generation to another. Martins-Umeh, N. F. (2018, 88) writes "indigenous system of education is the training that our forefathers gave that was indigenous to every society." It is a process of bringing about a relatively permanent change in human attitude within a human society. Colonialism would have been the best for African Nation States. If it has been a form of tutoring or mentoring so as to bring out the best in Africans for Africa who would be complaining. The effects of colonialism seem to be *double-edged sword*. There are positive sides of the coin with regard to introduction of formalized system of education, advent of Christianity and economic perspectives. Negatively, colonial education rubbed Africa of her *being* thereby trying to recreate an African person into European maroon. As Ezeani, E., (2013, 23) lamented: "For a good number of Africans, adoption of anything foreign is a mark of *onye ma ife* (*educatedness* or civilized person) as this is interpreted to be a symbol of education...education became associated with western knowledge and culture." By this we become inferior to them losing our sense of worth. But this is not what education ought to be. It ought to be integrally holistic and sums up every facet of the societal life. Ezeani, E. (2013, 25) continuing laments thus: "one of the most serious negative impacts of colonial education on Africa is *de-Africanization* of Africa a process which dispossessed the people of their culture, values, languages and human dignity."

Notably, African philosophy of traditional education was quite pragmatic and aimed at providing a gate way to the life of the community. It was based on the philosophy of productivity and functionalism. It was utility based and in African education, there is an end in view such that anyone who has undergone this level of education was expected to have acquired the competence and shows it in the course of his performance. African traditional education is a practical means of inculcating knowledge, skills and gaining the expected empowerment. Unfortunately Africa is yet to recover from the Whiteman's plundering of African in the name of colonization after years of slavery and the current capital flow. African still suffers the stolen legacies and the inherent indoctrinization that everything black is evil alongside the confusion in our founding fathers that were trained in European mentality and clothed with colonial garb to witch-hunt their brother Africans. Why Colonial Education instead of African Education? As far back as 1933 Carter G. Woodson has published *The Miseducation of the Negro*.

Philosophy of Education is an applied philosophy. It is an application of philosophical principles and a kind of intelligent questioning on teaching methodologies and learning principles as depicted in every field of education per se. For Iroegbu, P., however, African philosophy is a *philo-sophia*, a quest for African wisdom. African philosophy of education, therefore, is a minor *philosophia*, an African quest for African knowledge and African wisdom. It is an African critical thinking on education as a process of teaching and learning formally and informally. African philosophy of education is a discipline done in an African context with different aspects and complexities of teaching and learning amidst challenges as an African person. In this respect, African philosophy of education is a contextual education.

African philosophy of education is aimed at enhancing the African person and his worldview which should evidently be seen in the development of curriculums and its implementation which will in turn build the personality of the African person.

African Philosophy of education is most *adrem* for the nation in developmental crisis after these years of slavery and colonization. Such an African philosophy of education will definitely address and attend to African problems from African point of view. This is why African Philosophy of Education, as an applied discipline, is the application of African critical wisdom and other African philosophical issues on African education as a process of leading one out of

ignorance and consequently leading same person into knowledge. African philosophy of education is for credible African education.

Historical Origin of the Outbreak of Epidemics

COVID-19 is a new deadly disease with enormous impact on our generation. As 21st century's quandary, its effects so far will be far reaching in line with what has resulted in the past few months. In the face of what is shaping out to be one of the most dangerous health events of this age, one need to go back into history for more info on deadly diseases' outbreaks. The Sacred Scripture recorded many plagues and deadly outbreak of natural disaster by God on the human race starting with losing of Paradise on earth as a result of man's disobedience via Adam and Eve (cf. Gen. 3ff). What of the destruction of the first world order with heavy rain that led to the building of the Noah's Ark (cf. Gen. 6-9) and the outbreak of deadly fire that engulfed the second world order of Sodom and Gomorrah (cf. Gen. 18:20, 19:24ff). Again what of the 10 plagues against the Egyptians in favour of Israelites (Ex.7-11). What of the plague of fiery venomous serpent circa 550BCE that killed many Israelites in the desert (cf. Num. 21ff) and other untold plagues of ravaging wars recorded in the Bible? Plagues as epidemics or pandemics have been part of human living and exigencies. However, there is this fact that in every one of these plagues God provided an answer or the cure. From the point of scriptural view and understanding, therefore, COVID-19 may not be an exemption.

A summary of the online sources shows series of pandemic in human history. Mention must be made of Antonine Plague (165 AD cir. 5million deaths), the Black Death (1346-1353 cir. 75-200million deaths): an epidemic that took out 30 to 60 percent of Europe's population in the mid-1300s—but its far more evil twin, pneumonic plague. Then the bubonic plague, the Plague of Justinian (541-542 cir. 25million deaths), Third Cholera Pandemic (1852–1860 with cir. 1million deaths), Flu Pandemic (1889-1890 with 1 million deaths), Sixth Cholera Pandemic (1910-1911 cir. 800,00+ deaths), Flu Pandemic (1918 with about 20-50million deaths), Asian Flu (1956-1958 with about 2million deaths) , Flu Pandemic (Influenza 1968 with 1 million death), HIV/AIDS Pandemic (at its peak, 2005-2012 with about 36million deaths) and Ebola pandemic. Humanity has seen it all even with corona viruses' infection.

Background Origin of Covid-19

Phylogenetic analysis suggests that SARS-CoV-2 originated in animals, probably bats, and was transmitted to other animals before crossing into humans at the Huanan wet market in Wuhan City of China. There is some evidence that the intermediate vector may have been pangolin, a type of nocturnal anteater imported illegally for its flesh. This animal carries a coronavirus that is very similar to SARS-CoV-2 but differs in a crucial region that determines viral infectivity and host range. It is therefore possible that the virus passed into humans and then, through adaptation as it infected more people, mutated to acquire the characteristics that made it spread so quickly (Chaplin, 2020). SARS-CoV-2 is not the first coronavirus to cause outbreaks of respiratory infection in humans. Six others have been identified so far, all believed to have originated in animals. The four coronaviruses that are now endemic in humans cause 10–15% of common colds, mostly peaking between December and April (Chaplin, 2020).

Corona viruses belong to the coronaviridae family in the Nidovirales order. Corona represents crown-like spikes on the outer surface of the virus, thus it was named as a coronavirus. Corona viruses are minute in size, about 165-125nm in diameter and contain a single-stranded RNA as a nucleic material. The subgroups of coronaviruses family are alpha, beta, gamma and delta coronaviruses. Coronavirus causes acute lungs injury (ALI) and acute respiratory distress syndrome (ARDS) which leads to pulmonary failure and results in fatality (Adnan et al, 2020).

They were thought to infect only animals until the world witnessed a severe acute respiratory syndrome (SARS) outbreak caused by SARS-COV, 2002, in Guangdong, China. A decade later another pathogenic coronavirus, known as Middle East respiratory syndrome coronavirus (MERS-COV) caused an endemic in Middle Eastern countries. Recently towards the end of 2019, Wuhan, a city in China experienced an outbreak of a new coronavirus that killed more than eighteen hundred and infected over seventy thousand individuals within the first days of the pandemic. This virus was reported to be a member of beta group of coronaviruses (Adnan *et al.*, 2020). The new virus was named as Wuhan coronavirus or 2019 novel coronavirus (2019-ncov) by the Chinese researchers. The international committee on taxonomy of viruses (ICTV) named it SARS-COV2 and the disease as Covid-19.

December 2019, therefore, woke the world up to another outbreak, *in this contemporary time*, amidst all the progress in public health and much lauded advancement in human science and global interconnectivity. The deadly killer disease started in the region of Wuhan, China. In a very far away China, a newly *novel* Coronavirus disease began appearing in human beings. It was short-named COVID-19, an abridged form of *Coronavirus disease of 2019*. Recently, by the end of 2019, World Health Organization (WHO) was informed by the Chinese government about several cases of pneumonia with unfamiliar etiology. The novel virus spreads incredibly quickly between people. Being a new virus there was no immunity or any known cure, due to its newness. As an epidemic in China, the virus spread worldwide within months. WHO declared Covid-19 a pandemic in March, 2020. As at the time of this write up in August 2020, the online latest information on the *geographical distribution* of COVID-19 cases globally, updated daily Since 31 December 2019 and exactly as of August 13, 2020, a total number of 20,552,041 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 746,640 deaths. The infection rate in the temperate regions like US were pandemic than in tropical areas of Africa and likes are very low, the statistical figures show.

Covid-19 Infectivity

Like SARS-CoV, the SARS-CoV-2 virus responsible for COVID-19 can survive in aerosols for hours and on surfaces including stainless steel, plastic and cardboard for days, although washing with soap or detergent will destroy the virus. It can be transmitted during the asymptomatic incubation phase (this is estimated to occur in 50–60% of cases) and for up to two weeks after the onset of symptoms. Each person infected passes the virus on to an average of three others. The incubation period is about 5–6 days (range 1–14 days). Clinical presentation varies from asymptomatic, subclinical infection and mild illness to severe or fatal illness; deterioration can occur rapidly, often during the second week of illness. Viral load is up to 60 times greater in people with severe symptoms compared with mild cases. Death is due to pneumonia and possibly hyper inflammation associated with cytokine storm syndrome (Chaplin, 2020). The most common symptoms of COVID-19 are fever/chills, dry or productive cough, sore throat, general weakness, pain, rhinorrhea and diarrhea. Complications include cardiomyopathy, thrombosis, acute kidney injury and encephalitis.

Probable risk factors for severe disease and death include increasing age, being of minority ethnic background, immune-suppression, hypertension, diabetes, cardiovascular disease, chronic respiratory disease, obesity, smoking and cancer. Men in these groups appear to be at higher risk. Chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension are strong predictors of severe cases. Some risk factors may be explained by the virus's affinity for angiotensin converting enzyme II (ACE2), which is expressed by the epithelial cells of the lung, intestine, kidney and vasculature. ACE2 expression is up regulated

in older people, tobacco smokers, and people with diabetes or hypertension, many of whom are treated with ACE inhibitors, and by the glitazones and ibuprofen (Chaplin, 2020). However, recent studies from Italy and USA have shown that treatment with an ACE inhibitor or angiotensin II-receptor blocker (or indeed any other single antihypertensive agent) is not associated with an increased risk of contracting COVID-19, severe symptoms or a fatal outcome. The link therefore appears to be simply due to the higher risk associated with cardiovascular disease (Mancia, *et al.*, 2020)

Particulars and Conspiracies of COVID-19

Conspiracy theories (CTs) can be defined as a set of “false beliefs in which the ultimate cause of an event is believed to be due to a plot by multiple actors working together with a clear goal in mind, often lawfully and in secret (Swami, *et al.*, 2014). The pandemic has been faced with a lot of conspiracy theories which include suppression of vaccines; the development of bio-weapons; and, even the role of 5G technologies amongst others. Most of the controversy theories relating to this pandemic are potentially harmful and some could lead to public rejection of public health measures to suppress the spread of the virus. For example, in protests in US against the ‘lockdown’ measures, protestors were seen carrying posters that indicate support for the “Bill Gates conspiracy”. This conspiracy proposes that the former Microsoft CEO is planning to microchip individuals and forces them into vaccination or that vaccination is a form of incursion into “bodily autonomy”. This is one of the major conspiracy theory known. The Bill Gates conspiracy is known to have risen from misinterpretation of a Reddit quote in which Gates spoke of the need to use security certificates (in the electronic validation sense) to confirm the COVID-19 status of potential businesses in supply chains. Online bloggers conflated this statement with Gates Foundation research in Science that wrote about the value of temporary skin codes/tattoos in COVID-19 testing. These pieces of information led to the view that Gates was promoting the micro-chipping of individuals which was false. (Evstatiever, 2020).

From 2020 onward, the world is likely not to be the same again with regard to the *misinfo*, that is, the confusion and crisis COVID-19 has dragged the world into. This is 9 months now and yet the pandemic is still very much around. So, it has come to stay. Without sounding sarcastically pessimistic, decades to come must feel the effects of COVID-19. The disease may go but what of the long lasting socio-political *cum* economic aftermath effects. This is a great fact that must be appreciated through positive attitudes and reactions.

There are other grave facts that have to do with the status of COVID-19. COVID-19 is an epidemic as well as a pandemic. As an epidemic, online source defines it “as an outbreak of a disease that affects many individuals at once and spreads rapidly”. Moreover, an outbreak is defined as a sudden, often unexpected escalation in the number of instances of a disease. An outbreak can occur in a particular community, geographical location, or across a multitude of countries. But as a Pandemic, it is a form of epidemic. On the other hand, a pandemic is a type of epidemic. However, when speaking in terms of a pandemic versus epidemic, the former term is used to describe a disease that affects an entire nation or even the world at large. Therefore, the difference between pandemic and epidemic is that while an epidemic may affect just one or a few areas, a pandemic affects the entire world. Pandemic affects the whole humanity. COVID-19 in this sense is a pandemic that is ravaging the whole continents. However, its origin and nature remains a mystery to be resolved.

At the dawn of this pandemic the American president Donald Trump refers to it as *Chinesevirus*. It sounded ridiculous but since it started in Wuhan, China it’s likely a Chinese

virus by implication. Online Wikipedia confirms that “China's first confirmed Covid-19 case traced back to November 17th, in the year 2019. Besides sentiments, Researches have tried to show that COVID-19 is not a living organism, therefore not a natural organic occurrence but a creation from an inorganic substance thereby a by-product of a lab. However, U.S. intelligence officials have concluded that the virus, which causes Covid-19, was “not manmade or genetically modified.” But they concurred that they are still investigating if the Coronavirus pandemic was sparked by an accident at a lab in China or by contact with animals. Nevertheless,

The coronavirus is actually a family of illnesses such as the common cold, SARS (Severe Acute Respiratory Syndrome), and others. COVID-19 is the latest version of this class of illnesses and is said to have originated in China. The virus itself is known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which ultimately causes the disease known as coronavirus disease 2019 (COVID-19).

In our study herein, there are already many conspiracy theories about COVID-19. Conspiracy as they say is often a socio-political ideology. Wikipedia has it that “conspiracy theory is an explanation for an event or situation that invokes a conspiracy by sinister and powerful groups, often political in motivation, when other explanations are more probable”. Hence, it is a conviction with certainty that there is an underground or hidden agenda by an influential organization ever responsible for an unexplained occurrence. Conspiracy theories, however, flourish and thrives more in gullible areas and moments of crisis and confusion, especially in our contemporary society, where people must blame significant events as being part of some kind of conspirators' plot. COVID-19 has engineered a lot of facts and falsehood in the last 9months with regard to its origin, nature and *modusoperandi*. WHO was accused of late info unto misinformation as she continues to combat vagaries of fierce rumours and furious falsehood about COVID-19. Amidst these conspiracies, Giulia Carbonaro (2020) in his online paper titled “*Should I worry about COVID-19 theories?* Explains thus:

The COVID-19 pandemic has sparked a lot of conspiracy theories about the origins of the virus, from the one claiming it escaped from a lab in Wuhan, to Bill Gates having orchestrated the outbreak as part of an obscure plan to control the world, to exposure to 5G cell phone technology causing the infection.

He reiterates that such claims as above are part of the conspiracies “that refuse to be put to rest despite being repeatedly denied by fact checkers, experts, and scientists”. He boldly asserts that, “the World Health Organization has been combating rumours and falsehoods around the coronavirus since the beginning of the crisis, declaring in February that they were not only fighting the pandemic, but also an *infodemic*.” However, it is worrisome when some of the doubts about COVID-19 were raised by presidential figure like President Trump and more doubts cast on WHO as part of the conspiracy. Giulia, C (2020) quoted Daniel Jolley, a lecturer in psychology and researcher in conspiracy theories at Northumbria University in Newcastle, UK as saying that “there are also some personality quirks that make you more susceptible to believe in conspiracies”.

COVID-19 and Bioweapon-5G Special Conspiracy

The development of biological weapons is still clearly unknown but statements include items relating to whether the virus had escaped from a lab and were a bioweapon, whether bodies had been secretly burned in China, the involvement of Bill Gates and the 5G technology and the availability and suppression of an existing vaccine. Although the lab hypothesis is not completely incorrect, anyone who endorses this without strong evidence is still likely to be displaying a form of conspiracy reasoning. The conspiracy on the 5G technology and vaccination is known to have originated In December 2019, by a team of Massachusetts Institute of Technology researchers who published a paper in the medical journal *Science Translational Medicine* detailing how something called "quantum dots" could be delivered to the skin to record vaccinations. Kevin McHugh, an assistant professor of bioengineering at Rice University and the lead researcher on the project, stated that this project involves tracking chips and not microchips. The project was misconstrued probably because the quantum dots produced light when delivered into the skin. The dots helped signal that a patient has been vaccinated and that way it is easier to keep accurate records as explained by McHugh. It is also believed that the rich would want to control the world and so that's how Bill Gates name comes into play. Steven Brill, the founder of News-Guard, a company that tracks false information, said there are two reasons: The Bill and Melinda Gates Foundation funds global vaccination research and drives, and Bill Gates is the co-founder of Microsoft Corp (Georgiou , *et al.*,2020)

Lastly, looking at the fear of 5G and the power of social media, Joseph Downing, a fellow at the London School of Economics, studied the origins of the 5G conspiracy theory on social media and said he and his colleagues were able to track down the exact account that turned this conspiracy theory into a trending topic on Twitter. The account was @5Gcoronavirus19, which sent out about 303 tweets in seven days. It's unclear who operated the @5Gcoronavirus19 account, which has since been taken down. But it managed to create such momentum that other platforms picked it up from there. Downing said someone doesn't need to have a huge following to do that; they just need to know how the algorithm work which was true. It was also noted that people were tagging President Trump in their tweets which was enough to gain traction," he said. more than 70 cell phone towers were set on fire in the United Kingdom in April and May because of their alleged link to the spread of the virus, Mobile UK, which represents Britain's four mobile operators, told Business Insider in May.(Georgiou, *et al.*,2020)

These theories can be translated into harm in this critical period of the pandemic where greater number of people are made to believe these things and when a society is divided because of misinformation it could lead to disruptions in elections, health care and even create distrust in the entire democratic system.

Possible Treatments in Development for COVID-19

Management of the complications of COVID-19 relies on supportive care and oxygen supplementation via non-invasive or mechanical ventilation. Patients who are critically ill may require vasopressor support and antibiotics for secondary bacterial infections(Chaplin, 2020). The absence of an effective treatment against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections has led clinicians to redirect drugs that are known to be effective for other medical conditions to the treatment of COVID-19. Key among these repurposed therapeutic agents are the antimalarial drug chloroquine and its analogue hydroxychloroquine, which is used for the treatment of autoimmune diseases, such as systemic lupus erythematosus and rheumatoid arthritis(Mehra *et al.*, 2020). These drugs have been shown in laboratory conditions to have antiviral properties as well as immunomodulatory effects. Other repurposed therapeutic agents include; remdesivir, lopinavir, interferon beta-1a, doxycycline and azithromycin.

However, the use of this class of drugs for COVID-19 is based on a small number of anecdotal experiences that have shown variable responses in uncontrolled observational analyses, and small, open label, randomized trials that have largely been inconclusive. The combination of hydroxychloroquine with a second-generation macrolide, such as azithromycin (or clarithromycin), has also been advocated despite limited evidence for its effectiveness (Mehra *et al.*, 2020). It is crucial to start hydroxychloroquine treatment early during day 1-7 of symptoms, for these major reasons: In early treatment, hydroxychloroquine works best to stop viral entry into the cells and block the virus from multiplying using the host machinery. The viral load explodes by day 6, and can trigger an exaggerated inflammatory response called Cytokine Storm, which severely damage critical organs: lungs, kidney, heart, liver and intestines. This severe complication doesn't occur in all Covid-19 patients, but is often fatal when it does (Vliet, 2020). Early treatment keeps infected persons from spreading the virus and is also very important in keeping people out of hospitals and off ventilators.

Sustainable status and Curative nature of COVID-19

Can COVID-19 be sustained and if so, for how long? Are the most pertinent questions to humanity now. According to WHO at the time of this write-up, "to date, there are no specific vaccines or medicines for COVID-19. Treatments are under investigation, and will be tested through clinical trials." Equally, according to WHO's online report, "there is no specific treatment for disease caused by the novel coronavirus. However, many of the symptoms can be treated and therefore treatment ought to be based on the patient's clinical condition". WHO has spoken! But it's not final as a result of the ravaging conspiracies whether it is *not a true "pandemic," but what many now in the alternative media are calling a "plandemic."* This stand that there is *no known cure* is against all known vocal dissensions and applied cure from the globe as well as the much sounded trumpet of victory from Africa and beyond that COVID-19 is curable with herbs and known dosage prescriptions of some curative drugs. But WHO seems to have spoken. Unlike Rome, it is not *Roma locuta, causa finita est*. WHO is not Rome. The game behind the politics of sustainable curative measures started ravaging and is on. President Trump of America was known to have voiced out that a particular drug like HydroxyChloroquine is a positive responsive medication. He was attacked based on many reasons and later waved out as politics of COVID-19.

Dr. Stella Immanuel (Gwandiku-Ambe) a bold medical professional from Africa that studied in Nigeria working in Houston Texas, who was actively involved in handling many COVID-19 patients, thundered alongside other medical professionals, in front of the Supreme Court in Washington DC:

I refuse to be chained by fake science. I have successfully treated over 250 COVID patients with *Hydroxy Chloroquine (HCQ) combined with Zinc and Zitromax*. No deaths. All these double blinded studies sponsored by big Pharma are fake science.

The speech was golden and consoling. It was in line with nature trying to regenerate itself. It fits into the known fact that there is always a way-out in every know predicament. Dr. Stella Immanuel, a Cameroonian, who studied general medicine in University of Calabar, Nigeria, is an Emergency Medicine Specialist in Katy, Texas. She graduated with honors in 1990. Having more than 30 years of diverse experiences, especially in Emergency Medicine, Dr. Stella Immanuel affiliates with many hospitals including Sabine Medical Center, Jackson Parish Hospital, cooperates with many other doctors and specialists in many medical groups including

Concord Medical Group Plc, Hodges Emergency Group LLC. She was attacked verbally and nicknamed Trump's favourite COVID-19 Doctor. Many cajoled her that it was mere politics. To worsen it all, Facebook and other social media deleted what they termed the 'harmful' video of Dr. Stella Immanuel claiming hydroxychloroquine is a coronavirus 'cure'. Indeed the game was on. Why deleting her Videos? Why deleting her Speech that can be verified and action taking otherwise if they were false and misleading? Why not sue her if she is misinforming humanity? Thank God that some of us had already saved the video as President Trump twitted it to more than 84million followers. Dr Stella Challenged the CNN experts on COVID19 for this long deception on the curative of COVID-19.

Dr. Harvey A.Risch,MD, PhD, a professor of epidemiology at Yale school of public health, said the key to defeating Covid-19 already exists. Dr. Risch, who has authored over 300 peer-reviewed publications and currently holds senior positions on the editorial boards of several leading journals, is calling on government and health officials to start using hydroxychloroquine, which has been shown to reduce coronavirus death rate by half in covid-19 patients.

He is of the opinion that hydroxychloroquine has shown to be highly effective when given very early in the course of the illness, especially when combined with the antibiotics azithromycin or doxycycline and zinc supplement. Dr. Risch, in his article published in the American journal of epidemiology (AJE) on May 27 titled, "Early outpatient treatment of symptomatic, high-risk covid-19 patients that should be ramped- up immediately as key to the pandemic crisis", analyzed five studies that demonstrated significant benefits to treated patients. And he writes thus,

Physicians who have been using these medications in the face of widespread scepticism have been truly heroic. They have done what the science shows is best for their patients, often at great personal risk. I myself know of two doctors who have saved the lives of hundreds of patients with these medications, but are now fighting state medical boards to save their licenses and reputations. The cases against them are completely without scientific merit.

Summarily, Harvey A. Risch, MD, PhD is a professor of epidemiology at Yale School of Public Health vindicated Dr. Stella Immanuel with his publication of 12 Research Studies in Brazil, Switzerland, France, America & Britain on over 320,000 people across the continent. However, the greatest conspiracy of COVID-19 is that it is not curable and many doubt if it is actually preventable. But the fact is now clear: the outcome of the Covid-19 pandemic is no more impossible to predict. At the time of this writing, many doctors and health workers have questioned the pandemic nature of COVID-19 with all the known and common symptoms and curative responses from across the globe. The Symptoms of COVID-19 infected patients are symptoms many of us in Africa, Nigeria, have been accustomed with, like the Malaria-Typhoid symptoms. But we can learn from pandemics in history to determine our best courses. However, upon being discharged from the Gwagwalada isolation centre in Abuja, the founder of DAAR Communications, Mr. Raymond Dokpesi, had told journalists that he could not differentiate between malaria and COVID-19 because he was placed on dosage of malaria drugs while at the centre. These are our teachers – the Spanish flu, the AIDS pandemic, and more. Prevention is better than cure. Nobody is against it. It remains the best cure to all human ailments, even spiritual and other wise. As already reiterated above, it is a fact that most dreaded diseases that have been termed deadly outbreaks and branded pandemics are actually

regional diseases like in the case of Malaria and Typhoid disease of Africa Continent and Pandemic of US and European extracts. In Nigeria for example, the hypes about COVID-19 were something else. People doubt if there was COVID-19 with shocking facts. And if there was, many believe that we are used to the symptoms. Equally some went out to show that it was curable against all odds like malaria and other dread diseases of the Western countries which are home ailments in Nigeria. In Nigeria Punch Newspaper of May 28, 2020 it was reported by the experts on the Presidential Task Force on COVID-19, 2020 as saying that “three of numerous claims of COVID-19 herbal cure validated”.

A renowned double Professor of Biochemistry and Toxicology, Emeka Ezeonu in the midst of these crises of confusion and misleading info gave a scholarly attention and professorial caveat on COVID-19, with special regard to Dr. Stella Immanuel’s comment on the hidden and much possible cure, reassures us in his pronounced take on the whole thing thus:

I believe there is sufficient empirical data to show that hydroxychloroquine is relevant for either protection or treatment of COVID-19 at the early stage of infection as it inhibits the cytokine storm but once that stage is overcome its use becomes unreliable. I believe that there are some powerful Pharma companies that are fighting the use of Chloroquine because it impedes their business interest. Chloroquine was a wonder drug discovered during the Second World War and was a frontline drug for malaria for almost six decades until Artemisinin was discovered. The WHO quickly put away a very cheap and affordable chloroquine for a far more costly Artemisinin based drugs. Till today there are people who never recover from boost of malaria except they take chloroquine. Sure chloroquine is toxic and most drugs are anyway, but weighed on a scale of balance its benefits are far higher. For me the simple solution is to let chloroquine be provided, it is contraindicated for susceptible clinical cases and age groups.

Consequences of African Philosophy of Education on COVID-19

In all the theatrics and geopolitics of COVID-19, there was a dose of conspiracy theories that destabilized the world in utter confusion as a global pandemic and an economic inferno. However, from the onset of this monster disease, the voice of Africans seems not to matter with regard to its preventative nature as well as the curative status. Rather, Africans seem to be at the mercy of the European supremacy. It’s unfortunate that many studies projected that the severity and disaster of COVID19 will be a tale of sorry sight in Africa. An online source has predicted that the number of cases that would require hospitalization in Africa would overwhelm the available medical capacity. Hence, it was pegged that:

There would be an estimated 3.6 million–5.5 million COVID-19 hospitalizations, of which 82, 000–167, 000 would be severe cases requiring oxygen, and 52 000–107 000 would be critical cases requiring breathing support. Such a huge number of patients in hospitals would severely strain the health capacities of countries.

Fortunately for the Africans and thanks to African climate there exists natural resources with regard to curative herbs constituting *African Traditional Medicine* and the already quinine medication in Africa with the advent of the European explorers and their encounter with

malaria pandemic. The online status of infection of COVID-19 and the epidemiological situation is that since 31 December 2019 and as of 12 August 2020, the geographical distribution of COVID-19 cases for Africa stands at 1 075 073 cases from the five countries [South Africa (568 919), Egypt (95 963), Nigeria (47 743), Ghana (41 725) and Algeria (36 699)]. And the report of deaths from COVID-19 in Africa is: 24 284 deaths from the five countries [South Africa (11 010), Egypt (5 085), Algeria (1 333), Nigeria (956) and Sudan (792)]. Notwithstanding the much lauded pandemic nature of COVID-19 the *Nigeria Centre for Disease Control* (NCDC) played it out in the Nigerian way as there were attempts made to declare fake COVID-19 cases in the state, hence, the concession. The NCDC, however, was established in the year 2011 in response to the challenges of public health emergencies. Equally, there are lots of conspiracies and lies with regard to COVID-19. One is tempted to questionably doubt what actually the authorities are trying to hide and achieve by making COVID-19 look untreatable and non-preventive when in actual fact it is so. An exercise of African philosophy of education on COVID-19 shows that: Malaria was and is still regarded as pandemic in most of the continental regions of the world while it is a mere common disease in Africa and many tropical regions.

COVID-19 may be a pandemic in temperate regions like China, US and European Continents but it is not a pandemic in African continent and many tropical regions of the world. That is, in Continents where malaria is a pandemic, COVID-19 is so but in other countries where Malaria and flu are not pandemic, COVID-19 is not. There should not have been any lockdown with regard to this sickness that is curable and avertable. Leaving our schools under lockdown now is a sign that the stakeholders in Education Industry in Nigeria are well uninformed.

As long as the Minister of Education and Minister of state Education alongside the Presidency and Presidential task force on COVID-19 seem to be ignorant of the whole circumstances surrounding COVID-19 outbreak, preventive status and curative possibility we are simply doomed. The so called infection that is COVID-19 pandemic has been politicized in Nigeria counting on the Federal Government attention and as shown in the way palliatives meant for the patients and the poor rural people were shared among the wealthy elites to the mockery and scorn of the poor. Online references revealed that COVID-19 exposed some of the fraudulent financial recklessness in Nigeria. At the investigative hearing on the N40 billion corruption allegation against the Niger Delta Development Commission (NDDC), the acting Managing Director, Kemebradikumo Pondei, acknowledged and admitted that the commission spent N1.5 billion for the staff as COVID-19 relief funds'. Online financial report on how the N40 Billion palliative gimmicks were spent runs thus:

Part of the audit report read out by the chairman of the committee, Olubunmi Adetunmbi, said N3.1 billion was spent as COVID-19 funds between October 2019 and May 2020. In the report, the lawmaker said *N10 million was paid to one person, N7 million to two people, N5 million to three people, 148 people took N3 million each, 157 people got N1.5 million each, 497 people got N1 million each and 464 people were paid N600, 000 each.* Another N475 million was given to the police to purchase face masks and hand sanitizers, he added. Responding to questions regarding the COVID-19 Relief Fund paid to NDDC staff, the MD said *only N1.5 billion was used to take care of staff* despite being paid their salaries. He explained that part of the fund was for the youth of Niger Delta. *The youth were given palliatives to help cushion the effect of the pandemic*

on the people. The youth were idle and to avoid violence, they were paid, he said. Five million for youths and five million for women and five million for people living with disabilities in each senatorial district, he said...the remaining fund was spent on staff of the commission. We used it to take care of ourselves. We are NDDC, we need to take care of ourselves too, he said.

Equally, COVID-19 has exposed the education divide in Nigeria as well as how ill-prepared and unequipped our education sector is. Nevertheless, COVID-19 pandemic has revolutionized the digital and online education globally. According to 2019 *Executive Summary on Poverty and Inequality* by the *National Bureau of Statistics*, 4 and 0.1% of the population in Nigeria is classified as poor. That is, on average, four out of ten Nigerians has per capita expenditure below \$400. A UNICEF report states that 10.5 million of the country's children aged 5-14 years are not in school. Only 61% of 6 to 11-year-olds regularly attend primary school. Some states in the North-East and North-West of the country have more than half of the girls not enrolled in schools as marginalisation ensures that girls are deprived of basic education. With COVID-19 pandemic ruckus Nigeria contributes 20% of the total global out-of-school population. Mention also must be made at the rate young boys are leaving schools for business with the logic that there is no job after graduating as many Nigerian graduates are simply jobless. The problem now is more of Boy-Child Education than Girl-Child Education.

However, on 19 March 2020, the Federal Ministry of Education approved school closures as a response to the pandemic commotion. The states followed and next, they scheduled Radio and TV lessons for pupils and students in public schools. But how prepared and fortunate were most of these pupils and students? It was a caricature of the moment when many of the undergraduates and postgraduates in Nigeria cannot boast of accessibility to digital tools as well as having laptops and even functional phones. Most importantly, how prepared and informed were the teachers and lecturers? COVID-19 pandemic saga has unmasked substantial inequalities and significant deficiencies in our education sector. Private and non-governmental schools seem to be a little bit better off in trying to salvage the situation. The results of all these will still manifest in the society long after the pandemic is properly appreciated and understood. More so, part of the COVID-19 conspiracies is on the confusion with regard to the national palliative for Nigerians. The *Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development* under the auspices of Sadiya Umar Farouq, has claimed to have distributed palliatives to all Nigerians. This bogus claim has so far been enmeshed in controversy. They were claims that the Federal Government had started to make provision for the vulnerable in the society, getting to disburse N20, 000.00 Conditional Cash Transfer (CCT) payments to the Nigerian beneficiaries'. It remains part of our Nigerian news. However, *Michael W. Manulak (2020)* equally stressed that, *"the debate concerning the trajectory of the post-COVID-19 world order has begun in earnest. The pandemic constitutes a significant shock to the international system, leading many governments to re-evaluate their global health, trade and security policies. International politics will not be the same"*.

Consequently, the only country which never really followed the World Health Organization (WHO) COVID-19 protocol was Tanzania. Her President John Magufuli reminded African leaders that COVID-19 was a strategy from the West to grow their economy at the detriment of African countries. He rhetorically spoke thus:

They asked us to lock-down everywhere, (our) economy including Churches because of COVID-19. Some gullible

African leaders rushed to do that. But I refused, I told them God is bigger than COVID-19. They mocked us thinking that we are fools. Unknown to some African leaders, these people that deceived you into denying God and subjecting your people to untold hardships already have ways to make their economy work again, they will use Africa... While African Leaders were busy shutting down their economies, they were busy making plans to give African loans or them to control us with heavy debts... This is the plan, they will use Africa to make their economy work for free while Africa will cede their lands, resources and independence to survive ...Tanzania can never be part of this mess..We're COVID-19 free and our economy is booming.

It is now clear that something is wrong with China and WHO with regard to COVID-19 siege. It is even clearer that something is wrong with Nigeria and her strategies if ever she has any strategy. Something is definitely fishing within the Nigerian education sector as long as Churches have opened, Clubs are on, Big Brother Naija (BBN) lock down 2020 is on, Markets are thriving, Political rallies and sorts are functional but Schools which can be controlled and forced to adhere to safety measures are locked down in the name of COVID-19. The so called repentant *Boko Haram* candidates graduated within the lock down period but the main school systems are still under lock down; even the undergraduates who are old enough to take care of themselves are still at home while their contemporaries are in the markets and in the clubs as such. There is no reason why our schools: lower and upper basics as well as the secondary schools and tertiary institutions should be under lock and key while other sister institutions have been opened. Our ministries of education both federal and states are simply moribund of knowledge and bereft of ideas and lack the discretionary appreciation of *first things first*. This whole system is based on culpable ignorance which is vampire.

A popular COVID-19 joke has it thus: Nigerian Government based their facts about COVID-19 protocols on Western approach thus: when our minister calls one of the international bodies or countries to know what they are presently doing against COVID-19 with regard to preventive measures and if they inform the minister that they are on lock down; the minister will then order lock down. And next day if the minister calls and it was distancing; Nigerian will be ordered to start distancing. Next time, if he calls and it was mask that was in vogue, the minister immediately orders mask for every Nigerian. If other countries have started opening their borders; the minister will plan to open ours. Has Nigerian Government any target at all than imitating and subjecting our COVID-19 protocols on other nations. Otherwise, the authorities in question must have known that the so called pandemic is mere epidemic and even mere sickness in our environment. As the saying goes that *anything can wait except training a child. His name is now*. Hence the great need for a functional African Philosophy of Education which will place education first. Therefore, there is need for a good philosopher of education who should be able to understand that COVID-19 is full of conspiracies and as Africans and Nigerians in particular the approach ought to be quite different.

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