

## Letter to the SAfA membership on ethical considerations for fieldwork during a pandemic

Dear colleagues,

As the pandemic continues, the African archaeological community is facing a constantly evolving situation that presents significant ethical dilemmas in decisions about fieldwork. In this letter to the membership, the SAfA Executive Committee wishes to outline these issues in a way that helps research teams initiate careful conversations among themselves about whether, and how, fieldwork of various types may or may not be wise. We recognize that every team faces a unique situation depending on their location, type of fieldwork, the degree to which outsiders and locals interact within the scope of a project, and other local conditions such as population density and health care resources. While blanket advice is not possible, we list key developments and factors for teams to consider in the coming months:

New hot spots are emerging in some areas, new variants in others. While some regions of Africa and other parts of the world have been quite successful in minimizing the spread of Covid so far, other regions have seen surges or resurgences such that Intensive Care Units are nearly full. Field teams should be aware that in such areas, **access to conventional or emergency medical treatments (even for non-Covid illnesses and accidents) may be sharply constrained**. In addition, medical treatment for non-Covid illnesses and accidents could present additional risks of Covid transmission to team members who are not yet vaccinated. Furthermore, domestic and/or international travel restrictions may make it impossible to use either regional or long-haul medical evacuation services if needed.

Vaccine distribution schedules echo, and even amplify, longstanding global inequities in access to health care and protective equipment. A number of Global North countries have made massive purchases of vaccines that enable their citizens to be inoculated quickly, but most African countries will see a much slower pace of vaccination because global health systems allowed wealthy nations to lock in their purchases. Thus, while vaccinated Global North residents may consider it personally safe for them to travel, many of our African team members (scientists, national and regional antiquities officers, and also local support staff, drivers, cooks, students, and participating community members) have not had the opportunities to get vaccinated; **these project members are therefore at risk for serious illness**.

Although current research suggests that vaccinated people may pose reduced risk for carrying Covid and transmitting it to others, SAfA members should also consider that **by bringing significant numbers of unvaccinated people together, and bringing people from capital cities to rural settings, a project might still facilitate the spread of the virus within the field area**. Thus, a team's decisions about fieldwork should assess health risks *to the entire team* by virtue of their proximity to one another, and unavoidable interactions (food purchases etc.) outside a team "bubble".

Beyond risks to immediate team members, projects should consider risks to nearby communities, and potential effects on community relations. Unvaccinated team members,

particularly those from international or domestic cities and towns, have the potential to transmit Covid to rural communities that have until recently been insulated from Covid's spread. Also, even if new transmission events occur due to factors unrelated to team activities, **it is possible that local residents might view a research team as the most likely transmission vector for any new cases in the area.** This could have long-term effects on community/team relations.

At the same time, lockdowns and other measures to dampen Covid's spread are having an outside economic impact in Africa and other parts of the world where broadband access is challenging, "work from home" is unrealistic for most of the population, and economic safety net resources are limited. In areas where viral transmission is low and safe fieldwork truly does seem possible, researchers may wish to have a positive economic impact by maintaining a field program with precautionary measures in place.

Given all these variables, the SAfA Executive does not want to make specific recommendations about what types of fieldwork are possible, in which regions, or under what conditions. However, we do recommend that teams ask themselves the following questions:

#### **BASIC LEGALITIES OF TRAVEL AND RESEARCH**

1. Have any team members' home institutions placed restrictions on travel or use of funds?
2. What, if any, restrictions on travel exist in countries where team members are citizens?  
What, if any, quarantines might be imposed on various team members in various locations at the start/end of the project?

#### **PREVALENCE AND LOCAL TESTING RESOURCES**

3. How prevalent is Covid in the country and in the specific field area?
4. What is the testing availability in the field area?
5. How do testing availability and political factors affect our view of the reliability of prevalence data? (i.e., if testing is not easily available, or governments are attempting to downplay Covid, are caseloads likely underestimated?)
6. How easy would it be to obtain tests for team members on a regular or emergency basis?  
Would it be feasible, for example, to have testing for every team member before/on entry to the field area? How fast do the results come (i.e. is the results timetable useful or too slow to help manage risk and treatment)?

#### **ACCESS TO MEDICAL CARE**

7. In pre-pandemic times, what was our realistic access to health care near our field areas? How much of this local health care capacity has been diverted Covid care and unavailable for standard care?
8. If any team member became seriously ill with Covid, what measures exist to get them prompt critical care? Who would accompany a team member needing critical care, how could that person also stay safe, and how would the project function without those two members?

9. If a team member had a non-Covid emergency, how does Covid affect our ability to make sure they get the care that they need?

#### **TRANSMISSION AMONG TEAM MEMBERS AND BETWEEN TEAM MEMBERS AND COMMUNITIES**

10. What proportion of the research team has access to vaccinations?
11. For those who do not, what measures are possible to minimize transmission within the project?
12. What measures will we adopt to minimize the risk of transmission from team members to local residents?
13. If one or more team members tested positive but were not critically ill, how could we implement individual isolation for them at our field site? What further measures should we undertake to protect the community from “silent spreaders” among team members?
14. If a team member tested positive or became critically ill, how would we go about notifying local community members of this development? What reaction might we expect from them (up to and including a request for the entire team to depart immediately)?

#### **LONG-TERM COMMUNITY-TEAM DYNAMICS**

15. How do local communities feel about the situation in their area? Can we consult with them in advance to ask their preferences?
16. **If I were living in a nearby community, how would I feel about the influx of a research team that included vaccinated foreigners and unvaccinated compatriots from other parts of my country? How might my attitude toward that team change if Covid arose during my community during their stay? If one of my family members got seriously ill or died?**
17. Are the scientific results and the economic benefits to local communities worth the transmission risks to people in the project area, and the potential social risks to our relations with them?

The answers to these questions will vary from place to place and from team to team, as every situation is unique. The SAfA Executive Committee believes all research teams should be asking these questions, and answering them as fully and honestly as we can, as a foundation for making the most ethical decisions possible in these uncertain and challenging times. **The most basic ethical standard is to do no harm to the communities around us, and we hope all teams will observe this principle above all others.** If projects and teams find that the most ethical decision is to cancel or postpone fieldwork, then it is worth considering ways that team members can offer financial assistance to populations in their field area who are undergoing economic hardship.

With our best wishes for safety and good health to everyone –

*- The SAfA Executive Committee*

