



# The COVID-19 Long-Term Care Situation in Jamaica

**Rochelle Amour, Janelle N. Robinson and Ishtar Govia**

Last updated 25 May 2020

## **Authors' Affiliation**

Rochelle Amour, MSc, Janelle N. Robinson, MA and Ishtar Govia, PhD.

Epidemiology Research Unit, [Caribbean Institute for Health Research, The University of the West Indies, Mona Campus, Jamaica](#)

## **Itccovid.org**

This document is available through the website [Itccovid.org](#), which was set up in March 2020 as a rapidly shared collection of resources for community and institution-based long-term care responses to Covid-19. The website is hosted by CPEC at the London School of Economics and Political Science and draws on the resources of the International Long-Term Care Policy Network.

Corrections and comments are welcome at [info@itccovid.org](mailto:info@itccovid.org). This document was last updated on 25 May 2020 and may be subject to revision.

**Copyright:** © 2020 The Author(s). This is an open-access document distributed under the terms of the Creative Commons Attribution NonCommercial-NoDerivs 3.0 Unported International License (CC BY-NC-ND 3.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See <http://creativecommons.org/licenses/by-nc-nd/3.0/>.

## **Suggested citation**

Amour, R., Robinson, J. N., & Govia, I. (2020). *The COVID-19 Long-Term Care Situation in Jamaica*. LTCcovid, International Long-Term Care Policy Network, CPEC-LSE, 25 May 2020.

## **Follow us on Twitter and Instagram**

@StrideJamaica, @IshtarGovia

## **Contact**

Rochelle Amour: [rochelleamour@gmail.com](mailto:rochelleamour@gmail.com), Janelle Robinson: [janelle robinson@live.com](mailto:janelle robinson@live.com), Ishtar Govia: [ishtargovia@gmail.com](mailto:ishtargovia@gmail.com).

## **Acknowledgements**

We thank Adelina Comas-Herrera and Klara Lorenz-Dant from the CPEC/LSE for the opportunity to contribute and for providing us with the report template. We also thank the National Council for Senior Citizens, Ministry of Labour and Social Security and the Ministry of Health and Wellness for information that contributed to this report. This work builds on the Strengthening Responses to Dementia in Developing Countries (STRIDE) research project <https://stride-dementia.org/>, which is supported by the UK Research and Innovation's Global Challenges Research Fund (ES/P010938/1) as part of the

## 1. Key points

- Jamaica was [praised by the World Health Organisation](#) for its implementation of a range of practical measures following the first reported case of COVID-19 on 10 March.
- Between March 10 and May 25 2020, Jamaica, which has a population of 2.73 million, has experienced [552 reported cases, with 9 reported deaths and 211 reported recoveries](#).
- Long-term care in Jamaica (as in many other English-Speaking Caribbean countries) is not a formalised or prioritised component of the public health system. However, some facilities like infirmaries in the social sector accommodate older persons.
- While infirmaries have implemented [precautionary measures against COVID-19](#), no formal protocol has been issued to privately owned nursing homes; these homes go largely unregulated.
- While some relief in the form of financial support and other provisions have been made available for essential workers, affected persons and vulnerable groups, some imperceptive procedures required to access this assistance have led to the inadvertent exclusion of unpaid caregivers and some vulnerable groups.

## 2. Introduction

Jamaica is the largest English-speaking and third-largest island in the Caribbean, with an estimated total population of 2.73 million. Approximately 12.4% of the population is aged 60 or older (STATIN, 2018). Jamaica's economy is heavily dependent on the service industry and most of its foreign exchange earnings come from tourism and remittances, which have already seen a significant decline due to COVID-19. Jamaica also has a substantial informal sector, which includes small-farm workers, street vendors, domestic helpers, taxi drivers and local peddlers, many of whom continue working beyond retirement age. While, traditionally, many older persons in developing countries live in multigenerational households, in Jamaica, the impact of urban and overseas migration coupled with the absence of a public long term care system has led to a rise in the private long-term care sector, as is the case in some other Caribbean islands like Trinidad and Tobago.

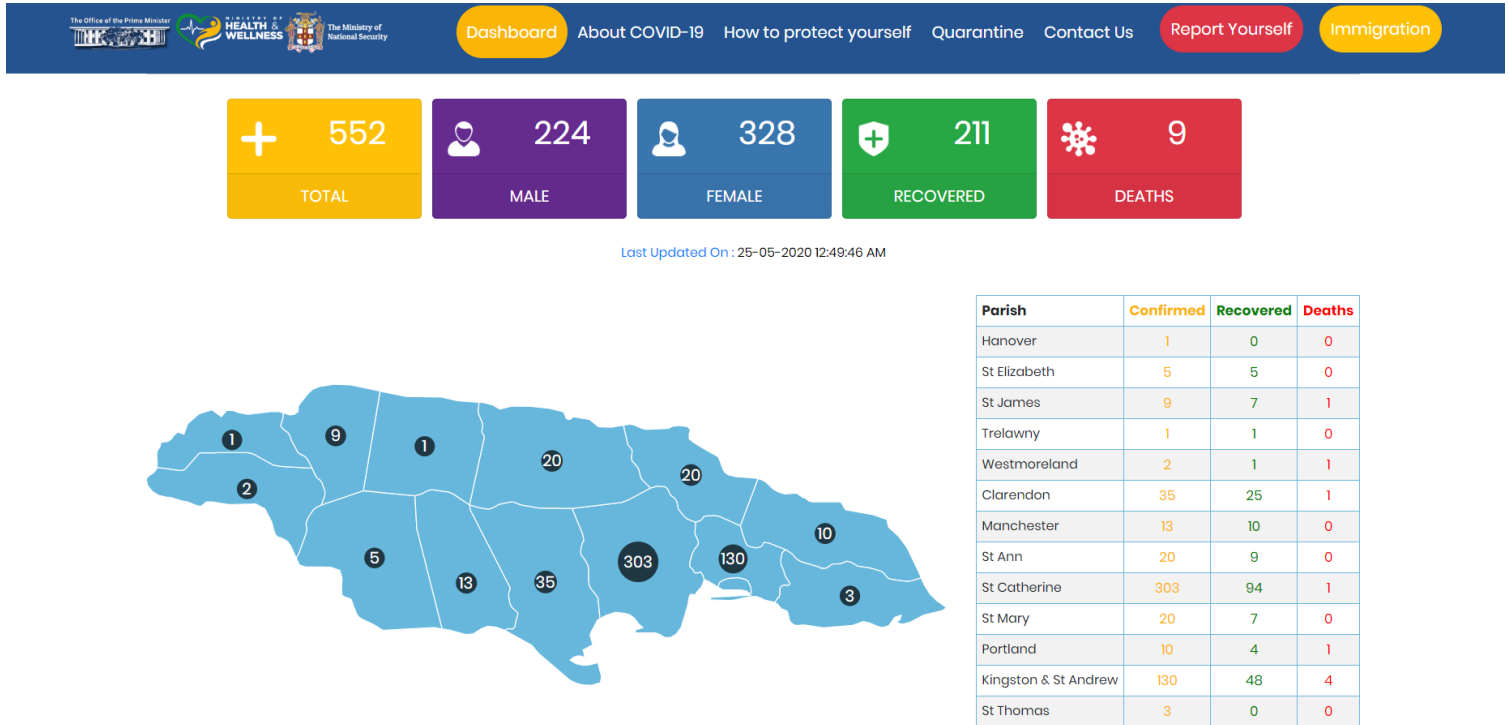
## 3. Impact of COVID-19 on long-term care users and staff so far

### 3.1. Number of positive cases in population and deaths

Jamaica reported its first case of COVID-19 on March 10 2020; it was an imported case. As of 25 May 2020, [Jamaica has reported 552 confirmed cases](#), 9 deaths and 211 recoveries. Of the 552 confirmed cases, 62 were imported cases and 235 cases were related to a business process outsourcing (BPO) workplace cluster in St Catherine, which is currently the parish (main unit of local government; there are 14 parishes in Jamaica) with the most confirmed cases, followed by Kingston (which is the home for the island's capital city of the same name) and St Andrew, as illustrated in the figure below. Of the 9 reported deaths, 5 were of persons over 60 years old. Just over 8% of all confirmed cases are of persons over 60 years old, while just over 55% of all

confirmed cases are of persons 20-39 years old. On 19 April, 2020, it was noted by experts at the University of the West Indies, Mona, during a [streamed conference](#) that the case profile in Jamaica has been skewed by the effect of the workplace cluster in St Catherine.

Figure 1: *Positive Cases in Jamaica by Parish.*



Source: [Ministry of Health and Wellness, Jamaica.](#)

### 3.2. Population level measures to contain spread of COVID-19

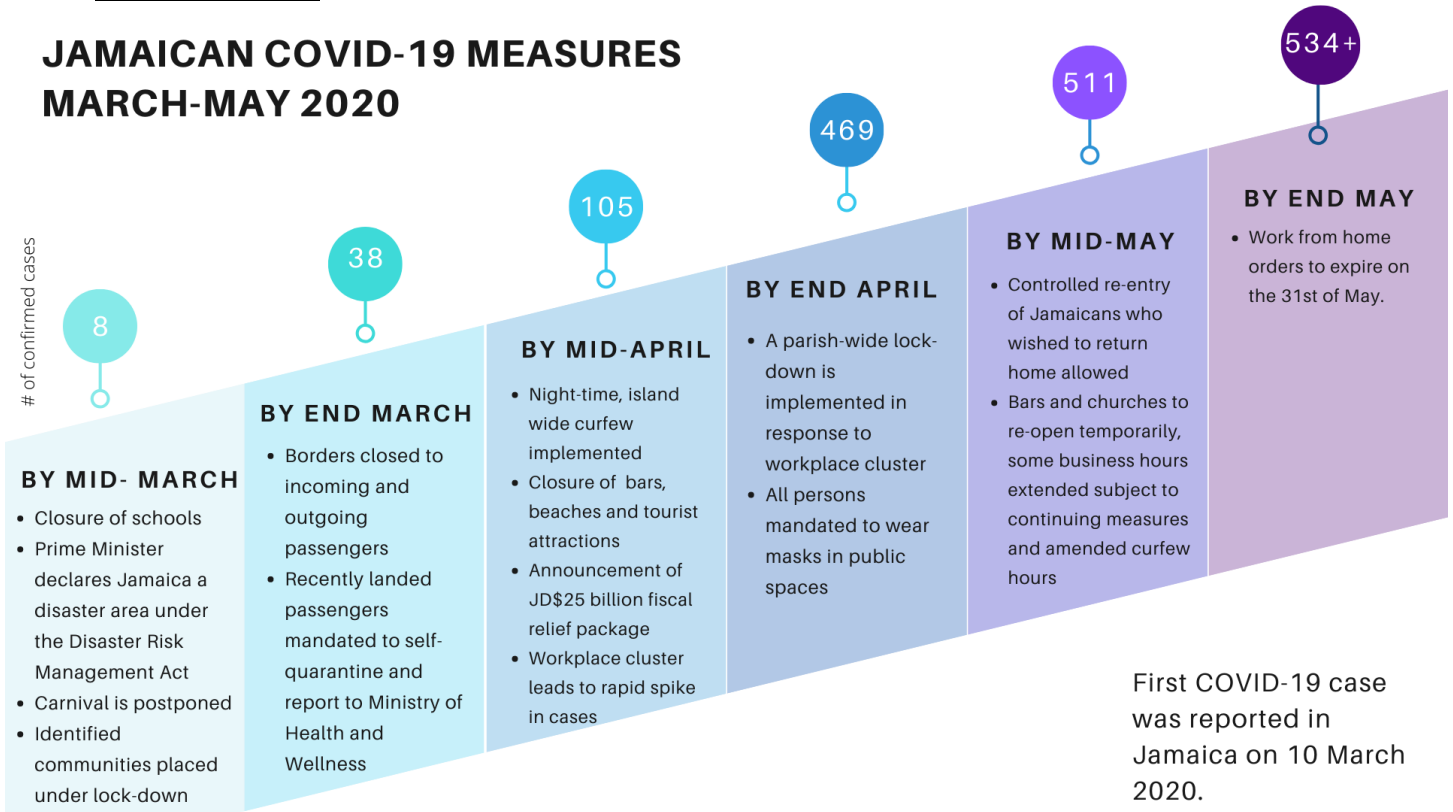
The Jamaican government has implemented a range of population measures to contain the spread of COVID-19. Some of these measures are now common practice such as— wearing of masks in public spaces, physical distancing, dedicated COVID-19 hotlines, a mobile app for self-reporting of symptoms, regular digital press conferences, and educational social media campaigns on protective hygiene. To address both health and economic priorities, the Government of Jamaica reviews and revises measures on a weekly or fortnightly basis.

#### 3.2.1. Preliminary Measures: March 2020

- On 10 March, when the first case of COVID-19 was reported in Jamaica, the Ministry of Health and Wellness discouraged public gatherings and non-essential travel, and commented on the health sector’s readiness, including the building of capacity for testing, accommodations for quarantine facilities and its training of health care workers.
- On 12 March, Prime Minister Andrew Holness advised the closure of all schools for a period of 2 weeks. This measure was later extended until the end of the current school term on 3 July and now incorporates distance learning. Schools are set to physically re-open in September, 2020.

- On 13 March, Prime Minister Andrew Holness declared all of Jamaica a disaster area under the Disaster Risk Management Act. The Ministry of Tourism also advised that the Jamaica Carnival season usually held in April would be postponed until October- a measure which severely affected the economy. At this time, Jamaica had 8 confirmed cases.
- That week, 12,000 residents of communities in St Andrew were placed under lockdown and quarantine until 27 March.
- On 21 March, Jamaica closed its borders to all incoming and outgoing passengers for a period of 2 weeks, which was later extended to 31 May, with an exception for state-controlled re-entry.
- Persons who had entered Jamaica in the week prior to closure of borders were mandated to report to the Ministry of Health and Wellness via completion of an online questionnaire and to self-quarantine for a period of 2 weeks. Self-quarantine guidelines were circulated across traditional and social media.
- On 21 March, Jamaica welcomed 140 Cuban health professionals (including 90 specialist nurses, 46 doctors, and four therapists) to aid in the fight against COVID-19. At this time, persons over 70 years were mandated to stay at home unless for essential reasons including food and medication. All public gatherings were restricted to no more than 10 persons, and a work from home policy was applied where appropriate.

Figure 2: Timeline of Measures Implemented to Contain the Spread of COVID-19 in Jamaica March-May 2020.



### 3.2.2. More severe measures implemented April-May 2020

- On 1 April, the country was placed under an island-wide daily curfew of 8:00 pm to 6:00 am, which exempted essential workers, not including agricultural or construction workers. Between 10 April and 13 April - Easter weekend, a historically important time in Jamaica filled with several activities - the curfew was tightened and scheduled to commence at 3:00 pm and end at 7:00 am. On 14 April, the curfew was adjusted and commenced at 9:00 pm to 5:00 am daily, until 21 April. The curfew is currently ongoing and has been amended accordingly following careful assessment of COVID-19 and its impacts.
- On 2 April, a 100-bed shelter was allocated to house homeless persons during the nightly curfew. At this time, places of amusement including beaches, bars, and tourist attractions were ordered closed. Restaurants also transitioned from dine-in service to take-out and delivery services. By this time, Jamaica had conducted 476 tests, and had 47 reported cases and 2 deaths.
- On 9 April, the government opened applications for its JD\$25-billion package: the COVID Allocation of Resources for Employees (CARE) programme to assist persons who had lost their jobs due to the pandemic, particularly those in the hospitality industry. The programme also facilitated applications for relief from affected registered businesses, vendors and the self-employed. Over 500,000 applications to this programme were received while it was open.
- On 14 April, a workplace cluster at a call centre in St Catherine resulted in an increase to 105 confirmed cases. All members of staff at the call centre were tested and/or placed under quarantine for 2 weeks.
- On 15 April, the parish of St Catherine was placed under lockdown for a period of 7 days, wherein persons over 65 were mandated to stay at home. Two days during the lockdown period were designated for essential activities where persons with government-issued ID could leave their homes for essential reasons according to an alphabetically assigned system. The lockdown of St Catherine was later extended until 1 May.
- By 17 April, 1,516 tests had been conducted with 163 confirmed cases. On 19 April, this figure increased to 196 and on 20 April, it was mandated that all persons wear masks in public spaces whereas before 20 April, it was advised that only persons over 65, persons with symptoms or respiratory vulnerability wear masks in public spaces.
- On April 22, the Ministry of Local Government [outlined several measures](#) in preparation for preparing communities and implementing precautions against the spread of COVID-19, including use of town criers to raise awareness in public spaces such as markets and the allocation of funds to town mayors to address the needs of the most vulnerable in their communities.
- On 3 May, Jamaica reported 469 cases from the 5,633 tests conducted. It also reported 9 deaths.

- On 4 May, the government announced the extension of the island-wide curfew, work from home policy where applicable, closure of places of amusement and the stay at home order for persons over 65 or those who are ill.
- On 5 May, state-controlled re-entry of Jamaican citizens who had been stranded in the US and UK was allowed. These passengers were required to go into state-quarantine facilities for a period of 2 weeks upon their return.
- On 7 May, several communities in the parish of St. Mary were placed under quarantine for 14 days after 13 persons tested positive for COVID-19. The quarantine is expected to be lifted on 21 May.

### 3.2.3. Relaxation of some measures: April - May 2020

- On 28 April, the Jamaica [Disaster Risk Management Act](#) (Enforcement Measures) (No. 4) was amended to explicitly state that all construction and agricultural workers were exempt from curfew orders. The curfew orders previously exempted specific agricultural and construction workers.
- On 11 May, the government announced the temporary re-opening of bars and places of worship from the following week, with the conditions of mandated measures to be maintained.
- On 14 May, for the first time in 50 days, Jamaica reported no new cases.
- On 18, May, Prime Minister Andrew Holness announced that the work from home orders will expire on 31 May. As such all employees will be able to return to work on 1 June.

### 3.3. Rates of infection and mortality among long-term care users and staff

Long-term care in Jamaica (as in many other English-Speaking Caribbean islands) is not a formalised or prioritised component of the public health system. However, some form of public long-term care is available at 2 state operated care facilities for seniors in need (called Golden Age Homes) and 13 infirmaries via the Ministry of Local Government and Community Development. The infirmaries target older persons who are destitute, rather than persons with chronic or terminal illness in need of full time or palliative care. [These 15 state facilities accommodate over 3500 senior citizens, about 98% of which are considered at high risk of infection from COVID-19.](#) However, the accommodation figure accounts for less than 1% of Jamaicans 60 years and over. Government case reports have maintained the confidentiality of COVID-19 patient identities and specific locations and have not revealed that any of the reported cases, deaths or recoveries have taken place among residents or staff of these state facilities.

Similarly, no confirmed cases, deaths or recoveries have been reported among residents or staff in the private long-term care sector, which is comprised of 185 identified nursing homes. However, of these 185 known nursing homes, only 14 homes have received valid registration certification up until 2020-2021. Subsequently, COVID-19 related experiences of other countries both outside the region such as the [UK](#) and within the region such as [Bermuda](#) prompted the Minister of Health and Wellness in Jamaica to [order the Standards and Regulation Unit at his](#)

[Ministry to issue a COVID-19 protocol of operation to all private nursing homes](#) on 3 May. It is unclear to date whether this has been developed and circulated.

## 4. Long-term care policy and practice measures

### 4.1. Whole sector measures

Both community and private sector long-term facilities are monitored and evaluated by the Standards and Regulation Division at the Ministry of Health and Wellness. This division oversees, inspects and helps guide (via quarterly seminars and education sessions) Homes for Senior Citizens, Nursing Homes/Infirmaries, Adult Day Care, Psychiatric Nursing Homes, Homes of Charitable Organizations and Convalescent Homes. The division's *Guidelines for Standards and Regulation Division Community and Private Health Facilities* is a policy which outlines requirements for the entities under the division's purview. The policy requires transparency of operations, disaster preparedness, physical safety and care of residents, and stipulates requirements around services, staffing, building infrastructure, etc. However, it is important to note that the publicly available list of registered nursing homes in 2016-2017 listed 35 registered homes across Jamaica. The 2020-2021 list showed that this number declined to 14 [registered homes](#) of the 185 known private nursing homes in Jamaica .

The COVID-19 pandemic has led to the division requiring documenting of cleaning schedules at the facilities under its purview and has also led to an increased number of requests from privately owned homes for advice on handling patients with symptoms, ensuring physical safety of donations, etc. However, as of the 25 May and as far as is known, a protocol of operations in response to COVID-19 for all privately-owned care homes had not yet been developed or circulated as mandated by the Minister of Health and Wellness on 3 May.

One public sector long-term care facility, a Golden Age Home, [which can facilitate 294-420 residents](#), is managed by an internal Operations Department which is responsible for day to day running of the home including care, security and maintenance. According to the [2017 Annual Report of the Golden Age Home](#), this department 'works in conjunction with the Nursing and Medical Department as well as the Social Services Department to ensure that holistic care is provided to all... residents'. It is unclear what policy and practice measures this home and the public sector infirmaries have implemented internally in response to COVID-19.

[However, on 13 March, the Minister of Local Government Desmond McKenzie announced a few protective measures for homes and infirmaries](#). With immediate effect, visitor access to infirmaries would be restricted for 14 days, while no new admissions would be accepted for 30 days. Spaces for isolation of residents with symptoms within infirmaries had also been identified and construction was underway. Additionally, a temporary employment programme would be created for regular cleaning of both infirmaries and the Golden Age Homes, and a joint effort with various agencies toward a deep sanitisation exercise of the facilities was also underway.



## 4.2. Care coordination issues

### 4.2.1. Hospital discharges to the community

While little is known about the coordination details of recovered persons who may be discharged from hospital, the Ministry of Health and Wellness launched an anti-discrimination campaign to deal with hesitation and fear of persons to be identified as COVID-19 positive and the verbal and sometimes even physical violence [toward persons with COVID-19 and their families](#). The fear and social change precipitated instances of scorn and physical violence against persons suspected of having COVID-19 symptoms. In mid-March, [newspapers reported](#) that taxi drivers refused to transport nurses as they were afraid that the nurses would spread the disease from the hospital. Airline passengers required to report to the Ministry of Health and Wellness gave false addresses because they were afraid of the discrimination they would face from their community if they were seen to be removed from their homes to be taken to government quarantine facilities or known to have COVID-19. Such stigmatised attitudes and discriminatory behaviours have affected and may continue to affect discharged COVID-19 patients and may contribute to persons who believe they have the disease being too afraid to self-report.

A lack of clear lines of responsibility and communication between public and private hospitals about the capacity for admitting or transferring suspected COVID-19 cases has also likely led to mismanagement in hospitals. For example, the case of Jodian Fearon, a young woman who was believed to be displaying COVID-19 symptoms during labour, caused public outcry following her death hours after giving birth. She had been seemingly denied medical attention from 1 private hospital and 3 public hospitals because of fear around her symptoms - [revealed to not be COVID-19 related](#)- and an investigation was launched into her death.

### 4.2.2. Managing staff availability and wellbeing

Besides [the arrival of 140 Cuban health professionals](#), it is unknown what (if any) measures have been taken to manage staff availability in either the public or private health sectors. However, on 20 April, the Ministry of Health and Wellness reported that five of its staff members who were in contact with a confirmed case had tested positive. [The Ministry then outlined precautions taken to ensure staff wellbeing](#), including contact tracing to determine their level of exposure to other team members and making counselling services available for those who needed support. Some members of the patients' wider work team were placed under quarantine while others were asked to work from home. The Ministry also conducted a deep cleaning exercise for all its offices and improved its physical distancing protocol.

## 4.3. Impact on unpaid carers and measures to support them

In Jamaica, the list of personnel who are exempt from the curfew did not initially include unpaid carers or paid home care workers. Some caregivers are therefore likely to have made life changes to provide adequate care such as moving in with their older loved one or having them move into their own home. After [lobbying from the Caribbean Community of Retired Persons \(CCRP\)](#), caregivers were allowed to travel during the curfew once they presented required



paperwork, however, there is still a lack of formal inclusion and consideration of unpaid and in-home carers as essential workers.

As in many other countries, the implementation of stay-at-home orders for persons over 65 have impacted older persons' routines. One of the most commonplace routines impacted for seniors in Jamaica are church activities; Jamaica has the highest number of churches per capita in the world. This loss of routine may impact unpaid carers or family members of older persons who may be tasked with trying to help their loved one stay active and positive, conduct their shopping and other errands or manage their fear over media reports and global changes. For older workers who cannot work from home, such as vendors in the informal sector, a loss of income can impact their loved ones financially or create caregivers in families where there was formerly no need for this kind of care support. For families where both older persons and their loved ones lose income, it is hoped that the CARE fiscal grants were accessible. However, a demographic profile of recipients is not currently available.

For carers whose loved ones were in a state-run long-term care facility, the banning of visitors and new admissions and the prohibition of volunteers have been may have also interfered with carer's ability to provide adequate supplies like medication, toiletries or emotional support and comfort, as it is unknown whether alternative arrangements for resident contact with their family members were made at these facilities.

#### **4.4. Impact on people with intellectual and physical disabilities and measures to support them**

Persons with intellectual and physical disabilities have undoubtedly been affected by the pandemic and are likely to have lost accessibility to their own routines, form of employment (which is usually informal or not mainstream) and support communities. Government-issued [financial grants amounting to JD\\$40 million](#) were made available for persons with disabilities under the CARE program. Private sector sponsored financial aid, such as the Private Sector of Jamaica's COVID-19 Jamaica Response Fund and suspension or exemptions of payments such as the Jamaica Power Service's exemption from paying electricity bills for a period for the differently abled and elderly have also provided some level of support for members of these groups.

However, the chairman of the advocacy and self-help organisation Combined Disabilities Association Limited posits that the [procedures for accessing this aid inadvertently exclude most persons with disabilities](#). He explained that in order to access CARE grants, persons must be registered with the Jamaica Council of Persons with Disabilities. However, this registration requires medical certification of the applicant's respective disability from a specialist health professional. For over half of estimated persons with disabilities in Jamaica, this certification is not possible due to physical or financial barriers.

CARE grant access also requires a tax registration number and one of the options to access the grant is via direct deposit to a bank account. However, for persons with intellectual or physical disabilities who have not traditionally earned an income or do not qualify for these things,

these requirements are also barriers. This issue of accessibility of aid to persons with disabilities was raised with the Minister of Finance, who acknowledged the barriers and the need to put in place a parallel procedure to ensure that the aid being provided reaches the most vulnerable in society, while simultaneously having safeguards to prevent multiple applications from the same persons.

The Jamaica Council for Persons with Disabilities has also reported that they have contacted persons with disabilities whom they have identified but have not registered in order to assist them in accessing available aid from different entities.

#### **4.5. Impact on people living with dementia and measures to support them**

For persons with dementia, the lack of accessibility to regular routines or caregivers has undoubtedly had an impact. In turn this may lead to an increase in behaviours suggestive of unmet needs. Change in environment as well as fear and tension that persons in households may be experiencing can also negatively impact persons with dementia. Persons with dementia often respond to the emotional cues of others even if they are not able to verbalise the effect that others' emotional states and non-verbal communications may have on them. In many countries, the pandemic has been and will continue to affect the wellbeing of persons with dementia; it may exacerbate pre-existing challenges of late diagnosis, inaccessibility to diagnostic or treatment services, and overstretched family members who provide unpaid care.

However, the situation in Jamaica for persons with dementia is not known with certainty as there is no formal reporting or data collection mechanism in either the public or private sectors around persons with dementia. There is also no active, formal advocacy group for persons with dementia that can be accessed for this kind of information.

Some entities have offered support to older persons, including persons living with dementia and persons with disabilities particularly in low-income communities, such as the distribution of food and sanitation care packages by the National Council for Senior Citizens and the Poor Relief Department. Non-governmental agencies such as the CCRP, and academic entities such as the Mona Ageing and Wellness Centre and the STRiDE (*Strengthening Responses to Dementia in Developing Countries*) Project have also offered support in the form of education, awareness, advocacy and in the case of the STRiDE Dementia Project, free telephone or video consultations on dementia care management.

### **5. Lessons learnt so far**

- There is a clear need for adequate information systems to better identify and serve the most vulnerable groups, including older persons and persons with dementia in times of emergency or disaster.
- Unpaid caregivers need formal representation to advocate for unique needs and inclusion in wider policy which may adversely affect them.
- Unpaid caregivers need to be formally recognised within the labour force and appropriately compensated.

- Persons with dementia need a formal, active, vocal and evidence-informed advocacy group to ensure that their wellbeing is protected as far as possible during periods of emergency or disaster (bearing in mind that the hurricane season starts in June).
- Jamaica was inclusive and comprehensive in raising awareness about COVID-19 in even remote communities where literacy rates may be low by using town criers in these areas and so mechanisms are available to ensure that various segments of the population are included in various initiatives.
- There is a clear market for delivery services targeting older and differently abled persons. (In a landscape where delivery services were still quite unusual or only accessible to higher income groups, it is hoped that these services will become more widespread and accessible post-pandemic).

### **5.1. Short-term calls for action**

- Accessible support services should be made available for older persons who are isolated or afraid, such as volunteer telephone visits or counselling.
- Better procedures need to be implemented to support persons living with dementia, unpaid caregivers, and persons living with disabilities.
- There is an urgent need for clearer healthcare facility guidelines and expectations around admissions of suspected COVID-19 patients who are experiencing a health emergency, and a clear care pathway must be established for those with co-morbid health needs.

### **5.2. Longer term policy implications**

- More stringent regulations around registration, monitoring and evaluation of private nursing homes need to be implemented and the Nursing Homes Registration Act requires updated amendment to facilitate this.
- More transparency is required around state-run long-term care facilities, including simply a list of what they are, where they are located, services they provide, their governance, occupation rates, safety procedures, standards, conditions and disaster preparedness.
- As in many countries, the pandemic has raised concerns around the safety and support available to persons using long-term care as well as the potential increase in demand for long-term care arising from the pandemic due to how it may yet affect the health profile of populations. A national long-term care policy will be a good start to addressing these concerns.
- Another commonly identified need is for improved integration of health and social care services.
- Formal information systems and data collection in both public and private care sectors are also absolutely required for countries to appropriately adapt post-pandemic.

## 6. References (in order of appearance)

1. Davidson, V. (2020, March 18). WHO, US Gov't praise Jamaica's COVID-19 response. Retrieved from: [http://www.jamaicaobserver.com/news/who-us-gov-t-praise-jamaica-s-covid-19-response\\_189863?profile=1606](http://www.jamaicaobserver.com/news/who-us-gov-t-praise-jamaica-s-covid-19-response_189863?profile=1606)
2. Ministry of Health & Wellness Jamaica COVID-19 Dashboard. (2020, May 20). Retrieved from: <https://jamcovid19.moh.gov.jm/>
3. Office of the Prime Minister, Jamaica. (2020, March 15). Government Tightens Access To Infirmaries And Golden Aged Homes In The Wake Of COVID-19. Retrieved from: <https://jis.gov.jm/government-tightens-access-to-infirmaries-and-golden-aged-homes-in-the-wake-of-covid-19/>
4. Jamaica Gleaner. (2020, May 25). Corona Meter. Retrieved from: <https://www.instagram.com/p/CAnso47FclD/>
5. UWI MonaMedia. (2020, April 19). COVID-19: Approaching Code Red. Retrieved from: <https://www.youtube.com/watch?v=KnO-FB8nDT8>
6. Bermuda confirms 10 new COVID-19 cases at nursing home. (2020, April 20). Retrieved from: [http://www.jamaicaobserver.com/news/bermuda-confirms-10-new-covid-19-cases-at-nursing-home\\_192945?profile=1470](http://www.jamaicaobserver.com/news/bermuda-confirms-10-new-covid-19-cases-at-nursing-home_192945?profile=1470)
7. Comas-Herrera A., et al. Estimates of number of deaths of care home residents linked to the COVID-19 pandemic in England. (2020, May 17). Retrieved from: <https://ltccovid.org/2020/05/12/estimates-of-mortality-of-care-home-residents-linked-to-the-covid-19-pandemic-in-england/>
8. Davidson, V. COVID tragedy looms! Tufton orders intervention as only 35 of 185 nursing homes are registered. (2020, May 4). Retrieved from: [http://www.jamaicaobserver.com/front-page/covid-tragedy-looms-tufton-orders-intervention-as-only-35-of-185-nursing-homes-are-registered\\_193419](http://www.jamaicaobserver.com/front-page/covid-tragedy-looms-tufton-orders-intervention-as-only-35-of-185-nursing-homes-are-registered_193419)
9. Local gov't ministry fully mobilised to fight COVID-19, insists McKenzie. (2020, April 22). Retrieved from: [http://www.jamaicaobserver.com/latestnews/Local\\_gov%26%238217;t\\_ministry\\_fully\\_mobilised\\_to\\_fight\\_COVID-19,\\_insists\\_McKenzie\\_?profile=1754](http://www.jamaicaobserver.com/latestnews/Local_gov%26%238217;t_ministry_fully_mobilised_to_fight_COVID-19,_insists_McKenzie_?profile=1754)
10. The Jamaica Gazette Proclamations, Rules and Regulations. (2020, April 28). Retrieved from: <https://opm.gov.jm/wp-content/uploads/2020/04/Disaster-Risk-Management-Enforcement-Measures-No.-4-Amendment-Order.pdf>
11. Ministry of Health and Wellness, Jamaica. Facilities currently registered under the Nursing Homes Registration Act 1934. (n.d.) Retrieved from: [https://www.moh.gov.jm/wp-content/uploads/2019/04/2019-gazette-list\\_final.pdf](https://www.moh.gov.jm/wp-content/uploads/2019/04/2019-gazette-list_final.pdf)
12. The Golden Age Home. Retrieved from: <http://www.thegoldenagehome.com/nmcms.php?content=About%20Us&show=15>
13. The Golden Age Home Annual Report 2017-2018. (n.d.) Retrieved from: <http://www.thegoldenagehome.com/contentimg/THE%20GAH%20ANNUAL%20REPORT%202017-2018.pdf>

14. Combatting COVID-19 discrimination in Jamaica. (2020, May 8). Retrieved from: [https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200508\\_jamaica](https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200508_jamaica)
15. Nurses Left Stranded By Fearful Taxi Drivers - Tufton Threatens Operators With Sanctions. (2020, March 15). Retrieved from: <http://jamaica-gleaner.com/article/lead-stories/20200315/nurses-left-stranded-fearful-taxi-drivers-tufton-threatens-operators>
16. UHWI Concerned About Release Of Information From Jodian Fearon's Post-Mortem. (2020, April 30). Retrieved from: <http://jamaica-gleaner.com/article/news/20200430/uwhi-concerned-about-release-information-jodian-fearons-post-mortem>
17. Richards, A. Cuba's 'white coats' army called to COVID-19 service-140 specialists begin serving Jamaica this weekend. (2020, April 3). Retrieved from: [http://www.jamaicaobserver.com/news/cuba-s-white-coats-army-called-to-covid-19-service-140-specialists-begin-serving-jamaica-this-weekend\\_191263?profile=1606](http://www.jamaicaobserver.com/news/cuba-s-white-coats-army-called-to-covid-19-service-140-specialists-begin-serving-jamaica-this-weekend_191263?profile=1606)
18. Ministry of Health and Wellness, Jamaica. 233 confirmed COVID-19 cases in Jamaica. (2020, April 21). Retrieved from: <https://www.moh.gov.jm/233-confirmed-covid-19-cases-in-jamaica/>
19. CCRP Jamaica. (2020, April 6). Retrieved from: <https://twitter.com/ccrpjamaica/status/1247217633520496641>
20. Patterson, C. \$40 Million To Assist Persons With Disabilities. (2020, April 30). Retrieved from: <https://jis.gov.jm/40-million-to-assist-persons-with-disabilities/>
21. Thomas, M. Help!- Disabled community advocacy group says aid not reaching the needy. (2020, May 1). Retrieved from: [http://www.jamaicaobserver.com/front-page/help-disabled-community-advocacy-group-says-aid-not-reaching-the-needy\\_193162?profile=1470](http://www.jamaicaobserver.com/front-page/help-disabled-community-advocacy-group-says-aid-not-reaching-the-needy_193162?profile=1470)