

Confronting COVID-19: GLOBAL IMPLICATIONS & FUTURES

As the novel coronavirus struck and spread across the world, so too did a vast amount of information—some conflicting, some confusing and some of a conspiratorial variety. To help make sense of it all and bring a diverse range of expert voices to the fore, the Northwestern Roberta Buffett Institute for Global Affairs launched the “Confronting COVID-19: Global Implications and Futures” webinar series.

The series featured experts from a broad range of disciplines—from medicine, law and anthropology to education and economics to political science and social psychology—sharing their perspectives on the global implications of COVID-19, and what our lives may look like in its aftermath. The series covered topics ranging from the cultural and political repercussions of COVID-19 to misleading COVID-19 data visualizations to what we can learn from behavioral science about what persuades people to adhere to public health guidelines.

The discussions surfaced a range of insights and provocative ideas on how we might reimagine our futures—redesign our public health systems, redefine achievement within our education systems, restructure our institutions, reexamine our information sources and reinvigorate our commitment to internationalism. We’ve curated some of those insights and ideas here and encourage you to visit our [website](#), where you can find summaries and recordings of each episode in the series.

“ We need to reimagine our international institutions.

What a global response means is trust in transnational, global institutions and we don’t have that right now...Are other models available to us that we can think through as organizers and communities? This is going to take lots of people putting their heads together.”

—Dr. Adia Benton, Cultural and Medical Anthropologist,
Northwestern University

“ Now is the time for collaboration, not nationalism.

COVID-19’s spread in the United States has been compounded by the fact that, at the beginning of this thing, the U.S. opted not to import the World Health Organization approved tests from Asia and Europe and insisted on making its own tests. The tests that were made were sent to the states and didn’t work...this is basically a war without a general.”

—Dr. Robert Murphy, Northwestern Medicine infectious disease expert and executive director of
Northwestern’s Institute for Global Health

“ Uncertainty often masquerades as risk.

In communicating **risk**, we suggest a model designed to predict outcomes is air tight and right. In communicating **uncertainty**, we’re acknowledging that the models we’ve designed to predict outcomes are approximations of reality, but not perfect representations of it...many COVID-19 reports and data visualizations make the world look more ‘fixed’ than it really is.”

—Jessica Hullman, Computer Science and Journalism Professor, Northwestern University and Matthew Kay, Information Professor, The University of Michigan

“ Quite a bit has changed since the Spanish flu pandemic of 1918, but human behavior has not.

A paper published in Science magazine in 1919 illuminated the factors that stood in the way of preventing the spread of the Spanish flu of 1918, and these remain critical challenges today. People do not appreciate the risks they run. It goes against human nature for people to shut themselves up in rigid isolation as a means of protecting others, and people often unconsciously act as a continuing danger to themselves and others. Persuading the public to comply with stay-at-home orders and other social distancing recommendations depends, in large part, on cohesion. Bipartisan messages are crucial...this is clear from the research not only on COVID-19 but a whole host of other issues. Bipartisan messages are much more persuasive.”

—Dr. Jamie Druckman, Professor of Political Science, Northwestern University

“ Capitalism is not always our friend.

Capitalism can work against us when every one of our states is competing for the same resources. The federal government is in a position to step in and say, ‘We’re going to grab all of this stuff and allocate it according to need.’ Some people believe advocating for that is arguing against capitalism or the values of our country, but this has nothing to do with an economic or political philosophy. There’s a problem that needs to be solved. All that matters is the solution.”

— Dr. Kris Hammond, Professor of Computer Science, Northwestern University

“ Research suggests a promising path toward inoculation against misinformation.

Drawing from Inoculation Theory scholars are developing techniques and interventions designed to strengthen citizens’ immunity to fake news. Injecting people with weakened doses of fake news can help to build up their mental antibodies and resistance to future misinformation.”

—Dr. Sander van der Linden, Social Psychology Professor, University of Cambridge

“ Universal healthcare is a prophylaxis.

We talk about preventing COVID-19 through physical distancing. But housing, health care, freedom from incarceration, and economic stability—the things people need to lead safe and fulfilling lives—are also critical antidotes. We need to think about the viral underclass—the class of people who are systematically put in harm’s way—and what’s going to bring them into wholeness and health. Those things and universal health care, in particular, are going to benefit us all. We have a society based on militarism and consumption. We have enormous capacity to produce things people don’t need. We need to think long-term about how to produce wellness and safety versus defensiveness—how to get people into safe housing and provide access to health care.”

—Dr. Steven Thrasher, Professor, Northwestern Medill School of Journalism

“ Where coordinated aid fails, disparities deepen and desperation thrives.

Economic self-interest is strong and growing to the point of desperation...there is no microfinance institution that a refugee can go to for a loan. Local municipalities can help fill the gap with access to resources and mechanisms for restarting businesses, but capital and markets are disappearing. I think local economies in Lebanon, Jordan, and Syria will need to be rebuilt from scratch.”

—Dr. Charles Benjamin, President, Near East Foundation

“ It’s time for the term ‘international community’ to be more than just a term.

We need contemporary interlocking regulations that recognize extenuating circumstances like those COVID-19 creates. To state the obvious, the pandemic knows no boundaries, and national law associations like the American Bar Association need to look beyond their own...to operate as one professional organization within a unified constellation.”

—Juliet Sorenson, Professor, Northwestern University Pritzker School of Law

“ Globally, we’re witnessing a decline in deep engagement with other humans.

Since at least the 1960s, humans have become increasingly individualistic and, generally speaking, people feel less empathy toward one another, trust each other less, and get together less in person. This ‘pulling apart’ phenomenon largely explains why we’ve failed to address COVID-19 with large-scale coordination...it has left us ill prepared to act as a unit.”

—Dr. Adam Waytz, Professor, Northwestern University Kellogg School of Management

“ We need to question headlines about ‘learning loss’ amid COVID-19.

Headlines like ‘The COVID-19 Slide’ and ‘The coronavirus will explode achievement gaps in education’ reinforce deficit views and the idea that learning is the property of schooling versus a fundamental activity that is part of our everyday lives. But youth are engaged in tremendous learning and sense making at this moment. What can we learn from students’ engagement in community contexts? How can we partner with parents and caregivers to offer different forms of learning?”

—Dr. Shirin Vossoughi, Assistant Professor, Learning Sciences, Northwestern University

“ Attitudes and perceptions about COVID-19 are shaped by information sources.

Survey results show a correlation between misinformation about the role of others—China in particular—in the COVID-19 contagion and where people get their news. Ukrainians who rely predominantly on mainstream media for information about COVID-19 have, on average, been less likely to report they agree with false statements such as ‘you can get COVID-19 from eating bananas from China’ than those who rely on online media, online social networks or informal social ties for information.”

—Dr. Tymofiy Brik, Assistant Professor, Kyiv School of Economics

“ We’re in the midst of an ‘infodemic’ of unprecedented scale and scope:

We’re living within a new media environment that lends itself to the proliferation of all kinds of conspiracy theories and half-baked medical notions that we haven’t seen before. We now have semi-official armies of trolls affiliated with one government or another wreaking havoc over the kind of information that is amplified...I would almost advocate for a digital media literacy test like the driver’s license. We know now that people fooling around with an app on their cell phone can animate the rage of groups of people and lead to actual death. We know that now. So how do we foster media literacy skills? Can we teach people how to use media in the same way we teach people to use a car?”

—Dr. Marwan Kraidy, Dean, Northwestern University-Qatar

“ Primary health care systems need a redesign.

We need a fundamental rethinking of how primary care is delivered amid lockdowns and travel bans. People can miss their clinic visits and medicines because they can’t get to clinics, which can be especially problematic in low- and middle-income countries where prescribing a short-term, 30-day supply of medicine is the norm. Amid the waxing and waning of the pandemic, how do we prevent people from missing out on medicines and missing out on care? How do we create an economy in which nobody is left behind? In the context of this pandemic, we have an opportunity to create the future—to create plans for achieving universal health coverage...access to safe, effective, quality and affordable essential medicines and vaccines for all. As soon as we put a price tag on things, we think about what is most efficient versus most effective and equitable. Until we treat health as a human right and not as a commodity, it will be a business enterprise. It’s exciting to think things could change.”

—Dr. Mark Huffman and Dr. Lisa Hirschhorn, Northwestern University Feinberg School of Medicine

“ COVID-19 combined with overcrowding is a lethal combination.

Overcrowding in prisons is a global challenge, with prisons in countries such as Haiti and the Philippines operating at more than 400 percent capacity. The U.S. is no exception...the average prison cell for two people is six by eight feet. If two people in a cell that size stand up, it's impossible to follow physical distancing guidelines, and the consequences of these conditions have been devastating. Nearly 90 percent of incarcerated people at some facilities with widespread or universal testing have had COVID-19, and a disproportionate number of U.S. prisoners are Black. We are warehousing largely Black men in deplorable conditions under the best of circumstances.”

—Dr. Jennifer Lackey, Professor and Prison Education Program Director, Northwestern University; Alan Mills, Executive Director, Uptown People's Law CenterThe University of Michigan

“ The coronavirus has elevated anti-Semitic and racist tropes.

We need to carefully explore how people are expressing fear and uncertainty and feeling emboldened to do so in violent ways. Hate is built and created; not a natural phenomena. Minorities are not born, but made.”

— Dr. Ariel Schwartz, Associate Director for Research, Northwestern Buffett Institute for Global Affairs

“ Instead of blaming people it's important to blame the situation.

Pandemics are super-spreading events. With pandemics, we're dealing with exponential growth. It's like nuclear fission...one neutron gives rise to three other neutrons leading to nuclear explosions and an unimaginable release of energy. Epidemics follow a similar pattern. You see someone who goes to a bar or a restaurant and it's not like person tried to infect a bunch of people. That person went where tons of others were. We are allowing these large congregations and, if we are allowing this, then we are contributing and that's where guidelines from political leaders are very important.”

—Dr. Sander van der Linden, Social Psychology Professor, University of Cambridge