Will the Coronavirus Forge a Brave New World?

By Alex Berezow, PhD — June 29, 2020

Are those who claim that life will never go back to normal after the coronavirus, correct? Are we condemned to live in a Brave New World, governed by social distancing and disinfection protocols, in which perfect hygiene is the greatest good?

This article was originally published at Geopolitical Futures. The original is here.

Of all the major geopolitical players on the planet, Mother Nature may be the toughest adversary. Nature has neither imperatives nor constraints to guide its behavior. Rather, it operates off general patterns that occur under various conditions. While the patterns provide broad strokes of expected behavior, it strikes mostly randomly. Even predictable phenomena, such as the Atlantic hurricane season, tell us nothing about the magnitude and target of, or potential for, economic damage. A catastrophic Category 5 hurricane that misses major population centers is quickly forgotten; a milder Category 3 hurricane that decimates New Orleans has long-lasting consequences.

Similarly, the COVID-19 pandemic, caused by a novel coronavirus known as SARS-CoV-2, was a predictable phenomenon. Modern disease outbreaks allow scientists to detect patterns, even if they cannot precisely predict what, when, where and how an outbreak might occur. For decades, microbiologists and epidemiologists have warned about an influenza pandemic. These occur with some regularity; the previous four were in 1918, 1957, 1968 and 2009. But while public health
officials were fixated on the flu, a deadly new virus was percolating in China. By the time the biomedical community fully grasped the severity of the disease, it was too late. It had already circled the globe.

But scientists are neither fortunetellers nor miracle workers. The seasonal flu infects up to 1 billion people every year, despite the fact that we all know it’s coming and a vaccine and antiviral exist. The scientific method is also inherently conservative – that is, it operates deliberately and is slow to adopt a new consensus. Typically, this serves the scientific enterprise well, as exciting new findings often end up being wrong after they undergo further scrutiny. Prematurely declaring the coronavirus to be a global threat if it turned out not to be one would have damaged the credibility of public health officials. It seems that, having failed to identify the threat in time, they subsequently over-compensated by endorsing harsh social distancing measures – which, ironically, ended up damaging their credibility anyway.

In an attempt to keep abreast of the ever-changing data on coronavirus infections, public health officials then began providing contradictory advice – which often changed by the week if not the day – and further exacerbated their credibility problem. In the U.K., a prominent scientist who endorsed the lockdown was caught breaking quarantine, cavorting with his lover; in the U.S., public health officials condemned anti-lockdown protests, only to then support anti-racism protests. Such contradictions are bad in and of themselves, but in these cases, they carried the extra burden of hypocrisy: Lockdown is for thee, but not for me. By this point, much of the public had concluded that biomedical professionals were no longer behaving like objective scientific advisers and instead were behaving like political actors.

Worse, by declaring that “the science” demands a strict lockdown – and that anyone who raises concerns about unintended side effects on the economy, mental health or social cohesion is a COVID-denying scourge on the public good – scientists eagerly prioritized severe coronavirus containment measures with little regard for collateral damage. The result was the suppression of debate and dissent as millions of people were put out of work. The damage all this has done to the credibility of the public health profession is incalculable.

Whither the Second Wave?

Knowledge of previous pandemics combined with infectious disease modeling allow scientists to make very credible predictions about the coming of a second wave. Though the coronavirus is biologically distinct from influenza, they share many epidemiological similarities, which in turn allows for comparisons in behavior. A study published by the University of Minnesota’s Center for Infectious Disease Research and Policy found that, in seven of eight previous influenza pandemics, the virus returned about six months later, and the second wave was often worse than the first. There are already reports that the coronavirus is making a comeback, from Beijing to California. Once again, we may not know the exact timing or scope of the second wave, but Mother Nature’s patterns tell us that we should be planning for one.

Assuming, then, that a second wave will hit sometime in the fall, what should we expect to happen? One large segment of the population will have grown weary of the lockdown and will be disinclined to adhere to further restrictions. Besides, in the wake of the economic damage caused
by the first lockdown, many national and local economies will be hesitant to impose such strict measures again. Another large segment of the population – namely, the elderly and immunocompromised – will be fearful and may choose to voluntarily self-isolate.

Governments will be in the unenviable position of deciding if they must enforce a second lockdown and, if so, to what extent. These decisions will be complicated by the fact that governments will be facing political battles and economic questions that emerged from the first round of the pandemic. These battles may get extreme, most notably in the United States, which will hold elections in November. Regardless of what governments ultimately decide to do, economic activity and all that it entails – including the unemployment rate – will not fully return to pre-pandemic levels. A quick bounce-back or “V-shaped” recovery is the least likely scenario because the vast amount of economic damage in the past three months cannot be repaired in the same amount of time, especially if a substantial portion of the population remains partially inactive.

Will a Medical Solution Matter?

Those placing their hope in a medical solution in the short term will be disappointed. The antiviral drug remdesivir and the anti-inflammatory drug dexamethasone are legitimate medical advances, but they are hardly game-changers. For instance, the latter has generated some excitement because it decreases the death rate [7] of patients on ventilators to 28 percent from 40 percent. That’s good news, but the death rate is still quite high. (To put these numbers into perspective, the overall infection fatality rate [8] from the coronavirus is debated but thought to be roughly 0.28 percent, which is about three times worse than the rate for the seasonal flu.) The drug also cannot be taken prophylactically or given too early in the course of an infection because, as an immunosuppressant, it could just make a person more vulnerable. Though an apple a day might keep the doctor away, as of now, there is no pill that will keep the coronavirus away – and it’s likely there never will be.

The best prophylactic hope we have is a vaccine. These have the highest success rate [9] of all drugs that enter clinical trials, so it is extremely likely that at least one vaccine (if not several) will earn regulatory approval. But there are two caveats. First, as is the case with antiviral or anti-inflammatory drugs, approval doesn’t mean that the vaccines will be particularly effective. Second, approval standards have been relaxed, which may come at the expense of not just efficacy but safety. Also, regulatory bodies routinely give the nod to drugs that are only minimally effective if there is nothing better on the market, a possible outcome given the immense pressure on pharmaceutical companies to develop a vaccine as quickly as possible. And even if a drug is highly effective, it still takes time to develop, test and distribute it. The British pharmaceutical company AstraZeneca says [10] that it will start shipping its vaccine to the U.S. and U.K. by around September. It plans to have distributed 400 million doses by the end of the year and a total of 2 billion by early next year. As impressive and likely record-breaking as this accomplishment is, its timing does little to solve the economic dilemmas posed by the approaching second wave. Besides, the CEO says [11] the vaccine will protect a person for only one year.

The Post-COVID World

Are those who claim, then, that life will never go back to normal after the coronavirus correct? Are
we condemned to live in a Brave New World, governed by social distancing and disinfection protocols, in which perfect hygiene is the greatest good? Surely not, for three reasons. Humans are social animals. Humans like to be entertained. And humans are inclined to choose the path of least resistance. These three facts will shape the post-COVID world [12] far more than the virus will. Because we like to spend time with others, like to maximize fun and prefer to do whatever is easiest (such as eat out rather than cook at home, provided one can afford it), restaurants and sporting events will return to normal eventually. The only question is when.

What won’t return to normal are the things we don’t really like doing, such as commuting, going to the office or buying supplies at the supermarket. It’s much easier to work from home and to click a button on Amazon, so we should expect a decline in the value of commercial real estate as office space and traditional brick-and-mortar retail are no longer in high demand. But these trends were already occurring prior to the pandemic. The coronavirus simply accelerated them.

Global geopolitics will also be affected. The manufacture of certain products deemed essential to national security, like medicine and personal protective equipment, will be repatriated, at least in part. For the next pandemic, many countries will not want to be so heavily dependent on a single supplier like China. Politicians will have an extra incentive to endorse this policy as it involves repatriating some manufacturing and economic activity.

So yes, things will change. The ultimate long-term legacy of the coronavirus will be a more sanitized world of more self-reliant countries.

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