

## Module 4 Video Class 1: The Uncertain Future

Hello. Welcome back to our massive open online course, Journalism in a Pandemic: Covering COVID-19 now and in the future.

Amazingly, this is our last module. When you finish the materials and activities associated with this week, you will have completed the course. If you've fallen behind, don't panic. The course materials will remain open for a few weeks after May 31. And if you have friends or colleagues who are just hearing about this course now, be aware that starting in June it will convert to a self-directed course without fresh content, but posted in additional languages. So please check back and encourage people to come and find us.

Because we're in the last module, this is the last video message that you will get from me. So I hope you'll let me say what a privilege it's been to lead this course alongside the other instructors Federico Kukso, Amanda Rossi and Yves Sciama. You are a marvelous group, smart and sharing and thoughtful and brave. And it has been an honor to be your instructor. I hope you'll find ways to stay in contact. And I hope to keep seeing your work.

OK, let's talk about this last topic, which is: The world from here. Over the past few weeks, we've explored how this pandemic came to happen, but the experience of the pandemic has been around the world. And what the hopes are for achieving vaccines and treatments. Now we're going to look at what comes next.

To explore that, our last set of video segments includes some very distinguished people. We'll hear from Dr. Tom Frieden, president and CEO of Resolve to Save Lives and former director of the US Centers for Disease Control and Prevention in the administration of President Barack Obama. Before that, Dr. Frieden was the health commissioner of New York City and an official in the World Health Organization's tuberculosis program in India. We'll talk to Luis Felipe Lopez Calva, regional director of the United Nations Development Program and Assistant Secretary General at the United Nations. And we'll try to map the future with Annalee Newitz, who is both a journalist who writes about the collapse of past societies, and a science fiction author who imagines near future ones.

And finally, we'll hear from Bruce Shapiro, executive director of the Dart Center for Journalism and Trauma at Columbia University, about what you should do, in the near term and looking forward to keep yourselves healthy and safe.

So looking forward: what does that mean? We should admit it doesn't just mean the next two years before a vaccine is - possibly - invented and distributed. What it means, if we are honest, is the rest of our lives. The arrival of the novel coronavirus changed the world as we know it. We can hope to repair the immediate damage that the pandemic has done, to families, economies and societies. But we should not expect any of those to go back to what they were.

We may well be able to make all those better, but we should probably take as the basis of our reporting that they will be different.

As I record this, the world has passed 5 million cases of the virus and the W.H.O. has recorded the largest single day count of cases. There are very few places that can say they are past the peak - and some localities that believed they were are already experiencing a bounceback of fresh cases.

Yet we've been in this pandemic long enough, five solid months now, to have developed a bit of familiarity with the virus and a bit of rhythm to our reporting. We are where the British Prime Minister Winston Churchill said the allied armies were in World War II after their first solid victory:

This is not the end.

It's not even the beginning of the end,.

But it is, perhaps the end of the beginning.

So where are our story opportunities, here at the end of the beginning? Let's talk about the near future, and then what comes after.

Then your future: Every substantial report says that the immediate tasks are to test, trace and isolate.

That is: Find out if people are sick, or if they show antibody evidence of recovery; trace their contacts if they are sick; and persuade them to be confined safely, at home or in convalescent housing, until they are no longer a danger to others.

Convalescent housing is especially important because so much Covid transmission seems to take place in close quarters, in households or in spaces shared by several generations of a family.

I am sure you can immediately see the story opportunities here:.

Does your country or locality have enough tests? Where are the tests coming from? What is their published rate of reliability? Is there any chance they could be counterfeit? How will your area handle contact tracing?

There is an important nuance here for those of you who live in developing economies: Countries where tuberculosis is extant already know how to do contact tracing, because contact tracing is an essential part of detecting that disease. The United States and Western Europe have mostly lost that skill, but the countries of the global south mostly retain it.

Testing and tracing are the minimal things necessary to open up economies, which the world badly needs to do before we slide into a global economic depression. But they are at best means of control, of reducing risk - not of making the risk go away.

Now, there are parts of our societies who have learned in the last few decades what it means to live even to flourish in an atmosphere of uncertain risk. Primarily, that is, people living with or at risk of acquiring HIV-AIDS.

We learned early in that pandemic that the only way to guarantee HIV-AIDS would not be passed on was to agree to never have sex again, to never bear children again, to never take an illegal drug again. And people were, of course, not willing to do those things.

But what people and societies were willing to do was to develop policies of harm reduction and social mobilization: to 100% use condoms, to prevent mother-to-child transmission, to ensure that people who use illegal drugs can do so safely.

We've also learned to live alongside the threat of dengue, of Zika, of malaria, to be continuously protecting ourselves while continuing to live our lives. That's what life in the age of coronavirus may turn out to be: an extended exercise in harm reduction.

That takes us into the middle term of the future. Assume that cities and businesses reopen: How do they operate safely?

If you live in a major city like New York or Paris, how much of that city's streets will be converted away from cars and toward the kind of public space you need to be socially distant?

If you reside in an area with a big tourism economy like the Mediterranean coast or Venice or the Mexican coast, what will the process be for governments to that travelers back in again and get them to follow new rules? If where you live is a place where there's a lot of solo small businesses, or where people survive by informal pickup work, which describes a lot of Latin America and also sub-Saharan Africa as well. How will people solicit work without breaking social distancing? How will they participate in any kind of safety net or income restitution, if they were informal workers in the first place?

Once new forms of being together become more familiar - whether that is permanent social distancing, or regular testing, or changing how shops and offices are organized or laid out, or finding a way to greet each other that doesn't involve a handshake - we then have to look at the far future. And here is where our ability to draw together strands of prediction and trend as journalists will be so valuable.

Because the story opportunities in this part are the big ideas.

How much privacy will we give up in order to know where a disease is going?

Who will be allowed to own so much data about us?

Will the forces of labor rise up as they did after conflicts throughout the 19th and 20th centuries, and probably further back and renegotiate the rules of work with business owners and corporations?

Will we permit our governments to retreat behind nationalism in an attempt to keep us safe - or will we recreate that burst of international sympathy and mutual commitment that created the United Nations and the World Health Organization after the end of World War II.

There are two more things that we need to be asking about.

The first is how do we mourn what we've lost? You can look anywhere in the world and find memorials to military battles. It is much harder to find memorials to those lost to disease. The 1918 flu, which we talked about in our first module, the worst pandemic in recorded history, has almost no public art memorializing it: no place, no statues; no symphonies; in English, only two slender novellas.

The most dramatic memorial to disease is probably the AIDS quilt, it's 1.3 million square feet of fabric. It's the largest act of crowdsourced art in the world. What will be our quilt, for the lost of COVID-19, the people and the societies as we knew them? What acts of memory and resolve will we undertake, so this moment is not forgotten?

The final story that we need to look forward to is this: What will our societies do if this happens again? As a disease reporter, I am already hearing from scientists who talk about the next big one. The really big one.

In our first module, we talked about failures to learn from past pandemics. Going forward from this module, let us ask: What plans are being put in place, to detect the next one earlier? What agencies are being funded? What science needs to be a priority? What weak spots did we perceive in each of our cities and societies that made us vulnerable? What can we do as journalists to keep those realizations in front of people's eyes, so that the lessons of Covid-19 are acted on, and not lost?

So that's it. The end of the beginning, the immediate and far future, and what we need to look for next as we live through this historic moment together. I wish you all so much success in continuing to pursue what will be the story of our lifetimes.

I know you will do great work.

Stay safe