

Module 1 video 1: How did we get here?

Hello. Welcome to the first module in this course, Journalism in a pandemic: Covering COVID-19 now and in the future. I'm Maryn McKenna, a journalist and author based in Atlanta. I'm the course leader and the instructor in English. Over these four weeks, you may also meet the associate instructors Yves Sciama for the Francophones. Amanda Rossi, who will handle the course in Portuguese, and Federico Kukso, who conducts the course in Spanish.

On behalf of all of us. Thank you for taking this course.

Before we launch into this week's topic, let me tell you a little about how this is going to work. In every module of this course, we're going to examine one aspect of this pandemic from preparation to response to possible prevention and to what our lives will look like afterward. Our goal is to talk about the best story ideas and the best journalistic skills and practices to use right now. But we understand that this is a novel situation for all of us, because the pathogen behind this pandemic is a virus that the world has never experienced before. So every week, in addition to your instructors will host a scientist or other expert source for information about the pandemic and a journalist who's been covering it to have them share their expertise. In this module we'll hear from famous disease and biodefense expert Michael T Osterholm and author and journalist Sonia Shah.

One final note, those of you taking this course come from all over the world. That's thrilling, but it also presents a challenge. As this pandemic moves across the globe, every country is experiencing it differently and every country is going to have a different public health strategies to respond to it and different amounts of resources to spend. So it's possible that some of the story ideas we recommend may not be relevant to where you live or what work you're doing right now.

We hope you'll stick with us anyway to experience this community and read the stories were recommending. Think of it as book club for the end of the world.

That's my preliminary remarks. Let's get started.

In the middle of May, 2018, not quite two years ago, a virus surfaced in Frankfurt, Germany. Mid-May is after the end of flu season, but this virus behaved like the flu, causing coughing and sneezing, which helped it spread from person to person. 316 people fell ill and 32, 10 percent of them, died.

Next, about 100 people fell ill with the same syndrome, an ocean away in Caracas in Venezuela. Some of them developed encephalitis, swelling in the brain, that caused them to fall into a coma. In that country, 20 people died. But Venezuela's president denied there was any outbreak and the virus continued to spread.

It came to the United States via a college student returning from a summer abroad. As the pathogen raced around the globe, health experts realized that there was no treatment that could work against it and no vaccine available. By the time a vaccine was expected to arrive, 20 months later, one hundred and fifty million people would die around the world.

If you're feeling confused that you somehow never heard about this massive outbreak, don't worry. It didn't really happen. It was a simulation played out in a war game, written and hosted in May 2018 by researchers at Johns Hopkins University in Baltimore. The writers of the simulation called their fictional disease by a fictional name, Clade X. But the conclusion they drew from their war game was entirely factual. They said that if an actual pandemic pathogen arose, the world would not be prepared.

And now we know how right they were.

Clade X was a warning. It laid bare that diseases travel faster than we can track them. That vaccines cannot be created at a moment's notice. The politics can get in the way of public health. But its designers said those weaknesses could be fixed, given attention and funding and political will. Yet, though, their conclusions were reached almost exactly two years ago, almost nothing

was done to respond to them. Wherever you are working, one of the story opportunities in covering this pandemic is figuring out whether plans were made and if they were made, whether they were followed. Clade X wasn't unique. It was one of a long series of warnings about pandemics that stretch all the way back to the beginning of the 20th century.

If you didn't know about it before, by now, you've probably heard of the 1918 flu pandemic, which probably started in the United States among troops headed to the First World War and spread around the world. The 1918 flu killed an estimated one hundred million people. That was the big pandemic of the last century and a bit, but not the only one. There was an influenza pandemic in 1957 that killed about one and a half million people around the world. There was another in 1968 that killed slightly less than a million. In 1997 H5N1 bird flu jumped to humans in Hong Kong. Since then, it has killed more than half of those who contracted. And there was the pandemic of H1N1 flu in 2009, which some of you may remember, which seemed mild at the time, but killed more than 284,000 people around the world.

Those were all flu pandemics, but there have been other respiratory epidemics in that hundred plus year span. SARS in 2003, the first coronavirus pandemic arose in southern China, spread around the globe and sickened slightly more than 8,000 people, killing 774. MERS, also caused by a coronavirus, was first spotted in Saudi Arabia in 2012 and so far has sickened almost 2500 people, killing 858 of them.

Each of those pandemics contained lessons that we should have internalized before the next pandemic hit. The 1918 flu and SARS, 85 years later, showed how rapidly pathogens can move around the world. The 2009 flu, which arrived outside the regular flu season, showed how complex it is to create a vaccine quickly and how we have to be prepared to keep track of vaccine side effects.

H5N1 flu and SARS and MERS all established how important it is to monitor the ways that viruses jump from animals to humans, because any virus that lands in us from another species will be one that we have no immunity to and no defenses against.

All of those outbreaks and more I haven't mentioned underlined a realization that epidemiologists around the world had already come to. The number of new diseases that emerge every year is increasing and the number of outbreaks per year is rising fast. Because of those epidemics, the World Health Organization developed a pandemic planning guide in 1999 and in 2005. Published a checklist of actions that its member governments should begin to take. That was supposed to trigger a pandemic planning by almost every national government in the world. In the United States, we have had a pandemic plan since 2005, and yet the US and the world continue not to be ready even after the Ebola epidemic of 2014 in West Africa showed the world how quickly infectious diseases could spread and destabilise countries and regions.

Here's what billionaire Bill Gates said just afterward.

Today, the greatest risk of global catastrophe doesn't look like this. Instead, it looks like this. If anything kills over 10 million people in the next few decades, it's most likely to be a highly infectious virus rather than a war. Not missiles, but microbes. Now, part of the reason for this is that we've invested a huge amount in nuclear deterrence. We've actually invested very little in a system to stop an epidemic. We're not ready for the next epidemic.

And here is what the World Bank warned in 2017. We know by now that the world will see another pandemic in the not too distant future. That random mutations occur often enough in microbes that help them survive and adapt, that new pathogens will inevitably find a way to break through our defenses. And yet, as the havoc caused by the last outbreak turns to a fading memory, we become complacent and relegate the case for investing in preparedness on a backburner. So one of the big stories of now is, were any of these recommendations followed where you live, whether it's in the United States or Canada or in Europe or in the global South? Was a plan written? Was it followed? Did it cover only the nation or did it provide for states and provinces and cities and their transportation networks and hospitals and their supplies and schools and food?

[00:10:30] Maybe most important. What did it leave out?

According to an international ranking called the Global Health Security Index, the United States is the country best equipped in the world to respond to infectious threats. Ranking number 1 out of one hundred and ninety five jurisdictions. Yet an independent bipartisan council, the CSIS Commission on Strengthening America's Health Security, said last November, in reality, the American people are far from safe.

And so it turned out to be.

In 2017, Time magazine warned the world we are not ready for the next pandemic. In 2018 in Wired magazine, I predicted that if a respiratory pandemic began in China, the world's supply chains of hospital masks and protective equipment would break down because most of them are made in China and China would break delivery contracts to keep that equipment where it was needed.

Sadly, I was right.

You'll find other examples of planning and failures of planning in the recommended and supplemental readings for this module. We hope they'll guide you to develop story ideas on how pandemic awareness and planning played out where you are and continue to play out. Take a look at them. Tell us your thoughts in the discussion forum for this module. And if you happen to have joined the optional Facebook group, talk to us there too.

How much a pandemic was anticipated or not and how much where you live was left vulnerable will be key to understanding what we'll talk about in our next module, how COVID-19 is unfolding right now.