In this series, faculty across disciplines, from cross-cutting STEM fields, humanities, and social sciences, discuss a common topic or contemporary matter from the lens of their field. The conversation is open to all participants in the room, bringing the strength of the collective disciplines to bear on a wicked problem.
Since December 2019, the COVID-19 pandemic has caused a worldwide public health emergency, necessitating coordination amongst all levels of government and across non-governmental organizations and communities. Almost a year into what has been a devastating global crisis, various data have shown that strong national, state, regional, and local leadership and coordination have resulted in better management of the pandemic, reduced transmission, and therefore fewer fatalities. What were some takeaways from the pandemic at the end of 2020? PPRI’s Contemporary Matters Discussion Series on COVID-19 explored the approaches to and impacts of the pandemic through a regional (Nov 17, 2020) and global lens (Dec 17, 2020). The aim of the series was to facilitate dialogue among scholars and experts from different fields to connect and engage in a meaningful and informative discussion.

28.8 million
Confirmed cases in U.S.

518,456
Deaths in U.S.

Data as of March 3, 2021. Source: NPR
Dr. Swati Srivastava brought to light the role of the World Health Organization (WHO), which serves as an information clearinghouse. The WHO assists health departments of countries worldwide, but it is not without limitations, and political factors often make its work challenging. For example, serious disease events and updates must be presented by states to the WHO, but like various UN bodies, the onus is on governments to enforce and monitor each other. The WHO also relies on states for funding.

Even before the pandemic, the WHO had a serious budgetary curtailment (~$6 billion) which has hampered not only their ability to do research and publish reports, but also their ability to provide health interventions and services around the world. It is not uncommon, however, for information politics to play a role in a delay of communication (i.e. China with SARS, the DRC with Ebola). The WHO is also required to report information on diseases within 24-hours and give continuous updates. Recently, however, the WHO has been criticized for taking nearly a month to provide a Public Health Emergency of International Concern report (PHEIC, required by international law) on COVID, and for being “China-friendly” by hesitating to condemn their lack of transparency.

In January 2021, a team of experts from the World Health Organization (WHO) landed in Wuhan, China to investigate the origins of the Covid-19 virus.

101,046
Confirmed cases in China

4,837
Deaths in China

Data as of March 3, 2021. Source: Johns Hopkins University COVID-19 Dashboard
Global Governance and Geopolitical Tensions (Continued)

From a geopolitical view, the US-China competition has colored the handling of the pandemic, with the former Trump administration taking advantage of forums to claim that resolutions and statements have to insist on the Chinese origins of the virus. Thus, because a major body like the WHO was not interested in enforcement and monitoring, there were very little multilateral efforts created to share information, monitor more, and share information, as was seen in previous global events like the Ebola outbreak.

During the Ebola crisis, the UN Security Council and the UN Secretary General Ban Ki Moon actually took the lead, instead of the WHO. Despite the tensions mentioned earlier, the US and China have come together to address COVID-19, much like the SARS and Ebola outbreaks in previous years. In 2020, geopolitics took over diplomatic cooperation, and dominated the necessary ‘health diplomacy’ that had been achieved between rival states in the past. The COVID-19 vaccine ‘arms race’ has seen countries competing with each other in areas of research and development and manufacturing. This competition can be beneficial for mass availability and production, but also detrimental in terms of hoarding and inefficient duplication. Moving forward, geopolitical maneuvering must be negotiated to achieve effective global governance.

"The COVID vaccine 'arms race' has seen countries competing with each other in areas of research and development and manufacturing." - Dr. Swati Srivastava
Impact of Supply Chain and Digital Technologies: The World's Lack of Capacity

Dr. Karthik Kannan discussed doing business in the COVID era, honing in on follow-up policy perspectives. He identified the free flow of people, goods and services, and ideas as key trends in a pre-COVID world of business, leading to economic security and prosperity despite trade tensions between US-China, India-China, and so forth. Since the 1990s, globalization has impacted world markets and geo-political relations. More recently, however, protectionism and nationalism have been on an upward trend, spurred on by economic insecurity and widening income gaps. The development of COVID-19 was interpreted as a failure of globalization, and has the scope to drive further protectionism, largely attributed to increasing unemployment rates. Therefore, there is an urgent need to strike a balance between preserving the local economies, while encouraging a free flow of ideas and people. Companies are concerned with creating a sustainable supply chain today, and have used COVID-19 as an opportunity to reevaluate their supply chain. This reorganization in addition to trade tensions has the potential for emerging economies to start playing a critical role, built on long-term infrastructural commitments.

Reliance on Technology

Dr. Kannan also commented on the increasing reliance on technology, with omnichannel shopping, online entertainment, work from home, and distance learning as a need to be wary of cybersecurity concerns. Companies become stakeholders in the process, and meet at the intersection of critical policymaking.
Dr. Kali Rubaii discussed connections between the effects of environmental devastation, war, and the ability for states to respond to pandemics like COVID-19. For example, US military intervention in the last two decades has severely hampered Iraq’s ability to fully respond to the COVID-19 crisis—leaving them with 1.8 hospital beds and 0.8 physicians per 1000 people. Meanwhile, climate change invites the scope and severity of microbial crises, with ecologies under threat and natural diseases more prevalent.

Dr. Rubaii alluded to the idea of militarized global apartheid, which enforces a divide between those who have vaccines, resources, and weapons, against those who do not. Such regimes of exclusion have been reinforced under the guise of public health needs, compounding global inequality.

Dr. Rubaii suggests we must understand public health to be broader and more complex than how we think of it in biomedical terms. Health is collective rather than limited to individual bodies, social rather than only biological, and made possible by ecologies as much as by human systems or economies. Because of this,
COVID-19 presents opportunities for publics to view the world outside the lens of military might and to collaborate beyond geopolitical boundaries.

Dr. Rubaii also discussed how migration issues arise at the nexus of militarism and climate change; crises are caused by and lead to the exacerbation of military apartheid. There are millions without citizenship to any country, with this number increasing rapidly. Displacement and dispossession break down the social, medical, and economic systems people rely on for their health. Humans beings have historically survived crises, like this pandemic, by engaging with each other and their environments.

Anti-immigration sentiments prevalent in the U.S. stand to hinder this survival tactic. Small-scale responses have enabled collective survival, but deeper questions regarding responses to human mobility, as well as legal and moral obligations to others must be posed and interrogated. By thinking more holistically about what supports global public health, we can more readily see how crucial it is to dismantle regimes of segregation and militarism.

**Displacement and Migration in Global Health (Continued)**

80 MILLION
Forcibly displaced people worldwide (by mid-2020)

45.7 MILLION
are internally displaced people (as of end-2019))

26.3 MILLION
are refugees (as of mid-2020)

4.2 MILLION
are asylum-seekers (as of mid-2020)

3.6 MILLION
are Venezuelans displaced abroad

Source: UNHCR
Rethinking the Future of Work

Dr. Ellen Ernst Kossek’s discussion centered around COVID-19 as an opportunity to diversify the workforce by looking at gender equality and marginalized groups. Generally, keeping more women in the workforce around the world could help the economy. A common problem identified in this pursuit was that of role conflict, by ways of balancing responsibilities in the corporate and domestic spheres. Allowing for remote work has been a double-edged sword for women in the workforce. Though remote work has enabled women to remain in the workforce, work-life boundaries and well-being are being strained. Dr. Kossek’s research surveys conducted for a report to the National Academy of Sciences on the effects of COVID-19 on women in Academic STEM from over 200 universities found that even among dual-earning couples, a significantly disproportionate number of women (90%) reported carrying the majority of domestic responsibilities. Additionally, 71% of women reported childcare issues and about 50% reported eldercare issues. Additionally, Dr. Kossek’s report brought to light that work-life inequality is a form of job inequality. For instance, a researcher whose lab closes, but may work from home, will have a vastly different career trajectory. The coronavirus outbreak is a chance to redesign work as we know it, by rebooting not only technology, but also the human component. The problems of boundary control and the blurred lines between working and family roles need to be made clearer and addressed to find solutions that transcend lip service.

The infrastructure of work in the academic realm in particular must look at long-term developments and a more sustainable workload that does not diminish familial roles, while simultaneously allowing men to participate in shared care.

Did you know?

90% Women reported carrying the majority of domestic responsibilities.

71% Women reported childcare issues and 50% reported eldercare issues.
Dr. Shelley MacDermid Wadsworth identified the pandemic as a multi-system problem that operates at the level of culture, societies, and institutions. Dr. MacDermid Wadsworth explored the micro-responses to the pandemic and other kinds of disasters at the family level, with an eye on the connection that impact has to the macro level. The abrupt adaptation of families to COVID-19 in March was a notable point, while also manifesting as an unexpected opportunity to spend time together and strengthen familial bonds. The lack of community distractions and a desire to help each other through difficulty provided opportunities to exercising resilience. Dr. MacDermid Wadsworth was part of a group that pioneered the rapid deployment of a family support program to help families practice and grow their resilience skills during the pandemic. The initial platform base was a Facebook group comprised of 1700 members across 25 countries, and the program has received attention from the National Health Service (NHS) in the UK, as well as in the South Pacific. Two cycles of the program have been completed, with the most recent one having been completed in fall of 2020.

Dr. MacDermid Wadsworth described research showing that in the context of disasters, most parents will help their families to function, if you make it possible for them to do so. The relevance of the program may have mainly been on a micro scale, but in extrapolating the observation towards geopolitical realities, it is viable to establish a correlation between involved mothers and functioning families, with these lessons having global relevance.
Panel Highlights: Q&A Session Excerpts

Access full video of the event HERE or paste this link in your browser: https://web.microsoftstream.com/video/49f9b194-8f01-47c9-86e8-12c7f51e8b93

Dr. Shelley MacDermid Wadsworth
- Gave definition of resilience: “positive functioning despite adversity, and it is applied both to individuals and families, as well as communities in larger systems”
- Gave insight into the important connection between policy, resilience, and families, all the way down to resilience at a physiological level

Dr. Karthik Kannan
- Gave insights into policies that are in place to help close the gender gap and ideas upon the trade tensions between the US and China
- Gave examples on Accenture and Harvey Mudd College of Engineering study on asking for help

Dr. Kali Rubaii
- Discussed questions in chat about violence against women
- Gave clarifying statement on the kinds of violence that are focused on when talking about women's resilience
- Discussed reasons behind defunding or "relocating" money and focuses to "larger issues" rather than focusing on the "small urgent issues"

Dr. Swati Srivastava
- Gave insight into conversations about global policy for debt relief and debt forgiveness for low and middle-income countries
- Gave the example of a possible international tax on air travel for this type of fund

Dr. Ellen Ernst Kossek
- Gave insight into creating policy giving families access to longer leave or the ability to work part-time or with a reduced load if needed
- Gave insight into women keeping the social networks open
- Gave examples of giving more safe and reliable child/elder care so that other members of the family can stay in the work force

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