

ISRM



CORONAVIRUS
CAMPFIRE REPORT

PART 3: **THE SECOND WAVE: OCTOBER - DECEMBER 2020**

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FORE-WORD:



Over the decades global emergencies such as the pandemic has shown the need for crisis risk management. We have learned that our action or inaction has an enormous impact on whether shocks such as tropical storms, earthquakes or pandemics are merely terrible or utterly catastrophic. We can and have predicted events such as the global Covid-19 pandemic. But none of this means that it is easy or inevitable that we will take all the right steps when the earth starts to rumble all around us. This is where critical thought leaders like the ISRM have a role to play in bridging the gap.

As the Under Secretary-General for the International Federation of Red Cross and Red Crescent Societies (IFRC), I serve the world's largest, and oldest, humanitarian network, representing 192 National Red Cross and Red Crescent Societies, who work through 14 million community-based volunteers in over 160 thousand local offices. Over the last 100 years we have successfully responded to all types of disasters large and small for generations, but the scope of Covid-19 has challenged our thinking and operations. This has required rapid and massive changes to many of our "tried and true" ways of working.

At first, Covid-19 expressed itself like many other recent disease outbreaks, with an epicenter in one country and the most significant concerns about regional spread. Our first, modest appeal, issued the day after the WHO designated Covid-19 a public health emergency of international concern on January 30, mainly aimed to support National Societies in the Asia region to rapidly scale up risk communication and engagement activities as well as planning and preparations in case of rapid spread, including measures to ensure that marginalized populations, such as migrants, were not left behind.

We assumed that the response would be a couple of months at worst.

We had an advantage though. Our network had recently learned critical lessons about the critical but under-valued role of very rapid action focused on community engagement from the fight against Ebola in West African in 2014-16 and in the Democratic Republic of the Congo in 2018-19, among others. We found that when trust was high, communities showed enormous restraint and cooperation, allowing Red Cross volunteers to undertake safe and dignified burials and dramatically reduce the spread of the disease, even though deeply held traditions could not be fully exercised. When trust was low, communities refused to alert our volunteers or the authorities to cases -- and some even attacked volunteers.

As the previous campfire reports show, these same patterns of trust and distrust – the fluctuations of public sentiment and mood – played a critical (sometimes devastating) role in their choices and those of their governments in response to Covid. In addition, it was the ability to learn from previous pandemics and emergencies, that we saw countries of South East Asia, understand the significance of the event at an early stage in its development cycle, and engage with it proactively across the private and public sectors. What the campfire reports show us is that had there been a global eye on preparation, there would have been a more humane response.

These are some of the lessons that also resonate from our own experiences. Covid-19 spread with a level of human and socio-economic impact unmatched by any similar outbreak in living memory. We were fortunate that our model is primarily based on the actions of local volunteers working in their own communities and earning their trust. When self- and state-imposed travel and movement restrictions appeared, it was much easier for them to continue to make a difference than it was for some other organisations used to intervening from afar. However, we were extremely worried about their safety, given the gaps in the availability of protective personal equipment and the fact that many National Societies were under-insured for the massive potential for disability and death of their volunteers due to an event like this. Like the discussions described in this report, beyond their direct response to Covid-19, many National Societies faced massive challenges to their “everyday” activities, ranging from ambulance service to disaster preparedness to first aid training and social support. Some quickly faced the spectre of cash-flow crises, as revenue sources ceased to provide. Others that had elderly volunteers had to change their business models in terms of operations

Like the international humanitarian community, we too had to change our business model. For too long, our model relied on support systems of deployment of IFRC network experts, goods and equipment to aid National Societies when their capacities are overwhelmed. Not only was this travel made almost impossible, but as the campfire reports demonstrate, the epicenter of mortality soon moved to countries quite unused to that role, and the disease shifted from a few “disaster zones” to which external National Societies might lend their support, to a simultaneous crisis in nearly every country at once.

Like governments and institutions around the world, we soon realized that we must go big and go local or go home. We could not “just” try to address the massive direct impacts of Covid, but had to simultaneously do something about the secondary humanitarian impacts, from lack of primary health care to the sudden loss of livelihoods and food security for millions (including many in countries with relatively few cases but high exposure to the global economic shock). From an initial appeal for CHF3 million, we quickly escalated to the largest global operation our network has ever seen, collectively raising more than CHF1.7 billion and reporting all together (for the first time) on 172 National Societies’ work on health, socio-economic and related activities over the course of 2020. Their staff and volunteers reached over 650 million people with risk communication and other health support and nearly 80 million with food and other aid. We also managed to support 116 National Societies to obtain insurance for their volunteers and 149 to obtain PPE.

Today, the beginning of the roll out of vaccines has finally turned on a light at the end of the world’s long Covid tunnel. We have expanded our support to 152 countries but realize much more needs to be done. At best, however, we are still halfway through, as it currently seems that many countries face a long (and unevenly distributed) wait before their vulnerable populations can be vaccinated. We must keep learning rapidly from our mistakes and successes. The campfire lessons about leadership, adaptation, frustration and innovation in the “early days” of the pandemic will be critical to our success in reaching its final days.



Xavier CASTELLANOS

Under-Secretary General for National Society Development and Operational Coordination International Federation of Red Cross and Red Crescent Societies

28th April 2021



INTO THE WAVE

October 2020 had started off with a lot of turmoil around Covid-19. President Trump had tested positive for Covid-19 in the United States, adding to the list of leaders who had been infected with the virus. In the UK, the Great Barrington Declaration advocated for a different approach by trying to avoid lockdowns and instead opt for a focused protection. The declaration sparked another debate about herd immunity, which was still considered as a valid option for many, despite warnings from scientists that there would be no herd immunity without vaccinations.

Albeit slowly, governments were starting to acknowledge that Covid-19 was not playing according to the game plan. Wherever lockdowns had ceased, the number of confirmed cases had risen dramatically. So much in fact, that the second wave had become an accepted reality by the end of the month. Yet, many countries and governments were struggling with what that meant. It was certain that a second wave lockdown would have even more impact on the economy, society and mental health. Job losses would soar, and the working class would be disproportionately affected in a negative way, continuing their marginalization by the lack of government support. On the Campfires, October was regarded as the entry point into a period of structural turmoil, something that had not been felt before in that intensity.

THE SECOND WAVE

October 2020



GLOBAL PERSPECTIVE

Throughout October, the consensus had been that many countries were already in the middle of a second wave that would last through winter and would test government policies and compliance. Higher infection numbers had been expected for autumn and winter and some of the efforts to flatten the curve during summer seemed to have paid off in many countries, even though that progress could be easily lost as a lot of rules and regulations simply could not be enforced. Imposed lockdowns were criticized, as well as the lack of support of younger people around wearing masks and social distancing. The question remained if this second wave was just a herald wave with the worst yet to come in the coming months.



UK

For Campfire participants from the UK, October had been a frustrating month. The rate at which lockdowns could be lifted had been 135 reported cases per 100,000 people, but many cities and areas were far away from that. Early in the month Liverpool had been moved into the highest tier emergency status (Tier 3) amidst 600 registered cases per 100,000 people. At the same time, there had been a lot of confusion whether Manchester would follow into Tier 3 as it faced similar numbers, but it would only do so at the end of the month.

This had left many puzzled as to what the course of action would be and how decisions were made. Local and central governments seemed split on whether to focus on local or national lockdowns. There had been further communication problems as the central government had got into the habit of briefing the press before talking to local leaders. However, places that had been suffering the most were those away from the capital. They viewed themselves to be outside the nexus of power and unable to affect their own plight. There had been no identifiable strategy from the government on the second wave, despite it being well announced. Those who had been working with international clients reported that other countries had been coping much better than the UK, with more structured responses and better communication from their governments.

EUROPE

Campfire participants from Germany during October had been largely students which allowed some insight into how the beginning of the new semester played out. Generally, students had been hit hard financially as many typical student jobs in the service industry vanished over summer.

Consequentially, some moved back home to their parents, and others had to either take up debt to continue their studies or apply for emergency funds. With added financial pressure and social isolation, mental health had started to be of growing concern. After clear messaging and a coherent response during spring and summer, many federal states within Germany had started to implement their own regulations, which were often adapted to the changing situation. This added to a growing feeling of Covid-fatigue and non-compliance, especially from younger people.

Sweden had been following a direction that had gained a lot of attention in the early stages of the pandemic. There were no mask requirements and the economy mostly avoided shutdowns. Sweden still had a low rate of infections during October. The population distanced naturally, and this had been part of the culture long before Covid.



All deaths in a family usually led to hardships within these rural communities, but that had been exacerbated by Covid-19. Survivors were having to borrow to afford burial expenses and family restabilisation.

Even though there had been setbacks, the government's strategy still enjoyed popular support and participants from Sweden reported that it still worked. Bars and restaurants were empty as no one was dining out. Grocery stores were all but deserted. People were still out walking and exercising but generally made their own decision to stay at home. Despite government measures and sensible people, Covid-19 was still present in Sweden, even if the numbers looked better than those of its neighbours.

MIDDLE EAST

A participant who had returned to the UAE felt that October had been far worse than when he left the country initially. People wanted to leave. Big construction companies that had provided countless jobs were going insolvent. He felt that there was still a way to go before the country was through the worse of it.

ASIA

Out of a population of roughly 200 million people in Pakistan, it was estimated that 20% of those had less than US \$100 in savings. Large parts of that group lived in rural areas, a population that usually did not have any savings in developing countries. All deaths in a family usually led to hardships within these rural communities, but that had been exacerbated by Covid-19. Survivors were having to borrow to afford burial expenses and family re-stabilisation. On top of earthquakes flooding, and other natural disasters, Covid-19 had only added to the hardships of these rural communities. According to the government, case numbers had not been overwhelming, and lesser measures were needed. Only severe cases were admitted to the hospital, and government guidance had been to care for mild cases at home.

While Pakistan tried to maintain its business-as-usual policy, Indonesia had moved to the brink of social unrest. In Jakarta, there had been a build-up to protests based on recent foreign investment rules. Locals were concerned that these rules would have a negative impact on the population, compounding their struggles with the ongoing pandemic. The government had been ready to put police on the street in the past and the feeling was that the situation could go either way. With medical resources and social cohesion put under enormous stress, a turn towards violence seemed to be more likely.

The situation had been tough on the average person and the feeling had been that the true effects of the virus could not be grasped due to poor testing in the country and that official numbers were not reflective of the actual situation.

Even though the entire country had been shut down and everyone had been ordered to stay at home, it was expected that this lockdown would be relaxed as Indonesia faced the same economic challenges as every other country dealing with the virus.

AFRICA

Over the last few months, the situation in Egypt had been challenging in various ways. The pandemic seemed to have taken a backseat. For both government and public, other issues had been more pressing, such as the simmering conflict in Libya. A campfire participant stated at the beginning of October that people in Egypt were still trying to keep it together. The situation had been similar to that in September, with the difference that the children were now back in school. The majority of the population was quietly enduring Covid-19. Underneath the quiet façade however, tensions were mounting. A participant compared the situation to an experience he had while working in Iraq. Due to climate change, temperatures there had been around 60 degrees Celsius when they normally would be around 55. The Iraqi government would release lower temperature readings to the public so that people would still go to work. He argued that hiding the truth had been a part of Middle Eastern culture. The governments would say that everything is fine but talking to people in health care revealed that the numbers were getting worse. Official numbers of daily reported cases in Egypt had been around 200, but they were thought to be much higher.

The media only released government approved information and the confusion in the country about the pandemic had been significant. Whoever knew anyone working in health care had been asking them for guidance and information about Covid-19. Another issue that added to the uncertainty was that there had not been enough tests for the general public. Track and trace was only available for international schools and organizations, not the national schools. Rules had been in place in Egypt, but different organizations and companies applied them differently. People would wear their masks prior to the check point, but would remove them once they were past it. Those who would leave the mask on would catch irritated looks from other passengers.

Despite those issues, Covid-19 had also an impact on many other areas. Fear grew amidst rising infection numbers and continued job losses. The cost of living had increased during the last months and the merging of smaller companies into larger companies to ease economic pressure had become commonplace.

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Another huge concern had been the rise in criminal activity, particular crimes that had not been as apparent before the pandemic. As an example, there had been an increase of children being kidnapped and trafficked for organ harvesting. There was an uneasy feeling in the country that had enhanced the uncertainty and tension, and which now seemed to grow from month to month.

After a rather tumultuous summer, South Africa had been flattening its case numbers at a modest rate. The national alert status had been lowered to Level 1 which was the lowest. People were disciplined and were following the guidelines to wear masks.

US /BAHAMAS

Even though not all states were affected the same way in the United States, an experience from Houston had been symbolic for how many cities in the country had felt the impact of the coronavirus. Houston was home to a massive port on the Gulf Coast as well as being a hub for the oil and gas industry, but it had not been sheltered from the effects of the pandemic. Large numbers of layoffs in the energy sector had been announced and had already started to happen in some service companies. Those who had adapted early to the changing environment had been most successful in surviving the pandemic so far. However, there were ripple effects from the suffering oil and gas industry that extended to businesses that supported oil and gas workers and their families.

Since the beginning of October, traffic had picked up on the roads a little but was still far below pre-Covid levels. Schools had opened despite Houston seeing an increase in case numbers. There was a sense that people thought that it would be time to move on and learn to live with the new reality. The feeling was that Houston as a whole would get through the pandemic, even though some businesses would not survive.

In the Bahamas, confusion about whether or not the government had a long-term plan persisted during October. Even though the Prime Minister was a doctor and had kept the first wave under control with the steps that were taken, infection numbers had soared after the country had reopened.

Fingers were now pointed at the government but also at the population as they were blamed for not following the rules. Nassau had the majority of the cases and was back in a lockdown with a curfew. Even with the lockdown in place, numbers were still rising. The government had stressed precautions but with little effect to show for it.

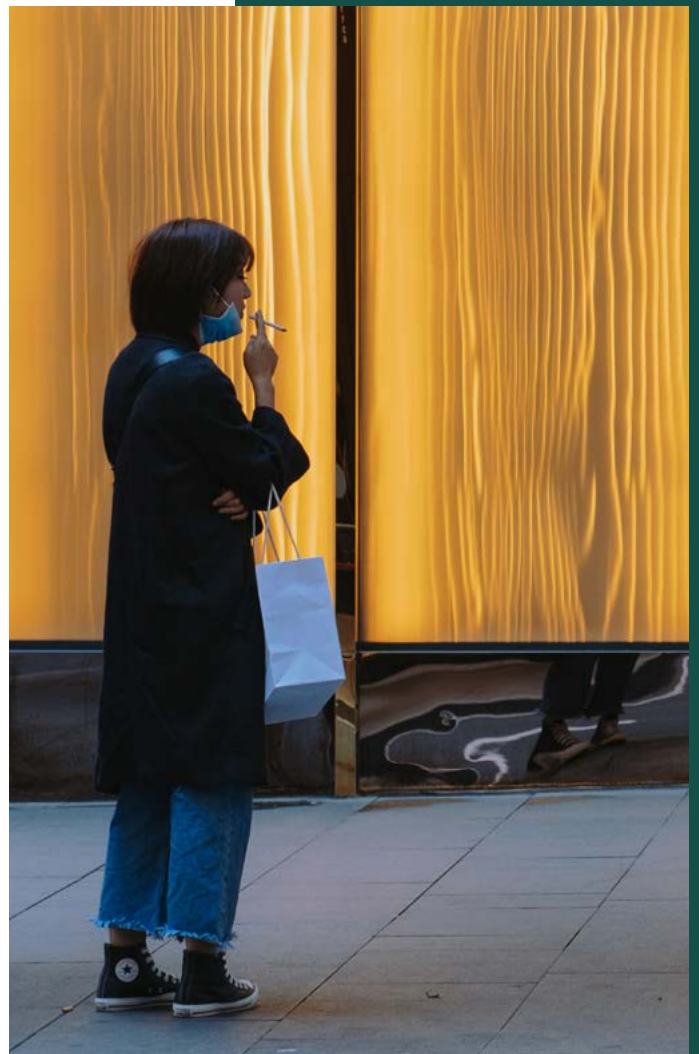
AUSTRALIA / NEW ZEALAND

Australia saw an uptick of aggressive criticism and protest, which was reportedly outside of normal behaviour. There had been anger with the government for the lockdown and a loss of trust. Public officials claimed that they did not know who was responsible for the factors that had led to increased case numbers which had resulted in a second, more stringent lockdown. They refused to accept responsibility for the decisions that were made. At the same time, it was business as usual for Australian government workers as they did not experience any layoffs, while private enterprises and their employees were suffering greatly.

New Zealand as a country did not feel the same risks as the rest of the world while experiencing the pandemic. The government borrowed an idea from Singapore that had been built on three pillars: governmental and social trust, a robust health care system and an economy that could absorb shocks. The presence of all three pillars had allowed New Zealand to move towards virus eradication.

New Zealand had experienced crises in the past such as earthquakes, a mass shooting, and a volcano eruption. Due to these events a framework had been put in place for dealing with a nation in shock, mourning and feeling unprepared for what happened. As the country was smaller, government agencies were closer in both distance and partnership. Finally, the government had a great social communications plan and ways to get the message out. At its core it had been that as a nation, New Zealand had to respond to Covid-19 as a team.

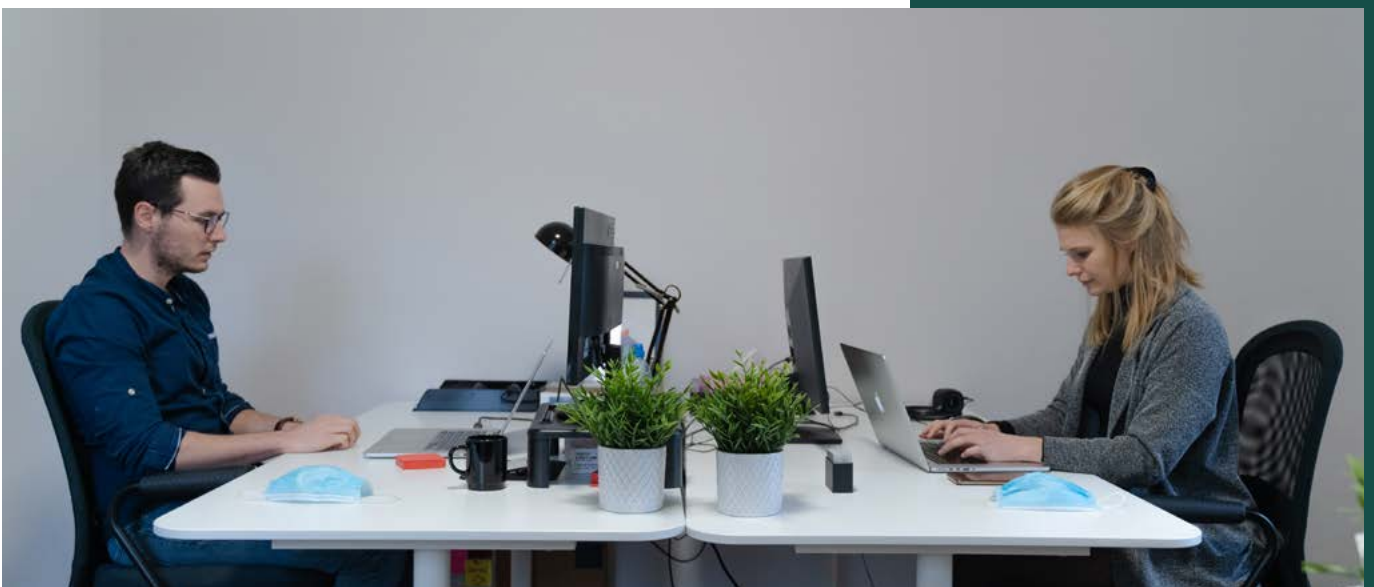
The hope in the country was that the early hard lockdown had put the economy in a better place to recover. There had been considerable support from the government that had helped the economy absorb the shock. While some sectors had been hit harder than others, things looked fairly good for those that were still employed. New Zealand had been in a good place when the virus hit, and the government had money on hand to help. However, politicians are not sure how that money will be paid back in the future. Things had been quiet in October, but Campfire participants did not discount the possibility that some civil unrest could arise. The lack of impact from the virus compared to other countries meant that New Zealand was not talking about systemic change. That lack of a need to address systemic change could leave New Zealand behind after the pandemic receded.



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BUSINESS

After months in the pandemic, substantial economic damage could be observed. Some companies feared that the worst would be yet to come economically. As government money and support was running out and was no longer available to companies and industries, a domino effect had set in. Companies were closing down, and departments and divisions were cut. Small and agile companies could adjust quickly but large companies with a global footprint were locked in a bad place. One of the industries that had been hit hard was event management. One of the campfire participants reported that there were still a few events in the UK that were being held but that many working in the field had gone to their fallback plans. Many used the time to upskill and pursued training and education to diversify their portfolio and being able to bring an improved set of skills to the market once the green light to return would be hit. Most had not planned to stay at home for most of the year, but outdoor events were either not in demand or not allowed due to the pandemic, while indoor events had been outright cancelled. Companies within the event industry were looking towards Q2 of 2021 as the earliest point of a return to live events. In the meantime, the industry looked at how event practices could be applied around the world based on current restrictions. For many people in the field a lingering question had been how the government would support getting them back to business and work if they had to retrain for a new job because their old one no longer existed? There had been a tendency to use some conflicting Covid mitigation measures to get around others. Lower-tier sporting events had been open for small crowds, but some VIPs thought that the rules for that event did not apply to them because of other Covid mitigation steps. This added risk for everyone and jeopardized the continuation of those public events. Participants felt that governments needed to communicate clear rules that were focused on getting the virus under control. They needed to pay attention to the economy. The desire to equally balance needs had led to conflicting messages, prolonging current issues. Many businesses could continue their work as long as they had a working internet connection, but those who had been furloughed or had tried to get into new roles were in need of measures that would get them back into work.





THE SECOND WAVE

November 2020

LIGHT AT THE END OF THE TUNNEL?

November not only saw a continuation of the trends from October but also some major new developments. On one hand, there had been rising infection rates, an increase in deaths and new or continued lockdowns. On the other hand, vaccine development had progressed to the point that BioNTech finished testing during November and would start to apply for approval of its vaccine in various countries. Politically, Joe Biden had emerged victorious from the highly anticipated election in the United States and raised hopes that an era of misinformation and division would now come to an end. There had been a small glimmer of hope during November's Campfires, and many felt that there was finally a light at the end of the tunnel, albeit nobody knew how long the tunnel would be in the end.

November also saw a small change of concept in the Campfire management by allowing long-term participants to take over and chair the Campfire, allowing them to stress topics that they deemed important.

STATE OF THE WORLD



Eight months into the pandemic there had still been no global perspective or response. Every country continued to have different rules and guidelines. Outside of a few initiatives there still was no conceptualization of the pandemic as a global issue. For those working as international contractors, the experience had been that there was no consistency across borders. While some of their colleagues had to quarantine, others had been exempted through their governments, creating additional risk and stress on families. Within national borders, metropolitan areas still experienced heavy congestion on the streets and a busy public transport, even with the shift towards home office and partial or nationwide lockdowns. A general resilience and routine seemed to have set in, allowing people to transition in and out of lockdowns more easily.

However, there had been a growing concern about mental health and Covid-fatigue, especially amongst university students and school children. One issue had been that students were not getting the same level of education with remote learning. As many students had moved back home, socializing and partying had all but disappeared behind name tags on Zoom-screens. For those that stayed, compliance to follow the recommendations and regulations had been low and drug and alcohol abuse was on the rise. There had been stories of increased antisocial behaviour and aggression, going as far as ending in students' arrests. In general, demand for drugs had been high and was growing during the pandemic, either due to trying to numb anxiety or as a form of escapism.

Would November be the gamechanger the world had been waiting for? The finding of a vaccine had given hope and allowed people to look at a post-Covid future. It also had raised many questions: How would the vaccine be manufactured, and logistics built to ensure a fair and even distribution? After having completed the safety trials, the logistical challenge would be transporting and storing the vaccine at the required temperature. Cost would be another factor, as high costs could burden national health systems and put poorer nations at a significant disadvantage. The United States had stayed out of the COVAX agreement whose whole purpose was to avoid vaccine nationalism and hoarding. Another issue was the take-up of voluntary vaccination, with anti-vax movements growing amidst the perception of a short trial process. Could the WHO-proposed level of 70% herd immunity be achieved?

TRUMP AND THE STATE OF POLITICAL DISCOURSE

SPOTLIGHT:

The US elections had sparked some controversy within the United States. Many Republicans maintained the rhetoric of massive voter fraud and a stolen election, even though every court in the country had judged differently. President Trump nonetheless seemed determined to fight the result in any way possible, a scenario that had been thoroughly examined as part of the US threat landscape during the last couple of months. A record number of over 76 million people had voted for new president-elect Joe Biden, with voter turnout being the highest in decades. There had been many reasons for this. One had been the mishandling of the pandemic by the Trump administration. From recommending Hydroxychloroquine as treatment to downplaying the severity of the situation, there had been no shortage of unpopular decisions made by the government. Another had been a deeply divided society that had only increased to further drift apart during the Trump presidency. The Black Lives Matter movement against unjustified killings of black Americans by the police force on one hand and police and rogue militias assailing peaceful protesters on the other had dominated the media feeds during the summer. Finally, there had been President Trump himself. Both adored and loathed in equal measures, he could not just be dismissed as an oddity that happened to bully his way into the Oval Office.

There had been a strategy to his chaotic behaviour. The constant lies and twitter rants had served as building blocks to his self-image as an unstoppable force that was winning every battle. This had worked well in the past to the point where he had changed the perception of democracy. Important decisions were no longer made in Congress, and discussion was regularly bypassed. He had been a disruptive factor that had been shaking the system to the point of collapse. He had regularly bypassed tough questions, admitted that he did not have answers, and argued that it is okay to take shortcuts. Media outlets such as Breitbart, OAN or Fox had supported his way of thinking, allowing post-factuality and populism to take over. Ultimately, the coronavirus had thrown him off course and he had no longer been in control of the agenda. Unlike his political opponents, the coronavirus could not be intimidated by his rhetoric. The disruptive president had seemingly found his equally disruptive match.

Much like smaller outbreaks of SARS, MERS or Swine Flu, the Trump presidency would not be a singular event and it was important that the US would learn a lesson from what could only be described as a near miss. It had been easy to forget about Trump's vast support network and how deeply rooted his views and opinions had been within US society. Right-wing groups such as the Proud Boys and radical evangelists might have been outliers, but there had also been massive support of the GOP which had not subjected to Trump trying to dismantle the US system of checks and balances.



THE SECOND WAVE

DECEMBER 2020

DIGITAL CHRISTMAS

A tumultuous 2020 was coming to its end. After the coronavirus had hit the globe in the beginning of the year, whole populations had gone into a form of social hibernation. The coronavirus had disrupted and redefined the normality for billions of people. Government responses had been slow and oftentimes underwhelming, causing the deaths of hundreds of thousands of people. With the end of the year approaching and countries having been stuck in lockdowns and economically dire situations, the announcement of effective vaccines offered the remedy everyone was waiting for. After months of uncertainty and hardships, there had not only been light at the end of the tunnel, but a traffic sign had appeared that showed that the end of the tunnel was fast approaching. Even if there were still open questions on logistics and concerns about vaccine distribution, a genuine feeling of optimism could be felt on the Campfires. In the tradition of Charles Dicken's Christmas Carol, it felt as if Christmas had been saved at the last minute.

GLOBAL RESPONSE



As more and more vaccines were becoming available and approved by an increasing number of countries throughout December, the feeling on the Campfires had been that a turning point had been reached. After spending weeks and months in lockdown, the vaccine finally offered a means to protect high risk groups and slowly move back to a state of normalcy, even though it was still unclear what a post-Covid normalcy would look like. The only caveats were the limited number of available vaccine doses and the logistical challenges that came with their distribution.

UK

December had started off with a generally shared feeling of a positive development. Thanks to more vaccines becoming available, the hope had been that vulnerable and high-risk groups could get vaccinated fairly quickly. Some participants argued that the UK had already learned massively when it came to treatment and therapeutics of the virus and that the country would figure out quite fast on how to get the vaccine to the people. Getting vaccinated would soon be as simple as getting a flu shot and would finally turn the pandemic into an endemic. Cautious predictions argued that by summer 2021 the UK would be through the worst of it. However, until then, the UK would have to go through more lockdowns. Considering current rising infection numbers, the next major lockdown was expected to happen in January.

Campfire participants argued that these rising infection numbers were not only due to a new and more infectious mutation that had started to spread through the UK. They had also partly been the result of mismanaging the pandemic. Small economic victories that had emerged after the last lockdowns were lifted were about to be nullified again. Those that had worked hard to put all required policies in place to keep their businesses afloat, seemed to get punished by politics that had been without any direction. Initially, the UK government had modelled their pandemic scenario on the experience with SARS and MERS, which several months later had proven to be a complete misunderstanding of the nature, scale and scope of the coronavirus pandemic. It had been a failure of imagination, initiative and leadership. Contrary to the statement that UK politicians were paying attention to current science, it felt like government policy was made up on the back of envelopes. Often changing policies and unclear messaging had caused both pandemic fatigue and a drop in compliance to recommendations. Many had started to move away from the news as a source of information and withdrew from public discourse. Yet, there could be a remedy to all the frustration in the country, as the UK undertook a huge effort to acquire and approve vaccines. Amidst strong criticism on the European vaccination policy near the end of December and a report that Europe could fall short on vaccines as the EU had declined an option to buy millions of extra doses, the UK clearly was benefitting from no longer being part of the European Union.



A significant movement of antivaxxers and rightwing extremists had not only captured the media's attention with continued protests against the governments' restrictive policies but had also been a driver of the pandemic as they had disregarded masks or social distancing during their protests.

EUROPE

At the beginning of December, Ireland had just come out of a six-week lockdown and saw an immediate spike in numbers that would force the country back into lockdown two weeks later. There had only been a limited capacity of ICU beds and a shortage of nurses which had caused concern whether vaccines could be distributed without greater problems. Furthermore, vaccines were not expected to arrive any time before February, and the country so far had only ordered 4 million doses for its population of 5.8 million people. With pending orders of millions of antigen tests there had been a huge blunder early in the pandemic when the Irish government had ordered masks for 3.5 million Euro from a factory that did not exist and unsurprisingly did not receive a single mask. After going through a significant economic crisis in 2010/11, events like this had stuck in the minds of people and there was little to no trust in the government to get this right.

In Germany, the situation had gradually become worse since November. Even though the country was in a partial lockdown, infection numbers and deaths were rising. A significant movement of antivaxxers and rightwing extremists had not only captured the media's attention with continued protests against the governments' restrictive policies but had also been a driver of the pandemic as they had disregarded masks or social distancing during their protests. Despite this very vocal minority claiming that the pandemic was a hoax and that the country was on its way to a dictatorship, over 80% of the German population had been in favor of more restrictions. With 600-800 deaths per day, the fear had been that the situation would not improve until a hard lockdown would be implemented. This had been supported by an emotional appeal by Chancellor Merkel, who urged people to comply and the German federal states to do what was necessary to drive numbers down. It was expected that more and more people would start to pay attention to both policy decisions and the distribution of vaccines in the coming election year. With parties and politicians trying to position themselves and trying to secure as many votes as possible, future policy decisions would undoubtedly be politicized and could influence pandemic response in both positive and negative ways.

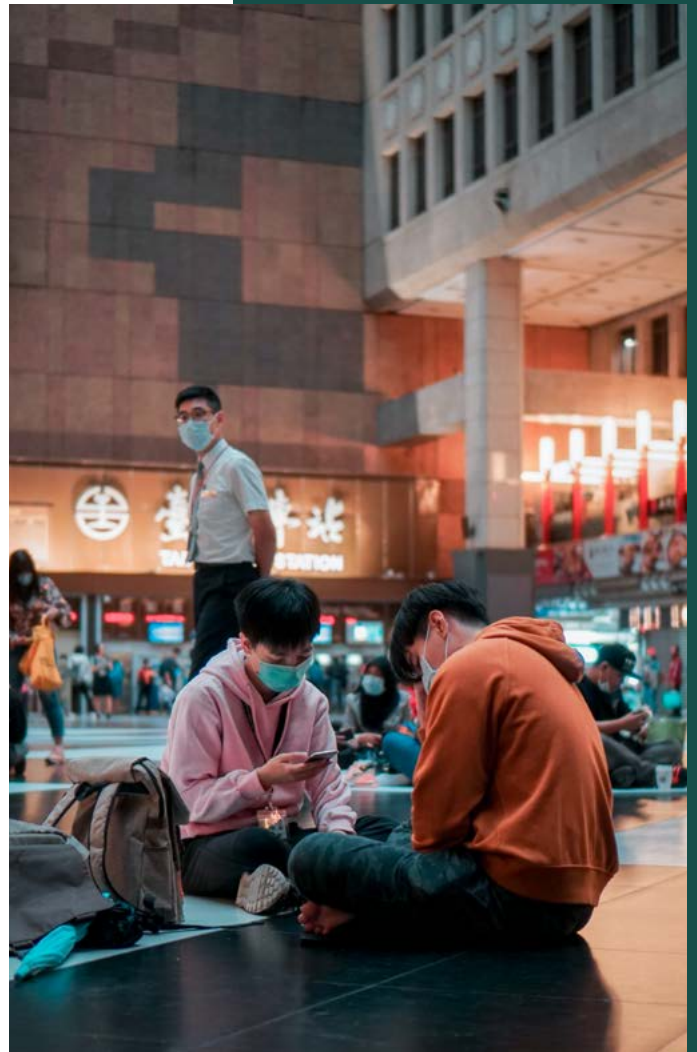
MIDDLE EAST

Within the UAE things were slowly getting back to business as usual even though there were still measures in place to prevent the spread of Covid. It was mandatory to wear masks, to social distance and borders to the neighboring GCC countries remained closed, but the UAE had started to open itself up again for tourism, with many of the entertainment shows allowed to run at 50% capacity. Chinese tourists that were traditionally visiting the country during December were still staying away, but there was hope that the situation would improve in January. Some concern remained for the entertainment industry which had been a huge part of the UAEs tourism appeal. After months in lockdown and pay cuts there had been different mental health concerns for actors and crew working for live circus environments. Those whose head was not 100% on the spot due to different worries could increase the likelihood of small or severe incidents and injuries. Even those who were not dealing with mental health issues had to focus on regaining their muscle memory after months of forced breaks.

Measures in Saudi Arabia had been similar to the UAE and were enjoying high levels of compliance. Failure to comply with these measures could have severe consequences, as they were enforced with the full force of the state. Saudi Arabia had gotten its messaging right with clear informational text messages every three days from the ministry of health. These included information on test centers and what was and was not allowed according to the regulations. Businesses who would not meet the requirements would be closed down. In public, people were following the rules to the point of wearing masks in cars, even if they were lone drivers.

ASIA

Another regime that had been on the autocratic side of the governmental spectrum was Singapore. Similar to what had been implemented in parts of the Arabian Peninsula, Singapore had made masks mandatory and emphasized social distancing and limited group sizes. Any failure to comply was met with heavy fines and the police force had been supplemented with people who had lost their jobs in one of the industries that had been massively affected by the pandemic. While they did not partake in any police work, they were able to issue fines and report rule violations. This had resulted in very low numbers with the majority of cases coming from overseas or from airport staff.



After months in lockdown and pay cuts there had been different mental health concerns for actors and crew working for live circus environments.

AFRICA

NGOs and local groups who had tried to implement innovative ideas could only get so far without government support. Doctors and medical personnel had also experienced a lack of resources and were voicing their frustration by going on strikes.

For countries such as Tunisia, 2020 had largely been a political challenge with government instability as a main issue. This had direct consequences on how the pandemic had been handled and now equally affected the procurement of vaccines. As the budget of 2021 was approved, there had been no clear allocation of funding towards vaccines and the government did not seem to have any insight into how and which vaccine they could acquire.

Kenya was facing similar challenges. There had been no concerted effort to control Covid-19, as other issues had taken precedence. The country was preparing for an upcoming election and power struggles. During December, a lot of attention was given to a constitution review process and the geopolitical situation around Kenya. There had been tensions due to ongoing fighting in neighboring Ethiopia and the continued terrorism threat posed by Al-Shabaab. When it came to tackle Covid, there had been not enough political goodwill, and many initiatives of fighting Covid had been overridden by political quarrels. NGOs and local groups who had tried to implement innovative ideas could only get so far without government support. Doctors and medical personnel had also experienced a lack of resources and were voicing their frustration by going on strikes. Some doctors had not been paid for over five months and because of this lack of funding many were expecting a second wave. It was not yet clear what the effect on the country would be, but the coronavirus already had had a significant impact. As tourism no longer generated funds for the government, it had to cut back on the rangers who had been protecting the country's wildlife in its national parks, causing a surge in poaching of endangered species.

The pandemic response in Egypt had also been without a clear direction for the last couple of months. Even though official infection numbers were in the hundreds, overworked doctors in hospitals filled to capacity told a different story. There were no current plans for a lockdown as the government was trying to keep the country as open as possible to relieve pressure from the suffering economy. In a positive development, public awareness had increased, and people had started to comply with regulations and to look out for each other. Yet, uncertainty remained high in Egypt. The government had started to order the Pfizer vaccine and would prioritize medical frontline workers. For the general population, the Chinese vaccine Sinovac had begun to be distributed, but there had been low compliance on taking up the vaccine.



People had expressed a reluctance to take it, as they felt they would be used as guinea pigs for an undertested vaccine. The fact that Egyptians had to pay for a Covid test but could get the vaccine for free further increased the mistrust.

AMERICA

The situation in the Bahamas was slowly improving. A curfew had been in place and numbers had started to stabilise. Borders had reopened but accessing the country and travelling from island to island required a negative test, which had been so expensive that it was hardly considered an option by the local population. Some small resorts had already opened back up for tourism and the bigger resorts were due to open again at the beginning of February. After Hurricane Dorian had strained the financial reserves, the general opinion had been that the country would not be able to sustain another lockdown. As the country was reopening and the situation relaxed further, this fear had slowly started to fade and had been replaced by a cautious optimism.

AUSTRALASIA

In Europe, medical experts had been concerned about additional stress to the system because of the pandemic influenza. Data from Australia suggested that these cases would be considerably lower than what could normally be expected. This had partly been due to a vaccination drive in Australia but also due to measures against Covid-19. Wearing masks in confined spaces, increased hand hygiene and fewer outdoor activities had significantly contributed to reduce infections numbers. Australia's consistent policy throughout the country seemed to have paid off during December. There had been tensions between saving lives and livelihoods and the response had been a balancing act of advising politicians and getting the population to comply with the restrictions. Luckily, people had largely complied, and politicians had listened to experts and medical experts. Furthermore, Australia's messaging had been consistent throughout the pandemic response and was now preparing its population to return to normalcy in 2021.



Data from Australia suggested that these cases would be considerably lower than what could normally be expected. This had partly been due to a vaccination drive in Australia but also due to measures against Covid-19.

VACCINES AND INNOVATIONS

As countries were starting to distribute the new vaccines many questions and issues were raised alongside this process. Initially, there had been precautions and doubt surrounding the development process. The low number of trial tests had been publicly criticized, every allergic reaction or side effect had been meticulously dissected, and people were preferring one vaccine over the other based on what the sensationalist press wrote on any given day. As weeks went by, some of those concerns were retained, whereas others disappeared once the vaccination process had started. A question that had been asked often during the December Campfires had been if it would be possible to be vaccinated, contract Covid-19 and pass it on without developing any symptoms. The original benchmark of the vaccine had been to prevent the disease and not to deliver immunity to the virus, which were two significantly different concepts. While the current vaccines were effective in stopping a severe course of the disease, they would still allow the virus to be contracted and transmitted. Another issue that had been discussed was compliance. The vaccine needed two doses to work as intended. If people were already reluctant to take up the vaccine, would they show up for their second shot? Additionally, would the vaccinations eventually reach a saturation point, where there would be no uptake outside of high-risk groups? The hope was that the vaccines would eventually come to be treated as just another flu shot that could be re-engineered every year to cope with different strands of mutations, but there was still a lot of uncertainty about it which would only dissolve once the vaccination process was in full swing.





Apart from these issues, there was also a concern that governments were underestimating the process itself. How would emerging countries pay for vaccines especially when they had to deal with stressed health care systems and battered economies? Was there enough mass manufacturing capacity and supply chain resiliency to get vaccines distributed to eventually meet the WHO benchmark of 70% of the world's population? It was clear that there would be no smooth sailing and that there were many more issues, including quality control, criminal activities such as fraud, and vaccine nationalism. In a utopian world, this could have been an opportunity for the global community to demonstrate its humanity and to ensure that the people who needed the vaccine most would get it first. However, rich countries had already started to buy up stocks. The COVAX agreement had been put in place to ensure that those countries would share their vaccines with those that needed it most, but at the moment it was difficult to imagine that they would come through with that.

Despite all the challenges, there had already been innovative solutions to logistical problems. One of the setbacks of the Pfizer vaccine had been that it needed to be super-cooled to 70° Centigrade. As the WHO had previously reported, traditional vaccine logistics were vulnerable to the point where 50% of all vaccines were lost or damaged in transit. For countries that had little infrastructure, including a lack of storage facilities and high costs of transport to remote areas, innovative solutions were needed. Indonesia had offered an example on how technology could be used to mitigate logistical challenges. As a country consisting of many islands with little infrastructure but also with a large coastal fleet and many qualified drone pilots at its disposal, the UN had been able to utilize these resources to transport MMR vaccines to hard to access areas. Temperature could be reliably controlled on ships, and drones were able to reach hard to access areas with a significant payload. This offered a comparatively cheap and safe procedure to transport vaccines into remote areas and would hopefully have a positive impact on how coronavirus vaccines could be distributed.

LOSS OF SKILL AND EXPERIENCE

One of the sectors that had been severely affected by the coronavirus had been the event industry. Tours and events had been cancelled since March and even though some artists had moved to streaming their concerts, live shows had more or less completely disappeared from the public. Those working in the industry had developed detailed concepts backed by scientific data to minimize infection risks and to be able to somehow continue their business and offer live events, but political pressure had prevented any of those concepts to be tested in practice. There had been considerable frustration that hundreds of people could work in an office space, but events could not be held on an open field while adhering to all possible guidelines. After months of the pandemic the revenue losses had been in the millions. Few countries had allowed indoor shows at limited capacity or outdoor events to test social distancing concepts, but the feeling had been that a return to business was only possible once a vaccine had become widely available and a significant amount of people had been vaccinated.



The time it would take to achieve that would have dire consequences for the whole sector. Innovations would go to waste and highly skilled people would leave the industry for good. Loss of skill had also been a concern for those that had stayed in the industry and were relying heavily on training and muscle memory. This had been also true for other sectors that had gone through massive layoffs. While restructuring and cutting costs had been good business decisions, the loss of experience and skill could not simply be rehired. It was doubtful then, that any company that had gone through massive layoffs would be the same after it would start rebuilding. Campfire participants argued that when the event, aviation or hospitality industry would open up again, they would all open up at the same time. The immediate demand for qualified staff would be huge and those that had upskilled during the pandemic would have a definite advantage, but the industry would not reach the level that it had before the pandemic.

THE YEAR IN REWIND



As the year was coming to an end, Campfire participants reflected on the last nine months and their own personal journey. It had been a tough year for many of the participants, who had been affected by the pandemic in many different ways. Some had lost their jobs as the industry they had worked in had crumbled to pieces, others had to come to terms with a growing frustration with their government and continuous misinformation. Many participants had been motivated to learn and improve their skillset, hoping to see some payoff in 2021. What was uniting them was that feeling that the Campfires had allowed them to meet likeminded people, share information, ideas and thought processes, and regain some of the stability that had been lost.

At the same time, they understood that they had been the lucky ones who had been much better off than millions around the globe, a humbling thought that had been part of many reflections throughout the course of the Campfires. Reflecting on 2020, there had been hope for a continuation of the experienced solidarity through 2021 and that the bound to happen lessons learned program would be done well. Some hoped for a middle way between what had come to be the new normal and the old normal. Those who had spent the last nine months in homeoffice in front of their computers had started to feel screened-out and webinarred-out at the end of the year.

No matter what technology would be used, it could not replace in-person brainstorming, relationship or trust-building. Participants from the UK had expressed some confidence that the current wave would be the last significant spike as vaccine rollout was well on its way. Given the threat of vaccine nationalism, there was little hope however, that this would be true for other countries in 2021. Finally, considering how the pandemic had held the world in its grips, it had become evident that society was only able to deal with one problem at a time. Focussing solely on the pandemic response would lead to unpreparedness in other major fields creating vulnerabilities through neglect.

LESSONS LEARNED FROM THE COVID-19 PANDEMIC

by **Mark
PUGH-COOK F.ISRM**
ISRM Senior Consultant



On 26th January 2021, the United Kingdom passed the grim milestone of 100,000 deaths from the Covid-19 pandemic. At his press conference the British Prime Minister said that, after the crisis, the UK will “learn the lessons and prepare” for any future pandemics. This was not the correct response; it merely demonstrated how the UK had not learned lessons from previous pandemics. The lessons process is a continuous loop that captures/identifies lessons as they occur and then ensures that they are learned as an ongoing response to any event.

PREVIOUS PANDEMICS

This coronavirus pandemic is not unique. There have been two since 2003. Severe Acute Respiratory Syndrome (SARS) was first reported in Asia in February 2003 and the illness spread to more than two dozen countries in North America, South America, Europe and Asia before it was contained. Middle East Respiratory Syndrome (MERS) was first reported in Saudi Arabia in September 2012, but retrospective investigations later identified that the first known cases of MERS had occurred in Jordan in April 2012. MERS has been linked through travel to, or residence in, countries in and near the Arabian Peninsula, with travel-associated cases also occurring in North Africa, Asia, Europe and North America.

It is also worth noting Ebola Virus Disease (EVD), a rare and deadly disease in people and nonhuman primates, whose viruses are located mainly in sub-Saharan Africa. Although not a coronavirus, there was a widespread outbreak of this disease in West Africa, centred on Guinea, Liberia and Sierra Leone, from 2014 - 16, and there have been three outbreaks (2017, 2018 and 2020) in the Democratic Republic of Congo. Over the duration of the West Africa outbreak, EVD spread to seven more countries in West Africa, Europe and North America.

It has not gone unnoticed that countries in the regions most affected by SARS, MERS and EVD have in the main handled Covid-19 better than countries in Europe, North and Latin America where death rates have been much higher. Put simply, these countries had lived through a pandemic, identified the lessons from it and then enacted efficient planning based on the lessons learned.

UK PANDEMIC PREPARATION

When the UK government published its National Risk Register in September 2017, it recognised pandemic influenza as the greatest risk and most likely to occur in the next five years, with an emerging infectious disease not far behind. Indeed, it has become apparent during the Covid-19 pandemic that a three day pandemic simulation exercise, Exercise CYGNUS, had actually been conducted by NHS England in October 2016, but its results and recommendations were listed as classified until a redacted version was finally published on 23rd October 2020. These findings demonstrate that lessons had been identified in how to handle a hypothetical influenza pandemic, but the report's recommendations had not been implemented as lessons learned. Had they been learned in 2016, failings at the outbreak such as a lack of Personal Protective Equipment (PPE) for health and social care workers or a shortage of intensive care beds would have already been addressed.

PANDEMIC RESPONSE

Given its tragic death toll, the UK has been one of the worst affected countries in the world. Lessons from the medical, economic, employment, education, social and mental health impacts need to be addressed as a matter of urgency.

However, many developed countries have much to learn from this pandemic - lack of preparedness was also evident in France and Italy; inappropriate governance verging on pandemic denial stymied the response in the three of the worst affected countries in terms of deaths (the USA, Brazil and Mexico); bureaucratic process slowed down the procurement of Covid-19 vaccines in the EU.

In order to fight the pandemic head on, there needed to be a coherent global approach with a suitable lessons identified and learned process. The World Health Organization (WHO) should have provided that role, and this is a direct quotation from its guidance of 17 July 2020. *“During health emergencies like the Covid-19 pandemic, one of WHO’s most vital roles is to gather data and research from around the world, evaluate it, and then advise countries on how to respond. WHO teams work with experts from around the world to develop this guidance. Together, the experts review reports, studies, presentations by countries, they analyse trends, consult further expert groups and then agree on the best approach. The guidance is meant for health decision makers who adapt the information for their country and context. As new scientific knowledge emerges, the documents are updated. Since January 2020, WHO has published more than 100 documents about Covid-19. Of these, more than half are detailed technical guidance, on how to find and test cases, how to provide safe and appropriate care for people depending on the severity of their illness, how to trace and quarantine contacts, how to prevent transmission from one person to another, how to protect health care workers, and how to help communities to respond appropriately.”*

However, the WHO became a political pawn in this crisis, accused of being too slow in declaring a global pandemic and belittled by the Trump administration for being “too close to China”. Instead of all nations coming together under the leadership of the 5 permanent members of the United Nations Security Council (UNSC) to deal with the pandemic and share lessons, every country decided to handle the situation in its own way along nationalistic and populist lines.

Those countries shaped by SARS, MERS and Ebola reverted to what they had learned from these health emergencies whilst politicians in developed countries tried to balance economic impact with the scientific advice that they were receiving. This resulted in the creation of confusing policies and messaging on mask wearing, safe distance requirements, opening of schools, shops and hospitality, international travel bans and quarantine arrangements. Australia and New Zealand were more successful than many countries as they enforced a rigorous travel ban and quarantine arrangements, and the Australians learned from initial hotel quarantine failings with a tougher policy when infections reappeared. Other countries including Germany coped well with the initial wave but did not learn sufficiently well to prepare for the second wave which saw their fatality numbers increase considerably. Twelve months on and the only thing that has really changed is the production and rollout of a vaccination plan, but even that is strongly weighted in favour of developed countries which can pay for the vaccines. Latest estimates suggest that it will take four years for all nations to receive sufficient vaccines for their people.

WHAT NEXT?

In his address to the UN General Assembly on 22nd September 2020, Secretary-General António Guterres called for all countries to come together and learn from this pandemic. But will that happen? Nations will probably launch inquiries with very tight terms of reference and politicians will say that they have learned from whatever is recommended but experience shows that this rarely occurs.

Moving forward, there have to be lessons teams in organisations and governments at all levels which will enable the process to be conducted as continuous business activity reporting directly to senior leadership. All involved in the event would then be able to come together in order to share lessons and produce collective best practice whether at a local, regional, national or international level. Globally the lessons learned from this pandemic must be led at the highest echelons of the UN and the WHO, something which will require full support from political, economic and scientific leaders worldwide.



Mark PUGH-COOK F.ISRM

Mark Pugh-Cook had a thirty year career in the UK military. He has worked with and consulted on multiple programmes within a multi-national context. He was a contributing author to the ISRM’s official submission to the UK House of Lords Select Committee on National Risk Assessment and Risk Planning.

IS THE MENTAL HEALTH ICEBERG OUR NEXT TITANIC EVENT AMIDST THE CURRENT COVID-19 CRISIS?



by **Ken SMITH F.ISRM**
Chair, ISRM Houston Chapter

After the first reported case of the novel coronavirus, Covid-19, in Wuhan, China, at the end of 2019, modern quarantine practices have been implemented worldwide to try to stop the virus from spreading. These have included a variety of measures such as lockdowns (ranging in length from short to prolonged), voluntary self-quarantine at home, rules and laws restricting public and private gatherings, social and public events being canceled, the shutdown of mass transit, and numerous other limitations on movement, particularly regarding travel. Some schools have not re-opened since March of 2020, or thereabouts. These were unprecedented changes that came fast, but not fast enough to stop the virus spread - with it now nearing the one-year anniversary, an anniversary I believe we'd all rather ignore and not commemorate.

And so, the ISRM Campfire - hosted by ISRM Executive Director Dr. David Rubens - was born to discuss Covid-19 events as they unfolded.

I attended my first campfire sometime around the end of summer 2020, listening to a knowledgeable and informed group of global attendees from many different professional backgrounds - sharing their local/national assessments of Covid-19 at ground level. Here, I have learned to listen and come to appreciate, acknowledge that I am not the only one witnessing a second crisis in the unfolding, as issues of mental health begin to take center stage.

It is safe to say that many of us have waited with anticipation for 2020 to be gone and January 1st, 2021

to arrive, expecting a calendar reset to bring with it a New Covidless Year and the prospect of possibly exiting the pandemic before too long. However, this wish did not materialize, and my faith in magic dust and fairies shattered for eternity. It appears 2020 never left, and some days, it feels like we are fixed in time, awaiting a miracle to transpire, or to awaken from this dreaded nightmare we find ourselves entangled in, like an amateur skydiver trying to cut loose from his failed and entangled canopy, falling towards planet earth.

The attempts to curtail the outbreak have caused widespread repercussions for everyday life on an international, national, community, family (as I have experienced personally), and individual level. The vast majority of the world's population has been affected somehow, with significant impacts on many aspects of day-to-day life that are typically routine and go unseen. This massive shift in how daily life is conducted has seen what is considered "normal" change radically in a short time and for the immediate future, with no end date in sight. Well, at least not in 2021.

Being separated from family and friends due to regulated quarantine or isolation is an unusual and challenging experience that signals a drastic change from typical daily activities for most people. As we well know, such measures are used in particular contexts such as in corrections or custodial settings as a punishment. However, here we are, irrespective of the country or region we live in, finding ourselves in a similar situation. And yes, some days, it does feel like punishment!

Nevertheless, this Isolation poses a psychological risk to all humans living on this little planet we call earth, with some demographics - I would argue - being affected more significant than others - such as children (I have personally seen some family affects) and teenagers, the elderly, minorities, people from lower socio-economic backgrounds, women, and those already suffering from mental health problems - already vulnerable without a pandemic, who now finds themselves disconnected from the social lifelines that helped and supported them through weekly lows.

Recent campfire conversations have highlighted that depression and suicide help-hotlines are busier than average, with a considerable increase in calls for help. Needs that are more than likely - my opinion here – from people faced with significant changes to their everyday life, who feel unsettled, worried, and perhaps jobless, trying to cope and get through life on a daily, maybe hourly basis.

These feelings may include feeling unsafe and can be possibly tied to the disease-fear contagion nexus, which arise due to experiences such as a lack of knowledge about the cause or likely outcome of a disease, and the spread of ill-informed or deliberately misleading information, that can cause people from a specific background being marginalized or discriminated against. The Covid-19 pandemic, like all crises, requires a heightened need for social and mental support.

Unfortunately, the nature of the pandemic and the physical Isolation required to stop its spread can often pose problems for people's sense of community and social well-being, potentially impacting mental health, short and long-term. Quarantining large numbers of society can have significant and severe outcomes for those subjected to it; as such, its use is generally a last resort. Even people who were previously well mentally can potentially experience mental health issues due to long-term quarantines. Some of these may include acute stress disorders, insomnia, emotional distress, mood disorders and general irritability.

These may be driven by fear, anxiety, panic, and stress due to financial problems, annoyance at the situation, boredom, feelings of social isolation (yup, I'm here), lack of access to necessities, and inadequate communication from government to grass root level organizations having to deal with the crisis. These are all topics that we have discussed at one point or another during weekly ISRM campfires, and which are linked to our own personal struggles faced these past 12-months.

The incidence and severity of mental health outcomes may worsen in alignment with the Covid-19 quarantine confinement length. For example, lengthy quarantine is more likely to result in post-traumatic stress disorder (PTSD), avoidance behavior and generalized anger. This suggests that the quarantine may be traumatic in and of itself. A lack of control over the timing and quantity of food supplies, medication and significant disruption to typical day-to-day activities may contribute to this trauma. I fear that our younger teens under the age of 18 will bear the brunt of the current pandemic and will experience lasting effects mentally for years to come. My belief is, and I am not a psychologist, is that we are only now seeing the tip of the iceberg and are about to enter a Titanic-type scenario.

When and if quarantine is over, it does not mean that its effects also end. People returning to everyday life after the SARS (severe acute respiratory syndrome) health emergency exhibited a range of post-quarantine behaviors that can be considered atypical and a direct response to quarantine. These included: restricted social contact, avoidance of crowded and small places, not engaging in normal levels of contact with others and crowds, and not returning to work; as well as changes to behavior on a longer timeframe such as undue frequency of handwashing. Similar adverse effects were experienced by health workers who had been in quarantine. They reported adverse mental health outcomes, including PTSD and a sense of helplessness, loneliness, fear, depression and lack of connection with others.

This, I fear, will be our children in the not-too-distant future if we do not reintroduce them to in-school, in-person learning over the next twelve months. Certain personality types may lose the cognitive ability to interact socially with their peers. They may rely further on social media and electronic devices as safe platforms to communicate and socialize for personal and educational purposes. Again, I worry teens will come out the other end of this pandemic, unable and unskilled to blend as human beings, in person, with friends and colleagues.

Health workers have also been faced with disease and death on a large scale. They have had to cope within stretched and pressured work environments, often with shortages of the necessary equipment to protect themselves and their patients. During the current crisis, one can assume from media reports that they have experienced significant exposure to grief and morally confronting scenarios involving care rationing. The pandemic's emotional impact has been immense for such workers, as they have undertaken their jobs in highly uncertain, hazardous and distressing situations. A lack of guidance regarding clinical practice, uncertainty about just how long the crisis will last, and fears about the pandemic's impacts in the near and longer-term future all compound this.

People facing Isolation who have pre-existing mental health problems will likely experience a more severe response, including heightened anger and anxiety. Such people are more likely to have encountered social Isolation in the past and other social problems due to their susceptibility to homelessness, social disconnection and physical health issues. In particular, homelessness makes people more vulnerable to worse health outcomes, all of which the pandemic is predicted to have intensified.

Catastrophic freak weather scenarios, such as the arctic storm the State of Texas recently experienced, can trigger a heightened response or exacerbation of symptoms associated with a pre-existing mental health condition. Further, people with serious mental illness are at a greater risk of experiencing PTSD caused by a crisis or traumatic incident.

Existing problems, such as alcoholism and other conditions, may also be exacerbated by social isolation conditions, heightening the risk of setbacks and added complications - yet to be evaluated - as the Covid-19 pandemic continues to rule daily life globally.

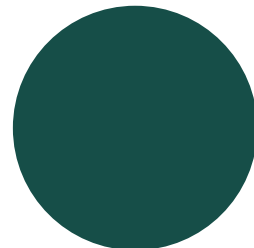
The restrictions implemented to curtail Covid-19 have led to the temporary or permanent shutdown of many support services and programs usually relied on by groups in need. Their primary focus has been amended to assist people in distress during the pandemic. I believe this focus will shift toward undertaking a mammoth effort to provide the needed initiatives and services to help people return to their everyday lives as best possible. This makes it a matter of absolute urgency to continue to support community members who are at particular risk of adverse outcomes due to the global pandemic. Mental health and its related social challenges were already a prominent issue in great need of focus before the pandemic; Covid-19 has only emphasized the need to assist those already vulnerable, facing significant stress and distress due to the current situation.

Campaigners for improvements in addressing mental health during the current pandemic must continue to advocate for those who do not have a platform to do so themselves, whether that is due to a lack of resources, or the fact that they have been overcome by the current situation at many levels: loss of income, illness, anxiety, depression, etc. Awareness of mental health issues that have yet to surface, and the effects Covid-19 has had on specific mental triggers, is more important than ever before. As a global society, we must continue to work together conscientiously and help shield our communities as best we can while dealing with the limits posed by the pandemic we currently live in.

My plan A in Houston is to start locally with my neighbors and friends, ask if they need a little help, and work my way outwards. You do not need to be a member of a major nonprofit organization to make a difference in your immediate community of family, friends and neighbors. The first step starts with you, one person, on a mission to help the vulnerable and affected one individual at a time. Saying that, don't forget to allow yourself time for introspection and self-reflection. Your well-being and positive mental health will help others through 2021 and into 2022.

MY JOURNEY THROUGH COVID -19

by **John CLARE**



On Thursday evening, the 12th March 2020, I was on a three-way call with an American client, when one of them interrupted us to say that the European tour (Celine Dion) was being rescheduled, due to Covid-19. And then it started. On Friday 13th March, our government basically cancelled our national holiday of St. Patrick's Day, which falls on the 17th March.

Over the next 9 days, all 17 tours we had been planning for were temporarily cancelled, due to the pandemic, which was fast becoming a reality for our business.

This announcement caught a lot of people off guard, as who would have thought that you would not get a public house opened in Ireland on St. Patrick's day, and even though the decision was made by a newly formed government, their process of communications was a total failure. From the very start, and throughout the entire year of 2020, the messaging has been mixed, non-factual and businesses have been decimated throughout various sectors.

The percentage of our operations for those tours, which we provided a specific K-9 Detection Dog Teams for the detection of explosives and firearms, accounts for about 50% of our business, in particular to our international artists. We would provide logistical support on the ground and advance security at the venue, hotel and any other destination where we would have a potential to visit, as part of the assignment.

The other 50% of the business is providing close protection to clients, the majority being American citizens, traveling through Europe and the Middle East. So the pandemic has basically put a hold on my business operation at this time.

I have put my energy into my professional development to further my academic knowledge and have put a lot of time into my volunteer group, where we focus on mental health, initially with those suffering with PTSD, and now more so on suicide prevention. We operate on the phone lines at different times of the week, and I have gone from 1 evening a week to now to four nights a week.

This pandemic has caused a lot of anxiety and stress on normal people, from all backgrounds, with personal battles and financial stress. The lockdowns are affecting our ability to socialise. As a nation, the Irish can talk forever, but now, we can't get out to see our families, our friends, or our neighbours.

Suicide numbers will increase over the next 12 months, and it will take that long to recognise this undercurrent, no matter what we say.

Our frontline staff, policing, nursing, first responders, and hospital staff are right now, totally burnt out. I have family in all of those sectors and as an example my niece, a nurse, said to me a few weeks ago, she was not trained as a nurse to deal with death every day. It is that simple. Her generation of nursing have been landed into a war zone, with no regard for their ages, or their own mental capability to deal with the effects of covid on the hospital wards. Working in plastic clothing for 16 hours, and expected to function normally as a nurse, is simply unsustainable.

The most important element of our government response to the pandemic was the plan or a defined strategy made public so we as a nation can get on board and support it. Any response to a crisis should be clear, understandable and defined with its delivery and methodology.

On all points, they have failed. They have various ministers contradicting each other, and continue to hold interviews, assessing our situation based on scenario and numbers. They are stumbling through the crisis day by day, with a lack of clarity.

They continue to work through the various phases of the plan, which changes on a day to day basis, making decisions that need legislative review after review, with endless contradictions as politicians squabble in interviews and argue with the medical experts on the advice that they are giving to government.

Ultimately, what matters most for the Government is that the plan works, that the measures control the spread of the virus. But in a crisis, communication is key, and the Government failed badly on that front.

In my opinion, the vaccine will not be the end of this, it will continue to change our lives, and we will have to adapt to the circumstances that it brings.

Our exit strategy from this pandemic will be a 3 year plan, globally, working together to protect the lives of each living soul. If there is no global agreement to work as a unit, it will come back stronger, with even more devastating effects.

CAMPFIRE REPORT

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