

EDITORIAL

The New Coronavirus and the Consequences in Our Time

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The implications were not clear to any of us in late January when the World Health Organization notified the world that a new coronavirus, of the SARS type, was suddenly on the loose in the city of Wuhan in China. Every night for the next month we all watched and listened with rapt attention on our televisions as the national news offered an updated report from the World Health Organization telling us that this new virus, named SARS-CoV-2 and which was commonly referred to as the New Coronavirus, was spreading rapidly in this city of Wuhan. The Chinese were making heroic efforts to stop its spread, to contain it, and to treat those adversely affected by it, especially the elderly. China was soon reporting thousands of cases and many deaths. Soon it had spread to other countries including those of Europe, Iran, and the United States. Canada had its first cases in British Columbia where many people of Chinese origin had recently returned from holidaying or visiting in mainland China as well as from the nearby United States city of Seattle where the first cases in the U.S. appeared.

Soon we learned that Wuhan had been cut off from the rest of China and that whole areas of Wuhan were quarantined, even with fences around them to keep people within their areas from leaving. China was identifying the spread, tracing the contacts of those who had contracted the virus, and schools and businesses were shut down or severely suspended. There was danger that the health system might be overloaded and unable to function in any normal fashion.

Little did we know that the virus would soon spread to the entire world and the World Health Organization would declare a global pandemic. As the cases developed in Canada, first quite rapidly in the Canadian province of British Columbia and then in Ontario and finally in all Canadian provinces. This was true

especially in Quebec which had had a post-secondary school spring break earlier than the rest of the country with students returning from many places and bringing the virus home from the warmer parts of the United States. It became clear that many of our institutions would have to be shut down completely. Along with most businesses, schools and universities were quick to close completely and to start offering classes online as replacement as for the face to face ones. Soon all businesses were shut down except drug stores and supermarkets. The only people permitted to work were in what were referred to as essential services: transportation, food, drugs, and their supply system. All airlines were grounded, and international travel shut down entirely.

The disease associated with the SARS-CoV-2 virus was now officially named Covid-19. It consisted of a severe acute respiratory syndrome and general tiredness and weakness for many who contracted the disease. For others, the symptoms might be much less, especially children, rather more cold-like. But for some, especially the elderly and those who had underlying conditions like asthma or heart disease, the symptoms could rapidly move to death. We have since learned that the effects of this virus takes many forms and does not leave children alone and sometimes causes a whole host of distressing symptoms and can affect any age, even if its effects are most devastating to the elderly and those with underlying conditions that affect the heart and the lungs in particular.

As I write on June 7, 2020, there are nearly 11 million cases diagnosed worldwide and over well over half a million deaths and there appears to be no stopping the virus quickly worldwide. The exponential growth in the number of cases is still persisting except in a few countries. At the present time while things have slowed down in many places including Canada. But the U.S., Brazil, Russia, India, and Africa generally are now showing rapid spread of the virus and increasing deaths. The United States has proven a total disaster with well over 130, 000 deaths reported, more killed than in the Korean and Vietnam wars combined. On the other hand countries like China itself, South Korea, and Singapore as well as most of the Scandinavian countries (except Sweden) and Australia and New Zealand appear to have the virus under control. Canada is mainly in a holding pattern with British Columbia doing well as are the Maritime provinces and the Territories. Everywhere, however, the elderly and people of African origin have been particularly badly hit. We do not as yet know much about its effects on the Canadian

indigenous population.

Medical Consequences of the Virus

There are many things we can learn medically from our world-wide experiences with this virus. The first is that what we thought we knew about viruses required quick revision and a great deal of research, as we have not seen anything as destructive or as rapidly spread as this virus for many years. Nor did we have any idea how it was spread in the early days. First, it was thought not to be spread by personal contact. Then we thought that it could only be spread if one was clearly showing symptoms of the virus. Now it is thought that asymptomatic spread is a very significant manner of spread. And to find out if one has the virus but is asymptomatic requires serious universal testing for which we were all unequipped. Furthermore, we should be testing all those who came in contact with someone who tested positive for the virus in case they now have it too. And all those with the virus and their contacts should be quarantined for at least fourteen days and sometimes much more. Most recently it has been suggested by a variety of scientific studies that the virus is probably spread in an airborne manner and air circulation systems may make a tremendous difference as to its rate of spread.

We have all learned that the best way of not contracting the virus is to wash our hands regularly, not touch our faces, and to keep our distance physically from one another by at least two meters. We have also learned from the Chinese and the South Koreans the importance of wearing masks, something that our own experts initially rejected, as well as the importance of immediate and complete contact tracing. And we have learned that our countries were mainly unequipped to protect our health care workers or those looking after the elderly or disabled and regrettably we did not make our own personal protective equipment in our own countries. Most of the world, in fact, turned out to be dependent on China for the manufacture of medical quality gowns, masks, gloves and shields and devices to force oxygen into bloodstreams of the sick. We have probably all learned that internationalization cannot simply mean transferring all manufacturing to China as most of us had no provision for these things or were capable of immediately manufacturing them internal to our own jurisdictions when the virus struck.

Educational Consequences of the Virus

But the pandemic, not only as a way of teaching us about proper hygiene in the context of a lethal new virus and the importance of personal protective equipment at the ready, has also forced us to do most educational things in entirely different ways. In most jurisdictions kindergartens, schools, colleges and universities have closed and have moved all teaching online. In some cases, this had already been happening and was not a drastic transformation. The Werklund School of Education at the University of Calgary delivered most of its graduate programs online, for example. But in most cases it was an instant transition that occurred and that had many associated difficulties. We all learned many things from this instant transition.

First, perhaps, that we were completely unprepared for the possibility. Second that when families were locked in at home, the materials that teachers sent home were often not adequate for the job. Nor was the assumption correct that there were adequate internet facilities and computers available in almost all homes. And many families were ill-equipped to become instant purveyors of home schooling. In some cases, this was particularly acute. For example, French Immersion programs presuppose a fluent speaker of French who conducts everything in that language. But many parents who register their children in such programs have no such knowledge or ability. Even where there were good WIFI connections and a computer at home, where there were numerous children at different school levels, the scheduling of the learning online was an almost impossible task. One of the stranger educational consequences has been the enormous expansion of Zoom, an online Skype-like provider of educational and information services that can connect many users, by voice, text, and sight. Before the virus, it had about two million subscribers but now it has over half a billion worldwide. We have learned to produce musical performances with many online, both orchestras and choirs. We have enormously increased the variety of individuals contributing to the nightly news via the use of programs like Zoom and Skype. So, the democratization of news has developed accordingly.

Social Consequences of the Virus

But perhaps the most important thing that the virus has led to is the recognition that it does not strike all manner of mankind equally. For example, in the United States which has severe racial

undertones the African Americans are much more likely to contract the virus and die than are the white or Asian populations. We do not know much about this kind of preference of the virus in Canada. But it is suspected that it is similar here. Presumably, this is due mainly to different social opportunities, housing quality, and degrees of poverty. Crowding or a tendency for certain chronic illnesses are highly correlated with racial differences and the virus tends to spread in crowded conditions and kill those suffering from higher levels of heart and lung disorders. These things seem to be part of the more common experience of our black neighbours to the south as well as here at home.

The virus has also permitted large numbers of people to protest striking and unfair events like the killing of a black man, George Floyd, in the United States by a policeman pressing down on his neck for nearly 9 minutes while others watched or aided as the man called out that he could not breathe. The entire event was caught on a smartphone and sent to the world. Canada has had similar instances of such police practices that lead to harm or death, especially among our aboriginal population or the mentally distressed, also sometimes caught on a smartphone and widely distributed. The viral contribution here may merely have been that nearly an entire population was out of work and so could take part in the protesting of such events with great vigour and large numbers.

Finally, the virus has shown weaknesses in our manufacturing, distribution systems, and even in our systems of care, especially health care for the aged. In Canada, something like 80 percent of all deaths occurred in the elderly. And over 80 percent of those were deaths in long term care facilities run not by the state, but as private ventures. Now some of these institutions are under investigation and some have had criminal charges laid.

A clever summary of the above things we have learned by an anonymous author appeared on the internet at week ago and it went like this:

What the Coronavirus is teaching us:

1. China won the 3rd World War (against the virus) without firing a shot. The rest of us are still fighting it.
2. Europeans are not as educated as they appear. Nor are North Americans.
3. Rich people are less immune than the poor, but they can afford to isolate themselves.

4. No priest, guru, astrologer, or politician could save any patient.
5. Health professionals are worth more than any hockey or football legend
6. Oil is worthless in a society without consumption
7. Animals most likely feel in a zoo as we do in quarantine
8. The planet regenerates quickly without human interference. Perhaps we need to schedule an annual three-month lockdown for the planet's sake. Kind of an extension of the Lords' Day for the planet.
9. Actors are just entertainers, not heroes. The true heroes are those who went to work in very dangerous circumstances without complaint so the rest of us could eat and take our medicines, or who kept the lights on, the water flowing.
10. The majority of people can comfortably work from home.
11. We don't need junk food to survive.
12. Men can cook too, even when they are not chefs.
13. Most media is often full of nonsense along with many politicians
14. Living a hygienic life is not very difficult
15. Life is fragile so we should handle it with care.

I would anticipate that many articles in the next year received by the journal will be detailed studies of the educational and social consequences of the Covid-19 pandemic. As an editor, I will welcome the many more things we can learn in our pages.

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Editor