7-2020

Busting myths and dispelling doubts about Covid-19

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Recently the author John Ralston Saul observed "the ability to embrace doubt in the middle of a crisis is a sign of strength". In the case of the present global health pandemic doubt has been fuelled by political prevarication, scientific uncertainty, economic urgency and community apprehension. We are faced like never before with the urgent need for evidence-based policy development, but instead in many parts of the world, reactions have been kneejerk and late in coming.

With this conviction in mind the Centre for AI and Data Governance (CAIDG) at Singapore Management University (SMU) has embarked over past months on a programme of research designed to confront concerns about the pandemic and its control. Our interest is primarily directed to the ways in which AI-assisted technologies and mass data sharing have become a feature of pandemic control strategies. We want to know what impact these developments are having on community confidence and health safety. In developing this work, we have come across many myths that need busting.

The first is that the responsibility to contain the virus should be left to nation states. Unfortunately, this approach means that international or even global consensus on information distribution, and technology application is missing, and therefore opening up borders will be more contentious and "try and see". The exception to this anti-globalist view has been with the sharing of vital immunological knowledge so that vaccines can be fast-tracked and the benefits made available to a wider population, without the need for cyber espionage or exclusionist sponsorship.

Next is the view that technology offers the solution. As Singapore has successfully evidenced, the most productive control approaches are often the most obvious and the simplest. Mass testing, social distancing and manual tracing work long before the debate about digital tracing and its consequences have been argued.

Then we were told by the World Health Organisation that masks were not effective and now we are told they are.

Additionally, particularly in the US and in Europe, there is a false duality developing - we either choose cautious social distancing for health reasons, or we rush to open up and save the economy. If the experience in China is any measure, after what some might see as a disastrous start, the policy of lockdown and containment, and its re-activation as soon as new outbreaks emerge, seems to have sufficiently contained the spread so that cities are back to work and the economy is growing at over 3 per cent even with these radical constraints.

To assert that digital tracing is the alternative to social distancing is equally problematic. No digital tracing app is foolproof. They not only depend on a population with wide access to smartphones, a population that is willing to take up the app, and a Bluetooth range which makes association measurement possible, but as with mass testing and manual tracing, social distancing remains a vital element in the control armoury at least until a vaccine is widely available.

STRUCTURAL DISCRIMINATION

The assertion that people simply need to trust governments, scientists, and big tech platforms without the necessity for transparency and accountability is also flawed. We have found that a major reason for community disquiet concerning control strategies is the prevailing feeling that citizens were not

sufficiently consulted or included in policy rollout. Singapore's efforts in open information saturation go some way to addressing this deficiency.

Finally, there is the old chestnut that the virus does not recognise social difference. Misunderstanding that structural discrimination in society leads to vulnerability has meant countless communities have suffered disproportionately from the pandemic. The loss of life across institutional healthcare in the UK is tragic evidence that older people not properly screened and protected are at risk. The failure of social distancing because of cramped living conditions has meant for many that social distancing is not an option and incubation is the only result. The need to examine the connection between poverty, racial variance, and vulnerability to infection and death is a global research responsibility which we wish to address.

Despite the infection figures, Singapore is a success story in the pandemic and that is due in no small measure to evidenced-based policy that centres like ours are contributing to. The remarkably low mortality rate in Singapore is a proud testament to the development of therapeutic environments that work. Yes, doubt in a time of crisis is inevitable. In that realisation lies the challenge to dispel the myths that turn doubt into confusion.

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