

COVID: There's a strong current of pandemic revisionism in the mainstream media, and it's dangerous

February 19 2024, by Lukas Engelmann and Dora Vargha



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There is no clearer marker that we are now in the "after" phase of the

pandemic, than the proliferation of [public inquiries](#), reports on [lessons learned](#) and post hoc analyses. To reassess and agonize over how reasonable lockdown was is now a near-constant in the media, [particularly](#) in the UK.

However, against the backdrop of the continuing COVID inquiry, fringe views are making their way into the mainstream. And online debates have abandoned much of the ethical and political nuance they deserve.

Containing COVID was an imperfect and difficult task that required weighing health, social, ethical, psychological, economic and political interests in the face of a rapidly spreading novel virus in 2020. Yet, with increasing distance, the thorny, difficult issues tend to be flattened to false narratives and a history of simple choices. In other words, ["pandemic revisionism"](#).

To learn from how communities and governments responded to this [pandemic](#) crisis is important. With the benefit of hindsight, established accounts of successful interventions and stories of failure often take on new shades. Investing in a ramp-up of antigen testing probably was [worthwhile](#). Trusting [Tory peers](#) with the production of hospital gowns was not.

In a global health culture [focused on preparedness](#), only a solid record of well-evidenced facts, reports and witness statements can clear the pandemic fog to reveal lessons. But post hoc inquiries have also been a political tool to [establish official blame](#) since the 19th century.

The act of looking back is not only a moment of reckoning, but an opportunity of revision. As a result, even detailed analyses cannot prevent simplistic stories about "lockdown-scarred children" from [taking hold](#). Most of the time, they become stand-ins for structural social and political problems, inequality, under-funding, and uneasy moral and

ethical debates of who gets to be protected or deemed vulnerable.

The response to COVID showed that lessons from [previous pandemics](#) had limited use and could be harmful when taken out of context.

Research has established that such diagnoses of success and failure can shift over time. Long-established accounts of what has been learned from the 1918 flu pandemic, or from polio and HIV/Aids, cannot escape the fact that "politics shapes what we remember".

Polio outbreaks that caused global disruption in the 1940s and 50s have been viewed [significantly differently](#) over time. The success of vaccination could be publicly celebrated one year, as in Hungary in 1958, only to be dismissed as a spectacular failure the following year when the epidemic came back [with full force](#). Lessons learned were highly contingent.

The [finger pointing that ensued](#) is all too familiar today: government blaming the public for not taking up the vaccine, people blaming the state for lacking sufficient provisions, debates about travel restrictions and faulty vaccination equipment.

Streamlined narratives

The nuances that highlighted the complexities of epidemic management in polio soon gave way to a streamlined narrative: the Salk vaccine, the first vaccine to treat polio, was pinpointed as the cause of all troubles, when [the new Sabin vaccine took its place](#). After the end of the epidemic in the late 1960s, gone were conversations on the responsibility for health, while children and adults still struggling with the disease were rendered invisible.

More recently, the history of Aids is too often told as the victory of "technoscience" that brought a raging pandemic under control through

effective, sophisticated pharmaceutical [innovation](#). In the fear and anger of the 1980s, however, it was a complex story built on years of prejudiced political neglect of the virus's spread.

It led to activists calling for a shift in drug regulation, to regulators slowly accepting new frameworks for the rapid release of experimental drugs, and of companies such as Burroughs Wellcome seizing the opportunity to make astonishing [profits with AZT](#)—the first effective HIV/Aids antiretroviral medication.

In the flattened narratives of successful pharmaceutical innovation, the politics of activist groups and the pandemic's implication for sexual politics are too often lost.

In the UK, this embellishment of the historical record is currently under way. Commentators [write with glee](#) against proponents of the now-infamous zero COVID strategy, turning the [retrospective humility](#) of public health advocates into misdirected stories of [moral and political culpability](#).

Scanning the unsparing tone of such opinion pieces and the scathing judgment of prominent social media [posts](#), it is as if they are asking for a few public health scholars, rather than government mismanagement, to shoulder the moral, economic and human toll of the missteps since February 2020.

As the rights and wrongs of shielding and segregation are [raked over](#), and as the lockdown skeptics believe their long-held concerns were justified given the rising mental health concerns, the risk is not for an extreme public health intervention to lose popular support—lockdown was at best the least worst option.

The real risk is that this false allocation of culpability, in hand with

misremembering of the past, continues to erode a principle of solidarity at the heart of public [health](#).

It is the voices of those lost to the pandemic, of those most vulnerable to the virus, past and present, of those most affected by the debilitating effects of long COVID and of those advocating for a pandemic response based on principles of equity, that are written out of this increasingly popular, populist and revisionist picture.

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Provided by The Conversation

Citation: COVID: There's a strong current of pandemic revisionism in the mainstream media, and it's dangerous (2024, February 19) retrieved 21 May 2024 from <https://medicalxpress.com/news/2024-02-covid-strong-current-pandemic-revisionism.html>

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