

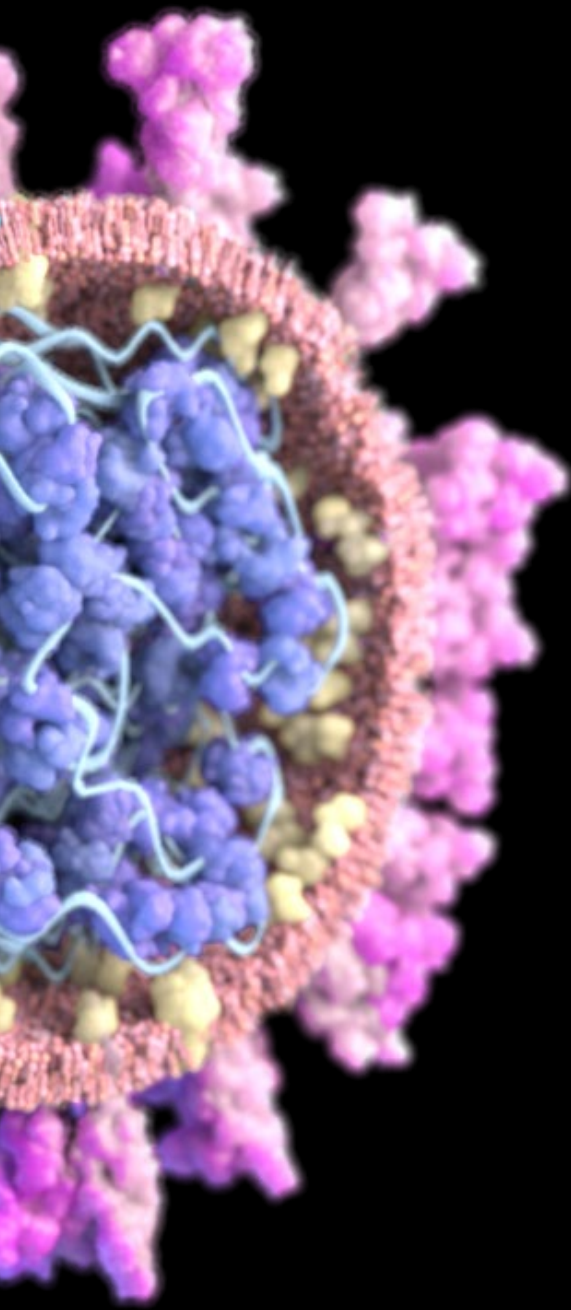
**LIFE**  
**(SCIENCES)**  
**AFTER**  
**COVID-19**



## **The Legacy of COVID-19: Increased Self-Interest or Increased Solidarity?**

Authored by  
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HEALTH



**The piece you're about to read is from Klick Health's Life (Sciences) After COVID-19 series,** a collection of expert perspectives designed to inform and inspire the life sciences community for the coming changes and opportunities we anticipate as a result of this global health crisis.

We invite you to engage with a multitude of these viewpoints by seeking out other pieces from this series, including *The Power of Scientific Rigor* and *The Doctor Will Zoom You Now* at **[covid19.klick.com](https://www.covid19.klick.com)**.

# THE INSIGHT

“The hope of reason lies in the emancipation from our own fear of despair.”

—**Max Horkheimer**

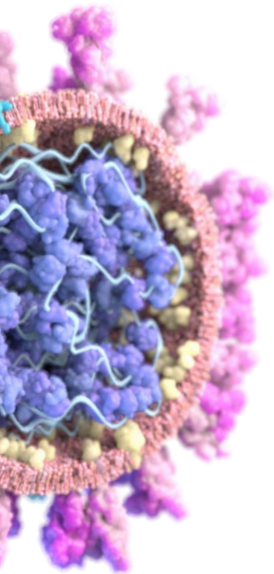
In early March, David Brooks wrote an op-ed for the *New York Times* in which he warned “You may not like who you’re about to become.” The observation was based on a rather harrowing amount of evidence from past plagues and epidemics which demonstrate that the impulse toward self-protection fundamentally precludes all impulses toward solidarity. It is the first and last line of defense against an invisible threat potentially carried by friends, neighbors, and loved ones. The U.S. response to the Spanish flu was marked by an astonishing absence of reflection, largely because of a collective sense of shame—people abandoned any semblance of community in a bid for survival.<sup>1</sup>

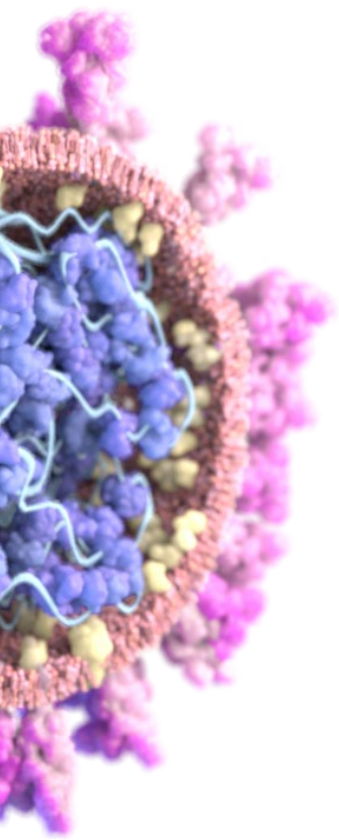
Writing of the 1663 bubonic plague in London, Daniel Defoe wrote: “This was a time when every one’s private safety lay so near to them they had no room to pity the distresses of others... The danger of immediate death to ourselves, took away all bonds of love, all concern for one another.”<sup>2</sup>



The cornerstone of the American dream is grounded in the myth of the self-made man. The idea that the individual is paramount. There is nothing inherently wrong with the idea of the individual and celebrating individual freedoms. But, as French political theorist Alexis de Tocqueville pointed out, the Achilles’ heel of individualism lays in the narrow centering on the self, a sort of solipsism that denies the experiences of others and results in an absence of concern for others or society.<sup>3</sup> In the absence of a larger social narrative, we develop an anemic sense of community and retreat into ourselves.

Perhaps inevitably, it is in times of unprecedented hardship that the American fantasy of the individual often unravels. As writer Rebecca Solnit has documented in *A Paradise Built in Hell* it is communities that respond to disaster—with an abundance of altruism and resourcefulness.<sup>7</sup>





There is evidence that it is communities, not individuals, that succeed. However, this civic temperament is most evidenced when there is a literal observable threat. The 1906 earthquake in San Francisco, 9/11, Hurricane Katrina, and other examples of this sort elicited remarkable displays of courage and generosity.

The exception to this rule is typically pandemics.<sup>1</sup> And in some respects, this is not surprising—in pandemics, the invisible threat is literally ‘the other’. We are encouraged to batten down the hatches and secure a perimeter around ourselves for our very survival.

But COVID-19 may prove to be an exception to this rule. We have seen surprising evidence of an outpouring of community and solidarity that is anathema to self-protection. There is promise in this. Not the foundation for a sunny optimism, but rather the foundation for hope. As Senator Cory Booker recently put it, “Hope right now in America is bloodied and battered, but this is the kind of hope that is successful. It’s hope that has lost its naïveté.”

Will our experience with COVID-19 help us begin to redefine and reimagine our notions of the primacy of the individual over community?

- **Can we call out current and past healthcare injustices and work collectively to correct them?**
- **Can we commit to create more comprehensive ‘we vs. me’ narratives and brands that better reflect the realities of the people we seek to help?**
- **Will we develop the will to invest both time and money in the communities who suffer from the diseases we treat?**

All of these things are entirely within our control and in the spirit of solidarity, eminently possible.



# THE EVIDENCE

Early evidence seems to suggest that our sense of community may be elevated as of late. People and organizations are championing healthcare workers, reaching out (albeit via Zoom) to old friends and networks, and donating food and PPE. Many are privileging the other over themselves by embracing social distancing and wearing masks, thereby showing tremendous strength in solidarity.



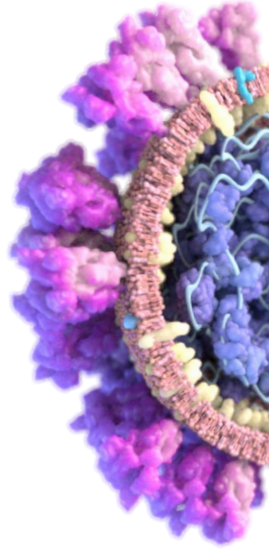
**People and organizations are championing healthcare workers, reaching out (albeit via Zoom) to old friends and networks, and donating food and PPE.**

This is not to say that it is an all or nothing proposition. There is a continuum along which behavior resides. Some of us are more self-interested, while some are exercising strength in solidarity. The question is whether we can put a thumb on the scales, encouraging more solidarity and less self-interest.

After the murder of George Floyd, the entire country erupted in protests of solidarity against the relentless racism suffered by persons of color—entirely ahistorical in its dimensions. By mid-July 2020, approximately 20 million Americans had participated in protests—arguably the largest movement in American history. People are spontaneously placing the injustices suffered by a segment of society over their more selfish concerns for survival.

A loose alliance of pharmaceutical companies has formed to share ideas, resources, and data with the goal of developing custom pan-coronavirus antivirals. It's a philanthropic (not commercial) effort and their discoveries will be put in the public domain.<sup>4</sup>

Many pharmaceutical companies have stepped up by donating millions of dollars for COVID-19 disaster relief. Some have gone so far as to make it clear that they have no intention of profiting from any vaccine that is eventually brought to market.<sup>5</sup>



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# THE POSSIBLE FUTURES

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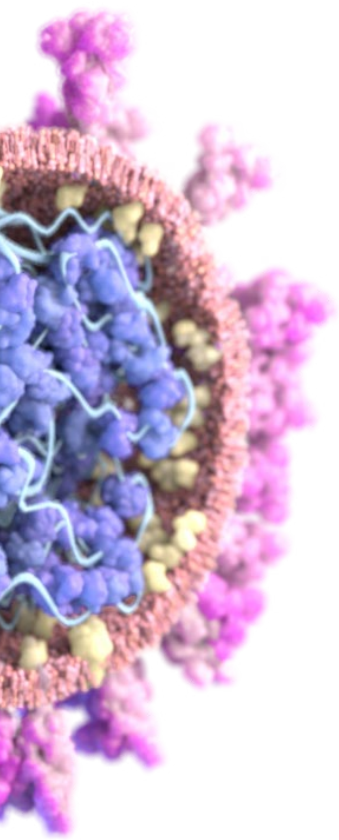
## **A fundamental shift from self-interest to solidarity**

The evidence of people, communities, and industry coming together should give us hope. Historically, pandemics create fertile grounds for grotesque displays of self-interest. And yet, in the U.S. and around the world during COVID-19 astonishing numbers of people have emerged from hiding (both literally and figuratively) in a tremendous show of solidarity—a rebuke against the myth of the individual as paramount.

Have we learned an important lesson? And if so, can we pull it forward post-pandemic?

## **Making the case against...**

There is a push toward “tribe” and a narcissistic streak in the U.S. that is difficult to ignore or tamp down. Prior to quarantine, there was a general consensus that society had never been quite so fractured. The pursuit of individual rights over social solidarity to some is a drum beat at the very heart of the current administration. For months—up until very recently—we witnessed a full-throated refusal to wear masks and practice social distancing in the name of personal freedom.



There has been evidence of increased xenophobia, anti-Semitism, the second-class treatment of the First Nations people, police brutality against people of color, and attacks on Asian communities.

The yawning gap between the haves and the have-nots seems insurmountable. The unfair advantages in the competition for goods, services, healthcare, and basic rights encourage ruthless self-interest.

We don't have a consistent national narrative or leadership to encourage or generate the reserves of solidarity that we see in other places like Japan, South Korea, Germany, or Scandinavia. It is easy to be pessimistic and cynical about the nation's ability to come together as a society as our citizens fall prey to a second wave, while so many resist the urgent necessity of sacrificing individual freedoms for the benefit of the whole.

## Making the case for...

The closest analogy we have to COVID-19 is probably the bubonic plague, purely in the sense of its global scope. While there were a fleet of horrible things that happened in its wake—there were also remarkable changes made.

The legacy of the bubonic plague is the creation of public health measures that resulted in a social safety net. In its aftermath, the investment and belief in science and scientific medicine increased astronomically.



It helped usher in the development of the modern state—recognizing the critical role of a centralized authority to manage public health disasters.<sup>6</sup>

Today, we discover that public attitudes toward science and pharmaceutical companies have improved exponentially. A recent Harris Poll showed that consumers' impression of "Big Pharma" has grown 40% more positive than before the pandemic began.

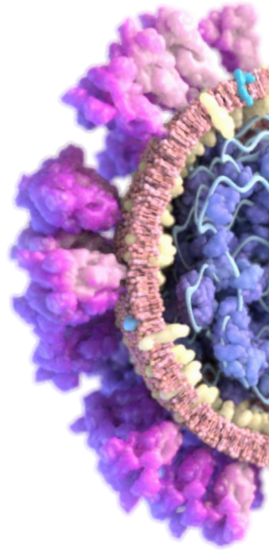
There is an understanding that in our collective suffering, there is a need for a collective solution. The aptly named Solidarity Trials from the World Health Organization (WHO) serve as further evidence. While randomized clinical trials normally take years to design and conduct, the Solidarity Trial will reduce the time taken by 80%. As of July 1, 2020, nearly 5,500 patients have been recruited in 21 countries among the 39 countries that have approvals to begin recruiting.

Solidarity II is a global collaboration led by the WHO that promotes the implementation of serological surveys of SARS-CoV-2. Solidarity II provides a collaborative environment for public health agencies and academic institutions around the world to work together to answer some of the most urgent questions about the COVID-19 pandemic.<sup>8</sup>

Over these last months, the demand for painful self-sacrifice in order to promote the health and welfare of the community has been more often embraced than denied. It's social solidarity that makes us put on masks and maintain social distance, even if we are not among the groups most at risk. It's social solidarity that makes us give blood in spite of fear. It's social solidarity that encourages us to stay inside when there is a ban on outdoor activities. There is an abundance of evidence that we have privileged social solidarity and community above our own narrow interests.

When you need people to make compromises and deep sacrifices in their personal lives for the good of the collective, you need some sense of a collective from which to draw. And while America has not done a great job creating a strong tradition of a collective—there is reason to hope.

The most phenomenal example of our capacity to elevate society over ourselves is the astonishing displays of solidarity across generations, cultures, and ethnicities as evidenced in the Black Lives Matter protests. Rather than a splitting, we are seeing a coming together. People are risking their very lives to create a society that better reflects the values of community and solidarity.





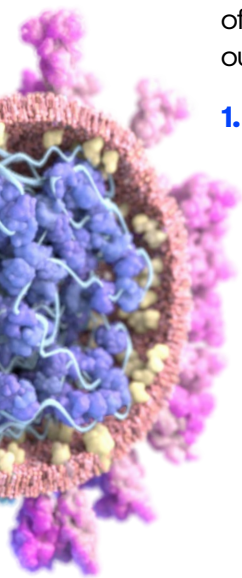
# THE ACTION PLAN FOR LIFE SCIENCES LEADERS

As companies and brands take a hard look in the mirror, it is time for healthcare to take a hard look as well. Society has put all of its hopes into the prospects for a vaccine, and healthcare workers are the new superheroes. We have a heavy responsibility to bear.

How can we reward people's faith and strengthen the potential to live in a society where solidarity, not self-interest is the ambition?

We work together and organize society so as to care for one another. To realize that the health of the most vulnerable among us is a determining factor for the health of all of us. Now is the time for life sciences to play a more active role in the health of the community and better communicate its inherent value and values, beyond the loss of exclusivity of any given therapeutic. This can be our defining moment.

- 1. Call out and correct injustices**
  - a.** Brands and companies should work to both identify and help rectify implicit injustices in the diseases they treat (be it access, misdiagnosis, socioeconomic bias, or racial inequities in disorders) and champion solutions.



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- b. As companies try to reduce bias and injustice, so should medical schools introduce mandatory courses on the history of bias and injustice in healthcare.

## 2. Develop narratives that reflect the values of community

- a. Brands should develop ‘we vs. me’ narratives in order to more closely reflect the demographic changes we see in society. The “minorities” in our country are quickly becoming the majority. In these cultural groups, identity is more often defined by the webs of relationships, not the sanctity of the self. The American ideal of the primacy of the individual is not a shared cultural value.
- b. Advertising, personas and patient journeys should reflect the demographics and realities of persons who most suffer with the disease they treat.

## 3. Partner with local leaders and advocacy groups in the underserved communities you treat

- a. Companies or brands will excel and be better embraced if they work hand in hand with communities to identify the best ways to create the conditions for health.<sup>9</sup>
- b. Clinical trials must reflect the demographics of the communities that most suffer from the diseases they treat.

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# Amanda Hunt

## PhD (ABD) Medical Anthropology, SVP Brand Strategy

As SVP of Brand Strategy at Klick, Amanda is deeply invested in understanding the cross section of medicine, culture and society.

She is trained as a Medical Anthropologist and Transcultural Psychiatrist with an MA in Medical Anthropology from McGill University, and is PhD (ABD) in Medical Anthropology from Université de Montréal, MA in Human Systems Intervention from Concordia and a certificate in Transcultural Psychiatry from Harvard/McGill.

She has worked for over 15 years in pharmaceutical advertising. For three years as an anthropologist and market research analyst with an insight-based consultancy, and then as a strategic planner with various agencies in the large advertising networks in New York City.

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*Prior to advertising, Amanda worked as a global researcher and mental health specialist at McLean Psychiatric Hospital in Boston, the Children's Hospital, Sir Mortimer B. Davis Jewish General Hospital and Douglas Mental Health University Institute in Montreal, and at SCARF (Schizophrenia Research Foundation) in Chennai, India. She also worked as a guest lecturer at McGill University, Université de Montréal, and Concordia University in Medical Anthropology and Conflict Management.*

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While change can create challenges, it also opens the door to new opportunities. Join us as we explore the many imaginable paths to post-pandemic growth. We welcome you to start a dialogue with the author of this piece:

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