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Security Nexus Perspectives

## LOOKING FORWARD: PANDEMIC, ECONOMIC, VACCINE AND SOCIAL PREDICTIONS FOR 'YEAR TWO'

By Sebastian Kevany and Deon Canyon\*

**Summary:** Over a year in to the global pandemic, demand for prognoses and models that will assist in determining key decisions and planning remains as strong as ever – resulting in entire industries that provide forecasts, foresight and insight into possible future outcomes. This demand is in spite of the numerous failures of scientists, academics, politicians, and modelers to work out what is going to happen next. Nonetheless, the authors attempt to advise on policy and planning decisions for professional activities over the coming six months, up to Autumn / Fall 2021.

### *Never Make Predictions*

“Never make predictions, especially about the future.” So goes the cliché regarding efforts to determine, in advance, events that have not yet occurred. Yet, over a year in to the global pandemic, demand for prognoses and models that will help determine key decisions and planning remains as strong as ever – resulting in entire industries that provide forecasts, foresight and insight into possible future outcomes.

This demand is in spite of the numerous failures of scientists, academics, politicians, and modelers to work out what is going to happen next. This ranges from the [excessively pessimistic predictions of Neil Ferguson](#) (and his colleagues at WHO) at the start of the epidemic to political predictions in the United Kingdom that [normality would be assumed again by Christmas 2020](#). In both cases, the answer was somewhere in between.

### *Learning from the Winter*

In attempting to prognosticate for the next six months, fortunately, we are now equipped with far higher quality information than was the case in 2020. For example, we now understand that there is [a highly seasonal effect on epidemic strength](#), given the winter surge in cases. Yet even this raises numerous other questions: Was it really seasonal, or a product of a peak period for social gatherings such as Thanksgiving, Christmas, other holiday celebrations -- and even the [Superbowl](#)? Or was it, perhaps, due to a relaxing or burn out of lockdown mentalities; or the introduction of novel mutations capable of faster transmission and more severe symptoms?

Likewise, was the subsequent dramatic downturn in cases, which we are fortunately currently experiencing at the local, national and global levels, the product of the end of the festive period; a result of changing federal

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policies as a result of regime change at the same time; changes in weather patterns; an early indicator of the power of vaccinations in some countries; or all of the above? Were coughs, colds, influenza and other winter conditions to blame – or, [in the absence of any notable flu epidemic in 2020-21](#), were other factors more important in the context of the ever-changing epidemic curve?

### ***Other Lessons from 2020***

We are equipped also, with many other lessons from 2020. [The Swedish experiment, which relied on normal societal functioning in the context of a highly-resourced health system – which, to be fair, at no point became overwhelmed – has been declared, by no less a personage than the King of Sweden himself, as a failure.](#) The Swedish death toll and mortality rate were tragically and conclusively higher than many countries of comparable wealth and global position, sometimes exponentially so.

We have also learned that without a doubt open borders and the free movement of people - along with other aspects of globalization, and despite its many positive elements - are [public health nightmares](#). The world's only COVID-free nations are islands in the Pacific that rapidly closed their borders. Thus, the reasons for the current global pandemic can be reduced, very easily, to the free movement of infected persons across borders: we should not forget that, at least in part, national borders were first considered necessary, centuries ago, to stop the spread of disease associated in particular with the Middle Ages. We have thus, perhaps, learned that globalization has its limits; [the European Union has announced an emergency border system to prevent future outbreaks](#). In all cases, it is highly likely that certain basic health checks for travelers will remain permanently in place, just as added layers of travel security became permanent parts of our lives post-9/11.

The analogy, then, that best springs to mind when considering the path of the virus both in 2020 and over the coming months is that of a child with its hand in the cookie jar – once you take your eye off it, trouble will result. Or, to put it another way, as Churchill said, “the price of peace is eternal vigilance.” So far, so good, then, in terms of predicting the coming months: an easily-definable sine curve, in which (unless New Zealand-style isolationist policies are successfully pursued in tandem) the excitement of ‘opening up’ is swiftly and inevitably followed by surges in infection rates. Yet one critical x-factor is now clearly in play: vaccines.

### ***The Vaccine X-Factor***

Vaccine progress, despite global impatience with the roll-out, has been breathtakingly fast. Without cutting corners, numerous pharmaceutical companies and other research laboratories have triumphed, to develop and roll out vaccine formulae in less than a year. However, many doubts remain: how long will vaccines be effective? How effective are they against variants? And, crucially, do they protect against transmission as well as offering individual protection? The answers to these three questions, for which we already have some early indications, will also help to determine how the coming months play out.

To date, the best evidence regarding vaccine effectiveness on transmissibility has come from Israel, which is significantly further ahead than many other countries in its vaccination efforts. Based on the most recent reports, [vaccines do indeed offer community, as well as individual protection, reducing infectiousness by as much as 94%](#). Equally importantly, and more fundamentally, vaccines are working: studies have shown that, without question, [mortality rates have declined](#), along with infection rates, with few (if any) serious side effects.

Current information on vaccine effectiveness against variants is also [positive](#), as well as vaccine duration fears being allayed by the development of a booster shot, if necessary. These developments may significantly change the shape of the above-referenced sine curve (with perhaps the important qualification that one final

spike' may result from social overconfidence and risk-taking in the early stages of vaccine roll-out). Put simply, [science has now caught up with the virus](#), should further mutations or threats occur, scientists can now be safely relied upon to respond in a timely manner. For now, at least, humanity has the upper hand. Even our logistics continue to lag when it comes to disseminating the cure to the global population.

### ***The Threat of Anti-Vaxxers***

Conversely, despite trends indicating decreases in anti-vaccine sentiment, this means that anti-vaccine campaigners, or other elements of society who refuse or fear vaccines, may become the key obstacle to normal societal and economic functioning in the months to come. Much work, then, remains to be done in terms of vaccine policies, uptake, and awareness, as well as challenging anti-science sentiments: in most liberal western democracies, the right to turn down vaccines (as well as vaccine exemptions) is constitutionally enshrined. Even the Vatican City, a quasi-autocracy, faced [push-back](#) against its mandatory vaccination policy; other religious leaders have recently made [pro -vaccination statements](#) to allay fear and resistance. And vaccine identification cards have not yet been agreed-upon, though efforts such as the [Vaccination Credential Initiative](#) are attempting to address this.

National and international security aspects also come in to play, amidst reports that up to [one-third of the United States' armed forces personnel have refused the vaccine to date](#). In this context, perhaps the only means available to organizations, governments and institutions is to closely examine, without coercion, why individuals reject vaccines - and attempt to educate on the negative consequences, both for in the individual and society, as quickly and effectively as possible. The other avenue that remains open is creating policies that limit movements and activities of those who remain unvaccinated by choice, potentially exposing themselves and others to infection.

We also should not forget that there are those amongst us who cannot take vaccines, for health or allergy reasons. Such demographics - though currently unquantified, and likely to be small in proportion to those who can and should be vaccinated - are wholly dependent on their health and safety on uptake amongst those who can take vaccines. It is to be hoped that the recent announcement of expanded personal freedoms for vaccinated individuals - though it remains to be seen how such policy can be monitored or enforced - will act as further impetus for broader vaccination acceptance.

### ***Creating Our Own Future***

Many experts resort to another throw-away quote, "hope for the best, prepare for the worst," when asked to predict epidemic patterns. However, a more prescient phrase might be one from Abraham Lincoln: "The most reliable way to predict the future is to create it." What that means, in epidemic terms, is that our actions in the present will determine the future: the right choices, which might involve caution and patience now, as well as a proactive stance and top-down leadership, will result in positive dividends later - perhaps as soon as summer 2021.

In practical terms, then, what does this mean for personal and professional activities over the coming months? Firstly, all activities with an epidemic focus will be valued by society - including references to epidemics in security, economic, and geostrategic realms. Second, a pivot to a research focus, at least temporarily, for organizations previously active in other areas, but now constrained, may prove cost-effective. This helps to avoid the ultimate, and un-answerable, health economics-bioethical dilemma faced by many organizations: what is the acceptable level of morbidity and mortality for society to continue with economic productivity?

Thirdly, regional outreach efforts, if possible, may effectively supplant centralized gatherings, vaccine and other travel circumstances permitting. Fourth, a zoom-in on highlighting epidemic and vaccination activities will help justify the mission of many organizations who have had normal functioning suspended. Such achievements should be monitored, evaluated, and reported on to both justify funding and prevent furloughs. [Federal funding](#) for all such activities will remain a top priority under the new administration.

In addition, continuing efforts to establish some form of control over epidemic-related social dynamics should continue to be pursued. In 2021, we may be in a position, at last, in which we can feel a sense of controlling such dimensions of the virus, rather than the virus controlling us. However, for many people, a long reintegration period will be necessary, for social, health, and professional dynamics. Where possible, this process should begin with the availability of advisory and even counseling services for those reluctant to return to newly-acceptable levels of social functioning.

### ***It's All About Vaccines***

Despite all these qualifications, one message should be clear: everything depends not just on vaccine effectiveness, but on supply and uptake. This may lead to a scenario in which some countries with high vaccine uptake and coverage are able to return to more normal societal and economic functioning within a matter of months – albeit in a highly selective way, and subject to logistical constraints - even while other nations remain locked down. Such welcome developments may be accompanied by further gains consequent on the [introduction of even more efficient, user-friendly, and cost-effective rapid testing assays](#).

Though vaccine supply and logistical issues are likely to remain key constraints, we should not forget the exponential growth in face masks and other personal protective equipment during 2020. Once manufacturing gears up to respond, we might also reasonably expect a dramatic and exponential growth in worldwide vaccine availability over the coming months.

In turn, this will play in to new travel dynamics: for those countries with high vaccine coverage (likely to include the USA; East Asia; Australia and New Zealand; Canada; the European Union; and the United Kingdom) ingress and egress on an international level, with appropriate testing, may well present no threat. Likewise, ingress and egress to those countries with ongoing epidemics may well become possible for vaccinated international cohorts – albeit with likely greater travel complexity. Should both of these predictions come to pass, the outlook is highly optimistic, over the next six months, for many related activities – even before [the critical 70% global vaccination threshold is gained](#); and [despite the likely ongoing restrictions to airline routes](#).

Though currently controversial, the ascendancy of [vaccine passports](#) – in much the same way as traditional WHO vaccine cards are still enforced for entry in to many countries – will likely add further safety and mobility elements to our currently-restricted lives. Whether this is in digital form, such as in [China](#), or a 'green pass' as promulgated by the European Union, or as part of a broader national database I such as in [Denmark](#), such efforts have sparked privacy concerns - though these may be swiftly overcome by both reductions in quarantine demands and the economic benefits to the tourism and other sectors.

Testing results will also be included in such an initiative, such as is ready the case with [Hawaii](#), and airlines such as [Qantas](#) have stated that they expect vaccination certificates to soon become essential pre-boarding evidence. This further underlines the likely emerging social dichotomy between those who choose to exercise their right not be vaccinated - versus those who accept vaccinations and exercise their right to freedom of movement. It seems impossible, at this stage, to reconcile these two fundamental rights.

***Conclusion: A New Era***

We should also accept that the new-look, quasi-recovered world will never be the same as the old one. For one thing, there are many benefits that we have gained: elimination of many commutes; improved delivery and supply chains; reductions in environmental damage; better use of virtual environments; hybrid and hyflex learning systems that open up education to a much wider audience than before; and other efficiency gains. So - while we should of course aim for a resumption of as many of our non-destructive prior activities as possible, these will be irreconcilably and inexorably different, on fundamental levels - but not necessarily in malign ways - from our lives in 2019.

Finally, a word should be said about other potential future epidemics. Just as in World Wars I and II, even devastation cannot get key messages through to humanity the first time around. Though it is not impossible, we have no guarantees that such pandemics are only '100 year' events - a false sense of security created by the alignment of dates with the post-World War I influenza pandemic. If we do not learn from the events of 2020 and 2021, particularly regarding our international health and travel protocols, we will be walking right back down the same dark road from which we are just now emerging.

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