

COVID-19 - THE POLITICS OF KNOWLEDGE - GLOBAL PUBLIC HEALTH ASSOCIATIONS

Bennett Becicka, Teesside University

ABSTRACT

In the event of a Covid-19 pandemic in 2020, medical experts (virologists, epidemiologists, public health scholars, and statisticians) will be crucial in recommending policies to stop the virus from spreading. Given the risk and scope of the outbreak, nearly no one has questioned the recommendations that these experts have made to policymakers. Frequently, the latter explicitly sought expert counsel and justified unpopular policies (such as restricting people's freedom of movement) by citing experts' epistemic authority. The major purpose of this research is to examine the foundations of this epistemic authority and the reasons why it has not been challenged in this case, despite the common trend in recent years to discount expertise. Furthermore, we find that, despite the fact that expert opinions are often technical and ostensibly unbiased, different experts have proposed diverse public health strategies throughout the COVID-19 problem. We look at the case of herd immunity in the United Kingdom and the exclusion of disabled persons from medical care in the United States. These judgments have significant axiological ramifications and have a dramatic impact on people in very sensitive areas. Another goal is to argue that in such cases, experts should justify their recommendations-which effectively become obligations-within the political process using the canons of public reason, because when values are involved, it is no longer just a matter of finding the "best technical solution" but also of making discretionary choices that affect citizens and cannot be imposed.

Keywords: Covid-19, Epistemic Authority, Public Health Strategies.

INTRODUCTION

As the situation progressed, it became evident that many leaders misjudged the pandemic's severity in the outset. Several government institutions were unable or unable to offer exact information concerning the virus's transmission in the initial several weeks, resulting in a noteworthy paucity of knowledge (Adams & Walls, 2020). China, for example, withheld and edited information from doctors who were the first to notice the development of a dangerous new virus (Clarke & Newman, 2017). In this situation, what was at stake was the political resolve not to scare the populace and to avoid economic implications, particularly on exports, in a city like Wuhan, which is home to key manufacturing enterprises with strong global trade ties. Second, those in positions of authority (Ericsson et al., 1993).

In the interim, the public became aware of the threat posed by Covid-19, particularly in nations where the media is free and capable of providing entire information in real time (Haynes et al., 2012). Medical professionals (particularly virologists, immunologists, and epidemiologists, but also statisticians and public health scholars) have been stepping up within this paradigm. Unlike politicians and decision-makers at all levels, who have offered ambiguous and often contradictory advice since the outbreak began, many experts have been warning for weeks that the outbreak could explode and have suggested putting in place a range of hard measures (such

as social distancing, school and university closures, bans on large gatherings and international travels, smart working, and self-containment) to prevent the virus from spreading (Sackett et al., 1996).

CONCLUSION

In this study, we examine the foundations of this epistemic authority and the reasons why it has not been challenged in this case, despite a broad trend in recent years to discount knowledge. Furthermore, we noted that, despite the fact that expert advice are often technical and ostensibly unbiased, different experts advised alternative public health solutions during the COVID-19 crisis. We looked at the case of herd immunity in the United Kingdom and the exclusion of disabled persons from medical care in the United States. Decisions in those situations have significant axiological ramifications, affecting persons in highly sensitive areas.

The premise is that not all expert suggestions must be implemented automatically, because some have axiological and regulatory aspects that must be justified in the political process, not just epistemically but also normatively. In those situations, the decision-making process should be civic, participative, and perhaps even political, while yet adhering to the requirements of competence and rationality.

REFERENCES

- Adams, G., & Walls, R. (2020). Supporting the health care workforce during the Covid-19 global epidemic. *JAMA*, 323, 1439-40.
- Clarke, J., & Newman, J. (2017). People in this country have had enough of experts: Brexit and the paradoxes of populism. *Critical Policy Studies*, 11, 101-16.
- Ericsson, K., Krampe, R.T., & Tesch-Romer, C. (1993). The role of deliberate practice in the acquisition of expert performance. *Psychological Review*, 100, 363.
- Haynes, A.S., Derrick, G.E., Redman, S., Hall, W.D., Gillespie, J.A., & Chapman, S. (2012). Identifying trustworthy experts: How do policymakers find and assess public health researchers worth consulting or collaborating with? *Plos One*, 7:e32665.
- Sackett, D.L., Rosenberg, W.M., & Gray, J.M. (1996). Haynes RB, Richardson WS. Evidence based medicine: What it is and what it isn't. *British Journal of Medical and Health Research*, 312, 71-2.