
THE NARRATIVES OF THIS CRISIS WILL SHAPE THE FUTURE

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How we move through and emerge from the current COVID-19 pandemic will depend in large part on the stories we tell about it. Even that beacon of scientific expertise in public health, the Centers for Disease Control and Prevention, recognizes the importance of narratives. Its archives include a trove of individual first-person accounts of 1918 influenza pandemic. One man tells how he began the day digging the graves of three members of a family; by nightfall he had buried the entire family of six. No “doubling rate” statistic can so viscerally communicate the relentless advance of the disease.

Narratives impose some order on the chaotic experience of a crisis. They may be colloquial and unsystematic, but they are easily understandable and memorable. They have plots that tell their audiences why events are unfolding as they are and what to expect next. They put human flesh on abstractions like the doubling rate. They are populated by characters with distinct motivations, and they convey information about who is trustworthy and who is not.

The post-COVID world will be shaped by how the narratives of this time are preserved in our social, political and economic institutions. We can think of institutions as the scaffolding that we humans erect to structure our dealings with each other. They establish common norms of behaviour so that we don't have to negotiate every detail of our social interactions. Together we enforce these common expectations in various ways: by issuing authoritative commands, by offering market prices, and by telling persuasive narratives of collective endeavour.

Institutional narratives tell us not just what we are required or paid to do but why we do it. Maybe our founders established an ethic that we are meant to preserve and enhance in carrying out our institutional function. Professional institutions such as law firms and hospitals often have such “stewardship” narratives. Or maybe there are episodes in our shared history that exemplify what works and what doesn't. Corporate orientations and mentorships for new employees or board members often feature such case studies.

“Crisis” narratives place an experience of profound disruption within the longer arc of institutional life. In narratives of success, members of institutions become heroes by virtue of playing their assigned roles in the face of daunting challenges. In today's COVID-19 crisis, these heroes are the front-line workers being applauded in public shows of support. They are also the civil servants who have processed claims for support under new government programs in record time, and the public health officials who offer guidance, warnings and reassurance. Externally, these heroes – like Dr. Anthony Fauci of the American National Institutes of Health and British Columbia Health Officer Dr. Bonnie Henry – assume roles in the broader social narratives of the crisis. Inside the institution, they become players in “war buddy” narratives of shared sacrifice and mutual support within a common mission, like those that became part of the public health community's institutional memory after the 2003 SARS outbreak in Canada, and those currently being featured on websites of health care institutions like Sunnybrook Health Sciences Centre in Toronto.

But there can also be institutional crisis narratives of failure, often captured by official post-mortem inquiries. In these stories, the eruption of the crisis brings institutional weaknesses long in the making to the breaking point. Indifferent or self-interested leaders, either within or outside the institution, are the villains in these narratives; workers and those they serve are the victims. The glaring examples in the current crisis, in Canada as in many other nations, are the stories coming from long-term care facilities – although such failure narratives are also developing around and within national and international institutions such as the CDC and the World Health Organization. Different narratives are contesting to present Tedros Adhanom Ghebreyesus, the WHO Director General, as either hero or villain.

Which of these many COVID narratives will endure, and how will they matter? After the SARS experience in Canada, official inquiries at both the federal and Ontario levels offered compelling perspectives on heroic service within flawed public health institutions. They had a powerful effect, fostering and reinforcing coordination within and between the new public health agencies established after the crisis. But those narratives stayed within the public health community, whose members felt a stewardship mission to pass them on. They did not inform the broader institutions of governance that ignored many of the recommendations of the inquiries, as funding for public health eroded and stockpiles of necessary equipment dwindled. The social experience of COVID-19 pandemic dwarfs that of SARS many times over, and the exit from this crisis will be much more prolonged. Will its institutional legacy therefore be greater, in shaping established arrangements and spurring new ones, as makeshift adjustments take more permanent form?

If the front-line “heroes” of this crisis are not to be institutionally forgotten, we will need to continue to recognize their value by converting temporary aid into restructured labour-market and income-support programs. Similarly, organizations in both the state and civil society have had to rapidly spot and seize opportunities for new cross-national and cross-sectoral partnerships, whether to evacuate and repatriate national citizens, procure personal protective equipment, manufacture ICU equipment or restructure supply chains. In the exit period, yet more opportunistic arrangements will need to be made, both vertically (as businesses continue to seek new sources of supply) and horizontally (as different industries and regions tailor-make their arrangements for safe re-opening).

These initiatives may provide the architecture for new institutions and new policy agendas more suited to twenty-first century economies and societies. But this nascent architecture alone will not be enough. As the head of the British Confederation of Industry recently said, we need both architecture and trust. The durable institutions that survive through and emerge from this time will do so through shared stories of trustworthy connections forged, and joint accomplishments achieved, in a moment of crisis.