**A year of Covid-19: On living through the pandemic**

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We are one year into the Covid-19 pandemic. I recall flying back home on 2 March 2020 from Islamabad, Pakistan after the World Health Organization (WHO) issued further updates and advisory on 28 February on the mysterious disease that already infected thousands in Wuhan in China and was rapidly spreading to other countries. Having had past terrified experience with SARS (severe acute respiratory syndrome) in China in 2003, I immediately recognized the gravity of the situation, changed my travel plans and re-routed my flights via Bangkok/Taipei to Vancouver. During my stopover in Taipei, I saw many nervous passengers in the lounge watching airport workers constantly sanitizing airport facilities. In stark contrast, on arrival in Vancouver, I found a very casual environment, advising passengers to contact local public health officials in case of any Covid-19 like symptoms.

In less than two-week’s time, the virus increased 13-fold in China. The virus appeared in Europe, with initial heavy tolls in countries like Italy, Spain and England, forcing WHO to declare Covid -19 a global pandemic on 11 March 2020. Within one year, at this writing, nearly 120 million cases have been reported with 2.6 million deaths in over 200 countries. Of all countries, the United States has been most hard hit with 30 million cases and over 543,000 deaths, and still counting. Countries that experienced over 100,000 deaths include Brazil (274,000), Mexico (193,000), India (160,000), UK (126,000), and Italy (102,000). Canada reported 900,000 cases with 22,000 deaths, most of them elderly senior citizens in care homes.

This colossal loss of human lives has shaken the world with new realities and challenges. The Covid-19 has exposed the fault lines of the healthcare systems in nearly all countries, including Canada. Many countries found inherent weaknesses and gaps in their health care systems; as a result, we witnessed initial crises everywhere in preparedness and responses. Even now, health care systems in many countries are unable to cope with the rising caseloads and are at tipping points. In the US, the structural inequality is clearly evident from high Covid-19 mortality rates among African-American, Hispanic and other minority groups, and those living in poverty.

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This was a year of loss and grief. Many of us have lost family members, friends and colleagues to Covid-19. I lost six of our extended family members in New York and Dhaka; many more infected eventually recovered after having spent weeks and months in hospitals. The losses and sacrifices are not easy or trivial. At the same time, we faced the pandemic with resilience, with songs and dances for our healthcare heroes and frontline workers. We will survive and surely get through this new normal. The pandemic has affected us all in our work. That said, life continues on even during these difficult times.

Today, we encounter all things Covid that define how we live as a family, love each other, work, socialize and even grieve for those who passed away. We have new experience and stories every day – for instance, new variants, more deaths, another lock down, delays with vaccine delivery – news that are often overwhelming and triggers helplessness; at other times, there are reasons for optimisms regarding the pandemic and thrill for better days coming soon with increased numbers of vaccines in people’s arms every day.

The Covid pandemic, like all other disasters, demonstrates human vulnerabilities – the risks and uncertainties; the pandemic has also highlighted many disparities both in the global North and South. The economy shattered by the lockdowns resulted in job losses and food insecurity as people experienced hunger and lined up for help from food banks. The economic impact of Covid-19 has been disproportionately felt by the urban poor and people in rural areas around the world, who are already at an increased risk of Covid-19 due to absence of health and social security safeguards. The economic recovery and rescue plans in different countries need to target these groups in the aftermath of the pandemic. We must not forget that vulnerabilities to risks and uncertainties are socially produced due to long-term systemic inequalities in our societies.

A year ago in March 2020, with the virus blazing around the world, our lives ground to a halt. The extent of the threat quickly turned real as the virus stole our loved ones, schools closed, businesses shut, and streets emptied with stay home orders. It has been a year of covid that reigned our lives. Even with the vaccines in record time, people still feel shaky, anxious and unsafe with the rise and fall of case numbers, and the thriving misinformation and hesitancy about vaccines. The suffering continues with millions in Covid hibernation. We still don’t feel normal, because this is not a normal time. With more vaccinations and herd immunity, let us hope for better days soon. A friend and colleague in our network recently summed it up so well: “Before long, the sun will shine again over us, over the streets, our homes, and our gatherings.” Meanwhile, it is important that we keep hand washing, masking, social distancing and get vaccinated when it is our turn.

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