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[This is a pre-print of an article that is currently under review.]

Dominant COVID Narratives and Implications for Information and Media Literacy Education in the “Post-Pandemic” United States

Andrea Baer

Abstract: Over the past three+ years that COVID-19 has changed everyday life across the globe, the entire world has been tasked with making sense of new, evolving, and often conflicting information, including public message that is often confusing and shaped by political agendas and interests. Dominant narratives about the COVID-19 pandemic illustrate of the complexities and importance of information literacy, and more specifically of critical information literacy, which asks us to interrogate the ways that power and social structure influence what information is created and circulated and how we interact with and respond to it as individuals and collectives. In this essay, I reflect on the evolution of information and narratives about the COVID-19 and ways that changing COVID narratives have influenced my thinking about and approaches to information literacy education.

On a recent cold winter morning, I sat in a Zoom breakout room of five participants. We were attendees at an online media literacy conference, tasked with a short, small group discussion on a general topic that I no longer can recall. After someone brought up their frustration with a lack of trust in news media, I shared that, in light of the COVID-19 pandemic and many of the dominant narratives and media messages about it, I myself have grappled with how much to trust many news outlets and public authorities like the CDC that, prior to the pandemic, I trusted more than I do now. I reflected that many who are involved in these institutions have minimized the ongoing harms and risks that the pandemic still poses. This, I continued, has made evident to me the challenge of encouraging critical thought and a healthy degree of skepticism about any information that students encounter, while not sliding into extreme skepticism and distrust of all expertise. I also noted that I thought it was important to look honestly at often legitimate reasons that [people’s trust in expertise has declined over the years](#), rather than simply viewing an increased skepticism in experts as a deficiency of individuals.

Several bristled. Others were quiet. One individual suggested that my attitude would only encourage cynicism and despair. The group moved on to discuss other things.

Our time for this small group discussion would have been too short for a deeper discussion about where people place their trust in information sources, but even within this brief interaction, it seemed as if the conversation shut down before it could open. From the perspective of some of my small group members, my own distrust in mainstream COVID-19 narratives like “the pandemic is over” and “this is a pandemic of the unvaccinated” appeared to position me as an extremist who is unsuited to educate students in critical thinking and information literacy, and as someone who would instead instill a hopelessness and nihilism that would further degrade society. In another small group, I might have gotten a more receptive response, but in this instance, the voices that spoke seemed to indirectly reject my view and to even see it as dangerous and damaging.

The response I received in that Zoom breakout wouldn’t be surprising to me in most settings. But I didn’t anticipate it in a group of people committed to media literacy education. This was a space where I had expected that we would share a concern about critically examining media messages, including dominant media narratives. Our views of what it means to think critically about media seemed to vary, and this did not appear to be a space where we could discuss those differing ideas.

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I came away disoriented. Part of me questioned my own judgment. Perhaps those who had spoken were right. Perhaps I ought to keep my thoughts to myself, both in these professional settings and in the classroom. Perhaps in online settings I ought to choose carefully to whom I outed myself as a person who is still masking, and whose trust in institutions like the CDC and many public health officials has waned the longer this pandemic has continued. Another part of me reminded myself that having a minority view that does not fit the status quo, while often lonely, does not mean your thinking is unsound. Frequently, an unpopular opinion deserves much more consideration than it gets. And sometimes there are more people who share or empathize with that seemingly unpopular view, but who, for various reasons, remain quiet. The part of me that said your concerns are legitimate felt frustration and even anger. Was this not another example of gaslighting: being wrongly told that your perception of reality is inaccurate and thus beginning to doubt that perception? Looking around my campus, my town, the grocery store, my profession (where in-person conferences with no COVID policies or precautions have resumed), it can seem that everyone else has “moved on,” even as I know many are still concerned about the continued risks of COVID and the toll it has taken on so many people’s lives, whether as the cost of death or of chronic disabilities and illnesses.

What I experienced in that short Zoom interaction isn’t unique to that moment, and it certainly isn’t unique to my personal experience. Since the rollout of COVID vaccines starting in December 2020, people in the U.S. (and in most industrialized nations) have heard the message that we can now “return to normal.” In fact, it’s the responsible thing to do: it’s necessary for contributing to a “healthy,” “productive,” and “pro-growth” society and economy. Those of us still taking precautions like masking in public or social settings often receive strange looks and are considered annoying reminders of something many across the political spectrum would prefer to forget. Embedded implicitly within “return to normal” messages has been an acceptance of a capitalist system that prioritizes profits for a few over the common good. Those who work hard and perform their duties as consumers and members of a “productive” society will be fine, according to this ideology. And yet the pandemic has demonstrated repeatedly that whether you are fine is largely about luck and what privilege you have or lack.

That brief conference interaction brought bubbling to the surface many of my long-simmering thoughts and emotions about the relationship between “post-pandemic” life and information literacy. Over the past two+ years, as public concerns about COVID have seemed to subside and the prevailing message “you do you” has become the dominating norm, I have often questioned if there is something “wrong” with me. Most of the world has long appeared to be done with the pandemic, including those who in the early days of the pandemic were alongside me in their efforts to “flatten the curve.” Shouldn’t I be done too? Alongside the headlines that those who are vaccinated and seemingly healthy are highly unlikely to experience severe illness or long COVID, I continue to encounter stories about people for whom this was not the case. (And with time, the latter story is becoming increasingly common.) Transmission numbers have yet to become truly low; they just look low compared to the extreme highs of intense waves of infection.

Challenging the “pandemic is over” narrative, journalists like Ed Yong made have clear that we don’t know when or how this ends, as these reporters have also pointed to the overlooked devastation of long COVID for an unknown but considerable and increasing number of individuals with long COVID. For me, this uncertainty has remained a solid reason to be cautious, as I have also hoped for more clarity and better mitigation efforts to come with time.

Practicing that caution has become lonelier and lonelier. Every day more data comes out about the long-term adverse effects of COVID on virtually every system of the human body. (For example, the CDC recently acknowledged, [in a report, expanded in February 2023, that “the virus that causes COVID-19, can have lasting effects on nearly every organ and organ system of the body weeks, months, and](#)

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[potentially years after infection.](#)” Often this kind of information doesn’t show up in featured news headlines. I learn about these kinds of developments mostly through tweets from [Covid-cautious people who are more in the know on these things than I am](#). I shake my head along with those who are baffled that most of the news media have not picked these things up yet.)

The disorientating effects of dominant COVID narratives

When I started writing this article, I still sometimes thought that maybe I was misunderstanding the data, maybe my perception was off. But as someone who experiences migraines and who is familiar with the feeling of having little control over an intense pain overtaking your body, I have also wondered, on the flip side, if for many it’s easier to look away from an unpleasant reality. I wonder if at a later point in history we will look back and ask why we didn’t continue as a society to prevent the spread of a virus that, left largely unchecked, continues to multiply and mutate in unpredictable ways, even as we hear more declarations that “we have learned to live with the virus [without mitigations].”

It took me a while to recognize that my thoughts and feelings about dominant pandemic narratives are less an issue of what is “wrong” with me, and much more an illustration of the complexities and importance of information literacy, and more specifically of critical information literacy, which asks us to interrogate the ways that power and social structure influence what information is created and circulated and how we interact with and respond to it as individuals and collectives. Dominant COVID narratives that promote a “return to normal” are illustrative of the thorniness of information literacy in a world that has come to feel more uncertain and precarious than many of us knew it to be in 2019. They reflect how certain stories often work to silence, or at least muffle, others, particularly when the less dominant narratives present a challenge to the status quo and to traditional power structures. (In the context of COVID in the US, this silencing/muffling effect has been especially great for those with disabilities and those who are immunocompromised.) “Return to normal” pandemic narratives illustrate how powerful stories and the framing of information can be, as they influence people’s perceptions and behaviors in ways that we often don’t see in the moment. We’ve been told again and again – through explicit and implicit messages from the Biden administration, mainstream media, public institutions, and workplaces (including institutions of higher education) that this is the post-pandemic world: we can throw away our masks and resume our pre-pandemic activities without mitigations. Behind this is a push for people to be “productive” members of society by continuing consuming products and services in order to fuel an economy based on extreme economic disparities and on a privileging of certain bodies over others.

Throughout this time, daily deaths in the US have continued to remain at a high plateau. While we are currently seeing fewer high peaks, [evolutionary biologist T. Ryan Gregory continues to make the point that we need to pay more attention to the fact that the baseline number of infections and deaths has remained high for over a year](#). And these numbers don’t account for those experiencing long COVID, whether for the first time or for the past three years. (Contrary to a common perception that long COVID is limited mainly to those who were infected early in the pandemic, [Katherine Wu’s reporting on February 13, 2023, indicates that the number of people getting long COVID now remains alarmingly high](#).)

Despite all the data that indicates COVID continues to pose serious health risks, often if you publicly question the “pandemic is over” narrative, or the notion that the virus isn’t much worse than a regular cold, if you ask people to look honestly at the data, you are perceived as a cynic who wants to pull your fellow citizens down into despair and distrust. Within the more dominant pandemic narratives, those at higher risk of serious outcomes from a COVID infection are presented as the outliers whose lives are deemed less important and separable from “normal” society. And yet [as the World Health Organization points out, almost everyone will experience some kind of disability in their lifetime](#), a fact that illustrates

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the false dichotomy of disabled/able-bodied and the notion that a person who is in good physical or mental health will always maintain that state. Relatedly, more and more evidence now points to the likelihood that COVID infections have long-term health consequences for most if not all people, and that COVID could be contributing to weakened immunity for other pathogens. (See, for example, the [previously mentioned February 2023 CDC report](#), in addition to research like that outlined by journalist [Andrew Nikiroruk](#).)

When you compare data like this to the popular attitude that “learning to live with the virus” means forgoing measures like masking, testing, and federal pandemic funding, the mismatch between facts and policy seems stark. At least to those who continue to advocate for things like masking, testing, and universal healthcare (including for vaccines and testing, which will go away with the declared end of the U.S. public health emergency on May 11, 2023).

There have been numerous moments during the pandemic when the well-known facts in front of us clearly didn’t match what public officials and mainstream media were saying. In late February, when small towns in Italy started locking down, I read news story after news story saying that COVID wasn’t going to have any real impact on the U.S., at the same time that they shared facts about the virus’s spread that suggested the only logical thing was that the U.S. was in denial. In late March 2020, weighing whether I should follow through on an international flight scheduled for April (which eventually the airline canceled), I listened to a WHO authority figure explain in a video on their travel guidance webpage that a person had little to worry about on a flight, as long as they kept a six-foot distance from everyone else (though doing this was impossible, as no changes had been made then to enable physical distancing on planes). In mid-March, the CDC asserted that masks did little to no good, but health care professionals and people caring for loved ones should wear medical masks. In those moments, everyone I talked to thought I was over-worrying. Later more people would agree that these were among the moments that people were gaslit. (More recently, *Cochrane Review* author Tom Jefferson sought to close the debate on masks when, drawing on his [referencing his \(faulty\) meta-analysis](#), he erroneously concluded that “masks don’t work.” Fortunately, the paper’s many flaws received, in addition to the author’s misleading comments, attracted [enough criticism from more trustworthy experts](#) that the [Cochrane Review Editor-in-Chief issued a corrective statement on March 10, 2023](#).)

For those like me who are “still COVIDing,” the gaslighting has intensified, as the belief that COVID is harmless for most (an idea that becomes more questionable each day) has justified public policies that put everyone at greater risk of infection and of further spreading the virus. In [December 2021, the CDC updated its guidance on the quarantine time after infection from 10 to 5 days and claimed that this decision was “driven by science.”](#) [Some epidemiologists pushed back against this claim](#), pointing to data from multiple studies that indicated that a considerable number of people continue to be contagious still 10 days after infection. [As Tim Requarth reports](#), only months later would [Rochelle Walensky would acknowledge](#) that the CDC made its recommendations by also considering other factors like the ability for people to return to work. Perhaps even more concerning is the [CDC’s decision in February 2022](#) to move from using case count data to determine COVID risk level to a [“community levels” system](#) that is based solely on hospitalizations and deaths. (The CDC issued a [related media statement on March 3, 2022](#).) A once bright-red map suddenly turned green, suggesting that most of the country had suddenly moved from high to low levels of transmission and risk. Most of us, the CDC suggested, happily didn’t need to worry about the harm that might come to those at higher risk of hospitalization or death, like the elderly and the immunocompromised. Those “others” would die someday anyway and could be considered more expendable than the “healthy” majority.

In September 2022, President Biden declared the pandemic over during a [60 Minutes interview](#), as he waved his hands around to show that no one was masking at a Trade Auto Convention, though [the data](#)

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[clearly indicated COVID hospitalizations and deaths remained high](#). More recently, on January 30, 2023, [Biden announced that the public health emergency will expire in May 2023](#). This will end much of the public healthcare that had been made available earlier in the pandemic (e.g., free tests, vaccines, and treatments). The end of this public funding is a starker indication that we are past the time when “we are all in this together.” Individuals will need to make their own choices, even as some have limited access to healthcare and therefore don’t have the same choices as those in more fortunate positions.

Most academic conferences, including library and information literacy conferences, have followed suit, returning to in-person conferences with no or at best limited COVID policies: “We are following government guidelines and monitoring the situation,” is what I have been told. So far, no in-person library conferences that I know of have visibly made COVID precautions part of their event planning. Some of these conferences feature themes like “stronger together.” I think about who is included and who is excluded from that collective. I wonder why, if we really believe we are “stronger together,” we don’t practice COVID precautions that increase the likelihood of being physically, emotionally, and mentally stronger. I consider the fact that many people who have gotten COVID and who were previously healthy are experiencing long COVID, and post-infection are feeling the opposite of stronger.

Gaslighting and the need for critical information literacy

It took me a while to fully recognize that my thoughts and feelings about dominant pandemic narratives are less an issue of what is “wrong” with me, and much more an illustration of the complexities and importance of information literacy, and more specifically of *critical* information literacy, which asks us to interrogate the ways that power and social structure influence what information is created and circulated and how we interact with and respond to it as individuals and collectives.

My experiences of self-doubt about my own perception and cognitive abilities when evaluating COVID risks might be explained by many factors, some of them about my own biography and personality, and many more which are about this sociopolitical moment and context. I recognize that I am risk-averse than the average person. I probably worry more than most, and while that sometimes is helpful, it isn’t always. I was also socialized as a woman to question my own judgment, particularly when my thinking is misaligned with the status quo. But I have also learned to pay attention when I am questioning my perception but something in my environment or in the messaging around me seems off.

As I alluded to earlier, gaslighting happens when a person is led to question their own perception, despite this perception being based in reality, not delusion. [Merriam Webster Dictionary](#) defines gaslighting as “psychological manipulation of a person usually over an extended period of time that causes the victim to question the validity of their own thoughts, perception of reality, or memories and typically leads to confusion, loss of confidence and self-esteem, uncertainty of one’s emotional or mental stability, and a dependency on the perpetrator.” Use of the term first spiked soon after Donald Trump was elected U.S. President in 2016.

Gaslighting did not stop with Donald Trump’s presidency. The term has grown in use again, so much that it was named [Word of the Year 2022 by Merriam-Webster Dictionary](#). As *Merriam-Webster Dictionary* reports, in 2022 there was a 1740% increase in people looking up the term *gaslighting*, and interest in the word continued throughout the year. For those who are immunocompromised or suffering from long COVID, this gaslighting is especially strongly felt. “Medical gaslighting” is among the more specific ways the term has been used, as more and more long COVID patients experienced their symptoms being dismissed, minimized, and explained as “all in their heads” (an experience that many with poorly understood medical conditions like those with chronic fatigue syndrome have experienced for decades).

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Gaslighting has most often been used to describe abusive interpersonal relationships, especially romantic and intimate relationships. But gaslighting happens in workplaces, institutions, and media messages, among other places. In other words, it regularly occurs on structural and societal levels, as has been well illustrated by many community organizers and activists, researchers, journalists, and public citizens. (Associate Professor of Rhetoric & Communications Jason Hannan has [pointed to the danger of political gaslighting about COVID-19](#).) A [Google Scholar search for political gaslighting](#) will yield numerous other examples of the phenomenon.

I seem to have moved past the stage of questioning if my check on reality is way off, as I've had more and more experiences of seeing arguments that didn't make sense to me later revoked. Over time, I have identified sources that I do trust, and that point out discrepancies between the narrative that COVID-19 is benign and that resuming pre-pandemic habits is the only way to live a full life. Here and there I find a fellow colleague who shares my concerns. I am certainly more inclined to trust those who say that the risks of COVID have been underplayed than those who argue the reverse, but I continue to consider the source and to look at multiple sources and where they align and misalign. The experts in whom I have developed trust draw from robust data, and often from the data of sources whose messaging they call into question (e.g., the CDC, in some cases the WHO).

Psychology and self-help literature on gaslighting tell people that if you're in a relationship in which you often feel confused and disoriented, in which you don't know whether to trust yourself, and in which things don't quite seem right, you may be experiencing gaslighting. It's often hard to recognize in the moment that this is what's happening. You need to step away from that relationship and environment, and to seek trusted people who care for you and can help you identify what is actually true. You need to regain trust in yourself. The psychology literature often also recommends connecting with others who have had similar experiences. While gaslighting can feel very isolating, and can contribute to further social withdrawal if a person experiences self-doubt or depression, learning of others' similar experiences and feelings can be validating and can help one regain a broader perspective, as well as greater trust in their own perception. It can help a person recognize that while everyone filters the world through their own experience, there are some things that you can know to be true, and that can serve as foundations for reestablishing trust in yourself and your own experience.

This same principle applies when it comes to structural and institutionalized gaslighting. But when the structures are embedded in everyday life, it's sometimes hard to know where to turn for a reality check. When all around you is the dominant narrative of "the pandemic is over" – in media narratives, restaurants, interactions with family and friends, workplaces – what do you do?

If a person senses a disconnect between what they know to be factual and the dominant narrative, one action is to take a step back from the "it's all in your head" messages, and to consider if there are other narratives out there that aren't getting the same amplification. In my efforts to make more sense of the confusing messages I was getting (like to ditch my mask and resume a fearless trek into crowds), I have looked out for and found voices and sources that often don't get as much attention but that make well-founded arguments and conclusions that line up with data. I have also learned that, contrary to my earlier impression, I am not so unusual in having less trust in authorities like the CDC. Public trust in the CDC institutions has indeed waned over the course of the pandemic, according to public polling. As [Requarth pointed out in a Slate Science article on March 21, 2022](#), in October 2019 the Pew Research Center reported that over 80% of Americans thought well of the CDC, while an [NBC News poll in January 2023](#) indicated that 44% of Americans trust it, at least when it comes to information about COVID. While polling is imperfect and the questions and methods of these two polls differed, the contrast in the earlier and later data is stark.

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From public gaslighting to the classroom

The public gaslighting around COVID has complicated how I think about how I myself critically evaluate information and how I decide what I trust, as well as about how I teach these skills. For example, I have been and continue to be an advocate of lateral reading (evaluating a website's credibility by seeing what others on the web say about it) as a valuable strategy for a quick initial assessment of web source credibility. But when a consensus view is false, misleading, or overly simplistic (as is evident in dominant COVID narratives), strategies like lateral reading won't be enough, and may even reinforce a belief that false or misleading information is true. I have become more cognizant of the stickiness of teaching about and practicing critical evaluation and use of sources when knowledge is evolving, when recognized experts' views conflict or appear to be politically motivated, and when dominant narratives and consensus don't match with evidence that is hard to dispute. I am more aware of these dominant narratives' insidiousness and potential harm. I am more concerned about the frequency with which information evaluation is often oversimplified, as information sources are quickly placed into clear-cut categories (e.g., credible/not credible, trustworthy/not trustworthy, biased/unbiased, true/false, expert/non-expert).

Mainstream COVID reporting underscores for me a need in information literacy education to challenge binary thinking about sources (e.g., credible/not credible, biased/unbiased, true/false). More specifically, the misleading nature of much of this report makes clear the need to critically examine the assumptions, implicit beliefs, and narratives that drive or underpin many claims about the pandemic, while also considering how one's own beliefs and assumptions influence the evaluation of claims and sources. On one hand, some information is clearly false, and simple binaries like fact/fiction can be useful in these more clear-cut instances (for example, we don't need to dispute whether drinking bleach kills COVID, as Donald Trump dangerously claimed in 2020). But far more often the credibility of sources and their claims is more ambiguous. Dominant narratives like "we must learn to live with the virus" (i.e., end all COVID precautions) may be nice to believe in the immediate moment, but these narratives are not supported by an overwhelming and growing amount of scientific data. Flawed assumptions and arguments have become naturalized, despite that they are based on false assumptions.

While I don't think there are easy or universal answers for how we teach critical information literacy, when so many systemic inequities shape and are reflected in our information environments and social systems (and when our engagement with and evaluation of information is inevitably influenced by our own implicit and often unconscious assumptions and motivations), I will argue that there are understandings that can serve as foundations/starting points for teaching that encourages critical inquiry and critical engagement with information, claims, and the narratives that surround them and that often help us make sense of their importance. These principles are relevant to information on any issue, not just the pandemic narratives on which I have focused here.

I plan in subsequent articles to explore more concrete examples of teaching about information literacy concepts, skills, and practices that are central to critically examining dominant narratives about social events, issues, and unfolding research. Right now I will reflect briefly on some of the core understandings that I believe can undergird critical information and media literacy education. Many of the principles I outline may be things that we do implicitly, but that are valuable to name explicitly, as we design learning experiences for our and our students' unique contexts. Though I concentrate here on engaging with students, these principles are relevant to the public at large. Making sense of information has never been easy, particularly when dealing with complex and rapidly evolving research and conflicting narratives that serve competing (and often hidden) interests.

1. Challenge all-or-none thinking and embrace complexity.

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Often students are asked to determine whether a source is either entirely true or false, fact or opinion, credible or not credible, or biased or unbiased, rather than to consider these qualities as existing on a spectrum. Though it's quicker and easier to fully accept or reject a source (and there are instances when sources are blatantly wrong and dismissing them is needed), most sources can't be so easily categorized. An overall credible source may still include an inaccuracy that may or may not be corrected later. An author may have a certain motivation or bias that influences the facts that they present, how they frame them, and the conclusions that they arrive at, and may still have a well-supported argument that is worth consideration. A news publication that has built a reputation for having strong editorial processes and standards may be considered an overall reliable source, at the same time that inaccurate or misleading claims may sometimes appear in that source and need to be examined with greater skepticism. We can resist blanket views of large information outlets as wholly trustworthy and encourage students to also consider how they develop trust in individual experts who demonstrate that they deserve that trust. We can also acknowledge that all information is influenced by certain values and ideologies, including information that may appear on the surface to be "neutral." It is less important to seek "purely objective" sources than to think critically about the evidence, assumptions, values, and perspectives that inform any how information and claims are framed.

2. Practice humility and acknowledge uncertainty and the limits of our knowledge.

By acknowledging the gray areas, we can practice humility and honesty, as we acknowledge the limits of our knowledge and understanding, the limits of human knowledge more broadly (especially about new areas of research like COVID-19), and the fact that we are each inevitably influenced by our own biases. We can counterbalance this acknowledgement that, while sometimes identifying misinformation may just involve a relatively quick Internet search, other times source evaluation is quite difficult. We can present resources, tools, core concepts, modeling, and opportunities for practice and reflection that help students build confidence in their abilities to critically evaluate sources and arguments, at the same time that we acknowledge that sometimes getting to what is true requires a deeper investigation that students may or may not have the time for in that moment. We can model healthy skepticism that also allows room for building trust in experts who show themselves to be trustworthy, and that affirms that trust is something that needs to be earned and maintained through honesty and consistency.

3. Support students in developing trust in their own abilities to think and to reflect critically.

When facts that are presented by an authority don't appear to line up with their messaging, claims, or policies, this is a signal to identify what information seems contradictory and to carefully consider the motivations and agendas of that authority. It is a signal to seek different perspectives and arguments, and to similarly consider how claims are framed, the assumptions and narratives that underlie those claims, and the motivations and agendas of those expressing views that align or misalign with that of the authority whose messaging initiated the investigation. This is also a moment to consider the value of different kinds of expertise, including expertise of individuals and social groups who have historically been undervalued or underrepresented. (In the case of COVID, this includes long COVID patients of for example,

In addition to much of the work that has already been done in critical information literacy, we might also look to the field of media literacy, and especially of critical media literacy, for additional pedagogical resources to explore and build upon. (See, for example, the [Critical Media Project](#); the [Center for Media Literacy](#) and its [5 Key Questions](#); the [National Association of Media Literacy Education](#) and its [Core Principles of Media Literacy](#); [Project Censored](#); and books like [The Media and Me](#), and [The Critical Media Literacy Guide](#).) In light of the social and political contexts and issues that I have explored here, I plan to continue writing more about teaching in critical information literacy and critical media literacy. I

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am also eager for conversations with colleagues in and outside librarianship that can help us further grow our teaching practices and hope that this article contributes to furthering such dialogue and related reflection and action.

Conclusion

The uncertainty of life has always been there, but the pandemic, climate change, and an increasing and more widespread awareness of social and racial injustices is making this far more evident. When you look directly at all of it, it can be heartbreaking. Like many if not most people, I have moments of paralysis in the face of it all, even when I have advantages and privileges that make its weight lighter for me than for many others. For example, I am a white, cisgender, middle-class, able-bodied woman, and I also have the advantage of being fully employed in a tenure-track librarian position. These privileges make it easier for me to openly challenge dominant narratives, such as those about COVID-19 that I discuss in this article. They also make it possible for me to exercise greater caution in relation to COVID-19. (For instance, I have the resources to buy high-quality masks and COVID tests, to stay home from work when I am unwell, to access medical care and a wealth of digital information, among other things). In part because I have these privileges, I also believe I have a responsibility to express views that may be unpopular but which also affirm the need for community care and for recognizing that the risks of COVID-19 are much greater for certain groups than for others. These groups and higher risk include, but are not limited to, disabled and immunocompromised people, people with mental illnesses, indigenous communities and communities of color, trans people, the uninsured or underinsured, frontline healthcare workers, and any workers to interface extensively with the public, including many library workers.

As we continue in the coming months and years to make more sense of COVID – not only in terms of medical science and public health, but also in terms of social structures, interpersonal relationships, social and emotional wellbeing, and education – we, as a society, will need to continue rethinking how we approach many aspects of our lives. For the time being, it seems I am in a small minority in my belief that learning to “live with the virus” means acknowledging that the world is no longer the same and there is no returning to pre-pandemic “normal.” Though I am clearly not the only one. While writing this article, I was comforted to come across science librarian John Dupuis’s Substack [“The Covid-Is-Not-Over Newsletter.”](#) I expect that his subscribers, and many more who have not yet discovered his work, will continue to grow in number.

In my view, my job as a critical information literacy educator is not to convince students or fellow educators of my particular stance. Rather, I see my role as helping students to further develop and apply their critical thinking skills to practicing curiosity and exploring and investigating important issues that affect them, their communities, and the world. I see my role as helping students develop their understandings of complex information environments that must be understood in relation to power and social structures, and how information systems can reinforce or challenge the status quo, sometimes for the greater good and sometimes not. I also see my role as affirming values like community care and a valuing of all human beings. This includes acknowledging the reality that many individuals and groups remain justifiably concerned about the risks and unknowns of COVID, and the fact that infectious diseases illustrate that we are all affected by one another. With that, I continue to mask in my classroom and to request from students and fellow instructors that they do the same, even as I know some will choose not to and some will be annoyed by my request. I continue to ask organizers of in-person conferences to consider implementing COVID precautions, and thus far I have chosen to refrain from attending large events that choose not to do this. I have also chosen to limit how far I travel for in-person events, given the undeniable reality of climate change (which has also increased the likelihood of future pandemics) and the fact that carbon emissions from academic conferences further add to the problem. I look to examples from organizations like the People’s CDC, which has developed [guidelines for safer in-](#)

[This is a pre-print of an article that is currently under review.]

[person gatherings](#) that have inspired many groups to continue the in-person connections we need in more inclusive and safe ways. I will continue to seek out others with whom I share solidarity around being COVID cautious, while also recognizing the privileges I have that make it easier for me to practice this caution, as well as the many social conditions and structures that have contributed to others deciding to accept or to not fully understand the risk of reinfections when not continuing to use mitigations like masking.

Many people will likely think I am being unhelpfully pessimistic and cynical. Some of my fellow educators at the media literacy conference I attended may think it's better to silence my voice, that information and media literacy need smiling faces, not masked ones. But from another angle, you could argue that "returning to normal" – giving up COVID mitigations in the classroom, at conferences, and elsewhere, promoting publications like the *Cochrane Review* (mentioned previously for its recent meta-analysis on mask mandates) as a perpetual gold standard for medical literature – is actually a much clearer example of nihilism. As people continue to be reinfected each year, sometimes more than once, many will die, and many more will become disabled. I find it far more hopeful and promising to adopt the attitude of groups like the People's CDC, who are "[building collective power and centering equity as we work together to end the pandemic](#)." We may have to live with COVID forever, but with better mitigations, education, and collective care, we can reduce COVID's harmful long-term effects and build a more equitable society that cares for all.

Among the collective efforts we need within education are those around information and media literacy. I have explored here how COVID and information about it illuminates just how tricky critically evaluating and making sense of information can be and, perhaps more importantly, how essential it is that people practice and strengthen their critical information and media literacy skills. This is relevant to not only to information about COVID, but also to information about the many challenges, questions, and unknowns that we face in a world where climate change and social injustice become harder and harder to deny, when we look honestly at the facts before us. In a world in which [we will be facing more pandemics, along with the many other ripple effects of climate change](#), we need hope in the forms of mutual care, collective action, humility, acknowledgement of uncertainty, and honest inquiry into emerging evidence and knowledge. This is not comfortable. But ultimately, I believe, honesty and facing uncomfortable truths allows us to build a more equitable and kinder world, and one in which we use information literacy education in order to build a more just and supportive communities.