Coronavirus: Is it too much to ask for an actual plan?



Enlarge / To call the government's response to the pandemic unsteady would be an understatement.

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In difficult and frightening times, it's normal for a certain amount of confusion and misinformation to spread. The existence of social media and hyperpartisan "news" outlets undoubtedly exacerbate the problem, but even those are just exaggerated versions of things that have been with us for some time.

But two things make the torrent of coronavirus misinformation

distinct. The first one is simple: much of the misinformation starts at the top, where President Donald Trump seems willing to say whatever crosses his mind when he finds himself in front of a microphone.

But the second is trickier: unlike a national disaster or terrorist attack, we have no models for how long the coronavirus pandemic will last or how we will recover from it. There's no "we'll rebuild" mindset that people can use to make sense out of what's going to happen and guide their expectations.

Here's how we might create one.

No miracle cures

There are many really promising leads for potential treatments that can reduce the impact of the coronavirus among those who have been infected. While many of these will involve screening or developing new chemicals and will thus take months, others involve testing drugs that have already been approved for human use. Many of these tests are just shots in the dark—chemical X inhibits a protein from an unrelated virus, so maybe it will block a protein that coronavirus uses. But several drugs have solid biological justifications.

The good news is that much of the testing is being pursued by private companies and is taking place in other countries, leaving them free from the shambolic US response to the pandemic. Even within the United States, much of the effort is being coordinated by agencies like the FDA and NIH, which have largely been able to do their own thing during the period when official US policy appeared to be dismissing the threat posed by the virus. As a result, we're already getting some preliminary results back from small trials.

But these trials are still so small that the results are little more than anecdote. Many, including President Trump

himself, have been excited by early results using chloroquine, a drug originally developed for malaria. Yet a more recent trial now indicates that chloroquine is no better than doing nothing. So which is right? Combined, these two trials involved barely more than 100 people—not enough to tell us anything useful.

Yet the president has gone on television to tell everyone how excited he is about the drug. And that has had consequences. Chloroquine and its derivatives are standard treatments for things like malaria and lupus, and now they're in short supply as people—including doctors—panic buy and hoard. Unfortunately, chloroquine is also very sensitive to dosing, and the side effects have already proven fatal both here and overseas.

Meanwhile, medical experts within the US government have to spend time pointing out that we don't actually know if these drugs work. Not only is that confusing for the public, but it means that expert authorities like Dr. Anthony Fauci, who has served in the US government since Ronald Reagan's presidency, could end up out of a job.

For now, talk about specific treatments should stop. It will be months before we know whether anything is truly safe and effective.

It's tough to restart an economy in a pandemic

The US government's public-facing response to the pandemic has been to downplay its significance. Several Trump statements have suggested that the problem might just disappear on its own once warmer weather arrives. Then, coronavirus was declared an emergency, beginning a short period in which the pandemic was taken seriously. But, torn between grim news of skyrocketing infections and a collapsing economy, Trump is

already pushing to limit isolation, to restart businesses where people interact, and to push the US economy back to something approaching normal.

But there is no such thing as a normal economy during a pandemic like this.

By now, everybody in the government should know that easing the restrictions will result in a growth in the infection rate that makes what's happening in New York City look like a warm-up act. There are two ways to look at this, and we'll do both.

The first way is that people are looking at the death rate of the virus so far, as well as the populations that are high risk, and suggesting that having some people die is not too big of a sacrifice. (The Texas lieutenant governor has embraced the possibility.) But the whole point of the epidemiological studies that have been done is that the infection will exceed our capacity to care for anyone with the disease—so people who might otherwise survive will die due to lack of medical attention. That will mean more people outside the high-risk group will die, and the death rate directly attributable to the coronavirus will go up.

Such a course of action also means that anyone who might need critical care for other reasons might not get it, so there will be a lot of deaths that aren't directly attributable to the virus but will be caused by it. Trying to enable normal economic activity will also increase the number of people who need critical care due to the risks posed by everyday activities: car crashes, job-site accidents, and so on. Thus, easing off restrictions risks a death rate that goes above the worst reported fatality rate for the virus—which is why public health experts are arguing strongly against it.

Beyond fatalities, there are large economic risks. What happens if the virus sweeps through the staff of a nuclear power plant and the plant has to be shut down? What about the

people who run public transit systems? These sorts of problems will ripple out through the economy. Our reliance on interdependent supply chains means that a single company shutting down due to widespread infections can have effects well beyond that company.

On an individual level, backing away from these restrictions will force each company to make decisions on whether to resume normal operations, and each company will likely come to a different decision. With every sniffle, each employee will also have to make decisions about things like whether they might compromise an at-risk family member or the rest of their office—or whether what they're feeling is normal seasonal allergies. Many employees will make the wrong decision.

Which is why even economists are saying that we'll face chaos and economic disruptions even if social distancing and shelter-in-place orders were to end.

We have no testing policy

One piece of good news amid this mess has been the rapid expansion of testing for the virus. The bad news is that the expansion has almost immediately pushed up against a rapidly expanding infected population (over 50,000 cases confirmed in the United States as of this writing) and a shortage of raw materials for the tests.

Despite the shortage, there are indications that the rich and powerful—NBA players, for instance—have managed to get tested despite not meeting any of the criteria advised for the use of these tests. And the federal actions that opened up wider testing have also left us with a patchwork of local regulations for the use of this still-scarce resource.

Who gets tested when may seem like a secondary issue, but it's actually central to the issue of restarting the economy. Countries that have managed to either restart their economies

quickly or to limit the disruption have done so because they used testing strategically: to identify new cases, and then to check all of those who might have been exposed via newly diagnosed individuals.

This is, or should be, the end point of the severe restrictions many states are now imposing: new infections are limited enough, and testing capacity high enough, that we can control the problems caused by each newly identified infection. We're nowhere close to this point, but without a national policy for testing, we'll never get there even if sheltering in place makes it an option.

We need a plan—and some clearly marked lanes

The fact that there's a potential way to end severe restrictions prior to having a treatment or a vaccine is probably news to people. That's because nobody has bothered to take the time to explain to the public what our options are and what the risks are.

Trump's press conferences on the topic have been rambling, ad hoc affairs without a clear structure. In addition to producing statements that require correction by medical experts, Trump has announced programs that were closer to half-baked ideas and which appeared to take the companies involved by surprise. If we have a broad plan that reflects our actual options—and to be clear, we could if we wanted to—it has not been communicated by anyone in charge.

Having and communicating a plan is critical for any public crisis like this. But it's especially important for a crisis with no real antecedent in over a century. The clearest model for a pandemic like this one is the 1918 flu, which occurred decades before we had even confirmed that DNA was the carrier of genetic information and when the economy and travel were

not nearly so globalized. So the public has no way of knowing what to expect. That’s in sharp contrast to things like natural disasters, where we have plenty of previous examples, so a recovery framework doesn’t need to be supplied to the public.

In the absence of a clear national plan, governors have been able to make decisions on how to handle the crisis that, to put it mildly, differed dramatically in quality. And the public has responded to the leadership vacuum with confusion and uncertainty.

With a plan in place, everyone communicating aspects of it will have a simple role: stay in their lane. Anybody who is not a medical expert shouldn’t be communicating anything about the prospects for treatments, a vaccine, or the capacity of any hospital system. At the same time, medical experts shouldn’t be promoting specific policy decisions. Policymakers have to weigh issues that are outside of an MD’s expertise—including deciding whether lives are worth the price required to save them.

Everybody involved with public communications needs to recognize the limits of their expertise.

A reality-based plan, clearly communicated by people who understand it, will help the public understand three things: what sacrifices will need to be made, what we will get in return for them, and, most importantly, how these sacrifices will be brought to an end. It’s tragic that, nearly three months into this growing crisis, we still lack such clear communications from our leaders.

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