OPINION EXCHANGE

Coronavirus response: When can the pieces come back together?

When can the pieces come back together?We need a more surgical approach to the coronavirus outbreak.

By John Lennes | MARCH 28, 2020 — 10:16PM

"If I had an hour to solve a problem," Albert Einstein said, "I'd spend 55 minutes thinking about the problem and five minutes thinking about solutions."

We should try Einstein's approach on the coronavirus pandemic. Everyone seems to have answers, but we don't fully understand, or at least don't fully agree on, exactly what kind of problem we're facing.

What do we know? We know that this coronavirus is lethal — particularly so for some populations, seemingly not so much for others. We also know that we cannot endure a lengthy dark night for commerce. And we know that in our era we have become quick to see every danger as a harbinger of doom.

To construct a sensible strategy to cope with the outbreak — a strategy that would not have the unfortunate side effect of devastating the economy — we need to consider how dangerous this virus is to the various populations that will encounter it.

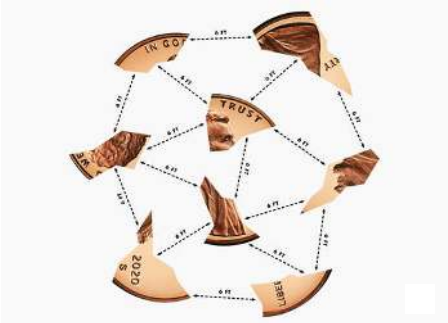

ILLUSTRATION BY MATT CHASE FOR THE STAR TRIBUNE

The answer seems to be that if you are very old, or sick, or especially both, COVID-19 may well kill you. But if you are younger and well, it almost surely will not.

At a March 23 press briefing of the White House Corona Response Team, Coordinator Dr. Deborah Birx summarized what we now know:

"[T]he mortality rate is driven almost exclusively by people with pre-existing conditions and the elderly. So ... our focus has been how do we protect those with pre-existing conditions and the elderly. The death rate escalates with age or pre-existing conditions. ... It may be very low if you are under 70; the average age of persons dying in Italy is in their mid-80s.

"Ninety-nine percent of all the mortality coming out of Europe in general is over 50 and pre-existing conditions. ... The pre-existing conditions piece still holds in Italy, with the majority of the mortality having three or more pre-existing conditions.

"No child under 15 succumbed to the virus in Europe; there was the one 14-year-old in China.

"The [mortality] estimate for Wuhan was originally over 3%; now it's at 0.7%; in South Korea, 0.7%, 0.8%. But still we are missing 50 to 60% of the data because no one was testing the asymptomatic; if anything [the mortality rate] will go down."

In light of these findings, it makes sense to reconsider the decision to largely shut down commerce, putting millions of people out of work, sharply curtailing productivity and potentially doing lasting harm to the economy and perhaps society.

Why not instead focus on providing serious temporary protection to those whose age or physical condition suggest they are at serious risk, while allowing the majority — who appear to be not much more endangered by this fresh affliction than they have been over the years by the conventional influenza season — to go about their business, using reasonable and common-sense safeguards?

Many would likely get sick under this approach. Some would die (recall that an average of more than 30,000 Americans per year already die from the common flu). But the nation would survive.

Don't get me wrong. I am not saying that what is currently being attempted is mistaken or is being done with anything but the best intentions.

What I am saying is that less-harmful options for doing the best we can in tough times may be available, and that they should be seriously examined.

The current approach for combating the effects of the coronavirus is to try to shield the entire populace from infection, at the cost of a major downturn in commerce and therefore income and production, perhaps for months, with the prospect of catastrophic residual effects.

Proponents of this strategy admit it is unlikely to significantly limit the ultimate, overall spread of the disease. But they hope that it could slow the process, dragging it out long enough to avert any sharp upsurges in the most serious cases that would overwhelm the health care system.

To bring this about, we are told, what some thought only a short time ago might be an economic moratorium of sorts for a week to 10 days could last months, maybe many months.

The economic and human cost of this approach is turning out to be immense. We are sending millions of people home without paychecks. We are closing and curtailing all sorts of businesses that produce many of the things we are being encouraged to buy here in America.

The government says it will provide emergency funding for all the people laid off so they can purchase things from the now-shuttered stores and the padlocked factories. And exactly where is government going to be getting its money? Are the idled workers and stores and businesses going to generate sufficient tax revenue? The sad answer likely will be that as long as the U.S. Treasury's printing presses are still in business we can "create" more money even if that creates no more real wealth.

There is a growing sense of foreboding. And there should be.

As in the case of any individual with an illness, a treatment is useless if it cures a disease but also kills the patient. Also, absent dictatorial control over a patient's behavior, a long-term approach will prove ineffective if the patient simply will not willingly endure it.

In this crisis, a path must be found blending an effective health care response with a coherent economic one.

If we tightly quarantined the most vulnerable segments of the population, the rate of infection and illness presumably would be greatly reduced among them and thus they would not put an overwhelming new burden on the health care system. Health providers could continue their normal duties, and would be able to attend effectively to the higher infection rates among the young and healthy adult populations.

This would be costly, but vastly less draining than the societal cost of effectively shutting down the nation indefinitely.

The cost of focused action would be relatively modest. Many of the people who would be quarantined are already retired, for the most part drawing income from Social Security, pension benefits and savings, at least as long as there still are companies and banks and a government capable of standing behind those assets. They have Medicare (as long as the government can pay it).

For a small fraction of what it would cost the nation to keep commercial activity at a near-standstill for months, the groups most seriously at risk from the coronavirus could be roughly as well-protected as they are under the current approach, and the rest of the population could largely go about something resembling their normal lives, unexposed to anything hugely out of the ordinary. They would, to be sure, need to take significant precautions and would run some risk of various degrees of illness, but rarely lethal. Most important, close to the full extent of the current and augmented health care system would be available to assist them as needed.

Every year in America, remember, conventional flu afflicts an average of more than 30 million citizens. There are flu vaccines many receive, yet the flu kills tens of thousands. Estimates for the current "flu season" in the U.S. already exceed 50,000 deaths, about 100 times as many as coronavirus has accounted for so far.

Between 2010 and 2019, figures from the Centers for Disease Control and Prevention show that an average of more than 37,000 people died from flu every year — more fatalities than car crashes account for annually.

It seems as if the coronavirus's impact — on the majority of the population — may not be appreciably more severe than the yearly onset of conventional influenza. We don't close down the nation for flu season.

Many hold out hope for the rapid development of a coronavirus vaccine. But it is well to remember that in the case of influenza in recent years, the CDC has found flu vaccine effectiveness ranging from a high of 48% down to just 19%, depending on the strain. It is generally less effective for the elderly and those with pre-existing medical conditions than for people between 18 and 49 years of age.

Instead of trying to keep the new infection away from everybody, semi-quarantining the universe, why not at least consider allowing something approaching "business as usual" with common-sense safeguards. Then we would avoid an economic meltdown while spending "whatever it takes" to insulate the people who are at serious risk. "Whatever it takes" could end up being a lot more affordable and effective than continuing down the current path.

We live in "end of days" times; we feel compelled to react dramatically. We seem to hear lamentations of impending doom from several Jeremiahs every day before breakfast. Visions of chaos are the daily bread for much of the mass media. If we do not follow a New York bartender's plan for reordering society, the world as we know it will self-destruct in 12 years, or is it 10? Everything from plastic straws to flatulent cows portends catastrophe in someone's view.

We do not have the time, in view of the drastic remedial steps that are being taken and considered, to wait for artificial precision. We are chopping off metaphorical limbs. But we may not be dealing with a flesh-eating disease anymore than we're faced with a mere ingrown toenail. Maybe the instrument we need is neither an ax nor a nail clipper, but something like a metaphorical scalpel?

It would be nice to have a better agreement about that before too much more hacking takes place.

John Lennes, of Marine-on-St. Croix, is former commissioner of the Minnesota Department of Labor and Industry, former general counsel of the Minnesota Chamber of Commerce and former adjunct professor of law at Hamline Law School.