



In a Pandemic, Good Social Science Should Be Part of Good Medical Science

By Shanin Specter | May 1, 2020

The idea of flattening the curve with no coordinated plan on how, when, where and what to reopen, with practices varying from county to county and state to state, is so fundamentally flawed that it can't be called a strategy.

With no vaccine, inadequate testing, no herd immunity, no contact tracing, limited shutdowns in some places and reopenings elsewhere, we are guaranteed a rebound of lots more cases and deaths.

Even the term “flattening the curve” betrays the limitations of our current approach — it's not about prevention; rather, it's about delay.

Yet we know that even with no pandemic planning and months of spread without preventive measures, the most infected city in the most infected country had enough personnel and equipment to treat everyone.

So, when it returns, we can and will treat it.

The reason for shutting down to flatten the curve was to have enough people and equipment to treat the virus. That made sense because we didn't know how bad it would be. But now that we're ready, we've abandoned readiness as a condition for reopening.

Instead, we pretend reopening is predicated on turning the corner on numbers, as if there's no bend back in the road after that. That's simply wrong. More people will get sick and die no matter what we do.

If the virus spread across the world from a market in Wuhan, it'll re-spread from a prison in Marion, Ohio and every other hot spot.

Politically incorrect unmentionables are innumerable — the average age of decedents; the cure rate of the young; the value of the economy and life as we knew it; the scourge of unelected authoritarianism; the low and comparative death rates of flu and this virus. About half the people who've died in some states were unsafely quarantined in nursing homes, while beachgoers were yelled at but laughed and lived.

Truth is a victim of the virus and until truth gets off a respirator, we can't proceed sensibly.

Sweden's approach of smart social distancing combined with commerce and schooling reduces the risk of a rebound because more people are being exposed now. Sure, more have died there than in other Scandinavian countries, but more will likely die in those other countries as they loosen their guidelines.

Meanwhile, we've amputated our economy and people's livelihoods with a certainty of years of grinding hardship.

Some people will perish from the virus, but their death will be attributed elsewhere. Their ultimate demise may be linked to substance abuse, poverty, suicide, lack of access to health care, domestic violence and other miseries and morbidities that are predictable consequences of wrecking their livelihoods.

The poor — who've suffered disproportionately already — will suffer more as the virus lasts longer and the economic depression deepens.

This hidden mortality should be added to the more than 60,000 now dead and 30,000,000 out of work. That sum should be weighed in the balance against what would have happened had we tried to preserve not just life but livelihood too, as in Sweden. More would have died by now and fewer would die later. And America would not have to be rebuilt.

A handful of physicians are dominating our federal and state governments and the lives of every American and every business. They care deeply about death today — and for that we thank them. But they don't focus on what life looks like when today is over.

In a pandemic, good social science should be part of good medical science.

Meanwhile, Sweden has death rates comparable to ours and will sustain only about a 7 percent decline in GDP. As a society, they will recover quickly. We won't, obviously — it's simply too late for that. But we can and should adopt Sweden's model right now to protect both life and livelihood.