

We can't cure the virus by making the economy sick

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Societal health

The economy is a mass activity of individuals living their lives. When it does not work properly, people also suffer and die.

Last week's sudden new lockdown of Auckland in New Zealand reminds us of the immense difficulty of protecting a general population from a highly infectious disease in the absence of a vaccine, especially a disease that has few noticeable effects on large numbers of those infected.

Wholesale lockdowns are accompanied by reports of countless small businesses closing, high levels of mental health problems, and growing alienation in school-age children.

As the costs of lockdowns become more evident, so too are we learning more about COVID-19.

With this emerging information, it is time to reconsider the policies followed so far in response to the pandemic, and the assumptions and habits of thought on which those policies have been based.

Every day the reported death toll associated with COVID-19 climbs. But those numbers need to be given context.

Consider the toll of COVID-19 when measured in excess deaths during a particular period – deaths over and above those seen within a similar period in normal times.

It is easy to forget that thousands die of non-COVID-19 causes every day. In the United States, nearly 8000 people die every day in an ordinary year.

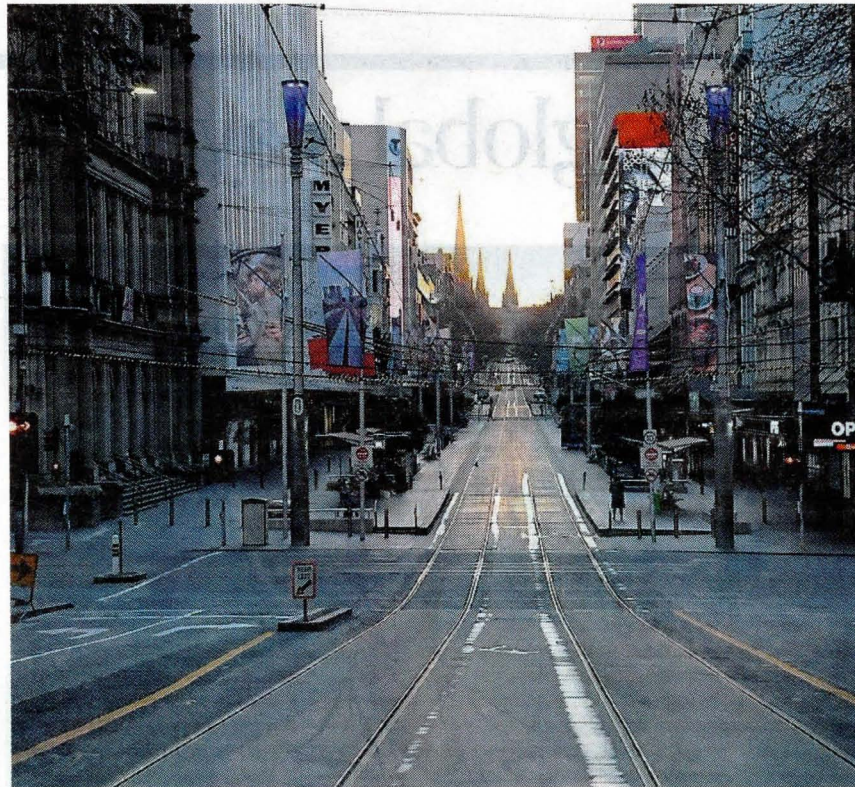
COVID-19 did, for a few months, cause considerable excess death in Europe, the US and elsewhere: many people died earlier than they otherwise would have. In many countries, COVID-19 deaths continue to be recorded, but the overall rate of mortality is now normal (in Britain), close to normal, or turning back towards normal (in the US).

This fact does not suggest that COVID-19 is a minor problem to simply "ride out" while doing nothing.

Nor does the return to normal mortality show that if the virus is ignored everything else will return to normal after a brief difficult period.

It is likely that ongoing social distancing and increased protective measures in vulnerable settings such as nursing homes are holding the COVID-19 death rate back, to some extent, in these countries.

These facts provide no evidence in favour



There is little evidence of any health benefit from Melbourne-style lockdowns. PHOTO: GETTY

of wholesale lockdowns, however. A return to normal mortality, on a similar schedule, is occurring in countries that have applied very different policies – from the rigorously policed lockdown imposed in France to the far lighter touch applied, controversially, in Sweden.

The other point we wish to make is more philosophical. We began by emphasising the human costs of lockdowns – costs that are diverse, sometimes hard to see, but entirely real. Some common ways of talking have served to obscure these costs.

In many discussions, people frame the situation as involving a trade-off between "the economy" and human life.

When people talk this way, they see "the economy" as something that can shrink and be harmed, but can also grow back, and will

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not die. People, in contrast, clearly can die. With the debate framed in this way, policymakers and commentators are naturally unwilling to sacrifice lives to protect this other thing, "the economy", which will eventually (or so the logic goes) regenerate.

This thinking is erroneous, however. The

economy is a mass of activity by individuals within an institutional context – people living their lives, trying to get by, providing for others, and paying taxes to a government that funds hospitals, roads and schools.

When things go badly enough for those individuals, people do suffer and die.

Our point is not to claim that COVID-19 is a minor problem. Nor do we claim that COVID-19 policymaking demands a callous indifference to individual suffering. We reject such a view.

Instead, the problem is how to respond to the pandemic in a way that is most responsive to human welfare, where that welfare includes the immediate harms due to the virus, and the broader and more diverse harms that come from people being unable to support their families, look after their health, and ensure their children get the education they need.

We endorse the targeted use of many measures that slow the spread of the virus among vulnerable people, including masks, hand-washing, working from home, and assistance to protect the elderly.

The pandemic has made starkly visible our responsibilities to better support those in aged care, now and in the future, when new pandemics are sure to arise.

But meeting these responsibilities requires sustained economic health.

It is that health that will ensure hospitals are properly funded five years from now, that new treatments and cures will be developed, and that our baseline level of population health is strong.

Economic disaster creates a host of future health problems and makes it harder for our society to manage them.

When all human welfare is considered, wholesale lockdowns – including curfews, school closures, and the forced closure of normal business – are a bad idea.

We can save lives without shattering more lives and livelihoods.

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