Viewpoint: How precautionary public health policy turned coronavirus into a ‘global train wreck’

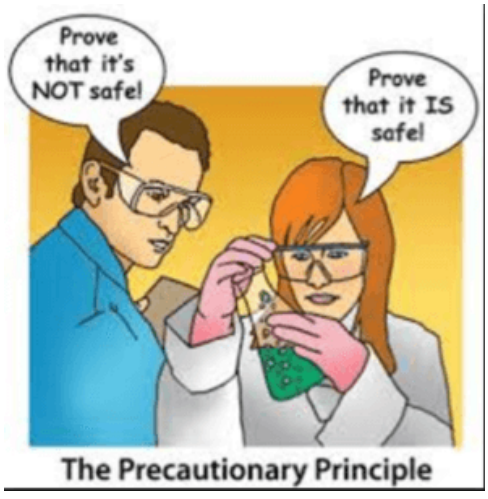
> *When a train crashes, authorities are on the scene to determine the cause. The COVID-19 coronavirus is fast becoming a global train wreck and unless we quickly assess the the mistakes leading up to this tragedy, more trains will pile into the station.*

The longer the Risk-Monger gets in the tooth, the more global mass panic events he has witnessed. Every crisis is a learning opportunity and as I had written in mid February, COVID-19, the Wuhan-originated coronavirus, has created a rich pedagogic environment. Lessons are, unsurprisingly, being learnt the hard way with more mistakes sending the public health situation deeper into disaster. Worse, as our communications methods move from an expert-based model to a bottom-up citizen-based community model, our friends on social media become our main source of information.

The authorities in the West responsible for managing public health risks were made aware of the threat from a novel coronavirus at the beginning of January 2020. Most “leapt into action” in the middle of March by applying precautionary measures (lockdowns, social distancing, travel bans…). Was this the only possible risk management action? What should they have done in those two and a half months to have alleviated such a massive denial of social benefits and stress on humanity?

Here are ten observations on how the risk management of COVID-19 failed spectacularly in the West in 2020 (and what they should have done).

1. Precaution is not Risk Management



I have written often how precaution is not risk management (but rather uncertainty management). When there are hazards, risk management seeks the means to lower exposure via risk reduction measures so

as to enjoy the benefits while controlling the risks. When radiation exposure from mobile phones became a concern (when phones could pop popcorn kernels), researchers looked for ways to lower emissions to a level as low as reasonably achievable (ALARA) while still ensuring the benefits of mobile technology. Uncertainty management implies that where there is uncertainty on levels of safe exposure, stopping a process, product or activity (precaution) is the main decision-guiding tool. If you cannot prove that mobile phones are safe, then ban mobile phones. Precaution is not a question of being either right or wrong, it is about avoiding being wrong.

In the case of COVID-19, uncertainty management was applied. If you cannot ensure that the virus would be contained, then stop all activities and human interaction (benefits of trade, education, finance and jobs be damned). Normally precaution should be applied when all other risk management efforts have failed and the consequences are too terrible to fathom. As our risk managers are less and less risk literate, precaution has become the only tool in their toolkit (used immediately in any situations of uncertainty).

Whereas risk management relies on risk reduction measures to ensure benefits and public goods, uncertainty management (precaution) relies on failure reduction measures (to ensure policymakers don't get blamed).

2. Denial is not Risk Management

Chinese authorities discovered the COVID-19 strain in late December in the middle of flu season. In two days, they reported the novel virus to the WHO and started researching its transmission patterns. Western democracies had at least two months to act to prepare for an increase in infections.

How did Western authorities act in January and February? First by denying that there was any risk in their countries, then by criticising the Chinese political system in typical Western liberal jingoism. In other words, while hospitals were being built in Wuhan in a matter of weeks to manage the crisis, nothing was done elsewhere to prepare for the coming pandemic. Two months of vital risk management time lost.

Credit: Xiao Yijiu/Associated Press

When people tell me that lockdowns and economic strangulation are the only way to contain the spread of

the virus (and that I am being reckless by criticizing it), they are showing their risk illiteracy. Saying the lockdowns work in slowing the COVID-19 spread (flattening the curve) is like saying that killing the patient cures the cancer. Lockdowns should be applied when all other efforts to contain infection rates have failed, not in place of them.

The present lockdowns, mass public panic and overwhelming of healthcare systems are a consequence of the lack of any earlier risk management measures taken by our leadership. When you only have uncertainty management tools like denial and then the precautionary principle, it is no surprise that public benefits are sacrificed and people suffer. In January, risk reduction measures should have been put in action (particularly to protect the most vulnerable).

3. Promote Learning and Humility

Quite a fascinating aspect of COVID-19 is how atypical it is. Some with the virus are asymptomatic, others show severe symptoms; some have long incubation periods, others not; super spreaders have had a significant impact in certain regions; children seem to have a much lower infection rate… It's not clear if infection rates will tail off with warmer spring weather. The virus will no doubt evolve, but what about our ability to learn and keep ahead of the crisis?

Every Asian country coming out of COVID-19 has done so via a different approach. Many risk managers lack the humility to learn from an atypical outbreak seeking instead to boldly state what will happen, raise expectations and increase risks (and then be left with no other option but to lockdown entire populations). The biggest risk here is potential loss of public trust (especially with a feral news media riding the crest of a ratings wave).

This of course makes precautionary measures the decision of choice for policymakers but in this case, the consequences are high expectations following a severe surrender of benefits. When the French Prime Minister, Edouard Philippe, announced the immediate lockdown of France on 14 March 2020, shutting all restaurants, cafés and public places, he did not consider how this would affect economic and psychological well-being.

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What would happen if risk managers admitted that this was uncharted territory, told the public early on they weren't sure which measures were the best and then trusted that the public would understand and listen to reason? What would happen if they were honest? In order to do that, you would need both public

trust and an absence of mass panic.

4. Beware of Risk-Risk Tradeoffs

What if the numbers in France do not peak after a month-long lockdown? What if the curve does not flatten much but rather fattens when people rebel with the arrival of spring weather? What if mental health and physical well-being drop radically from months of mass confinement and social isolation? What if suicide rates rise faster than COVID-19 victims? What if the global economy indeed collapses and impoverishes a generation? Did anyone bring other consequences into their assessment or is COVID-19 the only navel upon which our authorities can gaze?

People without risk management competence often think two-dimensionally (why precaution's simplistic approach is so attractive). George Gray spoke of risk/risk tradeoffs: where managing one risk often leads to greater consequences from other risks. For example, authorities applying precaution by stopping the addition of chlorine to water supplies most probably will put populations at greater risk from waterborne diseases. Bruce Ames has warned about how the drive to ban low-risk pesticides to prevent cancers results in more expensive fruit and vegetables, lowering consumption and, therefore, increases in cancer rates.

We cannot fathom the long-term consequences from the social isolation of COVID-19 lockdowns of entire populations on such a massive scale. Fighting one risk by collapsing the economic and financial system will not improve our capacity to improve public health, research and innovation – just the opposite I fear. The public anxiety and mental health ramifications are unthinkable. Interestingly George Gray, with David Ropeik, after 9/11, spoke of the health risks of fear.

Risk management needs to be conducted from the analysis of consequences, not the fear of them.

Risk managers must think three-dimensionally to avoid risk-risk tradeoffs. Precaution, as uncertainty management, is two-dimensional, focusing only on removing one risk without regard for the consequences. Risk is too complex to be left to such a flat, single-minded decision process.

5. Prepare an Immuno-Ready Population

> now wash your hands

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Credit: santypan/iStock

Authorities had two and a half months to inform the public how to prevent contracting the virus. Most government sites I've seen followed the WHO in presenting three key messages to the public: wash your hands, avoid touching your face and avoid people who visibly appear to be sick. Imagine, in 2020, we are

educating the public on how to wash their hands … with soap. If ever you would want proof that our risk managers had failed, this is the proof in the bacterial pudding.

Don't get me wrong – it is good that people are learning personal hygiene (as well as the reminder why they should get a flu vaccine) but is that the best our risk managers can do?

Why until now have people not been properly informed how to strengthen their immunity? Prevention starts by addressing weakness. Most people I speak to cannot name five steps to protect their immunity levels. Vaccines are of course a major step, and while there is presently no vaccine for the COVID-19 strain, a flu vaccine will help people avoid being weakened by other influenza viruses. Eating well, not smoking or drinking too much, getting sufficient sleep and reducing stress are all key lifestyle behaviors that strengthen immunity. Exercise and fitness are essential. Why do authorities not think this is better advice than telling the public to avoid touching their faces?

6. Normalize your language

H1N1 led to the loss of up to 575,000 lives in the first year of circulation in 2009. While there was concern (especially as the vaccine was not available until the end of the first year), there was no mass global precautionary lockdown or strangulation of economic activity (which was just recovering from the financial crisis the year before). Why is our present reaction so extreme compared to H1N1? While some would say it did not affect wealthy western countries, it did (there were 60 million cases in the US leading to over 12,000 deaths).

H1N1 was normalized. It was called a flu (swine flu) so people understood it in the context of how to manage influenza outbreaks. COVID-19 is called a virus – a coronavirus! In public perception terms, we might as well call it the "corona-plague". There are many strains of influenza and we accept that the flu will not go away. It is part of life and, for far too many, the cause of death. At times our healthcare system is overwhelmed by flu outbreaks (as the British NHS was in the days leading up to the British election in December, 2019).

vaccination needle ouch diabetes flu shot medical x

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Credit: Max Pixel

Vaccine-makers try to anticipate the strains that will dominate in any season. COVID-19 will not go away but will likely become one more strain to consider in the vaccine lottery. We need to normalize our

vocabulary so the mass public precautionary panic plateaus.

7. Public Space Risk Reduction Actions

I always find it odd to see people with face masks casually sliding their hands down handrails and banisters. Precautionary actions no doubt, but if someone wants to welcome viruses into their system, the best means to do so is by touching objects in public spaces with their hands.

If authorities were ever to seriously employ health risk professionals, large sections of our public spaces would be modified to reduce exposure risks. Many interior doors are unnecessary or could easily be adjusted to eliminate handle contact. Buttons or knobs on public transport, lifts or public taps could be made “knuckle-friendly”. It is good to get people to wash their hands frequently, but if they then have to push a button or turn a handle afterwards, it kind of defeats the purpose.

If you want to have some fun, just watch the Risk-Monger trying to manage the screen keypads at a bank machine or train station with just his right index knuckle. These viral Petri dishes need constant cleaning in times of outbreaks so wouldn’t it be better to have the systems connected to our phones? It would make sense for all payments to be made via phones or bank cards (via tapping rather than pin-codes) instead of microbe-friendly cash.

Such simple risk reduction measures could improve a wide range of other public health issues but it would require proactive risk management.

8. Firewalls around the Vulnerable

During the 2001 UK foot and mouth epidemic, anyone going into areas where livestock were kept had to walk through a disinfectant bath. This was a type of risk reduction firewall – a means to control contagion around the most vulnerable. Why then, during the time of the COVID-19 outbreak, have there been so little similar preventative measures around vulnerable areas like rest homes or hospitals.

The tragedy at the Life Care Center nursing home in Kirkland, Washington, which will likely claim the lives of a vast majority of its residents. This is a prime example of the absence of any risk management measures. Security was lax and patients could only be tested or removed to hospital (and hence isolated) if they were critically ill. This madness makes the Diamond Princess debacle in Yokohama look like a luxury cruise.

Image: Purell

Putting a hand sanitizer on the front desk is not a firewall. Asking vulnerable people to stay at home is not a firewall. Closing schools and leaving parents with no option but to leave their asymptomatic children with their grandparents is not a firewall. Testing only the very sick for coronavirus is not a firewall. What a risk management train wreck!

In 2001, British farmers knew how to protect their livestock; two decades later, why have our risk managers sent our most vulnerable, our parents, out to slaughter?

9. Honesty on what is or is not Manageable

The UK has admitted they only have 5000 ventilators in the entire country (Germany has 25,000). So if 100,000 elderly British citizens with compromised respiratory or immune systems were to contract COVID-19, it would not be unimaginable to assume 95% will not survive (disregarding the large number who still die with ventilators). That is perhaps what a more sombre Boris Johnson hinted at when he said many families will lose loved ones before their time. But somewhere in the docilian mindset, the British public assumes that if they get sick, the NHS will save each and every one of them.

What if the British public were told the truth: that given the number of ICU beds available and the limited number of ventilators essential to treating a respiratory disease outbreak, your vulnerable loved ones would have a 5% survival rate should they be exposed to COVID-19? I somehow suspect if our risk managers could stop making up reassuring platitudes and admitted what was or was not manageable, that their citizens would adopt appropriate risk reduction measures (firewalls) to protect their loved ones.

In developing countries with obvious public healthcare deficiencies, children living abroad are desperately trying to expatriate their parents (but probably not to the UK).

10. Test and Isolate

I teach my students how they must first and foremost benchmark best practices (the lecture is called “Common Sense”). In the ten weeks when Western authorities were pretending to show concern on the coronavirus outbreak, shouldn’t they have been benchmarking how others, like the Korean government, got COVID-19 under control?

South Korean health officials disinfecting the Shincheonji Church of Jesus in Daegu, Korea. Credit: Yonhap/Agence France-Presse

The Koreans did not defeat the coronavirus via a mass lockdown. They did not strangle their economy and psychologically torture their citizens. Rather, they developed a COVID-19 test procedure, mass-produced testing kits and did a comprehensive campaign reaching up to 15,000 tests a day within a few weeks. They developed 43 drive-through coronavirus testing centers.

By testing large numbers of non-symptomatic people, the Koreans could then isolate those identified with an early stage of the virus. Rather than locking down entire populations and incurring detrimental consequences on society, Korean authorities were treating patients in their homes and able to track them on their phones. Only 75 people have died from COVID-19 in Korea.

[Editor’s note: As of April 21, 237 South Koreans have died from COVID-19 infection.]

Why couldn’t European countries consider this risk reduction strategy prior to applying the precautionary lockdown strategy? When will Europeans come to recognise the devastating consequences of their single-minded obsession with precaution as a policy tool?

Postscript: Think of Africa

While these observations may seem obvious, our *precautionaria obsession* has blinded us to basic risk reduction measures and this ignorance will cost Western society dearly. But this happens every day in many African countries.

Let this be our wake-up call. Our affluence has allowed ignorance to propagate as activists worked their way into positions of power enabling them to implement mindless policy tools that undermine public safety, well-being and the capacity to thrive.

The numbers are stark and will get worse but I am in no way being alarmist. What is happening with COVID-19 is truly horrible, but it will pass. And then what? Will we fall back into our arrogant slumber or will we wake up to how fragile our existence is?

But this fragility is felt daily in Africa and we have hypocritically let decades pass willfully ignoring it. Thousands die in Africa every day, mostly children, from malaria. As a mother in Uganda burying her child has the same intrinsic worth (dignity) as any COVID-19 victims, can we now accept to stop looking away?

Africans have suffered generations of deadly outbreaks, easily curable crises caused by simple sanitation issues and severe food shortages exacerbated by affluent Western food-cult idealism. In the last six months, East African farmers have seen their harvests decimated by locusts and the easily preventable fall armyworm. A famine is likely. And we in the West are worried about toilet paper supplies.

When COVID-19 passes, when it becomes merely one more strain of influenza that the pharmaceutical industry will have controlled, the relentless environmental zealots will then come out of their bunkers and return to their dogmatic campaigns against science and technology. They will continue to push agroecological disaster on African smallholders; they will continue to weaken economic development; they will continue to promote the catastrophic precautionary policy poison.

Will we forget the lives lost in 2020 or will we learn to protect our prosperity and stand up to these destructive forces of anti-scientific, affluent cult dogma?

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