

The Scalpel and the Sword, Part III

The Fear Index

Part I Overview

The first article, Part I of this series, raised the issue of social utility where health benefits would be considered in light of the economic and social costs of a blanket shut down of the economy. A recent forecast stated that if the economic shut down is not discontinued by May 1, 30% of small businesses will go out of business. If the economy is not open by June 1, 60% will go out of business. Starting a business is not like flipping a light switch. The effect of shut down can be severe and permanent to the business, employees and customers. It is a life-altering event.

In a nutshell I made the point that what is necessary in New York City may not be necessary in Tulsa or Phoenix. (I would add Montana and Wyoming.) The argument of course was/is not against medical measures, but to argue for measures tailored to time, place and need, and balanced against mass unemployment, and the social costs of despair, domestic violence and suicide. Forced confinement combined with anger and despair is a powder keg ready to explode.

Part II Overview

Part II of this series cited medical authority for the proposition that the shut down does not kill the virus, it only postpones the inevitable (that most of us will catch the virus eventually) to allow the medical community time to catch up with medical equipment, processing and treatment.

On that note in The New York Times of Saturday April 11 columnists Peter Baker, Zolan Kanno-Youngs and Alan Rappeport in their page 1 article *Torn Between Speed and Vigilance* under the headline **PRESIDENT WEIGHS A NEW TIMETABLE TO OPEN ECONOMY**, state that while according to projections current policies have prevented a death toll of 300,000,

If the 30-day stay a home guideline is lifted the death toll could reach 200,000, even if schools remain closed until summer, 25 percent of the county continues to work from home and some social distancing continues. (Emphasis added)

The article continues:

Using the demand for ventilators as a stand-in for serious coronavirus infection rates, the model foresees:

A modest bump immediately after the stay at home orders re lifted and

A major new increase in infections (outbreak) about 70 days after a shelter order is lifted, peaking after 120 days. (!) (Word “outbreak,” emphasis and individual lines added.)

The conclusion, and probably assumption, of many people may be that when we “get through this” the virus will be over. This operating principle appears to be false. The infection may occur regardless. *We are all likely to get sick anyway.* So, what is gained is better medical treatment.

As stated in Part II: If the virus is going to “be there” at the end of the quarantine then one “answer” may be medical treatment centers on site in every major employer and perhaps office building.

Part III. The Apocalypse is not the Virus; the Apocalypse is Fear

Another factor in the social utility “balancing test” of actions taken should be fear. Page 1 of the same Saturday edition of the New York Times cited above has the article by Adam Satariano and Davey Alba *Britons Set Fire to Cell Towers Driven by False Theory on Virus*. According to the article across Britain more than 30 acts of arson have been directed against *cellphone towers*. The reason is the belief that the radio waves sent by 5G technology are making people more susceptible to the virus.

Today, April 13, 2020, NPR radio had a segment on the effect of fear in a small town in Puerto Rico. Unknowingly, hospital workers were exposed to the virus. When news of the exposure became more widely known the townspeople shunned the hospital workers, and one was attacked with bleach. All of them became social outcasts. As a result, the hospital, the only hospital in the area, closed.

Also reported on NPR was the statistic that gun sales in Oregon (*Oregon?*) were up 43%.

Out of precaution ordinary people are preparing for and creating the apocalypse – not the apocalypse of the virus, but the apocalypse of fear. Nowhere have I heard the message “Be calm and carry on” as heard in Britain in World War II. Rather, the message night and day, every day, is the number of cases and the death toll- usually in New York City, which has nothing to do with Tulsa or Phoenix or Montana.

Part I of this series stated that one reason for the failure to apply a rational decision model to the virus was fear, not just of the virus, but also of looking like the “bad guy” making a heartless decision. But, as is now becoming clear, fear of decision by the policy makers has led to the mass fear of the populace. The question is “Which is worse?” That “genie” probably cannot be put into the bottle.

A Rational Approach: The Indices

A rational approach to the pandemic is to reduce the fear and calm the public. No one is saying “throw caution to the wind.” Decisions should be made by balancing the social utility of economic shut down and quarantine against the economic, social and personal consequences. The model would monitor cases and deaths from the virus (the “Virus Index”), business closures, unemployment, domestic violence, divorce and suicide (the “Social Index”) and incidents of unbridled, irrational fear as shown above (the “Fear Index”). By monitoring all the variables, not just one – a computer could do this fairly easily – we could make informed decisions based on all pertinent information, not just one sub-set of same.¹

¹ A question for a future article is whether robots or computers could do a better job of this. In that case the policy makers could blame the robot or computer.