

J. Michael Locke

Musings

#65: Framing the Conversation - Coronavirus

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I believe our society is being poorly served by the media and many elected officials in how the Coronavirus situation is being discussed and managed.

The focus on “shelter at home” and “quarantine” has created a closed vs open mentality. It is not a black and white issue. Part of why the Georgia numbers are not deteriorating is that it is only “kind of open.” The emphasis of the conversation and policy should be on social distancing rather than open/closed. I have been moving towards the “open up” camp but am troubled like others when I see the pictures in Lake of the Ozarks or Lake Geneva. That is just stupid. However, for the last month, we should have been discussing social distancing rather than mandating people stay at home. We should not be talking about essential vs nonessential businesses. Businesses should be able to open if they can operate within the constraints of social distancing and safety.

The U.S. is a noncompliant society. We don’t like the government telling us what to do -- that is why the U.S. exists. I think this is positive trait but also means that forcing society to close down can only last so long. Officials acting like royalty and telling folks they must stay at home and lose their job doesn’t sit well.

Announcing daily how many people are infected is not particularly helpful. We all know that our testing capacity has been woefully inadequate. As testing becomes more available, we will have more cases. A decline in the positivity rate (one of Illinois’ three KPIs) is self-fulfilling as more tests are administered. The unused capacity in ICU beds (another Illinois KPI) is more relevant. The model of how many of infections will result in a severe health problem or death is key but unknown. We don’t know the mortality rate because we don’t truly know the denominator.

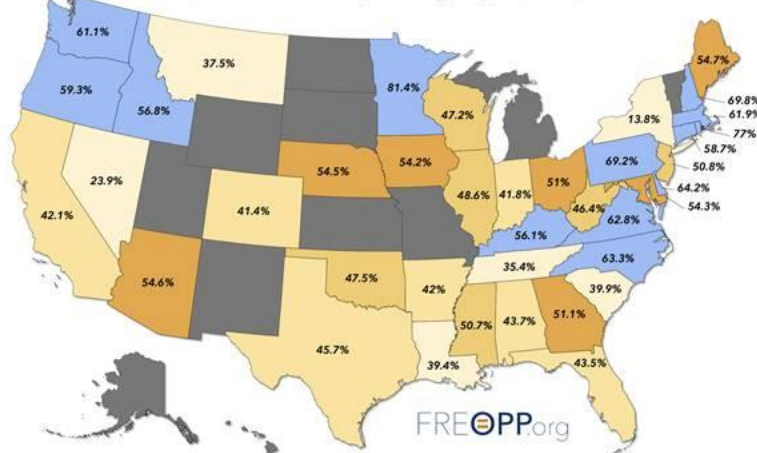
The death count is more relevant but also needs context. As we come up to 100,000 deaths from coronavirus in the U.S., I wondered how many people die of other things. I don’t see this covered. Below are the leading causes of death in U.S. from the CDC. These are annual figures so this must be considered when comparing to Coronavirus’ three month number.

- Heart disease: 647,457
- Cancer: 599,108
- Accidents (unintentional injuries): 169,936
- Chronic lower respiratory diseases: 160,201
- Stroke (cerebrovascular diseases): 146,383
- Alzheimer’s disease: 121,404
- Diabetes: 83,564
- Influenza and Pneumonia: 55,672
- Nephritis, nephrotic syndrome and nephrosis: 50,633

- Intentional self-harm (suicide): 47,173

Approximately 40% of the coronavirus deaths in the U.S. have been connected to nursing homes. This is tragic and has showed a real gap in our “system.” However, that is a very definable risk group which can have its own protocols. Here is an interesting map (I can’t vouch for source but seems legit):

Share of COVID-19 Deaths Occurring in Nursing Homes & Assisted Living Facilities
(Based on Data Reported by May 22, 2020)



Over 38 million people have now lost their jobs. The destruction of lives is immeasurable. Houses are going to be foreclosed. Suicide and domestic violence are up materially. The use of drugs for anxiety is up 34%. Small businesses are closing with entrepreneurs losing all of their life savings.

I recognize the human cost of 100,000 deaths (and am blessed that no one I know has died or even been infected) but worry that we have less visibility on the costs of a multi-month quarantine and shut down of most economic activity.

Be safe. Work hard. Time to get back to work and school.

jml