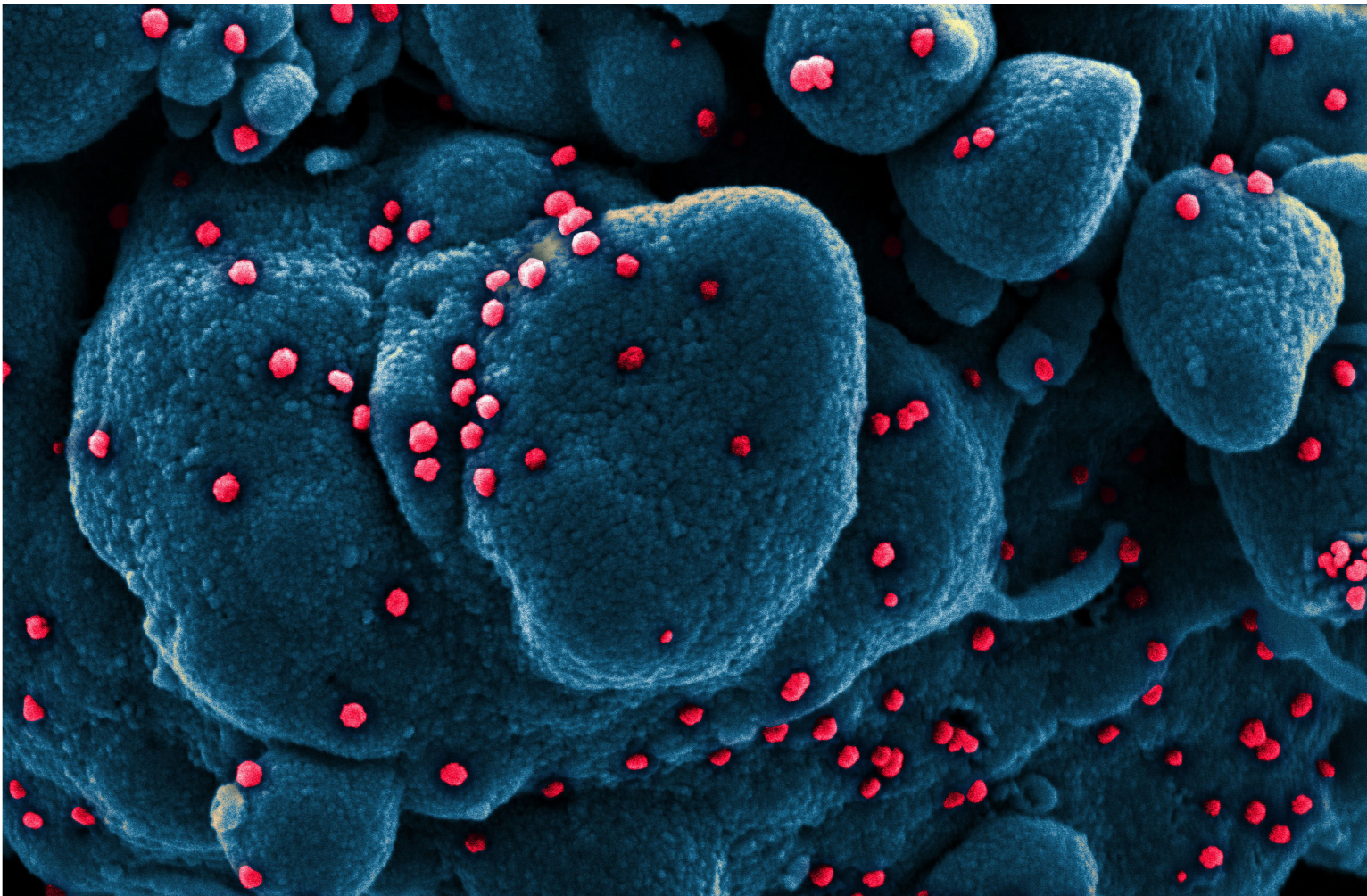


# COVID-19:

## The CIDRAP Viewpoint



CIDRAP



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May 6, 2020

## Part 2: Effective COVID-19 Crisis Communication

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CIDRAP, founded in 2001, is a global leader in addressing public health preparedness and emerging infectious disease response. Part of the Office of the Vice President for Research (OVPR) at the University of Minnesota, CIDRAP works to prevent illness and death from targeted infectious disease threats through research and the translation of scientific information into real-world, practical applications, policies, and solutions. For more information, visit: [www.cidrap.umn.edu](http://www.cidrap.umn.edu).

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# CIDRAP

Center for Infectious Disease Research and Policy

UNIVERSITY OF MINNESOTA

## Part 2: Effective COVID-19 Crisis Communication

### Preface

Welcome to the second report in the “COVID-19: The CIDRAP Viewpoint” series. We appreciate that other expert groups have produced detailed plans for mitigating SARS-CoV-2 transmission and for reopening the country after stay-at-home orders and other important mitigations steps are eased. Our intent with the Viewpoint is to add key information and address issues that haven’t garnered the attention they deserve and reflect the unique experience and expertise among the CIDRAP team and our expert consultants. We will address timely issues with straight talk and clarity. And the steps we will recommend will be based on our current reality and the best available data. Our goal is to help planners envision some of the situations that might present themselves later this year or next year so that they can take key steps now, while there’s still time.

The first “COVID-19: The CIDRAP Viewpoint” report, published Apr 30, addressed the future of the COVID-19 pandemic. Other reports will cover testing, contact tracing, surveillance, supply chains, epidemiologic issues, key areas for research, and other pressing topics. We will release approximately one to two reports per week.

Our hope is that our effort can help you plan more effectively and understand the many aspects of this pandemic more clearly—and for you and your family, friends, and colleagues to be safer. Thank you.

– *Michael T. Osterholm, PhD, MPH, CIDRAP Director*

### Introduction

Whether your community has been hit hard by COVID-19 or has been relatively unscathed so far, one thing has remained constant. Messages from government leaders and even public health officials have been all over the map, leaving in their wake much confusion and anxiety.

One reason for this: [Principles of crisis communication](#) have often been ignored by officials, experts, journalists, and other commentators during this early phase of the COVID-19 pandemic. Key points like “Don’t over-reassure,” “Proclaim uncertainty,” and “Admit mistakes” make for good leadership during infectious disease outbreaks and help us all cope.

These principles are fairly well established. Not that there is hard evidence to support them all. Much like public health experts, crisis communication experts must often lean on intuition and experience, making claims that are plausible (and fervently espoused) despite lack of hard proof.

But it is safe to say that most crisis communication professionals would agree with the six principles detailed below, though some might disagree with our specific critiques of how so many COVID-19 communicators have flouted these principles.

### 1. Don’t Over-reassure

This is probably the most common crisis communication mistake officials make: [over-reassuring messages](#) that sugarcoat bad news.

The goal of sugarcoating may be to keep people calm. If so, it typically backfires. Over-reassuring messaging makes frightened people feel abandoned, alone with their fear. They smell a rat, even if they don’t know exactly

what frightening facts you're leaving out or papering over. And so they get more frightened. They also trust over-reassuring officials less, and become less willing to follow their lead.

By contrast, candor about present or impending bad news can be paradoxically calming—sometimes after an [initial “Oh my God” reaction](#). We not only feel well-informed, but well-led, and more confident that our leaders aren't treating us like children. It's bracing. It's the other shoe dropping. And often the bad news isn't as bad as our worst fears.

“Candid” doesn't mean unduly terrifying. Dramatic, hotly emotional fear appeals are the right strategy for getting through to genuinely apathetic people ... if there are any left. For frightened people, and especially for people whose unbearable fear has pushed them into denial, the right tone is somewhere between gentle and matter-of-fact: scary content presented without scary theatrics.

A good leader can even start out doing horrendously over-reassuring communication and then turn it around. On March 7, [New York Governor Andrew Cuomo said](#): “We're handling it and things are under control, right? Number one problem is hysteria and fear as opposed to the virus.” Despite that start, Cuomo has set an excellent example in recent weeks, though with some over-reassurance creeping back in (for example, with regard to [whether antibody tests guarantee immunity](#)).

[Scotland's Nicola Sturgeon](#), [Germany's Angela Merkel](#), [Singapore's Lee Hsien Loong](#), and [New Zealand's Jacinda Ardern](#) have pretty consistently refused to over-reassure their publics, discussing very scary prospects in ways that were heartening, emotionally rich, empathic—and candid.

The most dangerous over-reassurance is the sort that's implicit, buried in misleading assumptions. It's the most dangerous precisely because it works for a while. Instead of backfiring in real time, the way ordinary over-reassurance does, it is absorbed unconsciously and therefore uncritically. The loss of credibility when it turns out false is all the more explosive.

Consider for example the word “peak.” The false implication of the word in the way it's typically used is that there's one peak, which we are flattening by washing our hands, keeping our distance, isolating positive cases,

## *Urgent Note to Officials*

What we want you to remember from this report is this: There's a “there” there. You don't have to figure out the principles of crisis communication yourself.

And unless you are one in a million, you will not intuitively use these principles if you have not learned them. They're counterintuitive for nearly everybody. This is dramatically obvious when you look at what emerges when officials not familiar with crisis communication tenets try to improvise.

So we'll say right here at the top: After you read this, look at:

- The Centers for Disease Control and Prevention's (CDC's) [Crisis and Emergency Risk Communication](#) manual (for which Peter was a consultant).
- The [communication chapter](#) of the CDC's Field Epidemiology Manual.
- Our 166-minute video “Crisis Communication: Guidelines for Action” (in three parts [here](#), [here](#), and [here](#)).
- The [handout set](#) we developed to accompany the video.

All of these are free online, with no registration needed.

At the very least, have your communication officers do a deep dive into these resources, so they can better advise you before you try to reinvent the wheel and come up with a hexagon that doesn't roll.

## Pressing Issues

- Crisis communication principles are counterintuitive. Many leaders wrongly imagine they can wing it—but unless they or their staffs have mastered these principles, they will almost inevitably mishandle their crisis communication efforts. A great deal of COVID-19 crisis communication so far has suffered because political leaders, public health officials, experts, and journalists have flouted these principles. Most do not realize there is a field of research and practice from which the principles have been drawn.
- Good role models exist of crisis communication, including COVID-19 pandemic communication. Consciously emulating leaders who seem unusually good at guiding and inspiring their publics is another path to excellence.
- The single most common crisis communication mistake (certainly visible in COVID-19 communications) is over-reassuring messages. These messages usually backfire; frightened people smell a rat and become even more frightened—and less trusting of the leaders who over-reassured them. Or worse, sometimes people are successfully over-reassured and ignore or abandon precautions they ought to be taking.
- Other common crisis communication mistakes include failure to express uncertainty; failure to acknowledge, address, and express emotions; failure to offer the public things they can do; failure to admit and apologize for errors; and failure to share with the public the difficult decisions—dilemmas—of crisis management. These, too, are visible in COVID-19 communications, except that the early failure to offer the public things to do was remedied as the crisis evolved. This isn't a complete list. There are other important crisis communication principles not covered in this report.
- Many Americans have been given dangerous misimpressions about the purpose of lockdown, the likely course of the COVID-19 pandemic post-lockdown, and the realistic pandemic management options from which leaders must choose (with guidance from both experts and the public). Most dangerous is the myth that we can come out of lockdown and rebuild the economy without incurring a sizable and ongoing increase in COVID-19 cases and deaths. Too many officials and journalists have promulgated this myth; too many experts have failed to rebut it.
- Putting this report into context: Before a crisis, the main risk communication challenge is “precaution advocacy”—alerting insufficiently alarmed people to the coming crisis. COVID-19 precaution advocacy was woefully inadequate. After a crisis or between waves of a crisis, the main risk communication challenge is “outrage management”—addressing criticisms and recriminations about how the crisis was anticipated and handled. Outrage management is what's on deck right now.

and shutting down large hunks of our economy. And so we've all been watching with bated breath as various parts of the country approached “the” peak, then reached “the” peak, and then—huzzah!—started down the other side.

Even stories that mention the risk of a second peak imply that it will happen only if we mismanage reopening the economy. The implication is that if we do it right, we can keep descending from the pandemic's one peak while moving back toward normal—or at least toward some New Normal a lot like normal. A crucial corollary of this misimpression: Once we get down near the bottom of “the” peak, nearly all the carnage will be over. Many people are surprised when they hear experts say the pandemic will likely continue for at least another year or two.

[See the first [“COVID-19: The CIDRAP Viewpoint”](#) report for the science behind multiple peaks, or pandemic waves.]

All experts, most officials, and many journalists know this emphasis on one peak is dead wrong—but many hesitate to say so. Every reference to “the” peak is implicitly over-reassuring, and should be rephrased as “this first peak.” The big question now is how to handle the peaks to come—how to keep them just low enough to avoid overwhelming hospitals, trying to flatten them into a series of hills and valleys but no more mountains—all while resurrecting our devastated economy. When Americans who have been envisioning only one peak learn better, they will be demoralized and very, very angry.

While over-reassurance and false reassurance backfire badly, genuine reassurance adds enormous value. It helps keep frightened people calm. It helps lure people in denial out of their denial.

Here’s a crisis communication “trick” for [giving people reassuring information without coming across as over-reassuring](#): Put the reassuring information in the subordinate clause, leaving the main clause sounding more like a warning than a reassurance.

“Even though the number of new confirmed cases went down yesterday, I don’t want to put too much faith in one day’s good news.” If you do it right, you leave your public feeling more reassured than you sounded; you leave them thinking you’re a bit of an alarmist.

The most readily available reassurance is evidence of communities coming together, of resilience and initiative and determination reasserting themselves, of the manifold ways people and organizations are pitching in.

Celebrating milestones without misrepresenting their importance is a tough knife edge to walk. The first week that local intensive care units have fewer admissions than the week before, for example, is a milestone worth celebrating, but carefully so as not to imply the worst is over.

In 1942, just after the British defeated the Germans at Alamein, driving them out of Egypt, Prime Minister Winston Churchill famously said, “Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.” Several officials and journalists have wisely marked various COVID-19 milestones with this Churchill quotation.

## Recommendations

- Don’t over-reassure, which typically backfires and lowers your credibility. This is the most common crisis communication mistake.
- Proclaim (not just acknowledge) uncertainty, because doing so is paradoxically more credible than voicing overconfidence. Be willing to speculate responsibly, and acknowledge opinion diversity.
- Validate emotions—your audience’s and your own. The two most important emotions to validate in most crises are fear and misery.
- Give people things to do. Better yet, offer a menu of things to do: what’s required as a minimum, what’s recommended, and what’s available for those who want to do more.
- Admit and apologize for errors—which is often difficult for leaders to do even though we all make mistakes. At least admit and apologize for the errors everybody already knows you made.
- Share dilemmas, including the various options for moving out of lockdown (see sidebar on page 10). And rebut the seductive, dangerous myth that we can rapidly come out of lockdown and rebuild the economy without cases and deaths climbing.
- Accept that the principles of crisis communication are counterintuitive, and that crisis communication is a field of study and practice. Make sure you or someone on your team learns how to do it right.



## 2. Proclaim Uncertainty

In the middle of a crisis, it's not easy to tell people that you're not certain. Sources end up sounding more confident than their evidence justifies. Reporters and editors delete a lot of nuance, making their sources sound more confident than they sounded. Headline writers go even further. And the public—which understandably covets certainty—misperceives and misremembers what little acknowledgment of uncertainty remains.

So if you truly want to [communicate uncertainty](#), merely acknowledging it isn't enough. You have to [proclaim it](#).

Why insist on communicating your own uncertainty?

- It's paradoxically more credible than overconfidence. (As consultants, we have long noticed that our clients trust our advice more if we emphasize that we're not sure.)
- It mitigates surprise and anger if you change your mind later. This is especially important during this pandemic, when knowledge is evolving so quickly.
- It reduces the level of vitriol in public disputes among experts. A tentative claim tends to lead to thoughtful debate, whereas an overconfident one may provoke a polarized donnybrook.
- It's the truth. At the start of the COVID-19 pandemic, experts knew very little about the specifics of the virus. Now they know a great deal. But a lot of what they "know" is tentative, often grounded in inconsistent findings from methodologically flawed studies, many of them reported by untrustworthy sources in unrefereed publications. Each new overconfidently reported tentative finding is often followed by an equally overconfident rebuttal based on a competing, equally tentative finding.

We are not saying that you should keep your opinions to yourself until you're sure. Quite the opposite: We want you to model the ability to bear uncertainty and take action anyway.

A corollary to proclaiming uncertainty, therefore, is that you must be [willing to speculate](#). The word "speculation" has a negative connotation, and it's easy to find crisis communication manuals that urge experts and officials to avoid speculating. But we think they mean you shouldn't speculate overconfidently, you should make sure your uncertain opinions sound as uncertain as they are. We wholeheartedly agree.

Another corollary: [Acknowledge opinion diversity](#). If you have respectable colleagues who disagree, say so. Summarize why they think you're wrong, as well as why you think they're wrong. If you're in the minority, acknowledge it. (In fact, we are in the minority about acknowledging opinion diversity. The conventional wisdom in our field is "[speak with one voice](#)." We think that is treating the public like children.) If you're in the majority, you can say that too—as long as you don't pretend that "majority rules" is how science makes decisions. Either way, show respect for the other side, making it clear that the question is unsettled.

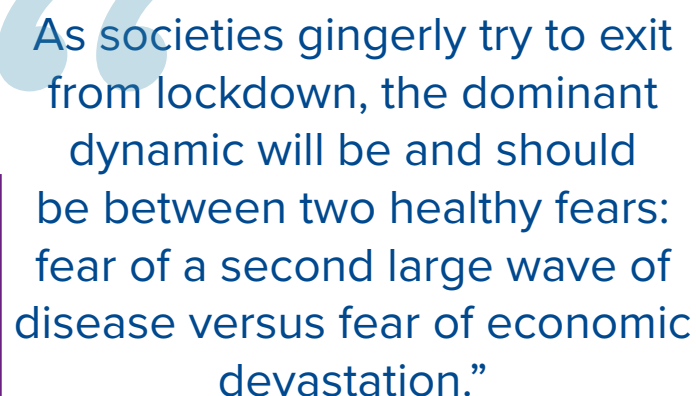
One final plea on behalf of uncertainty communication: Don't invoke "[sound science](#)" or "The Science" as a guarantor that you're right. That's the opposite of proclaiming uncertainty; it's proclaiming infallibility. There is no such thing as "The Science." There is only science—incremental, fallible, and still in its infancy with regard to COVID-19.

## 3. Validate Emotions—Your Audience's and Your Own

Whatever you do, [don't tell people not to be afraid](#). The pandemic fear of your frightened public is appropriate and useful; it's what keeps them social-distancing. And for those who are so frightened that they have tripped an

emotional circuit breaker and gone into denial, validating that it's okay to be frightened is a way to seduce them back to a level of fear they can tolerate. Telling people in denial not to be afraid is telling them to stay in denial!

We have been aghast at the repeated mantra of World Health Organization (WHO) head Tedros Adhanom Ghebreyesus, PhD: “facts not fear”—as if the facts of COVID-19 weren't enough to inspire fear in any rational human, Tedros included. On February 28, [Tedros said](#), “Our greatest enemy right now is not the coronavirus itself. It's fear, rumours and stigma.” We wish that had been true. We'd love it if our highest risk communication priorities were stomping out fear, rumors, and stigma, instead of trying to find better ways to help experts, officials, and the public talk to each other about The End Of The World As We Knew It.



As societies gingerly try to exit from lockdown, the dominant dynamic will be and should be between two healthy fears: fear of a second large wave of disease versus fear of economic devastation.”

Equally off-putting were all those newspaper headlines along the lines of [“Fear is spreading faster than the virus itself”](#)—as if that weren't devoutly to be desired; as if the core societal failure in February and March had been excessive alarm rather than excessive complacency. As societies gingerly try to exit from lockdown, the dominant dynamic will be and should be between two healthy fears: fear of a second large wave of disease versus fear of economic devastation. Any expression of contempt for either fear will be part of the problem, not part of the solution.

Even more challenging than validating the public's fear is validating your own. It is distinctly counter-normative for experts, officials, or journalists to let themselves look or sound scared. They will typically go only as far as expressing “concern”—and even then they usually frame such thoughts in the abstract: such-and-such is “concerning.” Yet it is very difficult for fearless leaders to help a frightened public bear their fear. The public doesn't need fearless leaders; it needs role models of leaders bearing their own fear.

Faking fearlessness is even worse. We have long believed that [officials so often misdiagnose the public as panicking](#) because the officials themselves are feeling panicky. In an effort to deny those panicky feelings, the officials project them onto the public. The most effective leaders acknowledge their fears and let them show. Obviously, the goal isn't to give the impression that you can't cope. It's exactly the opposite: to demonstrate that you can bear your fears, and so can the public.

Aside from fear, the other emotion that dominates the public's response to any long-lived crisis is misery. After 9/11, surprisingly few Americans (even New Yorkers) were frightened that they, too, would be victims of a terrorist attack. Far more were saddened—even depressed—at the prospect of living in a world where terrorist attacks happen regularly. On a global scale, COVID-19 is vastly more frightening than 9/11 was. But it's at least as misery-making as well.

Much has changed for Rudy Giuliani since he was New York City's mayor during 9/11. But nothing can take away his [superb moment of crisis leadership](#), only hours after the Twin Towers fell. Asked to estimate how many had died, he replied, “More than any of us can bear”—bearing it, feeling it, not denying it, and not crumpling under the burden. A mayor who couldn't bear it would not have been able to lead us. But a mayor who found it easy to bear, who seemed not to feel the misery, would not have been able to lead us, either.



Falsely positive messaging, on the other hand, is likelier to backfire than to inspire. President Donald Trump has justified some of his overoptimistic briefing claims on the grounds that cheerleading is part of a president's job. That's true when the country has a winning Olympics team. But in the deepest crisis since World War Two, what's called for is Churchillian determination, not unrealistic cheerleading.

People want to be led by leaders who are strong, but who also [let their humanity show](#). The CDC's Nancy Messonnier, MD, had some [good moments](#) and some [not-so-good moments](#) as the CDC's COVID-19 briefer before the White House shut her down. [One of her best moments](#) was when she talked about what she said to her children about the disruption she (rightly) feared was coming and how she contacted their school to see if there were plans for potential closure and tele-schooling.

In moderation, personal bits add real value. The pandemic isn't about you. Nonetheless, it's important to let your humanity show, even (maybe especially) your emotions. The most effective leaders find a middle ground, letting their emotions show without letting their emotions take over.

#### 4. Give People Things to Do

Government officials usually treat pandemic preparedness as their job, not ours. For a classic example, read this [2013 assessment](#) of how the CDC communicated about H7N9 avian influenza—a viral threat emanating from Chinese live-animal markets that was eerily similar to COVID-19 except that (so far) it never went pandemic. The title says it all: “H7N9 Risk Communication: Candor but No Push to Prepare.” Or read [this 2006 analysis](#) of all the specious reasons experts and officials offered why nobody should buy the flu antiviral drug Tamiflu in preparation for a possible H5N1 avian flu pandemic—arguments virtually identical to the ones telling us why we had no need for masks against COVID-19.

In the early days of this pandemic, officials did what they usually do. They told us the government had the situation under control and there was nothing for us to do. People who stocked up early on supplies they might need later were called hoarders or hysterics. People who urged others to do so were called panic-mongers.

It's different now. A government can't wash your hands for you, or stay home for you. So no leader today is neglecting to tell the public how to do our part.

But even in a crisis in which the principal management strategies are tasks only governments can do, [a wise government finds tasks to ask the public to do](#). As psychiatrists and generals have long known, action binds anxiety. People who are doing things to protect themselves and others can bear their fear better and are less likely to flip into denial. They can bear their misery better too, and are less likely to sink into depression or hopelessness.

Action also teaches lessons. People who are doing things teach themselves that the danger is real (otherwise action would be unnecessary) and that it is manageable (otherwise action would be futile). This is exactly what we want them to learn.

Even better than prescribing actions for people to take is offering them a menu of actions. This recruits not just our ability to act, but also our ability to decide. [The opportunity to choose ways to protect ourselves](#) and ways to help our neighbors gives us a much-needed sense of control in this out-of-control time.

The ideal menu of choices brackets the precautions you want people to take with others that are more protective and less protective. X is the minimum precautions you consider acceptable. Y is your recommended

precautions. Z is additional precautions for people who feel especially vulnerable or determined. Surrounding your Y with an X and a Z paradoxically yields more compliance with Y. And it defines those who prefer X or Z as still part of the plan, not rebels.

A lot of governments are prescribing social (physical) distancing rules in elaborate detail. Pretty much everything that isn't required is forbidden. Maybe that's how it's got to be. But if we were sitting with the experts, we would advise making some room for individual choice—specifying an X and a Z as well as a Y.

The “reopening” process should provide ample opportunities for lots of X's and Z's. We'd like to see long lists of options. We can imagine a “social distancing point value” attached to each recommendation—with each individual and each business proprietor left free to pick items adding up to the right number of points—at least X, ideally Y, and all the way to Z for the truly determined.

## 5. Admit and Apologize for Errors

Back in 2005, when Jody was drafting [Outbreak Communications Guidelines](#) for the WHO, she ended up with six core recommendations. Five were adopted, and the guidelines have been incorporated into the WHO's International Health Regulations. The sixth, the only one WHO's member states couldn't stomach even as an aspirational goal, was to “admit and apologize for errors.”

We concede it's a tough call whether to admit and apologize for errors that nobody knows (yet) that you made. Putting ethics aside, if you figure being outed later on will do you 20 times as much reputational damage as being honest, then you'd need a 95% probability of successful secrecy to justify not outing yourself. That's a bad bet—especially in a long-lasting crisis. But it's not crazy.

What's crazy is to refuse to admit and apologize for an error everyone knows you made. The list is long: Saying COVID-19 probably doesn't transmit human-to-human. Saying asymptomatic people probably don't transmit it. Saying it's unlikely to spread much in the United States. Saying we've got it under control. Saying our hospitals have plenty of personal protective equipment (PPE, such as respirators).

The big mistake nearly everyone made in January and February and into March was to underestimate the seriousness of COVID-19. When you accuse opponents of making that mistake, you're right. When they accuse you of making that mistake, they're right. The leaders we admire most made that mistake, as did the leaders we detest. To be sure, some leaders changed their minds earlier than others. And arguably some had more obligation than others to get it right. Nonetheless, it is stunning to watch them all accuse each other of being late to the game. Very, very few acknowledge being late to the game themselves.

[Why admit and apologize for errors?](#) Two reasons: First, blame is a [seesaw](#). If you blame yourself more, others blame you less; they may even tell you why it wasn't really your fault, everybody else got it wrong too, you were misled, etc. And second, the [forgiveness process](#) starts with acknowledgment. It is vanishingly hard to forgive people who won't admit fault.

## 6. Share Dilemmas

Acknowledging (or proclaiming) uncertainty about what's happening is difficult enough, as we argued in #2. Tougher still is acknowledging (or proclaiming) that you don't know what to do about it—that is, [sharing the](#)

dilemma. The most obvious COVID-19 dilemma that needs to be shared: how best to compromise health considerations and economic considerations.

Every expert knows that only a small percentage of the US population so far has been infected with the SARS-CoV-2 virus. The rest of us are definitely still susceptible. Keeping us all isolated for a month or two was a debatable but effective temporary measure to slow the spread of the virus. At astronomical cost, it saved most (though not all) hospitals from being overwhelmed, and it bought time to figure out what the next step ought to be, and to get ready to implement it. But as many experts have told us, it may have overshot the goal for places without much occult transmission, where early and less extreme “targeted, layered” social distancing measures would likely have prevented overwhelmed hospitals without a need for an all-out lockdown.

It has been particularly hard for officials to share the “next step” dilemma because a great deal of COVID-19 rhetoric so far has given the misimpression that the purpose of lockdown was to end the crisis. See four “next step” options in the box at right. Please note that none of them will end the crisis.

This is not a scientific dilemma, even though the discussion (and the implementation!) must be informed by evolving scientific knowledge. It is a political dilemma, because it is about values. It is a choice that political leaders should make in consultation not just with experts but with the public at large.

Perhaps the most important role for experts vis-à-vis this dilemma is to dramatically rebut any pretense that there’s a fifth option, the one people dream of: Come out of lockdown and rebuild the economy without incurring a sizable increase in serious COVID-19 illnesses and deaths.

Far too many officials and journalists are promulgating that nonexistent fifth option—the extremely dangerous myth that we locked ourselves down in order to ride out the pandemic, and pretty soon the crisis will be over and as long as we’re careful and dutiful and reasonable, we can come out again in relative safety.

### *Four Options for Moving out of Lockdown*

1. Stay locked down for the foreseeable future, tolerating the huge economic, political, psychological, and even medical downsides of doing so, hoping and waiting for a miracle (maybe the virus loses virulence on its own; maybe a vaccine is invented much more quickly than anyone expects; maybe...).
2. Come out of lockdown slowly, partially, and intermittently, with as much testing, contact tracing, isolation, and quarantine as we can manage—aiming for the best possible compromise between rebuilding the economy and minimizing infections, overwhelmed hospitals, and deaths. This means accepting a less robust economic recovery than in #3, and more/earlier serious COVID-19 illnesses and deaths than in #1.
3. Same as #2, but instead of aiming to minimize infection across the board, let more healthy young people get infected, thus moving more quickly toward herd immunity (assuming it turns out that infected people are immune, at least for a while). This permits a more robust economic recovery than in #2, but it also means accepting more/earlier serious illnesses and deaths than in #2—but not so much illness and death that hospitals are rendered nonfunctional.
4. Come out of lockdown even more quickly than in #3. Still try to protect the elderly and those with comorbidities; still try to improve hospital capacity and protect healthcare workers; still maintain what used to be considered extreme social distancing measures before this brave new world of sheltering in place. But put the highest priority on economic recovery and on getting to herd immunity (if it exists), even if some hospitals may be overwhelmed some of the time. This means accepting even more/earlier serious illnesses and deaths than in #3.



And far too many experts are failing to rebut this myth. Any statement claiming or implying that what we have endured so far is more than a preliminary round in the fight against COVID-19 should be rebutted as thoroughly as the latest misstatement by President Trump. No misunderstanding of this pandemic could be more dangerous than for people to think that when “the” peak is over, we’ll be ready to roll.

Before we can share the dilemma of how best to manage any loosening of the lockdown, we must decisively—and apologetically—disabuse the public of the myth that, barring a miracle, the COVID-19 pandemic can possibly be nearing its end in the next few months.

The answers to many technical questions must inform this incredibly difficult decision. For instance:

- Is there any such thing as COVID-19 immunity?
- If so, how long might it last?
- When people who had mild or asymptomatic infections are counted, how close are we to herd immunity?
- How deadly is COVID-19 when we factor in untested people who had mild infections?

These are crucial questions to answer. But experts who sound to the public as if their answers can resolve the fundamental “lives versus economy” dilemma are overstepping their mandate and their expertise.

Provide the best data you can, and then leave the dilemma in the hands of political leaders and the public, where it belongs. The most useful single thing experts can say about this fundamental dilemma is that the answer depends partly on science but largely on values; that the science is uncertain; and that with regard to the values, scientists are merely members of the public.

And a final word to political leaders on how to do dilemma-sharing:

- Don’t pretend or imagine that experts can resolve this dilemma for you—and don’t let them convince you that they can. We keep hearing politicians promising to do whatever “the science” or the experts tell them to do. If they’re not lying, they’re defaulting on their responsibility.
- As you approach a decision, explain to your constituents how horrible your choices are. Tell them how much you wish the mythical post-peak pandemic-over no-more-lockdown no-more-deaths option were real.
- Tell them we all hope for a miracle. Maybe the pandemic will wind down for unknown reasons; maybe the virus will become less virulent; maybe a vaccine or a cure will be found quickly. We should keep hoping. But we can’t plan based on our hopes.
- Among the options that are real, tell them which way you’re leaning and why. Ask for their input.
- Respectfully acknowledge that other political leaders are facing pretty much the same dilemma and, in some cases, making quite different decisions. Explain why you think you’re right—and to the best of your understanding, also explain why others think they’re right.
- Be candid about the downsides of the option you favor. More than candid—be as vivid about its downsides as its upsides. There will be suffering and death whatever you decide. Say so.
- Be candid also about the difficulties you expect to encounter: not enough tests, not enough contact tracing, not enough PPE, etc. Without undue optimism, discuss how you propose to address those difficulties.
- Even after you have made and implemented a decision, keep asking for the public’s input. And leave open the possibility that you will change course if emerging evidence suggests to you, your experts, and your public that you should.
- Do all of this dilemma-sharing with your heart on your sleeve, visibly humbled by the difficulty of the dilemma you face, and you have a decent chance of bringing most of your public along with you.