WASHINGTON Examiner

Coronavirus lockdowns have obvious costs and unseen costs too

Jeffrey A. Singer

June 4, 2020

The coronavirus pandemic has highlighted that it is sometimes appropriate and legitimate for governors or other officials to control a public health emergency by restricting human activity. But government officials are people, and rational people respond to incentives. Incentives are affected by that which is seen and that which is not seen.

Most governors have ordered various forms of lockdowns. The rules and restrictions tend to be one-size-fits-all. Some people criticize these emergency actions as overdone, as well as insensitive to local differences and to changes taking place in real time. Others think they are necessary and wise. The personal and political motives of the governors are understandable. A drop in new COVID-19 cases and fatalities in the wake of lockdown orders increases the likelihood of public approval and reelection. Inaction risks criticism and political punishment. Yet, any action they take requires making trade-offs between positive and negative consequences. Many of the negative consequences are not readily obvious. This makes it very difficult to make the correct choice.

What is readily seen is the daily tally of new COVID-19 cases, along with the latest fatalities reported each day in the media. What is not seen are the suffering and other harms to society that would otherwise not have occurred had restrictive policies been lifted sooner. Never seen will be the individuals who won't have careers or jobs, the businesses that will never open, and the hard-earned life savings that will never materialize due to the destruction that comes from stopping an economy. None of this will show up in any statistics. We will never know the cost.

The unseen includes non-economic injuries as well. We will never know how many thousands of people will die from chronic illnesses who would have been healthy had they been able to keep their routine medical appointments, how many advanced cases of cancer occurred due to bans on screening procedures, how many emergencies arose because of moratoria on necessary yet non-emergency medical procedures such as organ transplants, or how many additions to the rising suicide rate included those who suffered alone in pain because of closed pain clinics, social distancing, and shelter-in-place orders. Sadly unknowable is the number of people suffering from depression and other mental health disorders whose conditions became exacerbated due to the mandated isolation. How many old pandemics will make their return because of the thousands of children missing crucial immunizations against even more deadly and contagious pathogens?

To be sure, onerous restrictions that lack a plausible rationale, such as bans on drive-in church services, have adverse consequences that are readily seen and unpopular. In such cases, the negative feedback is an incentive for officials to lift such restrictions. But far too often, it's the other way around. The disparity between what is seen and what is not seen means that

government officials have incentives to be overly cautious and impose more restrictions for longer lengths of time than what may really be necessary. That's why it is important to minimize the amount of decision-making authority vested in just one person.

An understanding of this dynamic should inform policy regarding public health emergencies going forward. Central governments and public health officials should use a light touch when responding to public health emergencies. On all levels of government, one-size-fits-all measures should be kept to a minimum, and civil society should be informed, guided, and entrusted to work out suitable solutions. Responses should be targeted, nuanced, flexible, and easily adjust to changes on the ground based upon local knowledge. For this to happen, the government should provide people with accurate and up-to-date information on the nature and status of the public health emergency, along with the necessary information and tools so they can best cope with the emergency.

There is good reason to believe that, given the right information and using persuasion instead of coercion, public health officials are more likely to get cooperation from the public.

In the end, it is the public that must address a public health emergency. Policymakers should offer guidance and help the people to organize. They should understand how incentives affect behavior — and reflect on that which goes unseen.

Jeffrey A. Singer, M.D., practices general surgery in Phoenix and is a senior fellow at the Cato Institute.