LESSONS FROM THE COVID WAR

AN INVESTIGATIVE REPORT

THE COVID CRISIS GROUP

LESSONS FROM THE COVID WAR

AN INVESTIGATIVE REPORT

THE COVID CRISIS GROUP

PUBLICAFFAIRS
New York

PublicAffairs
Hachette Book Group
1290 Avenue of the Americas, New York, NY 10104
www.publicaffairsbooks.com
@Public_Affairs
First Edition: April 2023

Published by PublicAffairs, an imprint of Perseus Books, LLC, a subsidiary of Hachette Book Group, Inc. The PublicAffairs name and logo is a trademark of the Hachette Book Group.

The Hachette Speakers Bureau provides a wide range of authors for speaking events. To find out more, go to www.hachettespeakersbureau.com or email HachetteSpeakers@hbgusa.com.

PublicAffairs books may be purchased in bulk for business, educational, or promotional use. For more information, please contact your local bookseller or the Hachette Book Group Special Markets Department at special.markets@hbgusa.com.

Editorial production by Christine Marra, *Marra*thon Production Services.
www.marrathoneditorial.org
Set in 12.5-point Adobe Garamond

Library of Congress Cataloging-in-Publication Data has been applied for.

ISBNs: 978-1-5417038-0-3 (paperback), 978-1-5417038-1-0 (ebook)

E3-20230307-JV-NF-ORI

CONTENTS

PUBLICAFFAIRS

1

FROM TRAGEDY TO POSSIBILITY

WE WERE SUPPOSED to lay the groundwork for a National Covid Commission. The Covid Crisis Group formed at the beginning of 2021, one year into the pandemic. We thought the U.S. government would soon create or facilitate a commission to study the biggest global crisis so far in the twenty-first century. It has not.

The thirty-four members of our group have done a lot of work on the Covid war, both as part of this group and in our day jobs. We held listening sessions with nearly three hundred people. We organized task forces. We mapped out agendas. We shared insights across our different backgrounds and did a substantial amount of research.[1]

We have learned a lot. With no commission in sight, we feel a duty to share, at the beginning of 2023, how we size up the Covid war.

A year into the crisis, we spoke with a doctor named Ashish Jha, who is now coordinating the government's Covid response. Back in 2021 he told us how, with the constant early mornings and late nights, he still couldn't process what he had been going through for more than a year. Being a medical doctor, naturally he had a diagnosis. He called it "reflection deficit disorder."

This short book is designed to alleviate the symptoms of reflection deficit disorder. It is a short course of treatment, available to all sufferers.

This disorder, this amnesia, can kill. We talked to a key figure in the crisis, one of those who helped originate the successful Operation Warp Speed that rushed vaccines to Americans, Peter Marks. Marks said it was

stunning to him that there was so little understanding of the lessons from this war. Some experiences troubled him, Marks admitted. Sometimes he wished that, like one of those characters in the movie *Men in Black*, someone could administer a "neuralyzer" and blank out his memories of certain meetings. But as Marks watched what was happening in the continuing Covid war, it seemed to him, at the end of 2022, as if the U.S. government and the country were "repeating the same mistakes" he remembered from the spring of 2020.

We do not promise a permanent cure for reflection deficit disorder. We cannot offer the kind of exhaustive investigative report that a Covid commission might have produced, interviewing layers of officialdom across the country and around the world, and piecing together thousands of key documentary records.

What we can offer is our sketch of the whole picture, our sense of how we think the pieces fit together. There are already many books and stories about this war. We step back and appraise the entire landscape, focusing on what we believe mattered most.

We have an advantage. Working together, we helped each other make sense of this overwhelming experience. Our take goes beyond some of the stock narratives. Our views don't fit neatly with partisan political arguments on either side in American politics. We believe this is a strength.

We wrote this book for our fellow citizens, experts and non-experts alike, who have already read hundreds if not thousands of articles about the pandemic as it happened. We will not spend much time just recapitulating what you likely already know.

We try to be more analytical, to zoom in on what mattered most. While being analytical, we have tried to write plainly. We are not writing the way we would write up our results for a scientific or medical journal. We think you, like us, want to get past the enormous jumble of information and make some sense of it all. What just happened to us, and why? How could we do better?

A GLOBAL WAR

We think it helps to see this crisis as a war—a global war. Some of us who work in healthcare don't like these sorts of warlike metaphors. Some of us

do. Conceiving of this struggle as a “war” does help people think about how to organize collective action against a terrifying danger.

By the end of January 2020, the U.S. government should have started mobilizing to a war footing against a terrifying pandemic danger. It was not ready to do this. It did not start really trying to mobilize fully until about two months later, and even then in a haphazard way.

The world waged a war against an alien invader. In this case, the invader was not some giant from outer space. It was not an unknown threat. It was a viral microorganism, invisible to the naked eye. In all of human history, only during the last hundred years have humans even been able to see a virus. Rather than say “alien,” scientists just say a new virus is “novel.” When the invader is especially contagious and deadly, racing beyond some particular region, we call these invasions “pandemics.”

Throughout human history, pandemics have been on the short list of the gravest threats to society and civilization. An outbreak of plague in the sixth century helped usher in what people recall as the “dark ages.” Another such outbreak in the fourteenth century nearly destroyed large swaths of the populations in both Europe and Asia. Outbreaks of smallpox wrecked societies throughout the Western Hemisphere after the arrivals of Europeans. The great influenza virus pandemic of 1918–19 killed more people than the First World War.

Though it was perhaps no more than one-fourth as deadly per infection as the 1918–19 influenza virus, the COVID-19 pandemic was the most deadly and disruptive global pandemic since that one.[2]

The risk of these threats has sped up. The world has changed. In our extremely interconnected world, with its novel pressures on wildlife habitats, its interactions with livestock, its burgeoning experiments with synthetic biology, and the impact of climate change on biological risks, there is no particular reason to assume there will not be another such pandemic, relatively soon, in a matter of years, not centuries. This is why we must take a hard, searching self-inventory, right now, and face what we find.

COVID-19 is the name of a disease, Coronavirus Infectious Disease-2019. The disease is caused by a virus called SARS-CoV-2. That is a way of saying Severe Acute Respiratory Syndrome, Coronavirus, Version 2.

Version 1 broke out in southern China, between 2002 and 2004, and was at least twenty times more lethal per infection than our current Version 2.[3]

Fortunately for humanity, Version 1 spread more slowly than Version 2. Nor did Version 1 easily spread invisibly and asymptomatically. But this was a kind of biological luck. There is no law that guarantees a deadlier disease cannot also be extremely contagious. And there is no reason to assume the next one might not come soon. Or be deadlier.

Our story of the response to COVID-19 is about how American leaders and institutions handled a new kind of war. Given our own limitations, we will focus mainly on how Americans handled this war, but we keep an eye on what other countries did. And we keep in mind what other countries needed.

Imagine that you are a leader getting ready to wage such a war. You would face four basic challenges:

- *Prevent and warn.* Size up the danger, engage citizens, and track the enemy.
- *Contain the attack.* Keep the enemy out of the country or confine its spread.
- *Defend our communities.* Protect not only lives, but also our way of life, with proper healthcare and non-medical measures.
- *Fight back.* Develop and deploy medical countermeasures such as tests, medicines, and vaccines.

And it was a global war against a global invasion. All these things needed to be done rapidly and on a global scale.

THERE WERE HEROES. THERE ARE LESSONS.

The world war against this invader, COVID-19, has not gone well. No country's performance is more disappointing than that of the United States.

America went into this war with unsurpassed scientific knowledge. Once at war, its politicians were willing to spend whatever it took. Thousands of people and organizations made heartrending, life-saving efforts. Yet our institutions did not meet the moment. They did not have

adequate practical strategies or capabilities to prevent, to warn, to defend their communities, or fight back in a coordinated way, in the United States and globally.

The members of our group are angry. They are angry because they feel that good Americans, all over the country, were let down by ineffective institutions, a slow and uneven initial response, shoddy defenses, and inadequate leadership. We came away from many of our discussions consistently impressed with the ingenuity and dedication of people all over the country, and beyond. That is why so many of us are so frustrated. Americans improvised to fight this war, usually doing the best they could. They had to struggle with systems that made success hard and failure easy.

Yet those heroic improvisations—if we notice them—show us what might be possible. They reveal ingredients of a better system, a true national health security enterprise. At the state and local levels, governors and mayors began improvising citizen groups and "fusion cells" that, in real time, linked health departments, healthcare providers, emergency managers, business and community leaders. They shared daily updates on patient loads. Governors issued executive orders to force hospitals to coordinate how they handled surges and underserved towns.

At the federal level, the CDC (the Centers for Disease Control and Prevention) began experimenting with how to get better situation awareness, as the public system does in Israel, by finally starting to plug into healthcare data systems the way they do routinely in Britain. A new federal program, designed by little-known bureaucrats, Operation Warp Speed, showed new ways to power up extraordinary medical defenses on a revolutionary scale and fight back. The ideas are coming into view. The institutions now need to catch up.

There is no way to assess American performance without noticing the role of President Donald Trump. We will comment on that, where relevant. But during one of our group's many Zoom discussions, one of us just looked up and observed: "Trump was a comorbidity."[4]

Many Americans now understand that term. It represents a condition, a circumstance, that heightens risk of illness and death. But we also have to consider other factors too, so that enduring lessons can be learned.

Chapter by chapter, we will detail failures. But we also try to understand them. Most people did the best they could under the circumstances, often working frantically for long hours, week in and week out.

We will highlight some of their crisis-driven innovations, in America and beyond. This crisis is the occasion for a deep rethink of the way Americans organize and connect our haphazard system of healthcare, public health, practical policymaking, risk communication, medical countermeasures, and global defenses.

In a time of so much worry and disillusionment, the war has revealed new ways people around the world could help each other. New technologies also offer remarkable possibilities. As we reflect on this pandemic, arguments about whether to make the CDC director a Senate-confirmed position, or tinker at the margins of this or that program, seem like rearranging the deck chairs after the *Titanic* hits the iceberg.

THE AMERICAN TRAGEDY

The pandemic is tragic for all because of its toll on lives and livelihoods. It is tragic for America because no country went into the crisis with more scientific knowledge or spent more money, yet with such depressing results. And it is doubly tragic for America because the Covid war seemed to be a punishing reminder that, yet again, our governance, once regarded as the most competent in the world, was, well, not.

By late 2022, the Covid war had already likely caused about 20 million premature deaths around the world, with no end in sight. More than 1.2 million of these deaths were in the United States. About one-third were young or middle-age, a staggering toll even if no one above the age of sixty-five had died.[5]

We think at least 7 million Americans were hospitalized by Covid in the first two years of the pandemic. Many of the millions of survivors suffer lasting symptoms or disabilities from the disease. The pandemic made all of America’s existing health inequities even worse: it hit hardest at the elderly, at rural communities, and at black, Hispanic, American Indian, Alaska Native, Native Hawaiian, and other Pacific Islanders.[6]

Since there are many problems with ascertaining who died from Covid, the most reliable estimates just look at how the number of total deaths compare with the number that would statistically be expected. This is a measure of "excess" mortality. We have relied upon excess mortality figures produced by the CDC, WHO, the network that monitors mortality in Europe (EuroMOMO), and the *Economist* to draw conclusions about comparative performance.[7]

For the United States, a sprawling country with over 330 million inhabitants, the fairest comparison is probably with the European countries and regions that are monitored in the European network. They constitute another sprawling community with over 368 million inhabitants. The Europeans have comparable though somewhat lower incomes. The most important demographic indicator of Covid vulnerability is age. In 2020, the median age of the EuroMOMO group was four years higher than that of the United States, so it helps to use age-adjusted comparisons.[8]

In 2020 and 2021, using common methods for the estimates and adjusting for age, the U.S. excess mortality rate was about 40 percent higher than the rate monitored among the Europeans. If the U.S. rate had been the same as that among the Europeans, the United States would have had 391,000 fewer deaths in those two years; the total differential in excess deaths by the end of 2022 probably approximates at least half a million. Then there are all the multiples of that in serious illness and other costs.[9]

Another kind of comparison, without these special adjustments, might just look, for instance, at the largest state in the United States with a median age above forty, which is Florida with a median age of about forty-two. Compare Florida to Spain, one of the warmer coastal countries in the European Union, with a median age of about forty-four. Spain performed about 50 percent better in saving its citizens from premature death than Florida did. If instead we compared Florida to Italy, a country with a still older population (median age of about forty-six), the difference shrinks. But Italy, with its much more elderly population, still performed about 30 percent better than Florida.

The other costs of the pandemic, in money spent, or disruption of commerce, or isolation and loneliness, or loss of schooling, are incalculable. Just the fiscal costs stretch our imagination. For instance, the

Congressional Budget Office estimates that, between the first quarter of 2020 and the third quarter of 2021, the federal government deployed more than *$5 trillion* in fiscal policy responses to deal with the pandemic, including tax cuts or rebates. *That amount was more than a trillion dollars larger than the **entire** budget of the federal government, mandatory and discretionary, in fiscal year 2019.*[10]

A number that large is hard to grasp. A billion dollars is a lot of money. The lost economic output to the United States from the terrible 9/11 attacks was about $50 billion. Yet that amount is little more than a rounding error in comparison to the costs of the Covid war, about one percent of the $5 trillion that the federal government spent just through the third quarter of 2021. And that number is actual federal money spent. It does not include state and local spending.[11]

That number also does not include uncompensated costs in economic output, business failure, lost education, or unemployment. Economists David Cutler and Lawrence Summers, estimating the costs of lost lives and lost GDP in the United States, called Covid the "$16 trillion virus." That is an amount equivalent to nearly three-quarters of the entire American gross domestic product in 2020. And these U.S. numbers are, of course, just a fraction of the costs suffered and still being suffered by the rest of the world.[12]

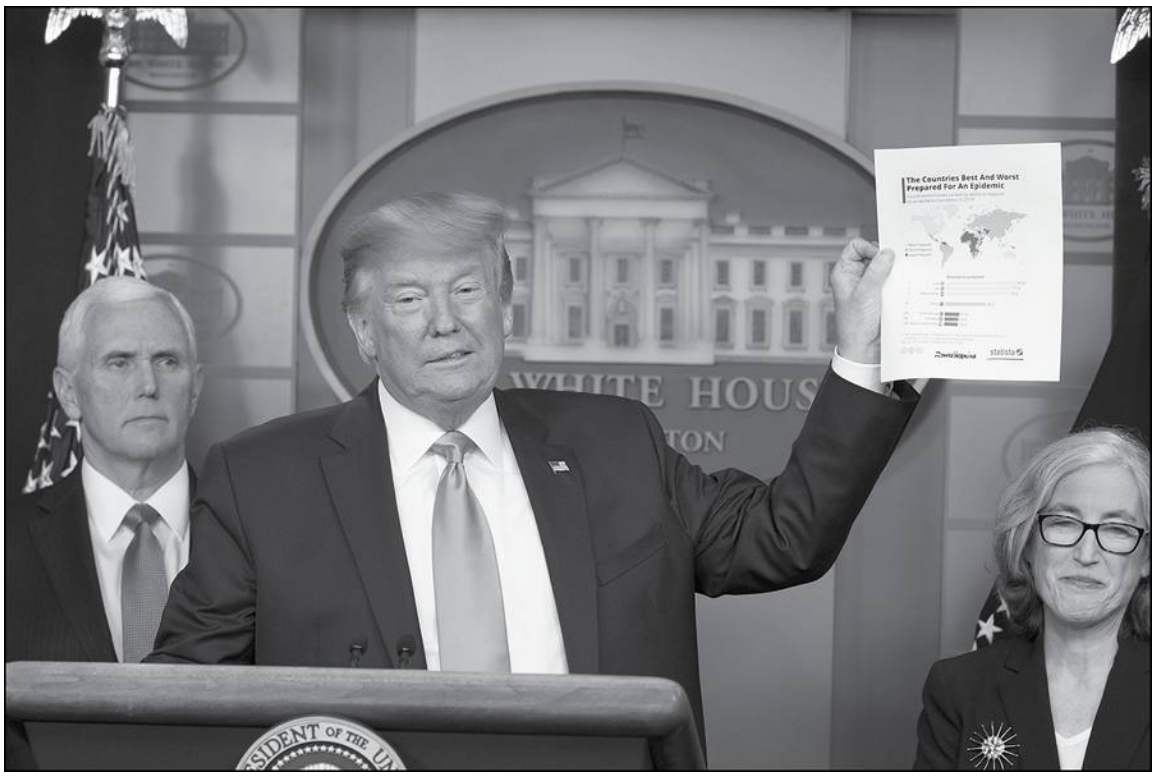
Almost any calculation of return on investment would imply considering vastly more spending on health security, thinking in multiples of five or ten, compared to what the United States or other countries were spending in 2019. Writing about pandemic preparedness, economists use phrases like "spending billions to save trillions." This is not hyperbole. One group of economists that includes Susan Athey and the Nobel prize winner Michael Kremer has explained that, since the damages run in billions of dollars per day, even programs designed better to gain marginal advantages, that might shave just a month or two off the timeline of vaccine deployment, would still yield enormous benefits. Operation Warp Speed cost nearly $30 billion. It would be hard to find an expert to say that was too much. Instead, they wonder if the program should have spent much, much more.

Beyond all the disturbing statistics, one of the worst consequences was that Americans sensed their governance had let them down. It had let them

down in performing the most fundamental task governments are expected to perform, to protect them in an emergency. Citizens know any community can face misfortune. Most accept that even good, dedicated officials can't do everything. But a mass crisis forces a lot of people to size up, according to their lights, how well they think their authorities faced the challenge, given the capabilities at hand.[13]

The United States of America faced the Covid invasion with more capabilities than any other country in the world. In October 2019, just before the pandemic surfaced, the Center for Health Security at Johns Hopkins, the Nuclear Threat Initiative, and the *Economist* published a landmark index of health security capabilities. Though no one received a perfect score, the authors gave the United States an 83.5, the highest score in the world. Spain and Germany both had scores of about 66. Italy earned a 56.[14]

Some people later mocked this index. But the authors worked hard to measure what they could, though they did not take full account of how little the United States spent on public health. It is hard to measure competence. It is hard, away from the front lines, to size up the human and institutional software that translates assets into effective performance. But it is also hard not to agree with Fareed Zakaria, who looked back on this index and commented that "by March 2020, these advantages seemed like a cruel joke." As Covid tore across the land, Zakaria wondered, "Was this the new face of American exceptionalism?"[15]



President Donald Trump at a White House briefing on February 26, 2020, flanked by Vice President Mike Pence and CDC Principal Deputy Director Anne Schuchat. Trump holds a copy of the Global Health Security Index while he explains the U.S. response to COVID-19. PHOTO CREDIT: TASOS KATOPODIS/GETTY IMAGES

In the United States, it is sobering to compare the Covid pandemic of 2020–21 with the great influenza pandemic of 1918–19. In the world of 1918, knowledge of viruses and vaccines was in its infancy. Health and medical institutions were rudimentary. The doctors and nurses struggled, often valiantly, and were usually overwhelmed.

More than a hundred years later, in the world of 2020, the danger of a coming pandemic was predicted and publicized. Scientific knowledge was vastly more advanced. Health and medical institutions were vastly more extensive. The money available was also vast; the U.S. Congress appropriated more than any country on earth. Millions of skilled Americans pitched in to help.[16]

Yet, for all their giant edifices, the net effect of the U.S. governance, public health, and medical institutions in 2020–21 seems all too comparable to the outcomes in 1918–19. This is true even as the developments of

vaccines and treatments in 2020–21 were remarkable. And these health outcomes were attained at a stunning cost in shuttered businesses, lost jobs, demoralized citizens, disrupted education, and public debt.[17]

The whole world could have done better in handling this global war. At all times, only a handful of countries in North America, Europe, and Asia were able to lead. In principle, they could have built wartime coalitions with allied strategies, strategies from containment to product development to coordinated procurement on a global scale. Both America's Operation Warp Speed and the world's vaccine procurement entity, COVID-19 Vaccines Global Access or COVAX, were invented in the spring of 2020 in musings about what the world could do together. In practice, the lack of political will and preparation kept any real coalition effort from even getting to the runway.

Despite extraordinary efforts by countless committed individuals, the story of the Covid pandemic is the exact opposite of the story of the valorous but technologically feeble defense against the 1918–19 influenza pandemic. The Covid war is a story of how our wondrous scientific knowledge has run far, far ahead of the organized human ability to apply that knowledge in practice.

WHY ASK "HOW"?

When Zakaria asked, "Is this the new face of American exceptionalism?" his question was not rhetorical. His answer: "What matters is not the quantity of government but the quality."[18]

As we interviewed people throughout this crisis, the same question came up again and again: Is America still capable of solving big problems?

Caring about a problem is not enough. Public debates about policy are usually pleas to care about a problem. Then, if citizens care, they might commit themselves to do something about it. They might, for instance, spend a lot of their money and create some program to address the problem. But real policy work is less about the "should" and more about the "how."

In April 1947, the new American secretary of state, George Marshall, had just returned from a lengthy and worrying trip to Europe. Marshall had led the U.S. Army during the Second World War, the largest part of the

largest enterprise ever undertaken by the U.S. government. His prestige was immense. He decided to broadcast a national radio address and brief the American people. He was supervising the development of an idea for European recovery that would later become known as the Marshall Plan.

Marshall did not announce that plan in his address. He just explained the situation. Drawing on some of that prestige he had earned, he asked his listeners to be patient with the details of what would be required. “Problems which bear directly on the future of our civilization cannot be disposed of by general talk or vague formulae—by what Lincoln called ‘pernicious abstractions,’” Marshall warned. “They require concrete solutions for definite and extremely complicated questions.”[19]

In October 2018, bestselling journalist Michael Lewis tried to call out the importance of “how.” His book *The Fifth Risk* started from the premise that, in the twenty-first century, governments are risk managers. The federal government of the United States alone manages “the biggest portfolio of [catastrophic] risks ever managed by a single institution in the history of the world.”[20]

Lewis did not focus on health security (though he later did that in his book on the Covid crisis, *The Premonition*, which features some members of our group). In *The Fifth Risk*, Lewis told compelling stories of little-known officials who do vital, unsung jobs.

One of Lewis’s subjects was a man named Max Stier. Stier leads a nonprofit, Partnership for Public Service, that notices government success stories. Stier observed that “a surprising number of the people responsible for [these successes] were first-generation Americans who had come from places without well-functioning governments.… [P]eople who had never experienced a collapsed state were slow to appreciate a state that had not yet collapsed.”[21]

Americans have more experience now. They now know what a collapsed government can feel like. In her memoir, former Covid task force coordinator Deborah Birx writes: “In April 2020, nearly everything came undone.” Indeed, a number of state and local authorities from around the country told us that, during April and May of 2020, the federal government’s executive role in the day-to-day management of the Covid crisis effectively ceased to exist.[22]

THREE CULTURES OF GOVERNANCE

The best emergency response Americans have ever made to a peacetime national emergency was during the Great Mississippi Flood of 1927, which killed people from Virginia to Oklahoma and displaced roughly 1 percent of the entire U.S. population. The secretary of commerce, Herbert Hoover, already known as “the Great Humanitarian” for his handling of relief operations for starving Europeans during and after World War I, took charge. Hoover’s performance made him the most admired man in America and put him in the White House in the election of 1928.

Hoover used national policy and local execution. He set up competitions to procure relief supplies at a fair price. He cut deals with the railroads to reduce freight charges. He organized plans for scores of refugee camps that housed or fed more than half a million Americans. Local leaders, often from chapters of the American Red Cross headed by prominent men in the community, implemented the plans. President Calvin Coolidge put Hoover into the military chain of command so he could issue orders to soldiers and sailors, while also organizing a rescue fleet with hundreds of vessels. Little of the cost was actually absorbed by the federal government.[23]

We tell this story to highlight the difference between talk and action. One part of what leaders do is to “represent.” They represent concerns and values. They stand for goals. Most mass politics therefore occurs in the realm of culture.

In a great emergency, the balance shifts away from the world of postures and positions and poses, from the practice of politics as performance art. That still matters—public communication in a crisis is vitally important. But the balance decisively shifts.

It shifts more to the world of producing results on the ground, through operations and action. Every big city mayor who has to handle snowstorms knows this. When the weather forecaster predicts the blizzard, it’s too late to start putting in orders to buy snowplows.

In normal times, the U.S. government may issue a “strategy.” Such documents have devolved into usually just being statements of goals and aspirations. That is not real strategy.

Real strategy is a notion of how someone plans concretely to connect ends with means. It is a theory of the “how.” It is realized in blueprints of