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Why isolating older Americans would be a huge mistake in fighting the coronavirus

BY MICHAEL APKON, HOWARD P. FORMAN, AND JEFFREY SONNENFELD

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As the global economy turns for the worse amid the coronavirus outbreak, you can just imagine the entertainer George Burns saying, “Everyone who says they could fix the economy seems to be too busy driving cabs and cutting hair.” The catastrophic public health and economic consequences of the current pandemic have made everyone a policy expert.

In the New York Times last Friday, health expert David Katz weighed in on what many management, critical care, virology, epidemiology, and medical experts believe is a dangerously misguided recommendation. His argument is to triage infection testing for more vulnerable and older people, isolating them from their younger families and sending healthy, younger people back to work, school, parties, rallies, and concerts.

Katz thinks that diagnosing only older and more vulnerable people is more efficient and better for the nation’s economic well-being and that the risk of halting all economic activity is far more harmful. Nothing could be further from the truth. Older Americans are vital contributors to our economy and our communities. We should be encouraging intergenerational living, which facilitates the sharing of wisdom, energy, and optimism within the home.

Katz feels that given a lack of kits to test the general U.S. population, we should focus our efforts on the elderly, who appear to be more susceptible to serious illness from COVID-19, which is the disease caused by the coronavirus. We think this narrow approach is wrong and brings unacceptable risk to the rest of the population. This is based on a risky bet: that we can develop herd immunity in the general population by allowing enough people to get and recover from COVID-19 that it becomes less susceptible to spreading.

Testing the herd immunity hypothesis on our general population would be far too dangerous, exposing most Americans to a disease we still know far too little about. Instead, our best approach is to focus on flattening the curve of infections, so that too many people do not get it at one time to overwhelm our health care system.

As such, we believe the acute shortage of medical supplies, from masks to surgical gloves to hand sanitizer, is a far larger concern. The Centers for Disease Control and Prevention estimated in 2005 that if a pandemic similar to the 1918 Spanish flu hit the U.S., we would need 740,000 ventilators; we currently have only 160,000 nationally. How would testing only older people fix such an expensive and urgent problem?

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Besides, we need test results from young people too. The COVID-19 strain is novel, and evaluating its effect on people of all ages will help develop vaccines and other therapies for use among the general population.

And while COVID-19 has proven certainly more lethal for older people, there is increasing evidence that it's harmful—and potentially fatal—to younger, healthy people too. Twenty percent of those admitted to a hospital in the U.S. with COVID-19 symptoms are between the ages of 20 and 44. Are we truly comfortable asking younger people not to step out of harm's way?

What's more, Katz argues that "if we were to focus on the especially vulnerable, there would be resources to keep them at home, provide them with needed services and coronavirus testing, and direct our medical system to their early care." But our current medical system isn't particularly equipped to manage patients in this way. It's hard to believe we're really prepared to overhaul our health infrastructure in the midst of a pandemic.

Katz fears that COVID-19 will trigger economic impacts like those of the flu pandemic of 1957–58, which caused unemployment to nearly double and GDP to drop 10% annualized. During that event, we sought to protect our entire population, not a portion of it. Though we suffered short-term economic pain, we survived and flourished after it was over.

Sure, it would be wonderful to magically cordon off a piece of the population to spare us the worst effects of the coronavirus. But this is the real world. We are well into a massive pandemic that is long past containment.

The silver lining: We are not past mitigation. We need not lose our humanity or good sense. And we need an evidence-based approach and leadership more than ever.

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