Opinion

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OUR VIEW

Virus has a terrible sweet spot

The coronavirus that can cause COVID-19 hits a terrible sweet spot. It kills some people. But most infected people don't become very ill or die.

That makes COVID-19 less of a problem. It also makes it harder to convince the public COVID-19 is a problem, which can make it easier for the virus to spread and kill more people. That terrible sweet spot more or less guarantees new cases of COVID-19 as Oregon and the United States open up again.

The COVID-19 outbreak is similar to two other disease outbreaks caused by coronaviruses. What makes COVID-19 different is that although it has killed more people, it kills fewer of the people infected.

Remember SARS? SARS, or severe acute respiratory syndrome, was identified in 2002 and moved to 26 countries. The virus that causes it may have spread from bats to civet cats before infecting people. No cases have been found since 2004. It did, though, kill 774 people. SARS had a fatality rate of about 10%.

MERS, or Middle East respiratory syndrome, is another disease that may have originated in bats. The virus that causes it may have spread from bats, moved to camels and then infected humans. The cases originated in Saudi Arabia. It was identified in 2012 and spread to 27 countries. There were two cases in the United States. Both U.S. patients survived after being hospitalized. MERS has killed more than 800 people. Overall, MERS has had a much higher fatality rate of about 34%.

COVID-19 is believed to have originated in bats, too. The disease emerged in China. Of the more than 1.3 million known cases of infection in the United States, there have been more than 70,000 deaths.

A fatality rate for COVID-19 has not been established. It's not, though, as lethal as MERS or SARS. That lower fatality rate can help COVID-19 persist.

"It's sort of the sweet spot for the virus of survival and durability," said Deschutes County Health Services Director Dr. George Conway, during Wednesday's Bend City Council meeting. Scientists are still uncertain if having COVID-19 confers any sort of personal immunity from getting it again. Sometimes, diseases don't.

While we wait for a vaccine for COVID-19, Gov. Kate Brown is working on a plan to gradually reopen Oregon. The plan won't be perfect. It will be revised, revamped and maybe, at times, reversed. But social distancing is not going away. Masks should be worn in public to keep others safe. Don't let lockdown fatigue and the virus's sweet spot gang up for a win.

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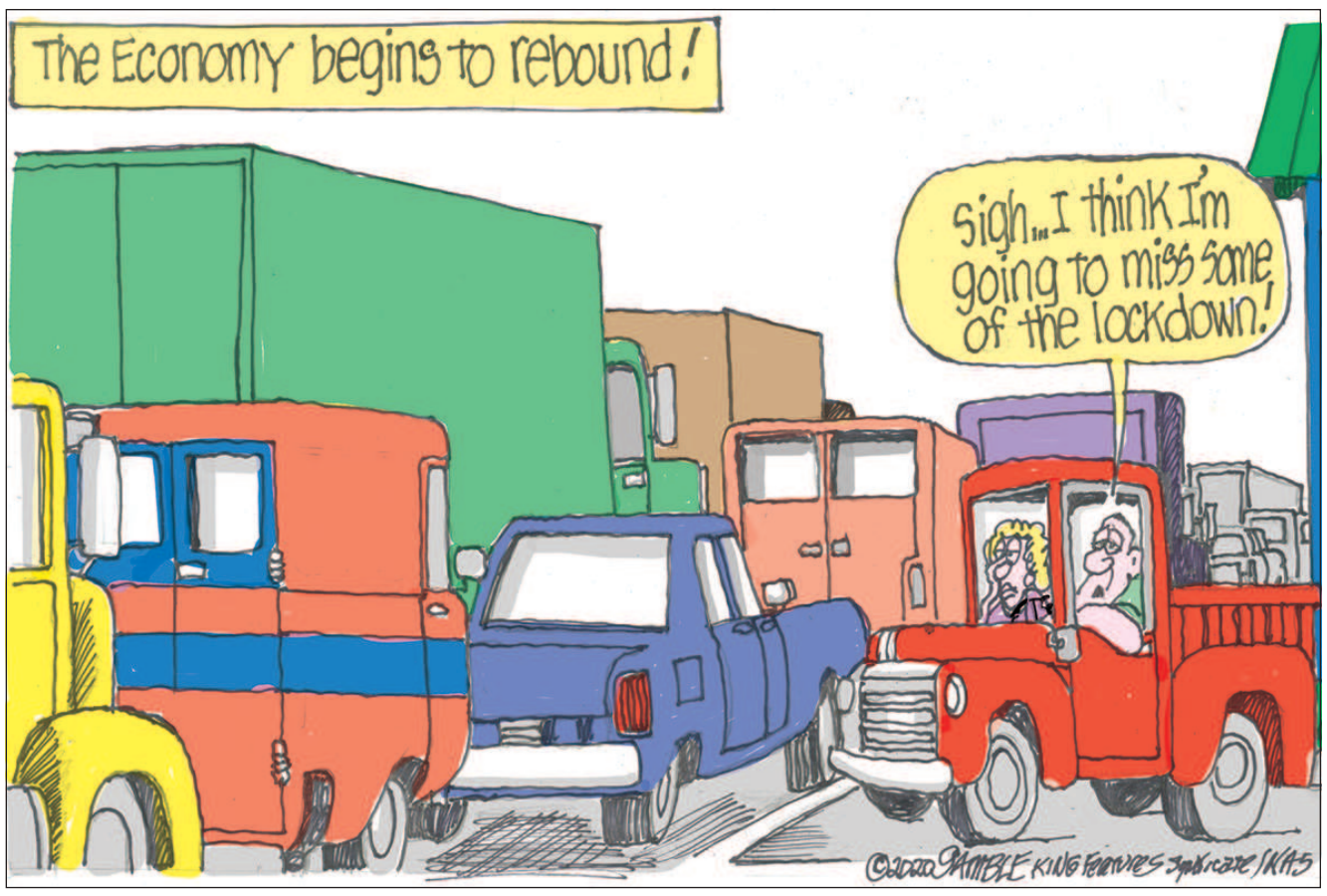

COVID-19 fight not a real war

IVO DAALDER

"We are at war." So declared Tedros Adhanom Ghebreyesus, director-general of the World Health Organization, three months into the fight against the novel coronavirus. If nothing else, it's a sentiment President Donald Trump and the head of the WHO wholeheartedly agree on. And so do many other world leaders.

Especially when it comes to the mobilization of resources, war may be an appropriate analogy for fighting a pandemic such as COVID-19. But its ultimate defeat will be nothing like a military victory and will require the kind of extensive global cooperation that is more associated with keeping peace than fighting wars.

From Lyndon Johnson's "War on Poverty" and Richard Nixon's "War on Cancer" to Ronald Reagan's "War on Drugs" and George W. Bush's "War on Terror," there's a long history of American presidents resorting to the language of war to mobilize action against major challenges and threats.

Trump was late to use the language of war, but once the extent of COVID-19's destruction became too hard to ignore, he fully embraced it. "The world is at war with a hidden enemy," Trump tweeted in mid-March. "WE WILL WIN," he reassured Americans. He depicted the "foreign virus" as an "Invisible Enemy," and saw America as being on a "wartime footing" and himself as the "wartime president." He called Americans "warriors" and urged them to defend against an attack that was "worse than Pearl Harbor ... worse than the World Trade Center" attack on 9/11.

Among other world leaders who've cast the fight against the virus as a war, President Xi Jinping called on the Chinese people to mobilize for a "people's war." Beijing's propaganda machine touted Xi as the "People's Leader commanding the decisive battle." And those citizens who had fallen to the disease were described as the war's "martyrs."

In Europe, too, leaders have resorted to martial language. President Emmanuel Macron declared France was "at war" against an enemy that is "invisible, elusive." In Britain, Prime Minister Boris Johnson, himself temporarily felled by the disease, has invoked Winston Churchill and the spirit of the Blitz, urging Britons to "directly enlist" in the fight while reassuring them they would "come through it stronger than ever."

The language of war can be used to bring a nation together in common cause, to mobilize resources for the fight, to underscore the need for sacrifice and to force early and effective action. When it comes to dealing with a pandemic, all these efforts are necessary.

But they are not enough. A virus, though deadly, is not like an enemy in war. While it attacks through physical interaction, the "attacker" is as likely to be a spouse, a child or a parent, as someone unknown to us. It can be countered through physical separation, but it will only be defeated through outside medical intervention.

Finding a treatment or vaccine is nothing like fighting a war. It requires widespread, global cooperation among scientists to research, discover and test possible drugs — and then to manufacture, distribute and deliver them all across the globe. And victory comes not from a single battle or even from the virus's defeat in one nation or region. It only comes from its defeat everywhere. When it comes to a pandemic, no one is safe until everyone is safe.

Many understand this need for cooperation. Earlier this week, leaders from around the world connected virtually to pledge their support and more than $8 billion to fund vaccine development and research on diagnosing and treating the disease. The United States was notably absent from the effort, while China, which was represented by its ambassador to the European Union, pledged no funding.

Asked why President Trump did not join his world colleagues and pledge U.S. support for this global effort, a senior State Department official said Washington was doing its part. "The United States is riding to the sounds of the gun, boldly heading into the fight to stop this pandemic," Jim Richardson, director of foreign assistance, said in a news briefing. "Retreat is simply not an option."

Here lies the deeper danger of seeing the fight against this pandemic as a war. Wars rarely end by vanquishing the enemy. Most often, they end in stalemate, because of exhaustion, or through negotiation. But viruses don't negotiate, and in this pandemic, a "stalemate" means thousands will continue to die, every single day.

We are in this together, former President George W. Bush said so eloquently last weekend. "We are not partisan combatants. We are human beings, equally vulnerable and equally wonderful in the sight of God. We rise or fall together. And we are determined to rise."

Ivo Daalder is president of the Chicago Council on Global Affairs and a former U.S. ambassador to NATO.

Your views

We support Loran Joseph for Baker County Commission

The world is changing and our county must begin adapting in order to protect what we value. It's time to shake things up a little. We need to insert energy and innovative ideas into the leadership circles. We support Loran Joseph for County Commissioner.

Molly and John Wilson
Baker City

GUEST EDITORIAL

America needs to accelerate COVID-19 testing system

Editorial from Bloomberg:

Congress included $25 billion for coronavirus testing in its recent aid package, and told the Trump administration to quickly expand testing capacity, develop better and faster tests, and create a "strategic testing plan" for the country. It's frustrating that lawmakers needed to spell this out. The White House should have long recognized its responsibility to support and coordinate state, local and private efforts.

Months into the pandemic, testing capacity in the U.S. has improved but is too small to show how quickly the virus is spreading. This makes reopening the economy hazardous. Even when the rate of transmission has fallen enough to allow some easing of restrictions, it won't be safe to let people congregate until new infections can be quickly identified and isolated. There's a risk, otherwise, of new viral flare-ups and even a second and worse wave of the disease this fall. Once COVID-19 is eventually brought to heel, a national testing strategy will be needed to confront the next emerging virus.

Granted, even though President Donald Trump told the states that testing was their job, the White House has helped here and there — boosting the production of swabs, rustling up test kits and supplies, and increasing payments to laboratories to enable them to expand. But the administration failed in its most crucial task: coordinating state and private efforts. Public and private laboratories have competed against one another for essential supplies, and governors have been forced to scramble as best they can. Maryland Gov. Larry Hogan called on his Korean-speaking wife to negotiate a deal to buy 5,000 test kits from suppliers in South Korea.

Some states have managed better than others, in the absence of clear national standards on how much testing is needed, and without consistent help in finding labs with capacity. An effective national strategy would help states, cities, hospitals and private labs work together.

The good news is that efforts to expand testing capacity are starting to pay off, if more slowly than anyone would like. In the past week, some 1.75 million people were tested in the U.S. But public health officials want to see that number double. In a report last month, former Food and Drug Administration leaders Mark McClellan (from the George W. Bush administration) and Scott Gottlieb (from the Trump administration) said the Centers for Disease Control and Prevention needs to set standards for all 50 states to test widely and conduct "contact tracing" to find and isolate everyone exposed to the virus. So far no states have sufficient capacity, though systems are being set up in Massachusetts, New York and California. (Bloomberg Philanthropies is helping develop the New York program.)

The Health and Human Services Department can use its $11 billion in state testing funds to ensure that the tests are high-quality and meet minimum standards for thoroughness, and that complete and consistent data are reported electronically. Age, race, location and health status are necessary to show how COVID-19 works. The Centers for Medicare and Medicaid Services can also bring financial incentives to bear, setting its reimbursement rates to reward labs for using the most effective tests.

Millions of them need to be done every week — until a vaccine brings immunity. Yes, states should be expected to manage their own operations well. But in a national emergency, they could do that much better with proper guidance and support from Washington.