Producing Fear for the Greater Good?
The Ethics of Truth and Public Safety during the COVID-19 Pandemic

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On December 31, 2019, the World Health Organization (WHO) received reports of several cases of pneumonia of unknown origin from Wuhan in the Hubei Province of China. The causal agent would soon come to be known as COVID-19, a novel coronavirus previously undetected in humans, and spread around the world within a matter of weeks causing ailments such as fever, cough, breathing difficulties, and "in more severe cases pneumonia, severe acute respiratory syndrome, kidney failure, [or] even death" (Mayo Clinic, 2020). By March 11, 2020, WHO officially classified the outbreak as a pandemic with 126,214 confirmed cases and 4,628 deaths.

Due to COVID-19's rapidly developing nature and our limited knowledge of it, medical communities around the globe quickly issued recommendations for social distancing practices. Measures such as keeping 6 feet away from others, the closure of non-essential businesses, and self-quarantine at home have been urged as effective ways to "flatten the curve," or to "slow the spread of the virus so there's not a huge spike in illness all at once" (Godoy, 2020). In an interview with National Public Radio, Drew Harris, a population health researcher at Thomas Jefferson University in Philadelphia, explained:

> If you think of our health care system as a subway car and it's rush hour and everybody wants to get on the car at once, they start piling up at the door. They pile up on the platform. There's just not enough room in the car to take care of everybody, to accommodate everybody. That's the system that is overwhelmed. It just can't handle it, and people wind up not getting services that they need (Godoy, 2020).

However, in the face of the alarm raised many young and healthy Americans have been relatively unbothered. Since news of the virus has thus far been primarily focused on the dangers to the elderly and immunocompromised, many young adults have ignored the calls for social distancing and gone about life as usual. Regardless of the recommendations to stay home, there was still a surge in travelling during mid-to-late March 2020 as university students went on their regularly scheduled holiday trips. In fact, CBC News spoke with a number of young vacationers in Florida who appeared to be more upset about business closures than about the virus: "If I get corona, I get corona. At the end of the day I'm not gonna let it stop me from partying… We've been waiting for Miami spring break for a while. The bars and restaurants are closed but we'll find ways to have fun" (CBC News, 2020). In one high-profile case, over 200 college students in from the University of Texas at Austin travelled to Cabo for spring break and

49 of them returned testing positive for the virus (Sullivan, 2020).

Despite the focus and assumptions of the virus' effects on older adults, on March 18, 2020 the Center for Disease Control (CDC) COVID-19 Response Team released a Morbidity and Mortality Report which contained the claim that about 40% of patients known to have been hospitalized from the virus were between the ages of 20 and 54. This is a distressing statistic for all adults, but particularly for those young adults who may have previously believed they were not vulnerable. Many were tempted to use this statistic to persuade or scare youth into staying away from public places and gatherings. Two days after this report was issued, WHO director Tedros Adhanom Ghebreyesus issued a grave warning urging young adults to stay home: "Data from many countries clearly show that people under 50 make up a significant portion of patients requiring hospitalization. I have a message for young people: You're not invincible, this virus could put you in the hospital for weeks or even kill you" (WHO, 2020). For young adults who may have thought they were not in danger from the coronavirus, this information is unsettling. Not only have a significant number of severe cases come from their age group after all, but if the curve isn't flattened and the health care system becomes overwhelmed, they might wonder: would they be able to receive medical attention if they get sick? As the situation appears more dire, young adults may become more fearful and anxious – perhaps even to an apocalyptic extreme.

While the virus is a serious concern for all ages, it is still important to consider the claims about youth risk in context: though the 40% figure does map accurately according to the data reported from the COVID-19 Tracking Project at the time, there is very limited testing among the general public, especially for younger adults. Taking this into account, there are probably significantly more people in this age group who have the virus than have been tested for it, relative to older adults. The few who have been tested are likely those who have shown symptoms, but it is still possible for people to contract the virus and never know it – due to an absence of serious symptoms, they never seek testing or medical care. Thus, the 40% of hospitalized COVID-19 cases who are 20-54 may very well over-represent the total number of people in that age range with COVID-19 who currently or will need hospitalization.

Should health authorities use this part of the report to persuade young adults to act in a way that promotes public safety even if they aren't as much at risk as one way of interpreting this data suggests? Even if 20 to 54-year olds are severely underrepresented in the testing system and their risk of hospitalization is lower than other age groups, there's still the chance that young asymptomatic carriers may unknowingly spread the virus to those older adults who are more at risk and likely to need hospitalization. On one hand, using not-entirely-baseless but nonetheless misleading statistics in fear appeals could lead 20-54-year olds to do the beneficial thing regarding public health. For example, rather than go about life as usual, such a use of statistics might scare them into taking seriously the recommended social distancing practices to help flatten the curve of COVID-19 and save more lives in the long run. On the other hand, causing undue fear could take a toll on individuals' mental health which can lead to other social problems, as paranoia can result in behaviors like panic-buying and hoarding – leading to effects

where others can't get the care or supplies they need. And critics could even worry that spinning fearful statistics as actually indicating a special risk that young adults face is tantamount to lying—even if for a benefit social purpose. With lives on the line in a global pandemic, how much detail and nuance should persuasive health campaigns insist upon in promoting public health?

Discussion Questions:

1. What are the central values in conflict in the decision to use de/contextualized or "spun" statistics?
2. Is there, or should there be, a prioritization of health? What should be prioritized: older or younger adults, or physical or mental health?
3. Is there a creative way to communicate in a contextualized, truthful way so that young people will take seriously the calls for social distancing *without* causing undue fear?
4. How much nuance or complexity should communication about important scientific issues contain, especially if it decreases the message's persuasive value?

Further Information:

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