

Restarting America Means People Will Die. So When Do We Do It?

Five thinkers weigh moral choices in a crisis.

By The New York Times Magazine

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The politics of the coronavirus have made it seem indecent to talk about the future. As President Trump has flirted with reopening America quickly — saying in late March that he'd like to see “packed churches” on Easter and returning to the theme days ago with “we cannot let this continue” — public-health experts have felt compelled to call out the dangers. Many Americans have responded by rejecting as monstrous the whole idea of any trade-off between saving lives and saving the economy. And in the near term, it's true that those two goals align: For the sake of both, it's imperative to keep businesses shuttered and people in their homes as much as possible.

In the longer run, though, it's important to acknowledge that a trade-off will emerge — and become more urgent in the coming months, as the economy slides deeper into recession. The staggering toll of unemployment has reached more than 16 million in just the last three weeks. There will be difficult compromises between doing everything possible to save lives from Covid-19 and preventing other life-threatening, or -altering, harms.

When can we ethically bring people back to work and school and begin to resume the usual rhythms of American life? We brought together by video conference five different kinds of experts to talk about the principles and values that will determine the choices we make at that future point. One of them, the bioethicist Zeke Emanuel, led a group from the Center for American Progress that earlier this month presented a plan to end the coronavirus crisis. First, the group said, the country needs a national stay-at-home policy through mid-May. (Eight governors still haven't issued such orders statewide.) In the intervening weeks, testing would have to ramp up to test everyone who has a fever, or lives with someone who tests positive for Covid-19. Contact-tracing — identifying and notifying people who have been in proximity to someone infected — would become comprehensive. People who have the virus or a fever, or those in proximity to them, would be isolated. There would also be testing of a representative sample in every county, to determine the rate of infection in the population, as well as mapping and alerts to inform the public about the location of Covid-19 cases.

If these efforts are successfully put in place, Emanuel hopes the current restrictions could begin to ease in June. At that point — or later, if the necessary steps have not been taken — we will need to rethink how we manage risk, recognizing trade-offs among various harms and benefits. That's what the panel discussed.

The Panelists

The Rev. Dr. William J. Barber II is president of the nonprofit organization Repairers of the Breach and co-chair of the Poor People's Campaign: A National Call for a Moral Revival, which is holding a digital Mass Poor People's Assembly and March on Washington on June 20.

Anne Case is an emeritus professor of economics and public affairs at Princeton University and co-author, with Angus Deaton, of the recent book “Deaths of Despair and the Future of Capitalism.”

Zeke Emanuel is vice provost for global initiatives and director of the Healthcare Transformation Institute at the University of Pennsylvania; host of a new podcast about coronavirus, “Making the Call”; and author of the forthcoming book “Which Country Has the World's Best Health

Care?"

Vanita Gupta is president and chief executive of the Leadership Conference on Civil and Human Rights and former head of the U.S. Justice Department's Civil Rights Division.

Peter Singer is a bioethics professor at Princeton, author of "The Life You Can Save" and founder of the charity of the same name.

Emily Bazelon, a staff writer for The New York Times Magazine, moderated the discussion, which has been edited and condensed for clarity.

What Are the Trade-Offs of Reopening the Economy in the Near Future?

Emily Bazelon: Zeke, how are we doing on reaching your goal of beginning to partly reopen in June?

Zeke Emanuel: I'm not wildly optimistic, would be my answer. We still don't have a consistent shelter-in-place policy nationally; there are too many exceptions allowed in different states. We haven't normalized things like wearing masks outside. We need infrastructure for testing in real time, so you don't get results 5 or 6 or 7 days later. We need real contact tracing that uses technology so that you can do it very rapidly. Getting the ball rolling on this, I'm concerned about.

Bazelon: If we have to restart the economy step by step, not all at once, does that mean deciding whether a workplace can do social distancing safely?

Emanuel: Yes, restarting the economy has to be done in stages, and it does have to start with more physical distancing at a work site that allows people who are at lower risk to come back. Certain kinds of construction, or manufacturing or offices, in which you can maintain six-foot distances are more reasonable to start sooner. Larger gatherings — conferences, concerts, sporting events — when people say they're going to reschedule this conference or graduation event for October 2020, I have no idea how they think that's a plausible possibility. I think those things will be the last to return. Realistically we're talking fall 2021 at the earliest.

Restaurants where you can space tables out, maybe sooner. In Hong Kong, Singapore and other places, we're seeing resurgences when they open up and allow more activity. It's going to be this roller coaster, up and down. The question is: When it goes up, can we do better testing and contact tracing so that we can focus on particular people and isolate them and not have to reimpose shelter-in-place for everyone as we did before?

Anne Case: The idea that tables could be spread far enough apart that it would be safe to open restaurants — maybe that'll happen in many cities, but it seems highly unlikely that sector will bounce back, which means there are all these service workers who are not going to find work in the sector they were working in. Losing that for 18 months, that's enormous. Eventually, when the time comes for people to go back to work, I worry that some large fraction of working-class people won't have work to go back to.

Peter Singer: If we're thinking of a year to 18 months of this kind of lockdown, then we really do need to think about the consequences other than in terms of deaths from Covid-19. I think the consequences are horrific, in terms of unemployment in particular, which has been shown to have a very serious effect on well-being, and particularly for poorer people. Are we really going to be able to continue an assistance package to all of those people for 18 months?

That's a question each country will have to answer. Maybe some of the affluent countries can, but we have a lot of poor countries that just have no possibility of providing that kind of assistance for their poor people. That's where we'll get into saying, Yes, people will die if we open up, but the consequences of not opening up are so severe that maybe we've got to do it anyway. If we keep it locked down, then more younger people are going to die because they're basically not going to get enough to eat or other basics. So, those trade-offs will come out differently in

different countries.

The Rev. William Barber: Even when we take the rich countries, poor people know from history that every time there is some great struggle, whether it's the Great War, or the Spanish flu, or the recession of 2008, they are hit the hardest.

The United States has a whole lot of wounds from decades of racist policies and the criminalization of the poor. In 2011, Columbia did a study that we've updated: At least 250,000 people die every year from poverty in America. Now, in a pandemic, that's an open fissure.

Washington made a terrible mistake by passing a \$2 trillion bill without providing for a living wage or including all workers in the promise of sick leave or providing for free treatment for this illness. Millions of people won't even get the \$1,200 checks, for example if they are undocumented.

It's almost as if some people think they can put a fence around the groups they left out. But the more people you have caught in the gaps — people who don't have a home to stay in, or who have to go to work even if they're sick — the more it keeps the virus alive. If you don't address poverty, you can't stop the virus, and you can't reopen the economy.

Vanita Gupta: Even now we're making trade-offs. We should be more honest about it. Many of the folks we call essential are low-wage workers, and we depend on them to keep grocery stores and pharmacies open. To a degree, the decisions about reopening in the future are about whether we're comfortable with the professional classes becoming part of the trade-off by going back to their offices. And the pandemic highlights the divide between workers with paid sick leave and without. Only 47 percent of private-sector workers in the bottom quarter for wages have paid sick leave, compared with 90 percent in the top quarter, according to the Economic Policy Institute. Covid-19 is further revealing the country's profound inequality and structural racism.

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Bazon: The economist and philosopher Amartya Sen recently pointed out to me that the presence of disease kills people, and the absence of livelihood also kills people.

Case: It's true that poor people, on average, die younger than well-off people. But their death rate hasn't precisely tracked the unemployment rate. It's the long-term decline in jobs for people without a bachelor's degree that has increased mortality among working-class people, by leading to drug overdose, suicide and alcoholism-related deaths. This is a process that has been going on for 50 years, since the 1970s. That's the main finding of my work with my husband, the economist Angus Deaton.

That said, we also found something counterintuitive — fewer people die during recessions than in boom times. During boom times, more people die in motor-vehicle accidents and on construction sites. There's more pollution,

which is bad for infants and young children. And the elderly get less care. So all of those groups, but especially the young and old, are better protected during recessions than they are during boom times.

It's hard to predict the future based on the 20th century. But fewer people died during the Great Depression in the 1930s than during the boom years of the 1920s. And during the Great Recession of 2008-9, a third of the people in Spain and Greece were unemployed, but their mortality rates fell.

Emanuel: But Anne, this is going to be a different kind of recession, right?

Case: Probably, yes. We don't know.

Emanuel: Well, I would say we do know in two important ways. First, we're going to be separated from each other by this physical distancing. We still have no idea what that will wreak for human beings, as a social species.

Second, this recession is wiping out huge swaths of types of employment. Yes, some of these service industries will eventually come back. But they are wiped out for a lot of people who were in them. And so I do think the sort of negative consequences — deaths from drugs, alcohol, suicide — that you've identified in your book, "Deaths of Despair and the Future of Capitalism," may in fact come back to haunt us. Previous research might not be able to get at this, and I truly worry about it.

Case: I agree with that. Two points, though. Some of the things that reduce mortality are happening in this recession. One being less pollution, which protects children, and another being fewer motor-vehicle accidents.

But as you say, isolation is a risk factor. Community is lost, people breaking bread together. If you can't go to church because your church is closed, if you're in recovery and you can't go to an Alcoholics Anonymous meeting, if you can't go see your parents and get some solace from them, then yes, I think that that kind of isolation puts people at higher risk for drugs and alcohol and suicide. But the risk of death from Covid-19 is larger than someone dying from the use of alcohol or drugs. There are now around 50,000 suicides in the United States each year. Pit that against how many lives we can save by keeping social distancing longer, and I think I'd weigh in favor of social distancing.

When people are unemployed for more than six months and knocked off their life path, yes, it's very harmful, but it takes a long time to die a death of despair. It's long term, over years, largely because of the social effects — the difficulty of having a stable home life and the loss of ties to your community. We might see it in the mortality figures in five years. At some point we consider those longer-term consequences, but it's a very tricky balance to strike.

Gupta: When we talk about the impacts of the recession, who will be first to be hired back, and who will be last? Not everyone will experience the recovery evenly. After the 2008 financial crisis, home-ownership rates bounced back for most people, but not for African-Americans. Their home-ownership rates were as low in 2015 as they were when the Fair Housing Act was passed in 1968.

Singer: Can I just get on the record that we're talking about affluent countries? Because the consequences of economic recessions in low-income countries are quite different. In India, for example, it has been reported that the lockdown has forced many of the country's 120 million migrant workers to return to their homes, and with public transport shut down, some of them are walking hundreds of kilometers with no food or water other than what kind people along the way give them. When they do get home, many will have no income.

Case: Yes, I was talking just about the richer countries.

Singer: We need to think about this in the context of the well-being of the community as a whole. Even if what Anne says about the recession is right, we are currently impoverishing the economy, which means we are reducing our

capacity in the long term to provide exactly those things that people are talking about that we need — better health care services, better social-security arrangements to make sure that people aren't in poverty. There are victims in the future, after the pandemic, who will bear these costs. The economic costs we incur now will spill over, in terms of loss of lives, loss of quality of life, and loss of well-being.

I think that we're losing sight of the extent to which that's already happening. And we need to really consider that trade-off.

I think the assumption, and it has been an assumption in this discussion, that we have to do everything to reduce the number of deaths, is not really the right assumption. Because at some point we are willing to trade off loss of life against loss of quality of life. No government puts every dollar it spends into saving lives. And we can't really keep everything locked down until there won't be any more deaths. So I think that's something that needs to come into this discussion. How do we assess the overall cost to everybody in terms of loss of quality of life, loss of well-being, as well as the fact that lives are being lost?

Barber: You know, as a pastor, I live with death. What I struggle with is not that people are going to die. I struggle with the history, in this country, of deaths not counting equally. Of saying it doesn't really count the same if First Nations people die off. Or poor people. Or black people. Even during slavery, certain slaves were expendable, because slave masters took out life-insurance policies on them. Now I'm hearing numbers that 40 percent of those dying in Michigan are African-American even though they represent 14 percent of the state population, and that in Louisiana, 70 percent who have died are African-Americans even though they are one third of the state.

Much of that traces back to the structural inequities that make people more susceptible to this sickness — the lack of health care and a living wage. The virus exists on top of the underlying vulnerabilities, and those exist without major outcry. That's what troubles me: the way we accept in this country the death of 700 people a day from the effects of poverty, without the virus.

What Parts of the Economy Can Reopen First?

Bazon: Let's talk about the choice to open school in the fall if the pandemic is suppressed but could come back. While young people can get very sick from Covid-19, it's older people who are dying disproportionately from this virus.

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I worry about the kids who are out of school. This is also an aspect of the pandemic that hits poor families hardest. Fewer low-income students can access online learning, which is likely to lead to an increased achievement gap based on class. As we consider how to reopen in stages, in June or beyond, how should we balance the interests of kids, who are at relatively low risk from the virus, and older adults, who are at higher risk?

Emanuel: Actually, I think one of the ways we could start reopening is figuring out how young people can go to summer school and to camp. My reading of the data is that only a tiny percentage of deaths are occurring under the age of 30. It's not zero, but it's pretty damn close. And the achievement gap is a real concern, as is depriving kids of all their social activity. What does it mean to teach a first grader online? I'm not sure how possible that really is in the long run.

So then you say, All right, maybe we've got a pool of kids who can actually go to camp or summer school. Give low-

income kids all the help they would need to access those programs. Everyone would have to opt in: counselors, teachers, administrators and parents on behalf of their kids, knowing that the kids could get coronavirus and bring it home and infect them. But I think that's a possible way of unlocking parts of the economy and addressing some of the inequality we've been talking about.

Then in the fall, we try to add the universities. Again, the staff members and the professors would have to opt in. For some, even many of them, the risk may be too high.

Gupta: When we talk about potentially having young people return, or having geographic pockets return to normal, how does that even work? How do you have tiers of people, with some re-entering while others do not, when the goal is to keep flattening the curve?

Emanuel: Of course, look, there are all sorts of issues. You're going to have to transport these kids. Who's going to transport them? That's why I think the participating adults have to opt in. In my dreams, camps with a lot of teenage counselors. But you still need administrators, food service workers and drivers. It's a big rigmarole. On the other hand, it's a rigmarole we have the infrastructure for. We have a camp system like no other country. And for the fall, we have schools.

I don't know how else we're going to do it, frankly. You can't just flip a switch and open the whole of society up. It's just not going to work. It's too much. The virus will definitely flare back to the worst levels. So I think you are going to have to do segments. Again, this requires testing and tracking, so you reduce the risk of the infection spreading, even if it doesn't come down to zero.

Bazon: Should we make reopening school the highest priority, even though there are going to be trade-offs, and maybe some increase in deaths?

Emanuel: Well, I think as long as teachers can opt in and administrators can opt in and parents can opt in. Maybe I'm crazy, but I think a lot of parents would consider it and be willing to run some risk to themselves.

Singer: I think that's not crazy at all. I think it makes a lot of sense, for a number of reasons. One, it's offering people choices. Hopefully they'll be informed in making those choices, but I do think that people can make their own trade-offs and that many parents will think it's incredibly important that their children go back to school. Maybe it will also enable them to go on with other things because they're not looking after children at home.

When people look at the number of deaths from coronavirus and they say, You know, this is comparable to the Vietnam War, well, the Vietnam War killed mostly younger people. This is killing mostly older people. I think that's really relevant. I think we want to take into account the number of life years lost — not just the number of lives lost.

The average age of death from Covid in Italy is 79½. So you do have to ask the question: How many years of life were lost? Especially when you consider that many of the people who have died had underlying medical conditions. The economist Paul Frijters roughly estimates that Italians lost perhaps an average of three years of life. And that's very different from a younger person losing 40 years of life or 60 years of life.

Of course, young people who go to camp or school won't take risks only for themselves. They may infect their parents or their grandparents, say, in my own category — I'm in the 70-plus age group, so I'm at high risk. But you know, by summer or fall, grandparents may be prepared to say, OK, I think it's really important that my kids don't miss out on their education. And that would be a reason for saying the lockdown should not continue for very long in the total state that it's in in many places.

Bazon: The lieutenant governor of Texas was criticized a few weeks ago when he said on Fox News that a lot of grandparents, himself included, would be willing to take risks to save the economy. Was the problem that he presented a false choice, because he spoke so prematurely?

Emanuel: Yes. With Covid, remember, even though 80 percent of the deaths are people over 65, if you've got a large number of deaths, there are still going to be a large number of people in the prime of life, age 30 to 59, who die.

Let me be clear: The kind of shift to reopening we're talking about can happen only once we have a lot of other infrastructure that makes the public-health side of the equation work well. So that's the way I think about it. If in June we're in the same place we are today — we can't get testing, we can't do contact tracing, we haven't put that infrastructure in place — then you are not opening up in June.

Barber: The problem with the lieutenant governor was not that he was premature. It was that he had no standing to talk about who should sacrifice themselves, because he has promoted many policies before this that were already causing so many deaths. As a Republican in Texas, he refused to expand Medicaid. Texas has the most people without health insurance in the country.

I used to say, I'm willing to put my life on the line so that my children can be better. I understand the concept. But we have to be very careful, because there are people who will pick up what you're saying and use it to revive social Darwinism. We have folks — they prove it every day by their policy decisions — who do not mind certain people dying as long as it's hidden, it's out of the way.

Bazon: Zeke, you're the author of a 2014 article in *The Atlantic* called "Why I Hope To Die At 75." You argued that living too long leaves us in a state of decline, which "may not be worse than death but is nonetheless deprived." I realize you're not imposing your feeling about age on other people, but how does it inform your thinking about the pandemic?

Emanuel: Well, you know, "I hope to die at 75" is a personal preference, not a policy proposal. But I think that's a different issue than what risk I am willing to personally take with getting infected with the coronavirus, and how we ought to think about other people taking those risks. I can take all sorts of different kinds of risks as long as I don't impose them on other people.

I am a big believer in using life-years saved, rather than just number of deaths avoided, as the goal, especially when you're forced to choose between two people and you have only one ventilator. In talking to lots to audiences, I've presented them with a choice not about the coronavirus, but about who gets a liver transplant. The scenario is: I have one liver and three people; one's older, one's a young adult, one's a young child. Who gets it? Often, no one in the audience will give it to the old person. Or maybe one out of 100. I've presented this in the United States, China and scores of other countries. The responses are always the same — most people say the young adult gets the liver, and a smaller number opt for the young child.

How Will the Pandemic Change America?

Bazon: We've talked about the importance of contact tracing in the next phase of fighting the virus, as a means of reducing social distancing. South Korea and Singapore, which have had much better success than the United States in suppressing the virus, have used cellphone data to pinpoint exactly where people with the virus are, and then warn other people, if they've been in proximity to those people. For privacy advocates, this is kind of terrifying. Do we trust American public-health authorities with these kinds of surveillance tools?

Gupta: I think that most people, in order to preserve public health in the midst of this pandemic, are willing to give up a lot of privacy. The government has, rightfully, some extensive powers to deal with contagious diseases. In some cases, those powers could override individual rights. I think it would be foolish for us to not leverage technology to help us during the pandemic, and the public-health community has said contact-tracing is critical.

But we have to make sure that when we are through this crisis that our country isn't transformed into a place we don't want to live. There are some nefarious things that we have to look out for. This administration has been preying on immigrants and people of color. There are a lot of reasons to be very concerned about this data getting into the government's hands permanently, for law-enforcement tracking. And there are for-profit companies seeking to create a market of surveillance and exploit the moment to do this.

So there have to be guard rails. We have to ensure the data is used only for contact-tracing for Covid, not for any other purpose. It must be deleted after a set number of days. And we should have an independent commission, with civil libertarians on it, overseeing all of this. We should think about it the way we think about census data: Since the 1940s, we've passed strong laws to make sure that its information can't be shared with law enforcement or other government agencies.

Case: Are you optimistic that those guardrails will be written into law?

Gupta: Well, privacy is actually an area of the law that has bipartisan support, brings the libertarians together with the progressives. So I think it's possible. But the sense of urgency that I hear from public-health officials about the need for contact-tracing, and the need for mass testing — do we have time to put the guard rails in place? I don't know. Congress could do it if there's political will.

Emanuel: In the Center for American Progress plan, we proposed an independent group to put the sources of data for tracking together. And the data has to be destroyed after 45 days, so that you don't have a situation where, for example, Facebook is helping with this, and Facebook is going to retain that data, and then they know who's Covid-positive and know who's not.

Bazon: In the next phase, whenever it begins, people who have had the virus and recovered will presumably have some kind of immunity. We don't know for how long, but even if it's not permanent, the history of other viruses suggests it could exist for the time it takes to develop a vaccine. Britain and Italy are already talking about issuing immunity certificates, or passports, which would allow people to go back to work and to school. You can see the value of being in this category. Is this a beneficial and necessary step? Do you have any concerns about it?

Singer: The obvious concern is that some people will deliberately go out and get the virus, because they'll assume that they will be OK. And then they will get this very valuable document that will enable them to work when other people can't. And so will people be spreading the virus more — will they be imposing risks on themselves that maybe aren't prudent for them healthwise? Can we just leave those choices to them? I'm not quite sure how that will work. On the other hand, it's hard to see other ways of opening up the economy without doing something like that.

Emanuel: I do think we're going to end up with an immunity passport, probably an electronic one. Because we would love to have teachers who we know are Covid-immune. We would love to have people working in the hospital, or in nursing homes, who we know are Covid-immune.

Even if you look at the conservative models that the president and the White House Coronavirus Task Force are putting out, they're talking about 10 to 20 million Americans being infected, and therefore most likely being immune for some amount of time. That is a very powerful cohort that you don't want just sitting at home on the sidelines, if

you can restart parts of the economy with them. And it seems to me inevitable

Now, Peter raises a good point about immunity passports. Are people then going to become deliberately infected? For some people, that might be a risk they're willing to take. We know people can do stupid things and not weigh the risks properly, but I think it would be worse to have 20 million people who could be productive and helpful and not put them to work getting the economy going.

Look, one of the most important things about a pandemic that we have yet to have, except in the medical community, is a strong shared sense of purpose. Now, in the medical community, it's obvious what you're doing: You're sacrificing every day on the front lines, caring for patients. There are lots of other people who are very willing to do their part, and they are, like grocery-store employees who are packing and selling or delivering food.

But we haven't had the national leadership that gives everyone a purpose. If we did, I think it would make a lot of what we have to do much easier to manage. I think people are going to be willing to do lots of things — like physical distancing, like wearing masks, like caring for other people — that we have yet to see fully realized. As the British showed during World War II, deprivation can be endured for a long time if you have that sense of shared higher purpose.

Case: If people perceive themselves as being at war together against the virus, that could be really protective against suicide. Suicides went down in America during World War I and World War II. The idea that we had a purpose seemed to help people.

At the state level, governors like Andrew Cuomo in New York have gotten people to think they're all in this together. It would be really good to see that at the national level — and we haven't yet.

Gupta: I worry that it's going to take a lot more death or direct deprivation, in parts of the country that are currently feeling the effects less, before people are really able to feel the sense of kind of national purpose and mobilization.

Case: One thing that this epidemic may do, and this would be just a sliver of a silver lining, is cause fundamental change in our health care industry. We spend twice as much per capita on health care as most of the rich countries in the world, and our outcomes are often worse, which means we waste a lot of money. And that money is coming out of the wages of regular people, since we use our employment system to fund health care.

Now there are people who are going to face tens of thousands of dollars of medical bills for having been put on a ventilator. There are predictions that health-insurance premiums could rise by as much as 40 percent. I think something is going to break. And when it breaks, we may think about real reform.

Bazon: If you imagine the pandemic as a bridge to changing the health care industry or strengthening the social safety net, how does that happen? Are you thinking about something like how the Great Depression produced the New Deal?

Case: Well, the Gilded Age eventually did lead to the Progressive Era. Inequality in income and wealth were as high then as they are now, but the time was ripe for legal changes limiting corporate power. It is possible we could see an overwhelming consensus develop that we cannot continue to run health care as we have.

Singer: That's pretty optimistic, I think. Maybe the Depression brought the New Deal in the United States, but look what it brought in Germany.

Emanuel: Right, in Germany they got Hitler and in Italy, Mussolini, and in Spain, Franco. Economic upsets can

produce ugly authoritarian responses.

Singer: We are already seeing authoritarian leaders in Europe using the crisis to strengthen their emergency powers in places like Hungary, for example. So, I think there is a real threat of that in many parts of the world.

Gupta: We're seeing that in the United States too, with the attorney general seeking emergency powers and then trying to walk that back when he met bipartisan resistance.

Barber: We are clearly seeing some signs that are very dangerous. The way in which we cater to corporations, the spotty-at-best leadership, the evil that is hidden in the \$2 trillion deal Congress passed.

But we are reminded in the Easter season that great suffering can be redemptive. It's not something you plan for, you don't want it, but if this suffering continues, and people have to see things like they've never seen and feel things like they've never felt, it may actually push us to the point of recognizing that everybody has a right to live — that if they don't live, we don't live.

We have been a hard nation to change. This moment combines the fear of mortality, it combines the fear of losing our money and it combines the fear of losing our community. And those fears, suffered long enough, may just have the impact of creating an antibody that will be a moral revival in this country in which all of us come together.

I have some strange hope that out of all this pain will come a new context in which America, with all of our divisions, with all of our past, will make some decision about how we restart that doesn't just accept normalcy. This pandemic is saying to us that the old normal would be a waste, that it would dishonor all the people who have died and who have sacrificed to save lives. The old normal would mean that the people we deemed essential workers still lack health care, still lack living wages and sick leave. No. We sent you into battle without armor, so to speak, and you fought for us — now we have to change that.

The Coronavirus Outbreak

Frequently Asked Questions and Advice

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• When will this end?

This is a difficult question, because a lot depends on [how well the virus is contained](#). A better question might be: "How will we know when to reopen the country?" In an [American Enterprise Institute report](#), Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson [staked out four goal posts for recovery](#): Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who

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