



Pandemic Language

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Language used to describe the response to the pandemic can illuminate, and it can distort. Here I focus on language that obfuscates thinking about the pandemic. As the death toll mounted in New York City in April, New York Governor Andrew Cuomo was reported to have declared, [“Ventilators are to this war what bombs were to World War Two.”](#) The aptness of the war metaphor, although seemingly natural, is debatable. But assuming we have been at war against the coronavirus enemy, surely ventilators are not the armaments with the potential to secure victory. Ventilators can save the lives of some of those suffering severe respiratory insufficiency from severe Covid-19, but vastly more lives can be saved by appropriate public health measures, such as diagnostic testing, contact tracing, isolation of the infected and those exposed to them, physical distancing, and wearing masks when distancing is not possible.

Remarkably, a century after the influenza pandemic we find ourselves essentially in the same boat, looking to basic public health measures to minimize the lives lost to a deadly virus. These public health measures are often described as “nonpharmaceutical interventions” in the medical literature, and even on the website of the Centers for Disease Control and Prevention. This is not a false description, but it has distorting connotations. It characterizes these necessary policy responses to the pandemic by what they are not—they are not “magic bullets,” such as a vaccine to prevent infection or a curative treatment for patients who become sick from the disease. Describing life-saving public health interventions as nonpharmaceutical reflects the pervasive undervaluation of public health as compared with medicine. This undervaluation underlies the statement by Cuomo about ventilators, and it is displayed more significantly by the fact that public health receives less than 3 percent of the total U.S. funds devoted to promoting health. Failure to invest in and effectively implement appropriate public health interventions goes a long way in explaining the comparatively poor response to the pandemic in the U.S.

Responding to the spread of the coronavirus has necessitated extensive restrictions on individual freedom: for example, the opportunity to eat indoors at restaurants, visit bars,

and attend religious services. Collectively, these enforced restrictions have been described as “lockdowns.” But people have been free to take a walk outside the home and, of course, to shop for groceries or to pick up prescriptions at pharmacies. Suggesting that the population has been imprisoned needlessly exaggerates restrictions on freedom aimed at protecting people from a potentially deadly infection. Indeed, many people would “shelter in place” to protect themselves and their families in the absence of mandated restrictions on freedom. Consequently, the lockdown policies are only a partial cause of the economic recession in the wake of the pandemic, and easing these restrictions will not necessarily restore normal economic activity. The use of “lockdown” thus also obfuscates by evoking a simplistic, if not false, opposition between economics and public health.

In an excellent *New York Times Magazine* feature article, entitled, [“Why we’re losing the battle With Covid-19,”](#) journalist Jeneen Interlandi summed up the response to the pandemic in Texas: “Politics had won out far too often over sound science. As a result, the state’s reopening had been hasty and poorly coordinated.” Politics versus science has become a popular, but misleading, trope. In democratic governments, the decisions of elected politicians have been responsible for unsuccessful and successful responses to the pandemic. Extreme polarization and partisanship, coupled with distrust of government, characterizes much of the political landscape in the U.S. today, but this is the perversion, not the essence, of democratic politics. Moreover, science can’t replace politics. Scientific experts can and should inform intelligent decision-making by politicians and members of the public. But what politicians and members of the public ought to do in response to the pandemic is not a matter for science to dictate. Basic value judgments, outside the purview of scientific expertise, are at stake in dealing with the Covid-19 crisis: legitimate limitations of individual freedom, the responsibilities individuals owe to others to avoid being vectors of infectious disease, the role of the government in promoting population health. In service of these values, we need the right sort of cooperation between politics and science, illustrated by countries such as South Korea and Germany, which have responded to the pandemic much more effectively than the U.S.

Word choices matter; they influence how we think and act, or react, to the challenges posed by the pandemic—challenges that are unprecedented within the life spans of all of us.

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