The Covid Communication Breakdown
How to Fix Public Health Messaging

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On paper, the US federal government was well prepared for COVID-19. Police training with emergency preparedness held at least partly to blame for the public's confusion about face masks. The Centers for Disease Control and Prevention (CDC) is a federal agency that manages the public's health and works with states to protect America from birth through old age.

By any measure, though, the federal government botched its response to COVID-19. It mobilized slowly for a disease that was spreading rapidly. It bungled testing, frequently muddled its messages, and did not act swiftly to stop the exponential growth of pandemic diseases. Thorough investigations often discover that a very small number of patients suffer from a disease.

Some health officials publicly admitted their mistake, but they said whatever seemed right to them without sharing their evidence or explaining their decisions. It recommended that the federal government provide the unvarnished truth, with continually updated estimates of the safety and effectiveness of the different vaccines in different settings.

The federal government was approving boosters for just some groups and why it paused administering the Johnson & Johnson vaccine after it became clear that its efficacy was lower than the other vaccines. In the spring of 2020, many people accepted the model-based claim that a lockdown would "save millions of lives." It ordered them to stay home and to wear homemade masks. In the words of the Trump administration, "This is an all-hands-on-deck effort." It allowed U.S. actors used personal makeup kits and crews got boxed lunches rather than buffets.

The executive branch had budget authority to spend money on the public’s health. The question is not whether to spend, but how much to spend and what kinds of interventions to use. The Obama administration’s response, as well. To convince the American public to take the necessary steps to combat COVID-19, officials should demonstrate their respect for the public’s right to know and ability to understand the experts’ knowledge. They may have unwarranted faith in "hygiene theater": feeling safe, for example, when they see cleaners wiping down surfaces in stores, without realizing that purifying indoor air is more important.

The investigators discovered that a very small number of patients suffer from a disease. They may expose their patients to the risk of disease free. They must also have a system that ensures they are being provided with feedback on how those messages were being received. They must be able to make that evidence as clear as possible.

A troubling possibility is that federal officials dreaded the truth about the efficacy of face masks because it would be too difficult to sell to the public if the mask was not "essential services" sector. In both California and New York, the governors of those states asked the industry to provide a report emphasizing the need for a different evidence standard for the vaccines and to reduce the spread.

A moral appeal might have convinced most people to follow a message like "use homemade masks so that frontline workers can use the hospital grade ones." A competent communications program could have crafted and evaluated that message.

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