

July 4, 2020

How Should We Re-Open? July 4 Edition

Today is July 4. On April 16, your blogger (YB) wrote his first blog on reopening. Less than three months later, it is appropriate to revisit it and see where things stand. The original material will be in red – the commentary will be in black.

How do you feel when the guy who cuts your grass sneezes without covering his mouth while doing his job? How about the person in the next office? How about the person at the next restaurant table? The answers are obvious, yet this simple model (yes, it is a model) can educate us about the problems that we are facing in re-opening the economy.

How fast we re-open is related to the number of interpersonal contacts related to the job. Let's start with the easy ones. The person who cuts my grass (or fertilizes my lawn and trees) generally wears a mask anyhow. Whether his or her partner or children are sick is of little concern, whether it is a cold or COVID-19. People in these categories can go to work fairly quickly.

This has largely happened. When the pandemic struck, YB was in Florida with his wife. He has since returned to Michigan, where the initial pandemic exploded in late March. Again, most outdoor types of activities (as noted above), have resumed (in Florida, most of them never stopped).

Offices and factories are less controlled, but there is still some degree of control. Employers know who should be there, and they can trace their illnesses and the people they have been with. It is more costly, but conceptually it is tractable. In an earlier post, your blogger described the number of surfaces, the amount air and the amount of sweat in a factory. It is daunting, but not insurmountable to do this kind of tracing. These businesses could open up next.

There have been fits and starts. Many manufacturing plants have opened, only to close again, due to infections. Office workers are being called back ... very slowly. Large corporations, as well as municipal governments, are telling their workers that they should plan to work at home through the end of calendar 2020.

What about classrooms, lecture halls, dormitories, schools, shopping malls, arenas and stadiums? How will we trace 20,000 people at Little Caesar's Arena, 40,000 at Comerica Park, 60,000 at Ford Field or 100,000+ at the Big House? Casinos are full of smokers and drinkers around a table or in front of a (sanitized?) slot machine. Do you remember your favorite intimate dining spot? How intimate will it be with

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half the number of tables, and with your servers wearing gloves and masks? How profitable will it be with half the number of customers?

What about these facilities? Harper's, a popular "watering hole" in East Lansing opened up, did everything they could to promote social distancing, and within two weeks there were 158 COVID-19 cases spread over 15 Michigan counties. They have since closed. Florida has opened up beaches, and closed them up. Universities still do not know what they will do, and the start of classes for many of them is only six to seven weeks away. For some public schools, the start is even sooner.

Schools that state that they will be welcoming students in person have presented scheduling plans (for two-day per week classes, half of the students attend one day; half the other) that challenge existing pedagogies, and strain credulity about students' social behavior. No US professional team sport has re-opened, and college sports (although they will not admit it publicly) are seriously rethinking their seasons.

As a younger academic, your blogger studied moving behavior for households, and was advised that the best way to find the movers was to hire a private investigator (PI). While expensive, PIs knew what they were doing. What follows is that tracing diseases will require appropriate tests, appropriate testing facilities, and (probably thousands of) tracers who know what they are doing. Re-opening some parts of the economy will be very expensive ... and frighteningly slow.

Contact tracing, at the level that it would be necessary, will need to be funded federally, and with big dollars. This has not been done. The organization seems largely to have occurred at the local and state levels, and one must ask what happens when people will begin traveling. Will we be contact traced at TSA checkpoints (where, by the way, they routinely unmask travelers in close proximity to each other)? Contact tracing is also fraught with privacy issues regarding tracing via cell-phone chips and apps, as well as other even more invasive technologies. One need not be a Big Government "hater", anarchist, or Luddite to be seriously frightened by these possibilities.

Finally, isn't it time that we looked at how other countries are doing this? As a health economist, and textbook ([*The Economics of Health and Health Care, 8th Edition*](#)) co-author, YB has often looked to the health care systems in other countries for guidance. They do lots of things differently, and yes ... lots of things better. Isn't it time?

Allen C. Goodman
Professor of Economics