

Fully Vaccinated?

So ... what does it take to be fully vaccinated? As 2021 comes to a close, this is an operative question. Obviously the unvaccinated are not vaccinated, but what about those who have had two shots, but not a booster? The New York Times quotes Dr. Rochelle P. Walensky, the C.D.C. director as saying “There really isn’t debate here in what people should do,” ... C.D.C. is crystal-clear on what people should do: If they’re eligible for a boost, they should get boosted.” (<https://www.nytimes.com/2021/12/29/health/covid-vaccinations-boosters.html>).

This is a health economics blog, and health economists deal with marginal benefits and marginal costs. Your blogger has often noted that we could save 30,000-plus lives per year by putting in a nationwide 15 mile per hour speed limit, or putting stop signs at every corner. No government of a large industrial country does this because the billions of dollars of saved lives are not worth the trillions of dollars of lost time. In short, the marginal costs dwarf the marginal benefits, and some people die.

The vaccines were not “supposed” to work this way. There were numerous national lockdowns in March and April 2020, and then gradual reopenings. The vaccine was “supposed” to prevent COVID-19 the way the smallpox vaccine prevented smallpox, or the polio vaccine prevented polio. Nobody was told about “breakthrough” cases.

It is time to think about output rather than inputs. One output is *deaths from COVID-19, or mortality*; if they are too large, then by definition the marginal benefits of further mitigation will exceed the marginal costs. A second output is *loss of well-being from the disease itself or morbidity*. When COVID-19 does not kill people, it may cause them to miss work, to be less productive when they do work, and/or to feel awful irrespective of whether they work or not. Ameliorating such impacts leads to economic benefits.

The Omicron variant of COVID-19 is causing unprecedented numbers of new infections, although hospitalization rates seem lower than before. Before COVID-19, one talked about common colds. Everyone got them, some more often than others, and they caused absence, loss of productivity, and sometimes death. Apparently, the cost of creating a common cold vaccine far exceeded the benefits, because we never got a common cold vaccine. Like the number of traffic deaths (above), there was an optimum number of annual deaths, and that number exceeded zero. Some people died from complications brought on through common colds

YB emphatically rejects the arguments of many politicians and anti-vaxers that the COVID-19 “family of infections” is no worse than the annual flu. Over 800,000 Americans have died of it since March 2020. This is a national tragedy.

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However, current policy cannot be ruled by the 800,000 deaths that have already happened.

YB lives most of the year in Michigan. In 2020, Michigan's Governor Whitmer implemented policies that seemed to be very effective in reducing mortality and morbidity. She earned considerable credit, and considerable opprobrium (some idiots contemplated kidnapping, trying, and executing her). Since 2020, Governor Whitmer has backed off on implementing strong *vaccination/masking/lockdown* policies, almost certainly calculating the incremental benefits and costs to her of being re-elected in 2022. Good politics is not always the same as good health policy.

YB is currently in Florida for the winter. Florida's Governor DeSantis has fought most of the COVID-19 restrictions since March 2020, going so far as seeking to deny aid to jurisdictions that implement them. Governor DeSantis is almost certainly calculating the incremental benefits and costs of being re-elected in 2022, and some feel that his ambitions go beyond that. As before, good politics is not always the same as good health policy.

So, the operative question as we finish 2021 is "Will incremental *vaccination/masking/lockdown* policies toward COVID-19 provide incremental benefits that exceed the incremental costs of the policies?" If incremental boosters, incremental masking, or incremental lockdowns provide net positive incremental benefits, the answer is obvious. If they do not, that answer is also obvious.

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