Medical, Economic, Social, Military: The State of Play

by George Friedman - April 27, 2020

A riot broke out in a poor, predominantly Muslim neighborhood north of Paris over the weekend. The immediate cause was a traffic offense and a violation of the coronavirus lockdown. The deeper cause was the belief that police were using the lockdown as an excuse to attack Muslims. In Berlin, more than 100 people were arrested after demonstrators protesting lockdown rules confronted police. In Israel, ultra-Orthodox Jews clashed with police while protesting coronavirus restrictions. In Pakistan, there have been demonstrations sparked by fears that steps to tackle the outbreak will result in hunger. In the United States, the state of Georgia has abandoned most legal controls imposed over the coronavirus and other states are similarly considering using a staged exit approach. In many parts of the world, small numbers of individuals are reportedly beginning to ignore social distancing and quarantine rules.

The resistance to the lockdown results primarily from feelings that have reemerged after the first two months of relative submersion. The tension between Muslims and the Parisian police is an old story. So too is the refusal of the ultra-Orthodox Jews in Israel to submit to secular law and medical regulations. The Berlin demonstrations and the shifts in a number of U.S. states are rooted in a deep distrust of the national governments of those countries. The virus is seen by some as an excuse by the elite to seize control of society.

In the United States, the pressure on the medical system has produced a certain response. Remdesivir, a drug that is intended to mitigate the COVID-19 disease in its final and most dangerous phase, has reportedly had some remarkable success in Houston Methodist Hospital. The Food and Drug Administration launched a new initiative called the Coronavirus Treatment Acceleration Program, which promises to accelerate studies into possible treatments. For example, the program commits to providing an ultra-rapid protocol review of treatment studies within 24 hours of submission in some cases. Clearly the government, facing economic and social pressures, is shifting the tempo of its response.

The significance of this shift has to do with the model I laid out at the beginning of the crisis. It consisted of four modules: medical, economic, social and military, each interacting with each other and being managed by the political sphere, meaning the entire federal and state system and not

merely the president. The first phase was controlled by the medical module, which, having no medical solution, proposed lockdown as the only option. My argument was that the first consequence would be an attempt to control the inevitable damage to the economy that ensued from the lockdown, and that that would cause the government to put intense pressure on the medical.

The next phase was controlled by the social system, also under intense pressure, as it resisted the medical solution of lockdown. Events around the world seem to be indicating that the first phase of the social resistance is underway, while what appears to be the more rapid than expected emergence of a treatment, remdesivir, is an indication of the pressure on the medical system. I have less insight on the latter process than the former, but regardless of whether pressure was imposed or generated internally, a potential medical solution has emerged more quickly than the medical experts thought possible.

The crisis has therefore entered a new phase. As the lockdown faces mounting economic and social pressures, a hint of a medical solution emerges. This does not mean that a solution will definitely materialize, or that it will eliminate the disease, but it will change the dynamic of the disease. It is important to understand that the political and particularly social resistance to the lockdown represents simply the beginning of what will be an accelerating movement. The reemergence of underlying issues is to be expected. Of far greater significance is the random capitulation to the disease, risking death rather than continuing defensive measures. It is difficult to measure how individuals assume risk, but there are enough indicators of resistance, outside the resurrected political movements, to take them seriously.

At this moment, most people would prefer to maintain the strictures placed on them. Even in states that drop the rules, many will continue to practice them. But the curve of those unwilling to practice them, even where they are mandated, will accelerate. This will be particularly the case among the poor, who tend to live in small apartments with few amenities, places where remaining locked down with children is not merely an inconvenience but an enormous burden that rises slowly until it becomes untenable. The situation is less intense for those in roomier domiciles, but it has a similar trajectory.

The political movements that have arisen are primarily drawing on prior adherents. But if no medical mitigation is found and the lockdown continues, those political movements will swell, not so much out of ideological agreement but because they incidentally address a socially unbearable situation. Children as they grow up are socialized less by their parents than by other children. The interaction

on the playground teaches them the realities of life. The idea that a child can be withdrawn from that socialization for an extended period of time is unrealistic, yet it is the only solution the medical system has provided us until possibly now.

There is the casual belief that death is the worst thing that can befall a human and must never be risked. Empirically that argument is not true. Roughly 40,000 Americans were killed last year in auto accidents. Every time you turn the key, you begin a very small game with death. Yet people continue to drive. There are those who choose to climb Mount Everest, knowing that death stalks them at every turn, and those who choose to take drugs that in due course will kill them. In every action that human beings take, they incur the risk of death. Life is always a bet that we inevitably lose (**hence my writing on poker**).

This is the power of the social module. It does not have a fixed and absolute view on risk, but a calculation of the probability of losing the bet, and the pain to be suffered by not taking the risk. In a small, shabby working-class apartment in Paris, the risk relative to the cost of enduring that lifestyle very rapidly changes. In more spacious and separate spaces, the curve is different. Even for a millennial living alone and maintaining social contacts via text messages, the hunger for a good latte will overwhelm.

The cumulative pressure of the current system will inevitably overwhelm for many the fear of death. In the long run, the gamble is between life and death, and the life that many will be living a few months from now will not be as valuable as it was before. The tragedy of human life is expressed in the fact that suicide is one of the top 10 causes of death in the United States. That tragedy tells us that protecting our lives is not an absolute, and that empirically many choose death. The pressure that mounts before that choice needs to be made gives us ample time to solve the problem. And the current solution, from a social point of view, cannot be more than a very temporary one.

We are only at the beginning of the social revolt, organized as it is politically. The actual revolt will be each individual recalculating the value of the hand he was given, compared to the risk he might take. Inevitably, and with accelerating speed, the restrictions to control the disease will collapse for many and therefore for society. Add to that the economic damage and the question we have is not whether but how we will emerge from this and whether we can emerge without accepting the virus as a permanent threat we will have to live with.

The pressure on the medical system to move beyond sequestration as a solution comes from economic reality and the emerging social unwillingness to accept the restrictions. The variable is time; medical invention has a stately progression, and one to be praised. But this is a unique

situation, and therefore, the question is what other remdesivirs are lurking in the laboratory. Speed means incurring some risk, and the medical field is risk-averse. But facing the first wave of the social module's resistance, taking the bet would seem to be prudent.

So the medical system opened the betting with the lockdown. Then the economy raised the bet with near meltdown. Now the social system can be heard to be growing restless. And it is back to the medical, and while all of us want to make a bet that we know we will win, we don't usually have that luxury. And so it's up to the doctors once again; will they call or raise the bet?

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