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Ezekiel Emanuel on the steps to reopen states safely

Renowned doctor and author Ezekiel Emanuel discusses the government actions and social norms that will allow the country to reopen safely in the wake of COVID-19.



As the battle against COVID-19 wages on, US states are considering reopening their economies, and some are starting to do so. As a result, governors across the country are grappling with how to restart activity while protecting the health and safety of their citizens.

In early April, oncologist and bioethicist Ezekiel Emanuel and a team at the Center for American Progress released a comprehensive plan to fight the COVID-19 pandemic. In a conversation with McKinsey's Adi Kumar on April 26, Emanuel discusses the priorities that governors should keep in mind as they work to reopen their states safely, including avoiding the urge to rush the restart, ramping up testing and contact tracing, normalizing mask use, and adopting a long-term perspective on financially supporting individuals and businesses who have been deeply affected by the pandemic. A condensed and edited version of Emanuel's remarks follows.

Ideas for governors on reopening their states

The main thing is not to rush. Rushing is a recipe for a mistake and a recrudescence of high numbers of cases.

Second, governors need to do everything they can to get the infrastructure in place, including testing capacity and contact tracing. I understand states are often constrained, but not everyone can call upon Mike Bloomberg to pay for contact tracing. And they need to create extra, special protections for seniors and people with serious comorbidities.

It's a struggle. I'm involved in Connecticut, and I hear officials talk about the frustrations of getting testing in place. And this is a state with two medical schools, some major labs, some major companies with testing capacity. It's not for lack of effort or lack of coordination. It's just a hard problem, given the supply chains and so forth.

As we open, it's important for governors to remember life is not risk free, so we can't get COVID

risk to zero. We need to get COVID risk low. And partially, it's a psychological question. What level of risk will make people comfortable enough to begin engaging in some of the physical and economic activities we want them to engage in—but also not go too far? That balance is important.

It's also really important to normalize wearing masks in public. On April 6—my first cohosted TV show—I came out and said, "We've got to wear masks." That was before the CDC had changed its guidelines. And there were legitimate reasons for the CDC to be cautious; we didn't want to take masks away from healthcare workers, and we thought if people wore masks, they might feel they are invincible. But waiting was clearly a mistake. We should normalize it to the point that it's abnormal to not wear a mask out in public. It's like wearing a seatbelt. We have to make it that simple.

The next 18 months

I think there are three things. First, we have to recognize that gaining people's behavioral compliance is not going to happen by law, right? The law is not going to get the country ready. As I said, social norms have to be in place.

Second, we're probably going to need multiple drugs [to treat the virus]. And getting two drugs that are effective is even harder. It's more likely that we'll get an effective vaccine than an effective therapeutic. I could be wrong on that. We might get lucky. But I'm a little more skeptical.

Third, we need to support the public financially—and that support needs to recognize that we're looking at 18 months of lower economic activity. So we need to identify the right supports. We have an unemployment system that covers 40 percent of workers, not everyone. We need an unemployment system that covers everyone, whether you're a gig worker or not. And I'm as big a deficit hawk as there is. I care about my grandchildren and my greatgrandchildren. But we have to print money. Given that inflation is zero right now, it's probably going to go negative, we're going to have deflation. We're just going to have to print money to help people.

The main thing is not to rush. Rushing is a recipe for a mistake and a recrudescence of high numbers of cases.

Short-termism is counterproductive. Do I think we're going to come back? Yes. We experienced the Black Death, we experienced the 1918 influenza pandemic, and we came back. We came roaring back. It did change things. I think COVID-19 will change things—permanently. But doing something for three weeks, or three months, is not the right psychology.

infrastructure to deliver it? We have to start building that infrastructure now. I think it's really good that someone like Bill Gates is thinking about that and beginning to mobilize the resources he can. But the federal government and state governments need to coordinate and start thinking about it now, not waiting to get a vaccine and then saying, "Now what?"

Preparations for vaccine delivery

One of the things that the federal administration will have to contend with is if we get a vaccine, how are we going to scale up and make sure we have the Comments and opinions expressed by interviewees are their own and do not represent or reflect opinion, policy, position, or endorsement of/by McKinsey & Company.

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