

A COVID lesson on destroying public trust

Big chunks of the history of the COVID-19 pandemic were rewritten over the last month or so in a way that will have terrible consequences for many years to come.

Under questioning by a congressional subcommittee, top officials from the National Institutes of Health, along with Dr. Anthony Fauci, acknowledged that some key parts of the public health guidance their agencies promoted during the first year of the COVID pandemic were not backed up by solid science. What's more, inconvenient information was kept from the public — suppressed, denied or disparaged as crackpot nonsense.

Remember the rule that we should all stay at least 6 feet apart? "It sort of just appeared," Fauci said during a preliminary interview for the subcommittee hearing, adding that he "was not aware of any studies" that

support ed it. Remember the insistence that the virus was primarily spread by droplets that quickly fell to the floor? During his recent public hearing, he acknowledged that to the contrary, the virus is airborne.

As for the repeated assertion that COVID originated in a "wet market" in Wuhan, China, not in an infectious diseases laboratory there, NIH officials were privately expressing alarm over that lab's lax biosecurity practices and risky research. In his public testimony, Fauci conceded that even now there has not been definitive proof one way or the other of COVID-19's origins.

Officials didn't just spread these dubious ideas, they also demeaned anyone who dared to question them. "Dr. Fauci Threw Cold Water on Conspiracy Theory That Coronavirus Was Created in a Chinese Lab" was one typical headline. At the hearings, it emerged that Dr. David Morens, a senior NIH figure, was deleting emails that discussed pandemic origins and using his personal account to avoid public oversight.

"We're all smart enough to know that never have smoking guns, and if we did we wouldn't put them in emails and if we found them we'd delete

them," he wrote to the head of a nonprofit involved in research at the Wuhan lab.

I wish I could say these were all just examples of the science evolving in real time, but they actually demonstrate obstinance, arrogance and cowardice. Instead of circling the wagons, these officials should have been responsibly and transparently informing the public to the best of their knowledge and abilities.

Their delays, falsehoods and misrepresentations had terrible real-time effects on the lives of Americans: Failure to acknowledge the basic facts of COVID transmission led authorities to pointlessly close businesses, leaving city dwellers to huddle in the much more dangerous confines of cramped and poorly ventilated apartments. The same failure also delayed the opening of schools and caused untold millions of dollars to be wasted on plexiglass barriers (that likely made things worse) rather than effective air filters that would have helped kids to return to one another's company.

Boaches and schools are open again, but the most severe ramifications of these failures may last for decades, because they gave people cause to doubt the word of scientific and public health authorities.

If the government misled people about how COVID is transmitted, why would Americans believe what it says about vaccines or bird flu or HIV? How should people distinguish between wild conspiracy theories and actual conspiracies?

I started reporting on COVID in February 2020. It was already clear that a catastrophe was hurtling toward us. But people who took that fear seriously were often poorly informed, so I was often pooh-poohed as a alarmist, doomsayer or prepper because many health officials were, at that point, downplaying the threat.

The next month, startled by the official claims that masks were harmful, I begged the authorities to level with the public about the potential benefits of masking rather than seemingly tailoring their message to avoid panic over the supply shortage. That strategy, I noted, was sure to backfire — as it did.

The questions around masks led me to the 6-foot rule and the debate



NICOLE NATRI — *Photo: Mark Evans*

over how COVID was spread. "FACT CHECK: COVID-19 IS NOT airborne," the World Health Organization declared on social media — even though SARS, a virus very much like COVID, had long since been understood to be airborne. Frustrated scientists pleaded with the CDC and the WHO to take into account the new evidence. By the way, as of this writing, that "FACT CHECK" post is still up.

I later implored the authorities to open parks (that was April 2020) as well as to recognize airborne transmission and the protective effect of ventilation and to stop shaming people for going to the beach (both in July 2020). I even joined some of those scientists to write articles in peer-reviewed scientific journals.

But as I reported on these topics, one theme kept coming up: High-level

officials were afraid to tell the truth — or just to admit that they didn't have all the answers — lest they spook the public.

It emerged during these congressional hearings that U.S. scientific authorities had no idea what viruses the Wuhan lab was using or what work it was doing. So how could they issue all those confident assurances?

The hearings occasionally turned into a clown show, with some lawmakers looking to score cheap political points. But others pulled their punches, no doubt worried about validating the misinformation that swirls around these issues. This attitude reflects a fundamental and dangerous misunderstanding.

Misinformation is not something that can be overcome solely by spelling out facts just the right way.

Defecting it requires earning and keeping the public's trust.

During Fauci's testimony this past week, Rep. Kweisi Mfume, D-Md., brought up the Tuskegee experiment, in which Black men with syphilis were denied treatment so doctors could study how the disease progressed. Ironically, he claimed that they were deliberately injected with syphilis — which is false, and a conspiracy theory, but that fact check is irrelevant to the main question: Can vulnerable populations trust that the medical establishment will inform and protect them?

During the pandemic, research showed that many African Americans were reluctant to get vaccines, but it wasn't because they were all COVID deniers. Many were continuing to take precautions such as wearing masks and avoiding crowds. They just didn't trust that scientists had leveled with the public about the risks of vaccination.

Opportunists and "do your own research" chaos agents will take advantage of these lapses for a long time to come, fueling conspiracy theories and bad ideas of every stripe. The newest one I've heard is that COVID is ravaging people's immune systems on a mass scale comparable to that of HIV. On what authority can such a falsehood now be debunked?

As an expression goes, trust is built in drops and lost in buckets, and this bucket is going to take a very long time to refill.

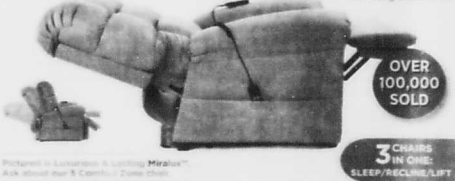
I hope the pandemic, both as lived experience and now as rewritten history, has proved that paternalistic, infantilizing messaging backfires. Transparency and accountability work.

In the four-plus years since COVID emerged, millions of people died, but so did something harder to quantify: the trust of a great many people in the science of public health. The authorities will have to live with the consequences, and so, unfortunately, will all the rest of us.

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