

There are multiple ways for COVID-19 to destroy health and lives, and there is more than one way to **prevent it from doing so**.

## A National Response to the COVID-19 Pandemic for **#TotalHarmMinimization**

**A total harm minimization strategy considers both direct and indirect pandemic harms and seeks to reduce both to the irreducible minimum.**

### Differences that make a difference

- COVID-19 affects different populations differently; some are at high risk of severe infection, some at much lower risk. More site-specific data are needed to define and stratify risk groups.
- Global data already reveal clear and important risk differentials for severe coronavirus infection based on *age* and *prior health*.
- There are also clear differentials in the timely importance of workforce restoration related to services, goods, supply chains, and economic function.

### A set of flawed considerations

- Currently there is no guidance for what comes after “*flattening the curve*.” While flattening the curve as best we can is essential in this initial phase, models show that without a longer-term, risk-based plan, it delays—but does not prevent—a spike in hospital need and mortality, unless maintained until a vaccine is available.
- “Everybody back to the world now” means a high, unacceptable rate of severe infection and death among those at elevated risk.
- “Hunker in a bunker until there’s a vaccine” ignores the potentially massive adverse health effects of social determinants of health as lives, livelihoods, goods, services, and supply chains are disrupted and degraded.

### An alternative, risk-based way through this -- **#TotalHarmMinimization**

- Gather and track data on infection, immunity, and outcomes continuously to understand risks, prevalence, and needs.
- Differentiate those at high risk for severe infection who must avoid exposure from those at low risk who are most suitable to return to work/the world as we knew it early. Use empirical data to confirm or adjust risk assignments.
- Identify the most essential workforce and economic priorities so that those are re-populated first. Identify the overlap between low-risk workers, and high-priority work as the ‘first wave’ back.
- Sequentially phase in normalcy for the population based on transmission levels, risk level, and identified workforce priorities.

### Key benefits of adopting **#TotalHarmMinimization**

- Minimize total harms and mortality from both infection and indirect social effects.
- Minimize medical system demand by preventing exposure among the high-risk.
- Avoid societal/economic collapse, and restore societal norms in risk-based phases.
- Establish an “all clear for all” based on documented herd immunity achieved in the safest way possible, verified lack of transmission; allow a return to normalcy far sooner than by awaiting a vaccine.