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David Wallace-Wells

Is the United States Ready for Back-to-Back Pandemics?

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Whatever happened to our Roaring Twenties? In the first year of the pandemic, it was common to hear predictions that however brutal and harrowing the near future seemed, the world would find itself, at some point, celebrating the end of Covid-19 — perhaps in a grand bacchanal to recall the dizzying decade that followed the Spanish flu of 1918 and 1919, which killed 675,000 Americans.

But that end never really came, not definitively. That the pandemic is no longer seen as an emergency is obvious; just look outside. But the country didn't turn the page so much as limp forward, through a fog of exhaustion and loneliness and long Covid, into the dawn of a new period in which the coronavirus has retreated for most as an everyday threat but may well continue as gothic background noise, killing tens of thousands of Americans each year.

A true postpandemic period may still arrive, perhaps even a real Roaring Twenties. But in recent weeks, as researchers have registered one after another mammalian outbreak of the avian influenza H5N1, or bird flu, another possibility has loomed into view: back-to-back pandemics — a new one potentially driven by a disease that over the past several decades has killed about half the humans with known infections.

There have been few cases of human-to-human transmission of bird flu, which is the main reason its incursion into human populations has been so limited. The World Health Organization has said that the risk to humans is low, but also that “we must prepare for any change in the status quo.” There are reasons to think that if the virus did make such an evolutionary jump, it could bring with it a significant reduction in severity. We also don't know exactly how rapidly such a disease would be transmitted among humans, though we have seen some eye-popping mammalian outbreaks over the past year: in minks, most notably, at a Spanish farm; but also in bears, seals, raccoons and foxes, to name just a few of the populations recently infected in the United States. In Peru, roughly 600 sea lions died.

The possibility of a second pandemic raises the obvious question of whether we have learned anything from the last one. Is there any reason to expect that even with new political leadership, the country's response to a new global outbreak — of H5N1 or something else — would be more coherent or more coordinated? To the contrary. Contemplating the possibility of a new pandemic in the near future suggests all the ways that America, in its rush to return to normal, failed to do all the things that might have secured a lasting normalcy.

Consider the state of the country's institutional public-health apparatus: Since 2020, there has been no meaningful nationwide disease-surveillance network erected or even planned. (Our patchwork surveillance of avian flu has given us only a crude sense of where it is spreading now among animals.) The F.D.A. is still moving too slowly on some things and too quickly on others. There is no Operation Warp Speed-style funding plan for rapid vaccine development; indeed, the president who can claim credit for it has stopped touting it as one of his achievements.

Billions of dollars in funding for things like air-filtration systems in schools have gone unspent, leaving public buildings no better prepared to endure airborne disease than they were before Covid. There has been little progress to date on lab safety — which even lab-leak skeptics will acknowledge is an ongoing risk — and early candidates for more expansive coronavirus vaccines, which could protect against many different pathogens in the same family as the coronavirus, are only in early trials. (Pan-influenza vaccines are moving slowly, too.)

As we now know all too well, pandemic containment isn't just a matter of policy and public investment. It's a complex web of leadership, social trust and public buy-in — along with a fair amount of chance. But it is hard to believe that the country is now capable of more solidarity and vigilance than it was in early 2020. Vaccine skepticism may not necessarily outlast this pandemic, but the signs are

worrying, and there has been precious little policy focus on what can overcome that skepticism. Faith in public-health officials' management of the pandemic has declined, too. And the Biden administration, which was champing at the bit on Inauguration Day, is now offering public-health guidance close to “you do you” — pulling back pandemic response, dumping millions of people off expanded Medicaid coverage and turning the provision of new tests and booster shots to the private market.

There are some encouraging signs when it comes to bird flu: federal discussion of a mass poultry-vaccination program and the “rapid” rollout of existing avian-influenza vaccines for humans. But each of these projects could take at least six months, and almost certainly we would find ourselves wasting the early stage of a new pandemic — and possibly more than that — repeating debates over the last one. You can see the fault lines already, with those who believe the country's Covid response went too far taking to social media to mock the suggestion that any of the same measures — social distancing, masking, school closures — might be imposed to hold off a new contagion, as though it were irrelevant that this new one might be many times deadlier.


Over time, fatality rates considerably higher than those encountered with Covid would (one hopes) shake a lot of the country's current mitigation fatalism — because a disease that kills 5 percent of those infected looks very different from one that kills only 1 percent. But a deadlier pandemic would probably also, perversely, reignite arguments over our response to the coronavirus, because such a fatality rate would make that disease look relatively mild — and the global response to it much more significant — by comparison. Beginning in 2020, Covid minimizers compared it to the flu, which kills a fraction as many (and tends to infect many fewer). If in the next pandemic, fatality rates were five times higher, would minimizers dismiss it similarly — “It's just Covid”? Already, we've normalized quite a lot more dying than almost any American thought possible in early 2020, when the country hunkered down in response to warnings that the disease could kill 100,000 to 200,000 people. Normalization isn't just a matter of the vaccine skeptics in your Facebook timeline. On the campaign trail, Joe Biden declared that any president responsible for 220,000 American deaths should not remain president; he has now presided over 700,000.

In 2020, we were panicked; now we're exhausted. In 2021, many doctors left the profession, and those still working are often reporting burnout. As many as half of nurses have reported in surveys that they are considering leaving the profession, as are a fifth of doctors. Even in the postemergency phase of the pandemic, national hospital capacity is under strain, and rural hospitals are closing at a distressing rate.

This is not to say that in facing any potential new pandemic, failure is inevitable. But even a limited outbreak, successfully contained through mitigation or outraced through rapid vaccine production, would still represent a grim premonition — an unmistakable signal to many that the world has now entered what epidemiologists have been memorably calling the Pandemicene. That is, a new epoch, defined as much by the increasing frequency of viral spillover events as the Anthropocene has been defined by the human influence on the planet.

When we give our era names like these, it makes the disjunctures seem inevitable, almost preordained. But human fallout from new disease is no more inevitable than from carbon emissions. Here, the cost of accumulated indifference could be similarly high, and not just in the obvious human toll. In welcoming eight billion of us unmistakably to a new pandemic age, a new outbreak would cast a sort of permanent viral shadow on the decades to come — a legacy less like the Roaring Twenties and more like the Great Depression.

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