



Burning USS Franklin CV-13 after Attack off Japanese Coast 19 March 1945

AT WAR WITH THE VIRUS

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The battle against the Wuhan Virus is not a war

At least it is not being fought like a war.

In the last great world wide war, WW2, we expected and accepted casualties. Almost the entirety of American production shifted from civilian products to war necessities. The war created jobs. The country didn't just throw money at the defense infrastructure, it issued war bonds. There was rationing of basic products such as food, clothing and gasoline. New car production ended with the 1942 models. Domestic America became the Home Front.

At the outset of the outbreak of the Wuhan Virus, the Virus did not sink our "battleships."

Calling the battle against this epidemic a war and not fighting it like a war is illogical and counter-productive.

Is there a crisis? Yes – of sorts.

Is there an objective? Well, sort of - the stated goal is a successful containment of the contagion, a “flattening of the illness curve,” so as to prevent medical facilities from being overwhelmed by a surge in the number of cases needing hospitalization and critical care. The strategies being employed today will not fully effectuate the accomplishment of the goal of preventing a spike in contagion and illness.

After the attack on Pearl Harbor intensive security measures went into place almost immediately. Today’s virus contagion had already invaded the country before all the borders were shut down. Even after flights from China were restricted, other international travel was still allowed. The Northern and Southern borders were left open. The Southern border is still porous. Internationally spawned contagion was allowed to spread. It was allowed because the travel ban was not complete. It permitted too much internal movement of those who had recently re-entered the U.S.. Domestic contagion spread because far too many people ignored the possibility that they were virus carriers. For some reason, it was assumed that the virus could not spread from person to person unless the carrier was symptomatic; yet at the same time the public was told that some people who had the virus remained un-symptomatic. The country was being asked to protect itself against a vicious enemy, yet what this enemy looked like wasn’t being made very clear.

The Wuhan Virus epidemic is not the Polio epidemic, which, while not always an instant killer, frequently left survivors with serious debilitating physical maladies. During Polio outbreaks people were quarantined, their homes tagged with quarantine notices, and schools and gathering places, even beaches, were closed. But, at the height of the several Polio outbreaks, the harm being done by Polio never equaled the harm done by a disease such as Tuberculosis. It was the resulting effects from Polio, which stirred the passions of most people.

Albeit that the Wuhan Virus strain is believed to be more easily transmitted than many other viruses, in none of the several Flu, Tuberculosis or Polio epidemics, was the entire country shut down in an attempt to control the spread of the disease. What was done locally had a mostly local effect. A geographically oriented disease like Malaria still kills about half a million people each year, and somewhat more wide spread Tuberculosis kills more than one and a half million people each year. Each year the “basic” Flu kills almost 60,000 people in the U.S., and almost three quarters of a million people worldwide; yet the world has not shut down. Whether the death toll from this virus meets or supersedes the basic Flu remains to be seen. The initial results show it to be more deadly than the Flu, but drastically less deadly than the numbers [originally released](#) by English academics; the model that seems to have created the panic.

None of the epidemics were ever treated as a war.

After the attack on Pearl Harbor, until the U.S. could bolster its forces, the U.S. strategy was to prevent the complete loss of our defensive capability, which then might have allowed the destruction of our domestic ports and shipyards. Still, by August of 1942 the U.S. was attacking Japanese held territory – Guadalcanal. That battle bled lives and ships more than almost any of the many other battles during the War; but the loss of lives and ships was necessary in order to contain the Japanese in the Pacific. There was tremendous sacrifice in the face of a dedicated enemy.

There were other injuries and deaths besides combat injuries. Soldiers, sailors, Marines and Coast Guardsmen at Guadalcanal (and other South Pacific battles) suffered and died from many [infectious diseases](#) such as: Dysentery, Cholera, Hepatitis A and B, Malaria, Beriberi, Dengue Fever, Scrub Typhus, Leishmaniasis and Jungle Rot. Fighting the War meant exposure to communicable diseases.

Many today in essential industries run that same risk.

Were the Wuhan Pandemic treated like a war, we would be more focused on not losing the ship of state, rather than focusing on minimizing a geometric rise in contagion. In the many vicious naval battles of WW2, saving the ship was the top priority, and often times saving the ship cost

lives, lives that could have been saved had the ship been abandoned after it received potentially lethal damage. Many sailors assigned to damage control were killed when a spreading fire ignited an ammunition magazine or vaporized aviation fuel caused an explosion.

We want to call the fight against this virus a war, yet we are unwilling to fight it like a war. We seem predisposed to scuttling the “ship of state,” sacrificing the country, rather than risk losing lives, which might be more efficacious in the long run.

Trying to equate a “flattening the curve of infection strategy” to the delaying actions that occurred early in World War Two is nonsensical. The Wuhan Virus has already invaded the homeland. It is too late to stop its spread. It will infect and harm and kill more people than we have publicly admitted. Even if the country is completely locked down, the virus will spread far and wide and many of the vulnerable will die.

At this point in time we really don't have facts that corroborate the need to shut down the country. The death rate is most assuredly much lower than what has been stated; if only because there is more contagion than has been accounted for through testing. Every person who tests positive and does not die lowers the death rate. Inevitably that will happen.

Social distancing, limiting personal contacts and basic hygiene measures are a must; but even a complete quarantine will only have a limited effect as the virus is out there and sooner or later those people who are considered essential to the society and have remained at their jobs will be in contact with someone who is contagious, and they in turn will bring the virus into their homes.

Many who would be quarantined are healthy and most probably will suffer no more than testing positive or have a mild case of the Wuhan Virus, similar to a cold or nasty Flu.

One goal, of course, should be to prevent death in as many cases as possible. To accomplish that we must have the ventilating machines that keep people breathing until their bodies can develop antibodies. That will take some time, although manufacturing has begun.

But, there is an alternative mobilization that we have ignored.

The death rate of those with [pre-existing conditions](#), cardiovascular disease, Diabetes, Chronic respiratory disease, Hypertension or Cancer, (co-morbidity) is 46.4%, and the death rate for those over 85 is 21%. The greatest number of deaths is of people over 60 years.

Shutting down the entire US economy is irrational. There is a very real calculable and potentially devastating human cost to the destruction of an economy and the livelihoods and lives of those participating in that economy.

It is more rational to deal with individuals who are the most vulnerable. They should be isolated to whatever degree is possible.

It is time to spend money and energy in isolating the vulnerable and taking care of those who require serious medical care. Better curative medicines and more available isolation sites and more anti-infection gear and hospital space will become available at an increasingly rapid rate. Even a vaccine will eventually be available.

In the meantime, the move to isolate nursing homes and long term “old age” care centers, tending to those vulnerable people who live alone, utilizing available hotel space, convention centers, cruise ships and US Navy Hospital ships as triage centers is the correct strategy. Even utilizing closed military bases and closed hospitals are appropriate measures. Covered baseball stadiums and basketball venues could be used, and they are located in dense population centers. There are many available locations that can be made available. There are also “retired” aircraft carriers that have tremendous hangar decks. The military has already converted commercial facilities into triage centers. In other words, there would be space available if a decision were made to utilize them. Of course, those who attend the vulnerable would have to remain sequestered until the virus has run its course. That is how a war is fought; civilians are inducted into the military and sent somewhere to serve.

Deaths can most effectively be prevented by isolating the most vulnerable people from potential virus carriers, which would include many of their family members or close contacts with whom they would usually interact. There are bright, sunny, ultraviolet rich environments where the virus has difficulty in propagating. These should be made available to those vulnerable who are

now in contact with people who are actively mingling with the general population. That would require a massive mobilization, but is doable in some form or another.

The two trillion dollar handout is misspent.

Yes, some money or relief in some form should be made available, but disseminating borrowed money as if it were from the barrel of a shotgun on unnecessary “pork” does not yield what is most needed, a virus resistant population for next year. We have flu outbreaks every year. This particular virus strain, if it is more virulent and more easily spread, must be allowed to run its course; and then like every other virus it will affect and harm those most vulnerable. Many thousands die every year from different varieties of flu. World-wide, many thousands die yearly because of infectious diseases.

As regards the compensation money being gifted by Congress, we have still not heard about a payment holiday for the massive amount of high interest credit card debt that far too many Americans have. Banks are about to receive a windfall of cheap cash and still they are charging 10% to 24% on credit cards. These charges along with mortgage payments should be addressed. If the taxpayer is going to keep the banks afloat, the banks need to help keep their customers afloat. Forestalling foreclosures and evictions and collection action on debts for those who have lost their jobs due to the virus should be concomitant with any aid being given to banks.

There is much more that can be done that would cost less, cause less harm and get us back on the road to the normalization of our lives than what is being done by the various governments at all levels.

The goal should be to do the most good with the least disruption. Such a strategy would be to accept the inevitable spread of the contagion and concentrate on isolating those who are most vulnerable to the life threatening effects of the virus while simultaneously providing therapy for those who have contracted the virus.

The rest of the population needs to accept the possibility of contracting the virus and doing what is medically advisable, hopefully exiting their contagion or illness healthy and immune from contracting the virus again.

In the short term, if someone feels the need for a Virus test it would seem logical that that person would reduce their contact with other people until the test results are in; sorrowfully, thus far, that has not always been the case. Because of the lag time between testing and results, that needs to change. Once someone has tested positive, one would hope that they would do what is right for their fellow citizens, and that may mean missing work. At that point we should be willing to assist them without hesitation. Still, this is not a time for indefensible profligate spending.

The goal should be to prevent a never ending, repetitious, seasonal epidemic of the Wuhan Virus and a lost country.

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