It’s Time to Scare People About COVID

“Mister Rogers-type nice isn’t working in many parts of the country…It’s time for some sharp, focused, terrifying realism.”

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I still remember exactly where I was sitting decades ago, during the short film shown in class: For a few painful minutes, we watched a woman talking mechanically, raspily through a hole in her throat, pausing occasionally to gasp for air.

The public service message: This is what can happen if you smoke.

I had nightmares about that ad, which today would most likely be tagged with a trigger warning or deemed unsuitable for children. But it was supremely effective: I never started smoking and doubt that few if any of my horrified classmates did either.

When the government required television and radio stations to give $75 million in free airtime for antismoking ads between 1967 and 1970 — many of them terrifyingly graphic — smoking rates plummeted. Since then, numerous smoking “scare” campaigns have proved successful. Some even featured celebrities, like Yul Brynner’s posthumous offering with a warning after he died from lung cancer: “Now that I’m gone, don’t smoke, whatever you do, just don’t smoke.”

As the United States faces out-of-control spikes from COVID-19, with people refusing to take recommended, often even mandated, precautions, our public health announcements from governments, medical groups and health care companies feel lame compared with the urgency of the moment. A mix of clever catchphrases, scientific information and calls to civic duty, they are virtuous and profoundly dull.

The Centers for Disease Control and Prevention urges people to wear masks in videos that feature scientists and doctors talking about wanting to send kids safely to school or protecting freedom.

Quest Diagnostics made a video featuring people washing their hands, talking on the phone, playing checkers. The message: “Come together by spending time apart.”

As cases were mounting in September, the Michigan government produced videos with the exhortation, “Spread Hope, Not Covid,” urging Michiganders to put on a mask “for your community and country.”

Forget that. Mister Rogers-type nice isn't working in many parts of the country. It's time to make people scared and uncomfortable. It's time for some sharp, focused, terrifying realism.

"Fear appeals can be very effective," said Jay Van Bavel, associate professor of psychology at New York University, who co-authored a paper in Nature about how social science could support COVID response efforts. (They may not be needed as much in places like New York, he noted, where people experienced the constant sirens and the makeshift hospitals.)

I'm not talking fear-mongering, but showing in a straightforward and graphic way what can happen with the virus.

From what I could find, the state of California came close to showing the urgency: a soft-focus video of a person on a ventilator, featuring the sound of a breathing machine, but not a face. It exhorted people to wear a mask for their friends, moms and grandpas.

But maybe we need a PSA featuring someone actually on a ventilator in the hospital. You might see that person "bucking the vent" — bodies naturally rebel against the machine forcing pressurized oxygen into the lungs, which is why patients are typically sedated.

(Because I had witnessed this suffering as a practicing doctor, I was always upfront about the trauma with loved ones of terminally ill patients when they were trying to decide whether to consent to a relative being put on a ventilator. It sounds as easy as hooking someone to an IV. It's not.)

Another message could feature a patient lying in an ICU bed, immobile, tubes in the groin, with a mask delivering 100% oxygen over the mouth and nose — eyes wide with fear, watching the saturation numbers rise and dip on the monitor over the bed.

Maybe some PSAs should feature a so-called COVID long hauler, the 5% to 10% of people for whom recovery takes months. Perhaps a professional athlete like the National Football League's Ryquell Armstead, 24, who has been in and out of the hospital with serious lung issues and missed the season.

These PSAs might sound harsh, but they might overcome our natural denial. "One consistent research finding is that even when people see and understand risks, they underestimate the risks to themselves," Van Bavel said. Graphs, statistics and reasonable explanations don't do it. They haven't done it.

Only after Chris Christie, an adviser to President Donald Trump, experienced COVID, did he start preaching about mask-wearing: "When you have seven days in isolation in an ICU, though, you have time to do a lot of thinking," Christie said, suggesting that people, "follow CDC guidelines in public no matter where you are and wear a mask to protect yourself and others."

We hear from many who resist taking precautions. They say, "I know someone who had it and it's not so bad." Or, "It's just like the flu."

Sure, most longtime smokers don't end up with lung cancer — or tethered to an oxygen tank — either. (That, in fact, was the justification of smokers like my father, whose two-pack-a-day habit contributed to his death at 47 of a heart attack.)

These new ads will seem hard to watch. "We live in a Pixar era," Van Bavel reflected, with traditional fairy tales now stripped of their gore and violence.

But studies have shown that emotional ads featuring personal stories about the effects of smoking were the most effective at persuading folks to quit. And quitting smoking is much harder than maintaining physical distance and mask-wearing.

Once a vaccine has proved successful and enough people are vaccinated, the pandemic may well be in the rearview mirror. In the meantime, the creators of public health messaging should stop favoring the cute, warm and dull. And — at least sometimes — scare you.

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