

# Risk Universe

## NEWSLETTER



### There's so much we still don't know about COVID-19

It was nearly 13 years ago that I wrote ["U.S. Financial Services Sector Prepares for Pandemic Flu"](#) for the Journal of Business Continuity & Emergency Management, then followed it up a year later with ["Pandemic Readiness in the U.S. Financial Services Sector: When Failure is Not an Option"](#) for the same journal. Six months later, the United States was in the midst of resurrecting a creaky critical infrastructure to deal with the H1N1 virus, including broad distribution of a H1N1 vaccine. The second article sounds nearly prophetic with respect to where we find ourselves today with the coronavirus pandemic.

*"The essential lesson [of Hurricane Katrina] was do not assume there is a clearly-understood and coherent framework into which public and private entities can tie in their respective disaster response plans."* In describing the plans that Washington Mutual Bank had made when scoping the impact of a pandemic, our report to the C-suite stated "Strategies we have developed for business and technology resiliency—with primary and secondary failover sites located on different coasts or in different regions of the country—will not necessarily assure continuity of operations if multiple regions are affected at the same time" and went on to

state that “One of our assumptions must be that 35–50 per cent of our public sector first responders—fire, police, health and EMT medical—will also be affected by the pandemic flu.”

When I look back now on the work we did at that time, I marvel that we did not emphasize three key strategies that public health organizations in most countries are using to buy time while a coronavirus vaccine is created: social distancing when outside the home; stay-at-home gubernatorial mandates; and the wearing of masks in public to protect both oneself and others. The H1N1 vaccine arrived in the summer of 2009, and the world averted a true pandemic.

Though it has been modeled extensively, we don't know everything about the coronavirus six months after it emerged in Wuhan, China. What we thought was a pneumonia that turned into severe lung disease now appears to have other features that affect the kidneys and other major organs, and that sometimes causes blood clots in the lungs and the brain. At this time, we do not know whether one who has survived the virus can become infected again.

In the United States, banks and other financial institutions that are part of our critical infrastructure have had to be nimble. Many employees can work from home, but solutions have had to be devised to keep cash in the ATMs and services available to investors. Moreover, banks have become an essential pipeline for small business loans and personal relief checks from the government.

The risks continue to be high. One thing is for sure: affected countries will not be fully opening before the end of this year, and perhaps not even then if there is not yet a vaccine. The number of people who die from the virus will go up as states relax stay-at-home guidelines and citizens ignore social distancing. Governors will dial up and then dial down again until a proper balance is found – and that won't be found until all citizens better understand the deadly nature of such contact.

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