

THE FRONT PAGE

White House Opposes Expanded Virus Testing, Complicating Aid Talks

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Since the early days of the pandemic, the economist Paul Romer has been arguing for a wide-scale testing program, costing as much as \$100 billion. Alex Welsh for The New York Times

WASHINGTON — In late September, a Nobel Prize-winning economist emailed Dr. Scott W. Atlas, a White House coronavirus adviser, in what he saw as a last-ditch effort to persuade the Trump administration to embrace a sharp increase in testing and isolating infected patients. The plan, meant to appeal to a president who has complained that positive tests make his administration look bad, would not “generate any new confirmed cases.”

Dr. Atlas, a radiologist, told the economist, Paul Romer of New York University, that there was no need to do the sort of testing he was proposing.

“That’s not appropriate health care policy,” Dr. Atlas wrote.

Dr. Atlas went on to mention a theory that the virus can be arrested once a small percentage of the United States population contracts it. He said there was a “likelihood that only 25 or 20 percent of people need the infection,” an apparent reference to a threshold for so-called herd immunity that epidemiologists have widely disputed.

The call for more widespread testing and isolation, Dr. Atlas wrote, “is grossly misguided.”

The exchange highlights the resistance in the White House toward adopting a significantly expanded federal testing program, including efforts to support infected patients in isolation and track the people they have been in contact with, even as cases and deaths continue to rise nationwide. That resistance has become a sticking point in negotiations over a new economic stimulus package, with the administration and top Democrats yet to agree on the scope and setup of an expanded testing plan.

Many public health experts, and some economists like Mr. Romer, say that a far more sweeping program would save lives and bolster the economy by helping as many Americans as possible learn quickly if they are infected — and then take steps to avoid spreading the virus.

Dr. Atlas and other administration officials playing influential roles in the government’s virus response effectively say the opposite: that more widespread testing would infringe on Americans’ privacy and hurt the economy, by keeping potentially infected workers who show no symptoms from reporting to their jobs.

Congressional Democrats have grown so frustrated with the administration’s testing efforts that as part of any agreement on a new aid package, they insisted on language that would force the government to carry out a far more prescriptive national program for administering and distributing tests.

While White House negotiators resisted those demands for months, Treasury Secretary Steven Mnuchin has said he will accept such wording with minor edits. Top Democratic staff, including the top health

adviser to Speaker Nancy Pelosi of California, walked Mr. Mnuchin through the party's proposal on Friday, according to a person familiar with the discussion, but they had yet to announce agreement on language by early evening.

In an interview on Thursday, Dr. Atlas, who is not involved in the stimulus talks, said that the United States had a "massive" testing program over all, but that it should be used strategically to protect vulnerable populations, like nursing home residents — not young, healthy individuals who he said were at low risk of contracting the disease. He said that large-scale government test and isolate programs infringed on civil liberties, and that new research had persuaded him that herd immunity might be achieved once 20 or 40 percent of Americans are infected.

"The overwhelming majority of people who get this infection are not at high risk," Dr. Atlas said in the interview. "And when you start seeking out and testing asymptomatic people, you are destroying the workforce."

Many congressional Republicans, who prefer to leave testing decisions to states, share Dr. Atlas's concerns about federal testing programs, a complication if Mr. Mnuchin and Ms. Pelosi do agree on a nearly \$2 trillion economic stimulus deal.

Mr. Mnuchin said on Thursday that the pair had settled on spending an additional \$75 billion for testing and tracing. But the sides have not yet reached agreement on the language that Democrats have demanded for a national testing strategy, including timelines and benchmarks for allocating testing supplies and testing communities heavily affected by the virus. Democrats have been wary that the administration would actually spend the money as intended without specific legislative parameters.

Ms. Pelosi said she had not received proposed changes from Mr. Mnuchin as of early Friday evening, saying in an interview on MSNBC, "we're making progress — we have to have clarification in language." The pair are scheduled to speak Saturday evening.

"The devil and the angels are in the detail," she said, adding that she was opposed to "giving the president a slush fund" instead of "a prescription for what we need, what scientists tell us to need to stop the spread of this virus."

Experts from a wide range of fields have repeatedly denounced the lack of testing in the United States. Despite Mr. Trump's repeated affirmations that the country has done more testing than any other nation, researchers have noted that 991,000 or so tests done each day were still not enough to keep in check a virus that has infected more than eight million people nationwide. Tests can individually diagnose people who might unknowingly carrying the virus. At the population level, they can also help health officials monitor any spread and pinpoint and quash outbreaks before they spin out of control.

Others have cautioned against an overreliance on testing as a preventive measure, noting that, in the absence of standards like physical distancing and mask wearing, testing alone cannot fully contain a virus that spreads wherever people tend to gather, regardless of whether those infected are exhibiting symptoms.

"No testing scheme, no test is perfect. There will always be people who go undetected," said Dr. David Dowdy, an infectious disease epidemiologist at Johns Hopkins University who has researched and written about herd immunity. "The best way to protect the most vulnerable is to reduce the amount of virus that's in the population that can get through all of those testing schemes and cause destruction."

Dr. Atlas's position has been challenged by medical advisers around him who have backgrounds in infectious disease response, revealing a significant rift in the White House over the right approach. Dr. Deborah L. Birx, the White House's coronavirus response coordinator, has pushed for aggressive, broad testing even among young and healthy people, often clashing with Dr. Atlas in meetings.

"I would always be happy if we had 100 percent of students tested weekly," Dr. Birx said on Wednesday in an appearance at Penn State University, "because I think testing changes behavior."

Dr. Atlas at one point influenced the administration's efforts to install new Centers for Disease Control and Prevention guidance that said it was not necessary to test people without symptoms of Covid-19 even if they had been exposed to the virus, upsetting Dr. Birx and Dr. Robert R. Redfield, the C.D.C. director.

The administration's efforts to fund federal and state testing have long been fraught. In July, as administration officials and top Senate Republicans clashed over the contours of their initial \$1 trillion proposal, the White House initially balked at providing billions of dollars to fund coronavirus testing and help federal health agencies.

Since the early days of the pandemic, Mr. Romer has argued for a wide-scale testing program, costing as much as \$100 billion. He had hoped to persuade Dr. Atlas that if officials could quickly identify and isolate people carrying the virus, they would slow its spread and allow normal economic activity to resume more quickly.

In his email, sent to Dr. Atlas's personal account, Mr. Romer proposed additional testing and isolation efforts that could allow far more Americans to return to work and shopping, generating economic activity that would be 10 or 100 times larger than the cost of the testing program itself.

In an interview, he said he also "went out on a limb" to propose a version of an expanded testing plan that might appeal to Mr. Trump, who said this year that he had instructed federal officials to slow the rate of testing because "by having more tests, we have more cases."

Mr. Romer wrote that an increase in positive test results could be "interpreted as a sign of a policy failure." He said the administration could instead consider a plan to send Americans tests they could administer themselves at home, then allow people to voluntarily self-isolate if they tested positive, which would not officially generate new "confirmed" cases.

Dr. Atlas replied that the push for such testing was the result of "a fundamental error of the public health people perpetrated on the world."

Mr. Romer said he was taken aback by the answer: "Atlas just responded in a way that just honestly made it seem like he was in over his head," he said.

Katherine J. Wu contributed reporting from New York.

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