

Incentives Going Viral

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Back in the 1850s, when the Fugitive Slave Act was in force, the federal commissioners who determined whether a nabbed black person in the North could legally be “returned” to the South to serve as somebody’s slave were paid \$5 a head if the answer were *No*, and \$10 a head were the answer *Yes*.

It is universally agreed among scholars that this incentive resulted in free blacks being kidnapped and turned into slaves.

It was one of the reasons why there was so much resistance to the Fugitive Slave Act in the northern states.

Incentives matter.

Muddying up statistics is itself a danger, since evaluating the pandemic and our reactions to it is going to be a huge issue in the next few months — and years.

Similarly, though with far less momentous initial consequences, hospitals get paid more from the federal government if doctors or administrators list a patient as a coronavirus patient when placing them on ventilators.



This became an issue because a medical doctor, Minnesota State Senator Scott Jensen, made it one in several venues, including on Fox News.

The *Snopes* fact-checking service rated Jensen’s claims a “mixture,” but *USA Today* diagnosed the claims “as TRUE.”

Not only do hospitals and doctors get paid more, laboratory-confirmed tests are *not required* — all “made possible under the Coronavirus Aid, Relief and Economic Security Act through a Medicare 20% add-on to its regular payment for COVID-19 patients.”

Incentives making a difference, you can see how this might inflate the numbers of COVID-19 cases and deaths.

We do not know the extent of the resulting misinformation. But we know it has some effect.

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This is Common Sense. I’m Paul Jacob.