

OPINION COLUMNS

Opinion: Medical science alone can't stop pandemics. The missing link is leadership.

The same exacting research approach that brought us coronavirus vaccines in record time can give us the tools we need to assess the effectiveness of how we respond to pandemics.

By Victor Dukay, MBA, PhD and Kathy Irene Kennedy, DrPH, MA 2:55 PM MDT on Jun 18, 2021



A couple dozen Western Slope residents gathered at the intersection of Main Street and Townsend Avenue in downtown Montrose to protest the ongoing state-mandated closures in effect due to COVID-19. The Open Colorado rally was held in Demoret Park Saturday April 18, 2020. (William Woody, Special to The Colorado Sun)

In Colorado and around the world, the coronavirus pandemic has been a test of leadership. From mask mandates to vaccine distribution, governors, local officials and world leaders have struggled to achieve the necessary levels of cooperation and build public trust.

While pundits and many politicians pay lip service to the concept of leadership, the term often is so nebulous that to call for a higher level of it is meaningless. And yet, as we have learned through cruel experience, effective leadership can be a matter of life and death.

Dr. Deborah Brix, the coronavirus response coordinator in the Trump White House, has said that 400,000 lives might have been saved in the U.S. with better leadership.

The recent report from the Independent Panel for Pandemic Preparedness and Response, which was initiated by the World Health Organization last year, calls for scientific measurement of the “leadership dimensions of preparedness.” The panel seeks to document the impact that leadership – or a lack of it – had on the pandemic crisis response.



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A commentary in the medical journal *The Lancet* cites the panel’s findings, saying, “Countries with poor results had uncoordinated approaches that devalued science, denied the potential impact of the pandemic, delayed comprehensive action, and allowed distrust to undermine efforts.”

The Lancet unapologetically called it a “failure of leadership.”

In an editorial last year, the *New England Journal of Medicine* said, “COVID-19 has created a crisis throughout the world. This crisis has produced a test of leadership.... Here in the U.S., our leaders have failed that test. They have taken crisis and turned it into tragedy.”

It is just the latest in the chorus of experts pleading for attention to the role that the “leadership factor” plays in public health outcomes.

As the science has advanced in the understanding of how to treat and eventually prevent COVID-19, clearly the missing link is the understanding of the role that leadership plays in meeting such a monumental global public health challenge.

Protests over COVID-19 lockdowns have raged across Europe and the United States. An unsuccessful recall effort against Colorado Gov. Jared Polis over COVID restrictions was launched last fall and – justified or not – brought the challenge of leadership during a public health crisis into sharp focus.

While the Center for Disaster Philanthropy has estimated that \$20.2 billion was generated in 2020 for vaccine development and emergency economic assistance, very little has been invested in studying leadership during the pandemic.

Leadership science has been a respected field of academic research for nearly a century. When applied in the corporate sector, the attributes of effective leadership enhance innovation and increase profits. When applied in professional sports, leadership science results in improvements in individual and team performance.

As scholars in applied leadership science here in Colorado, we are calling for an effort to measure the leadership factor in the COVID-19 pandemic through rigorous, unbiased empirical research.

The pandemic has provided a mountain of data on virus positivity rates, deaths, vaccine distribution, and the resumption of economic activities that could clearly identify the relative effectiveness of leaders and leadership practices.

It could test the theory that women leaders have outperformed their male counterparts in responding to the pandemic.

The research could be used to better understand why New Zealand had extraordinary success in controlling the spread of the virus while Sweden had one of the highest death rates per capita in hard-hit Europe.

The New England Journal of Medicine has speculated that New Zealand's success was because "Prime Minister Jacinda Ardern provided empathic leadership and effectively communicated key messages to the public ..."

Meanwhile, Sweden's leading public health expert warned that the country was pursuing a "defeatist and headless strategy" and accurately predicted that it would result in thousands of preventable deaths.

Seed capital from the philanthropic community is needed for the development of a strategy for a global pandemic leadership analysis including addressing the disproportionate impact that the pandemic has had on marginalized communities.

This research can be brought to scale with support from agencies such as the Centers for Disease Control and Prevention and the National Institutes of Health, and their counterparts in other nations.

As we emerge from the chaos of 2020 and look to the future, it's clear we can no longer rely on political campaigns, social media influencers, ratings-driven media commentators and our gut reactions to determine who should lead us through the next crisis.

Scientific research, the same exacting approach that brought us safe and effective coronavirus vaccines in record time, can give us the tools we need to assess the effectiveness of pandemic interventions, determine what our communities need to manage resources and respond to future crises, and nurture a new generation of highly effective leaders.

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*For additional information about **BENDING THE CURVE: Understanding How Leadership Affects Pandemic Responses** project, contact Victor Dukay, MBA, PhD at vic@lundyfoundation.org*

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