## The Covid-19 passport and the risk of voluntary infection

By Gregory Verdugo

Covid-19 has made it risky to have a job that cannot be done remotely and requires contact with the public. Given the danger of infection facing frontline workers, employers confront the risk of legal consequences in the event of insufficient protection. This new risk could lead to changes in the characteristics of the workers being hired, as the threat of lawsuits creates an incentive to discriminate by choosing workers who are least at risk for these positions. As long as the Covid-19 virus is in circulation, we could therefore witness the rise of a powerful new source of discrimination in the labour market based on the risk of serious infection. But according to some epidemiologists, the virus could be circulating and creating episodic outbreaks for 18 to 24 months [1], with the result that Covid-19 could leave a lasting imprint on the job market.

Which workers are least at risk? First, there are those with no apparent comorbidities, which means that individuals who are obese may face even more pronounced discrimination on the labour market [2]. However, the main easily identifiable group at lower risk are the young, since the under-30s face a very low risk of developing a serious form of Covid-19 [3]. This situation is unprecedented – for the first time, we're experiencing a recession where young people are less affected than more senior employees! But while the young are less at risk, there is one group of individuals for whom the risk could be even lower. Experience with other viruses suggests that individuals who have previously contracted Covid-19 gain at least temporary immunity from future infection [4]. Although such immunity remains uncertain and controversial [5], some employers may want to test their employees, especially those in at-risk positions, to rule out the danger of infection attributable to their professional activity. Information on the state of an employee's immunity could therefore be very valuable for an employer - so much so, in fact, that it could lead to the development of low-quality private tests and a risk that false immunity certificates could proliferate. To avoid these risks, many countries are considering creating immunity passports certifying that a worker has already contracted Covid-19 and is, at least in the short term, safe from the risk of infection [6]. Chile has announced that it is implementing

such a policy, and it is under discussion in various European countries. An immunity passport is expected to provide high wages in labour markets wracked by Covid-19, particularly in high-risk jobs, including those requiring close contact with infected people, such as in hospitals. In turn, in an economy in crisis, an immunity passport guaranteeing well-paid employment could generate high demand for voluntary infection among those in direst need. This possibility of self-infection when immunity is socially valued or economically profitable is not merely a theoretical question. In an article published in 2019, historian Kathryn Olivarius of Stanford University showed that there are numerous historical precedents [7]. Being recognized as having immunity was in particular an essential condition for economic integration during the colonization of tropical zones, where infectious diseases were decimating the colonists. In the early 19th century, immigrants recently arriving in New Orleans were said to be "non-acclimated", and sought to quickly suffer and survive yellow fever, which at that time had an estimated mortality rate of about 50%, which is well above that of Covid-19, currently estimated at between 0.3% and 1%. To integrate, you had to prove that you survived the infection and

thus became "acclimated". Only after becoming "acclimated", with the risk of early death being ruled out, did it become possible to have access to the best jobs in the local labor market, to get married and to access credit from local banks. If a Covid-19 immunity passport is developed, it will in a similar manner foster a dangerous temptation to become infected in order to gain access to jobs where the risk of infection is high but wages are also high. The temptation to self-infect would be even stronger in the case of Covid-19, the consequences of infection are usually benign. But voluntary infection could lead to risky behaviour: one can imagine individuals trying to get infected, and in doing so spreading the disease around them, especially if they remain asymptomatic. Alex Tabarok, a professor of economics at George Mason University, argues that the issue of immunity passports by the public authorities would also imply the need to regulate the demand for voluntary infection that this would give rise to. So the public authorities should offer the possibility of infection in moderate doses, in a medical setting and by ensuring medical follow-up during a period of quarantine following voluntary infection. [8] The supervision of a voluntary infection motivated by the desire to obtain an

immunity passport clearly

poses ethical problems. First, it would be individuals in the most precarious situations, especially those most affected by the recession, who would volunteer. Furthermore, it is not certain that medical supervision reduces the risk of death or serious sequelae. Above all, voluntary infection contradicts the apparent policy goal today, which is to curb the epidemic as much as possible, as the possibility of achieving collective immunity seems distant. So such an approach is for the moment dangerous. To be consistent with the goal of suppressing the epidemic, it therefore appears necessary to discard the policy of immunity passports, which give value to having been infected. As is set out in the French protocol for lifting the lockdown [9], it is also necessary to ensure that the private market does not fuel this demand and that companies don't create their own immunity passports or try to acquire information about immunity through other means. While a rule like this might seem paradoxical, the risk of self-infection can be eliminated only if a non-discrimination rule is imposed that prohibits employers from using or requesting the results of serological tests to employ workers in high-risk positions and that also bars employees from revealing their immunity status.

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