



Transformation 2021:

How Airlines and Travelers Will Adapt as the Pandemic Recedes

Vaccines, Covid-19 testing, and health passports will all boost traveler confidence. This CarTrawler sponsored report evaluates how airlines are affected by these and how consumer perception of everyday threats likely plays a larger role in the return of travel.

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Jay Sorensen's research and reports have made him a leading authority on frequent flyer programs and the ancillary revenue movement. He is a regular keynote speaker at the annual MEGA Event, spoke at IATA Passenger Services Symposiums in Abu Dhabi and



Jay and son Aleksei hiking in the Santa Monica Mountains National Recreation Area in California.

Singapore, and has testified to the US Congress on ancillary revenue issues. His published works are relied upon by airline executives throughout the world and include first-ever guides on the topics of ancillary revenue and loyalty marketing. He was acknowledged by his peers when he received the Airline Industry Achievement Award at the MEGA Event in 2011.

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Eric, at his favorite summer retreat, Steens Mountain, Oregon.

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We can see light at the end of the tunnel

Back in 1984 I took my new Trek bicycle on the Elroy-Sparta State Trail in my home state of Wisconsin. It was a weekend away with a buddy from the flurry of being part of the Midwest Express Airlines start-up team. Being a young and foolish lad, I was unprepared for a unique feature of the trail. Elroy-Sparta was the first conversion of a railway line to a recreational trail in the US. I didn't bring a flashlight for the tunnels. The trail transits three old railway tunnels, the longest of which is a very dark $\frac{3}{4}$ of a mile in length.

My passage through tunnel #3 became a slow crawl trying to avoid rock walls, uneven ground, and other bikers. Close observation of the image on this page reveals a tiny white dot in the black of the tunnel. This pinpoint of light guided me to the other side. It's an appropriate metaphor for this pandemic. This report is written to reveal how airlines and consumers will adapt as we aim for the light at the end of the tunnel. The return of airline travel will be defined by economic ability, government restrictions, and consumer confidence.



Entrance to Tunnel #3 on the Elroy-Sparta State Trail in Wisconsin.

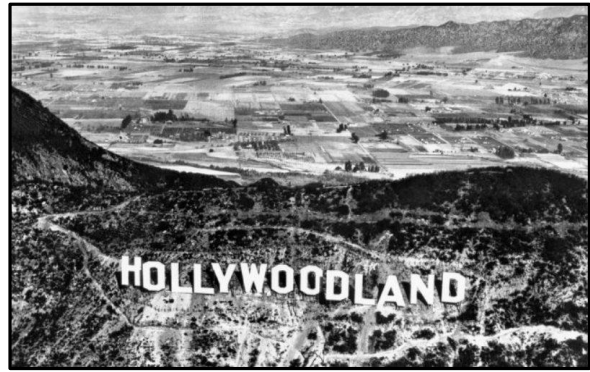
Image by Eric Reischl

Our roaring twenties will provide a subdued boost

The end of the 1918 flu pandemic and World War I led to the joie de vivre known as the Roaring Twenties which delivered a decade of growth and prosperity. Spending deferred during the 2-year duration of that pandemic led to a seemingly insatiable demand in Western culture for new experiences. The era witnessed the large scale embrace of automobiles, electric appliances, movies, and the establishment of airlines.¹ Concurrently, governments fostered an environment of easy credit in an effort to jump-start their economies. Unfortunately, all of this excess contributed to the Great Depression of the 1930s; let's hope we are smarter this time.

¹ "Roaring Twenties coming again?" opinion piece dated 20 December 2020, *The Times of India*.

Our roaring twenties will witness a burst of consumer activity during the next four years. As our pandemic recedes, normal levels of employment will return, consumer confidence will increase, and economies all over the world will begin a robust recovery. As history guides us, the world on the other side of the pandemic will be different. We already know e-commerce, technology, and remote working will prevail as “forever” factors in our lives. But what of travel?



Hollywoodland made its appearance as a property development in the Roaring Twenties; its sign would later be modified to define Hollywood.

The answer changes for each travel category. “The Journey Ahead: How the Pandemic and Technology Will Change Airline Business Travel” is a report issued by IdeaWorksCompany in December 2020 which predicts a 19 to 36 percent permanent loss of business trips by air. Online meeting technology, and its effect on corporate culture, provides a compelling replacement for the expense, hassle, and risks wrought by the pandemic. These effects will be enduring because Zoom, Google Meet, and Microsoft Teams will only improve with the passage of time. Most certainly some business travel needs, such as those advantaged by in-person sales calls, can’t be replaced by technology. This explains why the permanent loss is not larger.

The limited economic gift of our roaring twenties phenomenon will initially spread unevenly across the leisure category. Consumers all over the world will continue their love of travel for vacations, adventure, relaxation, and to connect with family and friends. Leisure travel has a significant advantage over business trips, because technology is no substitute for the sounds, tastes, and smells of being on a beach, in a forest, or on a mountaintop. The strengths shown during 2020 for outdoor and rural destinations will be even more robust in the 2nd and 3rd quarters of 2021.



Europe will see more Europeans exploring their continent by personal automobiles and rental cars. Image: BMW.com

The pandemic has also created the urge to stay close to home and not cross oceans. This is a predictable outcome of the opening and closing of international borders as governments attempt to control the virus. For example, Americans will stay within America, Europeans within Europe, and Australians within Australia.

The early phase of the travel recovery will literally be driven by personal or rented automobiles. Destinations reached in the comfort, convenience, and safety of a car will be very busy during the northern hemisphere’s summer season. Hotels,

vacation rentals, attractions, and car rental companies serving these markets will see significant demand. Urban experiences, especially those relying on public transit such as subways, will do poorly during the early phase of the recovery.

Start of the Recovery Process for Leisure Travel Categories	
Quick Start <i>(summer 2021)</i>	<ul style="list-style-type: none"> • By auto: rural, recreational, and beach vacations. • By auto: VFR - visiting friends and relatives.
Mid Term Start <i>(fall 2021 and winter 2022)</i>	<ul style="list-style-type: none"> • By air: rural, recreational, and beach vacations. • By air: VFR - visiting friends and relatives. • Short cruises (3 to 4 day duration).
Long Term Start <i>(spring 2022 and beyond)</i>	<ul style="list-style-type: none"> • Urban-oriented and cultural vacations. • Sports spectator and large events. • Group: escorted and unescorted. • By air: long distance and transcontinental trips. • Longer cruises (7+ day duration).

Airline travel will follow the trends described above but its overall recovery will be subdued. Close-to-home equals an ideal flight length of less than 4 hours to reach most spots within America, Australia, Brazil, China, or Europe. The recently proposed requirement for Covid-19 testing on domestic US flights would have a highly detrimental effect on traffic. Long haul transcontinental travel will remain weak until traveler confidence is fully restored. Norwegian's decision to suspend Europe – US routes (and all long haul Boeing 787 services) to focus entirely on short haul routes within Europe reflects this reality.

Reviewing projections released by IATA, Airlines for America, and Airports Council International reveals these organizations anticipate a recovery of airline traffic to pre-pandemic levels during 2023 to 2025. The airline industry hoped for a quicker restart, but significant difficulties associated with the global vaccination effort will prevent this.

Global vaccination requires herculean effort

John le Carre, a British author of spy novels, said, “A desk is a dangerous place from which to view the world.” The view from a desk today might suggest vaccinations will largely conclude this spring to allow a relatively normal summer of travel. The reality of the once-in-a-lifetime effort to inoculate up to 7.8 billion people – not once, but likely twice, and maybe thrice – suggests it will be a long hard slog. For example, news is emerging that Moderna is considering a third booster dose for its vaccine to ensure adequate protection for a longer span of time.²

An article in the *Wall Street Journal* described the lack of centralized procedures and the apparent availability of the vaccine to nonresidents in the state of Florida: “Every medical facility and county receiving vaccine doses has created its own procedures to screen people seeking shots and to give them appointments.”³ The article also described the challenge of preventing foreign tourists in Florida from receiving vaccine doses. President Joe Biden commented on vaccination efforts in the US, “This will be one of the most challenging operational efforts ever undertaken by the country.” Undoubtedly similar difficulties are occurring around the world. One imagines nationalized health systems are better equipped to deliver coordinated countrywide responses.

² “Moderna Explores Use of a Third Dose” article dated 16/17 January 2021, *Wall Street Journal*.

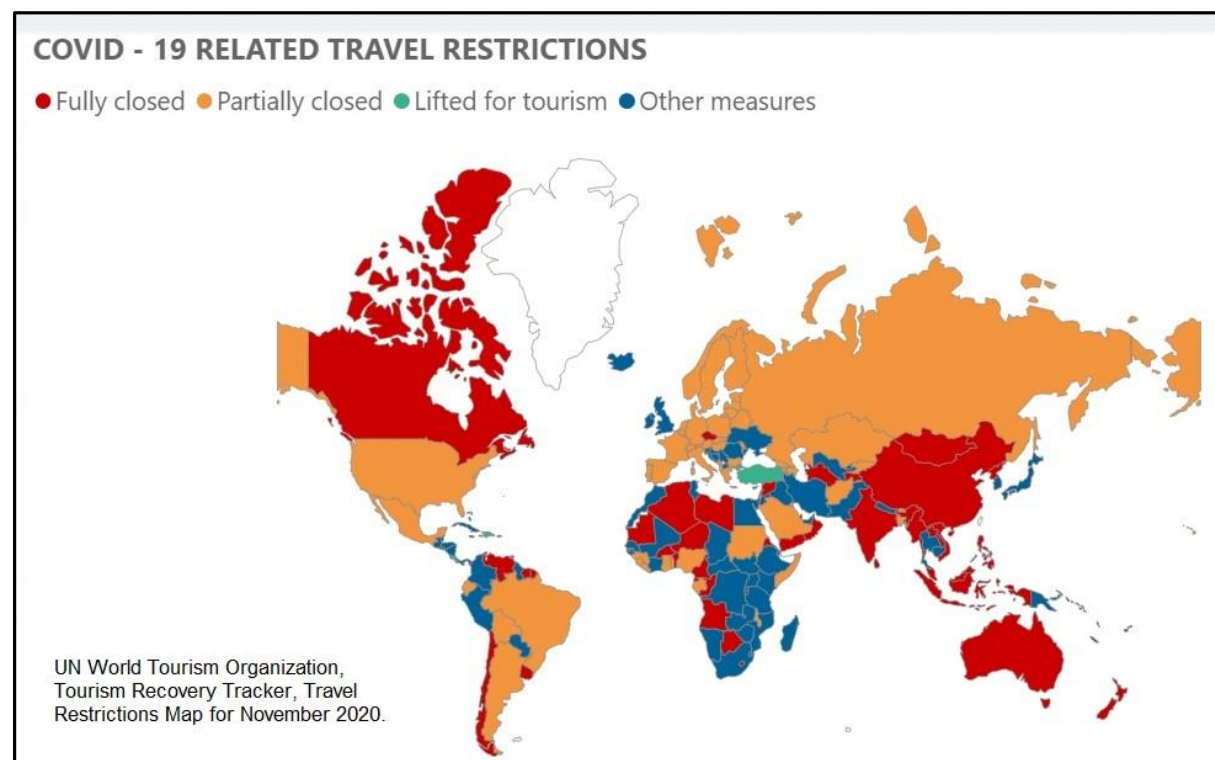
³ “Florida Vaccines Draw Nonresidents” article dated 15 January 2021, *Wall Street Journal*.

The tracking of vaccinations to create a vaccine passport minimally requires 1) confirmation of an individual's identity using a government-issued ID, 2) entering the vaccine event into a database, and 3) establishing a secure account for the specific individual. This must occur simultaneously during pre-registration or at the vaccination site to ensure a reliable record of the event and to permit subsequent communication regarding a second dose or to update the account with new contact information.

It is easy to imagine this is not reliably occurring throughout the world, and that a paper card handed to the individual with vaccination details is commonly used. There is a need to distribute vaccines as quickly as possible and much of the world is unprepared for electronic health passports from technical and cultural perspectives. Creating a mobile application is doable and deliverable. However, feeding that system with verified data from field locations throughout an entire country is a significant hurdle. This is an admirable and beneficial objective, but one that won't be meaningfully achieved during 2021.

International travel: No test, no ticket

Testing for Covid-19 was embraced as an early indicator of safe travel. This will likely endure until the threat is eliminated. What emerged during the pandemic is the willingness of cities, regions, and countries to implement travel restrictions. These are often defined as testing requirements to determine admissibility or to avoid the dreaded lengthy quarantine. These have been quickly administered out of the desire to prevent viral spread. The impact upon the travel and tourism industry is given far less importance. This once rarely used method has become commonplace during the pandemic. Just a glance at the map provided by the UN World Tourism Organization (UNWTO) reveals restrictions and closures across the entire world (red, orange, and blue shaded areas). A global community that once welcomed tourists and their cash now embraces barriers to entry.



The UNWTO monitors travel restrictions for 217 destinations. As of November 2020, 59 destinations (27 percent of all destinations) have been completely closed to international tourism, and 126 destinations (58 percent) require a negative Polymerase Chain Reaction (PCR) test result upon arrival.⁴ Fortunately, the PCR test (also called a viral test) has gained acceptance as a global standard. Some destinations also require evidence of travel insurance to protect the destination from the cost of Covid-19 treatment which may occur during travel. Fortunately, those destinations having a complete closure (27 percent) have decreased significantly from the 72 percent rate observed for April 2020. As of 26 January 2021, the Centers for Disease Control and Prevention (CDC) expanded the requirement for a negative Covid-19 viral test for all air passengers entering the US.⁵

Summary of Types of Covid-19 Tests		
Types	Also known as	Features
Molecular Test <i>Diagnostic tests for <u>active</u> coronavirus infection</i>	<ul style="list-style-type: none"> • Viral test. • Nucleic Acid Amplification Test (NAAT). • RT-PCR or PCR test. • LAMP test. 	<ul style="list-style-type: none"> • Highly accurate. • Return of results may take longer, although some facilities offer quick results.
Antigen Test <i>Diagnostic tests for <u>active</u> coronavirus infection</i>	<ul style="list-style-type: none"> • Antigen test (also considered a type of viral test). 	<ul style="list-style-type: none"> • Positive results are usually highly accurate, but false positives can happen. • Often very quick results.
Antibody Test <i>Shows if you've been infected by coronavirus in the <u>past</u>.</i>	<ul style="list-style-type: none"> • Antibody test. • Blood test. • Serology test. 	<ul style="list-style-type: none"> • Sometimes a second antibody test is needed for accurate results. • Often very quick results.
Source: Coronavirus Disease 2019 Testing Basics, reviewed Jan. 2021, US Food and Drug Administration, FDA.gov.		

The travel and health industries are at the early phase of installing testing processes designed for traveler convenience. Larger metropolitan areas are able to support viral tests that promise results in 12 hours or less, with a few promising results within minutes. Services are available at some airports and even a few hotels and resorts. There is abundant room for improvement throughout the entire process. The initial effort required to secure timely, accurate, and understandable information can be overwhelming.

Official online information can be out of date, confusing, and require visits to multiple websites before an answer is found – a satisfactory result was frequently found to be elusive. Websites associated with vaccine clinics often skip basic details such as the delivery time for results, the complete price of a test, and the penalty for cancelling an appointment. The experience can frustrate the most intrepid of travelers. Too many will throw up their arms in frustration and choose the greater certainty offered by a vacation close to home that doesn't involve international borders.

⁴ "Covid-19 Related Travel Restrictions COVID – 19 A Global Review for Tourism" report dated 02 December 2020, UNWTO.

⁵ "CDC Expands Negative COVID-19 Test Requirement" 12 January 2021 media statement at CDC.gov.

Airlines must become thoroughly engaged in this solution. Most seem to be waiting for others, such as airport authorities, government agencies, and private entrepreneurs, to take the lead. The market will eventually deliver results purely based upon the strong need for timely test results. Solutions are required that balance cost to the consumer with expedient delivery of test results. Only a well-engineered approach will generate the capacity and convenience required to serve a global network which will someday carry more travelers.

The ultimate solution will rely upon a combination of off-airport and in-airport testing. Let's consider an example, using London Heathrow Terminal 5, which assumes 100% of testing would occur at the airport. The calculations derived from data in the below table, which are based upon ideal conditions, reveal about 2.4 hours are needed to process tests for an average planeload of international passengers. The test process would probably open a minimum of 3+ hours before departure to ensure everyone tested would receive results prior to final boarding. The outcomes are based upon an aggressive assumption that viral testing could be administered in 4 minutes per passenger and results would be provided minutes later. Yes, this is an aggressive model which can't be provided on a large scale at this time.

Staffing a Testing Process for a Terminal This example uses pre-pandemic data for London Heathrow Terminal 5	
Passenger Traffic <i>(2018 annual)</i>	<ul style="list-style-type: none"> 15.4 million departing international passengers. Average of 42,192 daily passengers. 94% of Heathrow passengers are international.
Aircraft Operations <i>(2018 annual)</i>	<ul style="list-style-type: none"> Average of 238 international flight departures per day. Assumes 50 domestic UK domestic departures per day.
Average Passengers/Flight	<ul style="list-style-type: none"> 177 passengers (42,192 passengers ÷ 238 flights).
Staffing at Gate <i>(testing locations)</i>	<ul style="list-style-type: none"> Assumes 4 minutes to test a passenger, and does not include an anticipated 15-minute waiting time for results. 5 testing stations at the gate with each having capacity to perform 15 tests per hour.
Time Required to Test Passengers <i>(excludes results wait time)</i>	<ul style="list-style-type: none"> Capacity to test 75 passengers per hour (5 stations). Assume staffing begins 3 hours before departure. 15 staffing hours per departure (5 stations x 3 hours).
Overall Test Staffing Requirements <i>(excludes management staff)</i>	<ul style="list-style-type: none"> 3,570 staffing hours per day (238 flights x 15 staffing hours per flight departure). 446+ employees (full time staffing, 8 hour work days).
<i>Facts and Figures (2018) page reviewed January 2021 at Heathrow.com. Assumptions by IdeaWorksCompany</i>	

The numbers are overwhelming and convey the giant scale of the testing challenge. Just one terminal at Heathrow would require the addition of a battalion of nearly 500 employees to process a pre-departure testing regimen. London Heathrow has three additional terminals. These numbers make the point – testing on this scale must be distributed across multiple venues, such as hotels, clinics, and self-administered via post or courier service. These calculations assume a linear flow of passengers throughout the day; actual results will certainly require more staffing to include administrative support.

Governments seem determined to deploy testing as a measure to control the spread of Covid-19. Passengers having proof of vaccination would hopefully be allowed to skip the test requirement; this would reduce the testing burden. It is unlikely governments will soon end testing protocols for international journeys. That's because Covid-19 will remain present in the global population beyond 2021. Testing for active Covid-19 infection is an effective method to reduce viral spread but the complex nature of the process virtually ensures quick, efficient, and pervasive solutions will not develop this year.

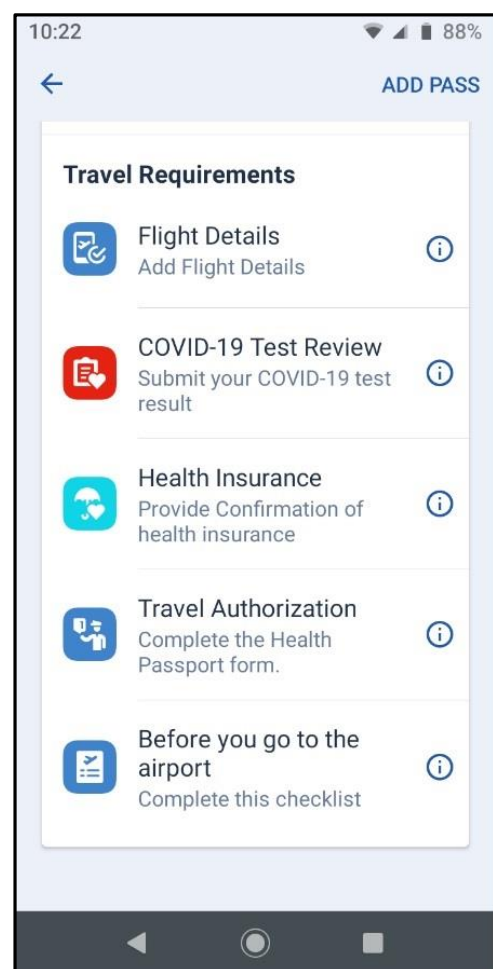
The pandemic speeds the need for health passports

Technology companies and the airline industry have identified the need for secure mobile applications to allow travelers to carry Covid-19 related health information on smartphones. When a green field like this opens, there is always a rush by a world of providers to fill the need with online solutions. Two leaders have emerged, the CommonPass and the IATA Travel Pass. As of preparation of this report, neither has been released to the general public. The CommonPass underwent trials in October 2020 on single routes operated by Cathay Pacific and United Airlines. IATA announced Emirates and Etihad will test its mobile app this spring.

These travel passports will function using similar methods. Data for a traveler's vaccination, testing, and immunity status will be queried from verified digital sources. As you can imagine, the variety of platforms upon which this data exists, along with privacy and data security issues, makes this a difficult process to perfect and automate.

IATA has disclosed information from a traveler's country-issued passport, to include the photo, will be used to verify identity.⁶ The organization says its passport will be provided free of charge to consumers and that airlines will pay fees to support the service. CommonPass promotes its relationship with The Commons Project and The World Economic Forum.

Another relationship was recently announced with the Vaccination Credential Initiative (VCI) to facilitate digital access to health records.⁷ VCI includes major corporations with an emphasis on healthcare: CARIN Alliance, Cerner, Change Healthcare, The Commons Project Foundation, Epic, Evernorth, Mayo Clinic, Microsoft, MITRE, Oracle, Safe Health, Salesforce. It's an impressive list of collaborators.



Available now but requires travelers to feed it data. American has made the Verify health passport available for select destinations such as Brazil, Chile, Canada, UK, and US.

⁶ "IATA Travel Pass Q&A" document reviewed January 2021 at IATA.org.

⁷ 14 January 2021 press release viewed at the VaccinationCredential.org (VCI) website.

Travelers can download a health passport today courtesy of American Airlines and Verifly. This mobile app uses a labor intensive shortcut to verify vaccination, testing, and immunity status. Travelers upload document images using a phone's camera, which Verifly staff will review and later confirm. The image on the prior page displays the requirements for a trip to Chile. The Covid-19 Test Review requires uploading an image of a test result, and the Travel Authorization requires completing a government form and collecting a QR code to confirm proper submission.

It's alarming to upload health related documents to a company which uses more than 3,200 words to describe its privacy policy. Verifly discloses this information can be shared with 3rd parties, which out of necessity would seem to include foreign governments. Health passports will certainly expand the concerns of privacy advocates all over the world.

The promise of a health passport is twofold. First, it should guide travelers to secure the required health documentation to enter a country. Secondly, it should confirm the requirements have been met and readily display this status to airline staff and border control officials. It would be unfortunate if consumers are required to rely upon multiple mobile apps as they travel the world. Airlines and the travel industry should strive to embrace one or two key platforms to minimize complexity for consumers.

The airline industry is realizing that, beyond aircraft cleaning efforts, mask requirements, and health passport development, consumers won't fly in large numbers until they feel the reward of travel is greater than the risk. After nearly a year into the pandemic, it comes to this – consumers will fly when they are ready.

When will consumers be ready to fly?

People go about their lives facing a multitude of threats every day. The matrix on the following two pages displays a sample of behavioral and environmental threats affecting Americans. Some have been public health issues for decades, while others are new threats. These all share a common trait; they are not believed to be disappearing any time soon. Other major health threats such as polio and smallpox are largely forgotten due to the development of vaccines. These once loomed large as threats in the lives of Americans and people all over the world.

All of the threats listed in the matrix are very real and actively contribute to the injury, illness, and death of millions of people worldwide. And yet, using the US population as an example, the continued existence of four of these (drunk driving, smoking, West Nile virus, and foodborne illness) does not pose an ever-present worry in the lives of Americans. Of course, Covid-19 is a clear and present exception to this by altering almost every component of daily life in the US and the world. How is this threat different from the many we accept as an everyday presence in our lives?

Make no mistake, this evaluation does not assert the loss of 10,497 lives (see next page) to drunk driving is something to be overlooked. If you have lost a friend or family member to any of these threats, their deaths are a very real loss. But why are we not terrified when we drive at high speeds when the next oncoming vehicle could be recklessly piloted by an intoxicated driver? About 30 million Americans light up cigarettes knowing full well it's a very risky behavior. Every day consumers buy groceries and eat fast food, when the decision by someone else to not wash their hands could require a trip to the hospital.

Matrix of High Profile Health and Safety Threats in US					
Name of Risk	Driving While Intoxicated (DWI)	Cigarette Smoking	West Nile Virus	Salmonella Bacterial Infection	Covid-19
Type	Dangerous behavior.	Unhealthy behavior.	Viral infection by insect bite.	Foodborne illness.	Viral infection by close contact.
Annual Deaths	10,497 (drivers & victims)	480,000	60	420	450,000+ (by Feb. 2021)
Transmission Between Humans	<ul style="list-style-type: none"> • Family dynamics. • Genetic predisposition. • Social acceptance. • Cultural enabling. 	<ul style="list-style-type: none"> • Family dynamics. • Genetic predisposition. • Social acceptance. • Cultural enabling. 	No.	Yes, through physical contact with an infected person (or animal).	Yes, very infectious.
Outcomes	<ul style="list-style-type: none"> • Death, serious injury. • Victims include those harmed by intoxicated drivers. 	<ul style="list-style-type: none"> • Serious disease or death, depending on personal factors and frequency of use. • Non-users affected by secondhand smoke. 	<ul style="list-style-type: none"> • 80% have no symptoms. • 20% have mild illness. • However 0.7% develop severe illness which can cause death or permanent harm. 	<ul style="list-style-type: none"> • Likely temporary. • Range of mild to severe illness. • Possible death for at-risk populations. 	<ul style="list-style-type: none"> • Wide variation from no symptoms to death. • Most severe for at-risk populations, especially the elderly.
Factor I: Perception	<ul style="list-style-type: none"> • Statistics are reliable and trend is downward. * • One million DWI arrests in 2016. • More than 111 million self-reported episodes annually. 	<ul style="list-style-type: none"> • Statistics are reliable and trend is downward. • 14% of adults smoked in 2019. • 16+ million Americans live with smoking-caused diseases. 	<ul style="list-style-type: none"> • Statistics are reliable and recent trend is downward. • 971 cases recorded for 2019. • Decrease of cases over time; there were 9,862 in 2003 and 5,674 in 2012. 	<ul style="list-style-type: none"> • Statistics are reliable and trend shows fluctuations. • 1.35 million infections annually. • 26,500 hospitalized annually. 	<ul style="list-style-type: none"> • Statistics are not stable, trend is upward. • 27+ million estimated infections through early February. • 600 daily deaths as of June; increases to 3,000 by February.
<p>Data compiled from these pages at the CDC.gov website reviewed January 2021: Impaired Driving: Get the Facts, Smoking and Tobacco Use, West Nile Virus, Salmonella, and CDC Covid Data Tracker.</p> <p>* "2018 State of Drunk Driving Fatalities in America" at Responsibility.org.</p>					

Matrix of High Profile Health and Safety Threats in US, continued					
Name of Risk	Driving While Intoxicated (DWI)	Cigarette Smoking	West Nile Virus	Salmonella Bacterial Infection	Covid-19
Factor 2: Prevention	<ul style="list-style-type: none"> • System of established laws. • Active law enforcement and prosecution. • Social pressure to not drink and drive is growing. • Initiatives by groups such as MADD. 	<ul style="list-style-type: none"> • Federal government links smoking to cancer in 1964. • Warnings first appear on packages in 1966. • Smoking banned in most public places. • High taxes create high economic cost to users. 	<ul style="list-style-type: none"> • Awareness of illness through media. • Avoidance of outdoor activities. • Use of insect repellent. • Wear long sleeved shirts and long pants. 	<ul style="list-style-type: none"> • Awareness of illness through media. • Wash fruits and vegetables. • Wash hands; soap and water is best. • Clean and disinfect surfaces. • Cook food to correct temperature. • Food recalls. • Government safety regulation. 	<ul style="list-style-type: none"> • Abundant awareness of illness through general media. • Wash hands; soap and water is best. • Clean and disinfect surfaces. • Wear a face covering, but this remains unacceptable for some. • Governments using travel restrictions to control spread. • Vaccine is available.
Factor 3: Treatment	<ul style="list-style-type: none"> • Emergency care and hospitalization of those injured (driver and innocent victims). 	<ul style="list-style-type: none"> • Ongoing medical care, surgery, and hospital stay. 	<ul style="list-style-type: none"> • Medical care and possible hospital stay. • No specific antiviral treatments are available. 	<ul style="list-style-type: none"> • Possible medical care. • Antibiotics only used for severe cases. 	<ul style="list-style-type: none"> • Possible medical care. • Possible hospital stay. • Limited treatments available for severe cases and at-risk patients.
Outcome: Perception of Risk	<ul style="list-style-type: none"> • Strong public pressure to reduce this risk. • Public does not perceive this as a daily threat. 	<ul style="list-style-type: none"> • Strong public pressure to reduce this risk. • Public views this as a personal choice issue. 	<ul style="list-style-type: none"> • Prevention methods acceptably mitigate risk. 	<ul style="list-style-type: none"> • Strong public pressure to reduce this risk. • Public does not perceive this as a daily threat. 	<ul style="list-style-type: none"> • Ranges from very low to very high risk perception. • Perceived as daily threat to safety, personal freedom, and the economy.
Data compiled from these pages at the CDC.gov website reviewed January 2021: Impaired Driving: Get the Facts, Smoking and Tobacco Use, West Nile Virus, Salmonella, and CDC Covid Data Tracker.					

Human beings are creatures of evolution and our brains have become tuned to the most immediate threats in our environment. We have learned to remove the noise of less immediate threats as a necessity to bring clarity and focus to the present. Collectively as a culture we send signals to each other through the media, conversations, and Facebook posts, about what worries and harms us. In many ways we do operate like a herd. The factors listed on the matrix help answer the question of how we process these threats.





The factors we assess as humans for threats fall into three categories: 1) perception, 2) prevention, and 3) treatment. This assessment occurs automatically in the background thinking of our brains. The sorting of threats and non-threats is what allowed early humans to emerge from caves and to eventually build villages, countries, and even airlines. Let's review how each threat factor operates and how it applies to the pandemic.

- **Perception:** This factor has three components: reliability, frequency of occurrence, and the trend. Reliability indicates whether the general public believes the statistics accurately reflect reality. The statistics are considered reliable for the listed threats except Covid-19. How often a threat might be encountered becomes known through news sources, which communicates whether the threat is rare or common. The trend is the final component and alerts the public whether the threat is growing or receding. The risk is highest for threats meeting these criteria: poorly understood statistically, appearing to be commonplace, and growing at a fast rate. This perfectly describes the public's current assessment assigned to the pandemic.
- **Prevention:** The government fills a large role here and people rely upon regulation and laws to mitigate threats. Bureaucracy must be effective and not passive or corrupt. If people believe food is safe, it's a reflection of the fact that health inspectors impose fines on violators. The virus prevention efforts, such as the disinfection of cabins, are viewed by consumers as being effective. Cabin crew members who don't enforce the use of masks contribute to the fear that travel is not safe. Governments that create specific pandemic regulations, as the Biden administration recently did with its 100-day mask order, encourage faith in the rule of law as an instrument of public safety. Airlines, and the industry, can have a significant amount of control over this factor.
- **Treatment:** Is there effective treatment for those who suffer from the risk? The listed threats almost always require medical treatment and medicines are often crucial for recovery. The danger of cancer provides good motivation for 86 percent of Americans to not smoke. The belief that most food-related illness can be treated by a day or so in bed at home helps ease fears when buying lettuce at the market. The development and public acceptance of a vaccine can eliminate a risk from public consideration, as has happened with smallpox and polio. Hopefully, this will occur with Covid-19. Airlines, and the industry, have no control over this factor.

The matrix of health and safety threats is based upon experiences in the US. However, the content has application for experiences all over the world, as our human response to threats is a shared quality. When we believe we have control over danger, or perceive the threat is insignificant, we have learned to accept and accommodate. Covid-19, as an active threat associated with travel, must include consideration of a 4th factor. "Trouble," or travel hassle, is an avoidance factor which disrupts the desire to travel.

Air travel will recover when all lights are green

What once seemed close, has now moved further away. In the spring of 2020 the travel industry hoped for the recovery to start later that year. The virus had a different plan and the pandemic now rages on through the winter of 2021. The table below reveals the consumer confidence generated by the status of four factors. Through most of 2020 the four indicators displayed red; that two of them now show yellow proclaims progress has been made against the pandemic.

Consumer Reaction Factors to Covid-19 and Air Travel How consumers think about Covid-19 and air travel.		
Status	Factors	Rationale
	Perception	Negative: <ul style="list-style-type: none"> Epidemiological data are not understood by the public. Statistics on infection risk are volatile. Infections and deaths are in the millions and growing.
	Prevention	Positive: <ul style="list-style-type: none"> Disinfection of aircraft and other safety measures are routine. Mask policies are visibly enforced and have the force of law. Vaccines create hope Covid will abate in 2021. Negative: <ul style="list-style-type: none"> Congestion during boarding and arrival, and full aircraft, are viewed with apprehension. Safety practices vary widely, and crowded urban areas are problematic.
	Treatment	Positive: <ul style="list-style-type: none"> Treatments are available which improve survival rates. Negative: <ul style="list-style-type: none"> Hospital overcrowding garners headlines. Hospitalization while traveling is an unacceptable risk.
	Trouble	Negative: <ul style="list-style-type: none"> Restrictions create unwanted difficulties. Amenities such as restaurants, bars, and spas are unavailable. Onboard meals and airport lounges have been curtailed. Travel becomes a chore, rather than a joy.

When consumers treat Covid-19 as a background threat, the indicators will turn to green and the airline recovery will start in earnest. Several things will change. The public will accept and understand key Covid-19 statistics. More importantly, the rates of infection and death will have taken steep decreases. Countries will no longer rely upon travel restrictions to provide immediate protection from viral spread. Vaccines will be given to members of the general population and Covid-19 treatments will deliver predictably positive results for most. Dining out at the destination will be welcomed as an experience to be savored. It's a long list of objectives to meet, but the world is determined to end this plague and return to the business and joy of travel.

The wisdom to know the difference

The words above are from the Serenity Prayer written by American theologian Reinhold Niebuhr. The prayer has been adopted by addiction organizations such as Alcoholics Anonymous as a mantra for members. Like any good maxim it provides wisdom for a wide range of applications, to include the predicament of the pandemic for airlines. Here is the full poem:

*Grant me the serenity to accept the things I cannot change,
courage to change the things I can,
and the wisdom to know the difference.*

Applied to the business of flying passengers, the poem reveals the folly of coercing consumers to travel.

Change the Things You Can – A Checklist for Airlines

- **Simplify change policies.** Ease-of-use will encourage consumers to book during these uncertain times.
- **Support industry-wide health passports.** One or two key mobile platforms per global region will keep the process simple for travelers and likely lead to more robust services. Encourage IATA to be a developer of standards for how these platforms interact with airlines, governments, and each other.
- **Shepherd consumers through the maze.** Consumers are bewildered by the web of restrictions associated with travel. Create solutions to guide them using helpful content and thoughtful design.
- **Work to create testing solutions.** Testing at the airport will be part of the solution, but off-airport testing should support the largest share of activity. Be certain to provide flexibility for passengers who test positive before departure.
- **Be consistent with definitions.** This is especially true for testing; everyday consumers don't know the difference between PCR, antigen, and antibody.
- **Maintain and improve hygiene.** Airlines get high marks for disinfecting. But congestion during boarding and arrival is often ignored and is a concern for many.
- **Remove trouble from travel.** Seek to make travel a joy, rather than a chore.
- **Make maximum effort to encourage vaccination.** This is your most effective measure for travel to rebound. Offer frequent flyer miles/points to those who get vaccinated and/or utilize a health passport.

Airlines may make great effort with incessant emails, cheap fares, and vacation package offers. Experience shows about 25 percent of consumers are responding to these methods, but simply increasing the volume won't bring back more customers. Instead, airlines should focus on the factors that will move the majority of consumers to feel the reward of travel is greater than the risk.

The last point in the above checklist is probably the best advice offered in this report. A well-vaccinated world is the most certain way to restore travel. Airlines should undertake maximum effort to help the world accomplish that goal.

We passed the halfway point on the pandemic path we share. The World Health Organization confirms more than 2 million deaths and approximately 100 million confirmed cases. The airline industry has been ravaged by the effects of Covid-19. Jobs have disappeared and airline empires have shrunk or been lost. Still there is an abundance of hope because the art of connecting people through the enchantment of airline travel will persevere.

Ours is a forever business. Travel is an essential element of being human.

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