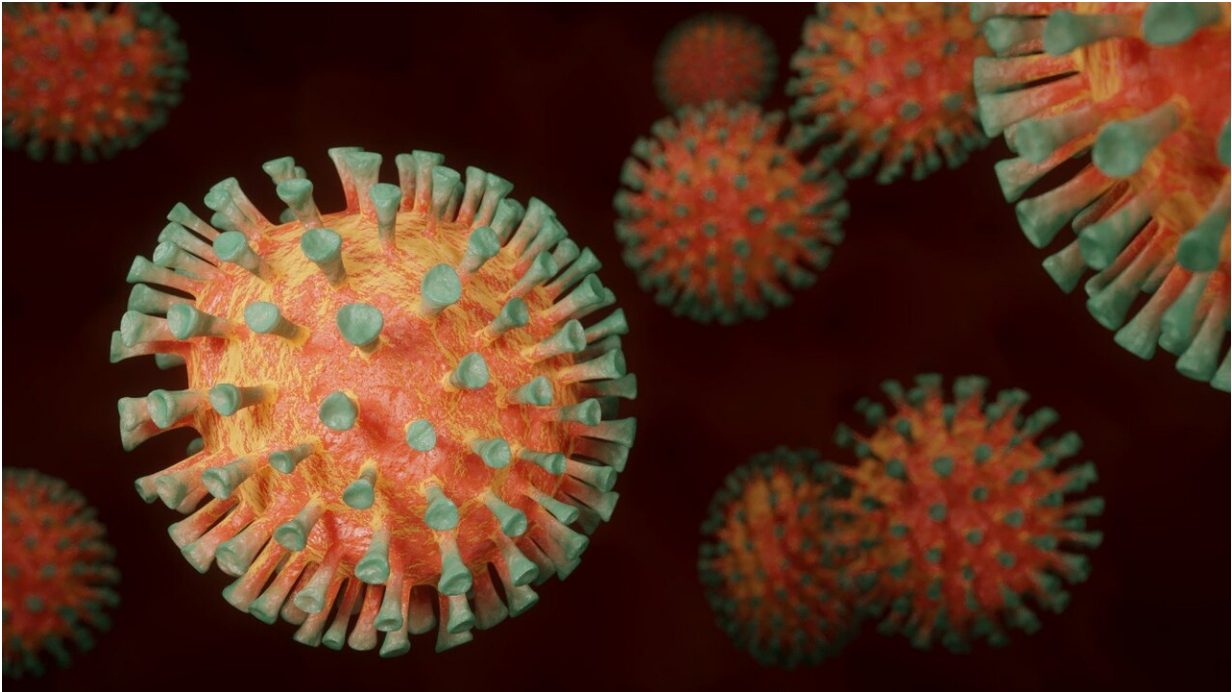


Toward a national response to the COVID catastrophe

August 17 2020, by Steve Cohen



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We all know that the U.S. has done a horrible job responding to COVID-19. The impact of the virus on Americans is way out of proportion to the size of our population. There are about 7.5 billion people on the planet and only 330 million of them live in the U.S. In contrast, there are about 21 million COVID-19 cases in the world and 5 million in the U.S. Over 760,000 people have died from this disease

around the globe, with over 170,000 deaths have been endured here in the United States.

We have 4 percent of the world's population and about 20 percent of the world's COVID-19 cases. Millions are out of work and soon state and local governments will be laying off critical people and cutting important programs that provide essential services to our communities. The president's focus on his reelection and the dysfunctional political posturing of Congress has created a vacuum of national leadership that somehow must be filled to prevent even greater damage to our health and economic well-being. We desperately need to move toward a national response to the COVID-19 catastrophe.

This was obvious even a month ago when Liz Borkowski wrote on the Union of Concerned Scientists website that the U.S. effort lagged behind the rest of the world. Borkowski observed that:

"The second three months of 2020 saw some progress in the fight to control the COVID-19 crisis, but with a vacuum of consistent, science-informed federal leadership the US became one of the few countries to see its case numbers plateau rather than drop—and case counts are now growing with alarming speed in states that relaxed standards too quickly."

The initial federal stimulus enacted in the early days of the lockdown reduced America's pain and suffering, but while the disease continues to grow, the stimulus is shutting down. The hope that a brief lockdown would be followed by reduced virus transmission and rapid economic recovery has proven to be a fantasy. The U.S. national response has included wishful thinking, assigning blame, political maneuvering and a failure to take [medical science](#) seriously. The fastest thing to do during a crisis is to throw money at the problem, but rather than thinking creatively about our next steps, all we get out of Washington is a fight

about how much to spend and who gets to spend it. Meanwhile, we've managed to politicize routine public health measures like masks, testing, isolation and social distancing. The absence of presidential leadership is striking, and it seems unlikely that we are going to see a policy or strategy in 2020 that will lead to recovery.

Despite the overall failure, one important piece of a strategy that has been put in place by the Trump Administration is the effort to develop a vaccine at "warp speed." Assuming a promising vaccine is developed, its verification and implementation must not be politicized. Medical experts must be shown data about its effectiveness and a consensus of scientific support must precede implementation to ensure [public confidence](#) and use.

But before the vaccine is available, we need to use all the standard public health measures available to drive down transmission of the disease: Masks, testing, isolation, shutdowns, and social distancing. Testing, tracing and quarantines must become routine. Reopening businesses, schools and other institutions must be done carefully. Scientific realism must replace political propaganda and wishful thinking. And while our federal system ensures that implementation of public health tasks is a state and local responsibility, Washington must provide the policy, tone, resources and expertise on a consistent national basis. This is where the idea of "one nation, indivisible" needs to be brought to bear. Driving down the infection rate in New York is insufficient if it continues to grow in Florida.

All these public health measures will cost money and will require that people be trained and hired to perform critical tasks. Federal funds should be made available for national policies of testing, tracing and isolation. Public health programs can both reduce virus transmission and provide employment to some of the millions of people now out of work. Some of these jobs should remain permanent as we develop the public

health infrastructure to deal with the next pandemic. In addition to putting people to work in public health, we should provide funds for additional cleaning of public spaces. Where feasible tents and other temporary structures should be built to enable schools to operate with social distancing and federal funds should be provided to enable schools to meet these temporary needs. Federal subsidies are also needed to pay for internet services and computers for schoolchildren of limited means learning from home.

The national policy should be to do everything we can to maintain America's productive capacity. Businesses that cannot be operated at full capacity like theaters and restaurants and neighborhood shops should receive subsidies and workers should be paid to perform community services ranging from park cleanups to elder care to operating food banks. Instead of providing extra funding directly to people who are out of work, let's give local governments money to put unemployed people to work. Let's build a sense of national purpose and community and work together to overcome this crisis.

If Republicans in Congress are reluctant to write a blank check to subsidize state and local governments, they can direct the funding to short-term needs that state and [local governments](#) will be forced to cut due to declining tax revenues. Mass transit, first responders, school funding, recycling, environmental protection, youth programs, and the costs of local public health measures would all be high on my list. The funding should be allocated based on objective measures of state and local need rather than partisan politics.

A science-based national response to the virus seems politically unrealistic at the moment, but worsening conditions could compel change. The economic impact along with widespread fear of illness sparked a multi-trillion-dollar response in the spring, and we might yet see a renewed crisis response this fall. As schools seek to reopen, parents

across America seem afraid of the potential health effects of poorly managed re-openings. The end of the \$600 supplemental unemployment insurance is likely to cause a slowdown in consumer spending and additional economic decline. If we also see a spike in infections, hospitalizations and death, the federal government will be under ferocious political pressure to provide additional funding. No one would have predicted the rapid, multi-trillion-dollar COVID-19 response in the spring, and even in a contentious election season, the sheer scale of the crisis and suffering could stimulate another response.

My hope is that this time the stimulus funding will be accompanied by serious national policy to address the nation's crisis of public health. That the science deniers start listening to the health experts and do what is needed to finally defeat this virus. And that a carefully tested vaccine is developed and made available for widespread use. The Russian rush to a vaccine provides evidence of the danger of politically dominated medicine. If anything like that happens in the United States, our road to recovery will be even longer and more convoluted than it already is.

Money alone should not be confused with consistent, focused, clearly communicated national policy. We need money, but money is not all we need. We spent a great deal of money in the spring and summer and the disease continued to spread. It should be obvious that health recovery is a prerequisite for economic recovery. That means the rest of the United States needs to do what New York State did. Once the initial [health](#) emergency passed, the state followed medical advice and very slowly and carefully reopened. Plenty of mistakes were made, but the signals from political, institutional and business leaders in New York were clear and consistent. Highway signs in New York continue to remind people to wear masks and that COVID-19 remains a threat. Driving down COVID-19 in New York was accomplished by communities and average people responding to consistent messages from leadership. We need the same consistency nation-wide, and until we receive it, we will live within

the shadow of this horrible pandemic.

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