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English Composition I (ENG 100)

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Formal Assignment #3: Research Project, Draft # 1

Due Date: 11:59 pm on Monday, May 11.

Government Drops the Ball

While the spread of COVID-19 disrupts the lives of millions of people, especially in “hot spot” areas in the United States, the one question that may have crossed the minds of many Americans is: Why weren’t the people of this country better prepared for this as a whole, and why doesn’t our health care system have enough of the essential equipment (respirators, beds) and medical supplies (PPE) it needs. Preparation for this pandemic should have started decades ago, but as recently as January, 2020 the government was aware that the coronavirus (COVID19) was already in the United States and it was just a matter of time before it spread across the country. Our government was aware that there could be a pandemic at some point in our future and could have created a more extensive response. “It’s been a challenge to get political authorities, and even some public health authorities, to take pandemic preparedness seriously,” says USC Dornsife College of Letters, Arts and Sciences sociologist Andrew Lakoff, “It’s asking people to put resources into addressing a potential threat whose probability is impossible to calculate, so attention to it has waxed and waned.” (Lewis) The United States has some of the best hospitals in the world, but without the equipment and supplies needed to treat the sick that are generated by the virus, the hospitals could become useless. There is also a shortage of beds for the seriously ill from the virus, a problem that could be deadly should the present outbreak grow substantially. Hospitals don’t have the amount of equipment (respirators and beds) or

supplies (PPE) they need to fight a virus of this magnitude. The Federal Government could have shortened or contained the spread of the novel coronavirus (COVID-19) by better preparing the American people and the American health care system.

The United States Government has been aware of the threat of a worldwide coronavirus (COVID19) pandemic since the end of December 2019, and did very little to prepare the people or the health care system of this country. It arrived in the United States in January, 2020, with little to know response. The government has known for some time that a pandemic such as the coronavirus (COVID19) would eventually affect the U.S., but they did not take any steps to prepare for it. One of the main ways that policymakers and public health officials prepare for the unknown is scenario-based planning — “tabletop exercises” analyzing what could occur given a certain set of assumptions. (Lewis) An article in the New York Times states, “They have run exercises having to do with pandemics in which they have found out the United States would not be sufficiently prepared, funded or coordinated to take on a pandemic for which there is no cure. A scenario, code-named “Crimson Contagion” imagining an influenza pandemic, was simulated by the Trump administration’s Department of Health and Human Services in a series of exercises that ran from last January to August 2019. The simulation’s sobering results — contained in a draft report dated October 2019 that has not previously been reported — drove home just how underfunded, underprepared and uncoordinated the federal government would be for a life-or-death battle with a virus for which no treatment existed. The draft report, marked “not to be disclosed,” laid out in stark detail repeated cases of “confusion” in the exercise. Federal agencies jockeyed over who was in charge. State officials and hospitals struggled to figure out what kind of equipment was stockpiled or available. Cities and states went their own ways on school

closings. What the scenario makes clear, however, is that the Trump administration had already modeled a similar pandemic and understood its potential trajectory.” (David E. Sanger) Even before this article was written there were warnings. In 2012, the Rand Corporation surveyed the international threats arrayed against the United States and concluded that only pandemics posed an existential danger, in that they were “capable of destroying America’s way of life.” (Friedman)

The rapidly spreading coronavirus poses one of the most significant public health challenges in modern history. Unfortunately, America’s healthcare system is woefully unprepared to face it. (Haskins) Today, news headlines tell of the ongoing fallout from the overall lack of coordination in the federal response. It turns out that the very idea of a broad public health effort preparing for never-before-seen illnesses is a recent one — dating back only about 20 years. (Lewis)

There are three things that we hear about being in short supply in the battle against COVID19, ventilators, PPE and beds for the sick to occupy. Although there are a variety of factors that help to determine how many beds are in hospitals and other health care facilities, in many states, the most important consideration is “certificate of need” (CON) laws. The purpose of CON laws is to control health care spending and improve access to services, especially in areas that are historically underserved. (Haskins) According to a 2018 survey by the American Hospital Association, hospitals in the United States have a total of 924,100 beds, about 2.8 hospital beds per 1,000 people. (This includes all of the beds currently occupied by patients.) (Haskins)

Ventilators are in short supply and high demand. Ventilators, deliver air to the lungs through a tube placed in the windpipe, are a crucial tool to keep these patients alive. (Sarah Kliff)

Hospitals in the United States have roughly 160,000 ventilators. There are around 12,700 in the National Strategic Stockpile. The coronavirus attacks people's lungs, in some cases compromising their ability to breathe. There are not nearly enough lifesaving ventilator machines to go around, and there is no way to solve the problem before the disease reaches its peak. Desperate hospitals say they can't find anywhere to buy the medical devices, which help patients breathe and can be the difference between life and death for those facing the direst respiratory effects of the coronavirus. (Sarah Kliff)

PPE is the one thing that all medical workers need to do their job. Masks, gloves, face shields, gowns and other coverings worn to protect health care personnel from contracting the novel coronavirus are some of the supplies that are critically low. A shortage of PPE will eventually cause healthcare workers to reach the point where they will be forced to make decisions that could cause them to resort to crude measures to protect themselves. These makeshift methods are not what health care workers deserve. Now private citizens and businesses are donating whatever PPE they have to help hospitals. Hospital leaders have been told that in many states, public stockpiles are now depleted and all attention has now turned to the national stockpiles that will certainly be insufficient to satisfy this overwhelming demand. (First)

The American government could have better prepared the country to limit the spread of coronavirus (COVID-19) by preparing the country's citizens and the health care system to better handle the rapid spread of the disease. Our government waited too long to start its defense of the country from the coronavirus. Whether it be its lack of preparation for the amount of sick and deceased people that have been generated by the virus, or the way they have handled the shortages of equipment and PPE that are needed. The biggest part of the pandemic that I think is overlooked, is that the government knew this was coming and in the early stages didn't do

enough to stop the spread. Once it was spreading the response was still too slow. Getting the states with the “hot spots” the supplies they needed to fight the virus. Going forward there should be no question what needs to be done, the focus should be on the fight against this virus to save as many lives as possible.

Works Cited

David E. Sanger, Eric Lipton, Eileen Sullivan and Michael Crowley. New York Times.

19 March 2020. Article. 1 April 2020.

<<https://www.nytimes.com/2020/03/19/us/politics/trump-coronavirus-outbreak.html>>.

First, Bill. Forbes. 20 March 2020. Article. 11 April 2020.

<<https://www.forbes.com/sites/billfrist/2020/03/20/a-call-for-national-leadership-to-stop-the-protective-equipment-shortage/#6663218f2d9a>>.

Friedman, Uri. The Atlantic. 18 March 2020. Article. 1 April 2020.

<<https://www.theatlantic.com/politics/archive/2020/03/pandemic-coronavirus-united-states-trump-cdc/608215/>>.

Haskins, Justin. The Hill. 21 March 2020. Article. 1 April 2020.

<<https://thehill.com/opinion/healthcare/488783-americas-hospitals-are-unprepared-for-coronavirus-heres-why-you-should>>.

Lewis, Wayne. USC Dornsife. 24 March 2020. Article. 1 April 2020.

<<https://dornsife.usc.edu/news/stories/3182/why-u-s-wasnt-better-prepared-for-the-coronavirus/>>.

Sarah Kliff, Adam Satariano, Jessica Silver-Greenberg and Nicholas Kulish. New York Times.

Vers. Updated March 26, 2020. 18 March 2020. Article. 11 April 2020.

<<https://www.nytimes.com/2020/03/18/business/coronavirus-ventilator-shortage.html>>.