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English Composition I (ENG 100)

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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 healthcare 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 21, the Centers for Disease Control and Prevention announced the first case of novel coronavirus in the United States from a person who had recently returned to Washington from Wuhan, China (Richardson). 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 it had started to spread to the United States by January, 2020, and very little had been done to prepare the people or the health care system of this country. The government has known for some time that a pandemic such as the coronavirus (COVID19) would eventually affect the U.S. (David E. Sanger). 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). 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. An article in the New York Times states:

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). A better way for the Trump administration to respond to the spread of the virus to the U.S. would be, not denying that there was a pandemic already on its way, and preparing for it by informing the American people of the dangers of the virus. While taking cues from China, Thailand or South Korea on how to effectively contain, and slow the spread of the virus.

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.

Dr. James Lawler, an infectious diseases specialist and public health expert at the University of Nebraska Medical Center, recently presented his own “best guess” projections.... He estimated that some 96 million people in the United States would be infected. Five out of every hundred would need hospitalization, which would mean close to five million hospital admissions, nearly two million of those patients requiring intensive care and about half of those needing the support of ventilators. (Fink)

“The reality is there is absolutely not enough,” said Andreas Wieland, the chief executive of Hamilton Medical in Switzerland, one of the world’s largest makers of ventilators. “We see that in Italy, we saw that in China, we see it in France and other countries. We could sell I don’t know how many” (Sarah Kliff). 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). Better preparation at the onset of the pandemic could have eased the strain on the healthcare system. With a much larger stock pile of supplies, or the resources to obtain the supplies needed to adequately outfit healthcare providers, to keep the virus from spreading to them, thus flattening the curve further.

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. The lack of preparation started to show itself in January, with our President downplaying the seriousness of the pandemic by stating that, "we have it under control....it's going to be fine" (Rogers). Once it was spreading the response was still too slow. Our President was still not sold on the idea that this was a serious situation, "It's going to disappear. One day — it's like a miracle — it will disappear" (Rogers). 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. Getting the states with the "hot spots" the supplies they needed to fight the virus. Our president and his administration should be taking the virus seriously enough to make decisions that will save lives, not put more at risk.

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