

## What the COVID-19 Pandemic Should Teach Us

As I write this between telemedicine patients on June 16<sup>th</sup>, I am reflecting back on the pandemic and what we have learned so far, not in how to diagnose or care for the COVID-19 patients, but in government and healthcare administration's response to the pandemic.

**Politicians have made both good and poor decisions regarding the COVID-19 pandemic.** In the summer of 2005, President George W. Bush was on vacation at his ranch in Crawford, Texas, when he began flipping through an advance reading copy of a new book about the 1918 influenza pandemic (1). He couldn't put it down. What was born was the nation's most comprehensive pandemic plan -- a playbook that included diagrams for a global early warning system, funding to develop new, rapid vaccine technology, and a robust national stockpile of critical supplies, such as face masks and ventilators. Bush's remarks from 15 years ago still resonate. "If we wait for a pandemic to appear," he warned, "it will be too late to prepare. And one day many lives could be needlessly lost because we failed to act today."

In what will probably go down as some of the worse timing in history, the Trump administration eliminated or severely cut funding to these Bush-era programs (2). In March of 2018, Timothy Ziemer, whose job it was to lead the United States response in the event of a pandemic, abruptly left the administration and his global health security team was disbanded. In February 2020 the administration released its proposed federal budget proposal for fiscal year 2021, calling for a cut of more than \$693 million at the Centers for Disease Control and Prevention, as well as a \$742 million cut to programs at the Health Resources and Services Administration. Overall, the president's budget proposed a 9% funding cut at the U.S. Department of Health and Human Services. More recently the US has pulled out of the World Health Organization with the dubious timing of being in the middle of this pandemic. In addition, Trump downplayed the pandemic from the beginning and has ignored the advice of virtually every epidemiologist encouraging "opening up" the country ignoring accelerating COVID-19 cases and death tolls (2,3).

In Arizona early in the pandemic we were doing OK with most businesses shut down and people by and large staying at home. Our clinic was closed although we continued to see telemedicine patients. However, Governor Ducey, under the apparent urging of Trump, "opened up" the state beginning May 15 resulting in an apparent resurgence of COVID-19 cases. No word from Ducey, the Arizona State Department of Health Services or Maricopa Health and Human Services on how we should respond to the resurgence. I cannot find any admission by any of the governors, and certainly not Trump, that states that prematurely "opened up" was a mistake.

**Misinformation is everywhere.** Everyone with a computer and no or inadequate medical education has suddenly become an expert in COVID-19. My inbox is flooded with multiple emails from people I do not know espousing their latest theories, guidelines, unproven treatments, or passing along the latest internet COVID-19 chatter.

This disinformation is potentially dangerous but the scientific community has also made mistakes. For example, a controversial study led by Didier Raoult from Marseilles on the combination of hydroxychloroquine and azithromycin for patients with COVID-19 was published March 20 (4). It showed a reduction in viral load and “clinical improvement compared to the natural progression.” This was picked up by several including Trump who claimed to be taking hydroxychloroquine as a preventative. Papers purporting to show that hydroxychloroquine was ineffective were published in the New England Journal of Medicine and the Lancet. These have been retracted since the database from which they were derived was found to be unreliable (5). These studies have only added to the confusion of hydroxychloroquine’s effectiveness in COVID-19.

**Government and hospitals were unprepared.** In 2009, a smaller pandemic due to H1N1 swept through the United States (6). Ventilators, ICU beds, and adequate numbers of healthcare providers were in short supply despite the Bush administration’s attempt at preparedness (7). When the pandemic resolved no additional preparations were made for another and larger pandemic. Disturbingly, when the current COVID-19 pandemic occurred there were inadequate numbers of ventilators for patients and inadequate protection for healthcare workers. In some instances, personal protective equipment was not allowed to be used (8). There was no response from the federal government or hospitals. What could they do? They needed the physicians and nurses to care for the tidal wave of patients exposing the healthcare workers to COVID-19. To date about 600 healthcare workers have died during the COVID-19 pandemic and it will likely go much higher.

**Healthcare hyperfinancialization was the source for the unpreparedness.** The source of this unpreparedness at both the national and local level was a desire to save money since a pandemic was viewed by decision makers as unlikely in the near future. Cutting taxes and maximizing profits were the real goals and preparation for a pandemic was not viewed as a priority especially since it interfered with the real goal of making money. We are now paying the price for these short-sighted decisions. Since the federal government has markedly increased the federal debt with a COVID-19 bailout, we will likely continue to pay the price with higher taxes and/or by cutting other government programs viewed as low priorities. Some of these programs may prove to be as potentially valuable as the trashed pandemic plan.

As a country we need to start thinking about how to approach these decisions in the future. In my view, the present system of politicians and businessmen serving as healthcare decision makers has been an abysmal failure. The COVID-19 pandemic is but one example of this failure. Clearer heads both in government and healthcare regulation such as the Joint Commission need to become more concerned that the voices of knowledgeable people such as Tony Fauci are heard. Until we develop such a system, we can anticipate healthcare to be unprepared for calamities such as the COVID-19 pandemic they occur in the future.

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## References

1. Mosk M. George W. Bush in 2005: 'If we wait for a pandemic to appear, it will be too late to prepare'. A book about the 1918 flu pandemic spurred the government to action. ABC News. April 5, 2020. Available at: <https://abcnews.go.com/Politics/george-bush-2005-wait-pandemic-late-prepare/story?id=69979013> (accessed 6/16/20).
2. Morris C. Trump administration budget cuts could become a major problem as coronavirus spreads. Fortune. February 26, 2020. Available at: <https://fortune.com/2020/02/26/coronavirus-covid-19-cdc-budget-cuts-us-trump/> (accessed 6/16/20).
3. Fadel L. Public health experts say many states are opening too soon to do so safely. NPR. Weekend Edition. May 9, 2020. Available at: <https://www.npr.org/2020/05/09/853052174/public-health-experts-say-many-states-are-opening-too-soon-to-do-so-safely> (accessed 6/16/20).
4. Gautret P, Lagier JC, Parola P, *et al*. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial [published online ahead of print, 2020 Mar 20]. *Int J Antimicrob Agents*. 2020;105949. [[CrossRef](#)] [[PubMed](#)]
5. Gumbrecht J, Fox M. Two coronavirus studies retracted after questions emerge about data. CNN. June 4, 2020. Available at: <https://www.cnn.com/2020/06/04/health/retraction-coronavirus-studies-lancet-nejm/index.html> (accessed 6/16/20).
6. CDC. 2009 H1N1 pandemic (H1N1pdm09 virus). Available at: <https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html> (accessed 6/16/20).
7. WHO. Shortage of personal protective equipment endangering health workers worldwide. Available at: <https://www.who.int/news-room/detail/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide> (accessed 6/16/20).
8. Sathya C. Why would hospitals forbid physicians and nurses from wearing masks? *Sci Am*. March 26, 2020. Available at: <https://blogs.scientificamerican.com/observations/why-would-hospitals-forbid-physicians-and-nurses-from-wearing-masks/> (accessed 6/17/20).