

# Public health activities during the COVID-19 pandemic. Report from the US

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## Abstract

With more than 6.5 million known cases and nearly 195,000 deaths as of 9 September 2020, the United States has been gravely affected by the COVID-19 Pandemic. The nation's response can only be described as inconsistent and ineffective. The role of the once preeminent US Centers for Disease Control has been undercut. The extent of infection and death can be attributed to the failure of many Americans to wear masks and maintain physical distance, appropriate behaviors which the nation's political leadership has advocated to some degree but failed to adopt in practice.

**Key words:** Center for Disease Control and Prevention, COVID-19, COVID-19 dashboard, COVID-19 taskforce, Operation warp speed, USA

## Introduction

In support of Prof. Golinowska's earlier report on governmental responses to the COVID-19 pandemic during the first six months of 2020, we are pleased to submit our overview of the situation in the United States.

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## Responses to Editorial Questions from *Zdrowie Publiczne i Zarządzanie*

1. What was the first authorities' response to the pandemic and how was it explained and regulated (justified)?

In late January and February 2020, The President of The United States and his appointed public health officials told the media and the public that the newly-identified coronavirus was not a significant public health threat and would remain largely a Chinese problem. When the first cases were identified in the United States, the President suggested that the disease would cease being a factor by the time warm weather arrived. A travel ban to and from China, the initial source of the virus, was instituted on 2 February 2020, but this action failed to take into consideration that travelers from Europe

who had been infected by Chinese tourists would subsequently become a major source of infection, particularly in New York City, which was the first US epicenter.

Due largely to a shortage of surgical masks, the general public was advised against mask use. When it became clear by April and May that public use of masks would in fact help control disease spread, many Americans were understandably confused and adoption of mask use has subsequently been inconsistent and frequently a cause of political protest and incidents of violence in stores and other public places that tried to enforce it.

A national Task Force to manage the country's response to COVID-19 was announced on 29 January 2020, but was not appointed until 26 February. The Vice President of the United States was designated to chair the Task Force despite a lack of public health experience, and a generally poor record of handling HIV/AIDS issues during his term as a State Governor. The President named a well-regarded infectious disease specialist who held the rank of Ambassador to be the principal medical member of the panel. The world-renowned Director of the US National Institute of Allergy and Infectious Disease, was named to the Task Force but his role became greatly diminished over the ensuing months. An acknowledged leading career public health specialist from the US Centers for Disease Control was removed from authority for what were seen as her overly alarmist statements to the media in January 2020.

- How is the information on infections, deaths and recovery cases collected? What institutions or bodies are responsible for this?

The U.S. Centers for Disease Control and Prevention (CDC) is traditionally the agency that gathers and reports infectious disease statistics, which it receives from State and Territorial Public Health Departments, who in turn gather the data from public health agencies in local jurisdictions (city and county public health departments). CDC is also the US Federal Government's primary liaison with the World Health Organization (WHO).

CDC is the lead public health agency of the US Department of Health and Human Services, which also administers the National Institutes of Health (research), the Food and Drug Administration (regulation), and the Center for Medicare and Medicaid Administration (public health insurance for older citizens and some low-income citizens).

Although the CDC has justifiably been viewed as one of the leading national public health agencies, three factors have disrupted this well-established public health system. First, in mid-February, it became clear that COVID-19 diagnostic test kits developed by the CDC were defective, which embarrassed the White House and undercut the Agency's credibility. Then, on 26 June 2020, the White House removed all COVID-19 statistical reporting responsibilities from CDC and assigned them to a private vendor under contract to the Department of Health and Human Services. This decision was reversed on 26 August 2020. And finally, the President of the United States announced that the country was ceasing its payments to WHO (18 May 2020), would leave the WHO (31 May) and officially withdrew from WHO on 7 July 2020.

It is worth noting a powerful influence in the early response to the pandemic in the United States was the souring relationship between the Chinese government and the Trump administration. The unwillingness of these two countries to coordinate on a federal level, and the notorious secrecy of the Chinese government, effectively hamstrung any CDC research in China on the virus as well as challenged important information sharing on the spread, diagnosis, and treatment of COVID-19 discovered in the early stages by Chinese researchers.

- Which institutions make recommendations regarding prevention? In what form and whether sanctions are applied? What sanctions?

The CDC is empowered to issue guidelines on disease control measures. It has no enforcement capacity. State and local public health agencies can interpret and apply these guidelines as they choose. Some states, cities and counties have enforced bans on public gatherings, shut down bars and restaurants. Timing, duration and effectiveness of mitigating measures have varied considerably and have been marked by a high level of politicization. The President of the United States set three important holidays as domestic milestones, saying that he wanted to see people in Church for Easter, at the beach on Memorial Day (the last Monday of May and traditional start of summer holidays) and held a massive public fireworks display in Washington on Independence Day (July Fourth).

- What relations do the organizations of medical professionals (epidemiologists) have with the political authorities?

The USA has long been regarded as a nation of associations and advocacy groups, as first observed by the French diplomat, Alexandre DeTocqueville in his four volumes on Democracy in America (1835–1840). From the public health perspective, the leading organizations are the American Society for Public Health (which is more academic) and the American Society of State and Territorial Public Health Officials (which advocates for financial resources and for improved relations with the Federal Government, i.e. CDC).

- Does society trust the government's messages on an appropriate behavior during pandemics and isolation, and how does society behave?

Trust is a critical factor. In various surveys, some government officials, including the Governors of some states, and the aforementioned Director of the National Institute for Allergy and Infectious Disease, have achieved relatively high overall trust ratings for their consistency of messaging and apparent commitment to the truth. Public approval of the Federal Task Force's work and the statements from the President of the United States regarding COVID-19 varies depending almost entirely on the political beliefs of survey respondents. In turn, these political beliefs tend to also separate those who are willing to adhere to "stay at home" orders, follow social distancing guidelines, and wear a mask in public settings, from those who do not.

- Are there many tests carried out?

This is an area of great controversy. COVID-19 testing was initially available only to persons who were symptomatic, and a shortage of testing early in the Pandemic is clearly associated with the wide spread of COVID-19 in the USA. Even when supplies increased, the protocol of sending all tests to the CDC laboratory created confusion and slowed down the results considerably. Testing is now available widely, and the US has arguably performed more tests per capita than any country in the World. The President of the United States has often argued that the reason the US has so many reported cases of COVID-19 is because so many people have been tested. Access to testing, the speediness of results, and funding to provide adequate testing rates vary significantly by region and location. For example, the National Basketball Association currently tests all players, coaches, team personnel, game officials, media, hotel staff, and facilities managers, at their Orlando, FL "bubble" each morning in order to host its post-season playoffs, while some university campuses are opening up for the Fall semester with only enough funds to provide one test a week to their on-campus students.

- Are there sufficient protection equipment and beds in hospitals; does the capacity of hospitals increase and how?

Personal Protective Equipment remains an intermittent and location-specific supply problem for health workers, and workers in other essential services. Nor has any community been immune to a shortage of hospital beds when caseloads have surged.

#### 8. Is lockdown easing, and how is it done?

Lockdown has eased considerably, especially in areas hit hard by the coronavirus in the Spring. The first COVID-19 epicenter, New York City and New York State, locked down early (only necessary shopping was permitted and only essential workers were allowed to move about) and stayed locked down longer than other regions. The disease is now under control there with infection rates lower than 6%, with nonessential businesses beginning to open up in mid-June. Indoor activities are still strictly limited with museums only reopening in the last weeks of August for small waves of timed and tallied customers. Indoor dining remains entirely prohibited and limitations have been placed on inbound travelers from other states – many of the same regions that tried to block New Yorkers from entry in the first months of the Pandemic.

Some states and cities locked down relatively late and reopened businesses and restaurants relatively quickly

after only a week or two. This helps explain why new epicenters have emerged in Florida, Texas and Arizona.

As has been the case in other countries, some industrial sectors have emerged as specific “hotspots” notably the meat and poultry packing sectors. In addition, the decision to open schools and universities in some states and cities has led to the rapid development of “hotspots” in some of these institutions.

### Concluding Points

In general, the Pandemic in the United States will remain a serious problem unless there is a widespread change in health behaviors, particularly mask use and socializing in large groups. A safe, effective vaccine may prove to be the only long-term answer, but extensive survey research suggests vaccine acceptance may fall well short of the levels needed to obtain community immunity, and a vaccination campaign of unprecedented scope will be required.

*The article is based on Authors' own work and mass media sources, primarily The New York Times and Washington Post (accessed: August 2020 – September 2020)*

### Further reading:

1. Lazarus, J.V., Ratzan, S., Palayew, A., Rabin, K., et al.: *COVID-SCORE: A global survey to assess public perceptions of government responses to COVID-19 (COVID-SCORE-10)*, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240011> (accessed: 1.10.2020).
2. Lazarus, J.V., Ratzan, S., Palayew, A., Rabin, K., et al.: *A global survey of potential acceptance of a COVID-19 vaccine*. *Nature Medicine* 2020, <https://www.nature.com/articles/s41591-020-1124-9> (accessed: 1.10.2020).