Coronavirus in the US

Weakened defences

The way society functions in the US has made it more vulnerable to pandemics. Could things be different, asks Chelsea Whyte

THE coronavirus outbreak is a once-in-a-century event – and it seems the US has spent the past 100 years unwittingly weakening its defences.

In fact, the US is probably the developed economy with the worst type of healthcare system to tackle covid-19. Many economic and healthcare policies it has enacted don’t prioritise public health, and it is finding out firsthand how dangerous that can be.

The impact of this has been seen in the past month or so in the lack of testing – as of 23 March, the US has done 238,632 tests compared with 338,036 in South Korea, a far smaller country.

“We don’t have enough resources to do the testing quickly enough, and have been slow to measure the epidemic and reduce its spread,” says Ben Sommers, a health economist and physician at Harvard University.

But the long-term issue is that many people in the US simply don’t have adequate healthcare, he says. “The biggest holes in our system are the issues of affordability and financing.”

About 8 per cent of people in the country don’t have health insurance – and many more have plans that don’t cover the full cost of healthcare. In early March, a man in Florida said that even though he had insurance, he was expected to pay about $1400 to get a test for covid-19. As businesses close to enable social distancing, some people will lose their jobs and with it their employer-provided insurance.

The US Centers for Disease Control and Prevention has now lifted restrictions on testing and made it free to all. But Sommers points out that if someone needs care for severe symptoms – for example, a ventilator in an intensive care unit (ICU) to help them breathe – that care won’t be covered by the federal government.

That isn’t to say that universal healthcare coverage is a panacea. The US has one of the highest number of ICU beds per 100,000 population, at 34.7 according to the latest figures available. The UK, with its National Health Service, can’t stop the virus spreading, as seen in Italy, it may make it easier to respond to the wider economic crisis. Sommers says it is one of many healthcare policies that builds infrastructure and creates patient-doctor relationships that can help people stay healthy and working.

The US now seems to realise this. Emergency spending bills have already included money for expanding access to Medicaid, a US government programme to help people with low incomes pay medical costs. “If we spend 100 billion more dollars on direct medical care, trade that off with the losses from a significant recession if we don’t. This is one case where it makes sense not to be stingy,” says Sommers. Healthcare isn’t the only worthwhile investment. Many countries have widespread paid sick leave, and it is now becoming clear that this is a public health shield, not an employment perk. Japan, Canada and the US are three major economies that don’t have paid sick leave, while provision in some places, including the UK, has been undermined by the rise of the gig economy. Self-employed people don’t normally get sick pay in the UK, but the government has said this will change.

“Precisely because we need people to stay home when they’re sick, there is a case to be made for unlimited provision of paid leave for those who do not have it,” says Veronique de Rugy, an economist at the Mercatus Center at George Mason University in Virginia. But again, this isn’t a simple solution.

“If you have no customers coming into your stores and on top of that you have to provide extra payment to your employees in the form of sick leave, it could be a problem. It could create an incentive to get rid of employees,” she says.

This might not normally be an issue, as Catherine Maclean at Temple University in Pennsylvania and her colleagues found when they examined five US states that adopted paid sick leave between 2009 and 2017. “For those employers induced to provide the coverage, employees take about two more days of paid sick leave per year. The cost per employee hour is about 21 cents,” says Maclean.

With a 14-day quarantine suggested by public health officials, however, the cost in the current outbreak is likely to be much higher. But Maclean says this policy, along with better health insurance and stronger food
voucherc programmes, could help to limit the effects of the pandemic.

The most vulnerable people are facing even tougher times ahead. People who are homeless are at higher risk, for example. “When you think about what we need to do in a crisis like this — keep away from others, wash your hands all the time, don’t share utensils, keep a store of medicines, or shelter in place — those things become impossible when you’re homeless,” says Margot Kushel at the University of California, San Francisco.

Many homeless people have chronic medical conditions and are more likely to rely heavily on hospitals. About half of homeless adults who are single are over 50, says Kushel. Older people who contract covid-19 are more likely to have severe symptoms and die.

“Cities and counties are scrambling to figure out where people who are homeless who have mild diseases can go. We’re going to need every hospital bed we can get,” she says. An analysis of Italy’s hospital bed capacity suggested that the country’s ICUs would be overwhelmed by people with covid-19, a prediction that has come true. In some regions, a majority of those beds are being used by people with covid-19 who need to use ventilators, it found. That doesn’t leave enough room for people who need emergency medical care due to other diseases.

An analysis of the situation in the US by the Harvard Global Health Institute suggests that even in a best-case scenario where covid-19 cases take place across 18 months, ICU beds in the US would be 95 per cent filled. But we have seen the disease spread faster than that in other countries. In a worst-case scenario, where 60 per cent of people in the US contract the disease in six months, the country would need seven times the number of hospital beds it has.

Countries could have designed a system with more slack, building more hospitals than they would normally need rather than trying to always operate as efficiently as possible. This is an argument that pops up yearly in the UK during the normal winter flu season, when hospitals reach breaking point. Once again, there are no easy answers.

“To triple our ICU capacity when it won’t be used in the long-term is not the answer. You can’t just sit around on those resources. They’re tremendously expensive. We have to figure out a way to be flexible,” says Sommers. Some countries have begun building temporary hospitals or using hotels for people with covid-19.

Some of the changes this pandemic brings about may alter healthcare for good. Many doctors are setting up the ability to offer medical advice and diagnoses over the phone. “Putting that telehealth infrastructure in place will let that continue after the epidemic subsides,” says Sommers, which could help improve access to healthcare.

The same thing goes for the economy, says de Rugy. “Overpreparedness has a really big cost and it doesn’t make sense if the emergency we have is one that occurs every 100 years,” she says. “Maybe the best investment is developing a process to more quickly assess the emergency at hand and then act.”

In the US, such a process could be informed by the president’s advisers on the National Security Council. After the Ebola outbreak in West Africa in 2014 to 2016, President Barack Obama set up a permanent working group to advise on matters of global health security and help coordinate a response to future pandemics like the current one. The Trump administration disbanded the group in 2018.

Money for all?

To limit the economic damage of the coronavirus pandemic and help people continue to take care of their basic needs, some have proposed countries introduce a universal basic income (UBI), paid by a country’s government. This would help people who have lost jobs or customers for their business, as well as those facing unexpected medical costs.

While not quite universal, the UK government last week announced it would encourage employers to keep on staff unable to work by funding 80 per cent of their salaries, up to a maximum of £2500 a month.

Some people, including former UK cabinet member lain Duncan Smith, have said that a UBI could discourage people from seeking work. But a two-year experiment in Finland suggested that a UBI doesn’t significantly alter the number of days someone will work in a year. Similar findings came from a study in the state of Alaska, where residents receive a yearly payment of between $1000 and $2000, funded in part by oil revenues.

Working hypothesis

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