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ANALYSIS

In the U.S., coronavirus is a failure decades in the making. Is there time to do better?

The coronavirus has killed at least 113,000 Americans, and while Trump's inaction helped make matters much worse, problems from previous administrations played a role, too. Infectious-disease experts explain what went wrong – and why it's up to Washington to act now

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A woman wears a 'pray for America' mask at June 8's public viewing for George Floyd in Houston. Mr. Floyd was a Black man who died after being restrained by a Minneapolis police officer. Masks to keep safe from COVID-19 have been ubiquitous at memorials to him and protests against police brutality.

JOHANNES EISELE/AFP VIA GETTY IMAGES

More below • Graphic: Which states' caseloads are rising or falling?

Over three days last summer, the U.S. federal government led a massive role-playing exercise to test how the country would respond to a pandemic. Dubbed Crimson Contagion, it simulated what would happen if an outbreak of influenza originating from China were to strike the United States. The scenario involved 19 federal government agencies, more than 100 state and local authorities and 87 hospitals.

The results were alarming. The country turned out not to have enough testing equipment or medical supplies, such as masks. It was not clear who at the federal level was in charge of leading the response to the outbreak. In the event of a real pandemic, Crimson Contagion concluded, more than half a million Americans would die.

There was no reason the world's wealthiest country should have been so unprepared. The U.S. is home to renowned public health agencies, chief among them the Centers for Disease Control and Prevention. It has a long history of leading global health efforts. For years, officials have planned exhaustively for a domestic outbreak.

But with the arrival of COVID-19, Crimson Contagion's scenario has proved tragically prescient. In just four months, the U.S. has so far seen at least 113,000 deaths – roughly double its total in the Vietnam War.

Interviews with a broad cross-section of health experts, current and former officials and those on the front lines of the pandemic paint a clear picture of why the U.S. has failed. A disorganized and underfunded public health system, inaction by President Donald Trump and chaos in the White House combined to produce a shambolic federal response. This left the burden of fighting the disease to state and local governments, which varied widely in their hustle and ability to contain the virus.

Months into the pandemic, the country continues to struggle to provide even basics. Diagnostic testing is still being ramped up. Contact tracing is sporadic. Personal protective equipment is in short supply.

Meanwhile, long-standing inequalities, including the country's lack of universal health care, have consistently made things worse. Black and Latino Americans have been particularly hard hit, a factor that contributed to the largest uprising against racism since the 1960s. The protests reflected, in part, frustration at an inequitable health care system, but also raised concerns among public health officials of demonstrators accelerating the spread of the virus.

As it now stands, a country that should have been in the best position to lead the global response to COVID-19 has instead become the epicentre of the most devastating infectious disease outbreak to strike the world in more than a century. And with state governments in the process of lifting stay-at-home measures over the coming weeks, the U.S. could soon face a second tidal wave of infections.

"We all knew a pandemic was inevitable. It was not a question of 'if,' but 'when,'" said Howard Koh, a Harvard public health professor and former assistant secretary of health in the Obama administration. "Now we've seen the tragic outcomes."

The fix is straightforward: The federal government needs to seize the wheel, with a single and apolitical co-ordinating group directing pandemic-fighting efforts, while providing consistent funding for the efforts. And this must happen with a strategy aimed at not only getting the current crisis under control, but also bracing the country for future outbreaks.

A soldier from the 3rd Infantry Regiment, masked to guard against COVID-19, plants American flags on graves at Virginia's Arlington National Cemetery on May 21, ahead of the U.S. Memorial Day holiday. Roughly twice as many Americans have been killed by the novel coronavirus as the death count of the Vietnam War.

CAROLYN KASTER/THE ASSOCIATED PRESS

U.S. President Donald Trump pays his respects at Arlington's Tomb of the Unknown Soldier on May 25. His Memorial Day itinerary attracted controversy among local politicians who said it sent the wrong message in cities still under stay-at-home orders. And on Memorial Day evening, Mr. Floyd's killing in Minneapolis would set the stage for nationwide protests directing further anger at the President.

ALEX BRANDON/THE ASSOCIATED PRESS

THE CRISIS IN PUBLIC HEALTH

The problems that led to America's current failure stretch back decades.

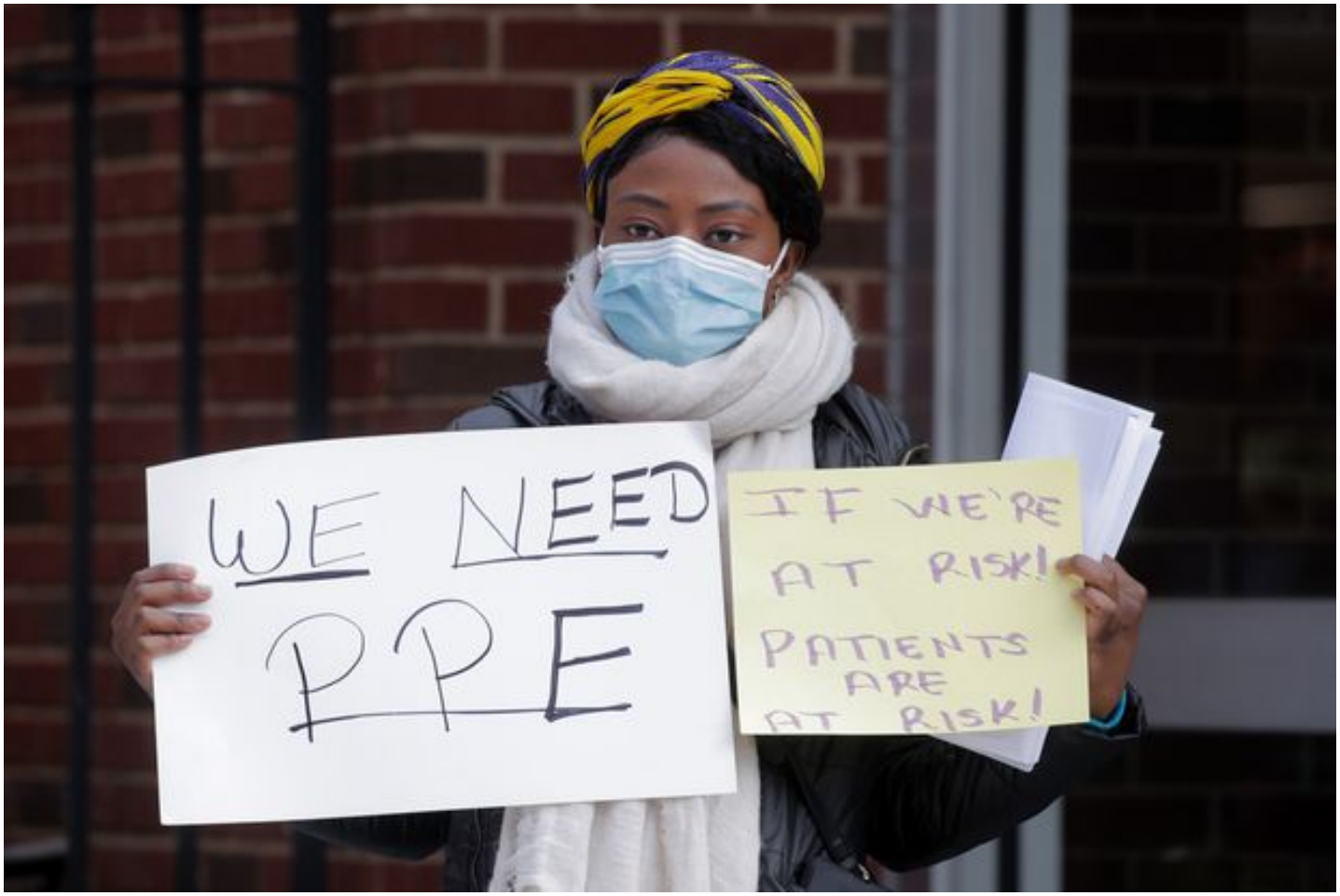
Successive presidents of both parties threw out previous administrations' pandemic strategies, only to later realize that such planning was actually important and scramble to replicate it.

Both George W. Bush and Barack Obama disbanded the White House's health and security unit before later changing their minds and reconstituting it. They each launched major disease preparedness efforts, during the 2005 emergence of H5N1 bird flu and the 2014 Ebola crisis. The unit was dissolved for a third time in 2018 when Mr. Trump's then-national security adviser, John Bolton, merged its functions with a different office of the White House.

The Trump administration ultimately drafted its own pandemic playbook with a national biodefence strategy in the fall of 2018. The plan had not been fully implemented by the time COVID-19 hit.

"We've experienced a boom-and-bust cycle where there's a crisis, we pay attention, and then we get complacent," said Gerald Parker, who led preparedness efforts at the Health and Human Services Department during the Bush administration. "Over time, the priority of pandemic preparedness has waned."

Such shifting White House priorities, along with budget cuts over the years, have eaten away at the country's public health system.



Nurses at New York's Montefiore Medical Center Moses Division hospital hold a protest demanding more personal protective equipment.

BRENDAN MCDERMID/REUTERS

The Strategic National Stockpile, a federal reserve of medical equipment, has long been depleted. The CDC was aware at least five years ago that there were not enough supplies, such as medical masks and other personal protective equipment, said one former senior official with the agency. But for budgetary reasons, the government decided to delay buying new supplies until 2020 or 2021.

The official said they could not recall any discussions in the CDC about whether the country had enough testing materials such as swabs and chemical reagents – shortages of which have made it nearly impossible for the country to accurately track the current pandemic's spread. The CDC anticipated that a future pandemic would likely be influenza rather than coronavirus-related, the source said, so it did not occur to anyone to add these sorts of testing materials to the stockpile.

Cuts to federal spending have devastated local public health agencies, which rely on CDC funding for a large chunk of their budgets.

Estimates by advocacy groups show 60,000 fewer staff at local health departments than a decade ago. Federal grants for hospitals and municipalities to prepare for a public health emergency declined an inflation-adjusted 60 per cent over that same period.

When money has come through, it has tended to be short-lived and only authorized after an outbreak has already started. For instance, Congress approved US$1.1-billion to fight the 2015 Zika virus epidemic more than a year into the outbreak. When such money does come, front-line local agencies have to scramble to spend it.

"You're starting to look for someone in the middle of an emergency, not at the beginning," said John Auerbach, a former public health commissioner for Massachusetts who now heads Trust for America's Health, an advocacy organization. "And you have to tell anybody who's applying, 'Your job is temporary.'"

A medical staff member on a protective suit to intubate a COVID-19 patient in the intensive care unit at a Los Angeles hospital.

LUCY NICHOLSON/REUTERS

After the West African Ebola outbreak, the federal government doled out funding to hospitals to help them prepare for viral outbreaks by buying protective equipment and training staff. But that money was only authorized for five years and recently lapsed, even though it was paying for exactly the sort of things the country needs in the current crisis.

"Because of this start-and-stop type of funding approach, you can't prepare for the next pandemic," said Syra Madad, a pathogens preparedness expert with New York's public hospital system. "That entire infrastructure, basically, is set to dissolve. It's mind-boggling."

The lack of continuous planning for a major public health emergency also left the U.S. flat-footed when it came to testing.

In January, the CDC decided to develop its own coronavirus test rather than use one already distributed by the World Health Organization. The CDC's test proved faulty, frequently returning false positives. But it was not until the end of February that the Food and Drug Administration allowed other tests and non-government labs to be used.

The testing debacle damaged the CDC's once-vaunted reputation, and the agency has subsequently been sidelined. The CDC has not held a public briefing since March. The agency's guidelines for states to reopen were reportedly suppressed for weeks, as the White House issued its own, less-specific rule book.

"That kind of transparency has not been here during this pandemic and that is, I think, a critical factor in why there's so much mixed messaging, mixed understanding of what people need to do to protect their health," said Richard Besser, a former acting CDC director. "The idea that the CDC is not out front here in America is incredibly demoralizing to an agency that is set up to be able to do this."

A White House staffer wears a mask with the presidential seal at a May 25 event in Washington. Mr. Trump has generally avoided wearing a mask at public events, and mocked his Democratic rival, Joe Biden, for wearing them.

SARAH SILBIGER/GETTY IMAGES

THE TRUMP WHITE HOUSE

For more than two months after the U.S. learned of the coronavirus outbreak in Wuhan, China, Mr. Trump insisted the U.S. would have "close to zero" cases, despite repeated warnings from his officials. Even after accepting that COVID-19 was a crisis, the President repeatedly insisted it was up to individual states to find their own medical supplies. At rambling press conferences, he touted dangerously unscientific remedies, including injecting bleach.

At the White House, there are two competing coronavirus task forces: One under Vice-President Mike Pence and the other run by Jared Kushner, the presidential son-in-law. At a briefing in April, Mr. Kushner outlined his system for getting precious masks, gloves and other personal protective equipment to the front lines. His task force, he said, was effectively relying on Mr. Trump's friends in New York to tell them which hospitals needed supplies. State governors, meanwhile, often had trouble putting in requests.

This incoherent response has left the country scrambling.

At one point in April, New York State's public health agency was on the verge of running out of viral transport media, the containers in which coronavirus tests are shipped to labs for analysis, just as the state was facing an avalanche of cases. The state had to resort to pleading for help using a listserv maintained by the Association of Public Health Laboratories, recounted Scott Becker, the group's chief executive. Luckily, the state of Missouri had extra supplies to spare, and gave them to New York State.

"You have everybody rushing in to develop their test, and then what we found very quickly is of course everyone was going after the same materials," Mr. Becker said. "Part of this is a failure of leadership, because we did not have a higher body pulling parts of the government together."

Researcher Alicia Bui runs a clinical test for SARS-CoV-2 antibodies at a University of Washington lab in Seattle on April 17.

KAREN DUCEY/GETTY IMAGES

In Washington State, the federal government began supplying tests to local authorities, but then imposed unexplained conditions on them, said Dow Constantine, the top official for the county that includes Seattle. The Federal Emergency Management Agency told the county that the tests had to be shipped to a CDC-contracted lab in North Carolina, which would take up to a week to deliver results.

"It was all extraordinarily strange and mysterious. If we really have a public health crisis, why would we be waiting five, six, seven days to get results when we could get them the same day here locally?" Mr. Constantine said.

FEMA also wanted the city to collect personal information on everyone it tested and pass this on to the federal government, which could allow the feds to track down undocumented immigrants. When the county refused these conditions, FEMA stopped sending test

kits and demanded Seattle return kits it had already received, Mr. Constantine said.

In a statement, FEMA confirmed that it required Seattle to process its kits with LabCorp and Quest, private companies with whom the federal government has contracts; the agency did not explain why it refused to let the city use other local facilities. FEMA said testers did collect personal information on test subjects, but said this was only used to get them results. The agency said it has subsequently provided test kits to Washington State's government.

Nicole Lurie, who spent six years as HHS's top preparedness official during the Obama administration, said there were procedures in place to handle disease outbreaks, but it appears the Trump administration has not followed them. For example, the White House should have started to plan for contingencies, such as securing medical supplies, as soon as it became clear in January that an outbreak had started.

"This pandemic would have been a challenge for anyone to deal with. However, it appears that many pre-established plans, processes, checklists, procedures and systems were not used, or not used well," she said. "Leadership is the critical ingredient here."

Su Wilson spends Memorial Day visiting her mother, Chun Liu, after bringing her dinner at Life Care Center of Kirkland, near Seattle. Life Care was where the first major outbreak of COVID-19 in the United States began in February. Ms. Liu caught it, but recovered.

DAVID RYDER/GETTY IMAGES

DIFFERENT RESPONSES IN DIFFERENT STATES

During the final weekend in February, public health experts and elected officials in Seattle huddled to discuss the burgeoning coronavirus outbreak at the Life Care Center, an area nursing home that was among the country's first detected clusters of COVID-19. It

rapidly became clear that the virus was spreading throughout the city and there was not enough testing to know how extensive it was. Efforts to contain individual outbreaks were not going to be enough.

That week, Mr. Constantine spoke with the area's major companies, including Microsoft, and got them to agree to have their employees work from home. Officials used regular news conferences to warn the public to avoid large group gatherings. Before the state even issued a stay-at-home order, Seattle residents had begun to voluntarily physically distance.

It was a similar story in California, where officials in the San Francisco Bay Area imposed the country's first lockdown on March 16.

"The news cycle at the federal level is just hard to watch. It's much easier to be in a state where Governor Newsom is being very forward-thinking and very open as far as what the next measures are, where the failings have been," said Larry Klein, mayor of Sunnyvale, a Silicon Valley city that is home to major tech firms such as LinkedIn.

ew York Governor Andrew Cuomo and New York City Mayor Bill de Blasio give a March 2 news conference on the coronavirus.

ANDREW KELLY/REUTERS

In New York, by contrast, Mayor Bill de Blasio was still urging his citizens in early March to "get out on the town." New York State Governor Andrew Cuomo dismissed the need for a lockdown. It took two weeks for Mr. de Blasio and Mr. Cuomo to change their opinions.

New York State rapidly became the pandemic's epicentre, with more than 30,000 deaths. California's per capita death rate has been less than one-15th that of New York State; Washington's was about one-10th. While there were other factors at play, including New York's density, epidemiologists agree that the state lost valuable time in the early days of the outbreak that could have saved lives.

Cheryl Healton, the dean of New York University's School of Global Public Health, said officials were concerned about needlessly panicking the public before it was clear just how seriously the state would be hit. They were also reluctant to close schools for fear that would cause absenteeism among health care workers.

“There’s a very thin line between saying how we will manage things as these cases start to emerge versus saying, ‘Listen guys, here’s my worst-case scenario,’” she said.

Nyasha Sarju wears a mask reading 'stop killing Black people' as a Seattle Fire Department paramedic prepares to take a nasal swab on June 8. Ms. Sarju is one of many Seattle demonstrators against police brutality to take a COVID-19 test after the city widened eligibility criteria to include them.

ELAINE THOMPSON/THE ASSOCIATED PRESS

AN UNEQUAL COUNTRY

For Keith Gambrell, a 33-year-old Detroit cleaning company owner, his family’s struggle helps illustrate why Black people in the U.S. have been disproportionately hurt by the pandemic.

His stepfather, Gary Fowler, sought treatment for COVID-19 at three different hospitals but each one sent him home. He died in his bedroom on the morning of April 7. Later that day Mr. Gambrell’s mother, Cheryl Fowler, fell ill. She arrived in the emergency room around the same time as a white woman complaining of stomach problems after eating bad sushi. The white woman was admitted, Mr. Gambrell said, while Ms. Fowler was sent away.

“You shut down the whole state and other states so this doesn’t spread,” he said. “But you’re sending people to go home to die.”

Researchers at Yale University estimate that Black Americans were 3.5 times and Latinos twice as likely to die of COVID-19 as white people. A Pew Research Survey found that Black and Latino people were also far more likely to know someone who lost a job or income as a result of the economic shutdown.

“When communities are already hanging on by a thread in terms of health disparities, in terms of housing affordability, and something like this happens, the impact is tenfold,” said Holly Mitchell, a California state senator who is Black. “This is an old story with a new twist.”

At Mount Sinai, a large hospital in a working-class area on the west side of Chicago, family doctor Ihab Aziz points to several factors that have led to swift transmission of the infection among low-income Black and Latino patients in the neighbourhood: Several generations of the same family often share a house, he said, and there are no large grocery stores, meaning residents rely on smaller shops where it is harder to physically distance.

The U.S.’s status as the only wealthy country in the world without universal health care is also proving catastrophic.

Dr. Aziz has seen comparatively young patients in their 30s and 40s die of COVID-19 because they did not have health insurance.

Such patients, fearing a hefty medical bill, avoided seeing a doctor until it was too late. Seeking care earlier, for instance, would have allowed some patients to start treatment with supplementary oxygen or intravenous fluids to improve the chance of survival.

“When the patient begins to have shortness of breath, the disease has been there four or five days, and they are few hours away from the cytokine storm. Once that happens and the patient is intubated, it’s about a 90-per-cent death rate," Dr. Aziz said. “If they are managed earlier, the outcome would have been different.”

Mourners take pictures of a mural of Mr. Floyd in Houston, his hometown.

CALLAGHAN O'HARE/REUTERS

Such inequalities have been thrown into stark relief over the past two weeks, as protests over the death of George Floyd, a Black Minneapolis man killed while in police custody, have turned into a countrywide movement for racial equality.

While the mass demonstrations have represented an opportunity for the country to reckon with structural racism exacerbated by the pandemic, they have also sparked fear among health officials of a surge in coronavirus spread.

“You turn on the TV and you see these mass gatherings that could potentially be infecting hundreds and hundreds of people,” Mr. Cuomo told a news conference. “New York City opens next week. It took us 93 days to get here. Is this smart?”

Many people at the demonstrations have worn masks, even if the sizes of the crowds have made distancing nearly impossible.

Meanwhile, health care workers who have joined the protests have pointed out that racist violence is as much a matter of survival as the pandemic.

“Racism is a public health issue,” read one sign held by a medical worker in Washington.

“I’m a Black nurse who works to keep people like you alive,” Alia Johnson, 24, wrote on hers. “So can you keep my people alive?”

Nurses march to the White House during a protest against police brutality on June 6.

OLIVIER DOULIERY/AFP VIA GETTY IMAGES

THE WAY AHEAD

The central solution to the U.S.’s failures, experts say, is a single point of co-ordination at the highest level of the federal government to take charge of the COVID-19 war effort. This point could be a single person or a group of people, and could be at the CDC, HHS or another agency. But it would have to be made up of apolitical public health officials.

A clear command centre would ensure medical supplies are produced in sufficient quantity and sent where they’re needed, testing and contact tracing are ramped up, and issue clear guidelines to state and local authorities and Americans themselves.

Beth Cameron, who ran the pandemic preparedness office under Mr. Obama, said centralizing this power ensures it will be a priority.

“You really need someone who’s only thinking about that thing at a senior level,” she said. “The lack of that clarity is causing a lot of problems. And viruses thrive in chaos.”

To ensure the U.S. is never again overwhelmed by a future outbreak, the country must also rethink its domestic medical manufacturing capacity, add billions in new funding to public health departments, and broaden its efforts to stockpiles vaccines to include diagnostic testing supplies.

One possibility is to create a standing fund that the federal government can use to immediately respond to outbreaks. FEMA, for instance, has such a pool of money for responding to natural disasters. But the CDC lacks anything similar.

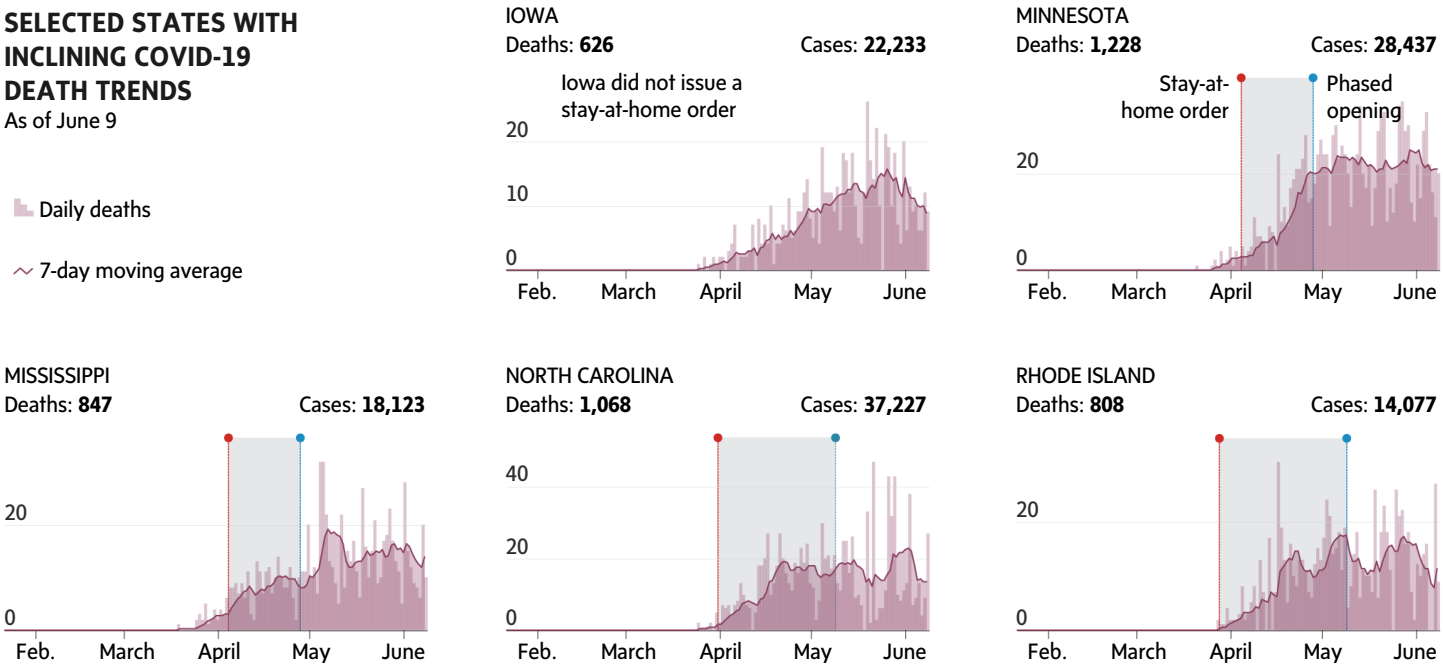
“We just don’t want to find ourselves recovering from this, only to have something else terrible occur and we’re equally as unprepared,” Mr. Auerbach said.

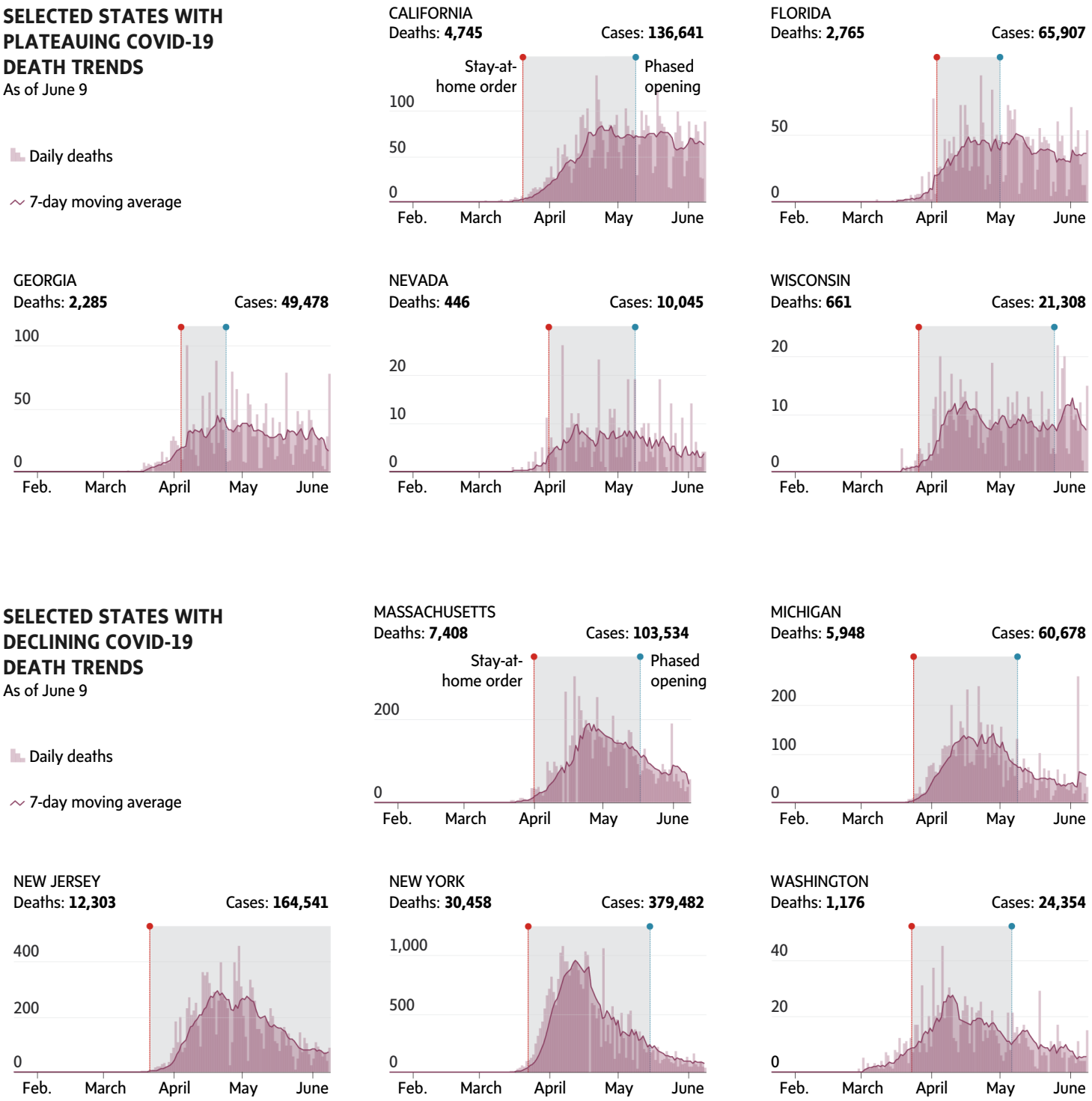
Most immediately, the federal government must ready the country for a possible second wave of COVID-19 cases in the summer or fall as states reopen. Some warn the U.S. is still woefully behind, and the gains from physical distancing could all soon be for naught – with catastrophic results.

In Seattle, Mr. Constantine said, there still aren’t enough swabs to allow enough testing to safely reopen. Nor are there enough medical-grade masks to protect essential workers from hospital staff to bus drivers, let alone the general population.

“It’s outrageous, of course, that in the United States of America we are struggling," he said. "It’s really inexcusable and I don’t think it can all be laid at the feet of one person, even the President of the United States. It is a genuine failure that this country should not allow to be repeated.”

Which states’ caseloads are rising or falling?





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