2020 Revealed How Poorly the US Was Prepared for COVID-19—and Future Pandemics

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It was not obvious when 2020 began what a grim year it would turn out to be. The first reported US case of coronavirus disease 2019 (COVID-19) was on January 19, 2020, in a man who had returned from Wuhan, China, 4 days earlier. The next day, the US Centers for Disease Control and Prevention started screening at 3 major airports hosting international travelers (John F. Kennedy International Airport, Los Angeles International Airport, and San Francisco International Airport). The first cases that were not related to travel were confirmed on February 26 and 28, 2020, signaling that COVID-19 was not limited to cases being “imported” by travelers from China and was thus much more of a threat to the US.

By the time 2020 ended, the number of cases and deaths in the US totaled more than 20 million cases of COVID-19 and more than 346 000 deaths. The surge in cases and deaths continued in January 2021 as a result of holiday travel for Christmas and New Year’s that health officials repeatedly warned against.

Of course, COVID-19 has also destroyed what had been an economy that had reached a half-century low unemployment rate—3.5%—in February 2020. By April 2020, the unemployment rate was 14.7%, with 20.5 million people having lost their jobs and more than 20% of the labor force filing for unemployment benefits. Although the unemployment rate started to decline by May, the damage was still substantial going into the summer, with 15 million fewer jobs in June than had existed in February. The decline in the unemployment rate continued, reaching 7.9% in September and stabilizing at 6.7% for November and December.

However, the stability in the overall unemployment rate late in the year masked the very different experiences of men and women in both labor force participation and unemployment. Women lost more than 5 million jobs in 2020, and 2.1 million women have left the workforce since the pandemic started, which means they are no longer even counted among the unemployed. Many of these women needed to leave their jobs because they have primary caregiver roles in families, a role exacerbated by the closure of so many schools.

December’s economic numbers clearly reflect the disproportionate harm that the pandemic has had on working women. The US workforce lost 140 000 jobs in December, but this number reflects a loss of 156 000 jobs for women, with a net gain of 16 000 jobs for men—meaning that job losses for women accounted for all of the increase in employment occurring in December. This differential response does not always happen during recessions. Frequently, recessions occur in male-dominated industries. This time, however, the decline in the demand for workers occurred primarily in female-dominated businesses, such as restaurants, retail, and hospitality.

Although the explosive growth in cases and deaths has been the cause of so much pain in the country, some important positive developments have also occurred during this period, the most obvious example being the unprecedented speed in producing 2 vaccines from Pfizer-BioNTech and Moderna that meet standards of the US Food and Drug Administration (FDA), even if only on an Emergency Use Authorization (EUA) basis. The FDA used EUA as a yardstick in the absence of approved and available alternatives and in cases where the known and potential benefits outweigh the known and potential risks. Treatments for COVID-19 have also improved over the course of 2020.

On the other hand, the distribution of vaccines has had a bumpy start, although the reasons why it has been so challenging for some states is not clear. States had been invited to submit plans for vaccine distribution in September and given a mid-October deadline. Historically, the preservation of public health has been primarily the responsibility of state and local governments, with the authority deriving from the state’s general police powers. The problem with setting up the distribution plans and sites for COVID-19 vaccination may be more a problem of states not having been given adequate resources during the pandemic and the economic slowdown that followed as opposed to their not being accustomed to having this responsibility. In fact, having the states determine the distribution may have provided an important level of flexibility on how the distribution occurs. Because the 2 vaccines that have been authorized each require 2 doses, the amount needed to vaccinate a given population size is double what it would otherwise be. These vaccines also need to be transported and stored at different and specific temperatures, which complicates their distribution.
Another positive development is the Biden administration’s plan to reestablish a senior position on global health at the National Security Council, a position that the Trump administration notoriously eliminated in 2018, moving its responsibilities to the US Department of Health and Human Services. What is less known is that since the early 1990s, this office has been repeatedly established after a national health scare and then disbanded by the successor administration, as had happened in 2018.

The past year’s experience in dealing with COVID-19 points to other measures that should be addressed, including rethinking the stockpiling of supplies and their deployment with an eye toward future pandemics, as well as developing strategies for providing surge capacity for medical facilities and trained personnel. Epidemiological findings that provide data regarding populations that are most vulnerable to a new disease threat should help drive policy regarding where vital resources should be directed. Better strategies are needed (as has been demonstrated by the resistance of many in the US to wear masks and physical distance, which are key measures for curbing COVID-19 spread) to encourage individuals to perceive the behaviors as important contributions needed to bring COVID-19 and future outbreaks under control.

At tempted to understand the positive as well as the negative experiences associated thus far with the COVID-19 pandemic is essential because disease threats are likely to be part of the country’s future and as serious to the country’s security as threats from traditional enemies. It is crucial that President Biden and his closest advisers address this challenge.

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Conflict of Interest Disclosures: Dr Wilensky reported being on the board of directors of United HealthGroup, Quest Diagnostics, and ViewRay.

Note: Source references are available through embedded hyperlinks in the article text online.

Previous Publication: This article was previously published in JAMA Health Forum at jamahealthforum.com.