COMMENTARY

Lessons from the USA Delayed Response to the COVID-19 Pandemic

DOI: 10.29063/ajrh2020/v24i1.2

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Preamble

At 65 years of age and two-time cancer survival, I am among the high-risk group for COVID-19. Hence, I have a nostalgic sense of duty to write this "Call to Action" Commentary. The impact of COVID-19 is closer home to me. A Church member, an alumnus of my university, and a nurse who works for me has COVID-19. The views expressed in this Commentary highlight some of the flaws that the USA government made in mitigating the spread of COVID-19. And I hope that African leaders and policymakers will not repeat the same blunder. There is a sense of false protection in Africa that they are "immune" to the disease because of the high tropical temperature and reported low number of cases on the continent. The low incidence, in my view, is due to the limited number of people tested. Moreover, no empirical evidence exists on the thesis that the COVID-19 virus is attenuated at a typical tropical climate.

COVID-19 has no respect for national boundaries. It was reported first in Wuhan, China, in December 2019 and has spread to 180 countries and territories. Within three months, Americans knew about a new virus in China, which quickly changed to "stay home" and "avoid groups larger than ten people" order. As a new disease, the knowledge about the mode of transmission, clinical presentation, and epidemiology of COVID-19 is unraveling. For example, it was once widely accepted that COVID-19 is only fatal among the elderly, particularly those with heart disease, chronic lung disease, diabetes, compromised immune systems, and those receiving radiation and chemotherapy for cancer. But recent studies revealed children and adults below 45 years are equally affected.

The Scope of the Problem

The first COVID-19 case in the USA was reported in Washington State on January 21, 2020[1]. Since then, it has increased dramatically after expanded rapid testing for the virus in many centers around the country. As of April 3, 2020, seven nations have reported more than 40,000 cases, with the USA, Italy, and Spain leading the pack (Figure 1)[2].

Globally, there are now 1,192,028 reported COVID-19 cases and 64,316 deaths as of April 4, 2020[1]. Both South Korea and the USA had their first confirmed COVID-19 case the same day, in late January this year. While South Korea was more aggressive in community testing, contact tracing, and quarantining those exposed, USA response was delayed. Today, South Korea has less than 200 deaths, and the USA now has 305,820 cases and 8,291 deaths[1] – a figure that exceeded the 9/11 terrorist attack fatalities. Similarly, Sweden had a delayed response with a laissez-faire approach to the virus and now has more infected cases and deaths than its neighbors, Denmark, and Norway, including Finland that locked down movements and sealed their borders early.

With about 140,000 people tested on the COVID-19 virus in the UK, the number of confirmed cases is on the rise, with nearly 42,000 people, which include Prime Minister Boris Johnson and Prince Charles. A total of 4,313 people with the disease have died. The precise number of people in the UK with a respiratory infection is estimated to be much higher among the National Health Service health workers, and people in the hospital tested.

In the early stage of the pandemic (by March 9, 2020), South Korea conducted over 189,000 COVID-19 tests, compared to 1,707 in the USA - the two countries announced their first cases on the same day. When compared to the other countries at the epicenter of the pandemic, the USA conducted the fewest COVID-19 tests per capita. As of that time, South Korea's testing total, when expressed by the number of tests performed per million citizens, is about 700 times more than the USA. The disparity is due to the lackluster delayed response at the national level to the

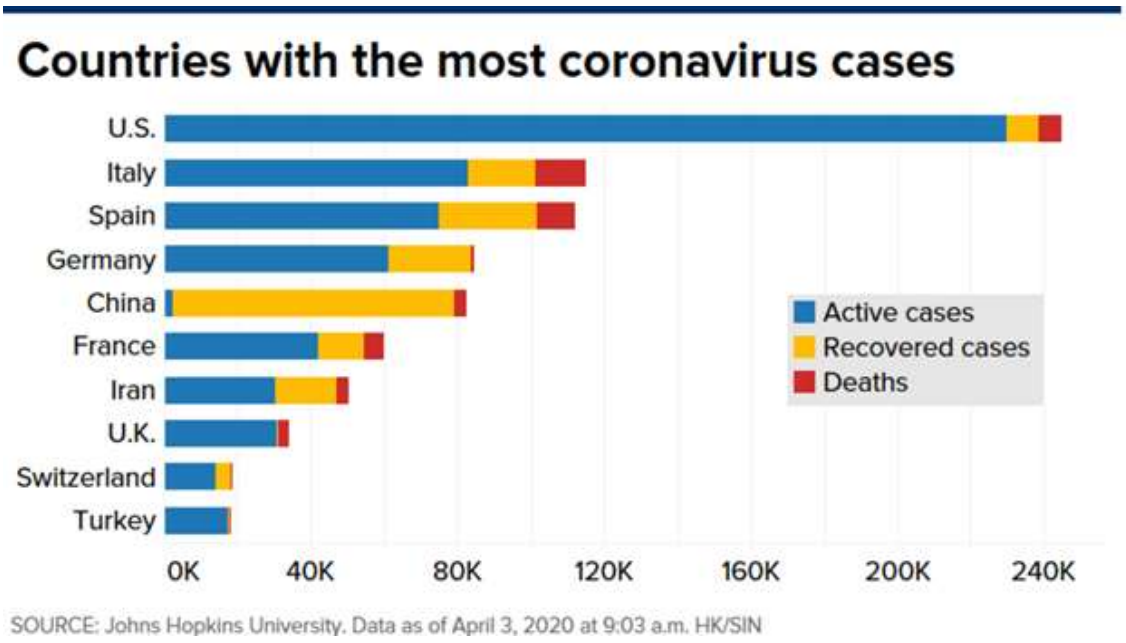

Figure 1: The epicenter of COVID-19 around the world

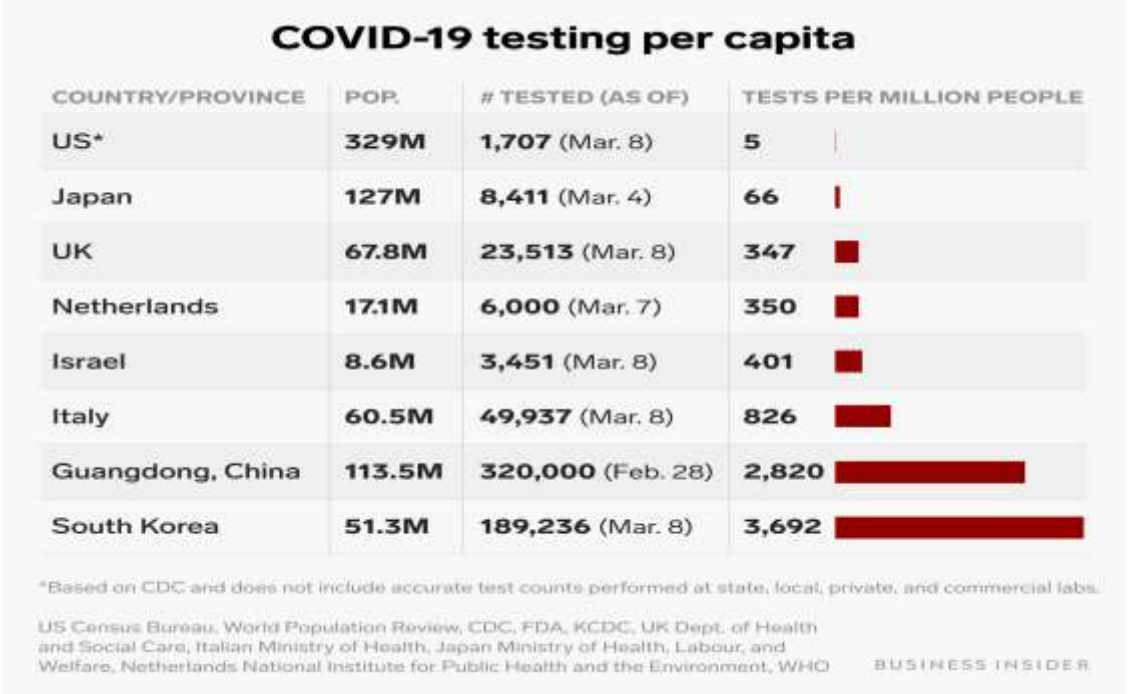

Figure 2: The COVID-19 testing per capital information in countries with the most cases

crisis manifested by test-kit shortages, which hampered the ability to get a clear sense of how many Americans are infected[3]. Recently, the USA has scaled up testing around the country, and a new testing kit is now available that can provide COVID-19 test results within 15 minutes.

The USA is currently at the epicenter of the COVID-19 pandemic, while China and South Korea's incidence of the disease has declined. Spain, Germany, and the Netherlands have begun to flatten their curves, and Italy is stabilizing. Active cases in Italy now surpass 85,000, and over 10,000 healthcare workers are infected. By the 30th day of the COVID-19 outbreak, Italy, China, and Spain, with the highest number of confirmed cases, have started seeing a decline in their outbreaks[3]. Unfortunately, the number of confirmed cases in the USA is on the increase (Figure 3). The surge is because the USA's response to the crisis has

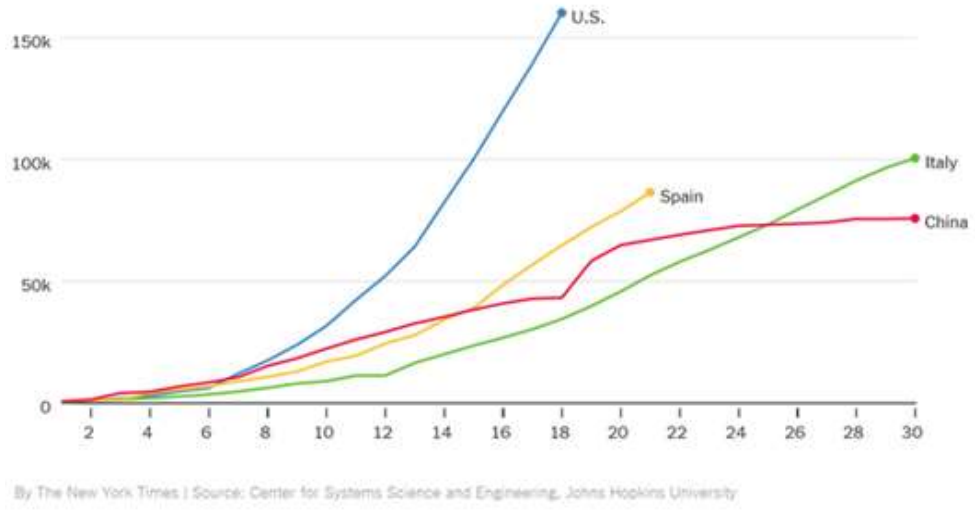

Figure 3: Total cases, in the first 30 days after a country surpassed 500 confirmed cases

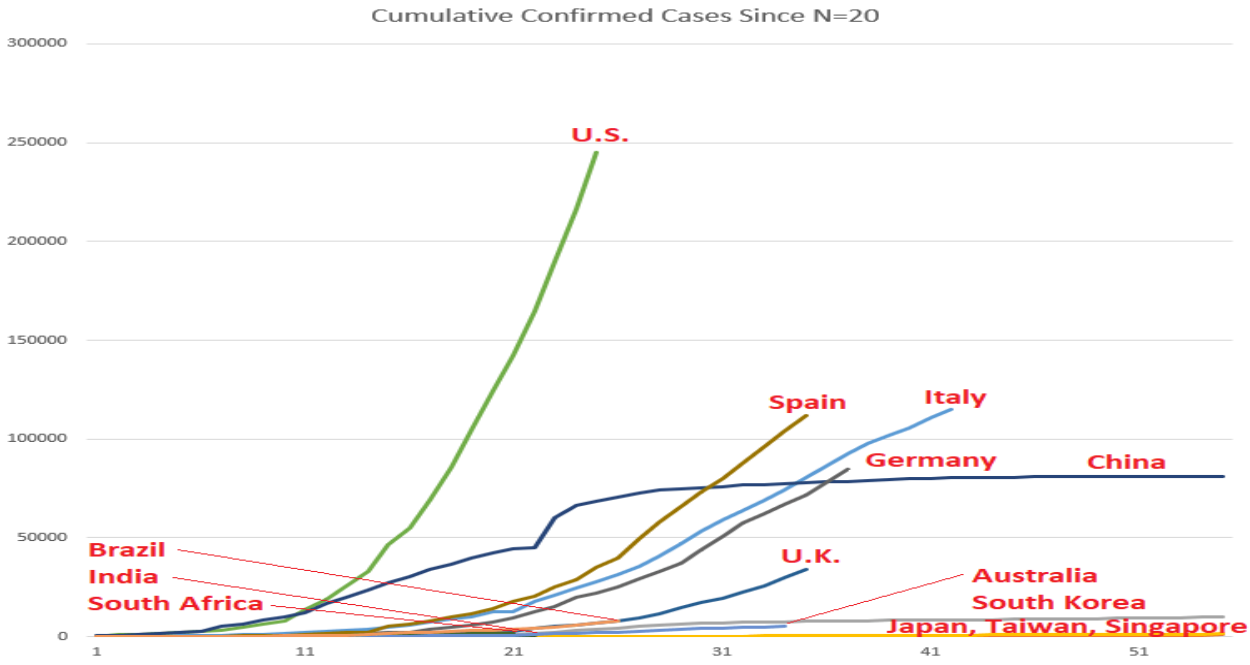

Figure 4: Cumulative growth of confirmed COVID-19 cases starting at around the 20th case in countries with the most cases

been slow, inconsistent, and at times confusing. The epidemiological data presented above is a critical lesson for African leaders to be bold and take immediate, decisive action toward combating the spread of the pandemic.

As of March 26, 2020, the USA was the first country with over 100,000 confirmed cases of COVID-19. It is still growing exponentially with more new cases each day, due to the slow response to the virus and the severe shortages of testing to identify those exposed. While testing capacity has significantly improved in the USA, most people still cannot be tested without going through a rigorous medical screening process. After four weeks into the lockdown in most states, there is presently no surveillance testing program to screen for COVID-19 spread in asymptomatic people. Figure 4 presents the cumulative growth of confirmed COVID-19 cases

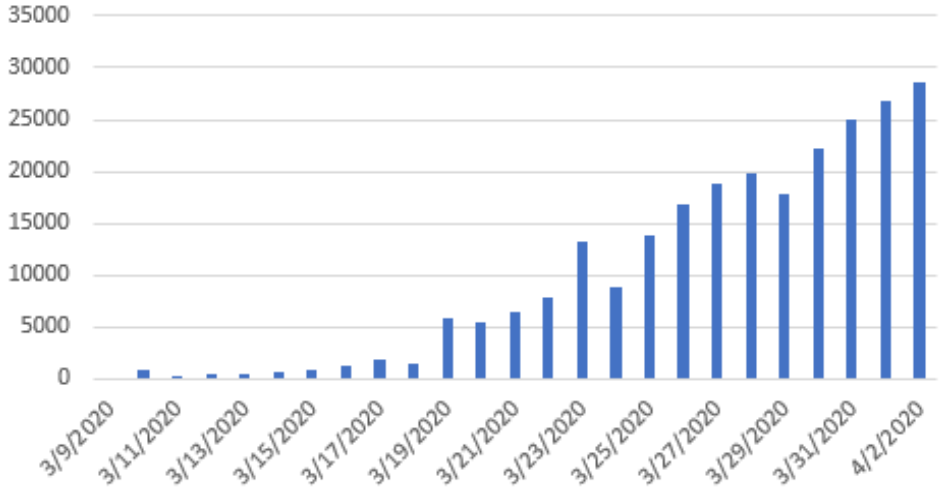

Figure 5: Daily new confirmed cases of COVID-19 in the USA

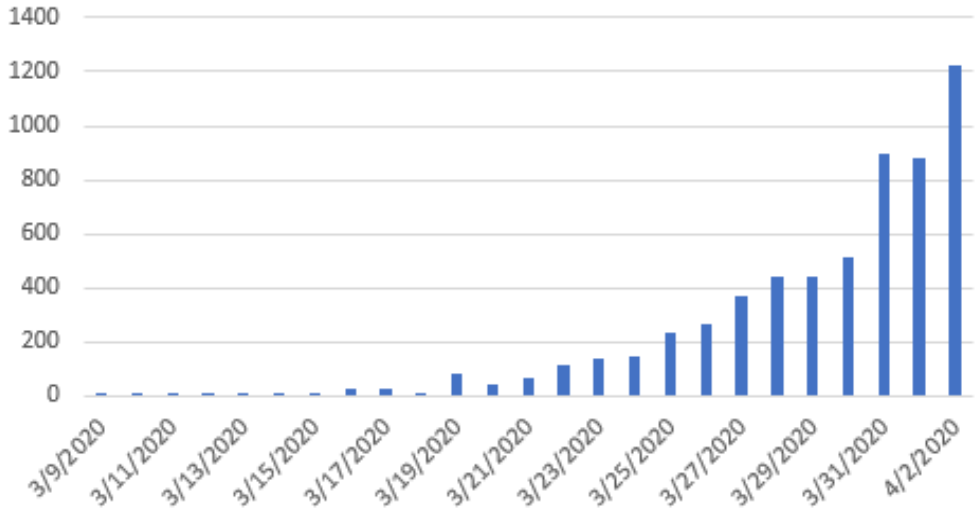

Figure 6: Daily COVID-19 death in the USA

starting at around the 20th case for the USA, Brazil, Australia, South Africa, UK, Spain, Germany, India, Taiwan, Singapore, South Korea, Japan, and Italy.

The USA appears to have a worse infection trajectory than the other countries but started restricting businesses, closing schools, and promoting physical distancing earlier than Italy. On the other hand, the USA had a shortage of testing paraphernalia, which caused a substantial underreporting of confirmed cases. Additionally, the lockdowns are uneven across the country with a patchwork of varying restrictions in different states and localities. Unlike Italy, the USA is still experiencing exponential growth in the number of new infections[4]. The numbers of confirmed new cases and death per day in the USA are presented in Figures 5 and 6, respectively. Compared to other countries at the center of the pandemic, the rate of new confirmed cases and death continues to increase each day.[5] On a single day (April 3, 2020), 1,094 people died in the USA. It is anticipated that the national lockdown policy enacted in many of the states will soon begin to exert its salutary effect. However, under the best-case scenario for mitigation of the COVID-19 pandemic, between 100,000 and 200,000 deaths are anticipated in the USA,

with the number of fatalities expected to peak by mid-April, 2020[5].

Leading from Behind

As far back as May 2018, President Donald Trump's medical and biodefense preparedness adviser, Luciana Borio, warned the nation at a symposium that a flu pandemic was the number one health security threat to America, and the government was not adequately prepared. For two years, the administration did nothing to address this concerning problem. Borio and other high-level experts resigned from the Trump administration in 2019, after the National Security Council's global health security office, as part of a shortsighted administrative reorganization, was dismantled. When asked at a news conference about his decision to disband the office, President Trump did not accept responsibility and refused to answer the legitimate question. He bristled and said, "I just think it's a nasty question," "And when you say 'me,' I didn't do it. ... I don't know anything about it"[6].

Critics asserted that closing the pandemic global health security office "clearly reflected the White House's misplaced priorities and has proven to be a gross misjudgment." Another catastrophic judgmental blunder was reported in the lay press (by CNN on April 3, 2020) that the Trump administration shut down the early warning pandemic program, just two months before COVID-19 spread in China. As far back as December 2019, the USA intelligence report sounded an alarm about the impending crisis. The Trump administration was initially in denial of the enormity and seriousness of the COVID-19 pandemic, describing the crisis as "a hoax" and a "cook up" scheme by the democrats to score a political point. For more than two months, President Trump and his aides described the crisis as "contained and it's — going to be just fine," "not a problem," "it will go away," "it is flu-like," "Chinese virus," "We think we have it very well under control. We have very little problem in this country at this moment — five. ... we think it's going to have a very good ending for it," Anybody that wants a test can get a test[1].

After over three years in office, Trump continued to blame Obama for his problems saying, "We inherited a broken test" for COVID-19," "the Obama administration made a decision on testing that turned out to be very detrimental to what we're doing"[1]. Sadly, President Trump engaged in misinformation and declared himself the "war President." President Trump equivocated in using the full arsenal of authority granted him under the USA constitution, but he continued to engage in falsehood by accusing the Governors at the frontline of the pandemic "of playing political games with ventilators." For three weeks, the Governors' appealed unsuccessfully to him to invoke the power granted to him by congress to mandate General Motors Company to produce ventilators. With the acute national shortage of ventilators to manage the patients acutely sick with COVID-19 looming, the complaints among the Governors reached fever pitched levels. Under pressure, President Trump buckled and finally mandated General Motors Company to produce the desperately needed ventilators. Unfortunately, three previous weeks were lost in the COVID-19 war that the nation is already fighting from behind. President Trump has also refused to put in place a national policy that will require a "stay at home" order but left the decision to each state.

On March 30, 2020, President Trump stated publicly during the daily televised press conference on COVID-19 that hospital masks were "going out the back door." He insinuated that health care workers were stealing personal protective equipment (PPE) such as protective clothing, helmets, goggles, face shields that health care workers need to do their job safely. The wearing of bandanas in public once bemoaned as an "overkill" prevention strategy is now recommended by the Center for Disease Control (CDC) in the USA. Many countries around the world and several localities in the USA have embraced the practice. President Trump stated publicly at a press conference on April 3, 2020, that "I am choosing not to do it" and commanded that "it is voluntary and not mandatory to wear a mask in public." Critics asserted that President Trump's disposition undermines the science-based recommendation coming from the CDC - a vital agency of the USA government - and a wrong role model for the citizen of America and the world. The evolving knowledge about COVID-19 and conflicting statements by the Trump administration has caused confusion not only in the USA but around the world. The Governor of Illinois Jay Pritzker, frustrated from lack of leadership from Washington, asserted that the Trump administration's indecision and mixed messages would go down in US history as "a profound failure of our national government". Undoubtedly, the President of the USA is leading from behind.

The above examples of leadership failures are a lesson that African leaders should take to heart and always think about the public health implication of their decisions at this critical stage of the pandemic. African leaders cannot be caught flatfooted or in denial; COVID-19 is already in Africa, and its consequences will be just as lethal as in China, Spain, Italy, and the

USA. Now is the time for each African country to marshal and deploy the best brains in their country to plan and consistently and vigorously execute the public health plan.

The Role of the States and Local Authorities in Mitigating the Spread of the Virus

The state and local governments are at the front lines of the pandemic war. But due to lack of federal coordination, states are bidding against each other and the Federal Emergency Management Agency while trying to buy ventilators and PPE from China. The fierce competition among the State Governors, due to desperation, drives up the prize for the PPEs. As the number of cases surged, strict "stay at home" or lockdown measures are now imposed in 42 states (96% of the USA households) by closing schools, bars, restaurants, and playgrounds. In some counties in California and Washington states, mayors encouraged their constituents to wear a bandana in bid to stem the spread of COVID-19. Their decision is in response to the latest report by the American Academy of Science that the virus can be airborne and spread by asymptomatic individuals while coughing and when breathing at proximity. The cloth mask, when worn by an infected person, is expected to decrease the amount of the virus in the environment and protect other citizens. But these actions may be too little and too late.

Many Governors in the USA — Andrew Cuomo of New York, Larry Hogan in Maryland, Jay Inslee in Washington State, Gretchen Whitmer in Michigan, Jay Robert Pritzker in Illinois, Gavin Newsom of California state — have led admirably by implementing progressive policies to curtail the spread of the virus. They reacted swiftly in enacting a "lockdown" or "stay at home" policy. They provided the much-needed infrastructures that health care workers desperately needed to treat their patients and protect themselves from infection. Altogether, the social distancing (I prefer the use of the word "physical" instead of "social") strategy enforced has started to yield dividends.

On the other hand, Governors and local authorities in several states like Florida, Georgia, Texas, and Louisiana are relaxed about the crisis and refused to enact a lockdown ordinance, have started experiencing a surge in the rate of infection and death. The disconnect and disparities between the federal and state government interventions are disconcerting and not an effective public health strategy. The unacceptable management approach that is currently ongoing in the USA underscores the need for African countries to adopt one national policy that all regions must implement.

Management

The highest priority of all government authorities should be how to protect the health and safety of the population. Many of the people with COVID-19 virus are asymptomatic and, therefore, they are a fertile host responsible for spreading the disease in the community. Extensive community testing advocated by the World Health Organization (WHO) should be a priority in Africa to identify those carrying the virus and proceed to quarantine them. Furthermore, an appropriate public education campaign should be scaled up through print and electronic media to inform the citizen about the symptoms of the disease and prevention methods.

Several health-care workers and law enforcement officers on the front lines are now getting infected and need to self-quarantine. In New York state alone, over 1,800 police officers are now infected and eight dead from COVID-19. That said, African leaders need to plan for sufficient PPEs, diagnostic, and therapeutic equipment. These resources will be required when the health care system is overwhelmed at the peak of the curve. At this stage, the health care system will crash with dire consequences if an adequate plan is not made for additional hospital beds and workforce to treat critically sick patients on ventilators. In preparation for the impending crisis, African leaders should begin to convert the conference centers and stadia in the major cities to temporary hospitals to accommodate the overflow of patients who are non-COVID-19 virus infected.

In the USA, some politicians in some southern states have used religion as camouflage for not enacting a "stay at home" policy. They argued that places of worship should be open and that church services are part of essential activities. Some Christian denominations preach believers "are covered by the blood of Jesus, and COVID-19 will bow to the wish of God." Unfortunately, this religious point of view against the mitigation strategy is also in play in Brazil. Religion is the primary pastime in many African nations and is often wrongly used by politicians to foment chaos. African leaders should not be fooled and should not embrace this dangerous point of view as the repercussion will have dire consequences - many people will die.

The preliminary reports from the African continent on the government plans to curtail COVID-19 is encouraging. Many countries, including Nigeria,

have rolled out sound public health containment and mitigation plans, but my fear is the implementation[7]. The inconsistent application of national health policies has been the bane of African nations. It will be a colossal disaster if that happens in this instance, as millions of people will die on the continent. The national government of all African countries should provide specific policy direction to the states and allow their leaders to implement the plan rather than leave the policy decision to states and local authorities, as is the case in the USA. This situation has caused enormous confusion and uneven outcomes in curtailing the spread of the virus.

Economic Impact

The COVID-19 pandemic, which is surging, is undoubtedly one of the most significant threats to the global economy and financial markets. No doubt, China has profited financially from this global catastrophe, since they are the only country selling PPEs and ventilators, even to the USA. The General Motors Company, approved by congress and only recently authorized by President Trump after weeks of indecision, is yet to begin production of ventilators.

The spread of COVID-19 has disrupted the global economy in the process. The USA recently witnessed the highest job loss in the nation's history, with over one million jobs lost. Unfortunately, the economic impact of the virus is highly unpredictable as it hurts almost all industries, turning the health care challenge into a financial crisis. Because people can no longer travel and are indoors, supply chain disruptions constrain manufacturing plants. Grocery and industrial workers are increasingly getting ill and worried about getting sick. African leaders and policymakers must, therefore, plan to provide sufficient financial support to states and localities and design such assistance with enough flexibility for local authorities to address the most pressing needs where and when they emerge. The support will allow governments to quickly address immediate health care challenges and the rapidly escalating economic fallout. Any economic intervention must focus on boosting the demand side of the economy by replacing incomes among lower-income and middle-income families. The economically vulnerable health care workers would need enacted protections to ensure their salaries are promptly paid - a situation that is basic but presently lacking in many African countries.

Conclusion

COVID-19 pandemic is taking its toll on the health workers and law enforcement officers at the frontline fighting the virus. The incidence of burnout and fatalities among the heroes fighting the war is rampant. In Italy, 73 physicians and 24 nurses have succumbed to COVID-19. Presently, COVID-19 has no cure, no identifiable therapy in sight, and most disconcerting a vaccine is not on the horizon for another 12 to 18 months. The only reasonable course of action to prevent the spread of COVID-19 is through prevention by containment and mitigation strategies. These methods are through behavioral modifications of maintaining a minimum of 6 feet physical distancing, regular hand washing, staying home, and wearing of bandanas if the citizen must leave their homes for essential duties. The wearing of bandanas, instead of masks, should be encouraged given the cost and acute shortage of hospital masks around the world, including the USA. Hence, the need to conserve the available PPEs for health care workers and police officers on the frontline fighting the war against COVID-19. The wearing of bandanas is not a substitute for physical distancing but should be a combination of the two. The preventive strategies should be disseminated widely in print and electronic media to promote the needed change in behavior. Most importantly, African leaders should serve as positive role models for their citizens by promoting evidence-based scientific findings that curtail the spread of the virus. In challenging times, the choices we make are critical and consequential.

As a "dynamic" and aggressive virus that attacks multiple organs, presently undergoing basic and clinical scientific investigations, some of the things that we know about COVID-19 today will become obsolete knowledge within six months. Hence, the need for vigilance and global citizens should only consume information from reputable sources like the WHO or the CDC websites. Misinformation about the disease is pervasive on most social platforms, and this creates unnecessary fear and panic. The world desperately needs an effective medication to treat the disease and a vaccine to prevent the scourge. The ray of hope at the moment is that those who recover from COVID-19 infection develop an antibody that is protective of future disease, and scientists are now experimenting with using their plasma among health care workers. Besides, scientists all over the world are working round the clock engaged in clinical trials of different drugs and search for an effective vaccine. The antidote cannot come fast enough. We wish our scientists, God's speed!

Conflict of Interest

None

References

1. Greenberg J. Timeline: How Donald Trump responded to the coronavirus pandemic. PolitiFact. March 20, 2020 https://www.politifact.com/article/2020/mar/20/how-donald-trump-responded-coronavirus-pandemic/ Accessed: April 3, 2020
2. John Hopkins University website: https://github.com/CSSEGISandData/COVID-19 Accessed: April 3, 2020
3. Woodward A and Gould S. One chart shows how many coronavirus tests per capita have been completed in 8 countries. The US is woefully behind. Mar 9, 2020, 6:20 PM https://www.businessinsider.com/coronavirus-testing-covid-19-tests-per-capita-chart-us-behind-2020-3 Accessed: April 3, 2020
4. Frost J. Coronavirus curves and different outcomes. https://statisticsbyjim.com/basics/coronavirus/ Accessed: April 3, 2020
5. Resnick B. The White House projects 100,000 to 200,000 Covid-19 deaths https://www.vox.com/science-and-health/2020/3/31/21202188/us-deaths-coronavirus-trump-white-house-presser-modeling-100000 Accessed: April 3, 2020
6. Shesgreen D. Gross misjudgment': Experts say Trump's decision to disband pandemic team hindered coronavirus response. *USA Today* https://www.usatoday.com/story/news/world/2020/03/18/coronavirus-did-president-trumps-decision-disband-global-pandemic-office-hinder-response/5064881002/ Accessed: April 3, 2020
7. President Buhari addresses Nigerians on COVID-19. March 29, 2020. https://www.tvcnews.tv/president-buhari-addresses-nigerians-on-covid-19/ Accessed: April 3, 2020.