Public Health Systems Tension with the Government during COVID-19

Pandemic

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Today's society has faced unprecedented and drastic changes in most of the aspects in our way of living. The COVID-19 pandemic has not only affected many populations health-wise, it has also caused a series of modifications to our social stratosphere. We are no longer able to gather in public spaces in large groups or attend our dream universities due to the possibility of contracting COVID-19 and spreading it to more vulnerable individuals. This pandemic has also revealed inadequacies and limitations of our government's preparedness to combat a health issue that affects the lives of large populations. A sector in our society that has faced a shortfall of resources is our public health systems. During the peak of COVID-19, hospitals faced a shortage of medical resources to supply to those admitted which led to tensions between the government and public health systems, ultimately questioning the government's effort to truly save lives and those who impacted from COVID-19.

During the peak of the pandemic, there was a shortage of ventilators that the government could not provide to hospitals in certain states. In a Forbes' article, "Trump On New York's Ventilator Shortage: 'We're Going To Find Out' If They Have Enough" by Matt Perez, it discusses the tension between New York's healthcare system facing a shortage of the necessary medical supplies for admitted patients with COVID-19. Perez states, "Trump said he could not assure that New York would have the supply of ventilators it needed... Cuomo, warned on April 2nd the state only has six days of ventilators left in its stockpile and that 'our attitude here is we're on our own'" (pg. 1). The tensions between the government and public health system during the 2020' COVID-19 pandemic are important to analyze because they reveal how certain scenarios concerning the life of large populations are handled.

Times' of distress make it more easy and likely for people to be blamed for disastrous circumstances. At certain points of the pandemic, hospitals were being compared to survival rate, in other words, the hospital you were admitted into because of COVID-19, had an instantial influence on one's survival. The lack of government preparedness and resources for public health care systems had an impact on how hospitals were viewed and how hospitals operated with what they had. According to the New York Times article, "Why Surviving the Virus Might Come Down to Which Hospital Admits You", it states "In its first four months in New York, the coronavirus tore through low-income neighborhoods, infected immigrants and essential workers unable to stay home and disproportionately killed Black and Latino people, especially those with underlying health conditions" (Rosenthal, et. al, pg. 1). Using the sociological lens of intersectionality, which reveals how power relations such as gender, race or age intersect and build on each other to have an influence on how different people experience a society, it is clear to see that underfunded neighborhoods with minority populations were more likely to suffer and be hit harder with cases of death due to COVID-19. According to the article, "Underfunded hospitals in the neighborhoods hit the hardest often had lower staffing, worse equipment and less access to drug trials and advanced treatments at the height of the crisis than the private, well financed academic medical centers in wealthy parts of Manhattan, according to interviews with workers at all 47 of the city's general hospitals" (Rosenthal, et. al, pg. 1). This pandemic exposed and revealed imbalances and inequality within the New York healthcare system, and again the tension between healthcare systems and the government surfaced. Rosenthal states, "'We are one health care system,' Mr. Cuomo said on March 31... In interviews, doctors scoffed at that notion, noting, among other issues, that government reinforcement was slowed by bureaucratic hurdles

and mostly arrived after the peak" (pg. 3). These tensions are important to analyze because they can serve as a learning point and reference to help solve a future healthcare crisis. When the outbreak first began, healthcare workers were not only on the front line of the pandemic; but were the most exposed and had to be the most responsive to this global issue. Because of this; many had suffered from catching the virus, could not visit their family for months, had to deal with both depression and stress, and much more. Along with this; The WHO (World Health Organization) made a diagram with different kinds of attacks health care workers have suffered from since COVID-19. Some of these attacks involved physical assaults; cyber-attacks, denial of services, and much more. Because of the large pressure health-care workers now face both with the virus and the lack of resources given by the government; the outcome is now causing health care workers to have lack of resources, demand more hospital beds for patients, and have caused many to leave their jobs. Because of tension between law enforcement and local citizens had already been at an all-time high during the peak of the pandemic, many citizens refused to follow local government guidelines when it was first released. According to the CDC; in a survey conducted in April of 2020; citizens felt more protected by doctors, scientists and hospitals instead of the state government. Because the government has restrictions when it comes to mandating laws such as nationwide curfew and closing schools, many citizens also believed their human rights were being violated resulting in even more tension.

One of the main reasons for causing tensions among the people was the miscommunication among the public health systems. For example in " Cracks in the System: The effects of the Coronavirus Pandemic on Public Health Systems" by Kate Tulenko and

Dominique Veroot. The article states, " Amid the Pandemic, the CDC discontinued reporting new case numbers, despite it constituting one of the most important pieces of data to assess the size of an outbreak and the effect of migration" (456). The action of not providing the people with data and hiding some numbers of the pandemic and the places where the numbers were really high increased the cases in the U.S. because people did not really think it was a big deal because the numbers were not as high. Perhaps providing this information could have prevented those who did not have the resources to adapt during the pandemic lessen their worries today. This could have possibly been controlled so that it did not get to this level of intensity. Not to mention this information could have prevented many deaths and people from getting sick.

In addition another reason why tensions rose so high was because the way information was used and interpreted. In accordance with the article problems raised when the politicians used the data to run their campaign. Not to mention the use of social media. Besides public health systems having to focus on the numbers, cases and handling the virus, they also had to deal with politicians and how they used the data. Kate and Dominique wrote, "The data must be protected from political influence and that when the availability and interpretation of data are affected by politics, public health leaders must bring it to the public's attention"(456). Public health leaders had to also focus on making sure inaccurate information was going away. The government certainty did not much to lessen the stress on them. Data was issued overall during the height of this pandemic and as previously stated stressed out more people.Data was not available and as reliable because of timing and accuracy. This is because of the private testing labs who did not update their website and thus the public had to turn to other sources which further increased the miscommunication among not only the US but also in other parts of the

world. Social media tried to help in a way, to combat the spread of misinformation. They controlled the data that was publicised and tried to only provide information from trusted channels. While they provided some aid, it was not enough to combat the information that was published in different languages. From this we can learn that social media may not be as bad as people say it is. One can gather more information about what is going on in the world thanks to social media. However, the problem arises when we can not tell the reliable versus the unreliable information. Furthermore, this topic also emphasizes the need for communication. The problem with dealing with this pandemic is that the government has been putting more pressure on the public health systems when dealing with the pandemic because Americans do not want to obey the laws and as well as because of the limited knowledge some people hold.

Even when the CDC tried to set laws to help the public, most did not obey. When guidelines were released from travellers who came from high risk areas multiple reports came in of people not following them and of the mixing of travellers who were both asymptomatic and symptomatic. As stated in the previous section looking at from an intersectionality lens. Those who were mostly greatly affected were African American and Latin communities. When these rules were not followed not much could be done to help those in those communities. Primarily because of the "low health literacy" among poor, minority and rural. As the authors state, 1 in 3 Americans did not have sufficient health literacy compared to 1 in 10 Europeans. The disparities among the world were made clear here. This also further emphasises the severity of why data control was such a huge part of rising tensions in the US. If one mixes in the data control and the lack of health literacy the impact is much greater. This also serves as another stressor for the public health systems because with people not having accurate information available, they had to

find a way to correct previous misgiven information. Looking at it from the perspective of poor, rural and minorities communities of course cases are going to be rising if they do not have the accurate information available to them. The lack of information adds hostility between them and the government and public health systems. With lack of information, people tend to grow more weary when someone tells them to do something because it is out of the ordinary and because they had no prior knowledge or limited knowledge about the subject. While it may be frustrating for many people, one has to learn from these mistakes to prevent tensions among people, public health systems and the government from hindering the process of being able to return to "normal" life pre COVID 19..

I believe that this phenomenon is important enough to include in the archive of 2020, because this is a subject that is ongoing. The more research and thought process, lenses etc from which it is looked will play a huge role to people later on trying to look at what was COVID 19 and the chaos that was caused. More importantly knowing what happened as a result is beneficial but what is just as equally as important is knowing why it happened. The tensions created were at an all time high. Knowing that it could have been avoided serves as an indication for in the future of what to not do. They can use the mistakes made in this case to better handle similar situations that may present themselves in the future.

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