WHY DO SOCIAL AND HEALTH SYSTEMS FAIL? A PERSPECTIVE FROM THE UNITED STATES

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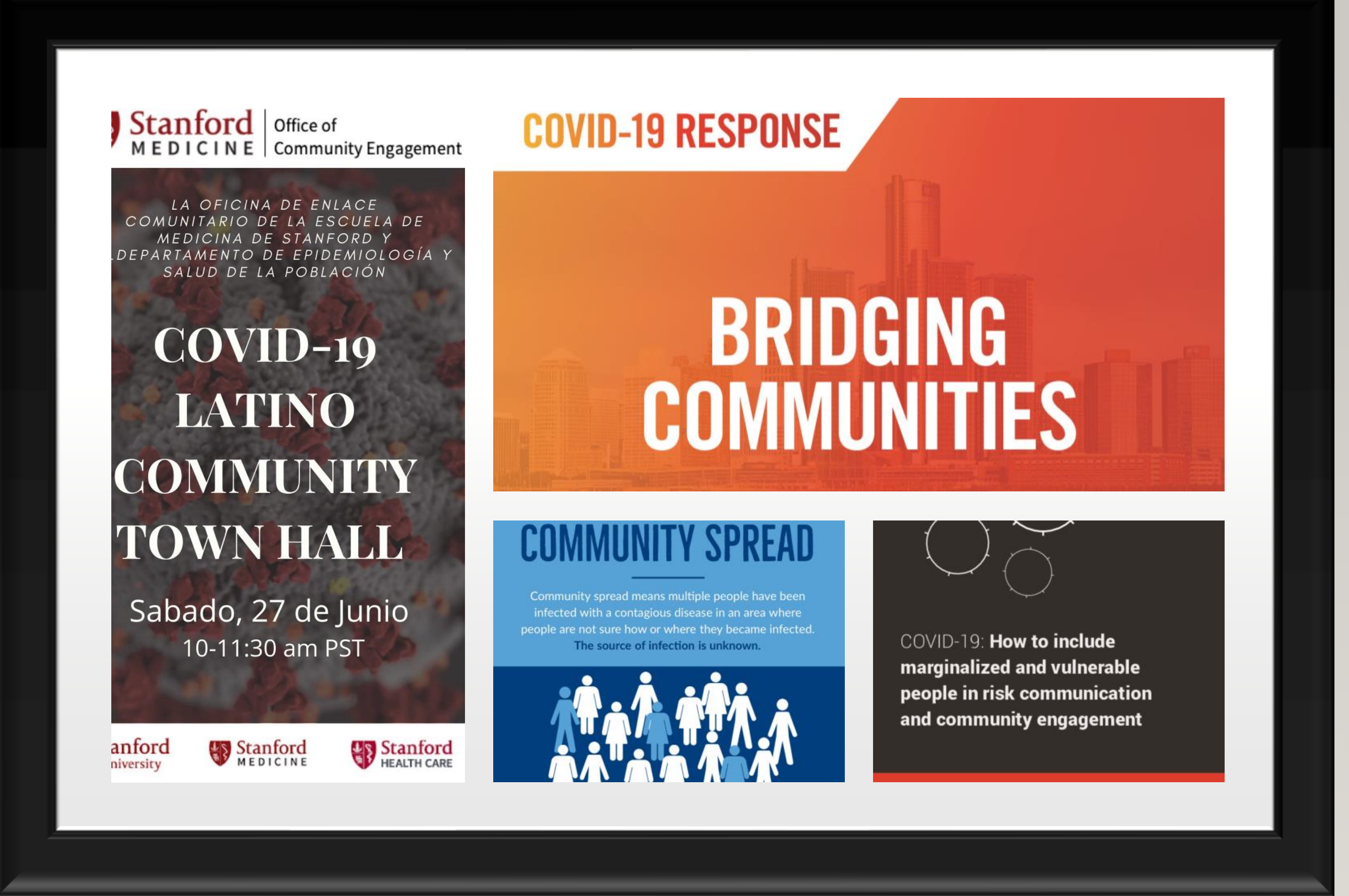
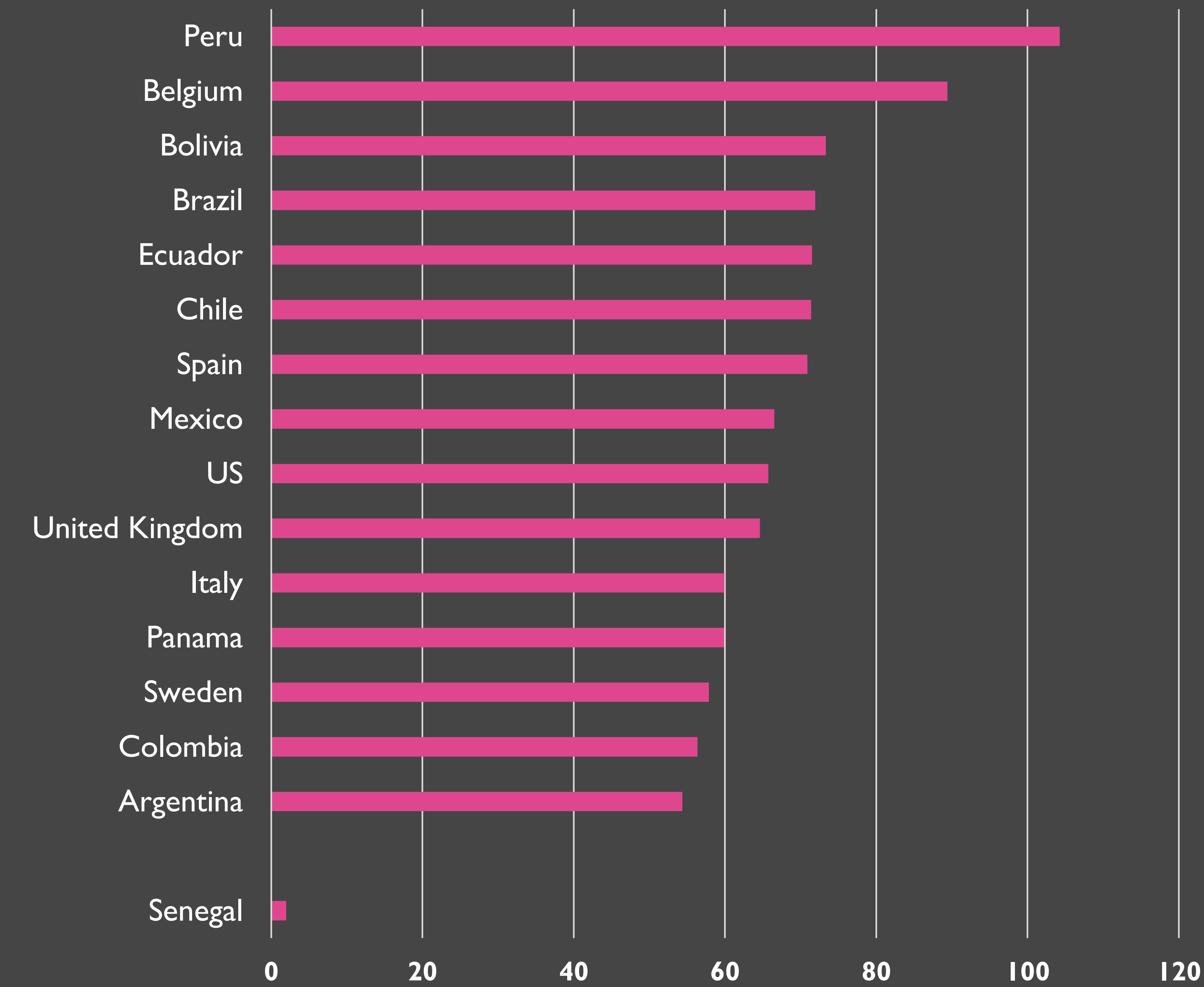


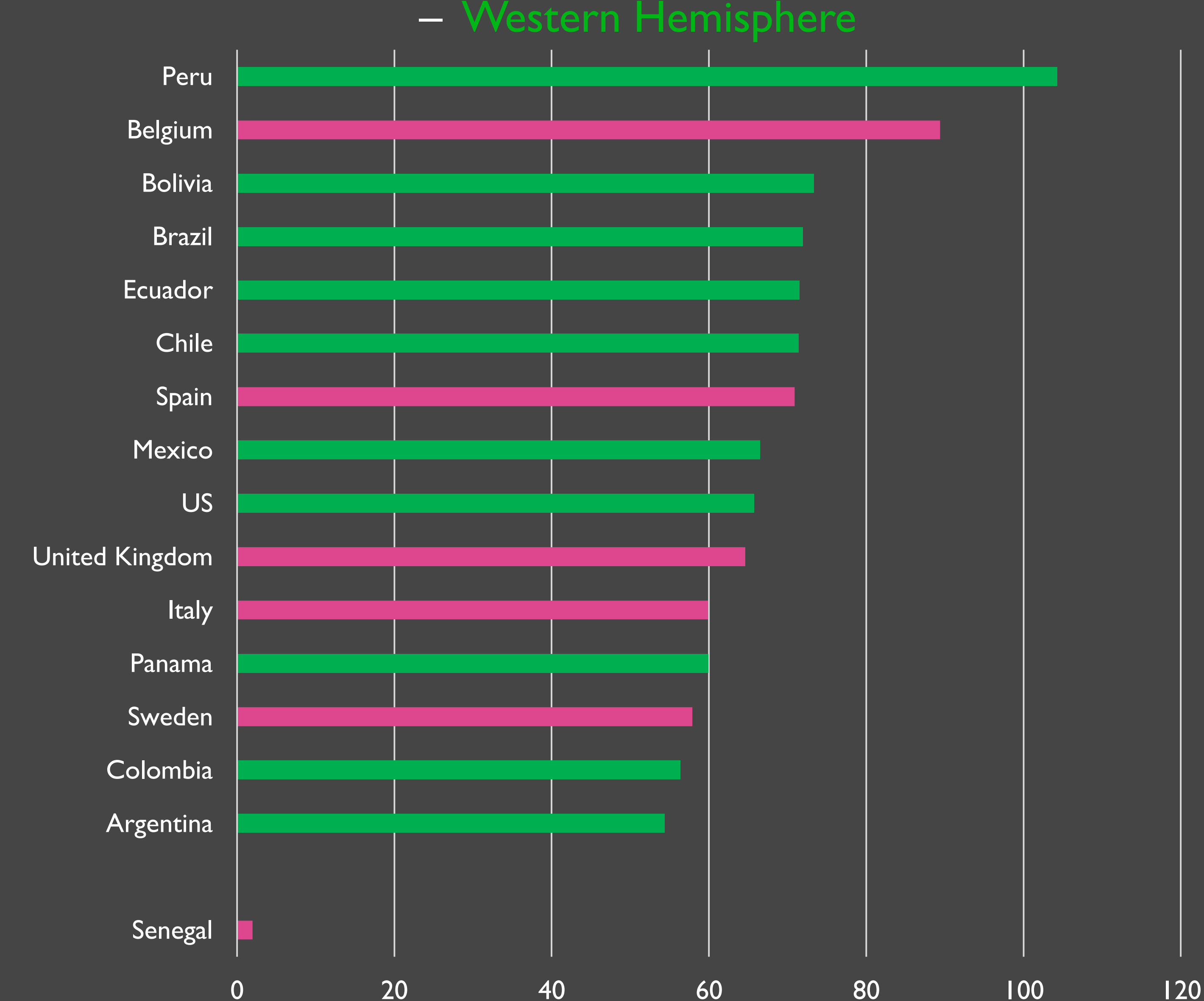
THE US HAS CLEARLY FAILED TO DEAL WITH COVID-19 EFFECTIVELY

- Arguably the richest nation in the world, the US has >7.8 million cases, 220,000 deaths
- 8th highest death rate in world
- With 4% of the world's population, we have 25% of the cases

WHILE THE US HAS FAILED MISERABLY, WE ARE NOT ALONE.



OF THE 15 COUNTRIES WITH THE WORST DEATH RATES, 10 ARE IN THE WESTERN HEMISPHERE.



POOR AND MINORITIES FARE MUCH WORSE.

- In the US, when you adjust for age differences across ethnic groups –
  - Blacks have 3.4x deaths as whites
  - Latinos have 3.3x deaths as whites
  - Indigenous have 3.3x deaths as whites
- Minority, poor communities have 9x death rate of white, poor communities (minority wealthier communities still have 3x deaths as white, wealthier)
- 18 million in US unemployed
- Yet, billionaires are making unprecedented profits (Amazon, Zoom, Microsoft), in part due to large tax cuts, greater bailouts to wealthy

WHY ARE WE FAILING?
1. FAILURE OF LEADERSHIP

- Failed national leadership, with:
  - consistent misinformation and lies about the threat
  - denigration of science and health experts
  - the politicization of masks and other efforts to combat the disease
  - minimizing threat and pushing to normalize commerce and education before disease is controlled
  - financial support directed more to corporations and wealthy than workers
- Upcoming election (Nov 3) may change this in US.

DJ Trump on the virus public vs private comments.

Jan 22 - "We have it totally under control."

Feb 7 - "It's also more deadly than even your strenuous flu... This is deadly stuff"

Feb 10 - "Looks like by April…it miraculously goes away."

Mar 6 - "You have to be calm. It'll go away."

Mar 13 - "I don't take responsibility at all."

Mar 31 - "...it's not the flu. It's vicious."

Jun 17 – "It's fading away"

Oct 5 – "Don't be afraid of Covid"

WHY ARE WE FAILING?
II. SYSTEMIC ECONOMIC ISSUES

- Systemic racism, and disparities in wealth, income, education
- Poor and minorities continue working, under crowded, risky conditions (e.g, meat packing plants; prisons)
- Tax codes support the rich
- Richest 10% have 70% of the total wealth
- Black wealth is 9% of whites

Millionaires and billionaires are set to reap more than 80% of the benefits from a change to the tax law Republicans put in the coronavirus economic relief package. – *The Guardian, 4/15/20*

COMBINATION OF RACISM, ENVIRONMENTAL FACTORS, POOR HEALTH EDUCATION AND CARE, COMBINE TO CREATE INEQUITIES.

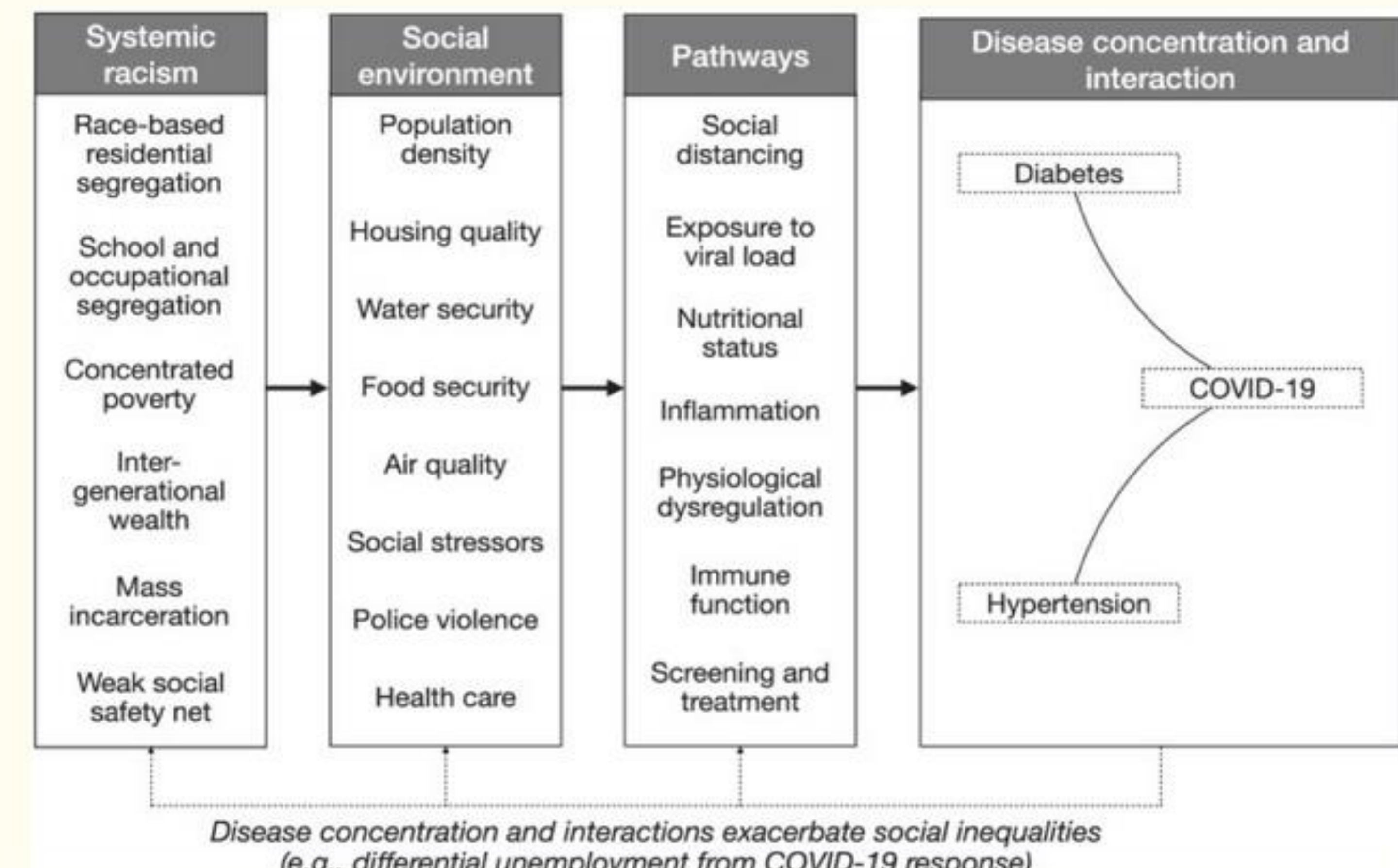
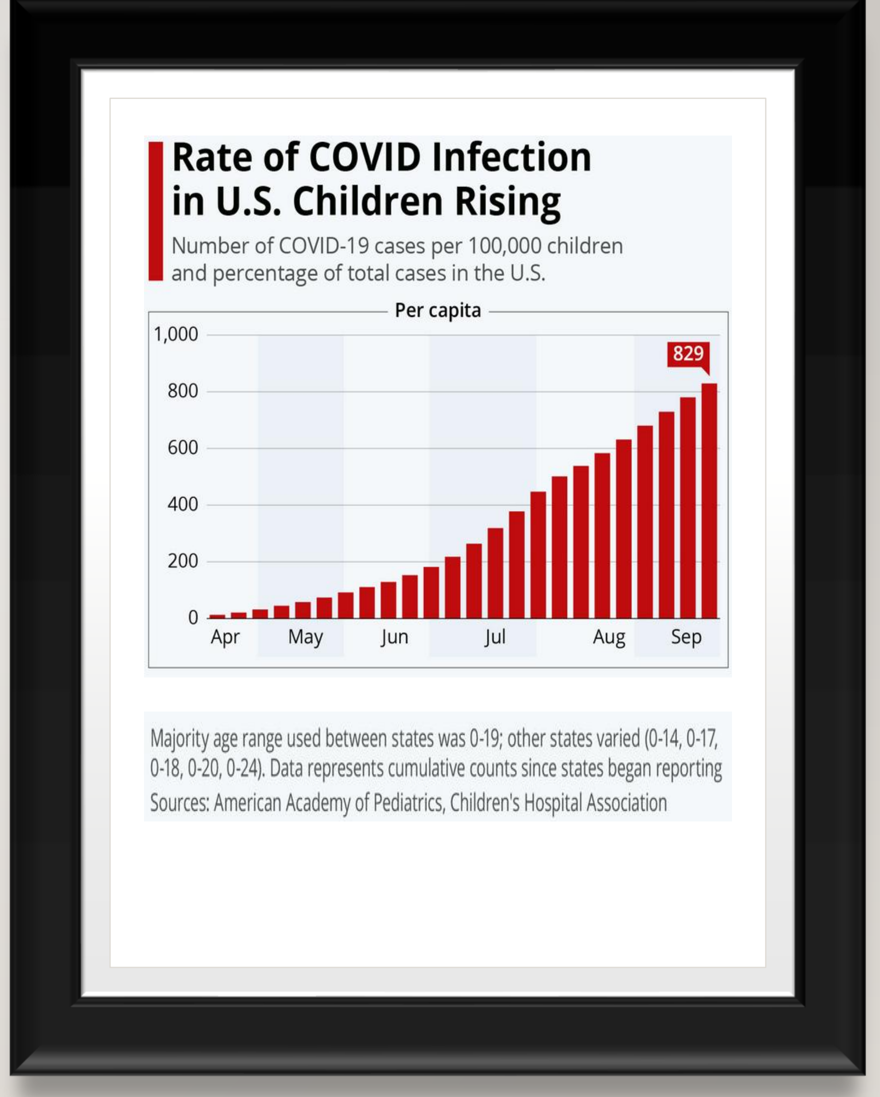


FIGURE 1

A tentative syndemic model of systemic racism, cardiometabolic disease, and COVID-19 in the United States

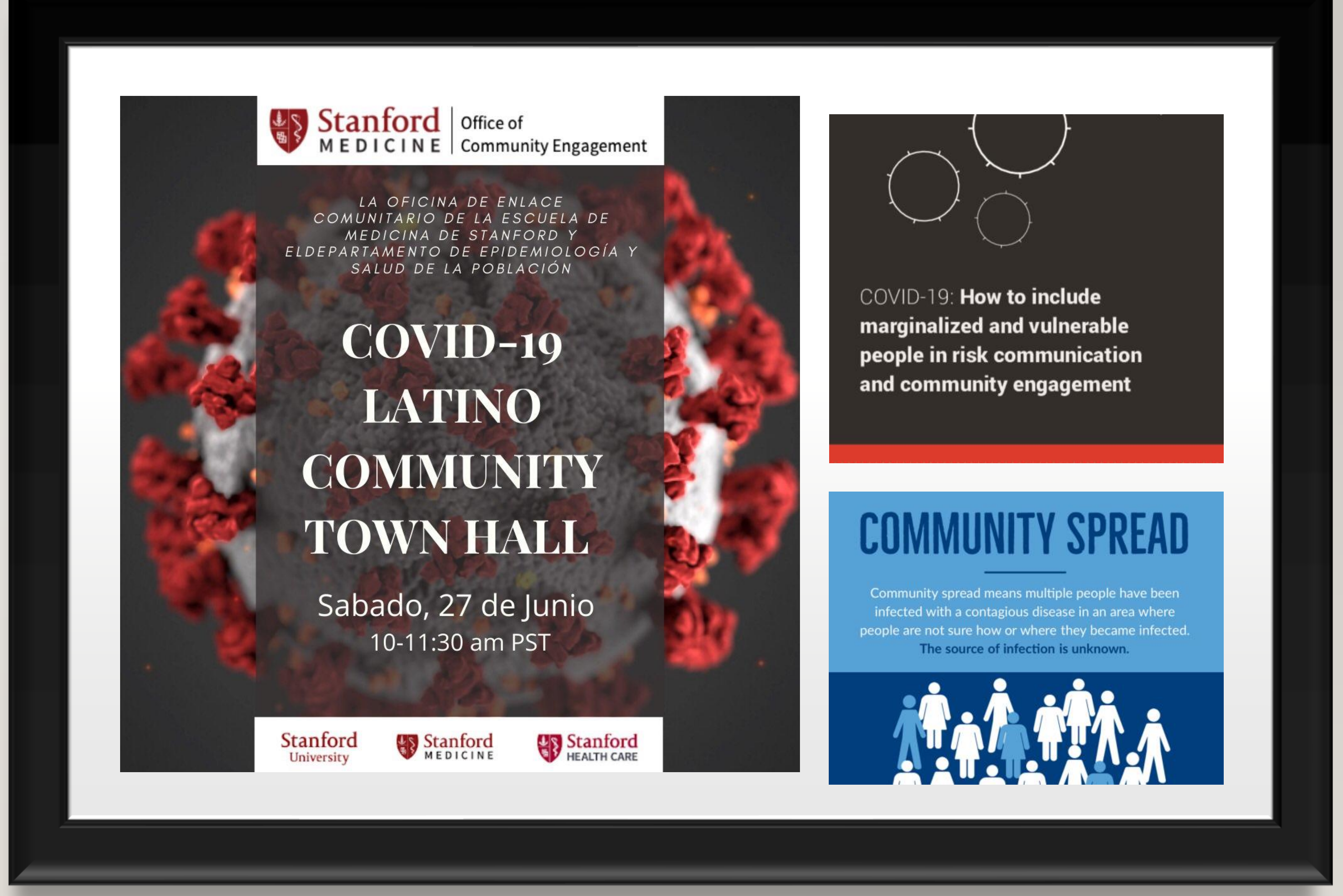
WHY ARE WE FAILING?
III. OTHER SYSTEMIC ISSUES

- Political push to send children to school, open universities, adding to recent growth in cases
- Chronic disparities in health and health care
- Growing levels of traumatization, division
- Basic needs/safety net not provided
  - Crowded housing, evictions, homelessness
  - Reliance on crowded public transit
  - Income disparities in education (quality of schools, resources)



WHAT CAN WE DO?

- Build community
  - Organize grass-roots efforts to strengthen our sense of community
  - Create and strengthen small NGOs, faith-based organizations to mobilize communities
- Focus on health and safety, at local, regional level
  - Prevent traumatization
  - Support promotion of health, not just health services
  - Increase resilience among youth
  - Strengthen public health infrastructure



WHAT ELSE CAN WE DO?

- Use existing local institutions to support efforts to prevent disease spread
  - Build collaborations among local health, mental health, education systems, neighborhoods
  - Create greater local ownership and support of problems and solutions
  - Encourage faith communities to exercise moral and fiscal leadership
- Build community-university partnerships
  - Mobilize university (student and faculty) and community resources to effect change, improve applied training
  - Evaluate impact of existing services and supports; build research base for effective change
  - Examine and address bias in health care systems and professionals

IN SUM:

- Impact of COVID shows that leadership and systemic disparities are important.
- As with other community crises, poor, minority, marginalized populations suffer most.
- We need to learn from those who have had better outcomes – certainly not necessarily those with more wealth (e.g., Senegal).
- Local efforts to engage community response are needed, to build trust and care.
- Building a "sense of community" is critical for positive public response.
- University-community partnerships can provide resources and support research and evaluation.

THANK YOU!!!!

- For the opportunity to be with you today (hopefully next year in person)
- For Rodrigo’s leadership in pulling this together (and for his helpful feedback)
- For your thoughts and discussion to come
- For your efforts to build a strong program to address these issues and threats to our common health and safety.