COVID-19 and Public Policy Imperatives: A Trainee Call to Action
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Abstract
The COVID-19 pandemic has exacerbated the flaws in the U.S. employer-based health insurance system, magnified racial disparities in health and health care, and overwhelmed the country’s underfunded public health infrastructure. These are the same systematic failures that have always harmed and killed the nation’s most vulnerable. While everyone wishes for an end to this national tragedy, the authors believe a new normal must be defined for the postpandemic period.

In the postpandemic period, policies that were once labeled radical and impossible will be urgent and necessary. Examples of such policies include providing universal health care, dismantling the structures that propagate racism and injustice, and reinvesting in public health. Previous research by the authors has shown that their medical student colleagues recognize that it is their responsibility to address policies that harm patients and to support reforms at the scale the authors propose. This commitment to a better future is reflected in the widespread mobilization of medical students seen across the United States. Recognizing that the old normal is unsustainable, the authors call on those who previously benefited from the status quo to instead seek a new postpandemic normal that works for all.

In March 2020, we were doing what early medical trainees do: familiarizing ourselves with the most common complaints on the general medical and surgical wards, honing our craft as communicators and clinicians, and learning what underlies the public policy and public health challenges of our generation.

A few short weeks later, overwhelmed coroners requisitioned refrigerated trucks as makeshift morgues. Nurses and doctors outfitted in their daily allotment of personal protective equipment tended to patients languishing alone in COVID-19 wards and ICUs—all torn from their families. Scientists worked tirelessly to produce vaccines, devise antibody tests, and study pharmaceutical treatments in record time. State governments and local officials, bereft of adequate tools for disease surveillance and economic support from the federal government, did what was necessary to flatten the epidemic curve. All the while, regions started to open as people across the country demanded a return to normalcy.

As 4 trainees at the start of medical careers disrupted by the pandemic, we understand the yearning for an end to this national trauma and relief from the anxiety it has inflicted. Two of us are starting residency in states far from family, not knowing when it will be safe to see them again; one of us is entering his final year of medical school, wondering how clinical education can proceed with medical students relegated to the sidelines; and the last is transitioning to his second year of surgical training in hospitals that have emptied many of their operating rooms.

Though we too are tempted by the desire to restore some semblance of the normal we knew before the pandemic, the crisis continues to show us that the status quo is also untenable. The pandemic has intensified the same systematic failures that have always harmed and killed the most vulnerable among us. For so many of our patients, neighbors, friends, and communities, the system was never designed to work. So, as we pick up the pieces of a broken system, we must not put them back together as they were.

To start, we must not return to our reliance on employer-based, nonuniversal health insurance. It is reprehensible that uninsured and underinsured patients treated for COVID-19 should also face exorbitant medical bills in this time of crisis, such as one for over $30,000 sent to an uninsured woman in Boston who was never even admitted to the hospital.1 As a health crisis grows in tandem with an economic one, it is expected that millions of Americans will join the ranks of the uninsured as they lose their jobs and their employer-based coverage.2 Losing your health insurance when you lose your job is the norm in the United States. Before this pandemic, 30 million Americans were uninsured and nearly 160 million held insurance linked to their employment.3 This system has deadly consequences. In 2017, a young man with type 1 diabetes turned 26 and aged out of his mother’s insurance. Months later, while looking for a job with health coverage, he died from complications of diabetic ketoacidosis after rationing insulin.4 Our health system demands these dangerous trade-offs from up to 1 in 4 patients with diabetes, including over 30% who have employer-sponsored coverage.5

COVID-19 has also exploited, to devastating effect, the long-standing racism in our health care system and society at large. In New York City, Black patients have died at double the rate of White patients.6 This pattern is manifest in communities across the country
where Black and Latinx individuals are hospitalized more frequently and face more severe disease courses than White people.\(^2\) As many have pointed out, this situation is nothing new. The same forces of structural racism render Black women 3 times more likely to die as a result of pregnancy than White women.\(^3\) Such trends persist across incomes,\(^5\) insurance types,\(^6\) and within hospitals.\(^7\) Even women such as Beyoncé and Serena Williams have experienced severe pregnancy complications that could easily have been fatal.\(^8\) The racial disparities that have come to bear in this pandemic are not aberrations; they are attributes embedded in our history as a country built on slavery and White supremacy. Racism is at the foundation of many of our systems, from housing, to education, to policing; health care is no exception.

It is also clear that our underresourced and overworked public health workforce is not capable of grappling with the crisis we face. Since the end of April 2020, the United States has had the most COVID-19 cases\(^9\) of any country 2020, the United States has had the crisis we face. Since the end of April and overworked public health workforce. It is also clear that our underresourced shortfalls are emblematic of how we built on slavery and White supremacy. In short, “normal” benefited the people for whom—and by whom—the systems were built. To heal from this pandemic, we need to build a new normal, one that works for everyone.

This new normal must include a health system that provides equitable, affordable care to all, one that prioritizes prevention before cure. We cannot afford to wait for the next pandemic, economic downturn, or climate-mediated disaster to remind us of the frailty of our health system. If any light has come from this national tragedy, it is one that clarifies that the policies and programs once labeled radical and impossible are now urgent and necessary. For instance, we need a single-payer, Medicare-for-All type of system, which can improve access and rein in ballooning costs for society.\(^10\) We must reorganize our health system around the communities that it has long claimed to serve and repair the centuries of harm perpetrated against Black and Indigenous people and people of color in this country. We also need real investments in our communities and their public health; over 80% of health outcomes are the result of factors outside of our hospitals and clinics.\(^11\) Put simply, we need a transformation. This will not be easy and cannot happen if people like us—those who can afford to go back to normal—do not resist the siren song of the status quo.

Still, we see reason to hope. We are entering medicine alongside colleagues who recognize the frustures of our systems and seek to mend them. We know from our research that our colleagues support complete overhauls of our broken health-financing system (71% of medical students support a single-payer system) and recognize a professional responsibility to address the policies that harm our patients.\(^12,13\) These attitudes are heartening and consistent with what we have observed during the pandemic: Our classmates volunteered for early graduation and deployment to the frontlines of this pandemic; those unable to be at the bedside of patients during this time of crisis tirelessly fundraised, volunteered, and organized alongside the communities most severely affected. Throughout our training, the rising generation of physicians has fought for better livelihoods for our current and future patients.

We aspire to serve in a system that treats health as a human right, that upholds justice, and that does not buckle in a time of crisis. We have work to do. The COVID-19 pandemic magnifies the flaws of the systems that have failed us and the cynicism of the systems that were never designed to work in the first place. Those who preside over the health system of today, as well as the physicians of tomorrow who will inherit it, should heed the author of the timeless and timely novel, *The Plague*, for an urgent lesson: “Real generosity towards the future lies in giving all to the present.”\(^14\) To return to normal is to propagate unnecessary suffering. To remake it anew is the charge of our generation.

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**References**


