**5/11/23 / Covid is “over”**

**[HALF SECOND OF SILENCE]**

**[BILLBOARD]**

SEAN RAMESWARAM (host): Today’s the day!

SCORING IN —Everybody\_Celebrate

SEAN: Today, the 11th of May, 2023, is the day that the Covid-19 public health emergency ends in the United States.

But what exactly does that mean? I asked Dr. Keren Landman. She’s Vox’s in-house epidemiologist.

SEAN: Did we do it? Is Covid finally over?!

KEREN: Sean… no. Come on. Nobody is saying that.

SCORING OUT

SEAN: Oh.

KEREN: This just means that the money's run out.

SEAN: <<laughs>>

SCORING IN — Carousel Waltz (playful, bouncy, synth)

KEREN: Democrats in Congress tried to get funding extended for the public health emergency and Republicans said no. And actually, a bunch of Democrats also said no and...

SEAN: Huh!

KAREN: And so the funding for a bunch of COVID related stuff and for a bunch of non-covid related stuff that does actually have a huge impact on health, is gone.

SEAN:What that means for the United States of America, coming up on *Today, Explained.*

**[THEME]**

SEAN: So the Covid funding from the federal government is ending as of today.

KAREN: So now we're going back to pre-COVID funding for a lot of stuff. Not to say that we haven't, you know, reached a point in the pandemic where hospitalizations and deaths are in a way better place than they were. They are, we are probably at the lowest point for hospitalizations and deaths that we've been for almost the entire pandemic.

SEAN: So tell me what changes immediately and how are we going to notice those changes?

KEREN: One of the biggest changes is going to be that COVID related testing and vaccination and treatment, instead of being paid for out of the big U.S. government bucket that was paying for it, those are going to get shifted to insurance payments. So that means that Medicare and Medicaid are going to pay for those things…

SEAN: hmm.

KEREN: …*sort of…* for the people who are on those types of insurance. And when I say *sort of,* I mean, like Medicare is going to pay for a lot of the stuff for its beneficiaries. But people who get Medicaid, there's going to be some state by state differences in what gets paid for and how much. People who are on private insurance. Everybody's going to have different rules depending on what their insurance company decides they want to cover and how much of it they want to cover.

SEAN: Okay.

KEREN: And then people who are paying out of pocket who are uninsured, which is still something like 8% of Americans, they're going to have to pay for everything out of pocket when it comes to COVID testing, COVID vaccinations and COVID treatment. Another big change is that something that was implemented to keep people from being uninsured during COVID, that measure is going to expire. And that measure was this sort of Medicaid auto-renewal. So people who qualify for Medicaid instead of having to requalify every year like they had before the pandemic, they were allowed to just kind of stay on Medicaid. Now, that's that's going to change. It's going to go back to the way it was where states have to kind of re approve everybody who applies for Medicaid every year. That means a number of things. It means, number one, that there are going to be gaps in people's coverage, which we know translate to people not getting the care they need and sometimes incurring debt, even if that sometimes gets paid for afterward, it often really discourages people from getting care when they're not covered.

SEAN: So basically, anything that the federal government was paying for, if you could assume the federal government is paying for it, if money was falling out of the sky to help this pandemic, it's drying up.

KEREN: That's it.

SEAN: That's it?

KEREN:... for what it means for the COVID public health emergency to run out. Yeah.

SEAN: Well, Keren, let's use this opportunity here, this sort of end of the emergency, to talk about how the federal government did in its response to COVID 19, not just the funding, but but the politics and the, you know, the response from the CDC, all of it. Let's talk about the full package three some years into… this into this pandemic. And let's start with what we got right before we talk about what we got wrong. What did we really get right in the United States?

KEREN: Yeah, it's definitely easier to start with what we got right, because it's a much shorter list.

SEAN: Ouch.

KEREN: Sorry!!! Uh, facts.

KEREN: So I think the resounding victory here was warp speed …

*<CLIP> STAR TREK:*

*Captain Kirk: Warp 1, Mr. Sulu.*

*Sulu: Warp 1, sir.*

*SFX*

KEREN: … which was the enormous infusion of billions of dollars into developing, testing and deploying. A vaccine for COVID.

*SFX OUT*

SEAN: This was the former president, right?

KEREN: Yes. That man helped get that into progress. And he really made that happen, along with a lot of other people who knew what needed to happen.

SEAN: Mm.

KEREN: And it’s built actually, interestingly, on the foundations of the response to SARS.

SEAN: So George W. Bush deserves the credit?

*<CLIP> George W. Bush: Thank you. Now watch this drive.*

KEREN: Let's not get hysterical. <laughs> But the or that the national agency that was started after BARDA under the Bush administration, you know, helped kind of organize the funding for Warp Speed.

*<CLIP> 60 MINUTES: BARDA was created to be able to respond to a coronavirus pandemic like this. We focus on chemical threats, biological threats such as anthrax, nuclear threats, radiological threats, pandemic influenza, and emerging infectious diseases.*

KEREN: We can’t get anything done in this government if we don't have a framework to get the money to the people who need it. Right? And so that, actually for this, existed. That's good, right? We'll see later that it didn't exist for a lot of other important things and that that was a problem and remains a problem. But for this, we had a mechanism to get money to people to do research. There also had been some developments in science a few years prior that really set up researchers to kind of know that MRNA vaccination was going to be a fast route to making a vaccine quickly and making it one that was nimble. So, you know, meaning that could be changed. So that was, that was some like nice set up to actually knock this one out of the park. So we got vaccination – at least creating the vaccine – right.

SEAN: Okay. So we did the vaccines right. We mobilized quickly, efficiently and and arguably miraculously?

KEREN: Kind of! We hate using the word ‘miracles’ in science because it was science that did it was humans making choices, not just a, you know, an accident of fate or the, you know, the universe. It was people making good choices that made this happen. And science, you know, scientists working hard and being curious and doing the work. So that that was great. We also did some other stuff in science and in public health and in kind of thinking a little more broadly about what health means and in supporting people, You know, we stepped up investment in people's ability to feed their kids and people's access to Medicaid. That was that was all good, right? CARES and the American Rescue Plan, big pots of funding that did a lot for a lot of people early on. And you know, loosening telehealth restrictions helped people get care. As we just said, a lot of this is going to get rolled back. So it was kind of this experiment that worked. But that doesn't mean that we're going to keep doing the thing that we tried ….because politics. But in any case, so we you know, and like scientists jumped on this, there's a lot of excitement and we got a lot of expansion of knowledge in different areas of science, understanding indoor air quality, for example. It's a big one. Like we learned so much about what we need to do to protect people from infectious particles indoors.

*<CLIP> CBS NEWS: The work to improve the air students will share started last year. In this one junior school alone, $600,000 dollars has gone toward ventilation upgrades that will increase the amount of fresh air coming, and to pay for unit ventilators with high grade filters in portable classrooms.*

KEREN: As a humanity, I think there's a lot of stuff that we are kind of aware of now that we weren't before. And some of that is is kind of neat. It's kind of cool that people know what epidemiology sort of is.

SEAN: There's so many of them on Twitter.

KEREN: They're everywhere now. I think there was a lot of a lot of advance in science and that that was great. And the trick will really be, you know, applying this going forward and not letting some of the other problems that came up prevent us from learning from this experience.

SEAN: Okay, So we've funded a lot of science. We learned a lot as a species about disease. We vaccinated this country for the most part, with a couple exceptions….is that the whole list, Keren, or do we need to make more time on the show?

KEREN: For successes?

SEAN: Yeah.

KEREN: I don't, I don't think so. I don't think that's nearly as interesting as the problems. So I think… I think we can… I think we can move on.

*SFX - Sad Price is Right*

SEAN: <<laughs>> ok…

*SCORING IN* A Momentary Infraction

KEREN: Sorry.

SEAN: Can we use that? We’re gonna use that.

**[BREAK]**

*<CLIP> RONNIE CHIENG: Don’t come to the front during a pandemic…because you figured out how to start a podcast.*

SEAN: *Today, Explained* is back with Dr. Keren Landman here at *Vox*. Karen. It sounds like you're stoked to talk about what we didn't get right in this COVID emergency in the United States. Here is your chance. Where do we begin?

KEREN: Well, first, I just want to normalize us completely, failing to learn from public health problems in the past.   
  
SEAN: Mm.  
  
KEREN: We've done this before. Like, we had SARS back in the early 2000s.

*SCORING CEZ\_MAG (APM library)*

*<CLIP> PBS WASHINGTON WEEK, 2004:*

*Martha Radditz: Are we prepared for any kind of epidemic? Do those masks really work? What happens?*

*Cici Connelly (Washington Post): The great fear here Martha is that if we get large numbers of cases, our hospitals are not ready to handle those.*

KEREN: There was H1N1…

*<CLIP> ABC NEWS:*

*Dianne Sawyer: President Obama decided to declare the epidemic a national emergency of Swine Flu and around the country, people were lining up waiting for hours to get vaccinations.*

KEREN: And each time there were signals that when the big one hit, we were going to have some problems and we just didn't really listen to those signals.

SEAN: Mm

KEREN: You know, this is the first time that we've been in the situation where the need for some big solutions is really staring us in the face, and we're kind of letting politics and other priorities dictate what we do instead of those signals. So I think one of the big things that we did wrong is that we just really undervalued and underestimated how important and how powerful human nature is and just kind of undervalued social science more broadly.

*SCORING OUT*

KEREN: I talked to ten different experts about what the U.S. government did right and what they did wrong around COVID. And one of these experts talked about the *Dunkirk* effect, which is sort of where ….do you know about Dunkirk, what happened at Dunkirk?

SEAN: Christopher Nolan?

*SCORING Dunkirk*

KEREN: Exactly. If you see the movie or read a book or just read the Wikipedia. What happened was that in the face of an onslaught of an attack, normal people, civilians banded together to come up with a solution.

SEAN: The leisure boats!

KEREN: Yes!

*<CLIP> Dunkirk:*

*George: Aren’t you waitin’ on the Navy?*

*Mr. Dawson: They’ve asked for the Moonstone, they’ll have her. And her captain.*

*Peter: And his son*

SEAN: I remember. I remember from the film.

KEREN: And history!

*Peter: What are you doing?? You do know where we’re going?*

*George: France.*

*SCORING OUT*

SEAN: Oppenheimer, July 21st.

KEREN: So like the Dunkirk effect is basically about how people band together to help their community when they're faced with a disaster. But this person was like, Dunkirk only lasts a few weeks, then you need policy to come in and and do things. You need institutions to do things. Human nature isn't going to be enough to get us through this. And they're absolutely right. Like, behavioral scientists just weren't part of the policymaking early on. And really, when I talk about Warp Speed being a success, like that means that we made a great vaccine, Right? But it doesn't mean that we spent a lot of energy trying to figure out how to get vaccines into arms, how to overcome vaccine hesitancy, which was not new with COVID. That had been a burgeoning issue for more than a decade, but it wasn't really part of the study early on. We took a punitive approach to a lot of public health policy rather than a harm reduction approach. You know, meaning we made mask mandates in a lot of places in the United States, which suggests that if you don't wear a mask in certain situations, you're going to get punished. You're going to get fined, without really thinking about what we already know about how people do when they're faced with punitive policies instead of policies that encourage you to reduce your own harm and think about your community.

SEAN: Hmmmm we got a little finger wavy you're saying.

KEREN: We got very finger waggy, not just individuals, but our policymakers, and we're still doing that. That's that's still the dynamic.

SEAN: I love going … I love going into a store that still has a sign that says you must wear a mask and no one's wearing that. People just literally forgot to take the signs down. And now it's just embarrassing. It's just like a reminder of how we failed.

KEREN: That's behavioral science, bro.

*<CLIP> ZOOLANDER:*

*Derek: I’m not your ‘brah’*

KEREN: We could have thought about that. We could have studied it and even just like, take an action based on what we know about behavioral science and about the effects of having punitive policies in place versus harm reduction. But we didn't. We didn't study the costs of interventions. We only really studied the benefits. And, you know, that might be in part because a lot of the costs are in the Department of Social Scientists, and that maybe led us to assume that too much is better than not enough. I mean, I think school closures are a great example of this.   
  
SEAN: Mmmmmmmmmm.  
  
KEREN: We always would rather do something than not do anything, that’s human nature, behavioral science. But there are costs to doing that. And we saw a lot of those costs in a lot of ways. We didn't really value implementation science, which is a whole field of how you turn interventions that are supposed to help people on and how you get people to use them, and then also how you turn them off. So, you know, we're just we're looking at we were looking at all of these interventions through the lens of clinical trials, which is a very nerdy, very sciencey, very narrow, really, way to understand public health. And that doesn't really account for all the human nature and all the nuance that goes into determining whether people are going to do what you tell them.

SEAN: So we've got problems of, like, behavioral science, implementation science. Do you think had we done a better job here, we'd be a little less divided as a country than we are now? Because of course, the pandemic created a lot of anti-vaxxers and broke up a lot of families and friendships over, over these social aspects.

KEREN: You know, I think it's very, very hard to say whether we would have been in a different place because we had an administration when this started...I don't know if you remember, that was hell bent on using this to political gain. And I have to say, I don't think that that trend has receded.

SEAN: This is the same guy we talked about in the beginning with the Operation Warp Speed.

KEREN: Yup, same dude. There are a number of people I've talked to who looking at the way COVID played out globally, how even in countries where things seem to go well early on, things didn't go well later. And a lot of people have told me that they're not sure that there was anything that would have really changed the way this played out early on.

SEAN: Really?

KEREN: Yeah.

SEAN: Like a different president, a more behavioral informed approach?

KEREN: Yeah, I was sort of surprised by this. I think a lot of folks felt that the wheels were already turning on a lot of the problems and they weren't just turning in this country. You know, a lot of the the issues that we faced with vaccine distrust, they're not uniquely American. A lot of the issues we faced with mandates backfiring – not uniquely American. So I think there were a lot of folks who felt like, you know, human nature would have eventually become a really big problem, given the set of options available to us back when this started, there's just a little bit of hopelessness about whether we actually had what we needed back then to get it right.

SEAN: You said earlier that we didn't listen to signals from prior emergencies. Had we listened. What else could we have done?

KEREN: This is another big area of failure, which is that we were not prepared. Our public health systems and our health care systems just suffered from our total failure to invest in them ahead of the pandemic. And that is a decades-long problem. You know, capitalism is a is one of our core core tenets. And so we a lot of what we do, the choices that we make are guided by those priorities. So some examples. Let's let's just start by talking a little bit about public health and why underfunding public health set us up here. So we continued to fund public health the way we had for years, which is through line items in the congressional budget. So that means that instead of getting one giant pot of money that's pretty similar year to year and being able to figure out how to allocate it within the agency, CDC gets a whole bunch of line item amounts of money, and those line items kind of align with different sections of the CDC. So like HIV and AIDS will get a certain amount of money and chronic disease will get a certain amount of money and like respiratory diseases will get a certain amount of money. And so that money can only really be used by those eight little sections or centers within the CDC. It gives the CDC a lot less flexibility, and it also subjects them to big changes depending on the mood and the way the wind's blowing in Congress. So we did not change that method of getting CDC funding. So that system had to kind of be made on the fly.

SEAN: Are we going to do better next time, Karen? Oh, boy. I have to tell you, I did not hear a lot of hope …   
  
SEAN: Hm!   
  
KEREN: … from the folks I talked to on this. And yeah, there was...

SEAN: So some future host of some future show will be asking some future epidemiologist the exact same questions I'm asking you now. At the end of the next pandemic.

KEREN: I mean, it may not be that far away. It might still be you, Sean.

SEAN: Oh, no. I hope not.

KEREN: Sorry. Lots of really smart people have put their heads into figuring out what we should do differently. The amount of despair that I heard from people on whether our politicians could be trusted to do what they need to do to implement some of the most basic recommendations was just… it was very saddening. I think we are not in a place in the United States where where our leadership is really motivated that much by what's best for people, though a lot of them are really motivated by staying in power, it's really hard to countenance.

SEAN: You know, in the absence of good politics, Keren, do we as a people – if we end up living through another global pandemic, are we better equipped to do it? You think? We got to be, right? Having lived through it, having had the experience?

KEREN: I mean,

SEAN: …some of us at least….

KEREN: <<sighs>>

SEAN:...will know maybe to wear a mask if it's airborne?

KEREN: Okay! Yeah. There are some of us who will wear a mask immediately, and still have masks!

SEAN: Some of us … some of us never took them off. I still see them sometimes out in the wild.

KEREN: I've seen some interesting stuff lately about political polarization as a risk factor for poor public health outcomes, and that resonates more with me than almost anything else I've heard. It just makes so much sense when you think about it, right? And has political polarization gotten better in the last few years? I would very much argue no. And I there are data to back that up. I think the tribalism and the political polarization that we are seeing now is worse than it was back when the pandemic started. And it was bad then. But it's not better.

*SCORING Loving You*

KEREN: We're still, you know, shaking our fingers at each other about this pandemic when everything over the last three years, plus a whole bunch of behavioral science tells us that is not the way to get people to change their behavior. But we've kind of become the basest versions of ourselves now. And it seems like that's going to take a long time for us to bounce back.

SEAN: Okay. One major takeaway from this pandemic, weirdly, I did not think this would be it. *Stop wagging your finger at people.*

KEREN: Never a good idea. Not not neighbor to neighbor, not health department to citizens.

That was not the way to convince people to do anything.

SEAN: Still not.

KEREN: Whether you're a progressive or not and whether the finger wagging is directed at progressives or not. You should be able to appreciate that finger wagging doesn't work.

*SCORING BUMP*

SEAN: Dr. Keren Landman. Read her at Vox dot com.

Our show today was produced by Victoria Chamberlin.

We were edited by Matthew Collette, mixed by Paul Robert Mounsey, and fact checked by Laura Bullard.

KEREN: Uh, facts.

HOST: I’m Sean Rameswaram. The rest of the team here includes Haleema Shah, Avishay Artsy, Hady Mawajdeh, Amanda Lewellyn, Miles Bryan, Siona Petrose [PETH-rose], and my co-host Noel King.

Our supervising producer is Amina Al-Sadi.

We had some extra help this week from Jolie Myers and Michael Raphael.

We use music by Breakmaster Cylinder.

And congratulations are in order for Patrick Boyd.

*Today, Explained* is distributed by WNYC on public radio stations across America. We’re part of the Vox Media Podcast Network.

If you like email, you can email us. *Today, Explained* at Vox dot com.

We read those emails!

And I don’t even like emails.

<<door closing>>

**[10 SECONDS OF SILENCE]**