Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Is living in the US conducive to your health?

Chris Fradkin\textsuperscript{a,b}

\textsuperscript{a} Psychological Sciences, University of California, Merced, Merced, CA, USA
\textsuperscript{b} Instituto de Psicologia, Universidade do Estado do Rio de Janeiro, Rio de Janeiro, RJ, Brasil

**Abstract**

Prior to the coronavirus outbreak (Covid-19) of 2020, the United States was ranked first for its capacity to face infectious disease outbreaks, among an assessment of 195 countries (Cameron et al., 2019). This ranking surprised few experts in the field, as the United States had been a leader in the fields of medicine and science, with abundant resources for research and containment (e.g., National Institutes of Health, Centers for Disease Control and Prevention, National Institute of Allergy and Infectious Diseases). Twelve months later, the scenario has changed. As of 2021, the United States, with less than 5% of the world’s population, has more than 20% of the world’s Covid-19 deaths (Johns Hopkins University & Medicine, 2020). These figures beg the question: “Is living in the US conducive to your health?”

A recent study by The Commonwealth Fund (Tikkanen and Abrams, 2020) assessed US health markers prior to Covid-19, in relation to 10 other high-income countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United Kingdom. The authors found the US spends nearly twice per capita on health care ($11,072/yr.) than the average Organization for Economic Cooperation and Development (OECD) country ($5,496). They found the US has the lowest life expectancy (78.6 yrs.) and the highest suicide rate (13.9 deaths/100,000) of the nations in the OECD sample. They found the US obesity rate (40%) twice the OECD average and the chronic disease burden (28% w/ two-or-more chronic diseases) the highest of the sample. Based on these data, we might infer that living in the US prior to Covid-19 was not conducive to our health.

If living in the US was risky prior to Covid-19, life is even moreso now. With less than 5% of the population and more than 20% of the deaths, the US has had one of the “worst responses to the pandemic” (Dalglish, 2020, p. 1189). This has been attributed to the country’s leadership. Under the Trump administration, the United States withdrew from the WHO, neutered the Centers for Disease Control and Prevention (CDC), downplayed recommendations from leading infectious disease experts, and politicized protective measures (social distancing, wearing masks) against the virus (Holtzman, 2021). A major study from the Lancet Commission (Woolhandler et al., 2021) reports that Trump left “devastating impacts” on the US health system, through his undermining of health insurance coverage, environmental regulation, and asylum for refugees. While the Biden administration has made strides in repairing the health system, the residual damage from Trump’s tenure lingers on.

We sit amidst the largest health threat since the 1918 Spanish flu. Nonetheless, some countries have managed Covid-19 admirably, with a minimum of life loss and disruption. As of 26 February, New Zealand, for example, with a population of 4,822,233 had a total of 26 Covid-19 fatalities; South Korea, with a population of 51,269,185 had a total of 1,585 fatalities; and Japan, with a population of 126,476,461 had a total of 7,722 fatalities. If we compare these figures (WHO, 2021) to those of the US, with its population of 331,002,651 and 501,414 Covid-19 fatalities, we see a striking difference. In terms of crude mortality rate, which measures the likelihood of any individual in the population dying from the virus, we see the likelihood of dying from Covid-19 is 281 times greater for someone living in the US than someone living in...
New Zealand. It is 49 times greater for someone living in the US than someone living in South Korea. It is 25 times greater for someone living in the US than someone living in Japan (WHO, 2021).

The variability in these figures reflects variability in pandemic management. South Korea had testing capabilities by late January 2020 after an expedited review from their Ministry of Food and Drug Safety (Lee et al., 2020; You, 2020). By contrast, the US was still founding when on Feb 12, 2020 the CDC disclosed that a prototype of a CDC-designed test kit contained a faulty reagent (Cohen, 2020). New Zealand, through the leadership of Prime Minister Jacinda Ardern, provided forthright communication to the public. This approach was met with high public confidence and cooperation with pandemic-control measures (Baker et al., 2020; Han et al., 2020). At the same time, President Trump was politicizing the virus as a “Democratic hoax” and ridiculing those who took protective measures (Gonsalves and Yamey, 2020). Trump’s approach drove the nation into two camps: those who trusted the advice of experts in the field (WHO, Dr. Fauci) and those dismissive of scientific fact (de Bruin et al., 2020; Rotherger et al., 2020).

January 2021 marked the arrival of Trump’s successor, Joseph Biden. Unlike his predecessor, President Biden heeds the advice of public health experts and makes his decisions, accordingly. The country, however, remains divided on protective health matters. Among conservatives and Republicans, refusal to wear a face mask has become a political statement (Smith and Wanless, 2020; Warf, 2021), in spite of evidence that says wearing masks saves lives (e.g., Abboah-Offei et al., 2021; Cheng et al., 2020; Howard et al., 2021; Wang et al., 2020). Among conservatives and Republicans, the same division applies to social distancing, in spite of evidence that says distancing saves lives (Bielecki et al., 2021; Jung et al., 2021; Piovani et al., 2021).

While the Lancet Commission report (Woolhandler et al., 2021) eviscerates Trump on his handling of the Covid-19 virus, it also attributes the US health crisis to socioeconomic inequalities, which predated Trump by decades. These inequalities disproportionately affect immigrants, refugees, and people of color (Fortuna et al., 2020). The Commission calls on the Biden administration for a redistribution of wealth; a single payer health plan; fortification of social programs; remediation of structural racism/police violence; and restoration of voting rights for people of color (Woolhandler et al., 2021). Experts acknowledge that these proposals face “powerful obstacles” in a country resistant to change (Tanne, 2021; Woolhandler et al., 2021).

As the wealthiest nation on the planet, the US is beset by a health crisis. Some say the crisis started in 2020, with the Trump administration’s mishandling of the Covid-19 virus. Others, especially those of color and low income, say the crisis has been present all their lives. Regardless of the vantage, the reality is before us. Living in the US is not conducive to our health. In fact, the environment is more threatening than that of any OECD nation. Until the US reconfigures its core values, through reduction of disparities in wealth, there will be no future other than the one that is before us, which according to the experts is bleak (Tanne, 2021; Woolhandler et al., 2021).

Declaration of Competing Interest

The author declares that he has no conflict of interest.

Acknowledgement

This work was supported by a grant from Fundação de Amparo à Pesquisa do Estado do Rio de Janeiro (grant E-26/201.015/2020), which was not involved in the preparation, review, or approval of the manuscript; or the decision to submit the manuscript for publication.

References

Abboah-Offei, M., Salifu, Y., Adewale, B., Bayuo, J., Ofosu-Poku, R., Opare-Lokko, E.B.A., 2021. A rapid review of the use of face mask in preventing the spread of COVID-19. Int. J. Nurs. Stud. Adv. 3, 100013. doi:10.1016/j.ijnurstu.2020.100013.

Baker, M.G., Wilson, N., Anglemeyer, A., 2020. Successful elimination of covid-19 transmission in New Zealand. N. Engl. J. Med. 383, e56. doi:10.1056/NEJMoa2025203.

Bielecki, M., Züit, R., Siegrist, D., Meyerdoher, D., Crameri, G.A.G., Stanga, Z., Deuel, J.W., 2021. Social distancing alters the clinical course of COVID-19 in young adults: a community cohort study. Clin. Infect. Dis. 72, 598–603. doi:10.1093/cid/ciaa889.

Cameron, E.E., Nuzzo, J.B., Bell, J.A., 2019. Global health security index: building collective action and accountability. Nucl. Threat Initiat. Johns Hopkins Bloomberg School of Public Health. Available from: https://www.gifindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf.

Cheng, K.K., Lam, T.H., Leung, C.C., 2020. Wearing face masks in the community during the COVID-19 pandemic: altruism and solidarity. Lancet 396, 1198. doi:10.1016/S0140-6736(20)31348-X.

de Brain, W.B., Saw, H.W., Goldman, D.P., 2020. Political polarization in US residents’ COVID-19 risk perceptions, policy preferences, and protective behaviors. J. Risk Uncertain. 61, 179–194. doi:10.1007/s11162-020-09336-1.

Fortuna, L.R., Tolou-Shams, M., Robles-Ramamurthy, B., Porche, M.V., 2020. Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: the need for a trauma-informed social justice response. Psychol. Trauma: Theory, Res. Pract. Policy 12, 443–445. doi:10.1177/1940427X20966567.

Gonsalves, G., Yamey, G., 2020. Political interference in public health science during covid-19. BMJ 371, m3874. doi:10.1136/bmj.m3874.

Han, E., Tan, M.M.J., Turk, E., Sridhar, D., Leung, G.M., Shibuya, K., Legido-Quigley, H., 2020. Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe. Lancet 396, 1525–1534. doi:10.1016/S0140-6736(20)32007-9.

Holzman, N.A.T., 2021. Invited commentary: The Covid-19 pandemic in the United States. Int. J. Equity Health 20, 1–8. doi:10.1186/s12939-020-01354-6.

Howard, J., Huang, A., Li, Z., Tufekci, Z., Zdimal, V., van der Westhuizen, H.M., Riomin, A.W., 2021. An evidence review of face masks against COVID-19. Proc. Natl. Acad. Sci. 118, e2014564118. doi:10.1073/pnas.2014564118.

Johns Hopkins University & Medicine, 2020. Coronavirus Resource Center Available from: https://coronavirus.jhu.edu.

Jung, J., Manley, J., Shrestha, V., 2021. Coronavirus infections and deaths by poverty status: the effects of social distancing. J. Econ. Behav. Organ. 182, 311–330. doi:10.1016/j.jebo.2020.12.015.

Lee, D., Heo, K., Seo, Y., Ahn, H., Jung, K., Lee, S., Choi, H., 2020. Flattening the curve on COVID-19: South Korea’s measures in tackling initial outbreak of coronavirus. Am J Epidemiol. kw217. doi:10.1093/aje/kw217.

Piovani, D., Christodoulou, M.N., Hadjidemetriou, A., Pantavou, K., Zaza, P., Bagos, P.G., Nikolopoulos, G.K., 2021. Effect of early application of social distancing interventions on COVID-19 mortality over the first pandemic wave: an analysis of longitudinal data from 37 countries. J. Infect. 82, 133–142. doi:10.1111/jinf.2020.11.003.

Rotherger, H., Wilson, T., Whaley, D.L., Rosenfeld, M., Humphrey, M., Moore, A.L., Bihl, A., 2020. Policing the COVID-19 Pandemic: Ideological differences in adherence to social distancing. PayArxiv Prepr doi:10.31234/osf.io/4k23v.

Smith, V., Wanless, A., 2020. Unmasking the truth: public health experts, the coronavirus, and the raucous marketplace of ideas [published July 16, 2020]. Carnegie Endowment Int. Peace. Available from: https://carnegieendowment.org/2020/07/16/unmasking-truth-public-health-experts-coronavirus-raucous-marketplace-of-ideas-pub-82314.

Tanne, J.H., 2021. Report highlights “devastating impacts” of Trump on every aspect of US health. BMJ 372, n439. doi:10.1136/bmj.n439.

Tikkkanen, R., Abrams, M.K., 2020. US Health Care from a Global Perspective, 2019: Higher spending, worse outcomes? The Commonwealth Fund. Available from: https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019.

Wang, Y., Tian, H., Zhang, L., Zhang, M., Guo, D., Wu, W., MacIntyre, C.R., 2020. Reduction of secondary transmission of SARS-CoV-2 in households by face mask use, distancing and social distancing in Beijing, China. BMJ Glob. Health 5, e002794. doi:10.1136/bmjgh-2020-002794.

Warf, B., 2021. The coronavirus pandemic and American neoliberalism. Geogr. Rev. doi:10.1002/ger.21648.2184981.
Woolhandler, S., Himmelstein, D.U., Ahmed, S., Bailey, Z., Bassett, M.T., Bird, M., Venkataramani, A., 2021. Public policy and health in the Trump era. Lancet 397, P705–P753. doi:10.1016/S0140-6736(20)32545-9.

World Health Organization [WHO], 2021. WHO COVID-19 Dashboard Available from: https://covid19.who.int/.

You, J., 2020. Lessons from South Korea’s Covid-19 policy response. Am. Rev. Public Adm. 50, 801–808. doi:10.1177/0275074020943708.