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Column: COVID emergency declarations will end, but not the COVID emergency. Here's how that affects you

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One doesn't have to be superstitious to conclude that the COVID gods must be congratulating themselves for their decisive victories over good sense and safe public health practices in the United States.

Anti-pandemic policies are in retreat from coast to coast, in blue states and red alike. Governors and municipal officials have been lifting social distancing mandates left and right.

On Monday, a spectacularly unqualified and inexperienced Trump-appointed federal judge in Florida, employing the twin weapons of ignorance of federal law and specious legal reasoning, invalidated the federal mask mandate for all public transportation.

The ruling, which may be appealed by the Biden administration, subjects travelers and workers on airplanes and trains to heightened health risks. That didn't stop Amtrak and major airlines such as United, Delta and Southwest from instantly announcing that they would cease enforcing mask mandates on their routes.

Some airports and rail terminals took the same step, but some did not, with the result that passengers that had spent hours traveling without masks had to don them again upon reaching their destinations.

All this is happening just as COVID cases are again on the rise. Thanks largely to the increasing prevalence of the highly contagious Omicron subvariant BA.2, COVID deaths have risen over the last two weeks in 12 states, and cases have risen in 34 states.

Nor should we forget the overall toll of the pandemic in the U.S.: Total deaths as measured by the Centers for Disease Control and Prevention now exceed 986,000.

The withdrawal of public health measures suggests that the country could be even less prepared for a future COVID surge than it has been for more than a year.

“We may want to be done with COVID, but forcing our way through it is myopic” and “frankly ridiculous,” epidemiologist Saskia Popescu of George Mason University tweeted after the court ruling. “People are still getting sick, going to hospitals, & dying.” We still need masks and vaccines, she wrote.

Consider the aftermath of the April 2 Gridiron Club dinner in Washington, at which elite government insiders rubbed shoulders with elite journalists. Of the several hundred attendees celebrating the freedom to cavort without masks or social distancing, at least 72 came down with COVID over the following few days.

We know this because the victims are high-profile officials and media stars. The toll among kitchen workers and other staff who were also exposed to the virus during the dinner is unreported.

In policy terms, the Biden administration is fighting a rear-guard battle against relaxed vigilance in the pandemic. On April 12, Health and Human Services Secretary Xavier Becerra renewed the federal government's public health emergency declaration for 90 more days, the ninth renewal since it was originally declared by the Trump administration in January 2020.

The latest renewal came despite opposition by congressional Republicans and even some Democrats. A Feb. 10 letter signed by 76 GOP House members called on the administration to “accept that COVID-19 is endemic” and that “current heavy-handed government interventions are doing more harm than good.” They urged the administration to “immediately begin the process by which we unwind the PHE so our country can get back to normal.”

What are these “heavy-handed government interventions” that caused the letter writers such *agita*?

The key policies implemented by the emergency declaration are rules that Medicare, Medicaid and private health plans cover COVID tests (including at-home tests) without cost-sharing; a 6.2-percentage-point increase in the federal share of state Medicaid spending for states that cover COVID testing and treatment and don't throw enrollees out of the programs or increase their premiums; a 20% increase in Medicare hospital reimbursements to cover COVID patients; and an expansion of access to telehealth services for Medicare members.

In other words, the Republicans signing the letter were calling for higher costs for seniors and low-income victims of COVID-19, more financial stress for hospitals treating those patients, greater strains on state budgets for Medicaid costs, and the loss of Medicaid coverage for millions of lower-income Americans — about 13% of enrollees, according to the Kaiser Family Foundation.

The Republicans' letter is a one-stop shop for all that's wrong about the GOP's approach to COVID.

Leaving aside that it opens by blaming the Chinese Communist Party for the pandemic, a hoary Republican chestnut that instantly identifies the document as a partisan screed, the centerpiece of its argument against the public health emergency is a report from the Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise.

Since the letter asserts that this report “delivered a devastating blow to pro-lockdown public health officials and pro-lockdown Democrats” by determining that lockdowns had “little to no effect” on saving lives, it's proper to take a close look at the report. It is deeply flawed.

To begin with, it's not an epidemiological study, but the work of three economists with long anti-lockdown records, led by Steve Hanke, a fellow at the libertarian Cato Institute.

It's a working paper, meaning that it was not peer-reviewed. It's purportedly a meta-analysis, meaning a survey of previous papers, and concludes that “lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average.”

This would be a remarkable finding, if true. As it happens, however, the evidence cited in the paper is entirely to the contrary. Among other critics, epidemiologist Gideon Meyerowitz-Katz points out that the authors systematically excluded some of the most rigorous epidemiological studies in the literature.

“The included studies certainly aren’t representative of research as a whole on lockdowns — not even close,” Meyerowitz-Katz concluded. Moreover, authors of some of the research that was included have stated that Hanke and his co-writers misrepresented, or to be charitable, misinterpreted their findings.

Hanke and his colleagues defined “lockdowns” as any nonpharmaceutical measure, including mask mandates and school, border and bar and restaurant closures. But they acknowledged that some of those measures actually reduced COVID mortality significantly, especially school and bar and restaurant closures.

In other words, the paper is a mess and the Republicans’ reliance on it a severe misstep. If Republicans had hard evidence that “lockdowns,” however they chose to define the term, were really ineffective, presumably they would have cited it. They didn’t. The truth is that the weight of research on anti-pandemic measures shows that they worked to limit the spread of the pandemic and the human toll.

The trend toward lifting anti-pandemic measures has nothing to do with scientific or empirical findings. It’s entirely political and ideological.

Americans and residents of other countries that have taken strong measures against COVID-19 are understandably weary of restrictions on their travel and socializing. But they’ve been conditioned to think of even modest measures, such as mask mandates, as insupportable infringements of their rights, and they’ve been fed lies about the measures’ effectiveness so they’ll feel comfortable about living without them. Airlines aren’t abandoning their mask mandates because they think air travel has suddenly become safer, but because they’re fed up with fighting with disturbed passengers who don’t care about the possibility of spreading infection.

The most egregious lie being shot around by the anti-mandate crowd is that COVID-19 has reached an “endemic” stage. At this point, the disease does not match that definition. It’s still mutating, still capable of infecting and killing people, especially those with notable vulnerabilities, and still very, very dangerous.

The U.S. is nowhere near the level of immunity that would warrant abandoning all our defenses against this deadly disease. We’re just raising the possibility that if and when another dangerous variant appears, we will be in a very bad place.