



An Epidemic Of Red Tape

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Among the many lessons of the COVID-19 pandemic is how cumbersome one-size-fits-all regulations, administered by an impersonal bureaucracy, hamper a rapid and flexible response to an evolving public health emergency. The U.S. Navy Medical Corps provides us with the most recent example.

On March 30, the naval hospital ship U.S.N.S. *Comfort* arrived in New York harbor, with 1,000 hospital beds and 1,200 staff, ready to assist in the management of the epidemic which has taken a heavy toll on New York metropolitan area inhabitants. Yet, as of April 3, only 20 patients were being treated on the hospital ship. Three days earlier, the 1,000 bed U.S.N.S. *Mercy* arrived in Los Angeles, and as of April 2 treated 15 patients.

Both hospital ships were intended to take on and treat patients who are **not** infected with COVID-19, which serves the dual purpose of sheltering such patients from contagious COVID-19 patients in metro area hospitals while freeing up space in those hospitals for more COVID-19 patients.

But why are there so few patients aboard these hospital ships, considering the ships' patient capacity and the size of the metropolitan areas they are serving? The answer lies in military protocols and bureaucratic rules that stand in the way.

Patients are not allowed to be directly admitted to the hospital ships and ambulances are not permitted to take them there. They must first be taken to a civilian hospital for evaluation and be tested for the virus before being transferred to the ship. Of course, this requirement does nothing to unburden crowded emergency rooms and their overworked staff.

In addition, the *New York Times* reports there is a list of 49 medical conditions for which patients must be screened that would preclude their admission to the hospital ship. Because of the large number of New York area residents in self-quarantine, admissions due to automobile accidents, other forms of trauma, and other non-COVID-19 conditions have dropped considerably. One hospital system administrator suggested it would be easier and more helpful to send COVID-19 patients to the hospital ship. Alas, that is prohibited. As I have written here, creating designated COVID-19 centers is one good way for hospitals to engage in social distancing.

This is not the first time regulatory inflexibility has stood in the way of naval hospital ships providing help in time of civilian disasters. Residents of Puerto Rico experienced similar difficulties when the *Comfort* arrived in San Juan, P.R. in 2017 to assist victims of Hurricane Maria.

In recent days, federal and state authorities have waived a great many onerous regulations that stand in the way of a rapid response to this emergency. Clearly, the military medical system is also guilty of bureaucratic inertia. Its leaders must demonstrate the willingness to be flexible that many federal and state policymakers are now showing. And when this crisis passes, the regulatory regime must not return to the status quo ante.

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