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Is living in the US conducive to your health?

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ABSTRACT

Prior to the coronavirus outbreak (Covid-19) of 2020, the United States was ranked first for its capacity to face infectious disease outbreaks. Twelve months later reveals a different story. The US, with less than 5% of the global population, has more than 20% of the world's Covid-19 deaths. In response, some may wonder: "Is living in the US conducive to your health?" I attempt to answer this question through an examination of several US health markers (health care costs, life expectancy, suicide rates, obesity rates, chronic disease burden) *prior* to the pandemic, in relation to those of 10 other high-income nations. In addition, I contrast the US Covid-19 performance with that of other nations who have managed the pandemic with a minimum of life loss and disruption. I conclude with the conclusions of health experts, who say the US is beset by a health crisis, due to decades of social inequalities. Although social change could remedy the situation, at present it lacks popular support.

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" (Dalgish, 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

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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 foundering 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; Rothgerber 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).

Data and Code Availability Statement

There is no data or code available for this Short Communication. (information included was derived from publically available sources.)

Author Contributions

The author contributed entirely to the intellectual discussion underlying this paper, literature exploration, writing and editing, and accepts responsibility for its content.

Declaration of Competing Interest

The author declares that he has no conflict of interest.

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