Coronavirus Epidemic and Coronavirus Aid, Relief, and Economic Security Act

◖2020◗

Historical Overview and Nature of the Social Problem

Like the rest of the world, the United States has periodically been affected by widespread contagious diseases. Some of these epidemics have been of short duration and have exacted a small amount of damage, some have been catastrophic, and others have fallen in between the two (Krieg, 1992). It is particularly difficult to prepare for such events because we never know when they will arise, how extensive they will get, or what preventative or treatment approaches may be called for in response to any specific virus or disease. Moreover, as the coronavirus (COVID-19) pandemic has demonstrated, despite all our medical and technological advancements over the years, a major epidemic can even now be particularly difficult to effectively deal with.

The 1918 influenza pandemic is the historical precursor that is most often discussed in relation to COVID-19. That earlier pandemic killed between 50 and 100 million people throughout the world, and approximately one million in the United States (Krishnan, Ogunwole, & Cooper, 2020). As with coronavirus, the flu in 1918 took a disproportionate toll on minorities and those living in congested areas of cities. It, too, was also downplayed by some health professionals and members of the public until it became clear how bad the disease spread was (Krishnan et al., 2020). Although fears surrounding other potential epidemics (for example, swine flu, Ebola virus) have arisen every decade or two since, such pandemics have had relatively little effect on the United States.

Policy Overview

It is a bit of a challenge to complete a chapter on COVID-19 largely because the United States and the rest of the world are in the middle of the pandemic as I write these words (mid-2021). As of June 11, 2021, nearly 600,000 Americans have died from COVID-19, and more than 33 million have been infected (Centers for Disease Control and Prevention, n.d.). Although the federal government passed the Coronavirus Aid, Relief, and Economic Security Act (2020) (P.L. 116-136) to provide support to those families and businesses that were economically affected by the pandemic, debates raged over how the support was distributed. In March 2021, President Joseph R. Biden signed a $1.9 trillion COVID-19 relief package designed to stimulate the economy and provide support to those who had been adversely affected by the issue.

As most readers are well aware, and perhaps painfully so, the pandemic has led to much controversy over issues, including precautions like mask wearing and social distancing; closures of schools, businesses, and other areas; the efficacy and safety of vaccines; and a host of other concerns. These problematic issues played out in an especially chaotic time in the nation characterized by the George Floyd murder and BLM protests, two impeachment trials of President Donald J. Trump, an extraordinarily contentious national election, and a violent riot in Washington, DC, that reached into the halls and chambers of the Capitol building itself. In a decidedly strange and fearful time during which people were looking for answers, conspiracy theories ran amok, and many did not know what to believe about events. Among other issues, conspiracy theories centered around vaccine development and effects. It is likely true that many of the misconceptions over the years related to the connection between other vaccines and autism or other disabilities (Mnookin, 2011) gave credence to many that they should not trust the COVID-19 vaccine.

As with the rest of the nation, social workers have been greatly affected by the pandemic. Those who work in health care have fought to stave off infection while assisting first responders to deal with the onslaught of hospitalizations and deaths. Social workers employed in agencies serving the elderly and other vulnerable populations have needed to be extremely vigilant to protect their clients and continue to perform their jobs as well as

possible. Clinicians have needed to rapidly learn how to transition into online counseling, which has been problematic both because many forms of clinical intervention are difficult to perform at a distance and because the trauma caused by the pandemic has led to a large increase in the number of people needing support (Chaney, 2020; Roy & Kaur, 2020). Students and instructors have also needed to quickly learn how to engage in online instruction, which has been especially challenging for students attempting to complete field practicum hours (E. L. Cross, 2020; Nissen, 2020). Zoom and other Web-based platforms have become essential for sharing information at a time when students and professionals are in dire need of learning how to adapt to the crisis (Peláez, Marcuello-Servós, de Mesa, & Kalixto, 2020). At a more macro level, many social justice and advocacy groups have needed to harness digital tools in an effort to build coalitions and engage in advocacy through social media platforms (Pinto & Gutelius, 2021).

Effectiveness

The effectiveness of government policies in stemming the expansion of COVID-19 will be hotly debated, and it will take some time for researchers and scientists to come to terms regarding how beneficial masks, social distancing, business closures, and other efforts have been at abatement. Unfortunately, the assumptions of effectiveness will likely be heavily politicized in the same way that following precautions and other aspects of the COVID-19 response have been. Only time will tell of the effectiveness of vaccines and whether the ones that have been developed will assist in providing protection against variant strains of the virus.

Much will be studied once the virus is under control, which will hopefully help not just the United States but other nations to better prepare for future epidemics. Indeed, one of the most problematic features of the pandemic is that it has demonstrated in clear terms that even the wealthiest and most scientifically advanced nations may be brought to their knees by a worldwide medical crisis. It is especially important that lessons are learned from the pandemic because we not only face the possibility of other "natural" epidemics but the specter of chemical or biological warfare or terrorism is always a concern (Mackelprang et al., 2005; White, 2002).

The pandemic has also "exposed existing inequalities . . . and [also] created new ones" given that African Americans, Native Americans, and other minority populations have been more apt to be killed or otherwise feel the adverse effects of the virus (Baird, 2020, p. 16; Chaney, 2020). Many of those classified as "essential workers" (for example, delivery drivers, grocery clerks, hospital housekeepers) have included people who have been paid poorly and provided few benefits (Chaney, 2020; Pinto & Gutelius, 2021). Many other low-wage workers have been left unemployed by business disruptions and closures because of COVID-19.

Some critics of "closing" have expressed the belief that the pandemic has been blown out of proportion; that the negative economic consequences of closures will seriously harm the nation; that most of the elderly and vulnerable people dying from the disease were close to death even before contracting COVID; or even that the cause of death was wrongly attributed to COVID for financial, political, or other reasons. The dehumanization of elderly people or people with disabilities has been a constant refrain in many pandemic discussions.

Analysis Element: Sphere of Authority

Although chapter 2 considered government involvement and questions about whether the private sector or government should respond to certain problems or needs, here, we are looking at which level of government should have authority over specific policy areas. Although the federal government has primary control over many of the policies described in this book, it is often required to work in conjunction with states, whereas some policies are primarily in the states' hands, and others, such as education funding and policy, require coordination among federal, state, and local governments.

The COVID-19 crisis has pointed to the fact that in regard to some issues, there is no clear delineation over who should have authority. Under President Trump, the federal government largely left decisions up to the states and local governments. One problem related to this is that an epidemic does not respect city, state, or regional boundaries. Therefore, lax policies in one area of the nation (or even one part of a region) may have had a detrimental

effect on others. Nations could, and have, limited incoming travel because of the pandemic, but states and cities really cannot do that.

Over the course of the pandemic, many communities and counties have refused to follow their own state guidelines, often for partially politically motivated reasons, and many businesses have refused to follow either state- or citywide requirements. It has been unclear who has the ability to make decisions, and those who have had the authority have frequently been treated as if that authority were not sanctioned or lawful. Law enforcement authorities have been wary of becoming the "COVID police" and being called every time someone in a store refuses to wear a mask. Furthermore, because of a lack of enforcement, many regulations simply have not been followed. The rollout of the vaccine could best be described as uncoordinated and haphazard.

In short, poor planning, a lack of direction, politization, and controversy over the decisions made at multiple governmental levels have exacerbated the pandemic and added to the anxiety that it has caused. The full scope of the problems related to the COVID-19 response is still to be determined, although we can be certain that many books will be written with details about it. As often is the case, however, it has been those at the margins of society who have primarily paid the price for a lack of leadership and planning.