COVID-19: The long road to recovery

National Press Club address on COVID-19

AMA President Susan R. Bailey, MD

In a virtual address hosted by the National Press Club on January 12, 2021, AMA President Susan R. Bailey, MD, discussed the current state of the COVID-19 pandemic and the year ahead.

Speech transcript

COVID-19: The Long Road to Recovery

Thank you Michael, and thank you to the National Press Club for the opportunity to address your members and the public about the current state of the COVID-19 pandemic and what happens next.

We have arrived in 2021 with much hope and many questions about the year ahead.

There is a seismic change in leadership at the federal level with a new administration and new members of Congress. There are two safe and effective vaccines for COVID-19 that are in circulation, with other promising vaccines in the late stages of development.

Millions of physicians, nurses and other front-line health care workers have already received the first doses of a vaccine … so too have other high-risk communities.

But the reality is that this novel coronavirus remains a very deadly foe and we are far from the finish line.

Our country records about a million new confirmed COVID-19 cases every week.

And just last week, the U.S. reached a grim milestone of four thousand dead to COVID-19 in a single day–more than the number of Americans lost on 9/11.

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Some areas of the country are experiencing record case surges that are flooding emergency departments and intensive care units.

In other areas, first responders are having to make agonizing choices about whom to treat for routine health emergencies to ease overcrowding at local hospitals.

With hospitals stretched at or near their breaking point, some are even forced to treat patients in cafeterias and in conference rooms.

Meanwhile, a new and more contagious variant of COVID-19 that has been wreaking havoc in the U.K. has now been discovered in the U.S.

Still far too many physicians and other health care workers lack the personal protective equipment they need to keep themselves and their loved ones safe.

Front-line responders are exhausted, they’re burned out, and they wonder how much longer they can last.

And while safe and effective vaccines are at-hand, the distribution mechanisms at state and local levels have been slow, inconsistent and severely hampered by unrealistic expectations, and a lack of coordination at the federal level.

This inaction at the highest level of our government has placed yet another daunting burden on the shoulders of state and local officials who lack the resources, sufficient guidance and support to handle a health emergency of this magnitude on their own.

We learned much in our response to COVID-19 in 2020. The painful lessons of our long national nightmare run deep.

But the most important lesson for this moment, and for the year ahead, is that leaving state and local officials to shoulder this burden alone without adequate support from the federal government is not going to work.

Fifty different strategies across 50 states will continue to sow confusion and slow the process.

The urgency of this moment demands a comprehensive and coordinated federal response.

As president of the American Medical Association, and a champion for patients and physicians across the country, I call upon the incoming Biden Administration to implement a national strategy and provide states and local jurisdictions with additional resources, guidance and support to enable rapid distribution and administration of vaccines.
The AMA urges the Biden Administration talk with states to identify gaps in vaccine distribution and to work collaboratively to address areas of concern.

And we call for the new administration to develop a more robust national strategy for continued COVID-19 testing and production of PPE by tapping into the full powers of the Defense Production Act.

This is a time when leaders must stand tall.

We cannot afford to give any ground to this deadly virus by repeating the mistakes that contributed to so much heartbreak and suffering in 2020 and in the early part of this year.

Yes, we have entered a new phase of this pandemic, but one no less dangerous than before.

It is crucial that we move ahead with urgency and action … and with a new spirit of coordination and cooperation in Congress, across the federal government, and in every state, city and every community.

The lessons of 2020 have given us new insights into the persistent gaps, inequities and barriers that plague our health system … and that prevent far too many people in the U.S. from accessing the kind of care they need.

In addition to providing greater guidance and support to states and developing a national strategy around testing and PPE, there are five other steps we must take to improve our health system and ensure nothing like this will ever happen again.

At a time when misinformation and disinformation spreads rapidly online and puts more lives at risk, we must work with great purpose to restore trust in science and science-based decision-making among policymakers and the public at large.

Whether you are a physician or a journalist, or whether you simply post your ideas on Facebook and Twitter, all of us share responsibility for stopping the spread of disinformation … and for creating an environment where science and evidence rule the day.

We must insist that our elected officials affirm science, evidence and fact in their words and actions.

And we must insist that our government’s scientific institutions … including the Centers for Disease Control and Prevention, the Food and Drug Administration and others … are free from political pressure, and that their actions are guided by the best available scientific evidence.

Politics have no place in a pandemic … and never again should scientists, researchers or physicians feel the weight of intimidation or have the integrity of our work questioned.
The second action we must take is to ensure that our health system provides all people … from all backgrounds and communities … with access to affordable and meaningful health coverage.

As certain provisions of relief packages from the beginning of the pandemic expire, many Americans are still facing tremendous difficulties and hardships – some dealing with the loss of a job, or a business, or an eviction notice.

In this new year, we urge the federal government to take necessary measures to protect not only lives -- but livelihoods -- at risk … measures such as a second enrollment period for the Affordable Care Act.

Third, we must work collaboratively and intentionally to remove health inequities that have for too long left communities of color on unequal footing in our health system and society.

The data from COVID-19 is painfully clear. Communities of color have been disproportionately impacted by this pandemic because of systemic inequities that are rooted in racism.

Heart disease, diabetes and other chronic conditions that have led to devastating consequences for African American, Latino and Indigenous communities . . . have also made them more susceptible to the dangers of COVID-19.

The road ahead demands that our health system acknowledge these inequities and work to integrate new policies to level the playing field for all communities.

The AMA takes this work seriously.
Last fall, the AMA explicitly recognized racism as a public health threat and pledged to mitigate its effects by supporting anti-racism policies, research and prevention.

Fourth, we must work to improve public health domestically and globally.

We do that by protecting the patient-physician relationship from outside influence at all cost. This means influence from government overreach and strict political ideology that can erode trust and stifle open and free conversations between patient and doctor.

We do it by prioritizing physician health and well-being … and working to remove administrative burdens that slow our ability to respond in a health emergency.

And we do it by revitalizing our gutted public health infrastructure.

Decades of disinvestment and neglect have left us unable to effectively handle a widespread health crisis like COVID-19
In the last 13 years, we lost 40,000 jobs at the state and local public health agencies, with local health department workforce shrinking by nearly one quarter.

We are seeing the impact of this disinvestment on display today with the slow and inconsistent vaccine rollout in many states.

Marginalized and minority communities and people living in rural areas have suffered the consequences of this disinvestment for too long. We need to rethink our system and who it is designed to serve. . . and invest in an infrastructure that actually supports our culturally, ethnically, and geographically diverse people.

And finally, we cannot act as if our country exists in isolation. We must recognize the global community of health providers and health care institutions. . . and lead these efforts as we are often called to do.

Global alliances in health care are critical in helping prevent future threats before they sweep our planet. We applaud the incoming administration’s commitment to rejoin the World Health Organization and we are eager to help shape policy for the betterment of mankind.

All of us want this to be over.

But how we respond to the urgency of this moment … and the lessons we take from the pain and suffering from the last year … will go a long way toward correcting the longstanding problems of our health system and preventing new tragedies from occurring.

These next few months are critical … and we must allow science to lead the way. This means heeding the advice of scientists and experts by continuing to wear masks outside the home … to wash our hands … and to physically distance as much as possible.

It has been inspiring to see physicians and health care workers around the country post photos on social media after receiving their vaccine shots.

I shared photos of my initial shot a couple weeks ago and I hope this continues to remind people that we are all in this together.

When it comes time for everyone to get the vaccine, it is critical that we have the facts straight and that we communicate them clearly.

The vaccines made available by the FDA were authorized using all of the necessary checks and balances and the scientific rigor that we require of any vaccine. Just like the ones that have brought to an end widespread transmission of polio, smallpox, and the measles.
The scientists and researchers who authorize vaccines are not driven by political agenda. They are driven by rigorous standards for safety and efficacy, and by the importance of their work. They know that science can save lives and end suffering.

We know that this is a challenging time for many Americans and that there is misinformation circulated widely around the Internet. But there are also many credible, fact-based resources provided by the CDC, FDA, and others about the vaccine process and what led us here.

Because at the end of the day, when it’s your turn to get the vaccine, the only remaining question should be … left arm or right?

We won’t get through the final months of this pandemic by wishing it were over. The stakes are far too high, and each of us has an important role to play—elected officials, policymakers, public health officials, physicians, journalists, and the public at large.

We have to remain strong and steadfast … and we have to adhere to the advice of experts and scientists who will continue to light our way.

Thank you.