

PsySR endorses the following statement from the Pastoral Care Committee of the Fifteenth Street Meeting of the Religious Society of Friends (Quakers)

Call for Investigation and Accountability of the U.S. White House and Aligned Political Forces Regarding Decisions Exacerbating the COVID-19 Pandemic in the United States

COVID-19-related hospitalizations and deaths in the U.S. have been out of proportion to the U.S. share of the world population. The U.S., with less than 5% of the global population, has suffered about a quarter of the world's COVID-19 deaths [1]. COVID-19-related hospitalizations and deaths in the U.S. have disproportionately affected people of color (including black, Latinx, Indigenous, and Asian) [2] as well as Jewish [3] and Muslim [4] populations. Age-adjusted rates of COVID-19 mortality among black individuals are 3.7 times those of white individuals, for instance [2].

All U.S. populations suffering disproportionate rates of sickening and death from COVID-19 have historically suffered from discrimination, oppression and atrocity in the U.S. and in other nations with a cultural-political tradition of white domination. In recent years, these communities have also been suffering the stresses of a sharp increase in terrorist attacks and other vigilante violence [5][6][7][8][9][10]. In addition, these communities have suffered legislative and rhetorical attacks from the current White House administration or aligned federal and state actors [11][12][13][14][15][16]. Individuals with lower incomes and less wealth are also particularly vulnerable to COVID-19-related hospitalization and death [17].

Some would be understandably skeptical that the White House explicitly intended to intensify COVID-19 death and suffering in the U.S., or to inflict it disproportionately on certain groups. And there are good reasons to be skeptical. The current leaders of the White House and aligned federal and state actors have not uniformly called for exacerbationist policies but have instead sent mixed messages about how individuals and states should protect themselves and others [18]. They have likewise shown evidence of disorganization and internal division on national policy [19]. In addition, White House and other politically-aligned policy-makers and media figures have made believable-sounding statements about the economic necessity to reopen businesses and institutions (like schools) as a matter of practically balancing the potentially lethal and health-impacting effects of a depressed economy against the effects of a spreading pandemic [20].

These facts all suggest that the relatively unique U.S. failure among wealthy nations to stop the uncontrolled spread of COVID-19 could be the result of governmental incompetence, poor reality-testing and poor decision-making, and not necessarily malice.

It also suggests a governmental failure to attend to abundant data showing that national economies perform better after lockdowns [21] (as lockdowns dramatically reduce the spread and allow time to effectively and comprehensively institute science-based policies for long term containment at low levels of infection, thus enabling the economy to recover under safer conditions).

Again, such a failure to process available evidence could result from competence deficits like not having read the relevant studies, or judgment deficits like weighing hunches and wishful thinking more than scientifically rigorous investigations.

There is much evidence, however, that casts serious doubt on the “incompetence” and “poor judgment with good intentions” explanations. The most dramatic recent evidence appears in a Vanity Fair article by Katherine Eban [22]. Eban reports that, in March 2020, Senior Advisor to the President (and president’s son-in-law) Jared Kushner assembled a team of “bankers and billionaires” to “solve the diagnostic testing crisis” [22]. According to one participant, Kushner’s team “did not coordinate its work with a diagnostic-testing team at Health and Human Services” but was “in their own bubble” [22]. Nevertheless, Kushner’s team proposed a plan relatively consistent with standard public health-preserving behavior implemented in other developed countries. The plan specifically proposed measures to resolve “uneven testing capacity and supplies throughout the US, both between and within regions, significant delays in reporting results (4-11 days), and national supply chain constraints, such as PPE, swabs, and certain testing reagents” [22]. This plan was never implemented, however.

Eban reports that short term public relations concerns (e.g. avoiding bad publicity potentially resulting from accurate testing and reporting) turned the White House against a national testing plan [22]. Such concerns do not reflect “incompetence” in containing the virus, or “poor judgment” about how to minimize the negative impacts of public health emergencies and related economic contractions. They do not necessarily suggest a dispositional fondness for mass death or genocide-by-racially-stratified-biowarfare either. What they do suggest is an elevation of short-term reputational concerns over the life and health of millions of people residing in the U.S. In addition, Eban reported the following relevant clue about motivation:

Most troubling of all, perhaps, was a sentiment the expert said a member of Kushner’s team expressed: that because the virus had hit blue states hardest, a national plan was unnecessary and would not make sense politically. “The political folks believed that because it was going to be relegated to Democratic states, that they could blame those governors, and that would be an effective political strategy,” said the expert [22].

Kushner and the White House have denied some of the details of Eban’s reporting, e.g. regarding failure to coordinate with Health and Human Services or bringing public relations and political considerations into their decision-making [22]. However, the uncontested facts remain that a White House team prepared a national testing plan and then the White House declined to present or implement it. On April 27, President Trump announced a testing plan that, in Eban’s words, “bore almost no resemblance to the one that had been forged in late March, and shifted the problem of diagnostic testing almost entirely to individual states” [22].

The White House should have had every reason to expect that a plan to pass national responsibility for the COVID-19 response to individual states would be a public health and economic disaster. On March 24, the Washington Post reported:

The market for medical supplies has descended into chaos, according to state officials and health-care leaders. They are begging the federal government to use a wartime law to bring order and ensure the United States has the gear it needs to battle the coronavirus. So far, the Trump administration has declined [23].

The April 27 decision to make this catastrophic situation explicit policy is hard to explain as mere incompetence. As a result of this and other White House decisions, obtaining a test with a reasonably short waiting time for diagnosis remains impossible in most of the U.S. [24]. This long wait time makes diagnoses effectively meaningless and thus discourages taking tests in the first place—incentivizing a vast undercount that is an exacerbating factor in the uncontrolled spread of COVID-19 now ravaging the country. This uncontrolled spread has resulted in six figures of death in the space of a few months with deaths continuing at an alarming per day rate [1]. In addition, there have been untold numbers of long-term sickenings with an indeterminate prognosis [25].

To the extent Katherine Eban's Vanity Fair reporting is accurate and White House denials are not, the reported lack of interest in guarding the life and health of those most at risk for hospitalization and death from COVID-19—a lack of interest reinforced by many public policy actions and statements since then—appears to be a willful atrocity. Such an atrocity would likely be condemned internationally as a crime against humanity if national leaders of less powerful countries showed a similar disregard for the lives of their populations, particularly for the lives of their minority populations [26].

In the words of President Trump's niece, Mary Trump:

It's hard at this point to give him any slack for not having acted. ...[W]e now know what to do to mitigate the spread of this very infectious disease, and he's not only not doing those things, he's actively advocating against them still and continuing to claim that it's just going to disappear, it's still some kind of hoax.... And with over 160,000 Americans dead and rising, how can we not assume that there's some kind of culpability here? ...[H]e is able to make steps to fix this problem, and since he's not doing it, that, to me, also suggests criminal culpability. [27]

The circumstances of decision-making by the White House and related political and media forces should thus be carefully investigated, and if sufficient evidence is found of willful neglect of life and health concerns to further reputational or political goals, then domestic U.S. and international law should hold the decision-makers involved fully accountable. A strong signal of collective commitment to pursuing such accountability may be essential to putting a stop to policies that are exacerbating the spread of the deadly virus, sickening millions and killing hundreds of thousands.

[1] <https://www.nytimes.com/2020/08/06/us/coronavirus-us.html>

[2] <https://www.apmresearchlab.org/covid/deaths-by-race>

[3] There is no systematic data on COVID-19 deaths by religion, but there is much evidence that diaspora Jewish communities are disproportionately affected: <https://www.timesofisrael.com/from-new-york-to-milan-how-coronavirus-is-hitting-jewish-communities-worldwide/>

[4] There is no systematic data on COVID-19 deaths by religion, but since at least 59% of U.S. Muslims are people of color (depending on how the term is defined), the disproportionate effect of COVID-19 on people of color is highly likely to translate into a disproportionate effect of COVID-19 on Muslims <https://www.pewforum.org/2017/07/26/demographic-portrait-of-muslim-americans/>

[5] <https://www.justsecurity.org/25071/reason-dylann-roof-charged-terrorism/>

[6] <https://www.vox.com/policy-and-politics/2019/8/8/20758427/el-paso-white-nationalism-fbi-shooting-terrorism>

[7] <https://www.culturalsurvival.org/news/addressing-epidemic-missing-murdered-indigenous-women-and-girls>

- [8] <https://thehill.com/changing-america/respect/equality/490373-attacks-on-asian-americans-at-about-100-per-day-due-to>
- [9] <https://www.aljazeera.com/indepth/opinion/terrorism-181028075940260.html>
- [10] <https://www.pewresearch.org/fact-tank/2017/11/15/assaults-against-muslims-in-u-s-surpass-2001-level/>
- [11] <https://www.npr.org/2018/10/23/659784277/republican-voter-suppression-efforts-are-targeting-minorities-journalist-says>
- [12] <https://www.thedailybeast.com/holocaust-survivor-yes-the-border-detention-centers-are-like-concentration-camps>
- [13] https://www.huffpost.com/entry/violence-against-women-act-senate-republicans-native-americans-lgbtq-guns_n_5dd578ade4b010f3f1d17bbc
- [14] <https://www.theguardian.com/us-news/2020/jun/20/trump-covid-19-kung-flu-racist-language>
- [15] <https://www.vanityfair.com/news/2019/12/donald-trump-anti-semitic-remarks>
- [16] <https://www.washingtonpost.com/opinions/2019/03/15/short-history-president-trumps-anti-muslim-bigotry/>
- [17] <https://www.nytimes.com/interactive/2020/nyregion/new-york-city-coronavirus-cases.html>
- [18] <https://abcnews.go.com/Politics/mixed-messages-trump-marred-administrations-coronavirus-response/story?id=69625769>
- [19] <https://www.csmonitor.com/USA/Politics/2020/0805/White-House-struggles-with-mixed-messages-on-COVID-19>
- [20] <https://www.vanityfair.com/news/2020/03/right-wing-media-boards-donald-trumps-coronavirus-death-train>
- [21] <https://voxeu.org/article/early-lockdowns-save-more-lives-and-livelihoods>
- [22] <https://www.vanityfair.com/news/2020/07/how-jared-kushners-secret-testing-plan-went-poof-into-thin-air>
- [23] <https://www.washingtonpost.com/business/2020/03/24/scramble-medical-equipment-descends-into-chaos-us-states-hospitals-compete-rare-supplies/>
- [24] <https://www.cnn.com/2020/08/02/covid-19-test-delays-create-health-nightmare-as-schools-try-to-reopen.html>
- [25] <https://www.cdc.gov/mmwr/volumes/69/wr/mm6930e1.htm>
- [26] <https://www.icrc.org/en/doc/resources/documents/article/other/57jq32.htm>
- [27] https://www.democracynow.org/2020/8/7/mary_trump_how_dysfunctional_family_shaped