

Looking Ahead: The Biden Administration and Public Health

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On his first day in office, President Joe Biden released the [American Rescue Plan](#). It laid out an agenda to increase COVID-19 testing and vaccinations, address pandemic-related health disparities, provide funds for emergency relief, mobilize a public health jobs program that would supplement the pandemic response, and

safely reopen schools, among a slew of other initiatives.

“COVID-19 has brought the reality of global pandemics home,” [Dr. Richard Oberhelman](#), professor and associate dean for global health, said. “The priority for the U.S. government is always going to be what happens at home, but we also have to be mindful of what’s happening in other places, because if it isn’t controlled outside of the U.S., we’re still going to be at risk.” Indeed, in mid-February it was announced that the United States would join COVAX, an initiative co-sponsored by the World Health Organization to get vaccines to low- and middle-income countries, and was contributing \$4 billion to the effort. These actions are part of a renewed commitment to public health that many have waited four years—or longer—to see.

Perhaps the most important step was essentially Biden’s first: clearer directives for states on how to distribute vaccines. Although the Trump administration provided vaccines, it left to states the question of how to sort out distribution. The result has been uneven at best, with states struggling to reach rural residents, the elderly, and those who are skeptical of the “warp speed” with which the vaccines were developed.

“The new administration has a plan that has thought about vaccine distribution all the way down,” [Dr. Charles Stoecker](#), associate professor of health policy and management, said. That includes funds for mobile units to reach rural areas, as well as federal vaccination centers. “They’re really thinking about not just how you’re going to get boxes on states’ doorsteps, but then [how to] get the vaccine into people’s arms.” In addition to the 100 million vaccinations in 100 days plan, which Stoecker applauds for being a concrete goal that involved discussions of logistics and supply chains, money has been earmarked for contact tracing, a key to containing the infection and a tool that had been underutilized.

“One of the tragic failures from the previous administration is if you had contact tracing or if you had helped the vaccine rollout and had a plan in place for the logistics from day one, you can imagine that not only—assuredly—less people would have died, but it could be the case that we might not be facing mutated strains as we are now,” Stoecker said, adding that public health should always be one area that has federal oversight, even though it might not look the same everywhere. West Virginia’s needs in vaccinating its residents are different from California’s, which are different from Delaware’s.

“This is federalism at work,” said [Mollye Demosthenidy](#), associate professor and associate dean for strategic initiatives, of the mass vaccination effort. Noting that in his first two weeks in office, Biden had signed more executive orders than Trump and Obama did in their respective first months—combined—Demosthenidy also has her eye on the new administration’s activity relating to the Affordable Care Act. Enrollment has been reopened for three extra months, with \$50 million pledged to outreach and education in an effort to reach some of the roughly 30 million Americans who are currently uninsured. Much of that will go to hiring fund navigators, who will help people enroll in subsidized coverage.

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“Nothing beats that kind of one-to-one contact, going out into communities where we think there are folks that just don’t know. Health insurance is complicated to navigate—it’s an adult skill that no one wants, but you have to select and purchase a plan every year,” said Demosthenidy. Changing the subsidy ceiling into a cap to help middle-income Americans who are being squeezed by premium prices in the marketplace was one Biden campaign promise. Adding a public option that would allow people in some areas to use subsidies available through the marketplace to buy into Medicare, even if they are not entitled to it, was another. The latter move would have to be part of a reconciliation bill, of which there can be, by law, only one per year, so it’s likely on hold until after the pandemic. Executive action around pharmaceutical pricing, something Trump also focused on, might happen sooner. However, [Dr. Susan Hassig](#), associate professor and director of the MPH epidemiology program, says it’s important for people to remember that executive orders can be reversed, and that creating legislation is the best way to effect long-term change.

“This administration provides the possibility for a shift in public health’s ability to contribute once again in a substantive way to benefit the American population,” she said, adding that she encourages people to stay actively engaged in politics and vote in every election, not just the presidential years. “I hope that in this new administration and in subsequent administrations—because that’s probably what it’s

going to take—there will be a recognition that we have for too long ignored our public health infrastructure, and under administrations of both parties, we've allowed it to crumble. I'm hoping that among the many veils this pandemic has ripped away from our eyes, we will not lose sight of that," Hassig said.

Adds Oberhelman, "We are an interconnected society, but we have to not neglect other diseases, because you run the risk that you divert so much toward COVID-19 that you let other health problems get out of control," including HIV/AIDS, malaria, and tuberculosis. Oberhelman notes that Biden routinely supported global health initiatives during his time in the Senate, and says the U.S. government's support of entities such as The Global Fund and the United Nations Sustainable Development Goals, along with continued funding for the CDC and NIH, remains essential.

Nevertheless, there is optimism that the country is heading in the right direction, even if real change and renewed confidence in and respect for public health experts will take both time and the support of more than just the president.

"Rebuilding a scientific base for many of the agencies in the federal government—particularly in public health—is not an overnight activity, so it's going to take commitment. I'm hoping we'll see this as an investment in long-term infrastructure to ensure that we don't get caught like this again," Hassig said. Though her focus is infectious disease, she points to looming problems in mental health and chronic diseases as well. "It would be far less expensive and draining in all sorts of ways to the American people if we were investing more heavily in prevention, which is of course what public health is all about."