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# COVID-19: Why President Biden's Response Strategy Falls Short

*Doug Badger*

## KEY TAKEAWAYS

The Biden Administration's plan to combat COVID-19 proposes mostly bureaucratic reshuffling and superficial policy changes to the government's pandemic strategy.

The plan focuses on process more than new strategies. It concentrates on government organizing itself instead of organizing an effective pandemic response.

A better response should include increasing the pace of immunizations, protecting nursing home residents, and removing government barriers to at-home, rapid tests.

President Biden has identified COVID-19 response as the highest priority for his Administration's first weeks and months. His initial policy foray is outlined in his Administration's *National Strategy for the COVID-19 Response and Pandemic Preparedness* and 11 executive orders issued on January 20 and 21. These documents overlook promising strategies to curtail the pandemic and instead propose mostly superficial changes to the federal government's pandemic strategy and create a panoply of interagency task forces and overlapping White House authorities that could sow confusion and hamper federal efforts to curb the pandemic.[1]

These documents lay out seven broad goals but few new policies and fewer specifics on how or when the government might achieve these goals.

## Ineffective Mandates

Some of the few substantive items are executive orders that require mask-wearing in federal buildings and on airplanes and some other modes of transportation.[2] While mask-wearing can help reduce the contagion's spread, mask mandates have not prevented a wave of cases in the United States or the Western world more broadly.[3] Of the 100 counties that reported the most cases last fall, 97 had mask mandates in place; of the top 25 counties, 21 had mask mandates in place at least since July.[4] Survey data indicate that the vast majority of Americans already wear masks. A December 2020 Kaiser Family Foundation poll found that 96 percent of Americans wear masks some, most, or all the time, and airlines already require passengers to wear masks.[5]

## Poorly Defined Goals

Those orders will at least marginally increase mask-wearing in select venues, which is of some value. The orders relating to COVID-19 testing, by contrast, offer little information on how the Administration would appreciably increase the number of Americans who will be tested or assure that they get timely results. One White House document suggests that the Administration might support a critical new strategic direction: "next-generation testing, including at-home tests and instant tests, so we can scale up our testing capacity by orders of magnitude."[6] However, that proposal is nowhere reflected in the executive orders, including one that creates new "COVID-19 Pandemic Testing Board."[7]

The executive orders also fall short of outlining a plan to speed up the immunization process. One of the Biden Administration's few measurable goals is to administer "100 million shots by the end of [Biden's] first 100 days in office."[8] The United States was on a trajectory to exceed that goal by Inauguration Day. The seven-day moving average of daily immunizations stood at 1.1 million during the week Biden assumed office.[9] The Administration would have to slow down the current immunization rate to avoid administering 100 million shots in fewer than 100 days.

President Biden acknowledged this less than a week after formally announcing the goal. "I think with the grace of God," he said on January 25, "We'll be able to get that to 1.5 million a day."[10]

That revised goal held for just one day. On January 26, the President claimed that there will be enough vaccine to "immunize fully"—including two shots for vaccines that require a booster—"300 million Americans by the end of the summer, beginning of the fall."[11]

That pronouncement is more in line with the previous Administration's expectations. The Trump Administration worked to gain speedy FDA approval of COVID-19 vaccines and spur their production and distribution to protect the population against infection.

It is encouraging that President Biden now believes that he can bring the Trump Administration's work to a successful conclusion, but it raises the question of how he could change his estimate of something of this importance three times in six days.

## White House Reorganization

The Administration's policies on COVID-19 are, for the most part, focused on process rather than results, on multiplying bureaucracies rather than formulating concrete strategies. Instead of offering plans with measurable results, metrics, and timelines, the Administration has served up a Byzantine White House structure and a welter of task forces and working groups charged with devising plans. The Administration plans to make plans—or, rather, to establish task forces and working groups to make plans.

These task forces will hold meetings, write memos, and produce recommendations and reports. White House staff will oversee their work, culling, reviewing and accepting, rejecting, or modifying proposed plans. In some cases, that will entail refereeing disputes between agencies participating in these task forces. When consensus proves elusive, these disputes will be elevated to the President, who will have the final word.

The White House adjudicates interagency disputes through policy councils. The three most important are the National Security Council (NSC), which deals primarily with military and foreign affairs; the National Economic Council, which mainly handles economic issues such as taxes, entitlements, financial regulation, and energy; and the Domestic Policy Council (DPC), which is concerned with a broad range of domestic policy matters, such as labor, housing, and public health.

President Biden has issued an executive order creating a new position: Coordinator of the COVID-19 Response and Counselor to the President.[12] Biden tapped Jeff Zients, a Bain Capital alumnus and former senior adviser to President Obama, for this role. Zients reports directly to the President. His job includes coordinating government-wide efforts to produce and distribute tests, vaccines, and personal protective equipment and to reduce racial and ethnic disparities related to COVID-19. Zients will chair some task forces. He will review other reports before sending them to the President.

Although it is not clear whether Zients will have a staff comparable to other assistants to the President, he will have the authority to convene principals of federal agencies for domestic and global COVID-19 response. Former Obama senior adviser Susan Rice heads the DPC, while Jake Sullivan, who served as Rice's deputy during the Obama Administration, leads the NSC. Biden's decree that Zients can convene groups headed by Rice and Sullivan could portend West Wing turf wars that may prove challenging to manage, especially on a matter as crucial to the President as COVID-19.

Complicating things further, another Biden executive order reserves some COVID-19 policymaking to the NSC rather than to Zients.[13] Other provisions require agencies to provide recommendations to both Zients and Sullivan or to Zients, Sullivan, and Rice.[14] Reallocating authority—generally away from Rice—and creating overlapping jurisdictions could frustrate policy development and incite debilitating turf wars.

Presidential historian Tevi Troy has observed that "poor processes set up administrations for unhealthy forms of dissent, including leaking while in power and score-settling for years afterward."[15] The White House reorganization risks internal conflict and dysfunction on a matter of paramount importance to the President and the country.

## Interagency Task Forces and Working Groups

The President's COVID-19 executive orders, in addition to reorganizing White House staff, establish numerous task forces that require the cooperation of multiple agencies. This report will focus on two areas where the new Administration has preferred the establishment of working groups to immediate action: testing and public health data collection and dissemination.

**Testing.** The federal government has done a poor job on COVID-19 testing. The Centers for Disease Control and Prevention (CDC) established a faulty test for the virus during the pandemic's earliest days. The Food and Drug Administration (FDA) compounded this error by not authorizing the use of tests developed by private companies until the middle of March.[16] By that time, the virus was spreading rapidly and virtually undetected.

The United States reports roughly 1.5 million to 2 million test results every day.[17] There is generally a lag of one or more days between the time a specimen is taken and the results are reported. Testing is thus limited in volume (only a tiny proportion of Americans obtain tests on any given day) and timeliness (patients must often wait days for the results).

An effective public health testing strategy requires widespread self-testing on the order of tens of millions of tests per day.[18] Thankfully, the technology

exists to produce large volumes of low-cost, rapid home tests.[19] Regrettably, the FDA, repeating errors it made in early 2020, has yet to approve any of these tests, which are affordable and can be produced in sufficient volume to test vast swaths of the population regularly and provide results within minutes.[20]

The White House website, as noted above, speaks favorably of such tests, but the executive orders do not address it.

Instead, the executive order on testing creates a multi-agency Pandemic Testing Board tasked with developing a national testing strategy.[21] The board will comprise agencies that the President will designate. Zients will serve as its chairman. The board's duties will include coordinating federal testing efforts, increasing testing for "priority populations," and identifying "options for the Federal Government to maximize testing capacity of commercial labs and academic labs."

The order is silent on rapid, in-home tests. The Biden Administration is aware of their existence and value but, as with other policy priorities, focuses on process rather than on advancing policies to combat the pandemic.

**Data Collection and Dissemination.** The federal response has also been a failure with respect to data collection and dissemination. The CDC has done a poor job of handling COVID-19-related data.[22] Since 2006, Congress has enacted four laws directing the CDC to implement a real-time data collection and dissemination system. The agency has refused to do so.

The pandemic disclosed just how antiquated and unreliable the federal public health data system has become. The CDC still requires states and other entities to submit some reports by fax, placing unnecessary burdens on clinicians and state and local public health officials.

The solution is for the CDC to follow the law. The Biden Administration instead directs the White House COVID-19 Coordinator to chair an interagency group involving the Department of Health and Human Services (HHS) and "other relevant agencies" and produce a report on "the effectiveness, interoperability, and connectivity of public health data systems."[23]

It has long been evident that federal public health data systems are ineffective and lack interoperability and connectivity. Nearly 15 years have passed since Congress first directed HHS to correct this problem. There is no need for another federal report on the subject. The Biden Administration should act.[24]

## Conclusion

President Biden won the presidential election at least partly because he promised a better plan to combat the pandemic. Having won office, he now

says, "There's nothing we can do to change the trajectory of the pandemic in the next several months."[25]

His fatalism, though somewhat understandable, is misplaced. The pandemic's devastating consequences in the United States, Europe, and elsewhere is in part attributable to poorly conceived government policies. Public health authorities have failed to protect the most vulnerable, particularly nursing home residents, and have relied excessively on lockdowns and mask-wearing with disappointing results. The contagion continues to spread, even as government restrictions on social interactions and economic activities diminish financial security and economic and personal well-being.[26] As President, Biden can reshape these policies.

He has the advantage of assuming office just as vaccine distribution is gearing up and the wave of new cases may have begun to recede (although that is by no means certain).[27] Immunizations of vulnerable populations, including nursing home staff and residents, frontline medical workers, and the elderly, are occurring at a daily pace that already exceeds the targets the Biden Administration initially set for its first 100 days.

In addition to devising a vaccine, private industries have developed tests that would enable tens of millions of Americans to check their COVID-19 status frequently and take appropriate precautions if they test positive. The FDA continues to bar access to these tests. Widespread testing and accelerating the pace of immunizations could help change the pandemic's trajectory, but that will require the Administration to get over its fixation with bureaucracy and embark on new strategic directions.

There is a natural tendency for a new Administration to focus on the things it can control. Reshuffling boxes on organizational charts, creating multi-agency working groups, and ordering up studies and reports conveys an aura of competent governance. The risk is that the federal government will waste precious time and energy organizing itself instead of organizing a more effective response to the pandemic.

Such a response should begin with increasing the pace of immunizations, protecting nursing home residents, implementing the law on public health data collection and dissemination, and removing government barriers to over-the-counter, at-home, rapid tests.

**Doug Badger** is a Visiting Fellow in Domestic Policy Studies, of the Institute for Family, Community, and Opportunity, at The Heritage Foundation. He served as a senior White House staffer during the George W. Bush Administration.

## Endnotes

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2. The White House, "Executive Order on Protecting the Federal Workforce and Requiring Mask-Wearing," January 20, 2021, https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-protecting-the-federal-workforce-and-requiring-mask-wearing/ (accessed January 26, 2020), and The White House, "Executive Order on Promoting COVID-19 Safety in Domestic and International Travel," January 21, 2021, https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-promoting-covid-19-safety-in-domestic-and-international-travel/ (accessed January 26, 2020).
3. Doug Badger and Norbert Michel, "Mask Mandates: Do They Work? Are There Better Ways to Control COVID-19 Outbreaks?" Heritage Foundation *Backgrounder* No. 3578, December 27, 2020, https://www.heritage.org/public-health/report/mask-mandates-do-they-work-are-there-better-ways-control-covid-19-outbreaks. There is no enforcement mechanism for required mask-wearing on planes and other forms of transportation. The Department of Transportation and other agencies with jurisdiction over these matters are reportedly exploring options, including imposing civil penalties on violators. Gregory Wallace, "Transportation Officials Weigh Options to Enforce Biden's Mask Requirement for Travelers," CNN, January 24, 2021, https://www.cnn.com/2021/01/24/politics/biden-travel-mask-requirement-enforcement/index.html (accessed January 26, 2020).
4. Badger and Michel, "Mask Mandates," p. 4.
5. Kaiser Family Foundation, "KFF Health Tracking Poll/ KFF COVID-19 Vaccine Monitor," December 2020, http://files.kff.org/attachment/Topline-KFF-COVID-19-Vaccine-Monitor-December-2020.pdf (accessed January 26, 2020). The Federal Aviation Administration (FAA) under President Trump began to impose civil penalties on passengers of up to $35,000 for defying requests by crew members to wear masks. Harmeet Kaur and Natalia V. Osipova, "For Flight Attendants, Getting People to Wear Masks Is Now One of the Hardest Parts of the Job," CNN, January 21, 2021, https://www.cnn.com/travel/article/flight-attendants-unruly-passengers-masks-trnd/index.html (accessed January 26, 2021), and news release, "Federal Aviation Agency Administration Adopts Stricter Unruly Passenger Policy," FAA, January 13, 2021, https://www.faa.gov/news/press_releases/news_story.cfm?newsId=25621 (accessed January 26, 2021).
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9. Isaac Stanley-Becker, Dan Diamond, and Lena H. Sun, "Biden Sticks to Vaccine Goals Nearly Met by His Predecessor," *The Washington Post*, January 22, 2021, https://www.washingtonpost.com/health/2021/01/22/biden-vaccine-100-million-doses/ (accessed January 23, 2021).
10. Annie Linskey, "Biden Now Hopes for 1.5 Million Vaccinations a Day, a Big Jump from Earlier Comments," *The Washington Post*, January 25, 2021, https://www.washingtonpost.com/politics/biden-vaccine-coronavirus/2021/01/25/f1ce56dc-5f2e-11eb-9430-e7c77b5b0297_story.html (accessed January 26, 2020).
11. "Remarks by President Biden on the Fight to Contain the COVID-19 Pandemic," The White House, January 26, 2021, https://www.whitehouse.gov/briefing-room/speeches-remarks/2021/01/26/remarks-by-president-biden-on-the-fight-to-contain-the-covid-19-pandemic/ (accessed January 27, 2021). This is a significant increase over the 1.5 million doses per day that the President floated on January 25. Using Labor Day (September 6) as a benchmark for "end of the summer, beginning of the fall," the United States could administer 333 million *shots* at a pace of 1.5 million per day. That is well short of the number of shots needed to fully immunize 300 million people, since many vaccines require a booster.
12. The White House, "Executive Order on Organizing and Mobilizing the United States Government to Provide a Unified and Effective Response to Combat COVID-19 and to Provide United States Leadership on Global Health and Security," January 20, 2021, https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-organizing-and-mobilizing-united-states-government-to-provide-unified-and-effective-response-to-combat-covid-19-and-to-provide-united-states-leadership-on-global-health-and-security/ (accessed January 26, 2020).
13. The White House, "National Security Directive on United States Global Leadership to Strengthen the International COVID-19 Response to Advance Global Health Security and Biological Preparedness," § 5(a), January 21, 2021, https://www.whitehouse.gov/briefing-room/statements-releases/2021/01/21/national-security-directive-united-states-global-leadership-to-strengthen-the-international-covid-19-response-and-to-advance-global-health-security-and-biological-preparedness/ (accessed January 23, 2021).
14. Sections 1 and 2 of the "National Security Directive" assign certain tasks to the National Security Advisor "in coordination with" the COVID-19 Coordinator and certain department heads. Section 4(c) of the directive requires the Secretary of Health and Human Services to submit a plan to the President through the COVID-19 Coordinator, the DPC, and the NSC.
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18. Michael Mina, "How We Can Stop the Spread of COVID-19 by Christmas," *Time*, November 17, 2020, https://time.com/5912705/covid-19-stop-spread-christmas/ (accessed December 21, 2020).
19. For a nontechnical description of these tests and their capabilities, see RapidTests.org, https://www.rapidtests.org/ (accessed December 21, 2020).
20. Paul Romer, Michael Mina, Doug Badger, and Marie Fishpaw, "Rapid COVID Tests: A Cure for Lockdowns, a Complement to Vaccines," Heritage Foundation *Lecture* No. 1319, January 13, 2021, https://www.heritage.org/public-health/report/rapid-covid-tests-cure-lockdowns-complement-vaccines. See also Badger and Michel, "Mask Mandates." Some critics of the tests (known as rapid antigen tests) note that they are less sensitive than those that are typically processed by laboratories (known as polymerase chain reaction [PCR] tests). This lower accuracy is more than offset by the volume (testing tens of millions of people daily, as opposed to 2 million), frequency (people can test themselves often), and immediacy (results within minutes rather than days) of rapid antigen tests compared with PCR tests.
21. The White House, "Executive Order on Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats," § 2, January 21, 2021, https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-establishing-the-covid-19-pandemic-testing-board-and-ensuring-a-sustainable-public-health-workforce-for-covid-19-and-other-biological-threats/ (accessed January 26, 2020).
22. Joel White and Doug Badger, "In Order to Defeat COVID-19, the Federal Government Must Modernize Its Public Health Data," Heritage Foundation *Backgrounder* No. 3527, September 3, 2020, https://www.heritage.org/health-care-reform/report/order-defeat-covid-19-the-federal-government-must-modernize-its-public.
23. The White House, "Executive Order on Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats," January 21, 2021, § 3, https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-ensuring-a-data-driven-response-to-covid-19-and-future-high-consequence-public-health-threats/ (accessed January 26, 2020).
24. For a specific set of reform actions, see "Table 1: Recommendation for Reforming CDC Data Collection and Dissemination," which outlines a set of actions, time frames, and responsible entities, in White and Badger, "In Order to Defeat COVID-19, the Federal Government Must Modernize Its Public Health Data."
25. The White House, "Remarks by President Biden on the American Rescue Plan and Signing of Executive Orders," January 22, 2021, https://www.whitehouse.gov/briefing-room/speeches-remarks/2021/01/22/remarks-by-president-biden-on-the-american-rescue-plan-and-signing-of-executive-orders/ (accessed January 26, 2020).
26. To cite just one example, a CDC study has found that school closures have led to a sharp increase in children's mental health emergency department visits among school-age children. Among those ages 5–11, those visits increased by 24 percent between January 1 and October 17; it increased by 31 percent among those ages 12–17. Rebecca T. Leeb et al., "Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—United States, January 1–October 17, 2020," CDC, November 13, 2020, https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm (accessed January 26, 2021).
27. The seven-day moving average of daily confirmed cases stood at 174,774 on January 24, down from a peak of 254,214 on January 12, representing a decline of more than 31 percent. It is too soon to say, however, that this trend will prove durable. Worldometer, https://www.worldometers.info/coronavirus/country/us/ (accessed January 26, 2021).