

## What will we learn from the coronavirus crisis?

*Marilyn Moon*

**T**he onslaught of the coronavirus has highlighted glaring gaps in the social safety net in the United States and underscores lessons that hopefully can be learned from this tragedy.

Unfortunately it was inevitable that our public programs would not be up to the challenge. Americans like to think that people can take care of themselves, are often skeptical of government, and are readily persuaded that safety nets are for the weak and the less worthy. Consequently, much of the help being offered in this crisis relies on systems that are meant to punish and demean applicants — programs poorly staffed, relying on outmoded technology and imposing formidable demands on recipients for compliance and accountability. Stringent limits on length of benefit receipt and requirements to re-apply frequently are also common features.

Safety-net programs are operated so as to deter people from inappropriately seeking aid. By making it hard to obtain benefits, they are designed to minimize the chance of anyone getting aid who does not “deserve” it, thereby discouraging participation — on the part of deserving recipients as well. Even in this time of crisis, some public officials oppose programs that they believe discourage people from working (at the same time that health officials have been urging workers to stay home) and/or that they perceive as providing overly generous benefits (a bad joke for anyone who has to depend on them).

Our experience with COVID-19 highlights the problems that such a philosophy creates: hundreds of thousands of people have had difficulty getting unemployment benefits, small businesses have found it hard to work the system to get the loans they were promised, and the SNAP Program (food stamps) has not been sufficiently expanded to reach all those in need. The result: long lines of desperate families forced to seek food aid from charities for the first time, people desperate to return to work when aid fails them or falls short — despite exposing them to workplace health risks — and an inevitable increase in inequality caused by the fact that those with resources and savvy can work the system while the most vulnerable are left with less. Also highlighting our grim state of readiness are the pressures on health care systems to respond — particularly in states that failed, pre-COVID, to expand Medicaid — and the lack of strong public health programs that could ramp up quickly in times of crisis.

Contrast these harsh and dysfunctional safety-net programs with social insurance like Social Security and Medicare. These programs treat beneficiaries as having a legitimate claim on benefits and are broadly accepted as reasonable building blocks for income and health security. (Certainly this is in part a reflection of the contributory nature of the programs, though Medicare is heavily financed by general revenues.) Social Security and Medicare emphasize inclusion rather than exclusion. But while these programs are extremely popular, they



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have limited reach and are seldom used as models for other programs.

I would like to believe that we are ready to learn a major lesson from our current crisis: to start using Social Security and Medicare as models of respectful support for people in need. And we can build in rules for safety-net programs that automatically expand benefits when certain conditions are met, thus avoiding long delays and ensuring that efficient systems for distribution are in place rather than forcing the need for hasty legislation.

Now is also an opportune time to rethink the types and levels of resources needed and for whom in times of emergency, rather than continuing to rely on ad hoc responses — and the goal should be to ensure that help is far-reaching rather than focused on restricting access.

We need to recognize that such changes would be entirely consistent with basic self-interest. *We all benefit from an economy that does not collapse when work is disrupted.* So it's crucial to have strong protections that trigger quickly for those with limited resources to fall back on. For example, the ad hoc checks sent out by the IRS to supplement peoples' incomes could be refined to become a national program to make emergency aid available. Such an income replacement program in reserve could offer a simpler, fairer approach and we could count on it being there when the need arises.

Another key area of society's self-interest is protection for health needs. We will all be kept safer by ensuring that everyone has access to high-quality health care that includes vaccinations, testing and surge capacity. A national priority should be to make at least some basic care readily available. This surge capacity should be part of a public health program available to all, perhaps as part of an expanded (and less stigmatized) Medicaid program that further builds on the Affordable Care Act's intent to simplify and expand eligibility.

Our fixation as a country with "just in time" responses and excluding the "unworthy" from aid blinds us to the need for an inclusive system that instead emphasizes helping those in need, no stigmas attached. We need to remove our blinders.

Finally, when the dust settles, we will likely see that our terrible national problem of inequality — long on the rise — will have gotten worse. Despite providing some protections for the vulnerable, benefits paid during the pandemic will not have been sufficient to slow or counter the trend toward ever-greater inequality. The undeniable fact is that those who can work from home, count on savings, and manipulate the nation's complex system of benefits will have fared better than the rest. We need to tackle inequality directly, but at the very least we should resolve not to let a national emergency make matters even worse.

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