

U.S. Lags the World in Testing, Leads the World in COVID-19 Cases



April 15, 2020

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U.S. LAGS THE WORLD IN TESTING, LEADS THE WORLD IN COVID-19 CASES

The first case of COVID-19 in the United States was diagnosed in Washington state on January 20, 2020¹. After 12 weeks, and the appearance of over 600,000 cases of COVID-19 and over 25,000 deaths, the United States still lacks a national testing strategy to reliably and consistently test patients across the country. Instead, states have been forced to respond with limited federal support, leaving a patchwork of testing efforts across the country, limited data on the spread of the disease, and scarce supplies for testing and protection of health care workers.

As of April 14, more than [150,000 people](#) are being tested each day, and more than [2.8 million tests](#) have been performed. This is far below the amount of testing per capita that has been done in other countries.

Experts estimate the United States needs around half a million tests per day in order to control the pandemic ([Forbes](#)).

The United States is drastically behind in testing compared to other countries. The Administration's failure to implement widespread testing during the initial days of the pandemic left the United States unable to contain the spread of the virus ([NYT](#)). Months after detecting its first case, the U.S. has become a global epicenter of the disease with the most cases in the world and is far behind in testing. The U.S. is testing roughly 1 in every 273 people, while countries like South Korea and Germany have tested about 1 in every 100 people.

Democrats have a path forward. Democrats are pushing for a national testing strategy that includes significantly expanding testing, expanding reporting, and bolstering the supply chain. We also must invest in research on long-term solutions such vaccines, therapeutics, and antibody testing.

We need widespread testing to identify patients, contain the spread of the disease, and allow our economy to start again. Testing saves lives by giving health care professionals the information they need to prioritize treatment for those who need it most and manage scarce clinical resources, including personal protective equipment. It also keeps our essential workers safer by indicating who should stay home and who can keep working. Additionally, testing allows us to trace the virus and limit its spread through communities. Finally, testing can give us the information public health experts will need to decide when to reopen our economy and get people back to work.

Experts Agree the U.S. Is Way Behind and Must Ramp Up Widespread Testing

“The Trump administration’s decision to let states chart their own responses to the coronavirus crisis rather than impose a national strategy will cost *thousands of lives* and is likely to result in an open-ended outbreak rolling across the country, a dozen public health experts told NBC News.” (April 3 [NBC](#))

“The system is not really geared to what we need right now, what you are asking for. *That is a failing. It is a failing. Let’s admit it.*”

– **Dr. Anthony Fauci**, Director of the National Institute of Allergy and Infectious Diseases, during a House Committee on Oversight and Reform hearing on March 12

“The single most important tool we’ll need is an extensive testing infrastructure. Right now, we’re testing approximately 150,000 people a day. That’s nowhere near enough. ... Without adequate testing, we don’t know how many are infected, where the virus is spreading or where the hotspots are. We’re on a battlefield wearing blindfolds.” – **Ashish K. Jha** ([Forbes](#))

THE UNITED STATES FALLS BEHIND OTHER COUNTRIES IN TESTING

“From the beginning, South Korea implemented a rigorous testing regimen that included testing not only anyone who showed symptoms but also people who had had contact with infected patients. Because South Korea could develop a clear picture of who was sick and who was healthy, it could target efforts to real hotspots – and let people in other areas continue participating in daily economic and social activities.” – **Ashish K. Jha** ([Forbes](#))

The United States has more diagnosed cases than any other country, yet lags behind many countries in testing efforts, hindering our ability to contain the spread of the virus.

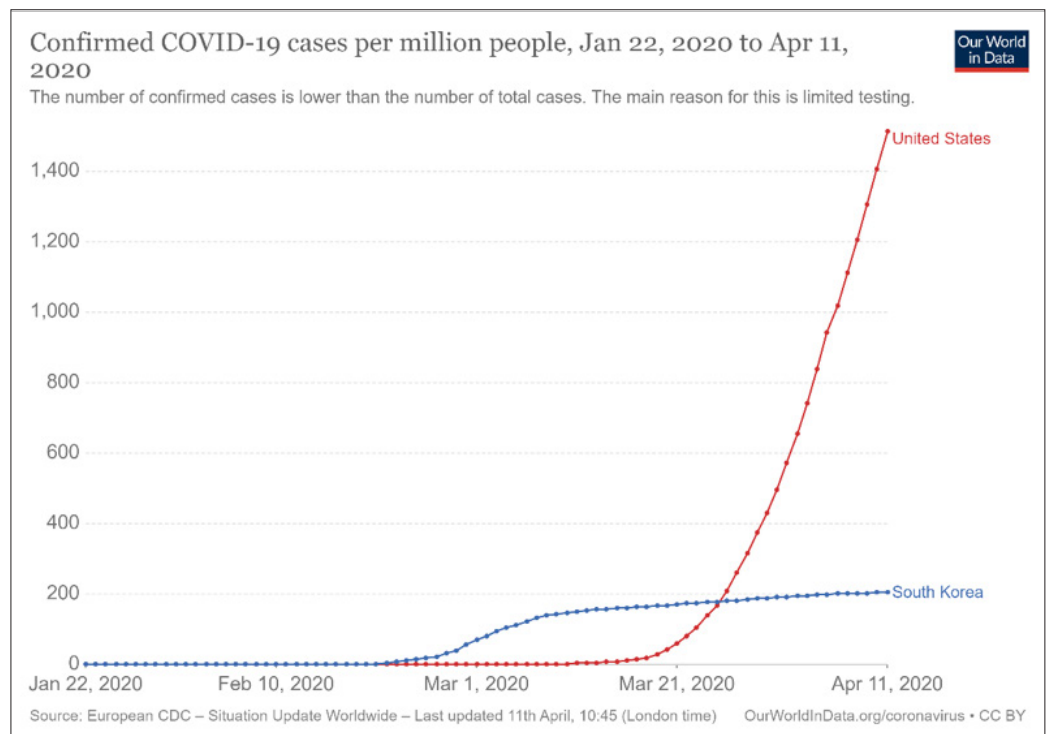
Testing in U.S. Versus South Korea

The United States and South Korea diagnosed their first COVID-19 cases on the same day (January 20).

By March 17, eight weeks later, over 4,000 cases had been confirmed in the United States. The United States was testing 125 people per million, while South Korea was testing 5,000 people per million ([NYT](#)).

South Korea had nearly double the case count of the United States but was testing 40 times more people per million. These trends continued over the coming days – a week

later, on March 25, the United States was still testing only 1 in 786 Americans while South Korea tested 1 in every 142 South Koreans ([CNN](#)).



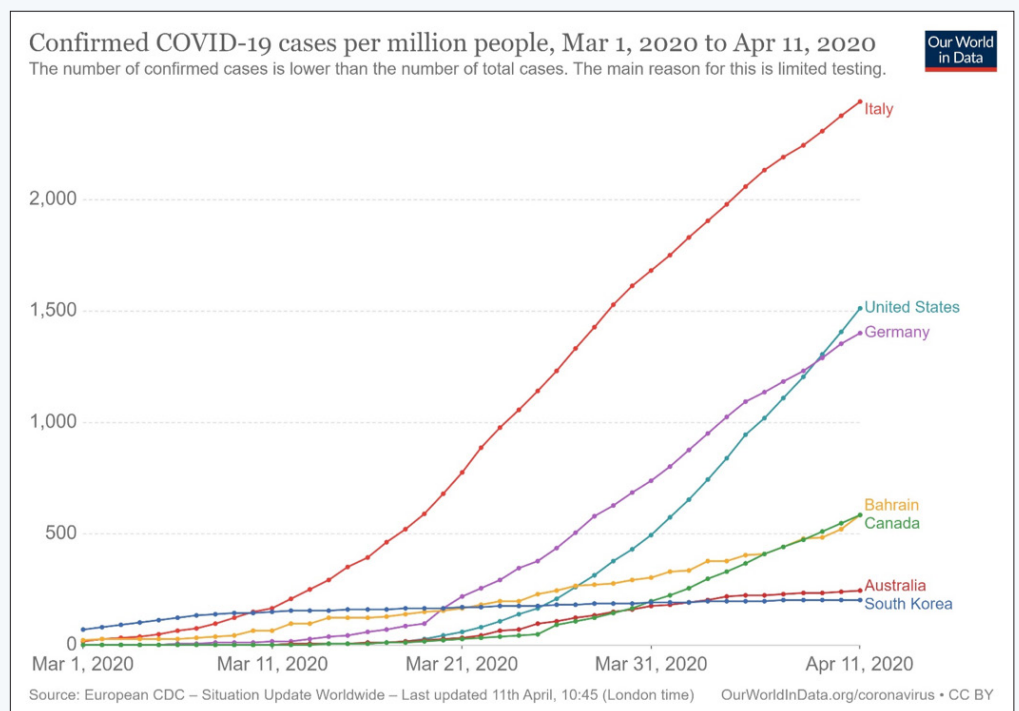
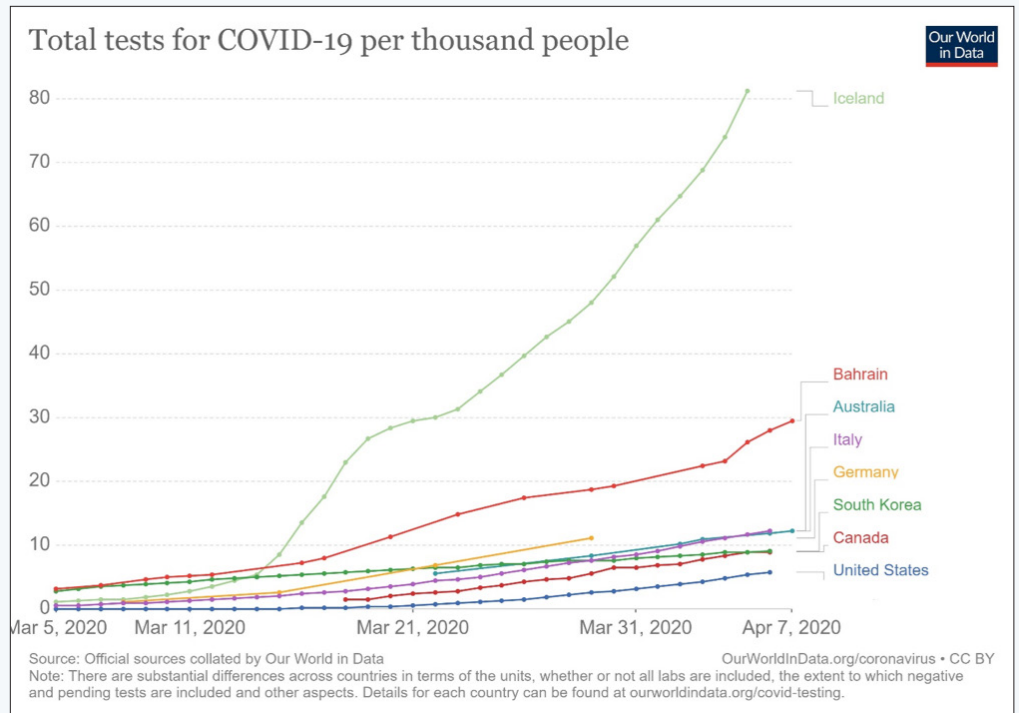
By April 2, the United States was testing 1 in every 273 Americans while South Korea tested 1 in every 119 people (NPR). Meanwhile, South Korea's cases stayed close to level while the United States' cases spiked; as of April 14, South Korea has just over 10,000 cases (Our World in Data). The United States now has over 600,000.

Testing in the U.S. and Around the World

The United States also trails behind other countries in total tests, adjusted for population size (Our World in Data). Despite efforts to ramp up testing in recent weeks, the United States is still behind.

For example, as of April 2, the U.S. had tested roughly 1 in every 273 people. By comparison, Germany has tested 1 in every 90 people, South Korea has tested approximately 1 in every 119 people, and Italy has tested roughly 1 in every 104 people. (NPR)

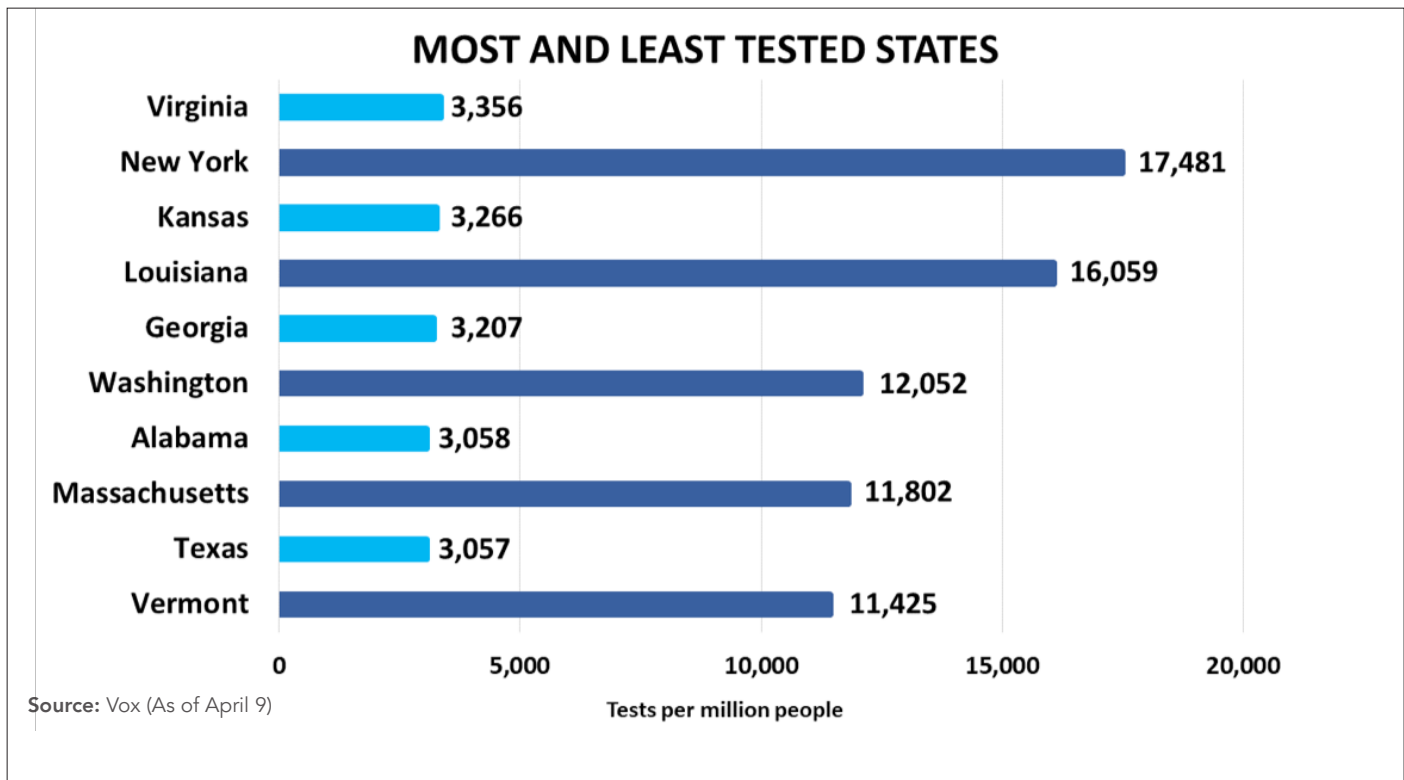
As testing lags, the number of confirmed cases in the United States continues to grow. Globally, there have been over 1.9 million confirmed cases of COVID-19 (NYT). As of April 14, the U.S. had over [600,000 confirmed cases](#), and experts indicate that because of inadequate testing, the number is probably much higher. The U.S. has surpassed Iran, Italy, and even China in the number of confirmed cases (Vox).



STATE OF TESTING IN THE U.S.

The first case of COVID-19 in the United States was diagnosed in Washington state on January 20, 2020ⁱⁱ. After 11 weeks, the United States still lacks a national testing strategy to reliably and consistently test patients across the country. Instead, states have been forced to respond with limited federal support, leaving a patchwork of testing efforts across the country, limited data on the disease's spread, and scarce supplies.

Governors have been pleading for federal direction while “bidding literally against each other”ⁱⁱⁱ for resources. Some states are working to assemble robust systems, while others still lag behind. **Texas, the second-most populated state,^{iv} is also the least tested – conducting only 3,057 tests per million people.^v**



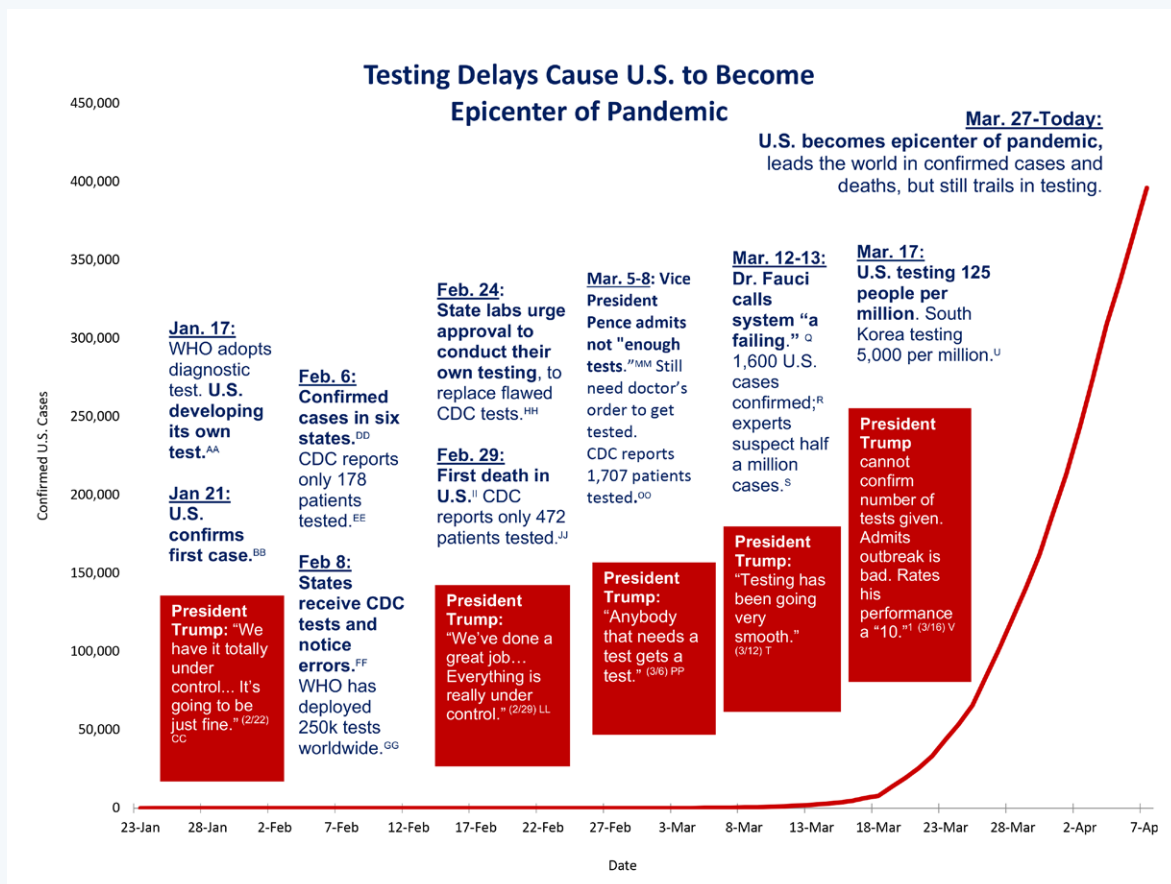
On a March 30 call with President Trump, governors from across the country shared their states' struggles to access testing. Gov. Steve Bullock said Montana was “one day away” from running out of tests.^{vi} South Dakota Gov. Kristi Noem said they had been requesting CDC supplies for two weeks and “had to get a little pushy” to get the badly needed supplies.^{vii} The next day, Maryland Gov. Larry Hogan admitted states were “flying blind.”^{viii}

Without a national response, experts say the United States will not be able to effectively tackle this pandemic. Yale researchers now say interstate transmission of the virus is the most urgent threat.^{ix} Nationwide testing is necessary to identify where the virus is spreading and minimize its further transmission.

Chart 1:



Chart 2



WHY DO WE NEED TO TEST?

In the United States, there are nearly 3 million nurses, over 660,000 police, 322,000 firefighters, and 257,000 EMTs that would benefit from increased testing ([NYT](#)).



TO SAVE LIVES

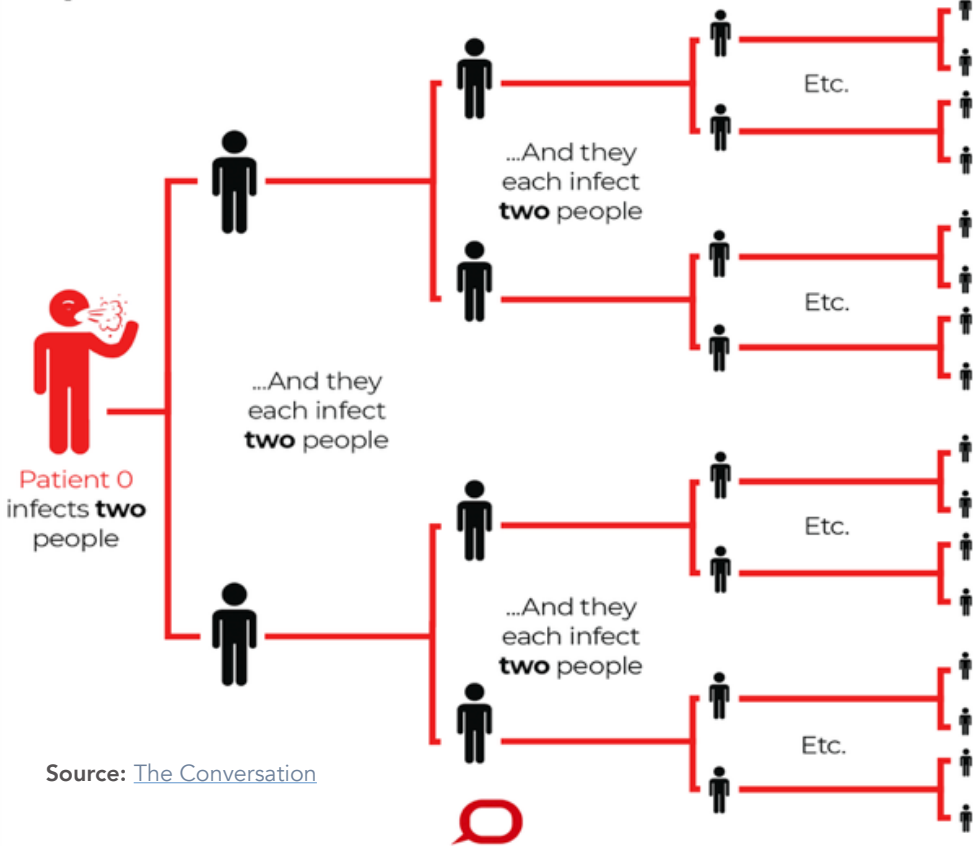
Testing saves lives by giving health care professionals the information they need to prioritize medical treatment for those who need it most and ensuring that cases do not continue to spread throughout the community ([Vox](#)). Increased and accessible testing is also critical for frontline workers and first responders, including health care workers, police, and others. Without widespread testing, many critical workers who may have been exposed to COVID-19 are forced to quarantine for days or weeks to limit potential spread. This decimates the available workforce, making it more difficult to manage the outbreak and save lives. Other essential workers – such as grocery store employees or delivery people – would also benefit from more regular testing ([NYT](#)).

Additionally, with widespread, validated testing for antibodies, people who already have recovered from the virus and are likely immune could begin assisting their communities – such as nurses working in coronavirus wards or volunteers delivering Meals on Wheels ([NYT](#)).

TO GET BUSINESSES UP AND RUNNING

Widespread testing would enable workers who are not infected to continue to work ([Vox](#)). It could allow for targeted lockdowns of households or most-affected areas, rather than sweeping lockdowns over entire cities or states that completely shutter economic activity. The United States is currently losing an estimated \$350 billion a month in economic activity ([WSJ](#)). The United States' annualized growth rate is projected to drop by 28% ([CBO](#)). Between March 15 and April 4, more than 16 million Americans filed for unemployment benefits ([Politico](#)). We cannot get the economy back up and running until we have widespread testing.

How a virus with a reproduction number (R0) of 2 spreads



TO TRACE THE VIRUS

Widespread testing informs contact tracing, in which public health officials trace the potential spread of the virus through the other people with whom a confirmed case came into contact. This helps to inform and quarantine individuals who are potentially exposed, and identify the original source of exposure.

While researchers don't know how many other people the average coronavirus patient infects, they estimate it is between 1.5 and 3.5 when left unchecked ([University of Michigan](#)). Countries that have implemented aggressive contact tracing – including South Korea and Germany – have been able to suppress coronavirus spread through quarantines of confirmed cases and isolation of potential cases ([ProPublica](#); [NYT](#)).

People who are unaware they have the virus could unknowingly spread it to many other people, including those at high risk for coronavirus-related complications or death, such as the elderly or immunocompromised. Some studies have found evidence that these carriers – especially right after infection, but prior to showing any symptoms – might be some of the most contagious ([ProPublica](#)). Widespread testing would help identify more of these carriers and allow for isolation.

Up to a quarter of all coronavirus cases may be asymptomatic ([NYT](#)).

TO REDUCE THE USE OF PPE

Knowing which patients are infected with the coronavirus allows hospitals and other health care providers to properly allocate personal protective equipment (PPE) to staff ([FiveThirtyEight](#)). While awaiting test results, health care providers must assume that the patient is positive and take appropriate precautions, burning through more and more PPE for each hour or day it takes to get a result ([Vox](#)). The Trump Administration has acknowledged that, as of April 6, 90% of PPE in the Strategic National Stockpile (SNS) had been depleted, and states would be receiving no more shipments ([USA Today](#)). [A report by the HHS Office of the Inspector General](#) found that hospitals could not count on the small amounts of PPE they received from the SNS, which often contained defective and unusable products. This threatens hospitals' ability to keep their staff and patients safe.

TO BETTER ALLOCATE RESOURCES

Widespread testing helps to determine which people need what resources and when ([FiveThirtyEight](#)). Without knowing the scope of the outbreak, it is hard to know what communities will need resources and to respond to their needs quickly and effectively, rather than attempting to catch up after an area is overwhelmed with cases. Currently, many states have received just fractions of the materials they requested, despite their case counts ([Washington Post](#); [Vox](#)).



THE PATH FORWARD

Social distancing can limit the immediate spread of COVID-19, but our families and businesses need a path forward. **Experts agree we need a national strategy in place to open up the country, and that will require widespread rapid testing.**

Through this crisis, Democrats have fought to secure billions of dollars to help bolster our public health care systems and help state and local governments procure crucial medical equipment, including testing supplies. *Now Democrats are fighting for improvements in testing availability, accessibility, and infrastructure.*

Coronavirus Preparedness and Response Supplemental Act (Phase 1)

- \$1 billion to help federal, state, local, and tribal governments prevent, prepare, and respond to the crisis, including laboratory testing to identify new cases. Includes support for CDC efforts to purchase and distribute test kits.
- \$3 billion for research, development and review of vaccines, therapeutics, and diagnostics to help protect the health and safety of the American people.
- \$2 billion for the Biomedical Advance Research and Development Authority (BARDA), prioritizing platform-based technologies with U.S.-based manufacturing to produce rapid-response testing.
- \$836 million for the National Institutes of Health to develop testing and a potential cure for COVID-19.

Families First Coronavirus Response Act (Phase 2)

- The law ensures that all individuals, including those with private insurance, Medicare, Medicaid, CHIP, VA, FEHBP, and TRICARE, as well as the uninsured, will not be charged for coronavirus testing.
- \$64 million to the Indian Health Service (IHS) for testing members of Native American tribes.
- \$1 billion to the National Disaster Medical System for reimbursing testing costs for those without health insurance.

CARES Act (Phase 3)

- \$150 billion to help hospitals and providers, including their efforts to expand testing.
- \$1 billion for the Department of Defense to bolster domestic supply chains, enabling industry to quickly secure tests and materials for state and local governments.
- \$4.3 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including laboratory testing to detect positive cases.
- \$45 billion for FEMA's Disaster Relief Fund, to provide for the immediate needs of state, local, tribal, and territorial governments, as well as private non-profits.

But much more needs to be done. Democrats are pushing for a national testing strategy that includes significantly expanding testing, enforcing universal coverage for testing, expanding reporting, and bolstering the supply chain.

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