The COVID-19 pandemic is an unprecedented global health crisis. Now more than ever, nurses must be at the table to shape health policies and recognize the politics of this pandemic. Politics (from Greek: politiká, “affairs of the cities”) is the set of activities that are associated with decision-making in groups, or other forms of power relations between individuals, such as the distribution of resources. In the United States, federal and state governments are not aligned on the control or procurement and delivery of resources such as tests, masks, ventilators, drugs, and treatments necessary to address the pandemic. This uncoordinated effort leaves many front-line healthcare workers unprotected and competing for limited supplies. The need for protected personal equipment and drugs exposes healthcare workers and other essential personnel to the politics of scarce resources.

The lack of essential medical supplies and equipment and no uniformed pandemic agreement of Centers for Disease Control or World Health Organization (WHO) guidelines has resulted in front-line worker deaths from the peril of diminished and ineffective distribution of resources. In fact, nursing is becoming one of the most dangerous jobs in the world.

Nurses cannot allow political divisiveness to affect how we respond to the COVID-19 pandemic. Nurses must use their collective voices and actions toward greater political influence. An astute place is leveraging the American Nurses Association Nursing’s Social Policy Statement (Neuman, n.d.). It is this statement that draws upon the power and distinct ways of how nurses help and care for others. For centuries, nurses have formed special relationships with society. This social contract, between the nursing profession and society, authorizes nurses as professionals to meet the needs involved in the care and health of patients and society. It is why the pandemic has become political and awakened our political will into the politics of patient-centered care, and public and population health.

Political Will

Since the outbreak of COVID-19, pandemic nurses have garnered attention and generated swift responsiveness and engagement in political and legislative action calling upon hospital systems, local and state officials, including governors, to pressure the President to use the Defense Production Act (DPA) to increase the domestic production of medical supplies and equipment that hospitals, health systems, and all front-line providers so desperately need. These supplies are urgently needed to care for our patients and communities, where vital supplies of N95 respirators, isolation gowns, surgical masks, eye protection, intensive care unit equipment, and diagnostic testing supplies remain dangerously low. It is clear; there are not enough medical supplies, including ventilators, to respond to the projected ongoing COVID-19 outbreak, and the only way to combat continued supply shortages is through the DPA.

The politics of the pandemic requires nurses to leverage what we know best and respect science, nature, and each other as we navigate the politics of the pandemic. If nurses use our collective political will, we can combat the coronavirus and its effects, including the epidemiology, economy, and equity, to better influence social ethics and justice that affect global and individual health. But first, we must remain diligent scientists, clinicians, and epidemiologists as Florence Nightingale has prepared us.

Recently, Howard Catton, CEO, International Council of Nurses, noted Nightingale knew the importance of data in the fight against disease. Lack of data, in the case of coronavirus, potentially costs the lives of nurses, devastating their families and cutting their careers.
Nursing and Epidemiology

It has taken a pandemic to remind all of us of the importance of epidemiology and how it is critical to the art and science of nursing. Epidemiology guides our practice as we analyze the distribution, patterns, and determinants of health and disease of the coronavirus and its impact on global health. Epidemiology is what shapes public health and policy decisions as well as evidence-based practice in identifying risk factors of coronavirus and targets for preventive health care.

As nurses and other healthcare providers on the front-lines become more knowledgeable about promising treatments and palliative care options to combat coronavirus, we must not lose sight that more than 4.5 million people in the United States have been infected with the coronavirus and over 150,000 have died (Johns Hopkins University and Medicine, 2020).

As of this writing, coronavirus cases have reached new highs, and outbreaks continue to grow sharply in the U.S. South and West. At least six states reported single-day records for new cases: Georgia, Iowa, Montana, North Carolina, Ohio, and Utah, along with an additional eight states also setting single-day death records: Alabama, Arizona, Florida, Mississippi, North Carolina, South Dakota, Texas, and Tennessee (New York Times, 2020). A new global record for daily infections continues, with a reported 228,102 new cases. Other countries are also showing large daily increases including Brazil, Mexico, India, and South Africa (WHO, 2020).

Today, hundreds of thousands of people are fighting for their lives and struggling in a strained global economy. The economic burden placed upon the global economy brings with it limited health resources, widespread poverty, political instability, and increased risks to nurses, nurse-midwives, and other healthcare workers. The need to build a more sustainable, inclusive economy has never been more apparent or more urgent. This pandemic is a painful reminder of our universal interconnectedness, vulnerability to global markets, and the need for mass mobilization to tackle an economic crisis.

Economy and Costs to Human Suffering

The spread of the pandemic is also leading to numbers and deaths that are quite asymmetric across countries (Wood et al., 2020). Noy and colleagues (2020) reported a low impact of COVID-19 in terms of case numbers and deaths does not necessarily translate into a low economic impact. Countries may experience a recession, even though COVID-19 has not had a serious effect on them in terms of health. Even minor public health events can severely affect lower-income countries due to their poor socio-economic conditions (vulnerability) and their weak capacity to respond to crises (resilience). Moreover, in a globalized world, countries are suffering indirect consequences from value chain disruptions and lower international demand for goods due to widespread recession.

Political Advocacy

Let us not lose sight of the policy lessons we can learn in the coming weeks and months, the ways we can help, and the opportunities each of us has every day to look out for one another and to create a more robust, more resilient, more equitable approach to the COVID-19 pandemic. It’s political – anytime there is a power differential related to the distributions of resources, politics wins the day. Now is the time for nurses to leverage their political awareness to protect themselves, their patients, and their communities to stay safe and alive.

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