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How Many Ventilators is Enough?

As a graduate student at Yale in the early 1970s, your blogger took an urban economics course from John Meyer and John Quigley. When discussing urban transportation in New York City, Dr. Meyer remarked that you couldn't solve their peak load traffic congestion problem if you paved over every inch of Manhattan. As a result, you had crowding, pollution, slow traffic, and commuters spending three or more hours per day on crowded trains. This peak load problem is now painfully evident in the midst of the COVID-19 pandemic.

There is considerable hand-wringing these terrible days about how we do not have enough ventilators to serve everyone who needs them – and we do not. Critics argue that this shows the terrible flaws in the US health care system (and in the Chinese, Italian, and Spanish healthcare systems). This is a profound peak load problem. Should there have been a “ventilator reserve”, enough to last out the COVID-19 pandemic? How about the appropriate numbers of masks, as well as hospital beds? Where is the reserve? Why did they not pave over all of Manhattan? They saw fit instead to fund subways, buses, and other forms of transportation in its place. In 2020, New York City is a vibrant city, and it still has massive traffic congestion.

The economic analyses argue against such massive reserves. How do you procure them, where do you put them, and how do you maintain them? How do you know whether they will work once you need them? Will they be in the right place? How would you justify the costs of maintaining empty wings of hospitals, waiting (possibly for years) for someone to use them? Should you be spending all of this money on the reserve, when there are roads to be maintained, diseases to cure, poor people to feed, children to be educated? Some argue that this is a problem for the states to solve, rather than the federal government?

Scholars of World War II agree that the United States was woefully under-prepared for its start on December 7, 1941. We had only recently instituted a draft, and we did not have the war-time materiel ready. The war was a national war; President Roosevelt didn't tell the authorities in Hawaii, California, Oregon, and Washington (who feared of being bombed) to “figure out a way” to fight the Japanese. There was a full federal mobilization, that took time – thousands of American servicemen died in battles in 1942, as the Japanese conquered large parts of the Far East and contemplated invading India and Australia. We know the end result – and we know the horrible carnage.

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We almost certainly should have had more advance planning for a possible pandemic, although no one could have foreseen the location and the magnitude of the impact of COVID-19 and the consequent financial dislocation. It is almost inconceivable that we would have enough ventilators and masks, even if the Trump Administration had not in 2018 dismantled a National Security Council directorate at the White House charged with preparing for another pandemic. The shortages are real and understandable. The refusal of the federal government to do what only federal governments can do – organizing a war-time mobilization against COVID-19 – is not.

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