COVID-19 has spread across the media much faster than across the world. The uptick is seen in the articles we're bringing forward this week. But rather than concentrate on what to do -- which has already been amply covered -- we're sharing reflections on how we got here. And what we can do differently.

"China produces and exports a large amount of pharmaceuticals to the U.S., including 97 percent of all antibiotics and 80 percent of the active ingredients used to make drugs here. Penicillin, ibuprofen, and aspirin largely come from China. Last month, the medical supply firm Cardinal Health recalled 2.9 million surgical gowns "cross-contaminated" at a plant in China; the blood pressure drug valsartan also saw shortages recently, thanks to tainted active ingredients at one Chinese plant. The combination of supply chain disruptions and increased demand at hospitals if coronavirus spreads to the U.S. could prove devastating."

As we increasingly become a global world and our inter-connections tighten, the cough in China does produce a sick individual in the U.S.. Perhaps it is time to re-shore critical pharmaceutical and medical devices. From BIG, Coronavirus, and Concentration: Should the FDA Have Anti-Monopoly Authority? [2]

"While it was once just a dream, permanently ending diseases has been within our power since 1980, when smallpox was eradicated after an intense campaign. This victory has saved roughly 200 million people who would otherwise have succumbed to the disease"
since then.

But other attempts to rid the world of diseases have not gone as smoothly."

From Quanta, a look at what characteristics of an organism makes it susceptible to eradication, How to Permanently End Diseases [3]

"Every disease provokes its own unique dread and its own complex public reaction, but themes recurred across outbreaks."

From the Incidental Economist, Contagion [4]

"An unprecedented shift in human population is one reason why more diseases originate in Asia and Africa. Rapid urbanization …"

From the Conversation, Why so many epidemics originate in Asia and Africa – and why we can expect more [5]