

WE'RE ALL IN THIS TOGETHER?

Let's Hope So

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Writing this editorial posed unique challenges. COVID-19 can't be ignored, but anything written now might be quickly outdated while we're in press. Further, is it possible to write about the pandemic in our politically divided country without seeming to take sides?

In a poll conducted by CNBC/Change Research in six battleground states from May 1-3,¹ which asked Republicans and Democrats which activities they would do right now, the differences were striking. Dine in a restaurant – 70%R vs. 5%D; go to a bar – 52%R vs. 4%D; fly in a plane – 46%R vs. 5%D; take mass transit – 40%R vs. 2%D; attend a sporting event – 37%R vs. 2%D.

The report also found that 97% of Democrats and 66% of independents remain “seriously concerned” about the coronavirus outbreak, compared with 39% of Republicans.

The Centers for Disease Control and Prevention (CDC), our premier institution for overseeing public health, often seems sidelined. It should be leading the effort to advise us how to act, but it has not been communicating with the public directly, and its guidelines for opening the economy were initially shelved, then released after an outcry, but have no teeth.

As health care providers, we must stand consistently on the side of science and data – the basic truths that are essential weapons against this virus. Efforts to obfuscate, delegitimize, or distort objective facts only risk intensifying the pandemic's severity and duration. Physicians and other health care professionals are the only scientists that most lay people interact with on a personal level, so it is vital that we act as advocates for science and take every opportunity to defend the practice of evidence-based medicine – something we did not previously think needed defending. (It shouldn't be necessary to refute a suggestion by the president that disinfectant might be useful internally as an anti-viral agent.)

In a TV interview on May 16, 2020, the president's younger son said that the president's critics were using the pandemic as a strategy that would cease after the election. “You watch, they'll milk it every single day

between now and Nov. 3. And guess what, after Nov. 3, coronavirus will magically, all of a sudden, go away and disappear and everybody will be able to reopen.”²

That may sound obviously foolish to physicians, but the anti-science attitude of many at the federal level appears to be damaging voter's confidence in science. In the aforementioned poll, the approval rating of doctors and medical professionals in general dropped to 68% from 90% a month earlier, and Dr. Anthony Fauci's fell to 88% from 96%.

Testing and contact-tracing remain the essential components of our efforts to control the pandemic, but the United States has never mounted an adequate national, coordinated testing program. As recently as April 18, 2020, Dr. Ezekiel Emanuel, chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania's Perelman School of Medicine, noted in the online Atlantic Magazine³ that despite assurances to the contrary, “not every American who wants a test can get one. Not every health care worker can get one. Not even every patient entering a hospital can get one... we are rationing tests, and... the United States isn't performing anywhere near enough tests. Worse still, we are testing the wrong people. To safely reopen closed businesses and revive American social life, we need to perform many more tests—and focus them on the people most likely to spread COVID-19, not sick patients.”

In other words, if we restrict our limited testing to those with symptoms, we will mainly confirm diagnoses in those we already suspect. To prevent spread of the virus, we must test people without symptoms – just the opposite of what we've been doing.

A month after Dr. Emanuel's April 18 article in the Atlantic, we still do not have a national system for testing (and likely never will), a national program for contact tracing, a sufficient number of tests everywhere, or national guidelines for social distancing. The major automakers are reopening this week without testing their employees unless they are symptomatic.⁴ (We know how that worked out in meat-processing plants.)

The president recently said that testing is

“overrated” and that doing too much testing can needlessly drive up the infection numbers: “When you test, you have a case. When you test, you find something is wrong with people. If we didn’t do any testing, we would have very few cases.”⁵ The reporter who wrote the piece commented: “The mind reels. This is akin to FDR saying that if no one reported the attack on Pearl Harbor, it wouldn’t have happened.”

America has always been a country prone to sects and cults with splinter beliefs and conspiracy theories, but modern technology has exacerbated the problem by allowing provocateurs to gain adherents by preaching their malevolent distortions on talk radio, via online social media, and on friendly cable channels. In such an unregulated information milieu, a highly contagious virus that spreads intangibly is the type of amorphous threat that feeds conspiracy theories and paranoia.

Conspiracy theorists are behind attacks on Bill Gates. Though his foundation has spent billions to improve health care around the world, and has donated \$250 million to combat COVID-19, he stands accused in certain conspiracy communities of wanting millions of people to die. These absurd claims are supported by doctored photos and false news articles.⁶

It is widely believed in some conspiracy circles that the number of deaths from coronavirus is being inflated only to make this administration look bad. To the contrary – as Dr. Fauci affirmed under oath to Congress – the reported number of deaths is almost certainly an undercount.⁷ If we compare the number of deaths in 2020 with deaths in the comparable period of the past few years, the increase is greater than the number of deaths we attribute to COVID-19. Since there is no other external cause, it’s likely that many COVID-19 deaths are overlooked.

America has always placed a unique emphasis on individual liberty, leading it to lag other developed countries in enforcing many beneficial public health measures like fluoridation of water and childhood immunizations. Still, at one time it was understood in America that “your freedom ends at the tip of my nose.” Now, however, anti-mask protesters prioritize their own

freedom at the expense of others – a dangerous, “your end of the boat is sinking,” mentality.

What is the public to believe when the president and vice president refuse to wear masks, even while visiting mask factories or the Mayo Clinic? Many in the general public who refuse to wear masks don’t seem to realize that a mask’s primary purpose is to prevent the wearer from spreading the virus to others, and only secondarily to protect the wearer. On May 1, 2020, a security guard at a retail store in Flint, Mich., was shot and killed after insisting that a customer put on a mask. Other less lethal confrontations are unfortunately commonplace, and they are more frightening in states with open carry laws.

If we hope to eventually control the COVID-19 pandemic with a vaccine, we must take into account the pre-existing anti-vaccination sentiment in the United States. People who won’t vaccinate their children against childhood diseases will be skeptical of a vaccine for COVID-19.⁸ The anti-vaxx culture of misinformation and conspiracy theories is already mounting a propaganda campaign on social media against a vaccine for COVID-19.⁹

If too many people refuse to be vaccinated, it might affect herd immunity. For an extremely contagious virus like COVID-19, herd immunity requires a high percentage of the population to be immunized. Unfortunately, the rush to develop and approve a vaccine may give anti-vaxxers a point of attack. We must have an equally vigorous campaign to advocate for vaccination and to counter misinformation.

Let’s hold out hope that there might be a silver lining in this story. If an effective COVID-19 vaccine is developed that rids us of this virus, perhaps it could lead to a greater appreciation of science, wider acceptance of vaccines in general, and delegitimization and weakening of the anti-vaccine movement.

All of that is probably too much to hope for, but we must take every opportunity to counter the anti-science cultural trends in the United States that will impair our response to the next (inevitable) threat to public health, just as it has compromised our response to this one.

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