

THREE THINGS: ENDEMIC COVID-19 EDITION

[NB: Note the byline, thanks! /~Rayne]

By now we've all seen that disastrous presser with dementia-addled Trump at the Center for Disease Control yesterday, his yes men all standing around him bobbing their heads like useless bobble-head dog figurines folks used to put in their car's rear window deck.

Trump is still pushing his bonkers argument that coronavirus isn't that bad because lots of people die from the flu. He then pivots to a plug for Fox News and the ratings his town hall got last night. pic.twitter.com/mAoVbujnj9

– Aaron Rupar (@atrupar) March 6, 2020

It was really bad when my 79-year-old mother, a retired RN, SCREAMED about that presser in her email this morning, yelling, "He has NO business spouting anything about this health situation!"

Yup. The man should leave it to the public health experts.

Mom's not a Democrat. Neither is my dad. They will NOT be voting for Trump this November, if they manage to stay away from COVID-19 on their own.

Here are three things that I consider must-reads. We need to know more about what we're up against.

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Here's a tweet thread which runs the numbers based on our current understanding of COVID-19.

I think most people aren't aware of the risk of systemic healthcare failure due

to #COVID19 because they simply haven't run the numbers yet. Let's talk math.
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– Liz Specht (@LizSpecht) March 7, 2020

If you don't get through this, the kicker is that this is an engineer running the numbers. She calls herself an engineer but this is a minimization of a Chemical & Biomolecular Engineering degree from Johns Hopkins and her PhD from UCSD. This is no lightweight assessment.

The follow-on gut punch: if the states and federal government do not develop and implement a comprehensive plan to mitigate contagion, *the U.S. will run out of hospital beds in early May.*

That's in a little over eight weeks.

If we don't have adequate beds let alone mechanical ventilators and intubation equipment, the mortality rate will jump from an estimated 2-2.3% to at least 5%.

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Jackasses like Rep. Matt Gaetz will make fun of the numbers, calling it overreaction. (By the way, how's that crow tasting today, Gaetz, after one of your constituents died of COVID-19 since you made fun of it by wearing a gas mask the day before?)

Matt Gaetz thought it would be funny to wear a giant gas mask on the House floor to mock the panic over the coronavirus pandemic. Now one of his own constituents has died. Idiots like this have no business taking up space in jobs meant for public servants.
<https://t.co/aDsbmZH0It>

– Jamil Smith (@JamilSmith) March 7, 2020



But hospitals are taking COVID-19 seriously. They have also run the numbers and discussed among themselves what the increasingly endemic virus will demand of them. Here's a summary from a presentation made in a webinar on February 26 by the American Hospital Association (AHA):

Best Guess Epidemiology

- $R_0 = 2.5$; Doubling time 7-10 days
- Community attack rate = 30-40%
- Cases requiring hospitalization = 5%
- Cases requiring ICU care = 1-2%
- Cases requiring ventilatory support = 1%
- CFR = 0.5%

- Community epi wave 2 months
- US: 96 million cases
- US: 4.8 million admissions
- US: 1.9 million ICU
- US: 1 PPV
- US: 480,000 deaths

• PREPARE FOR DISEASE BURDEN ROUGHLY 10X SEVERE FLU SEASON

Here's a comparison between influenza burden on hospitals versus AHA's anticipated COVID-19 burden:

COVID-19	Influenza, 2018-2019 season
96,000,000 infections	35,500,000 infections
4,800,000 hospitalizations	490,600 hospitalizations
1,900,000 ICU admissions	49,000 ICU admissions
480,000 deaths	34,200 deaths

Flu data from CDC.

Grim – 14 times more deaths than the flu based on data currently available about COVID-19.

What the hospitals see confirms we will run out of hospital resources and more if there is no more aggressive effort made to slow contagion.

We don't need to wait for proof. We can see it in Lombardy region of Italy as they quarantine 10-16 million people to prevent worse from happening.

The head of the Lombardy's intensive care crisis unit says the health system is on the brink of collapse, intensive care being set up in hallways. By March

26 they predict ~18,000 #Covid19 cases in Lombardy, of which ~3,000 will need intensive care. <https://t.co/Z4UyUeDhH3>

– Rachel Donadio (@RachelDonadio) March 7, 2020

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We know something has been very wrong about the way in which the Trump administration responded to COVID-19, particularly its approach to testing. What's not clear is why this was such a problem when the U.S. has responded to SARS, MERS, Ebola, Zika, H5N1, so on. Clearly this administration is not up to the job; clearly Trump is an idiot who shouldn't be allowed near crises like hurricanes, fires, and pandemic threats. We can all see something is very off each time there's a report that a credible claim of COVID-19 infection has been denied testing – including first responders.

But something more is going on here besides a bunch of yes men propping up a malignant narcissist with dementia. Jon Stokes laid down his thoughts in a tweet thread:

At some point with the testing stuff, it starts to look less like a series of bungles and more like enemy action to more and more people. That's where we're at now. They won't test the living, & when the time comes they won't test the dead.

– Jon Stokes (@jonst0kes) March 7, 2020

Has the delay in testing been due to Trump's dementia-addled decision making, waiting out what he believes is a different kind of influenza? Has he been told by some hostile entity, foreign or domestic to wait and let the virus burn itself out? Has one of the crypto-fascist end-times Christianists around him advocated letting God take the wheel?

Or is the failure to act a result of Trump's manifold conflicts of interest, this time a possible investment in a drug or testing manufacturer?

Amee Vanderpool wonders if Trump or his family is poised to profiteer from COVID-19:

The CDC has contracted with a company for coronavirus test kits that Trump previously owned stock and he has shown NO PROOF of divestment. There has been NO explanation about WHY he refused the WHO kits in Feb.

Is Trump profiting from #CoronavirusUSA?
<https://t.co/Kwl3yLMZRk>

– Ameen Vanderpool (@girlsreallyrule)
March 7, 2020

Axios reported this evening that Gilead Sciences shipped an antiviral drug to China – without CDC approval required by law.

SCOOP: Drug giant Gilead shipped a batch of its investigational drug, called Remdesivir, to China after requesting – but NOT receiving – the federal approval from HHS that is required by law. w @caitlinnowens <https://t.co/28Pz3daigj>

– Jonathan Swan (@jonathanvswan) March 8, 2020

Does some member of Team Trump have an interest in Gilead? Or has Gilead invested in Trump, perhaps through his campaign?

Or is this some dark means of fucking with the Census, anticipating urban centers which trend blue to suffer the worst of this pandemic, killing off people who'd rely on government funding and congressional representation in the next decade?

Is this a means to ratfuck voter turnout this

fall, literally killing voters by neglect with the anticipation of depressing turnout?

Is this a shadowy method to weaken the public before Team Trump decides they aren't going to vacate the White House should they be voted out of office? You'll note CBP has ramped up and militarized their presence in sanctuary cities – why now?

Whatever is driving Trump and his minions to do nothing to deter contagion and help the public already suffering from COVID-19, it's a dereliction of his duties to the nation, a rapidly growing national security threat which demands Congress's immediate attention.

Investigate Trump right now and find out why he's failing the country yet again.

And every member of the GOP congressional caucus owns this disaster because they've failed their oath of office.

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A lagniappe, if not a happy bonus: watch this video interview from Channel 4-UK with Dr. Richard Hatchett, CEO of the foundation Coalition for Epidemic Preparedness Innovations (CEPI).

Distasteful as the idea may be, a war footing may be necessary to fight this pandemic.