THREE THINGS: MORE FAMILY FUN WITH COVID-19

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

My second kid, who attends a Big 10 university, is sick. They're running a temp, have a headache and sore throat. Fortunately they have no other symptoms like a dry cough and chest congestion. They wouldn't meet the criteria for COVID-19 testing even if they develop a dry cough common to 68% of those infected with the virus

We had the awkward conversation about avoiding coming home for at least two weeks — even if the school shuts down, which it now has. This scenario is increasingly likely for all other Michigan and Midwestern colleges/universities. With the damage to my lungs from an autoimmune disorder we can't take the chance my kid has something besides a common cold. I never expected to have to tell one of my kids not to come home.

~ 3 ~

By now you've probably heard about the initial quarantine of Lombardy region of Italy, and then the subsequent quarantine of the entire country. It's bad. Italy is about two weeks ahead of Washington state in the virus's spread.

A Twitter thread by a UK anesthesia and intensive care registrar passes on a report from a friend in A&E (ER department) in northern Italy (includes Lombardy).

Tweets by an academic in Austria (next to Italy):

> Some doctors admitted in public interviews that the Lombardy system's in overdrive & that choices have to be made as regards access to ICU etc. I've seen this discussed on Twitter as the "black code" (codice nero). Not sure if already

> there. Or even at the point shared above.
>
> — Dr Elisa Perego (@elisaperego78) March 10, 2020

The “codice nero” or “black code” to which she refers is a label applied to patients who are DOA or for whom death is imminent. During triage they are apparently applying this to patients over 60-65 years old who arrive in respiratory distress because they have no equipment for them. Other accounts from Italy mirror both the news reports about hospital conditions.

A news report from France covering Italy’s crisis (open in Chrome and translate) notes concerns about COVID-19’s possible impact on southern Italy because it has even fewer resources. Hence the failed quarantine in the north.

In this news report from Brescia which is in northern Italy (open in Chrome and translate) you’ll note they are out of beds and are putting patients on cots, evident in the photo at the top of the page.

Some better news: China agreed to supply Italy with 1,000 ventilators and 2 million masks. Additionally, they are donating 100K respirators, 20K protective suits, and 50K test kits as part of an aid package. Must have leftover supplies now that China is closing down their rapidly-built emergency COVID-19 dedicated hospital. See story (open in Chrome and translate).

These purchases and aid will not be enough fast enough, though. The Italian College of Anesthesia, Analgesia, Resuscitation and Intensive Care has now published a guidance document today which appears to codify triage under current conditions. It’s grim.

> “In a context of grave shortage of medical resources, the allocation criteria need to guarantee that those

> patients with the highest chance of therapeutic success will retain access to intensive care.
>
> It’s a matter of giving priority to ‘the highest hope of life and survival.'”
>
> — Yascha Mounk (@Yascha_Mounk) March 11, 2020

Tom Bossert, Trump’s first Homeland Security Advisor, wrote an op-ed for the Washington Post published yesterday. He told Ken Dilanian/NBC, “We are 10 days from the hospitals getting creamed.”

ER doctor Rob Davidson from Ottawa County in West Michigan spelled out the anticipated challenge at video in this link:

> "We have 3 ambulances in a county of 47,000 people. Once our hospital fills up—[and] if it hits our community, it will fill up very quickly—our 3 isolation beds that we have will fill up."@DrRobDavidson explains the reality for many rural hospitals as coronavirus spreads: pic.twitter.com/iynIpTa4Bn
>
> — CAP Action (@CAPAction) March 10, 2020

Up to this video, Michigan had been lucky, having 39 negative tests out of the 375 tests it was allotted by CDC. Last night the state announced there had been two positive cases; Gov. Gretchen Whitmer then declared a state of emergency. In an email today, Michigan State University indicated a third likely case was associated with its campus – hence an announcement moving coursework offline as of noon today. MSU is one of four Michigan schools to make such a move.

We need to see more moves like this to increase social distance if we are going to “flatten the curve” of demand for medical services. It will

not be just COVID-19 cases affected by the additional demand on the system, but all other health care needs including emergencies. If we don't slow down the spread of the virus, ALL mortality may increase in addition to COVID-19 cases.

Particularly aggravating as the U.S. tries to wrap its head around this growing crisis is the active, malign action of the White House.

A House Oversight and Reform Committee (HORC) hearing today focused on U.S. coronavirus response; the White House interfered with its continuation by calling an emergency meeting requiring the attendance of the hearing's witnesses, including CDC Director Robert Redfield, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, and Terry Rauch, director of the defense medical research and development program for the National Institute of Health.

The HORC meeting was cut short without having answered all questions the committee had, although not before Dr. Fauci was able to provide a reality check to the committee.

> "Is the worst yet to come, Dr. Fauci?" Rep. Carolyn Maloney, chairwoman of the House Committee on Oversight and Reform, asked Fauci on Wednesday.
>
> "Yes, it is," Fauci replied.
>
> While this coronavirus is being contained in some respects, he testified, the U.S. is seeing more cases emerge through community spread as well as international travel.
>
> "I can say we will see more cases, and things will get worse than they are right now," Fauci said. "How much worse we'll get will depend on our ability to do two things: to contain the influx of people who are infected coming from the

> outside, and the ability to contain and mitigate within our own country."
>
> He added: "Bottom line, it's going to get worse."

A report published at 12:29 p.m. after the meeting was suspended revealed the Trump White House ordered public health officials to treat certain meetings on COVID-19 as classified.

> The sources said the National Security Council (NSC), which advises the president on security issues, ordered the classification."This came directly from the White House," one official said.

This is absolutely unacceptable. The public has both a right and need to know about the course of the virus's spread and its government's response. There is no constructive, positive reason for secrecy apart from hiding corrupt or incompetent decisions, which in this case could result in Americans' deaths.

In fact, this arbitrary secrecy may already have resulted in Americans' deaths if state and local public health authorities could not make informed decisions because necessary information was denied them.

> U.S. Vice-President Mike Pence, the administration's point person on coronavirus, vowed on March 3 to offer "real-time information in a steady pace and be fully transparent." The vice president, appointed by President Donald Trump in late February, is holding regular news briefings and also has pledged to rely on expert guidance.

The classification order also makes Pence's vow look like a lie to the public if on March 3 Pence knew there was information about the government's response withheld by

classification.

Constituents should demand their representatives and senators address this both by holding more investigative hearings into this unwarranted secrecy, and by disclosing whatever information they can obtain about COVID-19 and executive branch response so that the public and their health care system can act appropriately. Further, they need to provide support in a way that states can use without interference by the White House.

Congressional switchboard: (202) 224-3121

This weekend's real live drama revolving around cruise ship Grand Princess's docking at the port of Oakland hints at a solution to the bullshit obstruction and abuse of power surrounding the federal government's COVID-19 response.

Note in the video that California's Gov. Gavin Newsom takes center stage, leads and directs the release of information.

And yet the docking and debarking and transportation to quarantine facilities required considerable effort on the part of federal officials. Newsom thanked Pence, saying "His team is truly exceptional."

Gilding the lily a bit, because the real work was done much farther below Pence's office.

What was particularly interesting was the lack of response from Trump. We could have expected him to badmouth Newsom the way he badmouthed Inslee, but he didn't. Perhaps Trump was too busy playing golf.

Or perhaps he didn't want to draw attention to Newsom.

The docking happened, people were moved, and it happened without a lot of hullabaloo.

That’s exactly what we want — effective, speedy resolution meeting the problem head on.

This same model could work across the entire country if governors work cooperatively and collaboratively to share information and best practices, and are willing to be the point person out in front. The National Governors Association could provide the bipartisan vehicle for networking; it’s outside the purview of the White House, can’t be forced to operate under federal classification.

Granted, taking this approach means governors run the risk of mean tweets from Trump. Screw him and his germy iPhone. Residents in every state want calm and effective leadership they can trust and see in the days ahead. Governors should provide it — particularly since governors are a lot closer to their constituents than Trump is.

Every state should already have in place a process by which their residents can decide what action to take if they believe that they or their family members are infected with COVID-19. There have been far too many reports of individuals making calls to 911 and asking for ambulance rides to the hospital for testing. Such unnecessary use of resources, from calls to 911 operators to ambulance response to demands on hospital personnel represent heightening the curve, not flattening it.

States’ departments of health should have a published decision tree online for residents to use to decide their next course of action. It’s clearly not enough to tell the public “What to do if you’re sick” if they are calling 911 for non-emergency situations.

Website design has also been poor, forcing people who may already be panicky for lack of information to wade through a website to get what they need to make a health care decision, and in some cases design ignores that many residents rely on mobile devices.

Nor has the information process made it all the

way down to county and city level.

More effective outreach across broadcast and social media is also needed to manage expectations in the days and weeks ahead.

A collaborative effort by governors could reduce costs to create a comprehensive communication plan across each state and across the U.S. — all while avoiding the obstructive influence of the White House.

Until governors catch on, though, each of us will have to push our state and local health departments to do better BEFORE the coming crisis. There is no extra time, there is no room for failure. Check to see how your state and local health departments are working right now.

And in saying this I'll tell you my own county is screwed up. The web page with FAQ about COVID-19 doesn't render on mobile devices. It doesn't tell residents what to do if they have symptoms matching COVID-19. I really need to call and have a little constructive chat with them because the county hospital is less than a mile from my house. I don't want problems I can anticipate on my back porch.

A pretty good example of how a county health department's COVID-19 website should look is Santa Clara County, CA. See SCCPHD — the only nit I have with the site is that it needs a decision tree, something a little less fuzzy to help residents who are either panicky or not well educated.

Santa Clara County has also published a nice handout on social distancing. Really worth copying by other state and local health departments.

Wish I could give you a link to the websites and phone numbers you'll need to address this personal assignment but I can't. Do share in comments what you've learned in your search.

~ 0 ~

One more thing for the physicians among us who

might be willing to translate this into layperson's English:

> @DrRobDavidson
> This appears to have been written by a physician in WA, (about a week old, likely) front-line inpatient care of COVID-19 patients. Not able to verify, but clinical data, as described, is consistent and, if accurate, sounds a loud warning on many fronts
>
> — DocBurke (@burke_doc) March 10, 2020

Threadroll link here.

This is an open thread.