

# VMG COVID-19 UPDATE

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Issue # 82



Thank you for another week of taking care of our patients and each other. The weekend is just about here and I hope you will enjoy it.

First some good news. The 7 day positivity rate fell to below 1% in Massachusetts yesterday. But that's for the state as a whole. There are communities that DPH sees as higher risk (see the interactive map I sent last week). We'll come back to this in a minute.

Some things about the pandemic are complex. There are many things we still don't know about this virus and its effects on our bodies. We will learn more, I'm sure, the hard way (through experience) and by study (science).

But some things are not at all complex; they are simple. The virus spreads best in prolonged and close contact with people who have it, whether they are symptomatic or not. It spreads best when those people are not wearing masks and are in close proximity to each other. It spreads best when they are singing, talking loudly, yelling, etc. It spreads best when in enclosed spaces with less ventilation. So why are we, as a society, not avoiding these situations? There is a theory that the closer we get to a vaccine or treatment, the more these are discussed as "just around the corner," the more risk people are taking in being exposed or in taking fewer precautions. The main problem with this thinking is that the virus is still there just as before and we are months away if not a year or more from widely available and effective treatments and vaccines.

Here are some recent examples. Close to home, a cluster of new cases and illness in Massachusetts was found for a group of people who attended a "bachelorette" party in RI in the last few weeks. More recent: forget the politics but look at what happened *on the White House lawn* last night. Hundreds of people, sitting inches apart, talking loudly, singing, without wearing masks (and almost all were not tested – I mean for coronavirus, not IQ -- prior). These were avoidable situations. This did not have to happen this way. We'll see what happens a few weeks from now. Maybe they will learn "the hard way."

There are unavoidable situations. A Harvard study reported by Dasia Moore in the *Boston Globe* yesterday ([https://www.bostonglobe.com/2020/08/27/nation/new-study-finds-staggering-racial-disparities-covid-19-cases-massachusetts/?s\\_campaign=breakingnews:newsletter](https://www.bostonglobe.com/2020/08/27/nation/new-study-finds-staggering-racial-disparities-covid-19-cases-massachusetts/?s_campaign=breakingnews:newsletter)) "absolutely confirms and demonstrates what we saw [in Massachusetts] and the reasons why we saw it." "Dr. Joseph Betancourt, vice president and chief equity and inclusion officer of Massachusetts General Hospital said

that communities of color experience a “perfect storm of conditions for the spread of coronavirus,” including less access to health care and public health information, broken trust with medical communities, environmental and public health factors that contribute to poor overall health, and — in the case of COVID-19 — work and living conditions that increase exposure to the virus.

From the early days of the pandemic, Massachusetts cities with large Latino and Black populations have suffered high infection rates and death tolls. Chelsea, the city with the highest number of total cases per capita in the state, is 66.9 percent Hispanic or Latino. Of Massachusetts COVID-19 cases where the infected person’s race is known, 45.6 percent are non-Hispanic white, a group that makes up 71.1 percent of the state’s population. Similar patterns have played out nationally.”

Additionally reported, was the finding that “higher average household size and larger shares of food service workers, foreign-born noncitizens, and non-high school graduates across cities were all independent predictors of higher COVID-19 infection rates. A city’s foreign-born noncitizen population proved to have an especially strong correlation with higher COVID-19 case rates.”

Finally, they stated that because race is a social concept not based in biology or genetics, it does not by itself make a person more susceptible to COVID-19.

So what does this all mean? We have demonstrated an outsized proportion of cases (and deaths) in communities of color. You can choose whether or not to go to a bachelorette party (or a wedding) where people are not masked and crowded together. You can choose whether or not to go to a political rally and sit inches from others without masks, singing, talking loudly. But many cannot choose a less crowded living situation or choose a job that does not place them in close proximity with others having to get there by public transportation and without adequate masking. Many cannot choose to stay home for fear of losing a job or not having enough money to feed their families. Choices are less available in communities of color and economic disadvantage.

We believe that solutions to these situations will have to be found in making the vast resources of our society more evenly available to all, and without bias. We believe in becoming anti-racist.

The VMG Board of Directors has endorsed the following statement:

“Valley Medical Group stands against racism. We believe that racism and prejudice cause poor health and shortens lives. Valley Medical Group reaffirms its opposition to violence, hatred, and discrimination of any kind. We aspire to educate, discuss, and practice an anti-racist approach in all areas of our medical practices. We welcome feedback in support of our goal. Black Lives Matter.”

Dr. Gump has already written to all of us inviting our participation in our efforts. You’ll be hearing more about opportunities in the next few weeks. I hope you will all join us in helping to create better communities, a better society, and healthcare that is even more welcoming, accessible and delivered to all equally.

### **At VMG**

You’ll soon be hearing about COVID-19 PCR testing available at VMG. Testing will be for VMG patients only. It will be by nasal swab, “self-administered” during observation, and sent out to a national lab for reporting. Our thanks to Debbie Bolognani and the lab staff for the work in getting this going.

We are just now sending a special addition of our patient newsletter encouraging all to get flu shots beginning in a few weeks. (You can read the letter on the landing page for our VMGMA.com website). Plans are underway for flu vaccination clinics. You'll hear more about this also very soon.

We are working with some new software to help us with managing access to the buildings and with appointments for flu clinics. You'll be hearing more about "OhMD" (currently being trialed at EHC) and about CareBot (a system for texting patients to "reserve" their flu vaccine and notify them when it is available and avoiding phone calls to reception).

Dr. Mandile and Dr. Cai and our Eye Care Staff have reopened our Eye Care practice now in the Easthampton Health Center. She is seeing in person patients as well as virtual visits. Thanks to the Eye Care Staff and the Optometrists for getting us up and running. The first week went well. We'll soon be moving our Optical Shop to EHC as well.

Keep together.

<https://www.youtube.com/watch?v=foyH-TEs9D0>

And please continue to do what works:

- Please wash your hands (often),
- Don't touch your face,
- Maintain social/physical distancing (it works), and avoid large gatherings and crowds
- Definitely wear a mask (it is not a political statement; it's a public health good), (and for those patients and others who wear their masks without covering their mouth and nose, help them understand that both are necessary)
- Don't come to work if you feel sick,
- Continue to be in touch with and take care of each other, and help to educate everyone.

Joel

*Be patient; be mindful*