

# VMG COVID-19 UPDATE

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I'm going to start today with something on Public Health because, well:

- It's a societal good; it should be seen as basic infrastructure that allows us to grow and "live longer, better"
- It needs work and funding; it is not "distributed evenly" and those with less means (money, housing, food, access to healthcare) don't fare as well as those with greater means (
- And, we've learned that in addition to honest, clear, and direct leadership in pandemics and health crises, it's all we have

Ed Young, a really good science writer for *The Atlantic*, recently published an article called *How the Pandemic Defeated America*. Some excerpts:

At the end of the 20th century, [public-health improvements meant that Americans were living an average of 30 years longer](#) than they were at the start of it. Maternal mortality had fallen by 99 percent; infant mortality by 90 percent. Fortified foods all but eliminated rickets and goiters. Vaccines eradicated smallpox and polio, and brought measles, diphtheria, and rubella to heel. These measures, coupled with antibiotics and better sanitation, curbed infectious diseases to such a degree that some scientists predicted they would soon pass into history. But instead, these achievements brought complacency. "As public health did its job, it became a target" of budget cuts, says Lori Freeman, the CEO of the National Association of County and City Health Officials.

Today, [the U.S. spends just 2.5 percent of its gigantic health-care budget on public health](#). Underfunded health departments were already struggling to deal with opioid addiction, climbing obesity rates, contaminated water, and easily preventable diseases. Last year saw the most measles cases since 1992. In 2018, the U.S. had [115,000 cases of syphilis and 580,000 cases of gonorrhea](#)—numbers not seen in almost three decades. It has 1.7 million cases of chlamydia, the highest number ever recorded.

And some comments on some "special" populations:

America's neglect of nursing homes and prisons, its sick buildings, and its botched deployment of tests are all indicative of its problematic attitude toward health: "Get hospitals ready and wait for sick people to show," as Sheila Davis, the CEO of the nonprofit Partners in Health, puts it. "Especially in the beginning, we catered our entire [COVID-19] response to the 20 percent of people who required hospitalization, rather than preventing transmission in the community." The latter is the job of the public-health system, which prevents sickness in populations instead of merely treating it in individuals. That system pairs uneasily with a national temperament that views health as a matter of personal responsibility rather than a collective good.

You can read more here: [https://link.zixcentral.com/u/2883b7bc/duJmxHPa6hG-VjfkMy1kxg?u=https%3A%2F%2Fwww.theatlantic.com%2Fmagazine%2Farchive%2F2020%2F09%2Fcoronavirus-american-failure%2F614191%2F%3Futm\\_source%3Dnewsletter%26utm\\_medium%3Demail%26utm\\_campaign%3Dmasthead-newsletter%26utm\\_content%3D20200808%26silverid-ref%3DNjY0MTI3MzYzMzk5S0](https://link.zixcentral.com/u/2883b7bc/duJmxHPa6hG-VjfkMy1kxg?u=https%3A%2F%2Fwww.theatlantic.com%2Fmagazine%2Farchive%2F2020%2F09%2Fcoronavirus-american-failure%2F614191%2F%3Futm_source%3Dnewsletter%26utm_medium%3Demail%26utm_campaign%3Dmasthead-newsletter%26utm_content%3D20200808%26silverid-ref%3DNjY0MTI3MzYzMzk5S0)

If you were wondering how we, at VMG, became public health workers, this is why. Now that we're in it, let's continue to avoid complacency and keep to facts, science, and making the difficult decisions necessary to provide needed care in the safest possible way.

Some words about flu (which is on the way). We've gotten some good questions lately about the coming together of flu season and COVID-19 outbreaks. They are separate illnesses. You can get then both. Having had one does not protect from having the other. And it's probably true that if your lungs and other systems are weakened by one, you can be more vulnerable to the other and the effects can be more severe.

There are questions about whether getting the flu immunization will protect from getting COVID. It does not work that way; separate diseases. There are questions about whether getting the flu immunization during the pandemic can make you more vulnerable to COVID. Not so. So while the flu vaccine will not keep you from getting COVID, we believe that preventing flu by getting immunized will keep you from getting sick and being more vulnerable to COVID and other illnesses. As Dr. Maroun reminded me, the most dangerous vaccines are the ones you don't take. So, as we prepare to vaccinate as many of our patients as we possibly can against the flu, please, please protect yourself and your families by getting the flu shot. More on our process for vaccinating staff will be coming shortly.

### **International and National**

This continues to be a global pandemic. There are now more than 22 million cases and about 795,000 deaths attributed to COVID-19. You can see the effects here:

<https://nytimes.com/interactive/2020/world/coronavirus-maps.html>

As reported by the NYT," The virus continues to affect every region of the world, but some countries are experiencing high rates of infection, while others appear to have mostly controlled the virus." Much of South America, the U.S., Iraq and Spain appear to be global hot spots. There are more than 200,000 new cases reported, daily. The virus does appear, overall, to be showing a slight downward trend in the U.S. because of some slowing in the southern states that were hit the hardest (though Florida, Texas, California, and Arizona still have a lot of infections, hospital admits and high case positivity rates).

So while some countries and states are reporting recent downward trends (especially in places that were first to experience the pandemic), this pandemic is far from being controlled. *New virus, no vaccine, no good treatments = Wear a mask, keep social distancing and avoiding crowds, wash your hands, stay isolated when sick.*

### **In Our State and Region**

While there is still a lot of political fighting about opening schools in the U.S. (and the results have not been good at some colleges and school systems across the country), NYC teachers are threatening to strike if the city persists with its plan to open to in-person instruction.

In our state, Boston public schools will start the school year with remote learning and then bring students back as conditions permit. Across the state, about 70% of school systems were planning at least partial in person instruction and the Governor has plans to deploy “mobile rapid testing units” to schools that may have outbreaks. It’s a good idea, but why not avoid the need?

Big picture in Massachusetts: the Governor reports that “73 percent of communities have seen a decrease or no change in daily average cases in the last two weeks” as reported in the *Boston Globe* yesterday. The 7 day weighted average of positive tests was 1.3% (that’s a good number). Locally, South Hadley was raised to high risk while Holyoke was lowered to moderate risk. Springfield, Chicopee, Holyoke, Easthampton were steady at 4-8 cases per 100,000; Northampton was at <4 cases per 100,000. These are relatively good numbers.

Hampshire and Franklin counties are still experiencing among the lowest rates in the state.

### **At VMG**

Jim Wood and Greg Folta have been working with our HVAC companies to monitor and understand air flow and air exchanges in rooms across our centers. They have already adjusted the systems to increase the amount of outside, fresh air in the buildings. This helps to reduce risk of transmission along with our previously established processes: screening all who enter the buildings, using our outdoor “facilities” for lab, nursing, and other visits as much as possible, creating separate “pathways” for those with respiratory symptoms or suspected cases, and reducing time in exam rooms by hybrid visits and telehealth. We are doing well with virtual visits (but please remember to make sure that we are using video for all possible virtual visits; it’s better for “seeing” and understanding patient symptoms and better for our finances). We have adequate supplies of PPE and we are ordering “in advance” to maintain inventory.

We are considering the best methods for increasing in person visits over the next few months and in preparation for late fall and winter (when our tents will be difficult or impossible to use). We will proceed slowly and deliberately and monitor case positivity rates in our towns (and for patients where we have test results) and proceed or reduce our in-person access as the data suggest. You’ll hear more about this in the next few weeks.

None of us have been through this before. I am daily impressed by your efforts, your willingness to take on this public health mission and continued care, and our ability to change processes and do the best we can for all. Thank you again for your continued efforts to provide the care our patients need in the safest possible way for patients and your colleagues.

You've seen the numbers. We've lost many. But we go on and do better and remember:

<https://www.youtube.com/watch?v=uFvHeqMfsJQ>

And while we've lost many to the virus, we're still aware of what we all have lost to systemic racism, and in discrimination in access to healthcare and public health. But this will change and the hope and work is uplifting:

<https://www.youtube.com/watch?v=nPBi88v7adM>

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 fell sick,
- Continue to be in touch with and take care of each other, and help to educate everyone.

Joel

*Be patient; be mindful*

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