From: Ptr Mrgn
To: Barry Kling
Cc: Ann Diamond; Jim Clement; Elizabeth Weiss; Lauri Jones; Peter Bauer; James Wallace; Scott Graham; Jesus Hernandez; Alan Fisher; Bruce Honsinger; Malcolm Butler
Subject: Re: Opinion | Healthcare professionals: We have flattened the curve, now we're behind it | Coronavirus | wenatcheeworld.com
Date: Sunday, May 17, 2020 10:25:24 AM
Attachments: winmail.dat

Thanks Barry. I actually think there is common cause to be had with Lambert et. al. I'm working with others to craft a response highlighting differing points of view without scorching the pieces of ground we might agree to stand on together. These are difficult times, the stakes are high, people are suffering, scared and angry, there is no path that doesn't have consequences, and new information (and misinformation) is emerging constantly. It can be really hard to sort it all out.

Meanwhile, thanks for being a steady leader and resisting the temptation to overreact. It's often a thankless job that probably doesn't fill your email box with praise and gratitude. I want to make sure you know how much I appreciate you and the role you and Lauri play. Keep at it and let all of know how we can help.

Peter

> On May 17, 2020, at 9:18 AM, Barry Kling <barry.kling@cdhd.wa.gov> wrote:
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> Even in more normal times young public health people have sometimes complained to me about the influence of politics in public health. I usually remind them what the "public" in public health really means and suggest that they choose a different field if they really want to escape politics and elected officials. Meantime, I tell them, good public health services won't happen if we can't be effective in working with people we don't always agree with. Most of my career has involved working in and with very conservative small communities and I have seen my job as finding common ground with their leaders – most everyone wants moms and babies to be healthy, etc. – as the basis for the best public health services possible under the circumstances. I still think most people do not believe that 5G, Bill Gates and contact tracing are actually related to dark conspiracies. But a nagging voice in the back of my mind keeps mentioning what we should have learned from the 20th century – that tolerance for vicious hateful lies, even when they are repeated by decent people who are reacting mainly out of understandable fear and frustration, is not really neutral. I am trying to resist the temptation to push back with scorn, irritation and sarcasm. I am trying to be tolerant and understanding, especially when I hear these things echoed (if not openly advocated) by people I like and respect, which includes many local leaders whose political beliefs I do not share.
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> But it is getting tougher, and I hope I will be able to see the line between a resilient effort to do the best public health work permitted by the circumstances on the one hand, and collaboration with some very dark developments on the other. So far I plan to keep at it. If political decisions about the pandemic allow it to become worse than it has to be, it will be important for public health to help clean up the mess. The HIV pandemic shows us how terrible the price for politicization and know-nothingness can be, yet we seem to have reached the point where HIV is seen as one major disease among others, having very little political content. That will happen with COVID, though sometimes I shudder to think of the path we may have to take to get there.
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> From: Ann Diamond <frogdia@gmail.com>
> Sent: Saturday, May 16, 2020 8:17 AM
> To: Jim Clement <jfcbas@msn.com>
> Cc: Ptr Mrgn <ptrmrgn@gmail.com>; Betsy Weiss <betsyweiss@gmail.com>; Lauri Jones <ljones@co.okanogan.wa.us>; Peter And Janet Bauer <pbauwa@gmail.com>; James Wallace <jwallace@fhc.us>; Scott Graham <sgraham@trhospital.net>; Jesus Hernandez <jhernandez@fhc.us>; Alan Fisher <fishera@mvhealth.org>; Bruce Honsinger <bruce.honsinger@gmail.com>; Barry Kling <barry.kling@cdhd.wa.gov>; Malcolm Butler <mbutler@cvch.org>
> Subject: Re: Opinion | Healthcare professionals: We have flattened the curve, now we're behind it | Coronavirus | https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwenatcheeworld.com&c=E,1,gdZatInQlUwrogedOS1_xsp87DQyRKn2Xl-Y24B0_JudAGcxhUVG6uP_TRCd6JrZGeFCk9rgF6w7-smlzt3WYScBZTAKTo7i5UiPha0oRIVmsRhAmAg8jid&typo=1
>
> Good morning all!
> Lovely light topic for the first cup of weekend sustenance.
> I would add to Jim's comments, the no new cases for three weeks applies to smaller population counties, not King or Snohomish. Okanogan and Chelan, yes. And though I believe the Methow has had no new cases in 3 weeks, there have been at least 6 new cases in Ok Co in the past 3 days. Meanwhile we have two county commissioners debating the usefulness of masks, one going so far as to state that the US Attorney General doesn't support the use of masks--and yes, that is wrong. Not just misleading, but a lie.
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> What concerns me among so many things that concern me is the politicization of public health. Lauri Jones repeatedly states, "I am not a politician"--and yet politics dictate her budget, her support staff, and her job. Lauri, Barry, chime in if you feel differently.
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> Wearing a mask is not the same as branding "I am a democrat" across one's forehead, yet I have heard the summation argument wear + mask = democrat. How do we as public health professionals face neighbors who believe that going bare is not disrespectful of our community's health, but rather an act of respect for our president?
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> As I told Peter M, when I first read the POV I scrolled to the bottom, saw the for profit urgent care connection and assumed greed as the primary motivation. Maybe the motivation was survival of their business--the ability to serve their patients, pay their employees AND feed their families. I don't know. I am learning to step away from my assumptions and ask. Peter B says he knows some of these individuals and perhaps talking with one of them directly would be the best next step.
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> I will sign off with a tale from 2 months ago that still lingers in my conscience. A patient called me at home to ask about using CPAP in her bedroom, now that her whole family was back in the house. She was concerned she might aerosolize SARS CoV2 unknowingly and put her family at risk. I encouraged her to use her CPAP--she is staying home, wearing a mask, washing her hands---and I asked if she had called her pulmonologist.
> She said yes.
> She said, "But I don't know how he voted."
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> enjoy the day,
> Ann
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> On Sat, May 16, 2020 at 6:57 AM Jim Clement <jfcbas@msn.com<mailto:jfcbas@msn.com>> wrote:
> Here are two threads going. Sorry if you get a duplicate of this email, sent to Betsy as potential fodder for a letter to the editor.
>
> Potential comments for your letter. It is difficult to debate some of these issues without getting deep into the weeds, perhaps beyond the scope of a letter to the editor. Simplified, my comments are 1) The authors are wrong, the state isn't saying anything about "no new cases for 3 weeks" as a criteria for reopening and 2) they dance around lack of evidence for asymptomatic spread while ignoring copious documentation of presymptimatic spread.
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> Thee are factual errors the letter. Twice the writers discuss a concept that Washington and Inslee will not allow a county to reopen until there have been no new cases for three weeks. This certainly seems excessive, and simply isn't true. The state government has not yet published any concrete guidelines for transitioning from phase 1 to phase 2, much less laid down this impossible to meet metric. The official chart regarding the phases makes no mention of a new case criteria (https://www.governor.wa.gov/news-media/chart-washingtons-phased-approach) The best description I can find of when to move to phase 2 is here :https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fmedium.com%2fwagovernor%2finslee-signs-new-covid-19-order-for-phased-re-opening-of-washingtons-economy-ad5ea919ab56&c=E,1,sM69urinF-Mxh4y2AU5k9kdvyJOqChYhtoK_dOXmjRjVDxNVxUdy2fLhpBm0N2TNe71SpZaTBC3WT72Ryi-ZUGdkHeMw1mnIduJ_bLv6C75SkAXU-xgrK7&typo=1<https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fmedium.com%2fwagovernor%2finslee-signs-new-covid-19-order-for-phased-re-opening-of-washingtons-economy-ad5ea919ab56&c=E,1,LhnR5IgZxs7pwW4MN11bbj0o9owoxoGrBX72yuFaLzzhgVYOkvMKBjNegjpUtbHFBaJcs1qvY1TG4Ats36l1auFuEGBn4wGfOVpzzorvl5gY-rdH3wXu_uL9&typo=1>. No mention of zero new cases.
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> At the start of phase 1, the state recognized that there were some counties with very low disease prevalence, and outlined requirements for these few counties to receive approval to move directly to phase 2, because they essentially had already been in phase 1. One of the criteria for state approval for low prevalence counties to move directly to phase 2 was "no new cases for 3 weeks" (https://www.washingtonexaminer.com/politics/some-counties-in-washington-state-move-to-phase-2-of-reopening). As the state has not yet decided about how and when higher prevalence counties transition to phase 2, indicating "no new cases for 3 weeks" is inaccurate, and I think a bit inflammatory.
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> The authors highlight asymptomatic spread of the virus and attempt to downplay this risk. They state there is no evidence that widespread symptomatic spread is occurring, while acknowledging that no study indicates it isn't occurring. Pretty thin logic for a major public health problem. They focus on spread form asymptomatic carriers, and fail to consider human to human transmission of the virus in presymptomatic COVID patients, very well documented to occur: (April 24 NEJM editorial: https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.nejm.org%2fdoi%2ffull%2f10.1056%2fNEJMe2009758&c=E,1,XZh5fb6UI6TrCUgJEMRz3PE1pbzu5bkhewHLLFLc7WwDgIS08cx4c6oRbzaowzqtGxltvAps4e_cDZ_rS5EbUPwNYc6FzMNVLjToySRvqfAnT25a_EXTPhX4FUz5&typo=1<https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.nejm.org%2fdoi%2ffull%2f10.1056%2fNEJMe2009758&c=E,1,_WfaArt7HD3IFWlADoXVJo3wM5d59-n7lOfgokh_fApRdOVMxF6QW7Q36FAdi6B7vg-ZTs0QYq9CFWVXBtw4RmHXP0vdnaH8fT2rx261-mhPNeoDMk7hQ8ye7w,,&typo=1>)
> On May 15, 2020, at 9:16 PM, Peter Morgan <ptrmrgn@gmail.com<mailto:ptrmrgn@gmail.com>> wrote:
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> Thanks Betsy. I really appreciate you taking a whack at it. Ive been outdoors all day to day but I'm going to take what you wrote and try to add to it and get something back to the group tomorrow.
> Peter
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> On May 15, 2020, at 11:36 AM, Elizabeth Weiss <betsyweiss@gmail.com<mailto:betsyweiss@gmail.com>> wrote:
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> So here is a start of information it would be nice to have and at the bottom The original CDC guidance for gating, reducing mitigation efforts, includes several areas I can't address:
> Have our larger employers in the area, (agriculture, federal government) established adequate screening of workers with temperature monitoring and symptom monitoring each day?
> Are workers provided with masks?
> Do they have worksite ability to wash hands frequently and distance from other workers?
> Are workers with symptoms or fever advised to remain home until cleared by a healthcare provider?
> Are we prepared to followup on contacts of a person with COVID with testing, symptom monitoring, and isolation support?
> Are our places of high risk of transmission,(churches with choirs, restaurants, produce processing plants, events where people are in close contact) prepared to accommodate mitigation guidance? Do they even know what is asked of them?
> Do our hospitals and healthcare providers have adequate PPE and testing capability to test people who are symptomatic?
> Do we retain the ability to respond to a surge in cases?
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> To the editor:
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> The Opinion piece, Healthcare Professionals: We Have Flattened the Curve Now We Are Behind It, argues for removing all efforts at mitigation while somehow protecting our most vulnerable. How to do that is not explained.
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> Our understanding of death rates from Covid-19 is evolving. Studies vary widely partly because of the difficulty in determining accurately how many people have been infected due to limited ability to test people. This might make it appear the death rates reported are too high. At the same time reporting of deaths has been skewed and many believe the increase in deaths over expected supports a higher death rate than currently reported. We are learning all the time and clearly fatality is greatest with older and ill people but has hit every population. Okanogan County has plenty of vulnerable people, 28% of our population is over 60 yo. Death rates from SARS-CV2 vary widely as illustrated by the WA DOH reports: as low as of 0.1% in young healthy people and as high as 20% in people over 80.
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> Indefinite closure is not an option but phased opening is. While an individual's risk of dying with Covid may be low, their risk of infecting others is high. We do not have the data to address how infectious an asymptomatic person may be but we have no information that supports it being zero. A person with mild symptoms remaining active in the community can certainly infect others and people appear to be most infectious as their symptoms start to develop.
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> How do we maximize safety and health while moving towards opening? Our public health professionals want what is best for us. They want us to have food on our tables, and to return to work safely. How can we help? Wear a mask to reduce the risk of spreading illness. Wash hands well and use disinfectant in places of public use. Minimize high risk exposures, gatherings inside of more than a few people, remain 6 feet apart. Avoid crowding anywhere but certainly when eating. Sing in a shower not with others. Be patient and as our health authorities remind us, be compassionate.
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> On Fri, May 15, 2020 at 7:51 AM Peter Morgan <ptrmrgn@gmail.com<mailto:ptrmrgn@gmail.com>> wrote:
> Written by medical professionals so it must be correct, right? Anyone disagree with this POV or parts of it? Letter to the editor?
>
> https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.wenatcheeworld.com%2fnews%2fcoronavirus%2fopinion-healthcare-professionals-we-have-flattened-the-curve-now-we-re-behind-it%2farticle_04e65b7c-9575-11ea-bb58-177808efba6e.html&c=E,1,u7zshMHi5O4lV41ttpAT82YCO3_AyCGaZaDBqxFLrcp634lpnuM1Fh179OqsHv29YSXNIih7QF1yMtw0VErfG15OB8,lofdz5gBtbFQTqeNKIzy94PMvbwZvzzt1&typo=1<https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.wenatcheeworld.com%2fnews%2fcoronavirus%2fopinion-healthcare-professionals-we-have-flattened-the-curve-now-we-re-behind-it%2farticle_04e65b7c-9575-11ea-bb58-177808efba6e.html&c=E,1,chpDHD7WtLd53oKY3oElabv8C08341JjhxZ5Sb270SGMv4SQ0B53Zaj2Ij5-RmLjFQodsoEsj24R98BeTpvrIsU4BIs8CZjVR0KdmjBZoaX4dGUx9MgVlQZ1&typo=1>
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> Peter
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> --
> Elizabeth Weiss
> 7 Tranquility Way
> Winthrop, WA 98862
> betsyweiss@gmail.com<mailto:betsyweiss@gmail.com>
> 207 299 0230
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