

MAKE IT GO AWAY

Here's where we are with COVID-19 in the United States, what we've learned, and how we should approach the next few months of this pandemic.

By Steven Stiefel

So, what's gone wrong in the U.S? Why haven't the efforts we've taken worked in the U.S. to end the first wave of the coronavirus pandemic? And have the EU and other countries such as New Zealand mostly figured out how to effectively combat COVID-19? These are the central points we'll address in this update.

The good news is that the U.S. *still* has the capability to make COVID-19 go away if we all simultaneously take the necessary actions that destroy the virus. After all many countries — including “hot spots” such as Italy, Spain, and France — have effectively fought the virus, dramatically reducing their first-wave curves. In fact, New Zealand has virtually eradicated the virus, and life in this island country has mostly returned to normal—with the exception that it has closed its borders to most international travelers. After more than 100 days without a new case, New Zealand saw 4 new cases of COVID-19 in Auckland arise from unknown sources on August 11. Their response? These people will self-isolate for 14 days, and the government will do extensive contact tracing with those the infected came in even casual contact with. Suffice it to say that we're doing nothing similar to this in the U.S.

<https://www.npr.org/sections/coronavirus-live-updates/2020/08/11/901304243/new-zealand-on-alert-after-4-cases-of-covid-19-emerge-from-an-unknown-source>

Some in the U.S. have complained that it's unfair to compare the COVID-19 outbreak in this country to island nations such as New Zealand and Iceland, where the virus is also fairly well contained in the latter. But keep in mind that Europe is of similar size to the U.S. and has a greater population. And people are allowed to move freely through European Union (EU) countries nearly as easily as we're able to cross state boundaries in the U.S. While EU countries may be experiencing the beginning of a second wave, their numbers are still considerably better than what we're seeing in America — where we're now deep in a rising first wave after a modest flattening.

WHERE ARE WE NOW?

The executive branch of the U.S. government told the U.S. citizenry that the pandemic would disappear by July. Previously, we were told it would disappear in April. But it is now raging as potently as it did at the heights of the early peaks of the first wave in April and May. Yet things are somewhat different than they were during this beginning phase. First, more people are contracting the virus on a daily

basis, based on testing and reporting, than they were then. Also, positive rates as a percentage are up compared to testing results during those previous months. In other words, even more people have this virus than they did when things seemed extremely dire in April. Another explanation is that testing has been more accurate. But, regardless, we have more known infected people as our levels of testing have improved and increased.

According to Worldometers, the peak number to date of reported/contracted cases in the U.S. occurred on July 24, 2020, when 78,407 people received positive diagnoses for the virus. According to this source, the highest number of daily deaths occurred on April 21, 2020, when 2,749 people died on a day when only 23,273 cases were reported. While it's very encouraging that the number of deaths has come down—the most recent peak was August 11 with “only” 1,508 deaths. It's important to recognize that deaths have been trending upwards, again, as are cases.

Other reputable websites report similar numbers, although they vary day-by-day based on when and how cases and deaths are reported. Regardless of the source, it's clear that case numbers are increasing beyond previous levels, and deaths have begun to accelerate upwards since the first-wave dip in May and June.

<https://www.worldometers.info/coronavirus/country/us/>

QUICK HIT: The number of people testing positive for COVID-19 are increasing dramatically over previous levels during April through June. Deaths are also beginning to rise, but not to the levels when the New York City area was in crisis earlier in the pandemic.

WHY ARE FEWER PEOPLE DYING DESPITE THE DRAMATIC RISE IN COVID-19 CASES?

It turns out that the reasons for this are complicated, and other reasons — based on science — will likely present themselves over the coming months as we learn more about the virus. Let's enumerate some of those that we can identify now:

- 1) The medical community has learned far more about how to effectively treat COVID-19 patients since hospitals were overwhelmed early on, especially in New York and New Jersey, as well as other hard-hit first-surge communities in America.
- 2) Many other places in the country were able to prepare for a surge in COVID-19 patients during this time. While many took advantage of this, others didn't. This has helped reduce the death rate even while more people are getting infected on a daily basis as of mid-August.
- 3) More new cases are affecting younger people at a much higher rate than during the initial outbreak in the U.S. This is true in the workplace as well as socially. This has led to fewer deaths but greater spread. Young people and active workers come

into more contact with others, spreading COVID-19 more readily. They also do so often without the awareness that they have contracted the virus. Asymptomatic spreaders continue to be a major barrier in preventing containment of COVID-19.

4) We have had a vastly different response to COVID-19 on a state-by-state basis based on the fact that we do not have a coordinated national message and response. This, in turn, has led to greater spread throughout the country, including specific hotspots such as the South and West regions of the country. Contagion rates in those areas that were hit hardest at the beginning of the pandemic (such as the NYC area) now see lower rates of infection and deaths than these new hotspots.

5) The politicization of COVID-19 as a “hoax” with some extremists has undermined the credible work of our primary scientists including Dr. Anthony Fauci. This is not happening in any other first-world nations at the level it is in the U.S., although recent marches in places such as Germany indicate that a radical anti-science pushback, originating in the U.S., may also spread nearly as readily as the virus. Based on the American model, the common good is under attack in some European countries. The New Zealand response is the antithesis of this.

QUICK HIT: Gains in scientific knowledge about how to treat COVID-19 and other factors — such as better preparation in other cities and states — are helping to reduce deaths despite greater spread of the pandemic among a younger, healthier population. Still, many challenges remain, including fighting biases against science.

DOES INCREASED COVID-19 TESTING FALSELY INFLATE THE NUMBER OF THOSE WHO HAVE CONTRACTED THE VIRUS?

Absolutely not. While the president likes to argue that more testing equals more cases of COVID-19, we [at Daily Wellness \[Cindy, cut or leave the company name?\]](#) hope you can see through this specious logic. Testing does not “cause” spread; testing does not cause death. At a minimum it identifies those who have contracted the virus. At best, it takes a giant step toward helping to prevent those who have COVID-19 — regardless of their level of illness — from spreading the virus to others.

One of the most salient points along these lines is that as testing has ramped up in areas with large outbreaks, positivity rates have increased at a faster pace than testing increases. What does this mean? For instance, when Arizona increased testing rates by 30%, they saw a greater increase in positivity rates by 45% in July. At the end of the month nearly 17% of people who were tested came back with positive results for COVID-19.

Of course, this didn’t mean that testing was “causing” more cases. What it meant was that science was revealing that COVID-19 was more widespread than previously

suspected. And learning these facts helps scientists — and population at large — respond more effectively to reduce spread, illness, and ultimately death.

Our government's resistance to providing accurate and fast test results is a primary factor in why the pandemic is increasing. When people learn that they have tested positive for COVID-19 it helps reduce future cases for a few reasons:

1) Those who test positive become more protective of their family and friends. This means that they are more likely to stay home and social distance—often those who test positive live in isolated parts of their home until they are no longer contagious, protecting their immediate family members, especially the older, more vulnerable members of their household.

2) Positivity rates are increasing as a percentage of those tested in many places. This means that the virus is spreading. It DOES NOT mean that COVID-19 tests are merely finding “hidden” cases. They are demonstrating that this virus is pervasive and is spreading from urban areas to suburbs to smaller towns and to rural areas.

3) Early on, positive rates were fairly low. Now they're much higher. While it's true that this increases the number of cases that we know about, it's utterly false that this, in any way, increases the number of those affected by COVID-19.

QUICK HIT: Getting a COVID-19 test result—positive or negative—is key to deriving societal benefits for reducing future contagion. And the sooner people get their results (especially asymptomatic positive ones), the more likely they are to reduce spread to other people.

WHY HASN'T THE PANDEMIC DISSIPATED AFTER WE PUT SO MUCH EFFORT INTO WASHING OUR HANDS, SOCIAL DISTANCING, AND STAYING AT HOME?

Americans are not conditioned to follow the collective rules that truly prevent the spread of the virus. Our “rugged individuality” has been our undoing during this pandemic. While it would be easy to blame this on the current administration alone, this has been a long-standing aspect of American behavior. We typically promote the rights of the individual over society as a whole.

With the resurgence of cases in the U.S. there's a tendency by some radical anti-science groups (such as anti-vaxers and QAnon followers) to claim that basic hygiene techniques that hinder viral transmission are ineffective. Many others haven't followed the science-recommended preventive measures closely because it hasn't yet impacted them.

What's important to understand is that wearing masks, washing your hands thoroughly and frequently, maintaining social distance, and staying home as much

as possible should be adhered to even more than we have collectively done. Much of the effort that's gone into these measures has failed due to sporadic lack of compliance by many — but blatant lack of compliance by a few.

Events such as the president's Tulsa rally, where few wore masks, have resulted in massive outbreaks. Large family gatherings have also led to small tragedies that then spread into the community at large. Reopening businesses too early is also one of the biggest causes of the increases in cases during this first wave of COVID-19— and this includes states where the outbreak is currently raging such as Florida, Texas, Georgia, California, and Arizona.

WHY WERE MASKS CONSIDERED INEFFECTIVE, BUT NOW THEY'RE ESSENTIAL — EVEN MANDATORY?

This initial messaging about masks was a mistake made early on by the medical community and the media, and many scientists have admitted that this was huge public-health error. At the beginning of the pandemic masks were most necessary for health-care workers, followed next by essential workers, including those who work in grocery stores, other medical clinics, factories, etc. The goal was to reduce hoarding of N95 masks, which were (and are) in low supply for those dealing directly with COVID-19 patients.

While it was considered selfish to hoard and use N95 masks at the beginning of the pandemic, it soon became clear that using face coverings — in virtually any form — helped prevent transmission. Still, some forms are better than other, but that's another article.

Many have judged those who have participated in outdoor protest events, accusing them of being a factor in spreading COVID-19. One crucial difference about these protests is that when people wear facemasks they transmit and receive vastly fewer viral particles, especially when they're outdoors. While many point at these protests as possible causes of increased viral transmission that has not yet been borne out by research. Indoor activities without masks are among the riskiest events, especially when all people are speaking (such as during indoor worship services). The data on this may change, but this is the current consensus among non-partisan scientists. <https://www.modernhealthcare.com/safety-quality/little-evidence-protests-spread-coronavirus-us>

Here are some of the benefits that masks provide, regardless of the “quality” of your mask.

- 1) Masks prevent the exhalation stream of droplets that contain COVID-19 virus from hanging in the air for several seconds. When you wear a mask, much of the COVID-19 that you exhale, should you have contracted the virus, does not spread out in a cloud where others come directly into contact with it. Wearing a mask helps

prevent others from catching COVID-19 from you if you have it, whether or not you're ill or aware that you have contracted the virus.

2) Masks help prevent the wearer from contracting COVID-19. This point has been understated because the science hasn't fully demonstrated it, but think about it: Doctors and other healthcare workers aren't wearing masks to prevent spread between patients (who already have the virus)— they're wearing masks to prevent contracting the virus themselves. They aren't putting themselves through this discomfort for multiple hours a day for appearances; they're doing so to protect themselves and their families.

3) The messaging on masks was far too altruistic, when it should, — also — have been about survival of the fittest. When we were first encouraged to wear masks in public it was primarily to "protect other." But some balked at this, claiming they had the "right" not to wear a mask on private property—such as in any store in America. The truth is that wearing a mask protects the wearer nearly as much as those they come into contact with.

4) The ways that masks protect the wearer are fairly clear—they prevent droplets that contain virus from entering your body. But here are more details about this:

* Adult humans have an abundance of ACE-2 receptors at the opening of their nostrils, and the COVID-19 virus likes to latch onto these as a primary entry point. When your nose is not covered, you're vulnerable to the viral particles in the air.

* While N95 masks are the best protection against COVID-19, all other forms of masks and face coverings provide a level of protection. When you wear a bandana across your nose and mouth you're not only impeding the airborne flow of COVID-19 virus, but you're also reducing the potential intake. While COVID-19 may land — or even penetrate — a bandana, it will not do so in the amount it would if you were not wearing a nose-and-mouth shield.

* Intake of viral load appears to be a significant factor in how ill many become. If you take in a lesser quantity of virus your immune system is more likely to be able to develop antibodies that help stop the virus before you become deathly ill.

QUICK HIT: Everyone should wear a mask when they're in public, not only to protect others, but PRIMARILY to protect yourself and those you come in contact with, especially friends and family in vulnerable populations. Masks should never have been politically weaponized. At this point, they are the most effective tool — along with social distancing — for fighting against a worsening pandemic, when you must be in public.

<https://www.cidrap.umn.edu/news-perspective/2020/07/commentary-my-views-cloth-face-coverings-public-preventing-covid-19>

IS IT SAFE TO SEND MY CHILDREN TO SCHOOL THIS FALL?

The short answer is probably not, and likely no. But this also depends somewhat on the age of your children and the level of those with COVID-19 in your immediate area. As children age, they develop more ACE-2 receptors at the opening of their nostrils. Some scientists and other experts have suggested that one reason small children tend not to get ill from COVID-19 is that they have not yet developed enough ACE-2 receptors in their nostrils to allow the virus easy access to their systems.

Still, the virus can enter even a small child's body through other routes. These potentially include through the eyes, mouth/throat and even through the digestive system. When children reach the age of 7 or so, they begin to develop enough ACE-2 receptors at the base of their nostrils to allow the virus to more effectively enter through this primary route. By the time they reach the age of 12 or so, they have plenty of these receptors.

A recent outbreak (June, 2020) occurred at a Georgia summer camp that should give all parents pause about sending children back to school. At this camp, 260 of the 344 young people tested were positive for COVID-19. These children had a median age of 12, according to the CDC. In another sample, 85 children under the age of 2, and most under 1, contracted COVID in one Texas county in July.

Of even greater concern: Over the last two weeks of July more than 97,000 children tested positive for COVID-19, according to the American Academy of Pediatrics and Children's Hospital Association. That represented a 40% increase in the total number of COVID-19 cases in children.

QUICK HIT: While very young children are far less susceptible to developing COVID-19 symptoms than other age groups, they are nonetheless capable of contracting the illness and dying from it. It appears, at this point, that this is likely due to viral load since a large number of cases of COVID-19 in young children seems to occur in clusters—similar to how COVID-19 spreads in prisons and meat-packing plants. In addition, it appears that children can be asymptomatic for COVID-19 and still spread it to adults.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6931e1.htm>

<https://www.cnn.com/2020/07/18/health/texas-infants-coronavirus-trnd/index.html>

<https://www.fox23.com/news/trending/more-than-300-children-texas-day-cares-test-positive-covid-19-juvenile-cases-spike-report/CLBL7LSAJZG2BGLYH4XFYWYI/>

<https://www.npr.org/sections/coronavirus-live-updates/2020/08/11/900861372/at-least-97-000-children-tested-positive-for-coronavirus-in-last-2-weeks-of-july>

WHAT'S GOING ON WITH VACCINES?

Many different companies are working on a vaccines, and likely at least a few of these will be somewhat effective for those who have access — and are willing—to be vaccinated. It remains to be seen whether any single vaccine will provide full immunity against COVID-19, or short-term immunity. Laurie Garrett, author of *The Coming Plague* (1994), and many other books and articles on the subject of pandemics says that it is difficult to develop vaccines against coronaviruses, in general, of which COVID-19 is one. Coronaviruses are also one of the primary types of infections that cause the common cold, which has never been “eradicated.”

While a couple companies have entered Stage 3 trials for vaccines against COVID-19, it’s important to understand that it takes multiple months — and often years — to determine the level of efficacy of these vaccines.

Recently, Vladimir Putin announced that Russia has pushed a vaccine forward that is in Stage 2 trials, even having one of his daughters vaccinated. It remains to be seen if this early-stage vaccine will provide protection or whether it’s merely a global political gambit.

<https://www.cbsnews.com/news/covid-vaccine-russia-coronavirus-development/>
 [CINDY: This just supports the facts—not an original source. Just to confirm the above.]

Regardless of the effectiveness of upcoming vaccines, other challenges remain. It is unlikely that any single vaccine will provide lifetime immunity to COVID-19 to all that are vaccinated. Here are some reasons why one vaccine may not provide full immunity to all:

- * If a vaccine needs to be refrigerated or stored on dry ice, then it will be difficult to transport it to all corners of the globe. If COVID-19 remains in some places, then it is likely to make its way back to “safe” places such as New Zealand. Then it takes monumental political will to shut down and eradicate this localized outbreak.

- * How long does a vaccine provide immunity (or partial immunity) from COVID-19? This could vary in duration and potency.

- * How willing are Americans to be vaccinated? Many consider COVID-19 to be a “hoax” and others are opposed to vaccines in general. This is a significant portion of the population—30% or more. Eradication of a viral disease depends upon full cooperation of virtually 100% of the population.

- * Those who are most vulnerable—the elderly and immune compromised — may not respond well to a vaccine. It’s hard to teach an old immune system new tricks and that could complicate the search for a fully effective COVID-19 vaccine, according to *National Geographic*.

<https://apple.news/ACyk4eVwHQ-q9a7S39DDg1w>

QUICK HIT: While it would be great to develop a vaccine that eradicates the virus that causes COVID-19, it’s unlikely that will happen soon. However, it is possible that one or more vaccines will bring the pandemic under control, essentially providing a version of temporary herd immunity that makes COVID-19 an illness with flare ups in specific locations. However, this will take both a national and global effort.

<https://www.ox.ac.uk/news/2020-07-20-new-study-reveals-oxford-coronavirus-vaccine-produces-strong-immune-response>

HOW IS CONTACT TRACING GOING?

Not very well in the U.S. This has been an epic failure in most places, and it's a crucial aspect of handling any pandemic. This not only has to do with a late start in beginning contract tracing but also with the vast number of Americans who are already infected.

Still, contract tracing will likely eventually be a crucial tool in helping to bring COVID-19 under control. The key is to bring case counts down to a point where contact tracers can follow where those who are infected have been—and who they've exposed.

For contact tracing to work effectively it's important to have well trained individuals in place for that time when we bend the curve and can begin to follow up on ALL leads to people they come in contact with. Currently, too many people have come in contact with too many other people for this crucial tool to work effectively.

QUICK HIT: Contact tracing will ultimately be effective when the national response realizes that the pandemic is not going to “go away on its own.” Once numbers diminish, contact tracing will be an essential tool in helping to identify and reduce the impact of flare-ups of COVID-19. And flare-ups will eventually occur in the U.S., as they already have in virtually every country that has dramatically reduced transmission of the virus.

HOW CAN I HELP MY FAMILY AVOID CONTRACTING COVID-19?

In addition to following the protocols mentioned above, you should avoid the following: Indoor restaurants, bars, churches, large private gatherings (indoors especially, but also outdoors without masks in contained spaces). Activities such as group singing (choirs, singing, or group recitations) make you particularly vulnerable for contracting COVID, especially if not wearing masks.

Wearing a mask in enclosed spaces while all others are wearing masks is relatively safe. Still, for optimal safety do not remain in one place for a lengthy period with others who aren't part of your family or home unit.

Above all, continue to follow guidance from apolitical sources that seek to provide the best information. Distrust sources that seek to “spin” temporary improvements over long-term strides that will truly help eradicate COVID-19.

OTHER RESOURCES:

The Atlantic:

<https://www.theatlantic.com/magazine/archive/2020/09/coronavirus-american-failure/614191/>