

THE CURRENT FOG

Like a man travelling in foggy weather, those at some distance before him on the road he sees wrapped up in the fog, as well as those behind him, and also the people in the fields on each side, but near him all appears clear, though in truth he is as much in the fog as any of them. – Benjamin Franklin.

COVID-19 is a harsh tutor. It presented itself as an unknown, undetectable, unpredictable and virulent contagion. It proved it can devastate and kill people with a hurricane of cytokines, a torrent of hypoxia, and lightning-bolt hypercoagulability strange as science fiction. It goes even further in a Grand Larceny of Theft by Deception. Some people – children are the most obvious – appear all but impervious to the virus, while others – those with chronic diseases – are incredibly susceptible. As a result, the virus accomplishes what invading armies, spymasters, insurrectionists, and nuclear threat have failed to accomplish: It has very effectively divided our country into vulnerable and safe, free and sheltering, believers and skeptics. Americans are arguing not just about how to make sense of the growing trove of incomplete data but also about fundamentals. Is COVID an existential threat or fakery?. Is distancing essential or unnecessary? Is a mask a protective sign of solidarity or a tool of power-hungry totalitarians? If the virus were a hostile foreign power, it would have to pause every now and then just to chuckle at the havoc.

How can you and I respond to this polarization? Our best evidence suggests COVID-19 is a very real danger but variable by risk group, that masks and social distancing are helpful but that designing studies of them is challenging, that confusing science and politics is a lethal and irresponsible move. If you are a healthy 30-year old, your odds are great whether you get the virus or not. If you track it to your elderly grandparent, your diabetic co-worker, or the asthmatic restaurant server struggling to work enough to pay the rent, you are negligent and needlessly dangerous. You and I need to communicate those facts as clearly as possible.

Let's be plain about masks. They work. Do we have a definitive randomized controlled trial that proves that? No, and we can't expect one because a) it would have to be done during exactly the right phase of viral spread; and b) RCT-level controlled populations are not feasible. The best evidence we can get is favorable ([10.1001/jama.2020.12897](https://doi.org/10.1001/jama.2020.12897), [10.1001/jama.2020.13107](https://doi.org/10.1001/jama.2020.13107) and <https://www.acpjournals.org/doi/10.7326/L20-0948#s1-L200948>, among others). With that in mind, I joined leaders of other specialty societies and the state medical association in urging Governor Ivey to issue her recent statewide mask proclamation, just as Alabama ACP had done with her earlier restrictions and precautions. As you know, our cases and hospital pressures are increasing, though not yet to the levels we saw in April.

In the meantime, as physicians we try to apply knowledge, skills, and models of care proven effective over time. When information is lacking, we plough into research. When that information is not well known or employed, we educate. When models are inadequate, we redesign. When resources are lacking for any of this, we advocate. All of this we do for one purpose: to improve the health of the public. That one simple but challenging purpose can get lost in the foggy weather of COVID cytokine storms – and the related storms of economic and political turmoil that have spun from it like a pack of tornadoes off a hurricane. Though bigger than any hurricane, COVID-19 brings to mind a memorable one.

As surely as Hurricane Katrina-05 exposed the vulnerabilities of disadvantaged people in the Ninth Ward of New Orleans, Hurricane COVID-19 has done the same all over the country. Here in Alabama – where we are at or near the top in obesity and diabetes incidence, 46th in

diabetes outcomes, 29th in infant mortality, 41st in smoking, all opposed by inadequate numbers of primary care physicians and closing rural hospitals – we know what the “baseline” of health disparities looks like. Now we see those outcomes amplified by the effects of COVID-19. **26% of the population of Alabama is African-American, but 42% of COVID-19 deaths are.** That one disparity is a window on access to care, insurance, poverty, health literacy, cultural understanding, bias, trust, skepticism, and fatalism. There are many other examples, and we all know them. We have health disparities by race for treatment and for outcomes. Here is the question: Will we let COVID-19 be one more Katrina – catastrophic, sad, and mostly forgotten? Or will we make this an opportunity to learn, to understand, and to unite against a common foe? A healthier population is in everybody’s best interest. That involves tough decisions, and it demands we find common ground: better Medicaid coverage and programs, universal insurance coverage, support for addressing the “social determinants of health” by our society and governments.

Where is the COVID pandemic headed? The one certainty is that there is no easy or clear answer for COVID or for American health care generally. Our very best clinical experts, public health leaders, epidemiologists, and computer modelers have been wrong in predicting COVID trends at least as often as they have been right. That does not make them incompetent, unwise, or dishonest. It just shows how hard this is. Right now, the virus is whipping the First Wave like the tail of Smaug the dragon in *The Lord of the Rings*. He surely is injuring many of us, some fatally, and he is knocking our gold about.

We know the mitigation strategies of March and April worked to prevent hospitals and health systems being over-run. We know the current flare is from people dropping their guard – especially young adults – as we re-opened our economy and amusements. We know we can slow the dragon if we apply the simple measures of masks, hand hygiene, distancing wherever possible, while avidly protecting the elderly and chronically ill – especially, of course, our nursing home residents. That won’t stop the virus, but it will limit its spread and prevent deaths. New treatments, more accessible testing, and vaccine development are crucial matters for leaders of medical research, public health, and government. We should hold all these people including ourselves accountable for all of this – the simple personal measures and the big systemic ones.

Where are health disparities and racial tensions headed? As big a threat as COVID-19 is, the “long game” in health care involves thorny questions of access and coverage, equitable care regardless of race or geography, and value for health expenditures. Both COVID matters and those involving race and disparities are being advocated, debated, ignored, observed, misrepresented, misunderstood – you name it. What can we do about that? We face fundamental choices as a nation, as a state, as a profession, as families and individuals. Will we allow this virus and all its turbulent aftermath to continue to divide us? Will we let it use us as victims, or will we seize the opportunity to respect and protect each other? Will we let our differences – racial, ethnic, religious, political – paralyze us in national gridlock? Or will we instead use those differences as a road map, to chart a path of genuine mutual understanding and commitment to the common good? We have a historic opportunity. To seize it, we must recognize that our best hope for pandemic relief and our best hope for realizing the great ideals and dreams of America are in fact the same hope. It is for us to insist that we find common purpose, both to defeat the virus and to find our path forward. Are there people on all sides who are not able or willing to be respectful, reasonable, or fair? Yes, there are. We must unite anyway and invite them to join if they will.

Benjamin Franklin was right about the fog on the road. A generation after Franklin, the Prussian warrior Carl von Clausewitz said about war that “...all action must, to a certain extent,

be planned in a mere twilight, which in addition not infrequently – like the effect of a fog or moonshine – gives to things exaggerated dimensions and an unnatural appearance.” Laying aside Alabama musings on moonshine, it’s obvious that we face a war of sorts, and things do look “exaggerated and unnatural,” very much twilight in a fog. We cannot afford to wait for a better view. We also cannot afford to crash about as solitary individuals. We must listen together, plan and work together, so that we can better live and thrive together. It is a critical moment for our country and for our profession. I am honored to be in it with you.

I admit this sounds more than a little idealistic given the current violence and our societal polarization. But think about it. If we limit ourselves to narrow momentary partisan advantage by one group or another, we assure continued infighting and sabotage. **The truly realistic solution is to insist on personal and political courage – as individuals, as a profession, as ACP, and from our governmental leaders.** That can begin with taking action that is simple but maybe inconvenient. I urge you to make a few immediate and longer-range commitments to the future of our patients, profession, and society:

1. Take every opportunity – private or public – to advocate for the simple but powerful measures that can contain the pandemic: masks, distancing, hand hygiene. Do this with care and respect, but do it even if it creates discomfort in patients, friends, or other relationships.
2. Gently but firmly insist that these facts are not determined by politics, that we can agree on them regardless of where we fall on the political spectrum.
3. Support testing and education about COVID-19 in your practice and in your community.
4. If there are divisions in your community, look for an opportunity to find common ground and cooperation.
5. Hold yourself and your elected officials (including me) accountable to the ideals of our profession and our nation.
6. Stay informed about state and national ACP initiatives, and contact your governmental representatives when requested. You can connect to us and each other at <https://www.acponline.org/about-acp/chapters-regions/united-states/alabama-chapter>, www.acponline.org, or through AL ACP Facebook or Twitter.

What helps you most these days? I’d love to hear from you on that. Aside from attending to my own spiritual, emotional, and physical fitness, here are some resources I find useful:

For articles and practice information:

ACP: https://assets.acponline.org/coronavirus/scormcontent/?_ga=2.230585049.437669293.1594323075-1035772121.1581703199#/

Annals: <https://www.acpjournals.org/topic/category/coronavirus>

JAMA: <https://jamanetwork.com/journals/jama>

For National and International COVID-19 news and data

Hopkins map: <https://coronavirus.jhu.edu/map.html>

Hopkins center: <https://coronavirus.jhu.edu/>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

For Alabama data

Bama tracker: <https://bamatracker.com/>

ADPH: <https://alpublichealth.maps.arcgis.com/apps/opsdashboard/index.html#/6d2771faa9da4a2786a509d82c8cf0f7>

For PPE

ACP: <https://www.acponline.org/featured-products/ppe-materials>

ADPH/Unified Command: through your county health department

MASA: https://www.alamedical.org/CM/Information/Covid-19_PPE/CM/Nav_Items/For_Members/Action_PPE.aspx?hkey=d7952758-6d26-410e-8905-42a176efe507&utm_source=Informz%20mailing&utm_source=Informz%20mailing&utm_medium=Informz&utm_medium=Informz&utm_campaign=alamedical.org&utm_campaign=alamedical.org&zs=oEKBb&zl=W6A82

One final (repeated) request: If you lack adequate testing in your community, look for ways to encourage it, organize it, and if necessary, do it. Public health, health systems, and other organizations are doing what they can, but they are overwhelmed in many ways. This still is a time for all of us to be in the fight. As you know, if responsible people learn they are positive for COVID-19, they will do the responsible thing. They let their contacts know, and that mitigates spread. If you are in a rural county and know of a need for tests, contact me and I can connect you or others to the statewide **Alabama AHEC - ADPH testing initiative.**

Bill



William A. Curry MD, MACP
Governor, Alabama Chapter, ACP

In other chapter news...

[Jefferson Underwood III MD FACP honored as Alabama's 2020 Laureate](#)

[Alabama ACP Congratulates New Fellows](#)

[New ACP Policy Supports Wearing of Masks](#)

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AND A SAD LOSS: We mourn the loss our friend and colleague Dr. Beverly Carraway-Handley on June 21, from pancreatic cancer. Beverly had battled illness for years with grace and dignity while sustaining great loyalty and care to her patients. She was a current Council member and Membership Chair for our Chapter, and her dedication to the ideals and work of ACP made her an outstanding internist and role model. At Beverly's request, there are no plans for a funeral. Beverly and her family invite memorials to the Pancreatic Cancer Action Network (www.pancan.org). Remembering Beverly's devotion to patients, we look forward as a Chapter to honoring her memory and legacy. Her obituary can be found at [here](#).