

COVID-19 Controversies: The debates to come



We are living in unprecedented and unpredictable times. It seems every day brings new recommendations on what we should—or shouldn't—or actually, on second thought, *should*—be doing to keep ourselves and others safe from the spread of COVID-19. With experts and leaders constantly adjusting to new information, it's no surprise that opinions are sometimes at odds about what needs to be done to keep us all safe—but also get our lives back to normal as soon as reasonably possible. This week, I'm taking a closer look at three topics you can expect to see debate about over the next few weeks.

Social Distancing—How effective is it? With apparent reductions in deaths in many hotspots across the country and cabin fever setting in as warmer weather beckons, expect a big debate to ensue next week over how long to prolong the lockdown—and whether our draconian response was justified.

The models that predicted millions of deaths are proving wrong—as everyone hoped they would. They were based on no social distancing and were extrapolations from the first close-quarter experiment with Coronavirus on the Diamond Princess cruise ship. There, approximately 0.85% died. 0.85% of the US population of 330 million equates to around two million deaths.

But remember that cruise ship passengers are primarily, though not exclusively, “bucket list” senior voyagers. Boats are particularly congenial to elder passengers who no longer can negotiate terrain and prefer all-you-can-eat smorgasbord dining. Survival in coronavirus-positive passengers who were younger than 50 was extraordinarily good. Many non-elderly passengers who had confirmed virus weren’t even symptomatic. Few of us have exposure risk akin to being trapped on an enclosed ship with rampant virus circulating—especially with so many of us actively social distancing these days—so that should be reassuring.

On the other hand, there are exceptions. Young, healthy hospital workers who inhale a large inoculum of viral particles while intubating patients can get 4+ sick, and some tragically die. For many of us, the COVID-19 crisis seems like a distant war where we’re watching news of mounting casualties while safe on the home front far from the battle lines.

What if we hadn’t enacted social distancing? An earlier report issued by London’s Imperial College warned that we could expect *40 million deaths worldwide*. But “acting early has the potential to reduce mortality by as much as 95 percent, saving 38.7 million lives,” they said.

Modelers as public health advocates, like climatologists, have a built-in bias as guardians of global welfare. Erring on the side of caution for the sake of the whole is to be expected. They got our attention with dire predictions, but they need to scale back their prognostications of catastrophe in light of current trends, lest they undermine public confidence. Recall the fable of Chicken Little; human nature has a way of tuning out those they feel are “crying wolf”. Expect the debate over social distancing to intensify in coming days as we gain more and more real-life data to compare to the models.

It’s a tricky row to hoe for politicians, too. They ignore warnings at their peril; lifting restrictions prematurely and engendering a second wave of infections could backfire. There’s a big risk of unnecessarily prolonging an economic downward spiral as we enter campaign season. Political futures hinge on getting this right amid a paucity of data and a precedent of grossly erroneous models.

While the debate rages on, it’s still best to adhere to the recommendations of your state officials and the CDC and maintain social distance whenever possible.

Mask Misdirection: First you didn’t need them, now you do. The result is further undermining of public confidence in health authorities’ recommendations.

As to those vaunted N95 masks, a new study demonstrates that even for hospital workers, ordinary surgical masks will do, except for those involved in high-risk procedures with infected patients.

But what about those fabric and cheap paper masks they’re telling us to wear so we don’t inadvertently infect others? A review shows that “both surgical and cotton masks seem to be ineffective in preventing the dissemination of SARS-CoV-2 from the coughs of patients with COVID-19 to the environment and external mask surface.” So much for the public-spirited

wearing of masks to protect vulnerable community members from getting it from us!

Plus, how do you clean a mask at home? My N95 mask is cumbersome and gets funky after a few uses. I'd like to microwave it, but it has a metal nosepiece. Even if you have a paper mask, be careful—they can burn like overheated popcorn in a microwave, and hand sanitizers can dissolve some of them.

There's lot of conflicting scientific evidence about masks. Some studies show that sneezes and coughs can carry enormous distances—more than the arbitrary 6 feet we've established for social distancing. And other studies confirm that mere exhalation or ordinary speech—especially loud vocalization—can suspend viral particles in the air.

But whether that's consequential for transmission of the coronavirus is unclear. Some literal-minded people are coming to believe that there's some kind of ubiquitous infectious miasma hovering in the ambient air. They've succumbed to the paranoid notion that merely going outside can expose you to mortal danger. That's not the case. But maybe scaring people is what's needed to prevent a small minority of idiots from flaunting social distancing precautions.

I wear my mask when I go inside to the market, where transmission may be more likely in close quarters, or with inadequate ventilation, even with social distancing. But outside, despite occasional askance looks from some civic-minded New Yorkers, I eschew it.

Maybe retrospective studies will eventually shed more light on whether masks made a difference during the initial phases of our attempts to flatten the curve.

“Immunity Passports”? Not So Fast! How will we know when it's safe to go out again? A proposed solution is to undertake universal testing to determine a) whether people are still infectious, either as asymptomatic carriers or recovering

individuals and b) whether people have, by dint of previous exposure (either overt or unsuspected), acquired immunity to COVID-19.

Unfortunately, we're not there yet. The only available tests check for the *presence* of the virus, not its antibodies which confer immunity. And we're woefully behind on testing. Also, it took a long time, sometimes days, for tests to be processed and results reported. According to ScienceDaily, it's estimated that, on average, "only 6% of actual SARS-CoV-2 infections have been detected worldwide." So, a lot of people may have already had it.

Newly available rapid testing kits that are similar to Rapid-Strep tests are coming online, but their use hasn't ramped up sufficiently.

There's been a lot of media buzz about the antibody tests for COVID-19. Theoretically, a positive test in the absence of active virus should confer an "Immunity Passport" that would enable masses of people to get back to school, work and normal social routines.

But early reports are that these tests are performing unreliably. Rumor has it that the U.K., which ordered millions of these prototype antibody test kits at great expense, can't even use them. So, it may be weeks—hopefully not months—before these tests are properly vetted and then mass-produced.

I, for one, am dying to take such tests, because I suspect I may have been exposed to the coronavirus via sick relatives and patients, although I've had no symptoms. The sooner we nail our testing paradigm, the sooner we can pull our economy out of its current spiral. Until then, I, like everyone else, will have to maintain social distancing. Until we know more, it's a case of "better safe than sorry."

Don't miss my upcoming Facebook live! This Friday, April 10th, I'll be participating in a Facebook Live Thought Leader

Conversation Series, from the folks at the American Nutrition Association. I'll be a guest of host Dr. Deanna Minich for a conversation about Personalized Nutrition for Immune Support in the COVID-19 Era. [Click here to RSVP](#) and be sure to join us on Friday afternoon at 3pm PDT/6PM EDT.