

# Stanford | Distinguished Careers Institute

## *Notes on the Pandemic #1 March 9, 2020*

Dear DCI Faculty Advisors and Consultants,

As many of you know I have spent a good portion of my career on the front lines for a number of emerging infections. Ironically for this current pandemic, I am not on the frontlines per se - but I am very much each of you as we seek ways to make sense from all that is transpiring, nationally and globally. We have all witnessed how dramatically all of our lives have changed in the last days - and everyone, I am sure, has concerns about what will come next. While I don't have all the answers, I am willing to be as much of a resource as I can be during the challenging and uncertain days ahead in a truly unprecedented time. I often refer to DCI as a Community - and want to do all that is possible to sustain our connectedness - including support for each other and for sharing information.

The print and media news are sobering and rightly refers to the seriousness of the current pandemic, at least as witnessed through has happened in China and now Italy and other countries in the EU. Here in the US we are suffering from a fragmented and chaotic start to the spread of infection, which was sadly coupled with misinformation and a thoroughly inadequate response from the federal government, including our public health system - which is also highly decentralized. Your witness this when you hear divergent responses from different communities (note the different recommendations in NYC or Boston regarding restaurants and bars) or the recommendations in the size of gatherings and closures of public events and schools. It is hard not to be confused.

And then there are more scientific dispositions that reach different conclusions. For example, this morning I reviewed an article projecting that COVID19 could be worse than the 1918 Influenza pandemic, whereas a report from a Stanford colleague, who is a Nobel prize winning structural biologist/mathematician, calculated that the duration of the current infection could be less than projected if we adhere to the current policies on social distancing, etc. It's a Ying/Yang that makes it hard to know what to believe.

Part of the reason for the current information void is that we are still lacking reliable prevalence data in our communities because of the limited surveillance testing that has been done. Hopefully that will change soon. For those proximate to Stanford, testing is available at the Emergency Department or Urgent Care upon the request from one's physician (<https://med.stanford.edu/news/all-news/2020/03/stanford-offers-drive-through-coronavirus-test.html>). Hopefully that will be more widely available over the next days and week(s). As you know, the goal is to reduce the spread of infection - avoid the exponential phase that occurred in China and Italy and "flatten the curve" so as to reduce the numbers being infected and, at the same time, spread the infection so as to reduce the burden on the medical care system, and thus avoid what happened in China and Italy. We know what is possible when a country responds comprehensively and rapidly, as took place in Taiwan. But we are all worried about what has not happened in the US - till now.

For our DCI Community it must be recognized that nearly all of us are in the high risk group as defined by age (many are above 60 for example). And while mortality is low for those less than 60, it is not absent (as also the case for Influenza, where notably in 1918 it was highest for young people between 18-30). But COVID19 has its highest mortality in those above 60 and especially above 80 -

but it notable in my personal age cohort in the 70s is also at significant risk. You may have noted that the UK is likely to mandate individuals older than 70 to stay at home. So the key thing to emphasize is social distancing. Stanford is making that a way of life. Except for our heroic medical care teams (for whom we have the greatest respect and gratitude) virtually everyone else has been asked to work remotely. Even our research labs are being asked to severely curtail all but essential functions.

For our DCI Community, my advice is to stay home and reduce contacts as much as possible. I worry about the consequences of social isolation, but it is important. There have been lots of advisories recently about this - here's one you may have seen from today's Stanford Report (<https://bewell.stanford.edu/coronavirus-guide-to-self-care/>). I was pleased to note Rocky's virtual Yoga class yesterday and encourage you to seek other ways of connecting by Zoom, Facebook, Google Hangout or whatever else works. In fact, reaching out by phone could be a pleasant surprise as well.

As you surely know, should you develop symptoms (fever, cough, shortness of breath) do reach out to your primary care physician. Testing would then be wise and, as noted, should be available. Therapy is largely supportive but for older individuals careful monitoring is important since hospitalization could become necessary for some. There are experimental drugs being explored but these are not available outside of compassionate use or with the assistance of your physician. It is wise to avoid unproven modalities at this point.

As for our current DCI Fellows/Partners, Stanford will be conducting all classes online and you should plan for that when Spring Quarter opens. Everyone is still enrolled as a full time student and we are not able to offer refunds or fee reductions. As you also know from our Zoom meeting last Thursday, we are planning to hold Thursday Faculty Fellow Dialogues by Zoom and I will be available for regular Zoom meetings with current Fellows. We have another session this Thursday at noon.

We are planning a regular summer quarter and also anticipating that the Fall Quarter will occur as usual. But we will have more to say about that later.

My plan is to communicate with our entire DCI Community (that means you) on a regular basis and, as noted, to be available to you if you have questions or needs. In fact it would be helpful to receive questions which I will address in subsequent communications, since I would imagine that others will have similar concerns.

So this is a time that I am practicing what I preach (really!). I am working remotely and have no travel even scheduled until late April - and even that is subject to change. I have long done food and related shopping online and will continue with that approach - but like some of you I noted yesterday that some virtual grocery shelves are empty or have delays in delivery - so wise to plan ahead. I do plan to get out at least for long runs but, as always, they will be solitary.

When I mentioned to my wife Peggy that I felt that home quarantine would be difficult, she reminded me of the 11 year old boy I cared for early in my career. Teddy had been diagnosed with aplastic anemia and had been placed in a special isolation room at the NIH (he was one of two "boy in the bubble) to protect him from an infection that could prove fatal to his weakened immune system. His "room" was half a hospital room and, as it turned out, he lived in that restricted space for 7 years. I cared for him virtually daily and have long thought about his remarkable resilience and personal courage whenever I have faced challenges. I am thinking about him now - along with the countless others who survived horrible situations that we are all too aware of in human history.

My thoughts are now with you and wishing you well.

Best,  
Phil

