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Notes on the Pandemic #12
October 6, 2020

Dear DCI Community

To me the past several weeks has become increasingly surrealistic regarding the ongoing coronavirus pandemic. To put this in perspective as of today, October 6th, there have been 35,536,634 cases of COVID-19 globally with 1,044,949 deaths. Of these the USA has 7,459,146 cases of COVID-19 with 210,195 deaths – the highest number of cases and COVID-19 deaths in the world. This is not what most of us would like to think of as American Exceptionalism. And while this is horrible enough, it is still hard to know what will happen when fall and winter arrive and the prospect for a true second wave becomes a potential reality, especially if coupled with seasonal Influenza. While these figures are concerning, what makes this so surrealistic has been the comments coming from the Executive Branch and the White House offering advice and commentary that could make the prevalence of infection and its related mortality even worse. More on that in a moment.

To put this in perspective, although the 1918 Influenza pandemic was caused by a different respiratory virus and while the pattern for a second wave may be different for SARS-CoV-2, there are some sobering facts to consider. Among these is that the second wave of the 1918 pandemic was worse than the first spring wave. While the actual cause of the 1918 flu wasn't fully determined until 1933, a number of the same practices being employed for COVID-19 (facial masks, social distancing, closing schools, theaters, religious and mass gatherings) made a difference. In cities where these practices were followed, morbidity and mortality were less than those where such efforts were ignored or denied, some based on politically driven decisions. By the time that the "Spanish Flu" ended in 1920, there were 675,000 attributed deaths to Influenza in the USA. Parenthetically the H1N1 strain of Influenza that caused the 1918 pandemic arose in Kansas and not Spain and there were many efforts to attribute the blame for the origins of the pandemic to different nations, just as some have called SARS-CoV-2 the "China virus," which is also seems politically motivated.

There are similarities and many differences between the 1918 pandemic to the one we face today. The cause of the infection is different (an influenza virus in 1918 and a coronavirus in 2020) and the biology and molecular characterization of SARS-CoV-2 was determined in weeks whereas it took 13 years before the cause of the Spanish flu was determined to be an influenza virus. The pattern of the infection is also different, with the peak mortality occurring in the 20-

40-year-old age group with the Spanish flu, whereas most deaths with COVID-19 take place in individuals older than 60 years of age. For both the Spanish flu and COVID-19, severe disease and mortality is the interplay between damage to the lungs (as well as other organs) from the virus itself and the damage caused by an exuberant immune response to the virus. In 1918-1920 there were no drugs to treat the virus nor were there vaccines to prevent infection (although plasma from previously infected individuals was used with mixed results). In 2020 a number of repurposed drugs have already been established as beneficial treatments and the prospect for one or more vaccines as well as for passive immunization with laboratory prepared monoclonal antibodies are already in sight – with more to come over the next year(s).

In medicine and science there are always debates, not infrequently about the same data. We are now witnessing this with regard to how to deal with the current pandemic. Here, too, there are ranges of opinion. Among these is Scott Atlas, a former Stanford Medicine faculty member and now senior fellow at the Hoover Institution. Recently, as a member of the White House Coronavirus Task Force, Atlas has promulgated a series of opinions and recommendations that are not based on credible data and that if adopted will lead to increased suffering and death. As you may recall, I helped orchestrate an open letter from 105 Stanford faculty with expertise in infectious diseases, epidemiology, microbiology and health policy that refuted those contentions. I sent a copy of that letter to you on September 10th and it was widely circulated in the press, to colleagues around the nation and to all major professional societies and organizations. The open letter helped the Director of the CDC to also refute the recommendations of Atlas, but his voice is still prominent in media and at the White House.

When we were preparing the open letter I also wrote an op-ed article with my longtime colleague Dr. Charles Prober, also an expert in infectious diseases. *The Washington Post* originally agreed to publish the essay but then held back when Atlas claimed that the assertions that he was advocating herd immunity were lies. In fact, there is considerable documentation that he has been advocating for population and herd immunity. That said, because our open letter was getting coverage, we elected not to seek publication elsewhere. But the essay is still timely in light of Atlas' continued comments, so I am sharing it with you in this *Notes on the Pandemic #12.*

The Hippocratic Oath and its central principle to "do no harm" have been sacrosanct in the medical community for 2,000 years As former Stanford University medical school deans, we have trained hundreds of medical students in the oath's ethical principles of service to humanity, with the care and safety of our patients and their families as our highest priority.

Today we find ourselves in the ironic and distressing position of writing with great concern that a former colleague at the Stanford School of Medicine is promoting recommendations and ideas that do quite the opposite of our profession's cherished principles of care and safety. We are alarmed that Scott Atlas, now a senior fellow at Stanford's Hoover Institute and Coronavirus Advisor to the President, is advancing policies that could result in substantial harm, costing tens to even hundreds of thousands of lives in the United States alone.

We are especially concerned about the notion of promoting the relaxation of infection control recommendations (social distancing and masks) for populations at low risk of contracting life-threatening COVID-19 disease. Although it is true that the young and healthy are less likely to die than the old and frail, they are not immune to severe disability. The strategy of inducing herd immunity that is being promoted would cost many thousands of lives and swamp our health care facilities.

We are pediatricians whose combined eight decades of medical practice has focused on patients with serious infectious diseases and other life-threatening illnesses. We have led the design and direction of many controlled clinical trials and our practice is anchored on interventions and recommendations that are based on the best available scientific evidence. The learning curve is steep with the emergence of a novel pathogen. As more patient experience is gained and rigorous clinical trials are conducted, knowledge and recommendations evolve. This has been the case with COVID-19 over the last six months. Observations from millions of patients from virtually every country have taught us that infection with SARS-CoV-2 can occur at all ages, with the elderly and those with underlying diseases at greatest risk. We have also learned that no one is immune to infection; and spread from those without symptoms occurs frequently. It has become evident that social distancing and wearing masks reduce community spread of the virus, and some drugs may reduce the severity of infection.

As members of a broad infectious disease community, we sometimes find ourselves drawing different perspectives about the best way to care for an individual patient, but we always come back to what the evidence supports and how we can make treatment and intervention safer and better. We always return to the principle that, in the absence of data, we must not do harm.

We are mindful of the knowledge gaps or changes in what we think we know about the unfolding story of COVID. For example, at the outset of the pandemic, some questioned whether children were infected. Now a number of studies have demonstrated that children under age 10 are indeed infected.

Thanks to government, academic and private efforts we may be within months of having more effective therapeutics and one or more vaccines to fight this pandemic. Recently the White House has commented that it seeks to achieve herd immunity through those tools, a concept we support. Introducing protective antibodies by a vaccine is a much safer path to herd immunity than risking disability and death from natural infection. The direction advocated by Dr. Atlas would be a step backwards. Hopefully the president will ignore his advice.

As former Stanford medical school leaders, with the privilege and responsibility of educating the next generation of physicians, we emphasized the importance of basing clinical decisions on scientific evidence, not opinions and hunches. Our colleagues in the infectious diseases and epidemiology community at Stanford share our concerns about Dr. Atlas. We hope that the White House sustains its stated focus on therapeutics and vaccines

and in strongly recommending face masks and social distancing that will reduce the spread of infection. We urge our policy leaders to honor the underpinning that Hippocrates established for the oath we all took: "Primum non nocere" – First do not harm.

You may also recall from my comments during the DCI Town Hall meeting on September 29th that the 105 signatories of the Open Letter received a threatening letter from President Trump's personal lawyer, Mark Kasowitz, demanding that we withdraw our written and oral comments within 48 hours or risk a libel lawsuit. Thanks to the expert legal support we received from the NYC law firm Kaplan Hecker & Fink LLP we stood firm in our resolve and released the following public statement on September 23rd.

Dear Colleagues,

We are a group of 105 doctors, scientists, and public health experts and faculty members at Stanford University who, on September 9th, expressed our serious concerns about statements made by Scott Atlas, currently a senior fellow at the Hoover Institution at Stanford and now an advisor to the White House Coronavirus Task Force. We believe that his statements and the advice he has been giving fosters misunderstandings of established science and risks undermining critical public health efforts.

Today, we stand by our September 9th letter and reaffirm our concerns. In addition, we are deeply troubled by the legal threats that Dr. Atlas has made against us in an attempt to intimidate and silence us in the midst of a pandemic, as we speak out on important public health issues.

We stand together and we reiterate clearly and with great affirmation that public health policy must be guided by established scientific principles and not opinions, especially ones that could harm individuals and the health of our nation.

Embedded in the above statement is our original Open Letter as well as the response from our legal team, which we believe lays out the issues quite clearly.

The last days seem to have gone from surrealism to almost fantasy fiction. When President Trump announced his diagnosis with COVID-19 on October 1st and when it became apparent that a number of other individuals in the White House or those who attended events with the President in the preceding days had also become infected, it affirmed our concerns that it is virtually impossible to contain SARS-CoV-2 and assume that vulnerable individuals could be protected. In fact, the White House had among the most active surveillance system for screening, but it clearly failed to provide protection when its inhabitants refused or spurned public health guidelines that included wearing masks and social distancing. One might have thought that this would be seen as a wakeup call by the nation of what happens when simple precautions are ignored, even flagrantly so. But this has now been made even worse when the President, upon leaving the hospital on October 5th, announced to the world that they have nothing to fear with COVID-19 and that is no worse than the common flu. Given the morbidity and mortality that has already been rendered – with more ahead – these statements are simply mindboggling. Even

more so, the fact that the President received (as he should) the most advanced treatments possible, including ones not yet available to the public, demonstrates an astounding lack of perspective and sensitivity to those who have already died, who are suffering the consequences of COVID-19 or who may die in the months ahead – many without access to the treatments that he received.

Rather than getting a consistent public health message, multiple perspectives still abound. In science we welcome different points of view and sometimes celebrate them. Some, like those being articulated by credible scientists, including three experts from Stanford (not Atlas), Harvard and Oxford, have been championing a policy entitled Focused Protection. At its core it is about protecting older vulnerable populations while letting less vulnerable groups, including children and younger adults, become exposed and potentially infected as a means for achieving herd immunity. In fact, many of the social and economic arguments that the authors of this policy make are quite reasonable and sensible. Where it fails, in my opinion, is in implementation where the foibles of human behavior will dominate. Creating focused protection for vulnerable groups along with age segregation will fail, as is demonstrated by the White House debacle, because it is virtually impossible to keep the vulnerable apart from younger communities. Increased prevalence of infection, including among healthier groups, will still likely have an impact on healthcare capacity. And even thought mortality among younger individuals is much less than older populations, many of these otherwise healthy individuals will become sick, many will die, and others will have chronic consequences of COVID-19. In addition, these policies will almost certainly negatively impact people of color and those with limited resources, who will not be protected even if social programs to support them were available. While I do not doubt the quantitative modeling of approaches like Focused Protection, I do not believe they can be actualized within the broader context of human behavior.

In contrast the current recommended policies articulated by Dr. Tony Fauci and captured in many state and community policies or in those of professional societies, make sense. We do not need lock downs (except under extreme circumstances), but we do need cautionary behavior with universal masking, social distancing and appropriate hygiene. We do not need to shut down the economy as some accuse, but rather to open it wisely as a number of communities are doing. And, finally, we need to do this until we have achieved herd immunity by a vaccine or after we have created protections from new therapeutics.

When I began writing *Notes on the Pandemic* in March, my primary focus was on providing the best factual information on this emerging new infection. I did not envision that six months later I would be writing a polemic stimulated by mistruths and misunderstood facts. I am not claiming that my views are superior but only that they are based on science and truth and that their sole purpose is help assure the health of our communities (including DCI) as well as the nation. My message is not a political one – it is one based on science and truth for the public health.

ppizzo@stanford.edu