COVID-19 AND PUBLIC HEALTH

Goals:

Discuss true risks associated with COVID-19

Examine public health directives, approaches and messaging in North Carolina

Consider their appropriateness

Consider their impacts on medical freedom— for citizens, patients and physicians

What percent of North Carolina's population have died with COVID?

Population of NC (2020 census): 10,439,388

COVID-19 Deaths in NC as of 10/22: 17,765

17,765 / 10,439,388 = ***0.17% of North Carolina residents have died of COVID***

What percent of NC residents die every year?

Life Expectancy 78.1 years

100/ 78.1 = ***1.28 % of North Carolina residents die of all causes per year***

Black Death (1300's) (bubonic plague)— 30-60 percent of population

Fauci March 2020, NEJM: Based on data, "…case fatality rates **may be considerably less than 1%.**" More like a **severe flu**.

Knew **high risk groups** based on Italian data.

“Risk Communication”

Did citizens truly understand actual risks of dying because of COVID-19?

Important that public health inform the public for truthfulness, transparency, trust…

COVID Infection-Fatality Rates by Sex and Age Group
(Numbers are shown as percentages)

Age group	Male	Female	Mean
0-4	0.003	0.003	0.003
5-9	0.001	0.001	0.001
10-14	0.001	0.001	0.001
15-19	0.003	0.002	0.003
20-24	0.008	0.005	0.006
25-29	0.017	0.009	0.013
30-34	0.033	0.015	0.024
35-39	0.056	0.025	0.040
40-44	0.106	0.044	0.075
45-49	0.168	0.073	0.121
50-54	0.291	0.123	0.207
55-59	0.448	0.197	0.323
60-64	0.595	0.318	0.456
65-69	1.452	0.698	1.075
70-74	2.307	1.042	1.674
75-79	4.260	2.145	3.203
80+	10.825	5.759	8.292

How did we used to deal with Respiratory viruses?

Field of “Communicable Disease Control” within Public Health

Last, 1986, regarding Flu:

“There may be reasons to avoid large crowds or known sources of infection when influenza is epidemic, but regulating travel and personal behavior would be impractical, temporizing and is generally unwarranted. Closing schools after outbreaks begin cannot be expected to disrupt spread…”

The authors knew about the Spanish Flu that killed 675,000 ***in the US*** among a population of 103 million = 0.6% of population

Jeffrey Dobken, MD, MPH (Cornell, NY Medical College)

5/16/20 YouTube:

“Historically, large scale quarantines have little positive effect on epidemics. Microbes do not read guidelines or choose sides.

“…limits development of herd immunity.”

Lockdowns, sheltering in place, stay at home orders, closing of “non-essential” businesses, closing of schools and workplaces and churches, limited operations of certain businesses

Suicides, mental health, spousal/child abuse, substance abuse, overdoses, delayed medical care, pockets of major economic harm and resulting diminished overall well-being

“Where are the bioethicists?”

Public Health = Practicing Medicine on Populations

Ethical principles or components of public health:

1. **Autonomy—** having the freedom to make one's own decisions – for the general public, for patients, but also for physicians. Public health best takes **advisory role**…

2. Beneficence, Non-maleficence– Want to **help** people from a public health/ medical standpoint, but also must "**do no harm**".

3. Justice—Fairness; equal treatment under the law; denial of **due process** when rights taken away; measures **proportionate and balanced and based on truthful, straightforward assessment** of risk and benefit; **open speech** necessary;

4. Informed Consent— very important. Assumes **right to refuse** for patients and the general public overall.

Has there been: (all important for public health)

Restraint? Use of least restrictive measures possible? Consider **OUTDOOR ACTIVITIES**.

Oversight?

Accountability?

Truthfulness with regard to severity of pandemic; risk levels of virus, treatments and vaccines; and effectiveness of measures touted/withheld? Transparency? Straightforwardness?

Establishment of trust?

Proper focus on those most at risk, with special accommodations for them? Really two pandemics—for the nonelderly/mostly healthy; vs. the very elderly and the unhealthy

Vaccines—

Slam Dunk—Healthy minors and younger adults at minimal risk of COVID complications, have higher risk of death and permanent complications due to the vaccines than any potential benefit from them;

Safety profile problematic, especially given limited impact of COVID

Risk Communication

Institutions capable of analyzing data and understanding it still requiring it in spite of above

Justice/ Maleficence/ Autonomy/ Truthfulness/ Risk-benefit/ Informed Consent

Same kind of analysis applied to **masks**: Justice, Autonomy, Truthfulness, Informed Consent

Treatment

1. **Encouragement of delayed treatment**, don't do anything until you're really bad, go only to ED. No **early treatment**.

   Treated like lepers…

   *Failure to overtly reverse that signal—

   Pneumonia untreated, dehydration untreated: New standard of care?

   *Inability to prevent worrisome complications at 2-3 weeks—ARDS, clotting

   Maleficence/ Justice

   *Incompetence of Public Health
   *Distrust of Public Health, medical community

2. Making preventive treatment illegal/ difficult

No prevention using **hydroxychloroquine** as of 4/1/20 – cost thousands of lives in NC?

Pharmacists can refuse **ivermectin** prescriptions (September 2021). Give pharmacists a **VETO** over MD prescriptions…

Ivermectin taken off formulary at UNC, others?

Maleficence, justice, autonomy, informed consent

3-4 hour drives to seek care

Much higher standard of proof for treatment than for the public health approaches advocated.

But this shuts down innovation, mandates inflexibility, fails to protect high-risk patients.

“Science and Data” = Exercise of Judgment (20 page orders)-- arbitrary, capricious

3. Organizations usually providing **continuing education** for MD's asleep at the wheel. Who knew how to early treat/ prevent? How to innovate?

Justice, **Maleficence**—withholding of knowledge that might benefit people

4. Hospital systems don't seem to want aggressive early treatment or preventive treatment—perverse incentives, political environment. **Physicians in these circumstances less independent, and this has probably harmed patients**. 70% of physicians **employed**.

Autonomy, Justice

5. Physical exam, in-office care no longer necessary, telehealth instead—tests; measurements; examination reveals early or late complications; orthostatic blood pressures

Again, treated like lepers

Maleficence; Justice; Autonomy of patient, physician

Free speech—

Physicians, other health professionals **fired, suspended, risk medical board discipline** for speaking the truth

Dr. Dobken: Where are the **bioethicists**?

Dr. Aaron **Kheriaty**, UCal Irvine—Suspension of bioethicist who speaks out

Bioethicists at **UNC, Wake Forest, Duke, ECU**? On board with the authoritarian regime, or afraid to speak out?

Autonomy, Justice, Truthfulness, Oversight/Trust

“Crimes Against Humanity”

Rome Physicians’ Declaration… “may actually constitute crimes against humanity”

Great Barrington Declaration

Thousands of physicians and public health scientists, many from academia

Constitutional Rights Violated

Free exercise of religion

Free Speech

Right to assemble

Due process when deprived of liberty, property

Enjoy fruits of labor

Equal protection

Laws be **faithfully** executed by governor

Last Text: "Police power"- risk /benefit

"(T)he power to regulate the public health is limited by the protections of the Bill of Rights… Public health officers and administrators must take these constitutional protections into account in public health administration and enforcement. Indeed, they must take them into account in the planning and development of new programs."

"Ethical theory suggests that compulsory state programs, when justified at all, must meet certain tests of conformity to constitutionally guaranteed protections."

Must be "reasonable", "demonstrably essential".

Crimes Committed

Violating oath of office

Malfeasance, Misfeasance, Nonfeasance

Negligence—doing harm to others because of wrongful actions

Depriving others of constitutional rights (**no authority** to do this)

Done in name of public health, but contrary to ethics and values and ground rules of public health

Why no accountability? Essential for public health.

Checks and balances—judiciary, legislative; prosecutors

Action Points:

1. Widely **encourage** early and preventive treatment
2. Get **patients seen in person**, reverse the telehealth imperative
3. Assure **availability of remedial continuing education** for physicians, physician extenders who are unaware
4. Assure **no vaccine mandates** in North Carolina, public or private
5. Assure **physician independence** and autonomy. Unsafe for patients otherwise.
6. **Accountability** for public officials who do wrong—ethics complaints, oversight/legislative hearings, censure, impeachment/removal, prosecutions

Summary:

Field of public health has highly developed history of discerning what measures to take during an epidemic according to long-established ethical principles.

All of that was thrown away during COVID-19 in North Carolina.

Severe abuses of public health ethics and constitutional rights occurred in North Carolina resulting in various types of losses of medical freedom for the general public, patients and physicians.

This has often harmed patients and the general public; and has left physicians less able to help them at their hour of need.

Multiple corrective actions are warranted and long overdue.