

Our botched response to the pandemic; S. Dakota & New Mexico case studies; Excess deaths; Racial, ethnic minorities reel from higher deaths; Scrubbing Surfaces Does Little; Schools remain open; CA data

1) Three things today underscored for me our totally botched response to the pandemic. First, as I was walking to my garage this morning, I saw a line that stretched around the block to get a COVID test at the CityMD on 97th and Lex – I was told that the wait is 2½ hours. Here are two pics:





My middle daughter just flew home from North Carolina this morning (she just finished the first half of her senior year at Wake Forest) and wanted to get tested, so she found another testing center on 96th and Third where the line was “only” 90 minutes.

That’s not so bad – but what’s inexcusable is that it currently takes FOUR DAYS to get the results back from a PCR test in NYC! (It’s slightly better in Winston-Salem, NC, where my daughter has been getting tested regularly and the results have been coming in two days.)

We’re the better part of a year into this crisis and people still have to line up for hours to get tested and then wait many days to get results?!

This means that people who are infected don’t know so they’re out there unwittingly spreading it for multiple days. No wonder the pandemic is out of control!

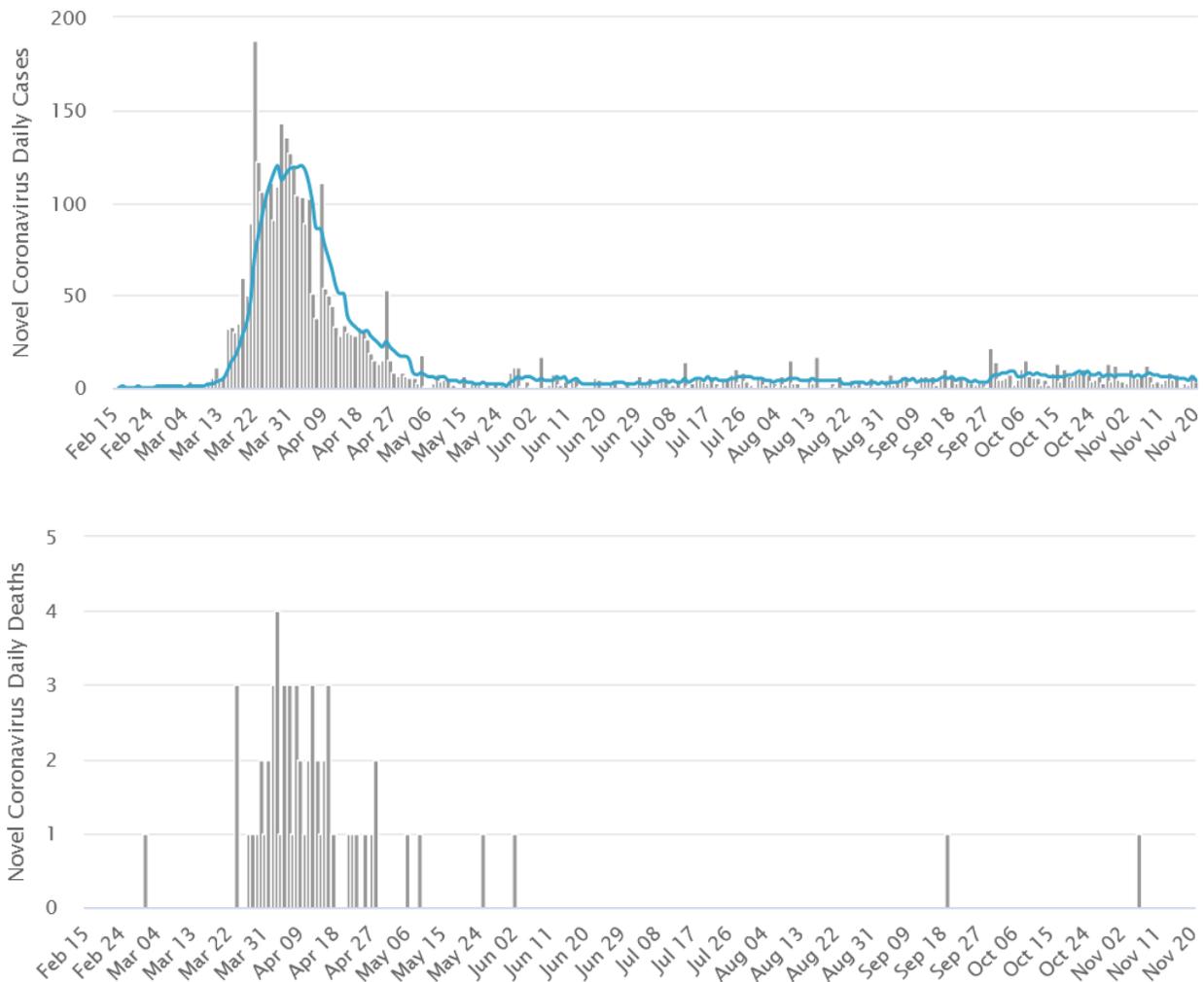
Story #2: I was talking to my parents this morning about our trip to Kenya to visit them (and my sister and her son) next month for the holidays. They tell me that it’s easy to get a test there (for \$100) and you generally get results the next day. KENYA!

Story #3: I also talked to my cousin this morning, who returned two weeks ago from dropping off his two young daughters in Thailand with their mother (his ex lives there and they share custody).

To enter Thailand, they first had to get tested right before they left. Then, upon arrival, they had to go to a hotel to quarantine for 14 days. They were not allowed to leave their room for the first four days. On day 3, they all got tested. A day later, they got the results (negative) (note one-day turnaround), so on days 5-14, they were allowed to leave their room for 45 minutes each day to walk around the hotel's pool and garden. They couldn't leave the property, however – had they tried, the hotel staff would have called the police and they would have been arrested.

Contrast this with my cousin's experience when he flew home (to Dallas): NOTHING! No test, no quarantine, he didn't even have to fill out a one-page form (as my daughter did this morning, and my parents did when they flew from Kenya to Boston in August) so that someone could contact him if, say, someone on the plane tested positive. He said it was as if there was no pandemic at all...

Is it any wonder that Thailand has had a total of 3,902 cases and 60 deaths – approximately 1/1,000th our death rate per capita (they have one-fifth our population). Here are charts showing Thailand's cases and deaths per day this year:



2) Speaking of differing responses to the pandemic, in the absence of any leadership at the federal level, there are fascinating natural experiments occurring as states adopt vastly different responses to the virus. Two of the most extreme are South Dakota and New Mexico, as this NYT article highlights: [1 America, 1 Pandemic, 2 Realities](#). Excerpt:

In one pandemic reality, restaurants are packed. There are no coronavirus limits at college-town bars. No social-distancing dots speckling the floor. Some people are wearing masks, but even a weak proposal to make it a requirement in one city prompted an outcry. Welcome to South Dakota.

In another, hundreds of miles to the south, much of life is shut down. No dining inside restaurants. Capacity limits at Walmart. Shuttered bookstores, museums, hair salons, parks. A mask-wearing culture so widespread that someone put one on an old statue. Welcome to New Mexico.

This is the view from America's two discordant, dissonant pandemic realities.

The pandemic and the nation's disjointed response have taken the notion of two Americas to a new extreme. As known coronavirus cases in the United States have surpassed 12 million over the course of the pandemic, the daily routines of millions of Americans are now shaped by their ZIP codes and governors and beliefs about the virus: Do they wear masks? Go to school in person or online? Eat out? Get exposed to the virus?

Hospitalization rates in South Dakota have been the highest in the nation, but a conservative frontier philosophy dominates the state's approach. Some towns, stores and school districts require masks or social distancing, but, as a whole, South Dakota has the fewest restrictions of any state, with neither a mask mandate nor significant limits on businesses. Gov. Kristi Noem, a Republican, has called that distinction a badge of freedom and criticized restrictions as ineffective and economically destructive.

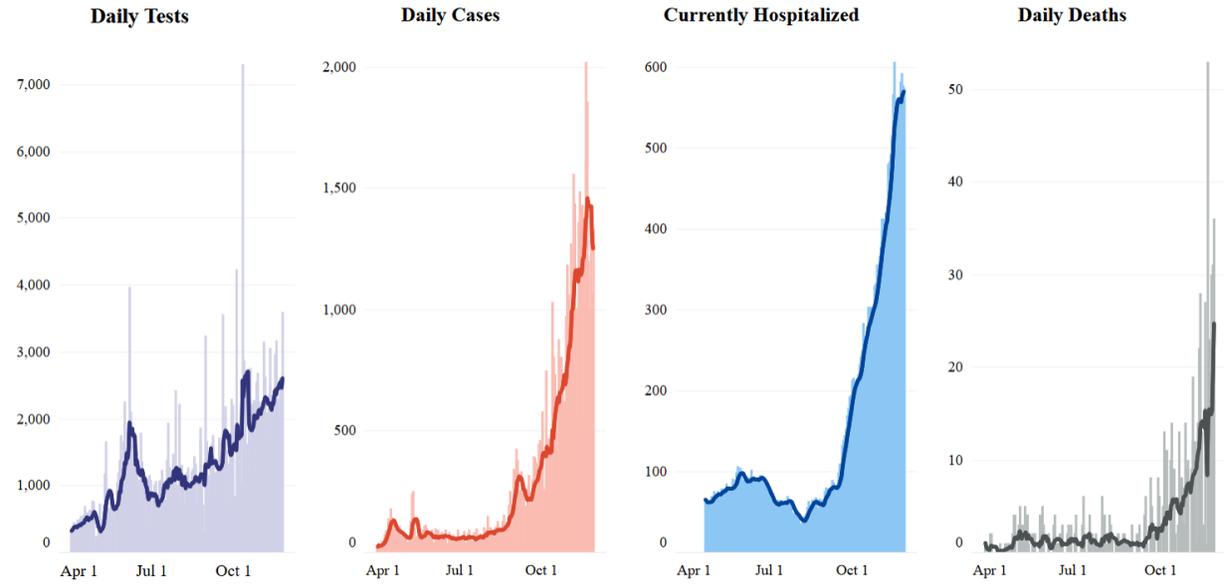
"You wouldn't even know there's a pandemic going on," said Heidi Haugan, a mother of four young children in Sioux Falls, South Dakota's biggest city.

As the virus surged in New Mexico, Gov. Michelle Lujan Grisham, a Democrat, on Monday put the state's two million residents under some of the toughest restrictions in the country, issuing a two-week stay-at-home order, banning restaurant dining, setting capacity limits on grocery stores and closing indoor malls, movie theaters and gyms.

Let's look at the latest data for each of these states – first the raw numbers for each state, then per capita cases, hospitalization levels, and deaths over time, showing both states on the same chart (sources [here](#), [here](#), [here](#) and [here](#)):

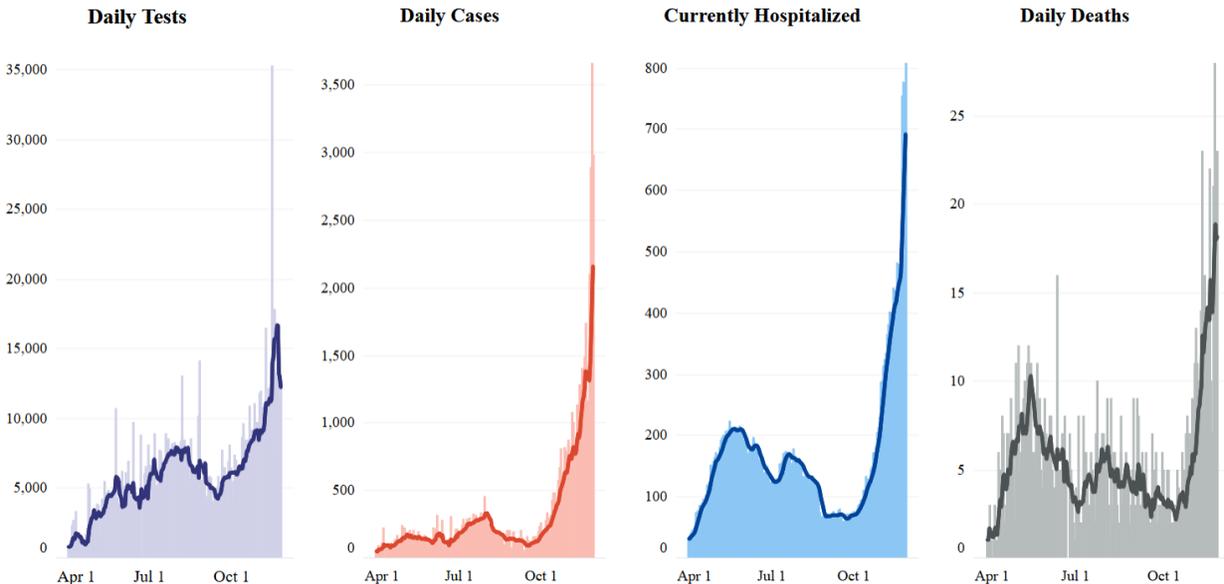
South Dakota COVID-19 METRICS SINCE APRIL 1. 7-DAY AVERAGE LINES

Choose State
South Dakota



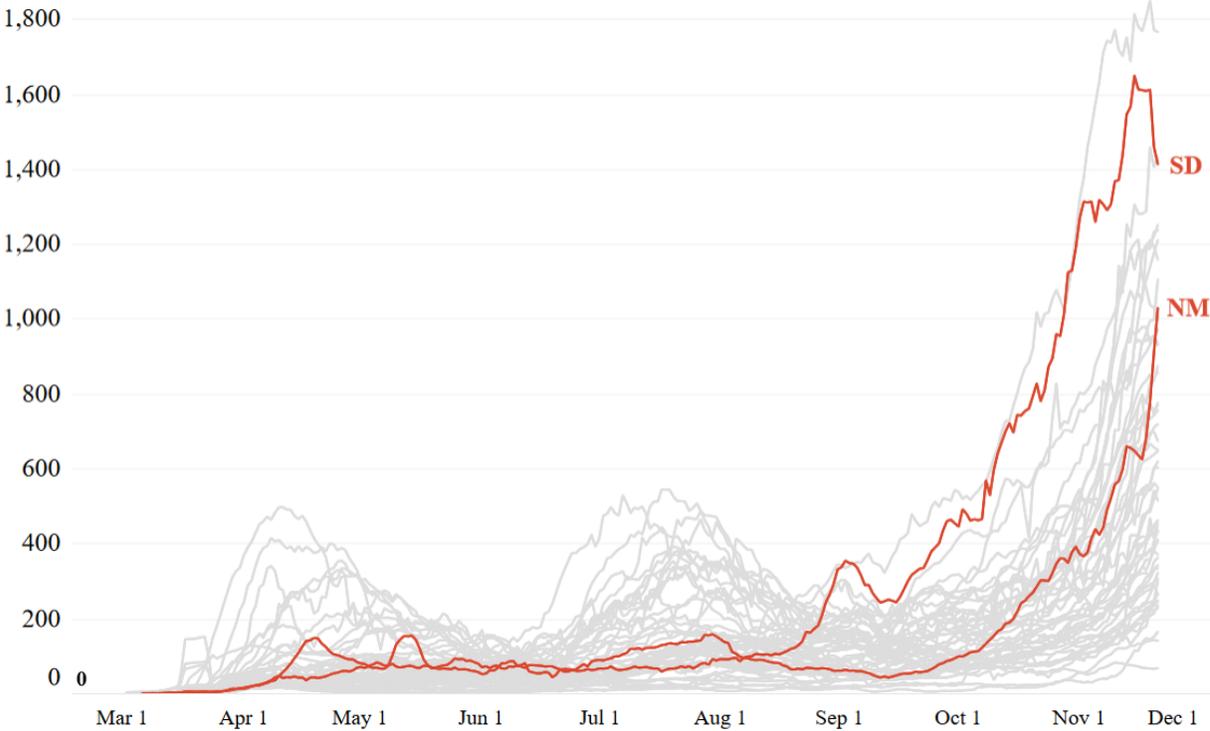
New Mexico COVID-19 METRICS SINCE APRIL 1. 7-DAY AVERAGE LINES

Choose State
New Mexico



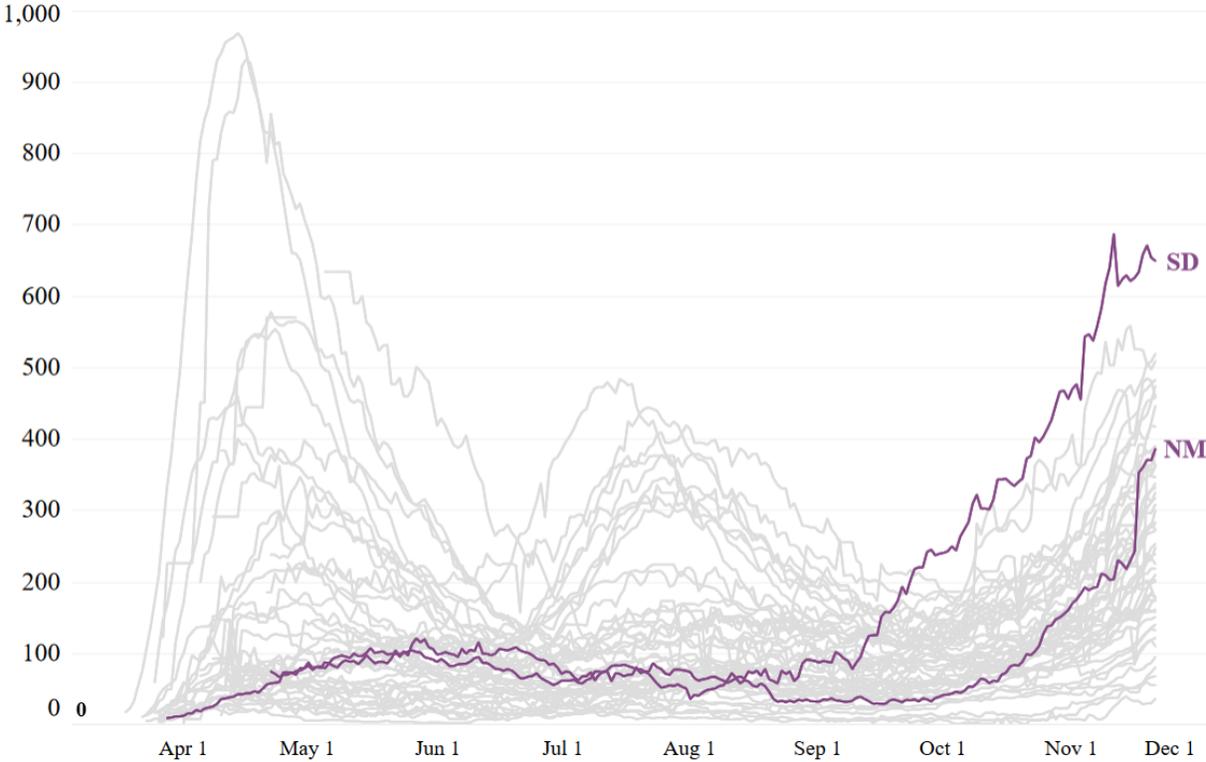
CASES PER MILLION PEOPLE BY STATE. 7-DAY AVERAGE LINES

CLIC



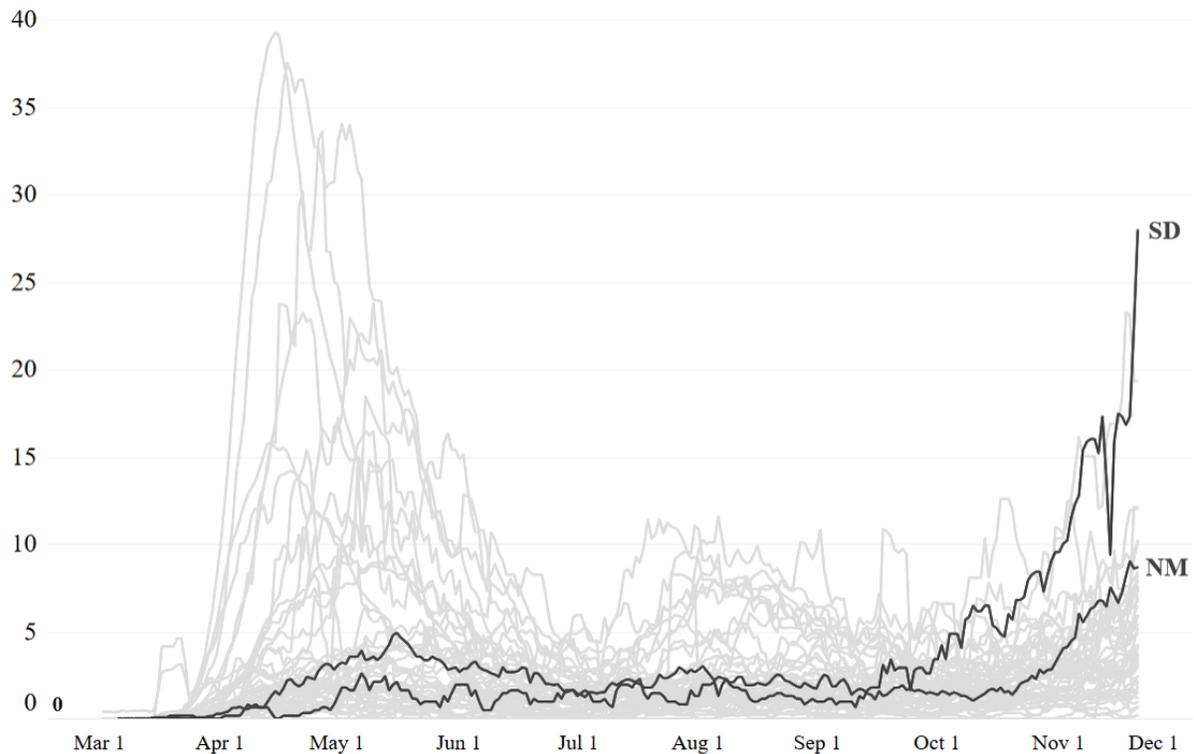
CURRENTLY HOSPITALIZED PER MILLION PEOPLE BY STATE

CLIC



DEATHS PER MILLION PEOPLE BY STATE. 7-DAY AVERAGE LINES

CLICK



My take-aways from this data:

- Both states were almost completely unaffected by the first two waves, so developed little population resistance/herd immunity, and therefore it's not surprising that they are getting clobbered, with huge surges in cases, hospitalizations and deaths.
- By all measures, SD is getting hit harder, with hospitalizations and deaths per capita approaching the horrific levels that NY and NJ hit in April.

In light of this, many people will no doubt conclude that the politicians and people of SD are being incredibly reckless in refusing to lock down the state (as NM – and most other states – are doing). They're like the famous "[crazy nastyass honey badger](#), the most fearless animal in all the animal kingdom. It really doesn't give a shit!"

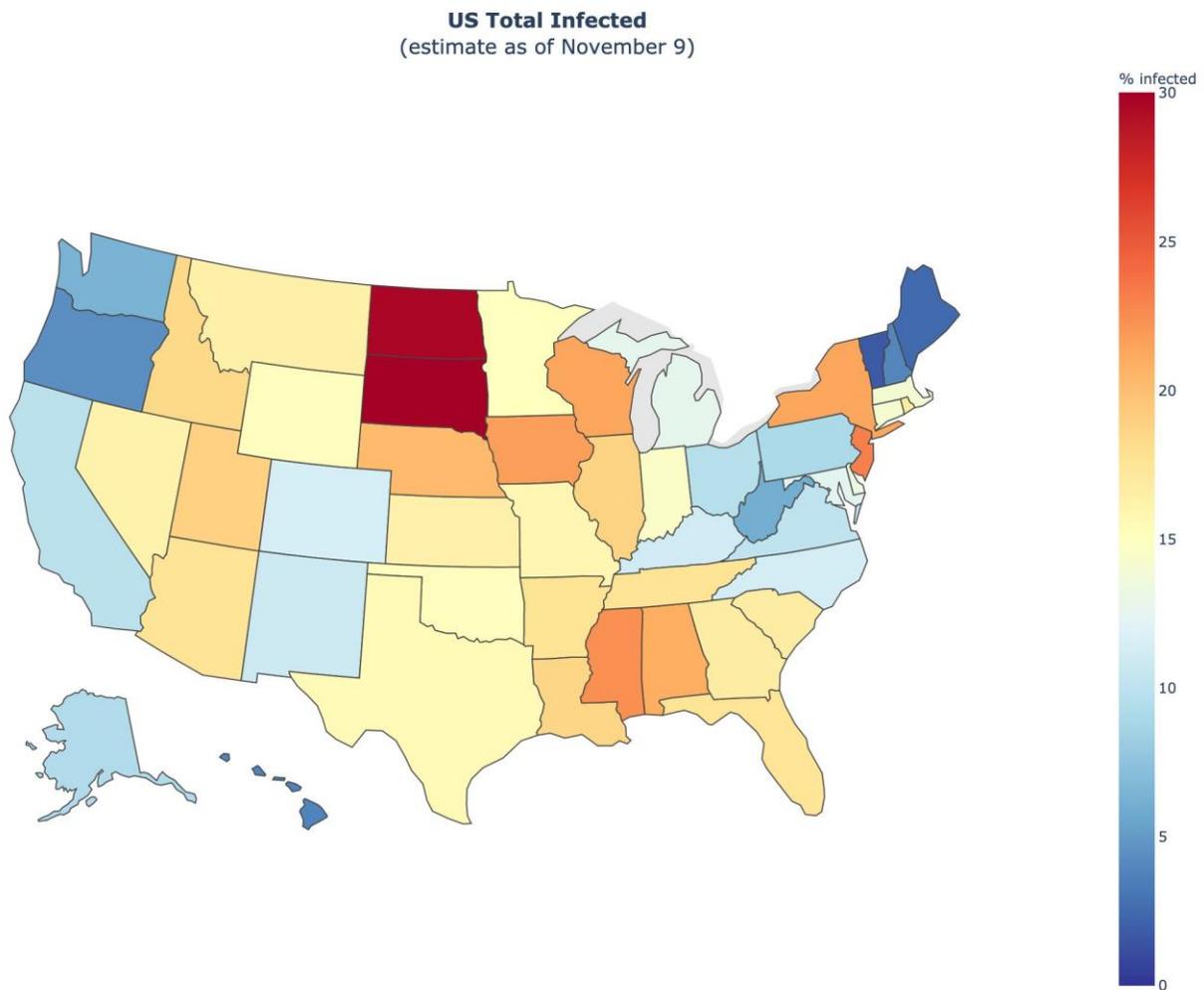
I am *not* recommending that the rest of the country adopt SD's approach – especially with multiple vaccines about to become widely available. It's just too risky to experiment on 331 million Americans.

But as a researcher, I'm delighted that an extremely low population state (885,000 people) is trying this approach – because it's entirely possible that the South Dakotans will eventually be proven right!

If you look at the charts closely, you'll see that cases per day have been declining and hospitalizations have flattened over the past week. It wouldn't surprise me if the top was a week ago and the virus starts to fade away because SD has reached the herd immunity threshold.

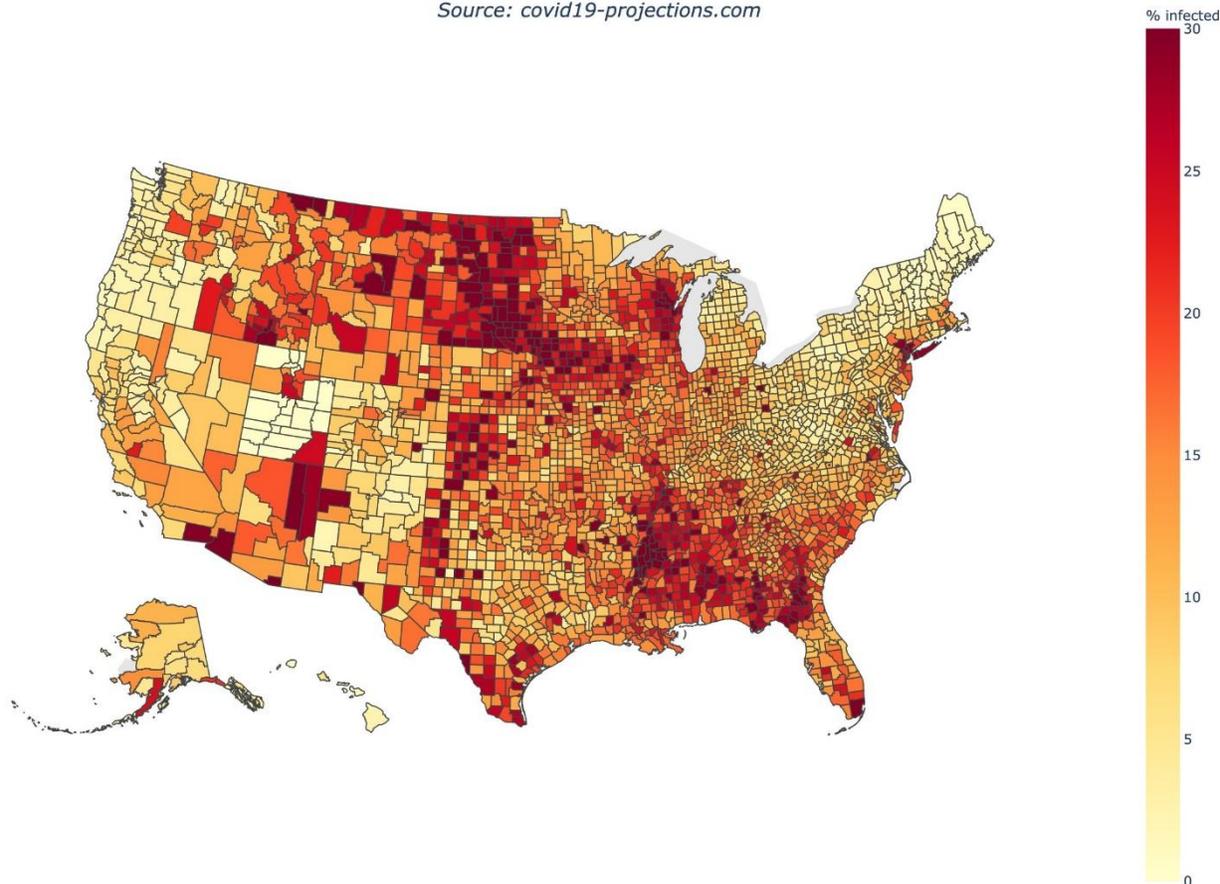
Here's why: as of today, the state has had a total of 71,070 cases ([source](#)). My rule of thumb is that only 20% of cases are identified by testing. If so, that means ~350,000 South Dakotans have been infected, which is 40% of the state's population – likely the highest of any state.

My guess is reinforced by [this chart](#) by data scientist Youyang Gu:



Here's his [estimate by county](#):

US Counties Total Infected
Updated Nov 20 - Estimate as of Nov 6
Source: covid19-projections.com



Gu estimates that North and South Dakota are the highest, at ~30% infected, while the lowest are Vermont and Maine at ~2%. Overall, he has prevalence at about 17% nationally.

In summary, there is little doubt in my mind that, by not locking down, more South Dakotans will be infected, hospitalized and die. (How many more is impossible to know.)

But, in exchange, South Dakotans haven't had their lives upended for the better part of a year. They're not covering at home, children are going to school, people are going to work, businesses aren't failing, friends are hanging out with friends, people are getting necessary health screenings, etc.

So is the trade-off worth it?

My view is that if they go into this with their eyes open, fully informed of the risks, and choose a certain amount of sickness and death in exchange for more freedom, who am I to judge?

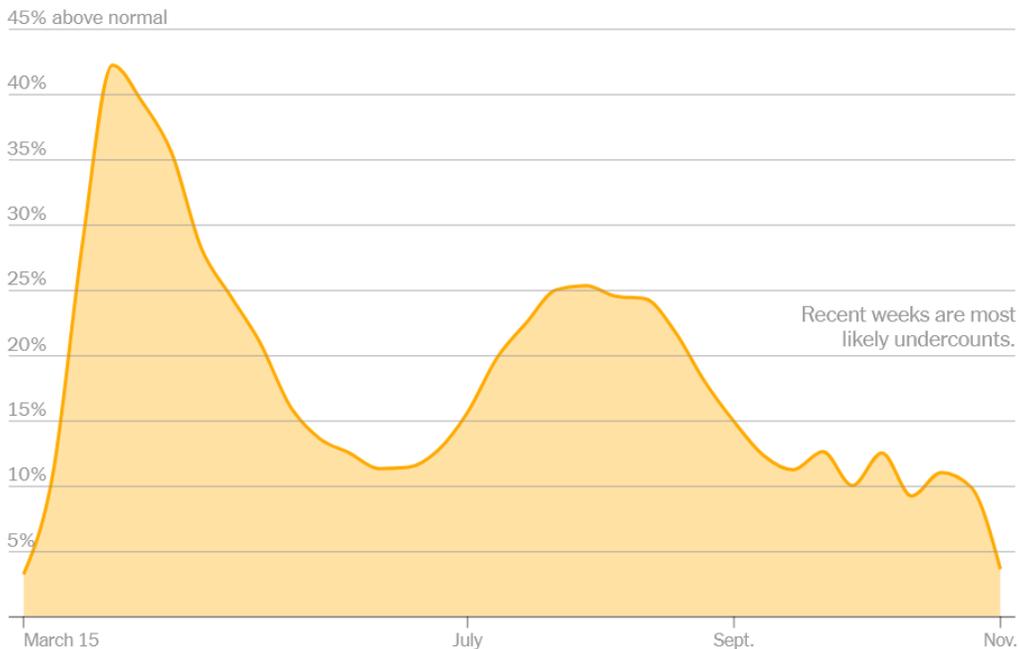
3) A state-by-state analysis by the NYT showing that total "excess deaths" in the U.S. this year are well above normal, both nationally and in every one of the 50 states: [In All 50 States, Deaths Are Now Higher Than Normal](#). Excerpt:

Deaths in every state of the country are higher than they would be in a normal year, according to an analysis of estimates from the Center for Disease Control and Prevention.

The data show how the coronavirus pandemic, which is peaking in many states, is bringing with it unusual patterns of death, higher than the official totals of deaths that have been directly linked to the virus.

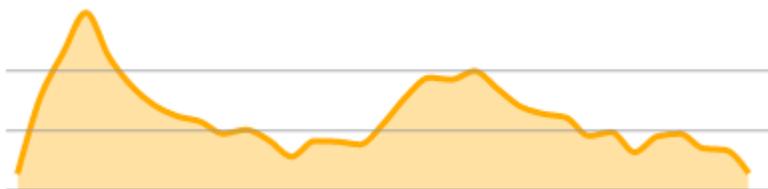
Deaths nationwide were 18 percent higher than normal from March 15 to Nov. 7. Altogether, the analysis shows that 326,000 more people than normal have died in the United States during that period, a number that may be an undercount since recent death statistics are still being updated.

Total U.S. Deaths Above Normal



Our analysis examines deaths from all causes — not just confirmed cases of coronavirus — beginning when the virus took hold. That allows comparisons that do not depend on the accuracy of cause-of-death reporting, and includes deaths related to disruptions caused by the pandemic as well as the virus itself. Epidemiologists refer to fatalities in the gap between the observed and normal numbers of deaths as “excess deaths.”

Side note: when I looked at each state’s chart, I couldn’t find a single state that had two big spikes – strong evidence for the herd immunity theory. The closest I could see was Louisiana:



But this was likely New Orleans getting hit in the first wave (along with the NYC area) and then other parts of the state getting hit in the second (FACT states) wave.

4) This in-depth WaPo article does the best job I've seen of detailing the pandemic's disproportionate impact on poor and minority communities – not surprising, due to poor health, less access to healthcare, and more exposure to the public due to jobs like driving a bus, working in a store or restaurant, etc. But if you read it carefully, you'll see that the failures of both the federal as well as state governments was also a major factor. [Racial, ethnic minorities reel from higher covid-19 death rates](#). Excerpt:

Nearly nine months after the virus exploded in the United States, and amid big treatment strides, the disease continues to ravage African American and other minority communities with a particular vengeance. Black, Asian, Native American and Hispanic patients still die far more frequently than White patients, even as death rates have plummeted for all races and age groups, according to a Washington Post analysis of records from 5.8 million people who tested positive for the virus from early March through mid-October.

Death rates overall have fallen more than 80 percent from the pandemic's peak in the spring, when refrigerator trucks were parked outside New York City hospitals and ice rinks were converted into morgues, according to an analysis of anonymized data collected by the Centers for Disease Control and Prevention.

But as another wave of infections sweeps across the country this fall, losses among racial and ethnic minorities remain disproportionately large. Black Americans were 37 percent more likely to die than Whites, after controlling for age, sex and mortality rates over time. Asians were 53 percent more likely to die; Native Americans and Alaskan Natives, 26 percent more likely to die; Hispanics, 16 percent more likely to die. Those higher case fatality rates for diagnosed people of color are on top of the increased infection rates for those unable to isolate at home because they are essential workers.

These patterns have devastated communities of color across the country: multigenerational Latino households in Texas, Pacific Islander families in Washington state, African American families in South Carolina.

Advocacy groups, researchers and other experts say many of these deaths are preventable, and they blame federal, state and local leaders for failing to take the disparities seriously and take steps to address them.

5) An important article: [Covid Indoors: Scrubbing Surfaces Does Little to Mitigate Threat](#). Excerpt:

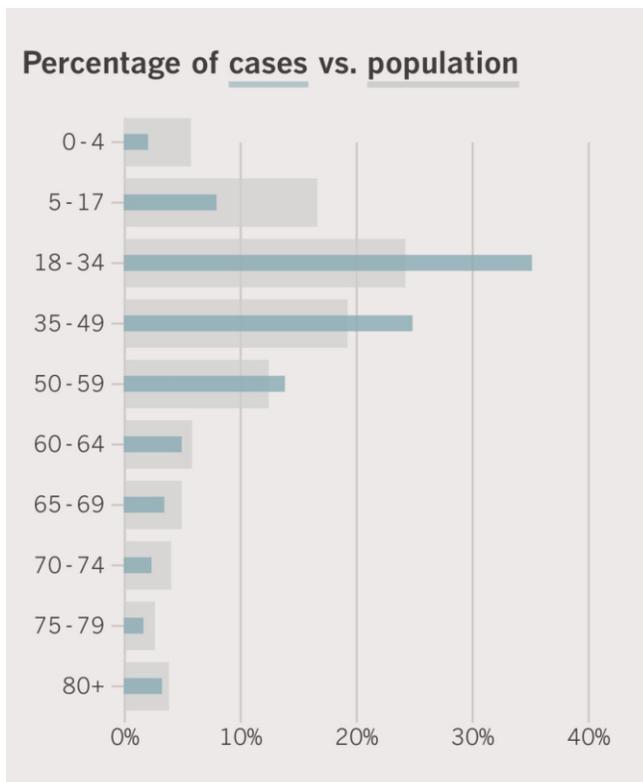
But scrubbing surfaces does little to mitigate the virus threat indoors, experts say, and health officials are being urged to focus instead on improving ventilation and filtration of indoor air.

“In my opinion, a lot of time, energy and money is being wasted on surface disinfection and, more importantly, diverting attention and resources away from preventing airborne transmission,” said Dr. Kevin P. Fennelly, a respiratory infection specialist with the United States National Institutes of Health.

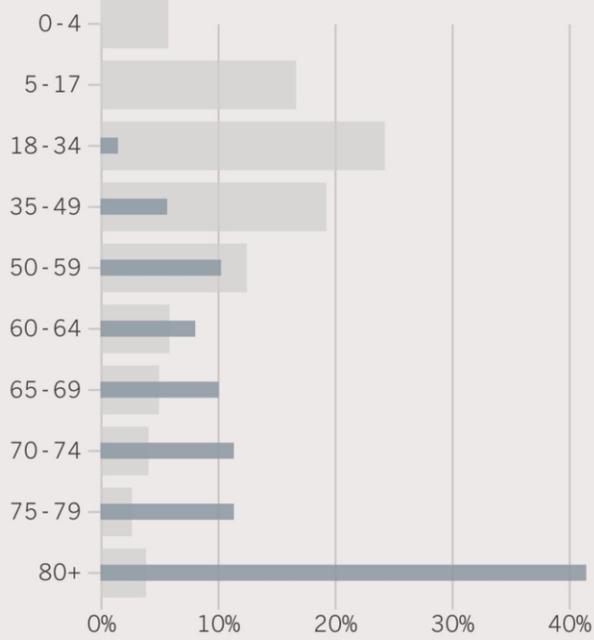
6) A follow-up from Nick Kristof on why schools should remain open:

Many readers were particularly indignant at [my last column](#) arguing that it’s outrageous that we open bars and close schools. The angry response from many readers was: “Why do you want to kill teachers?” Of course, the Trump administration should have done more to fight the virus and protect schools. But two new studies have come along just in the last two days to buttress my argument that closing schools causes long-term damage to students while doing little to reduce community transmission of the coronavirus. One is [this from Scotland](#) (which has kept schools open) and the other [from Unicef](#), which declares: “The net benefits of keeping schools open outweigh the costs of closing them. Data from 191 countries show no consistent association between school reopening status and COVID-19 infection rates.”

7) Interesting data from CA showing that a disproportionate number of cases are among the young and middle aged, while the vast majority of COVID deaths are among the elderly (this is consistent with all other data I’ve seen):



Percentage of deaths vs. population



Best regards,

Whitney