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QUOTE FOR THE DAY:

“We must work out who we are, and how to live, right in the middle of life itself...” Soren Kierkegaard.

Wow! Doesn't that hit the nail on the head today? So many of us are so confused and anxious - about health - about finances - about family, and we're having to figure out just how we are going to live, now and in the future, and, yeah, “right in the middle of life itself.”

So, what a special day this is; American infections break the 1,000,000 barrier and, as Governor DeSantis begins to lift social distancing and other lockdown activities, Florida has its largest daily increase in infections.

How are Mr. and Mrs. America feeling about loosening up, getting the economy going again? 89% of both Democrats and Republicans fear economic collapse, while 56% of Republicans and 88% of Democrats worry about the country reopening too soon – not a good omen for future consumer confidence polls.

INEQUALITY OF HEALTH OUTCOMES WITH EARLY REOPENINGS:

As the economy starts to reopen, many lower paid people will be called back to work at a time when infection rates are still high. Many higher income people will still have the option to tele work, although I've not seen any numbers as to how many. Many of the lower paying jobs (fast food workers, grocery store cashiers, etc) are in jobs where social distancing is difficult or impossible. For these people, it's going to be, "Come back to your job, face the increased risk, or lose it."

As pointed out in a recent issue, for those making less than the average wage, and for those at the average wage, the combination of unemployment insurance and the government

\$600 per week allowance will enable many to stay out of the workforce until the end of July and make the same or more than they were making when employed. The obvious risk would be, what happens on August first? This three month window would be a good opportunity, however, for lower paid people with health issues, which predispose them to the coronavirus to continue to stay out of the work force. More on this shortly.

1968- WHY SO DIFFERENT FROM 2020?

I don't have a clue. Maybe it's because we didn't have the instant communications in 1968 that we have in 2020, but the actions/reactions have been totally dissimilar. It was just back in issue 21 that we discussed 1968, but it's very important to reiterate what happened back then.

The pandemic of 1968 was caused by the H3N2 flu virus. We were a country of 205 million then, and the virulent disease killed over 100,000 Americans. To date, with the corona virus, we have lost 52,000 in a country with 330 million citizens. Certainly we will lose

more, but my point is that in 1968 we weren't sheltering in place, wearing masks, closing restaurants and shutting down the economy. Is there a possibility that we may be ruining our own economy and spending 3 trillion dollars, a number that could have been much, much lower when other courses of action could have been pursued? Now, don't jump on me because I asked the question. I'm asking the question because I don't know the answer, but that which follows presents some alternative thinking.

ROSS PUBLICATIONS "THE ROSS RANT" BY JOEL ROSS:

One of our readers brought this to my attention.

Mr. Ross, is a successful business man who periodically puts out a newsletter. His publication of April 27, 2020 puts covid-19 in an entirely different perspective.

Mr. Ross contends that, "almost every death due to the virus was due to comorbidity."

Comorbidity is having one or more preexisting conditions that, in combination with the virus creates the potential for a deadly outcome.

The list of those health conditions that cause comorbidity is quite long and most of us know what is on the list. Just starting with preexisting heart conditions, lung problems and smoking –you get the idea.

Ross goes on to say, “Only 54,000 people out of 330 million die and, of those, 98% are old, and with comorbidity. 98%-99% never get seriously ill and .5% of known cases, or fewer, die.”

Ross cites the conclusions of a number of Doctors (who he does not name) who advocate, “Isolate the people with comorbidity issues, and let everyone else get back to work. Why not isolate the sick and vulnerable instead of the young and healthy.” Ross’ quote.

Citing the doctors again, Ross goes on to highlight the personal damage done by the lockdown. “There is no count of how many extra died of suicide, drug overdose, abuse or

stress related incidents due to no work and isolation. We do know the suicide and help hotlines are overwhelmed now. Bottom line is, almost no healthy people die from the virus and shutting down the economy just exacerbates poverty and stress...”

Ross is contending that we never should have shut down the economy and, in the process saved, a couple of trillion dollars.

I disagree that Mr. Ross (and the group of doctors he cites) have a formula that could be applied nationwide- most certainly not in New York and New Jersey. At the same time, I wonder what would have happened if most of the rest of the country had stayed open.

No question but that social distancing has been good for all of us and regrettable that, on a state level, more attention hasn't been paid to those who work or live too closely together, meatpackers and nursing home residents being two prime examples. I have read that one quarter of all virus deaths in Florida have been in nursing homes.

I guess your scribe is one of those comorbidity people, qualifying under the age category, and who knows what else. So, while happy to finally be able to take a walk in the park, I'm essentially still sheltering in place.

Everyone keeps talking about flattening and downtrending the curve. What is that point on the downtrend when I/you feel safe going to baseball games, movies and restaurants? Au Choix.

A COUPLE OF BRIGHT SPOTS:

On the vaccine front – just amazing things happening at Oxford University by scientists at the Jenner Institute. The initial success of their covid -19 vaccine has been so pronounced that they have secured authorization to test 6,000 people by the end of next month. If this testing confirms earlier findings, the first few million doses could be ready as early as this coming September. The natural question all of us would have is, “So when does that get to the U.S., when does it get to my family?”

The excitement comes from the fact that last month, six rhesus monkeys were vaccinated and then exposed to heavy doses of the virus. 28 days later, all were healthy. Further testing becomes a bit problematic, because, unlike the rest of the world, the researchers want to find testing locations where the virus is still on the rise to ensure their volunteers have ample opportunity to be exposed to a population with high infection levels.

Dr. Fauci was actually smiling and optimistic yesterday as he announced that Gilead's remdesivir (an already approved drug) improved serious cases, where patients had to be hospitalized, from a 15 day stay to an 11 day stay. Dr. Fauci refers to remdesivir as the 'standard of care'. Thus far, it appears as a great help in decreasing the potency of the virus, but it is not being projected as a preventative.

Your faithful scribe

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