CORONAVIRUS

Courage in a climate of fear

Abraham Verghese and Eric Topol

It is essential for physicians and scientists to speak up to counter misinformation about COVID-19 amid a culture of fear.

Every day in clinics and hospitals across the United States and worldwide, unheralded heroes strap on their armor to take on an insidious viral enemy that to date has infected 7.5 million Americans and killed over 200,000, and globally has infected 38.8 million people and killed more than one million. Amongst the dead from COVID-19 in the United States are more than 1,270 health care workers, a figure that is likely to be an underestimate. Many who recover from COVID-19 suffer long-term sequelae and some are on waiting lists for a lung transplant. The “Lost on the Frontline” database (1), compiled by The Guardian newspaper and Kaiser Health News, with its portraits of U.S. health care workers who succumbed to COVID-19 leaves us with a visceral understanding of the dangers that health care workers face.

Colleagues, we are in a battle for our lives in medicine, a battle science will eventually win. Courage is not the absence of fear, but the willingness to carry on despite it, and that kind of courage is everywhere on display. Many who recover from COVID-19 suffer long-term sequelae and some are on waiting lists for a lung transplant. The “Lost on the Frontline” database (1), compiled by The Guardian newspaper and Kaiser Health News, with its portraits of U.S. health care workers who succumbed to COVID-19 leaves us with a visceral understanding of the dangers that health care workers face.

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Colleagues, we too have given blood: We have lost many of our own. Yet, collectively, we have yet to respond with one voice in a manner comparable to the victims and survivors of the February 14, 2018 shooting at Marjory Stoneman Douglas High School in Parkland, Florida. Students rallied to get their voices heard by their elected representatives. They flooded the streets of Washington D.C. to say, “Never Again.”

We cannot leave it to a few lone health care heroes to stand up to the corruption and misinformation promulgated by the current administration. Helen Chu, a University of Washington epidemiologist, felt the moral and ethical need to act—she disobeyed federal instructions to hide critical health data. It was her team who first demonstrated community spread of COVID-19 in a patient who had no travel or contact history, a pivotal moment in the early days of the pandemic. Richard Bright, a vaccine expert who headed up the U.S. Biomedical Advanced Research and Development Authority, stood up (and was removed from his post) for objecting to the U.S. government’s spending on drugs, such as hydroxychloroquine, and technologies that lacked scientific value when he knew there were more pressing priorities. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease, delicately and bravely continues to hammer away at what is known, what is needed to prevent spread of the virus, and what represents misinformation. Meanwhile, a few newly favored physician advisors to President Trump, individuals whose unscientific theories serve to support a political strategy that wishes to deny the virus or its cost in American lives, have the pulpit and preach unopposed.

We call on the leadership of the US Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and physicians in similar prominent roles to stand up, to speak out, to be crystal clear about what they know to be evidence-based information. The views of CDC Director Robert Redfield were inadvertently revealed in what he thought was a private conversation overheard on a plane, that was then publicized: “Everything he [Scott Atlas, advisor to the White House Coronavirus Task Force] says is false” (5). Why not express such sentiments publicly? More so now that everyone knows where you stand. We call on the National Institutes of Health (NIH) leadership to stand up more vociferously to pseudoscience. We call on all our colleagues in hospitals and clinics across this country to come together in solidarity, to rally together, perhaps to stand outside our medical centers on one day at one appointed hour to empower our leadership, to indicate to them that we are counting on them, that we need them to be brave and step forward and articulate what they know to be true and what is false.

Keep in mind the young medical residents and trainees on the front lines everywhere; they need to regard the CDC the way we thought of it: As a bastion of accurate and timely information, reliable publications such as Morbidity and Mortality Weekly Report, and home of the Epidemic Intelligence Service, which the medical community relies upon for salient, up-to-date information on infectious diseases. Our medical trainees involved in clinical trials need to look up to the FDA, to look forward to serving on committees, to take pride in the manner in which the FDA once took on the big tobacco companies.

CDC Director Robert Redfield, FDA Commissioner Stephen Hahn, and NIH Director Francis Collins, have an enviable task in the current political environment. We appeal to you all to make us proud; please honor the many devoted employees who work in your organizations who must watch the distortion of scientific facts, the muzzling of your voices; please honor the almost one-million American physicians practicing medicine and the millions of other U.S. health care workers by speaking out. This is not about politics, even though your actions and inactions will inevitably be politicized; this is about scientific truth and the human peril when truth is obscured.

It is a dangerous journey, and the first step is always the hardest. But you can no longer stay diplomatically silent. Speak up!

REFERENCES

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