

Received from a local shopkeeper in the Chicago area March 14, 2020. Snopes authenticates the comments from the second doctor at <https://www.snopes.com/fact-check/cristina-higgins-coronavirus-post/>

This is the post that influenced me to close the shop. It's by [Tammy Gottlieb-Horowitz](#), a friend I met at a Wellesly summer program years ago. I read every word. I hope sharing it helps some people out there. Lets flatten the curve!

Tammy:

"A letter I wrote to the superintendent of my children's schools:

I am a parent and I am also a physician. I have access to networks of doctors throughout the country and world, and have been hearing firsthand accounts from other physicians at the frontlines who are trying to treat patients with coronavirus. I am very concerned and feel it is critical to close our schools for a month to slow the spread of this virus. I will explain why and share some firsthand accounts from physicians in Italy and here. This is a long email, but I think it is important to share.

I feel strongly that our school district should set an example and take a stand on this. In our individualistic society, it is up to each individual to make decisions for themselves, which is very hard given the lack of leadership and direction from above. Unfortunately, many people are not taking the current situation seriously either because they are uninformed, don't care about the greater public good (they believe they will likely get it and be ok because they are in a lower risk group), or need to cope with their anxiety by feeling they are immune to this virus. Also, it is extremely hard for people to go against the norm. The norm needs to change.

There are some undeniable facts. 1) There is COVID-19 in our area. 2) Many local people have respiratory symptoms that aren't being tested (for example, our neighbor is sick and a local urgent care would not test him; there are many accounts from fellow doctors who have patients with classic symptoms but they are not allowed to test them). 3) The incubation period is 1-14 days, average of 5-6 days, of being actively infected and

contagious before symptoms start. 4) Symptoms in kids are mild to nonexistent despite carrying a high load of the virus. 5) The virus lives on surfaces for up to 9 days. 6) The CDC recommends social distancing to avoid overwhelming the medical system. 7) Italy was looking like the US only 10-14 days ago and now is in crisis, deciding on who to give the available ventilators to, choosing who gets to live or die – if over 65 yo or with an underlying medical illness, that person will not get treated if no ventilators are available 8) Colleges and universities across the US are sending kids home and doing online teaching starting now.

Below are three posts I copied from my physician group that I want to share. Please feel free to pass this email along to anyone. Thank you for taking the time to read this.

First post (from an Italian doctor):

From a well respected intensivist/A&E consultant who is currently in northern Italy:

1/ 'I feel the pressure to give you a quick personal update about what is happening in Italy, and also give some quick direct advice about what you should do.

2/ First, Lombardy is the most developed region in Italy and it has an extraordinary good healthcare, I have worked in Italy, UK and Aus and don't make the mistake to think that what is happening is happening in a 3rd world country.

3/ The current situation is difficult to imagine and numbers do not explain things at all. Our hospitals are overwhelmed by Covid-19, they are running 200% capacity

4/ We've stopped all routine, all ORs have been converted to ITUs and they are now diverting or not treating all other emergencies like trauma or strokes. There are hundreds of pts with severe resp failure and many of them do not have access to anything above a reservoir mask.

5/ Patients above 65 or younger with comorbidities are not even assessed by ITU, I am not saying not tubed, I'm saying not assessed and no ITU staff attends when they arrest. Staff are working as much as they can but they are starting to get sick and are emotionally overwhelmed.

6/ My friends call me in tears because they see people dying in front of them and they can only offer some oxygen. Ortho and pathologists are being given a leaflet and sent to see patients on NIV. PLEASE STOP, READ THIS AGAIN AND THINK.

7/ We have seen the same pattern in different areas a week apart, and there is no reason that in a few weeks it won't be the same everywhere, this is the pattern:

8/ 1) A few positive cases, first mild measures, people are told to avoid ED but still hang out in groups, everyone says not to panic

2) Some moderate resp failures and a few severe ones that need tube, but regular access to ED is significantly reduced so everything looks great

9/ 3) Tons of patients with moderate resp failure, that overtime deteriorate to saturate ICUs first, then NIVs, then CPAP hoods, then even O2.

4) Staff gets sick so it gets difficult to cover for shifts, mortality spikes also from all other causes that can't be treated properly.

10/ Everything about how to treat them is online but the only things that will make a difference are: do not be afraid of massively strict measures to keep people safe,

11/ if governments won't do this at least keep your family safe, your loved ones with history of cancer or diabetes or any transplant will not be tubed if they need it even if they are young. By safe I mean YOU do not attend them and YOU decide who does and YOU teach them how to.

12/ Another typical attitude is read and listen to people saying things like this and think "that's bad dude" and then go out for dinner because you think you'll be safe.

13/ We have seen it, you won't be if you don't take it seriously. I really hope it won't be as bad as here but prepare.

Second post (from an Italian doctor):

[#Education](#)

[#Prevention](#)

A warning from Italy.

Cristina Higgins

I am writing to you from Bergamo, Italy, at the heart of the coronavirus crisis. The news media in the US has not captured the severity of what is happening here. I am writing this post because each of you, today, not the government, not the school district, not the mayor, each individual citizen has the chance, today to take actions that will deter the Italian situation from becoming your own country's reality. The only way to stop this virus is to limit contagion. And the only way to limit contagion is for millions of people to change their behavior today.

If you are in Europe or the US you are weeks away from where we are today in Italy.

I can hear you now. "It's just a flu. It only affects old people with preconditions"

There are 2 reasons why Coronavirus has brought Italy to it's knees. First it is a flu is devastating when people get really sick they need weeks of ICU – and, second, because of how fast and effectively it spreads. There is 2 week incubation period and many who have it never show symptoms.

When Prime Minister Conte announced last night that the entire country, 60 million people, would go on lock down, the line that struck me most was "there is no more time." Because to be clear, this national lock down, is a hail mary. What he means is that if the numbers of contagion do not start to go down, the system, Italy, will collapse.

Why? Today the ICUs in Lombardy are at capacity – more than capacity. They have begun to put ICU units in the hallways. If the numbers do not go down, the growth rate of contagion tells us that there will be thousands of people who in a matter of a week? two weeks? who will need care. What will happen when there are 100, or a 1000 people who need the hospital and only a few ICU places left?

On Monday a doctor wrote in the paper that they have begun to have to decide who lives and who dies when the patients show up in the emergency room, like what is done in war. This will only get worse.

There are a finite number of drs, nurses, medical staff and they are getting the virus. They have also been working non-stop, non-stop for days and days. What happens when the drs, nurses and medical staff are simply not able to care for the patients, when they are not there?

And finally for those who say that this is just something that happens to old people, starting yesterday the hospitals are reporting that younger and younger patients – 40, 45, 18, are coming in for treatment.

You have a chance to make a difference and stop the spread in your country. Push for the entire office to work at home today, cancel birthday parties, and other gatherings, stay home as much as you can. If you have a fever, any fever, stay home. Push for school closures, now. Anything you can do to stop the spread, because it is spreading in your communities – there is a two week incubation period – and if you do these things now you can buy your medical system time.

And for those who say it is not possible to close the schools, and do all these other things, locking down Italy was beyond anyone's imagination a week ago.

Soon you will not have a choice, so do what you can now.

Please share.

Third post (from a US doctor who synthesized the available data)

Over the last few days, I have been struggling to navigate candid dialogue about COVID19 with family, friends, and peers who believe that the pandemic is a “hoax” or “blown way out of proportion.” I wrote an essay to share within my circle, in an effort to synthesize data and explain why social distancing is needed (see below). I've made it public, so if this might be useful for anyone else, please feel free to share or use in any way in your own conversations.

I am hearing frequent expressions of disbelief about the seriousness of COVID19 (novel coronavirus). On social media and in real life, it seems like lots of people think that the pandemic is a “hoax” or a “political game” or “media-driven fear mongering.”

I am a physician and not an epidemiologist, and these are my own opinions informed by close review of rapidly evolving primary data sources.

I am a pragmatist. I believe data. In general, panic is rarely necessary or productive. Preparedness, on the other hand, is essential. We don't yet know what the impact of COVID19 will be on our population. As we gather more information over the coming

weeks, it's possible that we will discover that the situation in the U.S. is well controlled. We may find that our healthcare system is more than adequate to handle acute increases in patient volumes.

I understand why people are frustrated with media reports of the pandemic. Stockpiling supplies will probably not be helpful. Misinformed anxiety can be harmful to individuals and communities. But as we collect more information over the next few weeks, it is equally unsafe for people to casually discount the gravity of this situation. At this moment, we have increasing reports from other countries suggesting that COVID19 is causing harm beyond the average flu season; we don't have data yet to reassure us that these trends will be different in the U.S. Clear-headed assessment of the available primary data consolidated by the WHO, in conjunction with first-hand stories from our colleagues on the ground, should be sufficient to incentivize our communities to be proactive instead of reactive.

I participate in multiple private online forums of physicians who are working to share real-time information about prevention and treatment of COVID19. Over the last 48 hours, we are seeing extremely worrisome first-hand reports from physician colleagues in Italy. They do not have sufficient ventilators for all of the patients who require mechanical respiratory support. They are facing excruciating decisions about which lives to attempt to save. Many critically ill patients are older than 60; however, there also are previously healthy 30 and 40 year olds on ventilators and dying. They are unable to staff hospitals due to substantial numbers of infected healthcare personnel.

The first cases of COVID19 were reported in Italy at the beginning of February, and the sentinel cases that are believed to have triggered widespread contagion occurred around February 21. This means that regions of the country went from a handful of cases to a volume that exceeded the capacity of their healthcare infrastructure in approximately 2.5 to 5 weeks. We need to be mindful of this information, and we need to do our best to learn from the experiences of our colleagues in other countries.

I've also seen many people commenting that the pandemic is a political weapon. I think it is important to acknowledge that politics are involved, particularly in the context of delayed testing and censorship of information for public consumption. Last week, a mandate was passed requiring that formal messaging from epidemiology and infectious disease experts at the CDC go through the White House before being released to the public. Leadership is calling the virus a "hoax," and misinformation is circulating. In this

time of public anxiety, it is essential that we strive to elevate and center the voices of scientists, researchers, epidemiologists, and healthcare providers, all of whom are advocating for our country to consider proactive approaches to mitigate the potential impact of the virus.

Unfortunately, at the moment, it is very difficult to assess the situation in the U.S. Genomic sequencing of viral strains in Washington state suggest that COVID19 is already endemic (i.e., spreading within communities). Yet we have very few official cases of novel coronavirus documented in the U.S. – simply because we are not conducting widespread or systematic testing for it.

Weeks ago, the U.S. declined to use the COVID19 testing kits that the WHO offered. These are the same kits that have been used successfully to test hundreds of thousands of people across Europe and Asia. Instead, the U.S. opted create its own kits and then disseminated kits with faulty controls. We have still not recovered from these oversights. It remains extremely difficult for healthcare providers to obtain COVID19 tests for patients in most regions of the U.S. One week ago, the CDC removed data on “total numbers tested” from its website, so we can no longer track how far behind U.S. testing is, compared to other countries. As recently as today, I continue to hear reports that local health departments do not have capacity to provide tests for patients with classic symptoms and high-risk travel histories. Despite promises that COVID19 testing would become readily accessible by yesterday, physicians across all of my networks continue to report inability to access tests.

Why does this matter? Because identification of cases of COVID19 is a strategy for slowing the spread. It is also important to better understand the denominator in the U.S., so that we can make better predictions regarding morbidity and mortality rates for our population. Currently, we are relying on rapidly accumulating data from multiple countries 4-8 weeks ahead of the U.S., which suggest that the morbidity and mortality of COVID19 exceeds that of the worst flu season. Data on COVID19 properties (e.g., incubation rate, unchecked R_0 , etc) suggest that it is on track to infect 40-70% of world’s population by December, and we don’t yet know how many will die as a result. Current estimates suggest that 1 out of every 50 people infected may die (although these numbers may change as denominators increase). In comparison, the seasonal flu infects a significantly lower percentage of the world’s population, and flu generally kills 1 out of every 2000 people it infects. These numbers will likely continue to evolve; at the moment,

however, expert epidemiologists are projecting a “best case scenario” of ~5x worse than flu and a “worst case scenario” of 50x worse.

At this time, infectious disease experts believe that the U.S. has missed the opportunity for containment by multiple weeks. To be fair, it may have never been possible to contain, even with excellent surveillance strategies. But there is still an opportunity to “flatten the curve.” This means that, even if we cannot decrease the number of people who get infected, we can try to slow down the rate of spread of infection. This matters profoundly, because if large numbers of sick patients show up at our local healthcare systems at the same time, it will significantly strain the system in a way that can be difficult for healthcare providers to handle. And this can have a direct impact on patient outcomes: data from China suggest a 0.5% mortality in the setting of strict quarantine and adequate resources, and a 3-5% mortality in the context of depleted resources.

It also is not just about having enough ventilators to support patients with COVID19. It is about having enough resources and staff to take care of patients with heart attacks, strokes, acute appendicitis, and other urgent medical needs. If our local hospital systems become overwhelmed, then we are likely to see patients die from treatable pathophysiology, simply because the volume of patients exceeds the hospital’s capacity.

Conversely – if we decrease the rate of infection across the community, then we have an opportunity to lessen the burden on limited hospital resources and staff. The way to do this is through social distancing. This means that, as much as possible, everyone tries his or her best to avoid large public gatherings where a single infected individual could easily spread the virus to dozens of other people.

Social distancing requires an attitude of altruism. Sure, you might think: “approximately 80% of people who get this virus basically have a mild cold. Everyone is being ridiculous, and I’m not going to disrupt my life over this.” But we have increasing crowd-shared data from other countries that up to 20% of people who present for testing may require hospitalization, 5-10% may require ICU level support, and 2-4% of people may die. Some of these critically ill patients are young and previously healthy. Extrapolating from these data, my own risk of dying as a relatively healthy woman in my late 30s appears to be approximately 1/300 or 1/400, depending on the source (although possibly higher in the setting of direct patient care exposures). I don’t know about you, but I think these odds justify proactive efforts. Even if you are not elderly, you should take it seriously. And even if you mistrust the COVID19 mortality rate – if the volume of patients seeking medical

care exceeds the capacity of healthcare system, then you and your family are at risk. If you have a loved one who might need medical attention for any reason in the next 8-12 weeks, you should care deeply about flattening the curve. Skip the big party. Avoid the shopping mall. Reschedule doctor visits unless you are ill and need medical attention. Limit travel unless it is essential.

I wrote this summary in an effort to help synthesize available data. My goal is not to scare people – statistically, most people who read this will be perfectly fine. I hope that we will see a slowing of cases in the coming weeks as the weather warms. Maybe the patterns that we are seeing in Europe and more recently out of Washington state will be outliers. But I also think that our country's response thus far has been largely reactive, as opposed to proactive. Everyone is awaiting centralized instructions with regulations for social distancing – and I anticipate that government-mandated closures of large gatherings will be forthcoming in the next few weeks. But I worry that these directives may arrive several weeks too late to meaningfully flatten the curve and lessen the impact on the healthcare system.

As people gather information over the next few weeks to ascertain how this pandemic unfolds in our communities, I think it is important for each of us to be proactive in as many ways as possible. I believe that we need to start prioritizing social distancing sooner rather than later. Whenever safe and possible, please consider avoiding large celebrations. Please consider postponing social, in-person gatherings or converting to online forums in the coming days and weeks.

Please help your first responders and healthcare workers, who will likely be on the front lines soon. Encourage your friends and family to practice social distancing and to strictly follow quarantines if/when enacted. Please help your community flatten the curve."