WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE
COVID AND AIDS

In previous columns I have written about the parallels between our current COVID-19 pandemic and the last great pandemic: AIDS. I recently read a book that flushed out for me even more details of the similarities and differences: **How to Survive a Plague,** The Inside story of How Citizens and Science Tamed AIDS. It chronicles the complex interactions among a grassroots movement of activists, the science research community, and at times an indifferent and ineffectual government and the society at large with its homophobic slant. As I read it, I was constantly struck about how similar yet starkly different it was.

First consider the timeline. The AIDS pandemic intruded on the collective consciousness in a glacier like progression. The AIDS virus itself in stealth like fashion, invaded its hosts quietly and only slowly exerted its effects often subtly, like a mild fever or slightly swollen glands. It was similar to a silent army of spies slowly infiltrating the enemy's government or perhaps like a cyber-attack which begins to cripple the defenses, allowing a motley crew of mercenary opportunistic forces like pneumocystis, candida, mycobacterium, cytomegalovirus, cryptococcus and the like to finish off the job. AIDS, by dint of its method of spread, requiring intimate exchange of body fluids spread slowly but inexorably and its complex biology yielded its secrets equally slowly to the scientific research community, so the fight to control the pandemic stretched over 15 long years when the development of protease inhibitors and triple therapy, while not curing, turned it in to a manageable chronic disease like diabetes or hypertension.

COVID-19 by comparison, exploded in our society and consciousness, though we should note that in the first few weeks of the current pandemic the seriousness of the outbreak was not at all appreciated by governments or even healthcare experts. In contrast to AIDS the corona virus exerted a full scale aerial assault, like soldiers dropping by parachute behind enemy lines and quickly assuming control. The sheer ferocity of the virus caught everybody's attention and the forces

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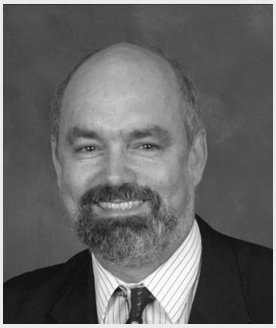

PETER J. ACKER, MD
President, WCMS

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UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

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FROM THE EDITOR…

VACCINE REFUSAL

PETER J. ACKER, MD

Note: This is a column I wrote a few years back, but I think it is relevant for today in light of the COVID pandemic.

The recent measles outbreak has brought the issue of vaccine refusal or hesitancy to the forefront of national discussion in the same way that the Newtown killings drew attention to unfettered gun availability. Of course, we know that Newtown, despite it's the devastation it wrought did not result in any new gun control laws. I am fearful that this epidemic which is frankly more easy to ignore than the massacre of elementary school aged children, will not change many minds among those in the anti vaccine movement. The two issues are similar in some ways in that they pitch the notion of individual freedom against that of community regulation. Proponents of easy access to guns are persuaded by the feeling that they have right and also that they need to be able to defend themselves. Yet all the statistics show that guns in homes are much more likely to harm the individuals living in the home than any stranger conducting a home invasion. Similarly, people who eschew vaccinations ignore the vast scientific investigation that has been conducted to test and produce effective vaccines and are not mindful of the true risk of remaining unvaccinated.

While the two issues are linked in that public health is affected, they are different other respects. When a community has a vaccination rate of greater than 90%, the incidence of the disease in question usually is well contained and the unvaccinated can live with little chance of contracting the disease. If that percentage drops as it has in California, these maladies return. Pertussis cases in Northern California have risen precipitously resulting in out breaks that have resulted in a number of infant deaths. The recent measles outbreak has the potential to cause significant morbidity and mortality. It's like a group of ten men carrying a coffin, if one man drops out, the nine others can carry the load, but three or more drop out, and the coffin will come crashing down. In the former case, what would the attitude of the nine men carrying the load be toward the dropout strolling nearby whistling? No question that vaccinating helps the individual, but just as importantly it helps the community at large. In a very real sense it's like paying taxes, volunteering in a soup kitchen or any other community activity.

An additional feature of vaccine refusal is that the end result is the creation of a higher risk for the most vulnerable in our population. That includes children too young to get vaccinated and people with problems with their immunity. Now that we vaccinate against chicken pox, I am more relaxed about my patients with leukemia. A searing experience early in my career was treating a leukemic child with chicken pox who died despite all our efforts.

It has been interesting to listen to politicians try to parse this issue in a neutral way so as to not alienate the strong anti-vaccine movement. There is no question, however, that there is a ground swell of people who are witnessing an outbreak with real life consequences to the population

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GOVERNOR CUOMO RELEASES STATE BUDGET PROPOSAL – CONTAINS A NUMBER OF PROBLEMATIC PROPOSALS TO IMPOSE NEW COSTS ON DOCTORS, EXPAND PHARMACY SCOPE, AND REDUCE DUE PROCESS—MSSNY GOVERNMENTAL AFFAIRS

Governor Cuomo released his proposed 2021-22 State Budget to address a 2-year $14.9 billion deficit and a 4-year $39 billion deficit. The presentation identified that the Budget submission was based upon the likely receipt of additional $6 billion from the federal government but noted that $15 billion was needed to avoid the combination of Budget cuts and revenue increases in the Budget he proposed. As has been previously discussed, new revenue sources included $500 million through mobile sports betting and $350 million through the sale of adult use cannabis (when fully implemented), as well as higher taxes for those making more than $5 million per year. The Governor further noted that while he was hopeful to receive additional funding from the federal government, they would examine the possibility of litigation to ensure New York receives it fair share.

Among the positive items in the proposed Budget include:

- A call once again to require state oversight over Pharmacy Benefit Managers (PBMs),
- To significantly expand the manufacturing of personal protective equipment (PPE) and
- Additional funding to increase reimbursements to providers in the state's Essential Plan program, and to cover premiums to ensure those enrolled stay enrolled if they are eligible.

However, the Executive Budget contains a number of significantly problematic initiatives, including several rejected by the State Legislature in previous Budget cycles. These include:

Requiring the 16,000 or so physicians insured through the Excess Medical Malpractice Insurance program to bear 50% of the cost of a policy. This proposal was a recommendation from the Medicaid Redesign Team last spring, and was advanced during State Budget negotiations last March, but rejected by the State Legislature. Given the huge financial losses faced by many physicians practice across the State arising from the pandemic, this "Budget savings measure" could not come at a worse time! You can send a letter/tweet in opposition here: Don't Balance the Budget on the Backs of Physicians (p2a.co)

A comprehensive "OPMC modernization" proposal which would take away important due process for physicians for whom a complaint is filed with the OPMC, despite the fact that most complaints do not result in any findings of misconduct. Specifically, it would permit the Commissioner the discretion to public identify a physician against whom a complaint has been filed prior to the conclusion of an investigation and hearing, and greatly increase the authority to impose a "summary suspension" prior to the conclusion of an investigation and hearing. This was also proposed in last year's Executive Budget and rejected by the State Legislature. You can send a letter/tweet in opposition here: Reject Governor's Physician Disciplinary Proposal (p2a.co)

- Cutting the appropriation to MSSNY's successful Committee for Physicians Health (CPH) – a decades' old program that has assisted countless physicians in overcoming addiction and return safely to medical practice – by hundreds of thousands of dollars. As a result of all the stressors caused by the pandemic, this program is needed more than ever.
- Permitting pharmacists to act as a "referring healthcare provider" for providing to patients asthma and diabetes self-management, and permitting them to order various lab tests – without any requirement to engage in meaningful coordination with the patient's physician.
- Greatly expanding the existing physician-pharmacist collaborative drug therapy program to permit pharmacists to "prescribe" and inclusion of nurse practitioners. This was also proposed in last year's State Budget and rejected by the State Legislature.
- Continuation of the authority for an additional 6 years for certain nurse practitioners to practice without a written collaborative agreement of a physician provided there is proof of "collaborative arrangements" with physicians in that specialty of practice.
- Giving health insurance companies the power to bring in out of state health care professionals to deliver telehealth services to their enrollees, potentially preventing community physicians from being able to provide telehealth services to their patients. While MSSNY greatly supports efforts to maintain the telehealth flexibilities for patients adopted during the pandemic, we are concerned that this proposal could actually prevent some physicians from continuing to provide telehealth services to their patients and/or to be reimbursed fairly for these services.

It is important than ever as well that physicians plan to participate in MSSNY's virtual Physician Advocacy Day on March 2. You can register here.

STOP THE TRAIN

Elliot Barsh, MD

"It is time to create a future we can love."

Hi everyone.

Vaccines have always been an indispensable part of how we take care of our patients and keep ourselves healthy.

They can eliminate disease, decrease cancer risk, and bolster our immune systems to keep the heard alive and moving.

The COVID-19 vaccines can help us "defeat the pandemic".

But do people trust us, and our effort to vaccinate everybody, so they will get one of the COVID-19 vaccines?

Here are some things to consider…

How have we shaped our message, and how has it been heard?

How do we create the conditions where cooperation becomes our focus?

How do we maintain the trust we have in each other, as patients and providers, while we treat the "chronic" illness of the pandemic with the vaccines and the "acute" illness of COVID-19 with our behavior.

Can we preserve an individual's choice while we protect the public's health?

Can we vaccinate in a way that overcomes the structural racism and inequities in health care?

Are people concerned that we are withholding information about the vaccines, or that we placed our urgent need for a vaccine over vaccine safety?

Are we ready to counter misinformation?

Can we help our patients understand that their behavior after being vaccinated has to remain focused on protecting the people around them?

Can we empower our patients to make decisions that are supported by facts?

There's so much to consider and so much more work for us to do.

Stay safe and thanks for reading.

"Within 1 year after the emergence of this novel infection that caused a pandemic, a pathogen was determined, vaccine targets were identified, vaccine constructs were created, manufacturing to scale was developed, phase 1 through phase 3 testing was conducted, and data have been reported."
Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine
https://www.nejm.org/doi/pdf/10.1056/NEJMoa2035389?articleTools=true
"The vaccine provides "a layer of hope," Mr. Philavong said. "But I'm still going to use every precaution I can."

From The New York Times:
Dad Got the Vaccine, but No One Else Did — Yet
Vaccinated health workers must navigate another new normal: households in which not all family members are immunized.
https://www.nytimes.com/2020/12/26/health/covid-vaccine-health-workers-families.html?smid=em-share
"…appreciate the unending ingenuity of the science that finds ways to turn on our complicated immune responses without making us suffer through a disease that once choked the life out of countless babies."

From The New York Times:
An Appreciation for Vaccines, and How Far They Have Come
The DTP vaccine teaches us about how brilliant vaccine technology can be, but also how it can be studied and improved over time.
https://www.nytimes.com/2021/01/11/well/family/an-appreciation-for-vaccines-and-how-far-they-have-come.html?smid=em-share
"… over the age of sixty-five, you have a high risk of dying; if you are African-American or Hispanic or Native American in America, you have a higher risk per hundred thousand people of being hospitalized, getting sick, or dying. Those are the numbers. That strikes me as not biased but saying, with limited resources, how do you prioritize their application?"

Deciding Who Should Be Vaccinated First
https://www.newyorker.com/news/q-and-a/deciding-who-should-be-vaccinated-first?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-newyorker
"Vaccine mandates are unjustified because an EUA requires less safety and efficacy data than full Biologics License Application (BLA) approval. Individuals would also likely distrust vaccine mandates under emergency use, viewing it as ongoing medical research."

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STOP THE TRAIN

Elliot Barsh, MD

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Mandating COVID-19 Vaccines—Ethical and Legal Considerations
https://jamanetwork.com/journals/jama/fullarticle/2774712?utm_source=undefined&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=011721
"...the top-down conversation around masks has become a case study in how not to communicate with the public"

From The New York Times:
Why Telling People They Don't Need Masks Backfired
To help manage the shortage, the authorities sent a message that made them untrustworthy.
https://www.nytimes.com/2020/03/17/opinion/coronavirus-face-masks.html?smid=em-share
"We should immediately be more aggressive about mask-wearing and social distancing because of the new virus variants. We should vaccinate people as rapidly as possible-which will require approving other Covid vaccines when the data justifies it."

Covid-19 Vaccine —Frequently Asked Questions
https://www.nejm.org/covid-vaccine/faq?campaign_id=9&emc=edit_nn_20210118&instance_id=26125&nl=the-morning&regi_id=76613625&segment_id=49584&te=1&user_id=a3b1eeaad9d7694f1b3006ed554e9a05
"So we need to think creatively and empathically about what motivates parents to accept vaccination for their offspring. How do the conversation and the stakes change when children are not themselves at highest risk? What do we owe children and their families for helping to protect the rest of us?"

Vaccinating Children Against COVID-19—The Lessons Of Measles
https://www.nejm.org/doi/pdf/10.1056/NEJMp2034765?articleTools=true
"It's important not to conflate the systemic problems plaguing vaccine rollout with the choices we make as individuals within this flawed system. Even if you feel it's unethical that you have been offered a vaccine, that doesn't mean it's unethical for you to accept it. You're not going to fix the broken system by opting out of it. If anything, you might make the situation worse."

From The New York Times:
If You're Offered a Vaccine, Take It
Declining a Covid-19 shot because you think it should go to someone else won't help anyone.
https://www.nytimes.com/2021/01/21/opinion/covid-vaccine-ethics.html?smid=em-share
"Fresh thinking and behavioral research are needed to build trust and complement authoritative and data-oriented communications. "

How to Build Trust in Covid-19 Vaccines
Safe, effective, and available vaccines are the best long-term solution to the coronavirus pandemic.
http://nautil.us/issue/93/forerunners/how-to-build-trust-in-covid_19-vaccines

You must watch this video!
When is a pandemic over?
https://youtu.be/Qioedf_nJDo

♦

Save the Date
MSSNY Annual
House of Delegates
Saturday, September 18, 2021

THE BUSINESS OF MEDICIN
GOT SHOT?

Rick Weinstein, MD, MBA
Director Orthopedic Surgery Westchester
Sport& Spine at White Plains Hospital Center

It is a new year. We are all happy to say goodbye to 2020, but what changes? The COVID-19 virus is killing more people on a daily basis in the U.S., about 4,000 per day, than any time before. We are wearing masks and continuing to socially distance, but things are getting worse. There is nothing to do but sit around and get depressed by the redundant news. As my wife keeps reminding me, we are "bored in the house, in the house bored." So, when will we get back to some kind of normalcy?

The simple answer is normalcy will only be achieved when we reverse the course of the pandemic. If we wait for enough people to get infected to achieve herd immunity, it will take years and we risk losing hundreds of thousands more of our friends and family. Genetic mutation of the virus is inevitable with over 94 million people already infected around the world. If there are millions or billions of aggressively dividing viruses in each infected person, we serve as the passive incubators for natural selection among the mutations. The recent variant from the UK is more transmissible and may be more virulent. There will be many more mutations, and some will be worse while others less dangerous. Inevitably, mutations will develop that will be immune to the vaccines. That is why it is critical to have multiple vaccines that attack different parts and pathways of the virus. It is believed that antigenic drift is what finally ended the Spanish Flu of 1918 but only after infecting 500 million individuals and killing up to 100 million people.

Research has shown the vaccines that are currently approved in the U.S. are extremely safe and remarkably 95% effective. Every doctor and other medical professional should be immunized by now. New York has been embarrassingly bad in getting the vaccines into the arms of those who need it. Government does almost nothing well or efficiently and it should be no surprise that the administration is screwing up the vaccine distribution. My parents are both 80 years old and we have spent days and countless hours on the phone and on incompetent websites trying to get them an appointment on Long Island. We finally got appointments in Queens in April. Seriously?? Anyone who thinks the government can run medicine well should wake up, open their eyes and see the horrible reality that is obvious. More government/administrative intervention, more incompetence.

Private pharma and scientists created incredible, effective and safe vaccines more expeditiously than anyone would have thought possible. Everyone needs to get immunized. As physicians, we need to tell our patients that the research shows the vaccine is safe and that it works. Tell them you already received the shot and they should get it. Only if enough people get the shot will we stop the pandemic. It is up to us as physicians to save the population. For the sake of our patients, our friends and our families please step up!

♦

STUDENT CORNER…

Propagation of Implicit Bias in Medical Education
Sophie Guénin
Presented at the 5th Annual Medical Student Ethics Conference (November 2020)
Becoming a Physician: Ethical Challenges in Medical Education at Icahn School of Medicine at Mount Sinai

In medical school, we are taught the differential diagnosis: to rule things in and rule things out based on how likely or unlikely a disease, syndrome, or condition may be in an individual. In addition to learning the knowledge and comportment of a physician, we must be cognizant that many students spend much of their pre-clinical years studying for exams, in particular the USMLE Step1 exam. In a 2017 study, Burk-Rafel, J et al. reported that 99.3% of 274 students at the University of Michigan Medical School used the *UWorld* Qbank and the *First*

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STUDENT CORNER…
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Aid review book in their pre-clinical years. We can assume similar statistics for other American medical schools. Through our preclinical curriculum, we learn to suspect malaria or sickle cell disease in a Black patient, nasopharyngeal carcinoma caused by Epstein-Barr Virus in a Chinese man, or a lysosomal storage disease in Ashkenazi Jewish descendants. While I do not doubt the prevalence of certain diseases and conditions in some populations, I find myself questioning whether or not memorizing these associations is the correct way to go about my medical education and learning to form a differential diagnosis. It seems that we are pushed to develop reflex reactions to certain conditions or situations that are questionable and potentially harmful. If we are inferenced by our education to slap "likely" diagnosis on certain populations, do we not run the risk of missing the less prevalent "real" diagnosis? We may also run the risk of insidious propagation of implicit bias among newly trained physicians.

Further, in the 21st century with globalization and the extensive movement of people and goods, is it still accurate to teach students to suspect various diseases based on a person's ethnic background, race, or sexual orientation? For example, studies have shown that for diagnoses such as cancer where environmental factors play a major role, cancer profiles of immigrant individuals begin to more closely mirror that of their new country rather than their former one[3]. One association that we are often taught is that nasopharyngeal carcinoma (NPC) due to an Epstein Barr Virus (EBV) should be highly suspected in Chinese men. This has been drilled into medical students' brains through class lectures, Sketchy Micro depictions of Chinese men with long braids and Hanfu clothing, and practice questions. Epidemiologically, there *does* appear to be a higher incidence of men with EBV associated-NPC in rural areas of Southern China; however, this pattern is *also* seen in North Africans of Arabic descent and populations living the Artic Regions. More importantly, it was found that the etiology of NPC stems from the intake of preserved foods at any early age, specifically consumption of salt preserved fish[4]. In addition, risk of NPC decreases for people who emigrate to other countries and thus experience an inevitable shift in their quotidian diets. Several studies have also reported that risk of NPC increases among Caucasian males and French-origin males born in China and North Africa compared to their native counterparts, respectively. Instead of cultivating a reflex reaction in students to think NPC when they hear Chinese man and EBV, perhaps it may be more valuable to learn about why disease occurs in certain populations and the molecular underpinnings of disease process. Altering our teaching and testing methods will more intentionally prevent the propagation of implicit biases and allow students to better identify disease in individuals who may not completely fit an illness script.

It is also important to note that while we generate reflex reactions to certain diseases and populations, we are also conditioned to understand that the generic immigrant in question stems is synonymous with unvaccinated, infectious disease, or non-educated. Despite being offensive, the use of a generic immigrant to represent these "question hints" is outdated and irrelevant. For example, a common question to test *Clostridium Tetani* in a child presents the patient as a "6-day-old boy brought to the ED for inability to feed for 12 hours…hands clenched. The mother had no prenatal care and immigrated to the United States 6 years ago…, umbilical stump had been covered with dung to speed cord separation". We must ask ourself not only what the question is asking, but what we are supposed to learn and assimilate from this practice question. Despite not knowing where this patient's mother has immigrated from, we are asked to think of a generic immigrant and retrieve anything we may know or associate with immigrants such as dung cord dressing in the presented question. Upon further investigation, it can be found that only 3 countries in 2017 reported continued use of dung cord dressing in some rural populations. These countries included Haiti, Uganda, and Zambia. Some countries that reported having this practice in their cultural history such as Ghana, have long eradicated this practice due to dissemination of knowledge regarding the dangers of using dung as cord dressing. One Ghanaian midwife was even reported as describing the dung cord dressing as the "the olden days". Our national examination questions should also reflect the new age of medicine in which information about hygienic practices have been disseminated far and wide.

Virtual MSSNY'S PHYSICIAN ADVOCACY Day

TUESDAY MARCH 2ND, 2021

VIA ZOOM
8AM-11AM

VISIT MSSNY.ORG TO REGISTER

Join your colleagues from all around New York State to speak with your legislators and communicate the right health policy solutions for you and your patients!

Following the morning program, physician and allied groups will meet with legislators and their staff!

PRIORITY ISSUES:

- **Oppose cuts to Medicaid**
- **Maintaining adequate supply of PPE**
- **Oppose inappropriate scope expansion**
- **Expand Telehealth coverage**
- **Discuss health concerns with legalizing recreational marijuana**
- **Reject Unfair Professional Discipline changes**
- **Reducing prior authorization hassles**
- **Rejecting burdensome mandates**
- **Shape the discussion surrounding Single Payor Healthcare**
- **Preserving opportunities for NY's medical students and residents**

For More Information Contact:

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The Medical Society of the State of New York designates this live activity for a maximum of 3.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK
WWW.MSSNY.ORG

Make the most of your membership

PRESIDENT'S MESSAGE
COVID AND AIDS

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of the scientific and pharmaceutical establishment was quickly harnessed to produce a vaccine, a feat unprecedented in the history vaccine development. Thus the time from its onset in early February 2020 to hopefully reasonable control say by July 2021 is like a blink of the eye compared to the battle against AIDS. Of course, just like AIDS has persisted to this day, the corona virus will continue indefinitely albeit in a muted form by dint of mutational change and will most likely recur seasonally like influenza. Perhaps, just like a cocktail of medicines control AIDS, a medicine like Tamiflu will be developed that tames COVID in a similar fashion.

Now I want to consider some of the similarities between the two pandemics. Probably the most consequential is the way that each of them removed the veil that hid various societal conflicts and schisms. AIDS by its mode of transmission disproportionately affected the gay community. This arguably led to the initial seemingly indifferent attitude of the government towards the problem. Ronald Reagan famously did not utter "AIDS" until late in his administration. It took intense years-long activism by groups such as ACT Up and TAG (Treatment Action Group) to slowly but inexorably engage the scientific community and finally the interest of pharmaceutical companies. The pandemic also had another effect – it caused many to come out of the closet. Part of this was the cry to action by activists. Also, though, a diagnosis of AIDS forced an admission to family about ones sexual orientation. A bad joke going around at the time was about a young man trying to convince his parents that he was Haitian. During the 70's there was large migration of young gay men from rural America to urban centers where they could find acceptance among a small cadre and conduct their lives somewhat openly. Sadly, many of these young men returned to their homes during the eighties with the twin dilemmas of revealing their sexual identity and their terminal illness. This is chronicled in Abraham Varghese's amazing book **My Own Country**. Dr. Varghese who was raised in Ethiopia and got his medical degree from Madras University, found himself in 1985 as a newly minted infectious disease doctor in Johnson City, Tennessee and began to see cases of young men with AIDS. (As an aside, my daughter Karen who I have at times mentioned in these pages, completed her pediatric infectious disease training in 2019, finds herself in New York City during the pandemic of the century).

The COVID pandemic has similarly brought a magnifying lens to our disparate society brought sharp relief to our class differences. Blacks, Hispanics and the poor have been disproportionally affected by the corona virus. This was amplified by the George Floyd killing and subsequent rise of the Black Lives Matter movement. Our government has been slow to respond especially from the top. It is hard not to believe that some of this may be the fact that our privileged have access to much better care and have the opportunity to decamp to second homes in the country to wait out the pandemic. Our president received treatments for his bout with COVID that are not available to the public at large. Interestingly enough there is a connection between the "leader" of the COVID task force and the AIDS. While governor of Indiana, he resisted for months allowing needle exchange to occur during an AIDS breakout despite the strong recommendations of the health department and scientific advisors. Needle exchange has proven to greatly mitigate the transmission of AIDS among IV drug users. He finally approved under pressure, though holding his nose in the air and intoning "I don't approve of it". I guess IV drug abusers are not a potent political force.

The next similarity is actually true of all pandemics – the creation and rapid spread of conspiracy theories which spread in parallel with the pandemic causing virus or bacterium. In the modern era, just as international travel via aircraft has greatly increased the world wide spread of a virus, the internet has allowed conspiratorial notions to spread literally at the speed of light. Much has been written about the vulnerability of the human brain to rapidly accept ideas that have no basis in reality or logic. Our brains have evolved to do a rapid assessment of a coming threat in order to have a coherent vision that can be acted upon. Because of a pandemic's novelty and complexity, there is an air of mystery and scientists and governments cannot provide easy solutions. Humans share a need for ready-made causal explanations for a sense of certainty and a need to regain control. During the bubonic plague of the 14 th century, Jews were widely blamed. There is a tendency to immediately point fingers and curse not the causative organism but where or who it came from. During the influenza pandemic of 1918, it was widely known as the "Spanish Flu". Historians have noted that it was primarily because

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COVID AND AIDS

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at the time, Spain was much more open about its existence, whereas in Europe and the United States this more or less kept under wraps. At the time, though, in Spain it was referred to as the "French Flu", in Brazil it was the "German Flu", in Poland the "Bolshevik Disease" and in Senegal the "Brazilian Flu". One dark conspiracy circulating at the time was the 1918 pandemic was linked to aspirin produced by Bayer, a German company. This was readily accepted by much of Europe still bitter about World War 1. A stunning example of how these notions arise is a woman who claimed to see a toxic cloud spreading over Boston in 1918 as a camouflaged German ship drew close. This has been echoed today as certain politicians use the term the "Wuhan Virus".

The AIDs pandemic gave rise to particularly ugly theories. The Reverend Jerry Falwell proclaimed that it was God's punishment for the gay community for their unholy lifestyle. Another theory was that a government had created the virus in order to wipe out homosexuality or alternately to kill Africans. Evidence of how pervasive these theories are is a 2013 survey of Americans over 50, 30 % held a HIV conspiracy theory.

Today is no different. We blame China to deflect attention from our lack of preparation. The resistance to wearing masks and social distancing is similar to behavior in prior pandemics. Though in the 14th century there was no biologic concept of germs, there was a realization that foreign ships appeared to be correlated with disease spread. Ships were required to remain isolated in port for 40 days. In Italian "quaranta giorni" means 40 days and is the origin of the word quarantine. These guidelines were routinely ignored, for economic reasons. Sound familiar?

I will close with the most outlandish theory I came across that apparently gained wide provenance on Instagram: that there is a direct link to the Bubonic Plague which should have enabled us to predict the current pandemic. It goes like this. If you add the numbers of the last year 2020 – ie 20 plus 20 equals forty, therefore we should have known that this would be a year of quarantine! Some things never change.

♦

FROM THE EDITOR...VACCINE REFUSAL

PETER J. ACKER, MD *(Continued from page 2)*

at large and are looking askance at those who are not "sharing the load". The question of freedom, of course, enters the argument, so many politicians are "in favor" of vaccines, yet honor the right of parents to not vaccinate their children. I realize this is a contentious issue – can we really force people to vaccinate their kids against their parent's will? Well, let me ask you this: can we really force people to not drive 100 miles per hour on our highways? Shouldn't our most vulnerable citizens have the right to exist in a safe immunized community?

♦

SOME SATIRE FOR A GOOD LAUGH…

A SIDE-BY-SIDE LOOK: COVID-19 VACCINES VS. SUPER MARIO INVINCIBILITY STAR—By: Dr. 99 —Originally published on Gomerblog.com

The Food & Drug Administration (FDA) first granted Emergency Use Authorization to the Pfizer-BioNTech COVID-19 vaccine earlier this month, with Moderna's COVID-19 vaccine shortly gaining the same authorization very shortly thereafter. There have been many questions asking how these two vaccines stack up against one another, but a huge question remains largely unanswered: how do they both stack up against the Invincibility Stars or Starmen from *Super Mario Bros*.?

TARGET POPULATION: Not medical students. An Invincibility Star is reserved only for Mario, maybe Luigi.

EFFICACY: The Pfizer and Modern COVID-19 vaccine were >90% effective at preventing symptomatic COVID-19, the former 7 days after the second dose and the latter 14 days after the second dose. An Invincibility Star is immediately effective at preventing not only symptomatic COVID-19 but also any attacks by Bowser's henchmen.

DURATION OF PROTECTION: Unclear, but the hope is both Pfizer & Moderna vaccines will convey protection on the order of several months. Sadly, Invincibility Star convey protection only for a few seconds.

BACKGROUND MUSIC: The Invincibility Star is accompanied with a musical theme. The COVID-19 vaccines do not come with a musical theme, something which has drawn the ire of healthcare personnel and gamers alike.

SIDE EFFECTS: The most common side effects from the COVID-19 vaccines are pain at the injection site, headache, muscle pain, fatigue, hope, relief, and optimism. The most common side effect of the Invincibility Star is post-Invincibility Star depression.

PREGNANT OR LACTATING WOMEN: The Covid-19 vaccines or Invincibility Stars have not been studied in pregnant or lactating women.

STORAGE: The Pfizer vaccine must be kept at -94 Fahrenheit and used within 5 days of thawing. The Moderna vaccine must be kept at -4 Fahrenheit, and can be stored in the refrigerator for 30 days or room temperature for 12 hours. Starmen must be used before it exits the screen.

PURCHASE: Both the Pfizer and Moderna vaccines can be purchased from the companies directly; a minimum order of 100 and 975 doses, respectively. An Invincibility Star cannot be purchased; it must be found through sheer determination and luck after breaking lots and lots of bricks.

DOCTORS MAY QUALIFY FOR LAW DEGREE AFTER COMPLETING HIPAA AND EMTALA COMPLIANCE TRAINING—By: Gomberblog Team—Originally published on Gomerblog.com

A report by the Institute of Legal Education states that doctors are likely eligible for a Juris Doctorate degree after completing mandatory training for HIPAA and EMTALA compliance.

According to Jay Braslow, president of the institute, "the content of these modules are incredibly comprehensive, and cover 90% of the curriculum taught at most US law schools."

Per Braslow, if hospitals were to add several modules on tort reform, litigation, and the Bill of Rights, physicians would indeed qualify for the JD degree.

Bernard Markesh, a compliance scholar, added that "most hospital compliance training consists of 75-87 hours of coursework on HIPAA, EMTALA, Stark Law, and anti-kickback statutes, which actually exceeds that provided at law schools."

Dr Rajesh Modi, MD, expressed excitement at the possibility of earning a JD. "It would look great on my CV, and I would no longer have to do those modules every 6 months, right?"

Jay Braslow, the institute president, added that doctors would be able to apply for the degree starting in June, and that it would likely require completion of several additional online modules for the price of $249,000.

STUDENT CORNER…

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To say there is much to learn in medical school would be an understatement and to say that it is easy to teach medicine to medical students would be an even larger one. However, the racial profiling that we are taught in patient cases have become increasingly apparent and warrants discussion. Despite, the vast gaps in knowledge regarding genetics, race, and disease, we are still taught and tested on our knowledge of what feels like concrete associations between these two entities. Instead of teaching Who gets Which disease, I believe the How and Why diseases occur in individuals may be more valuable to medical students and less harmful to our future patients. However, to reach this end, we will require not only student-targeted implicit bias trainings, but an updated curriculum and national testing format. The way that students are evaluated needs to change as this is the only realistic way for us to prevent the nonsensical propagation of the idea that race and ethnic background largely informs diagnosis.

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