Will Desvallees 0:03

My name is Will Desvallees I'm working this summer with the Wake Forest Office of Civic and Community Engagement on the Oral History project on COVID-19. In Winston Salem. Today, I have the pleasure of interviewing Dr. Blake Briggs, who graduated from Wake Forest in 2013 as a history major, and most recently completed his residency in emergency medicine at Wake Forest Baptist Health. Thank you for being with us today. And for taking the time to speak with us about how COVID-19 is impacting the local community.

Dr. Blake Briggs

It's my pleasure. Happy to be here.

Will Desvallees 0:45

Yeah, thank you, of course for, you know, being out there on frontlines during this pandemic. So first, I wanted to see if you'd be able to tell me a little bit about your career path after graduating from Wake Forest and where how you got to where you are today?

Dr. Blake Briggs 1:03

Sure, yeah, I graduated from Wake Forest for four years. I majored in history and my focus was military history. So actually, my senior thesis was on, like squad tactics and squad behavior in the Red Army during World War Two is took a seminar on Stalinism and loved every second of it. So I was always pre-med through med school. I mean, up to me, I was always pre-med through undergrad. And for me, wake force was the perfect place for a liberal arts degree as well as doing pre-med and then go into med school. So I always knew I was going to be a doctor, my father's physician and so that was kind of an easy decision. So I went to medical school back in my home state. I'm originally from East Tennessee, and it was really a financial decision. Honestly, wake undergrad, as everyone knows, is quite expensive. And thankfully, I graduated with no loans and the med school part was up to me. So

I was fortunate. I had a few scholarships in college but the biggest thing in med school would be paying for myself. So, a state school was really big as part of that decision. So I went to medical school at the University of Tennessee in Memphis. And long story short, enjoyed my time there. very sick population of patients, large city, urban environment, a lot of people that didn't have access to care and a huge trauma center. And so from there I made my decision was pretty easy to be emergency medicine physician. And then I completed my three-year residency at Wake Forest University. I knew I wanted to return to the area love Winston Salem and love the people there who I'd met at the hospital already. And when I did basically a month rotation there, it's kind of an audition rotation or internship sub internship people call in medicine. I fell in love with the place I knew though. That's where I wanted to train. And so that's what I did. And I just graduated about a less than two weeks ago, really two weeks ago. So awesome. Congratulations again.

Will Desvallees 2:55

And so during your residency at Wake Forest, Baptist Health, were you there in early March to witness the pandemic and the breakout of the pandemic?

Dr. Blake Briggs 3:08

Yes, I did. I was on. I did yeah, I finished I worked shifts up until June 30. Literally. And nationwide residencies throughout the country, changed years or change. They graduate and move on every June to July. So rounded. Famously, there are some exceptions but in general in the country, July 1, nationwide, America marks the first day of new doctors starting residency. And June 30 typically marks the last day of a doctor finishing his residency, his or her residency.

There's some exceptions, but in general, that's what it is. So yeah, I had shifts all the way scheduled up to June. And so I did see the rise and continuation of COVID-19. You know, it's the beginning and March when things were kind of starting to people were talking about it really people were talking about January and really started to hit home.

On April and in May and June. So yeah, I saw throughout the spread and kind of the whole process. I was also on a research paper that just got published on and now analyzing Google Trends and analyzing the public at large the nation response to COVID and kind of their feeling about COVID nationwide, which was a interesting study.

Will Desvallees 4:21

Yeah, no, that is, that is awesome. In the end, would you say that as the virus progressed in the pandemic, as infections rose, that the environment at Wake Forest Baptist intensified and became more difficult?

Dr. Blake Briggs 4:46

It's interesting, actually, you know, in healthcare and this is just the case in our hospital. every hospital is its own little microcosm, I think. And, you know, if you go to New York and Seattle, they were hit very early, very fast early on, and they by far New York City was hit the worst not just not it's not just media flub reports actually was pretty horrible. And then the, the destruction brought by COVID-19 in New York City is absolutely awful. They by far had some of the worst cases worldwide. And so their environment was completely different from Wake Forest Baptist Health. You know, one we're in Winston Salem, North Carolina, Forsyth County, and North Carolina in general, which is a less populous state than New York City, in New York in general. So what I'm getting at is that our response was a little bit slower. And it's really interesting, and it's just a reflection of the public's response to COVID-19. And the difference of healthcare and intersection of healthcare and in the public and the media, so many different avenues. We can go into later some of your questions you have but in general, healthcare, ramped up early on in most cities except for wake and that's because we didn't really have many cases early on.

You know, again, we were in a rural area, not many people are traveling internationally Winston Salem compared to New York City. And so in the spread is just not as much, you know, the traffic through woodsman was is not as high as Charlotte or Raleigh, or bigger cities DC, New York. So, because of that our cases haven't really started spiking as you can see until like now, that's why you see more rural estates that are getting either one they're testing more than two. They are now the virus has reached those areas from more popular areas, if that makes any sense. And so my long answer to your your easy question, I made it more difficult. I have a habit of doing that is in general, the public's response early on in March, April was oh my gosh COVID-19 is here and people are dying, which is true in certain areas. The problem is and this is what happens unfortunately in the 21st century and you as a if you're a journalism obviously no taste is here. If you write often see the news is that people have a very short attention span unfortunately So when it's two months later, people are sick of dealing with COVID. In the healthcare now, Baptists is now very busy with Coke. See, COVID every day, when I was finishing my shifts there and about to graduate, I saw maybe 20 cases a day at COVID. And in March, I saw zero. So it's really just an example of kind of things ramped up in different periods. It's hard to predict.

Will Desvallees 7:20

Right. Yeah, no, absolutely. And, you know, as a med student when it took place, and now being a former med student, how long from when it first broke out, or even before it really hit the United States: How concerned or how did you perceive the pandemic, before it was declared a pandemic by the W.H.O. (World Health Organization)?

Dr. Blake Briggs 7:42

Sure, mixed views. I'm a very skeptical person in general when it comes to a lot of things. And I try to frame my medical practice on being extremely skeptical of almost everything I read, and I am almost too harsh. I need to find collaborating sources or I need to find other studies that can other studies that back some evidence up prominence in medicine, it's just impossible to do that on a regular basis. There's so many things in medicine we still don't understand, much to the surprise of most of the world is that the medical community still does not understand a lot of things. And the things that we do on a regular basis are often not even based on research. Because we just don't know the answers to a lot of things. One, because it's unethical to do certain studies. And you'll never know the answer. And two, because it's just we don't know, we don't have the technology yet. And so going back to COVID. You know, it's difficult because initially, a lot of people were comparing to the flu, which is now looking back very incorrect. And now and then also people were really, you know, unfortunately, I've always had those two extremes when major events happen to you, the people that are thinking that this is the next sort of Ebola, which is false to even compare the two. And then you have people that on the other end are saying this is nothing we should even be worrying about this And I'll be honest, I was just kind of somewhere in the middle. I didn't really know think about it. If I had to say if I had to give you my honest answer without appearing like I was, white is the clean snow and didn't have any opinion on it. I was in the more of the skeptical side of it. You know, I don't know how big of a deal this is going to be. Is this just another respiratory virus? That's seasonal? Could it be like SARS? Can it go away? I thought it was going to go away earlier, actually. And so I was mistaken on that. And it has become a much bigger issue

than a lot of physicians originally thought. But I would say overall, the vast majority of the healthcare community has maintained and to some extent has been corrected. This is a really big deal, a bigger deal than what people initially thought.

Will Desvallees 9:45

Yeah, absolutely. It was really shocking. It took everyone by surprise. So I was wondering, do you think people in an emergency room right now, suffering from other injuries, or at least at Wake Forest Baptist. People suffering from non COVID related illnesses or suffering from injuries that have to go to the emergency room. How risky is it for them to enter and emergency room and risk contracting a COVID-19 infection?

Dr. Blake Briggs 10:29

That's a good question. That's something that actually was a huge issue early on. Excuse me, early on. So it's really interesting, you know, again, the public perception, you know, March and April, when we saw almost no COVID-19 cases, not that many in Forsyth and Wake Forest Baptist ours were dead. And this was all over the news. It was almost silly going to work they had to cancel doctor's shifts, they cut back on their nursing staffing. And a lot of people don't know this because again, the media was rightly so focusing on how serious and deadly the viruses and in New York How many people are dying. It's totally true. The rural areas, the United States, in smaller towns worldwide, especially United States, we're not seeing a lot of COVID yet, and now we are. But early on, we weren't seeing anybody. And of course, everyone's just freaking out of going to the hospital in public. This was early on when pretty much I think the vast majority the public believed, the media hype and that sort of thing. And, and so the ER volumes were at historic lows at Baptist (Wake Forest Baptist Health) and I'm sure it's the same at other hospitals. And so much of that actually worried myself and many doctors, for two reasons. One, obviously, for the patients who are wondering, “Hey, where are all these sick patients?” Because people, you know, again, if you work in healthcare, people don't just not get sick anymore. They have other problems that are coming up like people will always have heart attacks. People will always have strokes, the coronavirus when it comes in, hits in the ER volumes go down. It doesn't mean suddenly no one's having heart attacks anymore, it just means very scarily that people are having heart attacks at home and refusing to come in or ignoring their complaints, not to mention they may have canceled doctor's visits, they may have canceled procedures, they had cancelled scheduled surgeries. And so that brings me to my second point which doctors are worried about in most healthcare people is that the money in the hospital just took a nosedive. You can imagine that really the only major source of revenue at a hospital is not really the patients coming into clinic or an ER for just typical respiratory complaint. It's the people that come in that need surgery, and such procedures make a lot of money in health care. And so hospitals, unfortunately, around the country, especially small county hospital, very tiny hospitals that don't have a lot of academic support, or they don't have financial support, and they rely heavily on their outpatient surgery clinics. They're in the red, a lot of hospitals are in the red and they may not make it out of this. And so to answer your question early on in the ER, it was dead. I felt stupid going to work actually, it was really funny in a horrible way. Because you know, everybody was talking in March and April about healthcare heroes and people going to work on the frontlines. And, and to me, you know, it's

a whole different topic. If you really wanted to hear about it later, I wrote a piece actually, for the Wake Forest journal school medicines, I can't really give all the details in the journal. They think it comes out in the next month or so. But in general, I gave a little piece about a one pager on reflection on Ghana. My opinion and some other doctors' opinions on how to even kind of deal with everybody calling you a year all the time when I really honestly don't think I'm an error at all. I think I'm just doing my job. And that's what I think a lot of healthcare workers think too. And there's some there's an exception of them that kind of milk it a little bit, but in general I didn't I definitely didn't feel like I was doing anything in March April's twiddling my thumbs most the time on shift there was nothing going on. Now of course, it's it is back to normal volumes. A lot of patients coming in with other injuries. And it's back to somewhat higher volumes. Now, typically in the summer months, just depends on your region, of course, but just for the layperson and not in healthcare. Summer months are typically filled a lot more with trauma patients. So, People are more out and doing things in the summer. So a lot more car wrecks unfortunately a lot more gunshots, stab injuries and boating injuries. And versus the winter, which is a lot more respiratory flu illnesses, which I can't imagine how awful it's going to be this year, with flu and covid. So to get back to your original point, for medical advice purposes, what I tell everyone if you have an actual emergency you need don't do not even hesitate you need to come to the emergency room. The emergency room is the only place in the country. That's the best place to manage emergencies, not urgent care, not your doctor's office. And so if you actually think you have an emergency, and you can always call the hotline and kind of talk to a nurse and see, but I would tell patients if you're worried about something and extremely concerned, you should always come sit around. You should never ever hesitate, and you're not expected at home to Google things and try to diagnose things yourself. It's just not going to work. You need someone to actually see you and judge what's going on to the people that have had you know, let's say a complaint for two years, and they haven't seen their doctor for it yet. Yeah, sure, I think if it's nothing emergency and non-emergency, then you should go see your doctor and not risk going to the ER sitting in the waiting room potentially with other people that are sick. But it's your question, you know what, I would highly encourage people to always seek emergency medical care if they are concerned about something or they know that they're worried about a material complaint.

Will Desvallees 15:22

Yeah, no, absolutely. And in Forsyth County, one of the one of the most shocking statistics and this is something we're seeing throughout the United States in terms of disparities and who the virus infects adversely, there's a statistic which was really shocking to me 13% of the demographic in Forsyth County is Hispanic, though, they make up 68%, let's just say 65% of COVID-19 infections in the county. Is that something that you saw and can speak on while you were at Wake Forest Baptist Health?

Dr. Blake Briggs 16:14

I'm not surprised at all. That's something I saw every day. In fact, I even commented on it work often. Most of the patients that are coming in that are Hispanic, I'm not surprised if they have it. several reasons why this is true. And it's actually quite interesting. I reach my own conclusion on it, then I kind of formed it by reading reports and seeing that it was true throughout the United States. For starters, Hispanics usually have large households, or they live in large households with other people if they

usually have larger families. And they usually have extended family live with them. So one, it permits more asymptomatic spread for younger Hispanics that are healthy, like children and younger, younger Hispanics who are at work, so they give it to other people around them in their communities. They usually mostly spend again, most, if not all, will have church communities as well that they link up with and they spread it through those groups and social networking. And unfortunately, this is tough for their older population, like the elders of the family who live in the house, they have a high risk of getting very sick. As we know, COVID-19 is worse for elderly patients and people with chronic disease are immunocompromised. And then lastly, and this is probably one of the more social parts of this whole point is that Hispanics, typically or they usually, for the most part, again, they hold working class jobs and unfortunately they are in a position where their employer will not typically grant them days off. And so this is one whole different social issue but to that allows them to go to work with an infection and spread it to other people, when in reality, a lot of workers should be giving those 14-day or 7-day leave absences for quarantine at home. And a lot of managers are not getting those. And another point is, is a lot of them especially people that are poor working class, and that's just the semantics, but everyone, they can't take time off. Even if their employer does give it to them, they are trying to put food on the table, they're trying to work hard. And some of my favorite patients to take care of they are my favorite patients to take care of is one. That's that veterans and then to my favorite people to take care of our working class Americans and are migrant workers. And just because of the they usually only come to the ER when something's really wrong. Because you can imagine that a lot of them don't have insurance. And so if they come to the ER, they don't even have a doctor, typically they come to the ER, you know, it's big deal, something something's going on. And they must feel really bad or something happen, and they're usually very grateful for the care they receive. So yeah, that's a that's a true thing. I saw it every day and most people agree with it. They have much hiring veterans, right? Yeah.

Will Desvallees 18:57

And throughout the pandemic, there's been a lot of news reports and shockingly so even still today that you know, ER physicians have had to reuse protective gear such as masks. From your perspective at Wake Forest Baptist Health, Do doctors have what they need? And if they if they didn't, then do they have it now?

Dr. Blake Briggs 19:22

Again, this is a question that depends on your region locale. So for the most part, let's say from my experience away By the way, my opinion of a Wake Forest Baptist isn't as you know, a reflection the entire institution, I only work in the ER and I also have not worked there for two weeks. So I don't know what's changed. But from my time from March to June (June 30th), I can tell you that for the most part, we did have what we need. We had to ration. So we would have to wear every eight hours you'd have to wear one surgical mats. And then if you're doing a procedure or anything that's something called aerosolized means that if the droplets and they are potentially if they potentially had code Before they did that, mean that a positive case, so they're positive confirm case or there are something called a p UI person under investigation, we don't have their test results yet. Those two type of patients have a potential of spreading a virus right. And not just through coughing or, or speaking close to you, it's that if you're doing a procedure, like you have to put them on a ventilator, or you have to administer oxygen to them, or you have to give them a breathing treatment or something like that, you have the chance of

unfortunately, spreading the virus into an air of mist form, which can be basically float around the room, it can get through your surgical mask. And so in that case, you need to wear a more powerful mask, which will be something called will be seen in the media called an N 95. Or something called pepper, which is basically a long name that you will need to know for kind of a hooded device with that air mask to it. And both of those are much more adept at preventing infection however, they're much more expensive and they're less common than your classic surgical mask or cloth covering. So for the most part, wait for us, at least, at least until the time I left we had what we need. Did we were we had to ration though we wouldn't have made it we didn't ration. Some hospitals easily ran out. They were not prepared for this they ran out. And it again it depends on what region the country referring to major cities absolutely running low. NYC ran out within like a few within a week and had to use trash bags, which was a horrible, to cover themselves and some rural areas, let's say I don't know there's a rural hospital in the middle of somewhere in North Alaska may not even need anything who knows. The reason there was so much fear about running out of BP early on is in this modern age companies sell PP like never before on the internet, like on Amazon and target. And I wouldn't say that's wrong, you know, they every they can do that if they want to. However, when hospitals especially at the time of pandemic, they're worried that people are just going to go buy bulk orders. Think about the whole toilet paper issue which is still an issue apparently if you go to the store, there's not enough toilet paper. And because people are just don't even get into it. We're just weird and they just Up until there for some reason, but it's the same thing with PPE's (Personal Protective Equipment). They go to the store and they buy PPE's which is wrong and healthcare employees are left behind. So this gets into your pipe questions later on of the whole mask thing. You know, initially I think some of the orders of the government, this is why it's so confusing. This is a whole different topic of mask issues is that you know, early on there is conflicting government advice on Yeah, you should wear a mask. You shouldn't if you're an average person, not in healthcare, and part of the reason was, I didn't want people to say: "yeah, you need a mask" and then they all go on Amazon or go to Target and buy up every mask possible and major companies are behind making masks and supplies specifically for healthcare. And so overall, to answer your question at Wake Forest Baptist, Yes, we had what we needed. I never felt that I was out of PPE, we never ran out. But we were short enough that I was rationing. But you know, I was wearing a mask, the same mask, maybe for four hours and I would try to switch halfway through the shift. So yeah, it was a closer than enough call.

Will Desvallees 23:01

Yeah, I'm from New York. And I just remember when it broke out and we had to leave Wake Forest. It was just devastating seeing that was going on. And yeah, exactly. On the topic of masks, there's been a lot debate about whether it should be legally enforced and the mandatory wearing of masks in public. But from a medical perspective, is there any reason for people to not be wearing masks? Could it prevent them from getting a certain amount of oxygen that that would make it difficult? For example?

Dr. Blake Briggs 23:35

No, that's absolutely ludicrous. I'm laughing just because, you know, as a medical professional, there's always this again, this divide between people and medical people. And it's not at all a superiority thing.

And it's not at all it's more of a trust thing. You know, people that are not in a medical field trust people like myself to study and stay up to date on things. And so in the medical field, we take things for granted. We assume that's fixed. Some things that are just so basic and elementary, we would never think that a person would ever think a certain way about this one issue. And that comes to masks. And so unfortunately, I think there has been a little bit of a political Oh, there has been a lot of politicization of the word “masks”, which is a whole different topic. But in general, what I'm trying to say is that there's no evidence of any of this stuff happening because it's just so ludicrous in terms of like not passing oxygen inside your mask, breathing in carbon dioxide, or whatever people are saying, I read it, and I just ignore it. Those things are just so absolutely ludicrous and stupid that there's no reason to study. I can't say it any other way. I can't say it any other way that makes any sense because to a medical professional, just certain things we know, that are just not the case. This, there's no need to study them. So no, there's absolutely no reason for people to not wear a mask, medically speaking. Now, there is a difficult question: of masks do anything? That is a difficult answer. There's difficult studies on that, right? You can imagine if you studied people wearing a mask, people not wearing a mask? Does it reduce infection? Well, you got to account for all these crazy variables, what town do they live in, What city you live in, What's the infectious rate of the virus, How often are they touching their face. Often they are washing their hands, there's so many things that you just can't account for. That's difficult to do from confounding variables. And, again, the biggest part of this, there has been studies done and they show a marginal benefit with masks. But there's statistical analysis is not the best a lot of them. And so I would say in general, and I'm sorry, the second added problem of masks and generals to get into this is, is that there's really, at the beginning of this, there was inconsistent advice from politicians and taught public officials. This confused the public, and we're in a horrible era, modern error, very sad of everything being very easily politicized and this really further exacerbated the whole debate, you know, people will go on the internet. And as everybody does they go on the internet and they, they find someone who agrees with them, and they just stick with that thought of saying, Oh, yeah, that just violates, you know, my rights or, you know, something like that or the other side saying you're not wearing a mask or an evil person. You know, both of those are wrong statements. I think. In general, I think if you're in the public space with people around you my medical advice portion of that since I'm a doctor, I can say, if you're in a public space with people around you, I think you should probably wear a mask and follow the local regulations where you are, and about close public space. I do that. If I'm out hiking alone, which I do a lot or I run a lot like I did earlier today. I don't wear a mask. I'm running alone. There's no one around me for miles, there's no reason to wear a mask. There's no reason to, if I'm at a park far away from someone from just sitting there if I'm at a coffee shop alone, maybe not wearing content more than 10 to 20 feet away from somebody no but I carry masks with me. And I always put it on when I am getting close to one less than 10 feet away. It's just being smart. If I'm indoors, and the business has asked me put on a mask, I'll put it on the simple act of good faith. And, you know, there's a lot of many people around you got to imagine there's people that have different levels of worry about this virus. Imagine there's some elderly people, there are some pregnant people, there are people that have AIDS or they have an organ transplant, they're on immunosuppressive drugs, they have lupus, they have horrible heart disease and brain disease. And they may be on different medications to put them at risk for COVID. So you can imagine they're walking around they want they have to go to the grocery store, maybe they don't shop for him, he met in the position they're at, they go to a grocery store, and people are walking on that mass that would worry them and I rightly so they're worried for their own life, their loved one. And so I think that's totally a risk benefit analysis, which we do often in medicine, there's

almost zero risk, there is zero risk of wearing a mask other than the inconvenience, and the benefit might help vulnerable populations around you. And at a minimum, it's just psychological thing of not wearing one. And so again, hopefully that's a reasonable explanation, and a matte and also the last point of this, and a large amount of people in the country and worldwide have been found to have this virus asymptomatically. And it's possible again that these studies suck. They're not that good. It's possible that wearing a mask might actually have a marginal reduction transmission. There's almost no way we'll ever know this. But it's one of those things again, there's so many things we have in medicine. I have no evidence, this might be something that could be helpful.

Will Desvallees 28:30

Yeah, no, absolutely. And it's unfortunate that it's been so politicized. Yeah. But so shifting away from masks. I wanted to ask you about testing, especially in North Carolina and Forsyth County. Was testing an issue at the beginning. And is it still an issue now? Are there enough tests today?

Dr. Blake Briggs 28:42

Initially it was a huge issue nationwide, and in the first period of testing within the first one to two months of the virus was both embarrassing and just horrible for this country, with the modern healthcare system we have, it is absolutely embarrassing. I'm not casting blame on who it was. I don't care about that. That's not my place. But whoever it was, whatever it was, it wasn't just one person. The system elements of testing was awful in the first few months, and we missed that initial period of data collection, and we're paying for it. Tests were limited at hospitals initially at ours, it was extremely limited. And we'd even have it for like the first month and then starting in April, we can only test up to like 50 people a day. It was absurd. It was done. Are there enough tests today? For the most part, yes, this changes a good amount. What more and more? Yes, there are enough tests were broadly testing people, both discharged patients, and admitted patients for a while in April and May we only had enough tests to test people being admitted, you know, the quote unquote really sick ones and we discharge patients and say you might have covid, you may not go home and Gorky for seven days. That's what the whole country was doing. Some parts of the country are still doing that are short on tests. But for the most part, we do have enough tests. Again, I haven't been there in two weeks. I'm assuming it hasn't changed. No one's been really talking about it. And so yeah, there are enough tests, mostly nationwide now. And for the most part, I'm ordering when I was there. I was ordering several tests every shift.

Will Desvallees 30:28

Well, that's good. It's good to hear that they're available now. And so the last the last question I want to talk to you about topic I want to talk to you about other was, you know, there's in Forsyth County, the positive test rate right now is around the rate is between 10 and 11%. The State of North Carolina has been fluctuating between eight and 10%. There has been a rise in the percentage of positive test rates and recently Today actually the CDC was declared that 18 US states were considered to be in the red

zone. Among them was North Carolina. It encompasses the positive positivity test rate, and also the number of cases rising. So my question is do you think that North Carolina and specifically Forsyth County is ready to move out of its initial phases of reopening as we approach the fall and our schools that are being pushed by the federal government to reopen really, even if they if they use these creative and strategic ways Is it is it from a medical perspective, still too dangerous to open up our schools?

Dr. Blake Briggs 32:00

That's a difficult question. And you can see everyone squirms and struggles with answering that on TV on the media or just in general, the COVID pandemic is, is presenting a lot of challenges. I think the two major challenges is one, it's a novel virus, we've never seen it before. So it's difficult to to predict. It's not the flu. The second major challenge is that we're in a, again, I hate to say that's a really difficult time in our country where we're in a modern era, which has never been seen before, where the internet makes things both accessible and difficult at the same time. And it is the first part of COVID I'll talk about which is means that our immune system is not used to fighting and stuff a virus. It's related to SARS. It's related to other coronaviruses that I've diagnosed throughout my career, but it's not the same. It's not the flu. The only similarity to the flu is it's the respiratory viral illness. That's it, they're not related at all. And the symptoms are pretty similar, but they are much more variable and COVID flu almost always have a fever. It's almost all In the winter, and it goes away each year pretty much on that note, because of that the virus is difficult to track symptom wise and so you can imagine imagine a virus This is a perfectly designed virus. In design I do not mean that I do not mean it is a weapon or whatever conspiracy theory people are saying that it was made in China I'm just saying designed is in the way the virus have evolved in in evolved as a as a in that region of China in spread from China. The virus is difficult to track symptom wise, you can imagine a virus that hides almost more or less than a large amount of population. So people like me people like you that I'm assuming you're healthy and you know, medical problems, Healthy People like us could probably shrug off the virus. And they said even initially, I'm sure this presents much higher Now initially and move on and Chinese. See, Chinese disease control data was suggesting that up to almost 40% of patients that are healthy can have an asymptomatic infection. So let's just rough roughly estimate about 50% of patients can Possibly a somatic infection in young people less than 50 years old. That's crazy. So you imagine that many people like us walking around thinking, Oh, it's just a cold or I don't even the only thing I had the virus I got over it, while the elderly, immunocompromised, chronic disease patients, they can easily die from it. And so reopening states reopening policies, especially in local areas, they need to be determined based on the state based on the county based on their infection rates. Do you know what the most rural state in the country is? I'm going to turn this interview around on you. I just learned this actually. I just learned this the other day.

Will Desvallees 34:31

Um, no, let me… I'll give it a guess. Maybe, let's say Montana

Dr. Blake Briggs 34:36

That's what I thought. It's actually Maine. Now, which I wouldn't have guessed actually. And they base it off of the people per square mile. So the most populous state in the country is California, obviously. And so in Maine, I had to write this down because I almost forgot it. I didn't look at all the other states but mainly, I just looked at the two extremes. Imagine that comparing Maine and California when they're on opposite coasts, the popular And cultures are completely different. Imagine the heterogeneity of the population those areas too. And so then finally, consider the rural population. So Maine, there are 20, about 25 people per square mile in Maine. 60% of the population is considered rural in a rural area. Meanwhile, in California, they have 12 people per square mile. So that's literally twice as many people per square mile. And only 5%, just 5% of the state is considered rural 95% living in non rural areas. You can imagine just there the policies of reopening are completely different. You know, people that live in Maine may or may not suggest that, you know, why are we waiting to reopen when our infection rates are, I don't know, maintenance vectors, by the way, I'm assuming they're lower than California. So in general, what I'm trying to say is that this is a loaded, loaded question, and I don't think a broad sweeping federal policy from a central government is going to help this I think there should be a lot of guidance and a lot of we should heed the advice of healthcare ministers I can vouch, you know the people that have plenty of years experience Especially more than me, their public health officials and industry he even says it himself. Is that reopening depends on the state you're in it depends on your local area depends on what your infection rates are, you should listen to local officials. I think that's completely the right answer on this. And that's the way they should go regarding schools. Again, I'm not a public health expert. Can you imagine the difficult situation that school officials are in and just local officials in general, I don't envy their positions at all, I would never want to do any of that. Can you imagine making a decision on behalf of all your local community or state or even if you're a federal government employee? Can you imagine that no one will ever be happy with your decision. So you're always going to have at least half the country Madigan probably in general, maybe more than half. And so there'll always be someone upset. And so the driving issue behind moving forward with any COVID policy, reopening of businesses reopening of schools, is that you always have people who want to be heard. And so that's what I call something called expert syndrome. There's this Something in medicine that we call the Dunning Kruger effect, if you've heard of that, and it's been studied a lot in psychiatry, actually, but it's in medicine, we talk about it too, because it has to do with resonant training, like training doctors. And in general, the Dunning Kruger effect you can look it up, it's really fascinating, is a cognitive bias in which people with low abilities, they're not that smart, or they don't have experience. They overestimate their abilities. They think they are smarter than they actually are. And it's related to a cognitive bias of like an illusion, an illusory superiority, and it comes from the inability of people to look inward and think I don't, I'm not that smart. I don't have that ability. And so combined with social media and the internet and the ability for everyone in the world to connect with each other, you have all these people that think they're experts that constantly connect with each other. And so 24 seven people with similar ideas can connect and say, Oh, yeah, that person from Kansas that commented on the CDC website on Facebook, they had a good point. Why are we doing this? Why are we Math. Well, why aren't we reopening everything yet? And so, you know, do I think that everyone who works in government knows everything and always best public interest? Probably not. But I think they're in a very unenviable position. And and the basics to think about this when it comes to reopening is that the news is always going to focus on rising cases with pinpoint accuracy because that news sells always, and their job is to warn people they know the bad news will always get people in action. So confirm cases do not automatic automatically mean more deaths. hospitalizations are more important to look at. Right?

Because I just said, almost, again, this is only from one study, I'm just quoting it as a rough estimate, while the studies and data are changing constantly, because COVID is different in every country and every region. In general, young people we've know we all agree except for the very rare case that the media likes to focus on young people recover from this just fine. It's the problem we're worried about is that risk population I've said many times they're they're the people we're worried about. So children, people less than 50 years old, with no medical problems are going to be fine. hospitalizations are important to look out in the stat because they lag. Along with deaths, they lag about one to two weeks, maybe three weeks after confirm cases, right? Because they get the infection. And they might get sick over the course of a week or two and they could die. And so we're testing more than ever now. And that does contribute to an increase in the number of cases. Right? You know, in April, May, we weren't testing really anyone and now we're testing multiple thousands of people every day. That doesn't totally contribute to the rising cases are definitely more people getting COVID not to because we're testing more. Right. And so you don't you know, falchi and other people said you don't have to reverse your state reopening policy if cases are rising. And I think I read something recently, I think it was actually just yesterday, Governor Cooper in North Carolina decided that he was wanting to extend phase two and not do base reopening yet. And these phases are different for every state you can imagine. I'm not endorsing everything governor Cooper does on a regular basis, but that was probably the right decision. Not reversing But really just kind of playing this out. It's just kind of flat towing phase two, which we've been on for a while. And just delaying that phase three, in our politics involved in this decision? Absolutely. Again, no one wants to be the wrong one here that Imagine if you're politically you know, decide to reopen everything right away. And really bad things happen. Is that completely your fault? Probably not us made a decision based on the evidence you had, hopefully, and but the buck has to stop somewhere and you're going to be the one that's going to get ousted maybe or something. And so you can imagine, and this is unfortunate, but I'm just realistically telling you that everything medically is also politically spun in a certain way. And probably the safe option is a measured response of both weighing the options of a local community with the school thing and the business thing and also saying to yourself, okay, um, you know, we live in rural Maine, northern Maine, you're Canada. Very low cases, very low deaths. We can probably move forward reopening for Los Angeles, California, which is gonna be a completely different animal to attain. Los Angeles is so big, you'd have to even probably divided up into different sectors like New York, but hopefully that's a very long answer that hopefully answers your question.