What If It’s Not So Much Peak As Plateau?

SG evokes ’Pearl Harbor’ as prez psalms of ’tunnel’s end’s first light’ hoping to dupe an edgy nation into imagining pandemic’s last days

April 6, 2020 By Mike Barr

Look to Spain. Look to Italy if you prefer. The experience there gives both consolation and cause for alarm.

Governor Andrew Cuomo in his eloquent and reassuring daily briefings hammers home the twin concepts of “apex” and “rolling deployment” as is these were a given. I hope he and his brain trust of number crunchers are right, but there are reasons to punctuate all these best laid plans with a huge asterisk.

Look to Spain.

There there is not so much an apex but what they have in the Gran Sabana of southeast Venezuela, table-top mountains called tepui.

500+ death days began on March 23. They rose to a worst ever daily death count of 961-- just six days ago-- as in ten days later. And now, two weeks into 500+ daily death rolls, the country is breathing a sigh of relief because they’re at a new “low”: 691 dead yesterday.

This in a country of 47 million people.

This in a country with a vastly better stocked and managed health care system than our own. This in a country where people are not dissuaded or out right terrified to venture into an emergency room or doctor’s office for fear of the bankrupting caliber bill that will arrive on their doorstep afterwards. This in a country with a sense of community and shared humanity that we mostly lack here.

This in a country the size of Texas. And a population roughly equivalent to that of the NY-NJ-CT tri-state area. Plus Pennsylvania.

Imagine then, ten Spains. One centered in GA-LA. Another one MI-IL, seeping into OH-IN-WI. FL from head to toe. DC-MD-VA aka "DMV." TN-NC-SC-KY. PA-DE. TX-OK-KS-MO-AR. CO-AZ-NM. CA-CA-CA. WA-OR. MS-AL. IA-MN-NE. Oh, and Idaho.

And unlike the conveniently pitched apex theory, they rise and stay risen. For two weeks, three weeks, then an entire month.

You have not just New York and New Orleans and Detroit rising together. But you have them still each producing 500, 600, 700 deaths daily all the while parts of New Jersey and Long Island and then Cleveland-Erie, PA and Buffalo join the dance. Baltimore and Washington. Nashville and Atlanta.

If only the ten metro areas in the U.S. with populations of five million or more become hot spots, we get 5,000 deaths daily for about 15 days. If we're lucky. That's five hundred times fifteen times ten.

(If we were to draw the line at metro areas of two million or more, we quickly arrive at a factor not of ten but of thirty-five.)

Tomas Pueyo, of the much read "Hammer and Dance" post on Medium, chose as his touch stone not Spain but Hubei and notes that as of March 31 there were already thirty some states (although it would be more useful to look at regions irrespective of arbitrary state boundaries, in which case very likely that number would be lower) with Covid outbreaks larger than Hubei when it shut down (close to 70,000 cases and a reported 3,200 deaths). That is to say, thirty regions where Covid cases (and deaths) could very likely rise to the levels of Hubei. So for him it's not 500 x 15 x 10 so much as 33 x 3,200: 75,000 vs. 105,600.

And since here in the U.S. public health officials are unlikely to go to the draconian means used in China to remove and contain, the Hubei death toll is unlikely to be replicable..

Suddenly the idea of "rolling deployment" runs into a cruel reality, not not considered but more kind of wished away. The need for downstate ventilators and gowns and staff that were promised to Schenectady or Binghamton upon borrowing are, in a word, still needed, three, four, five weeks later.

The "fire trucks" that were going to run to put out the conflagration at Joe's house in NY-NJ from MI or OH are still running from fire to fire even as MI and OH and IL, now IN, break out in flames. LA spreads to TX, to AL and to MS. There's just not enough equipment or people anywhere in the entire country to be everywhere at once.

And that's how we get Spain.

Except in Spain people have been inside their apartments, literally not leaving, for the past three or four weeks. While here we have people playing golf, attending religious gatherings, and marauding the local Costco or Walmart. Both because people are in denial and because they are terrified of an unknowable menace.

We have Spain 1, Spain 2, Spain 3, Spain 4 until the daily combined death tolls in the U.S. are five or six or seven hundred from each hot spot: literally thousands of deaths daily for many many

weeks. Five hundred times fifteen times ten.

And then it reaches rural America where the nearest hospital is hours away. And people die not on a ventilator but on the highway or in their homes.

Many U.S. hospitals already report acute to post-acute care transfer bottlenecks since the latter requires patients to show a negative Covid-19 test in order to transfer, a process that is taking 7 days and longer to obtain.

An arguably rosy eyed modeling of how the waxing and waning of plague might sweep through different parts of the country puts the NY-NJ-MA region and the states of Michigan, Louisiana and Nevada in the all clear (less than 0.3 deaths per million) by the middle of May. California and Texas by the middle of June. Appalachia and most of the southeastern states, ex GA-- along with just about the entire mountain west-- by June 30th. Florida (and strangely, Wisconsin) not until the middle of July.

Meanwhile the White House has grown partial to the much watched Gates funded IHME modeling, criticized as wildly optimistic in many quarters, that predicts coronavirus deaths in the U.S. to peak in just 10 days, on April 16th, and a model, some states bemoan, is being used as cover for denying their requests for supplies.

Exorcise the Surgeon General. Re-program the president. What they should be preparing people for is not so much Pearl Harbor as the Battle of the Somme.

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