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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – September 1, 2021

COVID Will End as a Whimper, Not a Bang

From "Coronavirus Reflections" a commentary by Bob Erb, President & CEO, Colony Brands, Inc., headquartered in rural Monroe, Wisconsin.

"Of all the achievements of Dr. Johan Hultin, it was one that eluded him that best displayed his healthy perspective on life. In a 2002 interview with the *San Francisco Chronicle*, he was asked if he regretted failing in his first attempt to recover the original virus at the center of the 1918 Spanish flu pandemic that is estimated to have claimed the lives of at least 50 million people worldwide. His view then of his inability in 1951 as a very young man to be the first to isolate live virus from the most extensive and destructive pandemic known to man was as philosophical as it was humble. Had he succeeded then, he said 'My future would have been very narrow. I didn't find it, so I had the chance to do other things.' "



"As a medical student at the University of Iowa, Hultin overheard another doctor lament the fact that despite all the suffering caused by the 1918 pandemic, there were no clues as to why that virus was so deadly. The doctor theorized that the only way to learn enough about the 1918 virus to prevent such an event again would be to exhume the body of a victim buried in permafrost near the Arctic Circle, which would preserve the remains and, by default, the original virus itself."

"As a pathology student, Hultin was well aware of how the virus affected the human body and was soon part of a small team crisscrossing Alaska in search of possible pandemic burial sites that had remained frozen since 1918. Eventually they found themselves in the village of Brevig Mission, which saw 72 of its 80 inhabitants die from the Spanish flu over a five-day period in November of 1918. Hultin received permission to excavate a mass grave there, and after several long days of exhaustive digging, was able to extract tissue samples that were thought to contain the original virus in suspended animation, essentially frozen in time. Without modern refrigeration capabilities however, once back in Iowa City the team's experiments on the samples were sadly unable to grow live virus, and their work ended as quickly as it had begun."

"For the next 47 years, Hilton never abandoned his fascination with the 1918 pandemic, and kept a file on everything he had seen printed about it since 1951. One day in 1997 he was reading his monthly edition of *Science* magazine when he saw an article by Dr. Jeffrey Taubenberger describing his efforts to sequence the genome of the 1918 pandemic virus. Taubenberger had used lung tissue preserved from a serviceman who died in 1918 at Fort Jackson, South Carolina, to create a rough blueprint of the virus, but lacked the full genetic code necessary to reproduce it in its entirety in order to study how it worked and, more importantly, how to defeat it or one like it."

"Hultin immediately wrote to Taubenberger asking whether he would have any interest in another expe-

dition to Brevig Mission to search for lung samples of pandemic victims, and was soon on his way back to the mass gravesite he had left nearly five decades before. With modern preservation techniques and scientific tools, the gene of the original Spanish influenza virus was able to be acquired, fully sequenced and replicated for study by Taubenberger's team."

"In researching the sequencing of the 1918 pandemic virus, scientists learned that this influenza gene was not new, but rather, the descendent of a virus that began infecting humans in 1900, nearly 20 years before the height of the pandemic. Over time, this original virus mutated, as all viruses are programmed to do, and over time evolved into the exceptionally deadly version that swept across the globe in four waves beginning in 1918."

"Hultin's perspective on the 1918 influenza virus offers both a lesson and a warning. In an interview he gave last year, he said 'You have to know the virus; all living things—trees, birds, people—they have one thing in common, and that is *reproduction*. You have to reproduce. If you die, you don't reproduce. If you look at smallpox and cholera—the Black Death in the 1500s—eventually the organism became less and less lethal because it didn't want to die with the victim. That's why the 1918 influenza virus disappeared.' "

"The current surge in COVID-19 across the U.S. is being heavily driven by a mindless, pre-programmed genetic 'miracle' that has one mission and one mission only–to find a way to continue to survive in its changing environment. The Delta variant of the coronavirus has managed to develop a remarkable ability to infect more and more people by creating a massive increase in the viral load carried by those infected with it. Here is a link to a (reasonably) straightforward and readable explanation of how the Delta variant has transformed COVID-19 into a much more transmissible form of the coronavirus, resulting in the current surge, and causing 'breakthrough' infections among those already vaccinated: **https://bit.ly/3irqn1v**"

"As long as we continue to do our thing, the coronavirus will continue to do its thing. Its only mission is to survive and replicate. The only way it will stop doing what it's doing is when it runs out of targets–either through 'herd immunity' established through mass infections or mass vaccinations, or tragically, by killing so many of its targets that it dies with us."

"Herd immunity is achievable when 85% of Americans become either vaccinated, infected with the coronavirus itself, or a combination thereof. This is the level most experts predict will end the pandemic, once and for all. As of today, 50% of Americans have been fully vaccinated, and another 10% have been infected, leaving us 25% short of that 85% goal, equating to roughly 85 million people. Every person who chooses vaccination over infection improves their odds of remaining healthy, and eases the burden on our frontline healthcare workers, not to mention putting us closer to the end of this terrible cycle and farther away from a possible mutation like what the world faced in 1918. The choices of every one of us will ultimately lay the path for all of us."

"This surge is very real. In Wisconsin, the level of new cases is nearly eight times what it was a month ago. Every state is showing rising case levels, with Delaware, Rhode Island, and Vermont the only states yet to show a rise in hospitalizations. Across America, new cases have more than doubled in the past two weeks, hospitalizations have nearly doubled, and schools are set to open soon."

"Johan Hultin predicted more than a year ago that this current pandemic 'will not end us,' but he added 'there is always a risk that the virus will mutate. 1918 is an example. That [virus] was rather mild, but then

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare… assists Members in partnerships to make their communities healthier… generates additional revenue by services to non-Members… ongoing use of strategic alliances in pursuit of its Vision. Tim Size <**timsize@rwhc.com**>, Editor, 880 Independence Lane, Sauk City, WI 53583

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it mutated and became terrible. If that virus showed up today, it would wipe out the civilized world. That's not my opinion, that's fact.' "

"We all face fears–for those at high risk or who are unable to be vaccinated, there are fears of isolation and of an infection that can kill us. For others, fears that a vaccine is either unproven or not effective enough to outweigh the risks. And for many, fear that mandating vaccines or requiring vaccination passports will limit our freedom and take away our personal liberties."

"All these fears are understandable, and are real, but will ultimately pale in comparison to the fear we might all face if this virus manages to figure out how to do to us what its distant relative did to those back in 1918. I wish that outcome on no one."

"As we enter this next wave in the pandemic, I certainly don't intend to frighten, alarm, or coerce anyone. Where we go from here, we go together, as a society. It's that simple. My only hope is that wherever we go together, we all end up healthy and with every single one of us enjoying life again as we once knew it."

"My hope on this day is that we all continue to take care of one another, stay safe, and just keep moving forward, together."

Dialing Back Covid Anger/Denial

From "For many, the belated realization that Covid will be 'a long war' sparks anger and denial" by Megan Molteni in *STAT*, 8/2:

"In May, when the CDC said fully vaccinated people could ditch masks and social distancing, it seemed to signal a return to normalcy. But epidemiologists cautioned at the time that the move wasn't likely to be permanent, and shouldn't be interpreted as the end of Covid-19 as a daily concern. Colder weather or a right hook in the virus's evolution could bring restrictions right back."

"Still, Americans seem shocked by the recent turn of events. Last week, the Centers for Disease Control and Prevention advised everyone–even those who've gotten Covid-19 shots–to go back to public indoor masking, a decision driven by new data showing the hypercontagious Delta variant colonizes the nose and throat of some vaccinated people just as well as the unvaccinated, meaning they may just as easily spread this new version of the virus, while still being protected against the worst manifestations of the disease."

"**The prospect of contending with a prolonged outbreak phase–and adjusting again to a constantly evolution of restrictions has brought back another feature of the pandemic: anger.**"

"This time it's not just the anti-masking refrain rearing its defiant head (though fights over mask mandates have returned with a vengeance). Coast to coast, and across the political spectrum, contempt for unvaccinated people is rising. 'It's the unvaccinated folks that are letting us down,' Alabama Governor Kay Ivey said on July 22, as her state, with one of the lowest vaccination



In year six of this successful program in Wisconsin, RWHC is expanding nationally to engage new healthcare leaders in this one-year track of monthly education and skill development sessions. We cover a wide array of topics to ensure success for those newly promoted. Novice leaders–supervisors, managers, directors, team leads, charge nurses with less than one year of experience in a leadership role are ideal candidates. The commitment is for the full year of the program. **Registration information, all the program details and dates are at https://bit.ly/37fzcFd**. Class size is limited so please register by October 31. Questions? Contact Jo Anne Preston at **jpreston@rwhc.com.**

rates in the country, reeled from a 530% rise in Covid hospitalizations in three weeks."

"Among the vaccinated, there's a sense that the freedoms they gained by getting the shots–travel, eating out, concerts, sports, school, seeing friends–are now jeopardized by those who are still holding out."

"Though this new flavor of outrage might look and sound like righteous indignation, mental health professionals say that what's behind it is fear."

RWHC Eye On Health



"--in sickness--masked or vaccinated?"

" 'It's scary to admit that somebody else has power over you and you're at their mercy and you're afraid of them, but showing that is not a very American ideal,' said David Rosmarin, an associate professor of psychiatry at Harvard Medical School and a clinician at McLean Hospital. 'Instead of expressing that fear, it's a lot more comfortable to blame somebody else.' "

"Anger is what people in his profession refer to as a 'secondary emotion.' It's a feeling that arises in response to a more primal emotion, like fear and anxiety over having some aspect of your life threatened. 'The reality is that there are millions of people who are miseducated about something, they're making a big mistake that will have massive consequences that might affect you and your family and that makes you scared,' Rosmarin said. 'But nobody is saying that.' "

"For those who've made a living studying pandemics, they see another lesson in the current outpouring of outrage–the danger of setting unrealistic expectations. 'One of the big mistakes of the U.S. Covid response, among many, was at the beginning to not make it clear that this was going to be a long war,' said historian John Barry, who wrote the definitive account of the 1918 Spanish Flu pandemic, 'The Great Influenza.' "

"For much of the first year of the pandemic, many public health officials touted the idea that our way out of the pandemic was reaching herd immunity–a phenomenon by which a pathogen stops spreading because so many people are protected against it, either by a previous exposure or by vaccination. Between natural infections and vaccines, if we could get to 60% or 70% of the population with some immune memory to SARS-CoV-2, the thinking went, we could erect a wall of protection around the still-vulnerable, enough to stamp out transmission of the virus entirely."

"But even before Delta emerged, some scientists were having doubts that this would work. If other endemic coronaviruses were any clue, immunity from natural infections waned within a few years. Vaccines were blocking transmission, but not entirely. New variants could erode away the protections conferred by both. Now Delta appears to be doing just that."

"A more likely scenario for exiting the pandemic phase of Covid-19, many scientists told *STAT* earlier this year, was that over time, likely a period of years,



The WCN 2021 Annual Conference provides nurses the opportunity to strengthen their knowledge and skill in the areas of equity, diversity, and inclusion. As the world and state focus on the impact of Covid-19 on health, the importance of nurses in this time of need cannot be overstated. The WCN 2021 Conference will build on the vital contributions that nurses made. The Center is excited to host this engaging virtual conference that will allow us to learn and grow as a community. **Register at https://bit.ly/2VdBHFm.**

our immune systems would learn enough about SARS-CoV-2 to stave off the deadliest symptoms of infection. In this way the pandemic pathogen would become an endemic one–circulating among us and causing smaller, seasonal surges of milder illness."

"Past pandemics all ended this way. But those, all caused by influenza viruses, followed a familiar pattern. They'd hit hard and fast, racking up massive body counts–many of them children–in a matter of weeks. Then abruptly, the wave would pass. Reaching an immunological truce typically took about a year and a half to two years."

"SARS-CoV-2 isn't pandemic influenza. It isn't as uniformly lethal. It spares kids the worst of the disease. And surges can last for many weeks, even months, declining only when humans change their behavior, rather than the virus dying out on its own. 'Past pandemics are just not a precedent for this one,' said Barry."

"Epidemiological researchers like Emory University's Jennie Lavine have turned to models to try to project when SARS-CoV-2 might transition from pandemic pathogen to endemic. In a paper published in *Science*, Lavine and her co-authors predicted that this transition might take anywhere from a few years to a few decades, depending on how quickly the pathogen spreads and how widely vaccines are adopted."

"That's not the timespan most of us have been thinking along. As a result, people are now not just angry, but in denial, that after all we've been through–the lockdowns, the staggering death toll, the historic race to build a Covid vaccine–after all that, SARS-CoV-2 is still with us, a threat that still needs to be navigated."



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"That's why this time around, epidemiologists like Lavine fear it will be even more difficult to get people to don mask, especially those who believed the pandemic was over for them the moment they received their shots."

" 'There is a way in which the rhetoric around herd immunity has been a disservice, and I think we're probably seeing it make this moment worse as people are starting to face in a tangible way in their communities that this isn't going away,' said Lavine."

"The good news, she said, is that nothing in the coronavirus's recent evolution suggests it won't eventually transition to being a mild endemic virus, joining the family of common cold-causing bugs. That could change if new variants were to deal young kids much more severe cases of disease, or completely blindside the immune systems of people who'd been vaccinated or previously infected. 'Thankfully, at this point, both of those things are holding,' said Lavine."

" '**The light at the end of the tunnel for me is that the long-term picture still doesn't look so bad, it's just that it's not 'get to a magical threshold of vaccine coverage and it's all over.' It's a slower progression with a less clear-cut end,' she said. 'That doesn't mean there's not an end. It's just harder to see it definitely, and disappointing when it didn't happen the way we were maybe led to believe**.' "

RWHC Eye On Health



"It ain't over 'till it's over.' "

It Must be Summer

By Jeremy Levin,
RWHC Director of Advocacy

Summer has always been my favorite season. Many of the

summers of my youth were spent at the local neighborhood pool. I grew up a pool rat, then worked almost every job at the pool from lawn boy to snack shack to lifeguard and then swim coach.

Now I take my kids to that pool. Last summer was definitely different with COVID precautions, like scheduling blocks and pod seating. This summer the pool was able to return to normal operations as our county has a high vaccination rate and that helped members feel more comfortable.

As a professional adult, I've taken to a golf league, maintaining the league last summer without incident. However, celebrating our 20th summer this year, we had a member have a break-through infection because of the Delta variant, but thankfully he was able to quarantine rather quickly and not expose others.

Even the Boys of Summer are suffering break-through infections because of the Delta variant. Brewers star Christian Yellich and too many pitchers to all name, have had to go through COVID protocol because of break-through infections.

Now, as the summer starts to wrap-up and the school year is around the corner, how will we do our part to protect our communities and those kids who can't yet be vaccinated?

Please get your vaccine, if you don't, take the necessary precautions to protect your family, friends and community.

Finally, what summer is complete without music? And for those of us of a certain age, this was done with mix-tapes. One of my favorite summer songs is "It Must be Summer" by Fountains of Wayne, written by band co-founder, Adam Schlesinger, which starts out:

"It must be summer
'Cause the days are long
And I dial your number
But you're gone, gone, gone"

Schlesinger died on April 1st in New York City due to complications to COVID during a first-wave outbreak.

Don't let this summer go by without doing your part!

Community Engagement Awards Announced

The national law firm of Quarles & Brady LLP and RWHC are proud to announce the winners of their sixth annual joint Community Engagement Award. The first-place $5,000 grant was awarded to Aspirus Medford Hospital & Clinics in Medford, WI. The honorable mention $1,000 grant went to Stoughton Hospital Association in Stoughton, WI. The grants are provided by Quarles & Brady LLP.

"Rural hospitals in Wisconsin are doing critical work in partnering with their communities to improve mental health and encourage healthy lifestyles for members of the community," said Tim Size, executive director of RWHC. "It is a true privilege to once again reward the healthcare organizations that are making a meaningful difference in their communities."

Aspirus Medford Hospital & Clinics has been recognized for the "CARES Model" that is focused on mental health counseling for the Medford Area Public School District, Aspirus Medford Hospital & Clinics and Counselling Connection LLC. The CARES Model acknowledges the social, emotional, behavioral, and mental health needs of students through preventive and intervention methods to allow for better success in school, at home, and in life.

Stoughton Hospital Association was honored for multiple community efforts involving a COVID-19 task force to help the community navigate through the pandemic, prevention of youth substance misuse and change strategies, addressing mental health issues, creating opportunities for people to be healthy, and more. Stoughton Health continues to be an important leader in the community and will continue to partner with other organizations in order to establish a culture focused on health and wellbeing.

"Quarles & Brady is very proud to support this award," said Sarah E. Coyne, a Health Law partner in the firm's Madison office. "Selecting the winners each year is incredibly difficult because so many of RWHC's members are demonstrating great leadership in their communities. We're pleased to do our part to recognize the valuable work they do."

Leadership Insights: "Follow Up"

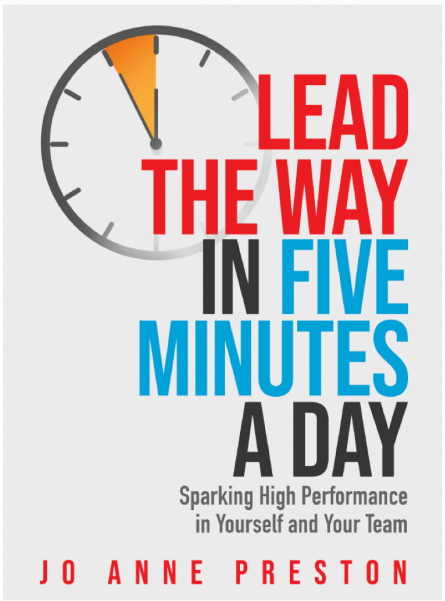
The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at **www.RWHC.com**.

I wrote a few months ago about mediating conflict between employees <**https://bit.ly/37jfbxh**>. What happens ***after*** you hold that challenging conversation? We want to believe things will be fine now that the air is cleared, but agreements to new behaviors can be fragile. When you say to your employees, "I'm going to be checking back in with you (at a specified time) to follow up on the agreements we made today," and then you do check-back, you increase accountability. People understand that your expectations for improvements are not optional. Some key things to consider and include in your follow-up:

Approach this follow-up as a retention strategy. If you haven't heard, quitting is a post-pandemic phenomenon. Every employee relationship where you can foster bridge building is one where no one has to quit to leave the tension. Sometimes these relationships take effort on everyone's part, but the cost to recruit, replace, and retrain is high.

Set a date and time. Don't leave it to "soon." Put it on the calendar before you leave the mediation, as part of the mediation. If you didn't do that, go schedule it now.

Make sure employees know you expect them to show up. This is especially important if you are a new manager or have not had a lot of these kinds of meetings with employees. One new manager recently expressed frustration about an employee who did not come to the follow-up meetings she would set. But keeping an open mind to learning, she asked and learned that the person's former manager had a "come only if *you* want/need to" policy.



Available on Amazon

Have a set of questions ready to ask. Review the agreements made at the initial meeting and then ask:

- *"What specifically (have each of you) contributed to making things better since we last met?"*
- *"What do you still need to work on?"* These first two questions keep the focus on personal responsibility rather than blame.
- **If things are better**: *"Great! How would you know if it was starting to go the wrong direction and slip back to the old problems? What kinds of things would you notice being said or done?"* This is relapse prevention. Finding themselves back in conflict doesn't start with another blow-up. It starts with the little things, like noticing a frustration but not speaking up, or drawing a conclusion about someone's body language or tone of voice but not verifying what it means by asking.
- **If things are not better**, you might ask a variation of these questions: "*What would make you more willing to make the changes necessary to improve the situation, and what is your plan for becoming willing?"* Use this opportunity to clearly state any non-optional expectations you have about behaviors going forward, and reinforce your goal of a workplace where everyone feels valued in a positive environment.

Give a heads up to your questions. Share your questions, adapted for your situation, with the employees a day or two prior to meeting so they know what to expect and are ready to participate in the discussion.

Thank them! Just like the initial discussion, resolving conflict and talking about it with a manager is hard, and many people will feel uncomfortable in these situations. Let them know you appreciate any courage and openness they show.

Restate your expectations. This can be tricky. Do you restate and

come across as micromanaging? Or do you assume they know what you expect and leave it unsaid, risking ambiguity? While each situation is unique, in general, it does not usually hurt to reiterate once. It might even sound like, *"I think you understand that I don't expect you to like each other, but I do expect that if that was the case, no one would ever know it."* If you have organizational behavior standards, this is the perfect place to draw the connection from these standards to your expectations.

Alternatively, to check their understanding, you might say, *"To be sure we're all on the same page, tell me how you understand what I expect of you going forward."* Take their responses as your cue to whether you need to explain anything further.

Keep it short and focused. This does not have to go on for hours, but it does need to be done to make sure the work you accomplished in the initial mediation becomes hard-wired. If improvements can't be established, end this meeting to plan your next step, which may include individual coaching for performance for an employee not taking responsibility.

*Contact Jo Anne Preston for individual or group coaching at **jpreston@RWHC.com** or 608-644-3261. For info re the RWHC Leadership Series go to **www.RWHC.com/Services.aspx** or contact Carrie Ballweg at **cballweg@RWHC.com** or 608-643-2343.*

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