

COVID-19: The importance of science in an era of distrust and disinformation

National address on COVID-19

AMA President Patrice A. Harris, MD

In a virtual address hosted by the National Press Club on April 7, 2020, AMA President Patrice A. Harris, MD, made an appeal for science in slowing the spread of disinformation and to help turn the tide against COVID-19.

Speech transcript

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Greetings. I am Dr. Patrice Harris, president of the American Medical Association.

The coronavirus pandemic presents a challenge the world has not faced—on this scale—for generations.

It's often said that extraordinary times call for extraordinary measures, and we are witnessing every day the heroic efforts of physicians, nurses, medical workers, public health professionals, and the public to manage the enormity of COVID-19 in our communities. But extraordinary times often call for the most basic of responses – for physicians this means the routine collection of facts and evidence, and examination of research that has been foundational in medicine since its origins. We live in a time when misinformation, falsehoods and outright lies spread like viruses online, through social media and even—at times—in the media-at-large. We have witnessed a concerning shift over the last several decades where policy decisions seem to be driven by ideology and politics instead of facts and evidence. The result is a growing mistrust in American institutions ... in science ... and in the counsel of leading experts whose lives are dedicated to the pursuit of evidence and reason.

In these challenging times, I am addressing the nation to make an appeal for science in defeating this disease ... to explain why physicians and scientists rely on facts and evidence in carrying out our duties ... and to remind the public of its responsibility to help turn the tide against COVID-19.

I know people are frightened. You are afraid for yourselves, and for your family. You are concerned about catching the virus and you are worried about spreading the virus to others.

Many of you have lost jobs, or are trying to keep a small business afloat. Many are working from home and caring for children whose schools have closed. You have missed graduations and milestone birthdays.

As a psychiatrist, I understand the fears and sense of loss we are all experiencing-- are weighing heavily on our minds and affecting our mental health.

Fear and anxiety are natural human emotions in a time of crisis. . .but as we have seen in the last few weeks, panic can lead to troubling consequences: hoarding of food and supplies; spreading of misinformation; and mistrusting the motives of others.

It is okay to be afraid. But please, do not let panic guide your actions.

On behalf of our nation's physicians . . . I ask you to respond instead with reason and resolve.

Physicians, nurses, researchers and public health experts throughout the world are working tirelessly to contain this pandemic. . . to develop new tests...to develop treatments . . . and to create a vaccine. This will take time.

In the meantime, we must exercise good judgment, believe what the science and evidence is telling us, and be flexible in changing our behavior as our knowledge improves.

We do not yet know everything we would like to know about COVID-19. But there is plenty we do know:

- | Transmission occurs primarily from person-to-person in close contact.
- | Anyone can become infected. This virus does not discriminate.
- | Seniors and those living with chronic disease are much more vulnerable to serious illness from this virus than others;
- | Many more people are carriers for COVID-19 than have been tested. As they may be asymptomatic or experiencing only mild symptoms, they pose a risk to others.

The most effective tool we have in this fight is physical distancing, which means every city and state that has not yet implemented “shelter in place” or “stay at home” restrictions needs to do so

immediately. Based on what we know and what has already worked in other countries and indeed our country –this is our best chance to slow the spread of the virus.

As a physician, I am honored to be a member of one of our country’s most-trusted professions. People trust their physicians because they know we do not act on whims, hunches or personal opinions. We take an oath to treat people ethically. And we go where the evidence leads.

This was not always the case.

The origins of modern epidemiology date to 19th Century London when a physician ended a severe cholera outbreak long thought to be the result of *breathing bad air*. By studying the location of cases, he discovered the real cause was drinking water from a public pump that had become contaminated by sewage.

The American Medical Association itself was founded in 1847 as a response to rampant quackery in medicine. At the time syrups or serums were sold as “cures” for various diseases that not only did not help, they often caused harm.

The AMA fought to center the practice of medicine around a set of established standards and principles, and to develop a code of ethics. And our mission since then has been “to promote the art and science of medicine, and the betterment of public health.”

The role of America’s physicians in this pandemic is, of course, to care for patients with COVID-19, using the best, most up-to-date evidence available. But as skilled as physicians and other health care workers are, and as hard as they are working in our hospitals and intensive care units, they cannot carry this burden alone.

Everyone has a role to play in containing this pandemic.

The strategies we are asking the public to universally adopt may seem “simplistic,” but they are, in fact, based in science and evidence.

Physicians and public health experts are asking everyone to wash their hands, for example. Children learn even before preschool that washing hands reduces the spread of germs. But how do we know? Evidence.

It may be hard to believe, but in the mid-1800s, many health care workers did not wash their hands between patients . . . until the link was made between hand washing and a reduction in disease. Many women died before studies found that maternity patients had a lower risk of disease and death if their physicians washed their hands between patients.

Handwashing became a necessary protocol for physicians and, now, more than ever, for everyone in

society.

We are asking for social distancing . . . or as I prefer to call it, physical distancing, because we can and should still strive to have meaningful social interactions while maintaining a safe physical distance. We know this is very difficult for people, but we know from history it is effective.

A century ago, the United States, and the world, faced a pandemic of influenza, known as the 1918 Flu. Major cities varied in their approach to physical distancing. And as a result, their death rates varied widely.

As described recently in *National Geographic*, Philadelphia reported its first case of influenza on September 17th, 1918. Days later, they held a war-bonds parade attended by 200,000 people. Sadly, two weeks later, at least 20,000 city residents had contracted the flu.

Now contrast Philadelphia's approach with that of St. Louis. St. Louis had the benefit of watching what was happening on the East Coast and public officials acted quickly. Two days after the first case was reported, the city of St. Louis shut down.

Two cities. Two different approaches to physical distancing. And two different death rates. By the end of the epidemic, St. Louis had **half the death rate** of Philadelphia.

So let us use the experience of a century ago as a guide for today. If the citizens of Philadelphia knew then what we know now, of the direct link between a large social gathering and a spike in cases, there is little doubt that they would have chosen NOT to attend that parade.

We are also asking that physical distancing measures NOT be relaxed prematurely. We understand that people are suffering great financial and emotional pain in having much of the economy shut down . . . in not being able to gather with their loved ones.

Here too the evidence from the 1918 pandemic is instructive for today. A retrospective study in the *Journal of the American Medical Association* found that nonpharmaceutical interventions, such as school closures and bans on public gatherings, were beneficial and should be sustained throughout the peak of a pandemic. Further, cities acting in a timely and comprehensive manner experienced lower death rates.

The AMA is encouraged by those federal and state leaders who are willing to keep physical distancing restrictions in place until the evidence suggests it is safe to return to normal. Today, we repeat our call for governors who have not yet implemented physical distancing in their states to do so immediately.

In truth, the nation needs more . . . much more, from our leaders. The public is already making

incredible sacrifices by acting on the evidence. All of us need to trust that our institutions are also keeping science at the fore of their decision-making.

With that in mind:

- | The AMA calls on all elected officials to affirm science, evidence and fact in their words and actions.
- | We call on media to be vigilant in communicating factual information from credible sources and to challenge those who chose to trade in misinformation;
- | We call on tech platforms to advance evidence-based information from credible sources and reduce the spread of misinformation.
- | We call on our government's scientific institutions, now and in the future, to be led by experts protected from political influence.
- | We call for an environment in which physicians, scientists and other experts are free to communicate evidence-based, factual information without fear of retaliation or retribution.
- | We call for determinations about the safety and efficacy of drugs to be made by scientists and researchers, based on data. Treatment decisions should be made via a shared decision-making process between a patient and physician without intrusion by any third-party, government or otherwise.
- | We call for the robust collection of data, including data segmented by race and ethnicity, to make sure we have a thorough understanding of the pandemic's impact on **every** community.

Some have called the response to this pandemic, a war.

We must ensure the war is against the virus and NOT against science.

Despite solid evidence behind the public health measures now in place, misinformation about COVID-19 is spreading rapidly, even intentionally, due to fear, or to various political agendas.

You may have heard some of these false claims yourself:

1. African Americans are less likely to get COVID-19—that is **false**;
2. Coronavirus is a new way to force vaccinations on people who don't want them—also **false**; and
3. Children cannot contract COVID-19—**false**.

Believing these kinds of rumors and conspiracy theories inevitably leads to more illness, more suffering, more death.

That's why we all have a responsibility to seek out, and share, information only from **credible** sources.

America has faced—and overcome—enormous public health challenges before: greatly reducing smoking; finding treatments for HIV/AIDS; eradicating polio and other vaccine-preventable diseases. Challenges that required changes in thinking, changes in public policy, and changes in behavior.

We must approach COVID-19 in the same way . . . by relying on the science, and evidence, to inform our decisions, and our actions.

With this new pandemic, and its many unknowns, it is critically important that we go back to the core principles and core knowledge we have relied on in the past. As evidence evolves, our strategy, tactics and behaviors should change accordingly.

It is science, research and evidence, and not wishful thinking or ideology, that gives us hope as we face uncertainties around the pandemic.

It is science that will bring about proven treatments for COVID-19.

It is science that will bring about a vaccine.

Every person in this nation shares accountability in fighting this virus. And we **all** have a responsibility to do our part.

At times like these, we may feel a sense of helplessness or hopelessness. But we are not powerless in this health crisis.

We must all commit to evidence-based actions to fight this disease.

In closing, I offer my most heartfelt thanks to all of the physicians, nurses and health professionals who are heroically fighting this pandemic. I also thank those who are cleaning our facilities and cooking and delivering food. And finally, to all who are taking the necessary steps to keep themselves and their loved ones safe . . .

Thank you!