Q&A: Amid deluge of COVID-19 info, she helps set things straight

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Brendan Murphy
News Writer

Both the science and policy of the COVID-19 pandemic have evolved at a rapid pace. To keep tabs on the latest developments, a team of residents and young physicians created Brief19, a daily blog and email newsletter that delivers timely, actionable insights to help busy physicians make sense of the latest on COVID-19 in all its dimensions.

The AMA has developed a COVID-19 resource center as well as a physician’s guide to COVID-19 to give doctors a comprehensive place to find the latest resources and updates from the CDC and the World Health Organization.

AMA member Jordan Warchol, MD, MPH, became involved with the project as a writer at the pandemic’s outset. An assistant professor of emergency medicine at the University of Nebraska Medical Center, Dr. Warchol found that her educational responsibilities were largely on hold due to clinical restrictions surrounding medical students.

Also a member of the AMA House of Delegates representing Nebraska and founder of the AMA’s Rural Health Caucus, Dr. Warchol recently took time to discuss her work on Brief19 and other experiences during the pandemic.

AMA: How did you get involved with Brief19?

Dr. Warchol: Pretty much all of my academic work was put on hold last March. So, I really was just doing shifts and trying to figure out another way to stay involved and—honestly—find something to do. I reached out to Kimi [AMA member Dr. Kimi Chernoby, one of the project’s founders] just saying: Hey, I see that you’re doing this. If you need any help ever let me know.
Initially, I was writing a couple articles a week, and then as the rest of the world kind of came back in, I resumed my lecturing and other academic work, so I write once or twice every couple weeks now.

The goal of it really was to be an easy place for clinicians, especially, but people with some science background, more generally, to access current information on COVID-19. But also, I personally try and make my briefs unbiased or as unbiased as possible, pulling from sources that are reputable, trying not to put too much of my own opinion in things—just try and keep things pretty facts-based.

**AMA:** Is objectivity in COVID-19 news coverage a problem?

**Dr. Warchol:** Generally, it for sure is. I think especially most people probably watch news more than they read news, which obviously has a significant amount more bias. But then there’s also a lot of bias presented from some of the major newspapers.

I think of, like, The Washington Post, New York Times, even some of the news websites like CNN or Fox News—they always kind of have a certain bent on them. So, I’ve tried to pull things from like AP or Reuters that are going to be more facts-driven and with less at the editorial commentary.

**AMA:** What misconceptions do you think the public has about the virus?

**Dr. Warchol:** I think the biggest misconception that the general public has is the way some people have bought into the political hype around the pandemic. Just because your chosen political affiliation spins a story one way or another doesn’t make it true. If a politician says the virus doesn’t exist or isn’t a threat, come to nearly any ICU in the country in the past year and talk to the doctors and nurses. Have them tell you what it’s like to watch someone die a miserable, painful death all alone. Or if your politics swings the other way and many politicians and thought leaders on that side of the aisle have continued to push this need to stay completely locked away for fear of the virus, I’d encourage them to look again at the science of vaccines, to look at the recommendations from the CDC regarding how to resume normal daily interactions with others. The lack of science education of the general public, and the way people with powerful voices or large platforms on all sides have abused that lack of education, is a serious threat to our collective lives and livelihoods.

**AMA:** Is it hard for physicians to access the most up-to-date information on the virus?

**Dr. Warchol:** It can be. There’s so much coming out all the time that it’s hard to stay informed. I write for the policy side of the brief, and I think physicians are less likely to search for those kind of things as opposed to the science-based stuff, the newest research and everything.

Whereas policy probably affects us equally as much, especially when you talk about something like...
the American Rescue Plan or the other big bills that have been passed on this as far as monetary support and those kinds of things going forward. That has a huge impact on physicians and practices.

**AMA:** Brief19 is assembled mostly by young physicians and residents. Does your generation of physicians have a different mode of communicating?

**Dr. Warchol:** I definitely think that this generation of physicians probably has a different passion for it. The founder [Jeremy Samuel Faust, MD, an emergency physician at Brigham and Women’s Hospital] is a relatively young physician. He initially just kind of relied on his network, which is, primarily, young people.

For our generation, there’s a constant stream of information that we’re exposed to through the internet. I think we’re just a lot more used to having information readily available. So we’ve been able to incorporate that more into our daily lives.

**AMA:** Does a product like Brief19 give you another effective mode of communicating to other physicians, compared with something published in a medical journal?

**Dr. Warchol:** Absolutely. Peer-reviewed journals are still obviously extremely important for propagating good science and disseminating accurate medical information. But when it comes to things like Brief19, it’s a lot easier to just call a bunch of people or reach out through emails and we can communicate on shared documents in a Google Drive or wherever to put these things together from wherever we’re at, at whatever time we have. Even stuff like fact-checking is a lot of easier assuming you know where to look and those kinds of things.

**AMA:** You come from a policy background. How has that informed your work on Brief19?

**Dr. Warchol:** Probably the thing that’s contributed the most is my experience of working in the Senate. I worked there in 2017 and 2018—right in the middle of repeal and replace and the beginning of the Trump administration.

I really saw how things on the Hill got spun when they were distributed to the general population. I've tried, since then, to view all media in that sense when it talks about policy. I've tried to bring that to Brief 19 too, in the sense that if the article is talking about, let's say Operation Warp Speed or things like that—trying to drill down to what the realities of life in government are.

People have this impression that just because someone said something one day, it should be able to happen the next. And that's just not the reality of how our federal government is set up.
AMA: You are a founding member of the AMA’s Rural Physicians Caucus. What has been your experience working with rural patients during COVID?

Dr. Warchol: One of the things that I always think of in rural populations is the lack of availability of broadband. We’ve seen this huge turn toward telemedicine, video medicine, things like that during the pandemic to try and protect both physicians and patients from being in too much personal contact.

But that's a really difficult thing to do when you have no broadband availability where you live. There are thousands of people, I would say, in Nebraska who still only have dial-up connections. It's just not feasible to run a modern telemedicine platform on those kinds of connections. And so those patients are not able to access their local providers. And a lot of people say: Oh, well, can't they just hot spot? Well, a lot of those rural areas don't even have good cellphone service. So—no, they can't just hot spot either.

That's true not just of rural Nebraska. One of the people in the rural caucus is an ophthalmologist from Georgia. And he says that in one of his satellite offices, he has to stand on a chair near a window to even get enough bars to make a phone call, let alone trying to telehealth with a patient. So I think that's definitely one of the major challenges that has been presented during the pandemic.