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'We're being put at risk unnecessarily': Doctors fume at government response to coronavirus pandemic

By [Meghana Keshavan](#) [@megkesh](#)

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Nurses in the emergency department of MedStar St. Mary's Hospital in Leonardtown, Md., don personal protective equipment before entering the room of a patient suspected of having Covid-19. *Win McNamee/Getty Images*

LOS ANGELES — Even before the pandemic, burnout, anxiety, and disillusionment were already endemic in the medical community. Then came the hit-or-miss response to Covid-19, which has left U.S. health workers exposed to infection — and ill-prepared to care for thousands of vulnerable patients.

Now, there's simmering anger, and a deep sense of betrayal among health professionals who say they feel forsaken by their government.

STAT interviewed more than a dozen physicians and scientists around the country, and one after another, they leveled strikingly similar critiques at both the federal and local levels: That the Trump administration neglected scientists and public health experts and downplayed the severity of the disease, helping stoke a spread of misinformation. That many state leaders, toeing party lines, were too paralyzed to act in a timely fashion. And that the Centers for Disease Control and Prevention, once a venerable institution, bungled a critical component of pandemic control — [diagnostic testing](#).

“I’m livid. This is all being mismanaged, and we’re being put at risk unnecessarily,” said Barry Schapiro, an orthopedic surgeon practicing in Palm Beach, Fla. “We had ample time to prepare. It didn’t have to be like this.”

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Eric Topol, a cardiologist and director of the Scripps Research Translational Institute in San Diego, said, “The American public doesn’t know that a large portion of this catastrophe was preventable, if not for the sinful incompetence of our leaders. It didn’t have to be like this.”

Most physicians would agree to speak to STAT only on the condition of anonymity, citing fears that they’d face retaliation from their health systems — who are chastising, or even firing, desperately needed health workers for speaking out.

“Many of us feel we’ve been put at risk by the ineptitude of leadership across the board,” said one critical care physician in Miami. “We saw a pandemic developing, but still couldn’t get our hands around it.”

Here in Los Angeles, a primary care doctor put it this way: “I alternate between anxiety attacks and rage over this ... everything is shrouded in secrecy,” she said. “It’s an American shame.”

Some interviewed noted that their peers in health and science had sounded the alarm early, based on preliminary Covid-19 data from countries like China, Italy, and South Korea indicating that quick, decisive action was paramount. They said that public officials frittered away time in January to mobilize medical supplies, trace the disease's spread, and potentially contain it within the U.S.

“What really stunned me, and disturbed me: Even though we had been warned by experts and were well-positioned to act, nobody paid attention,” an emergency physician in New York City, also speaking on the condition of anonymity, said. “We seem to have been caught completely with our pants down in the U.S.”

The first Covid-19 case was [discovered stateside on Jan. 21](#) — the same day as South Korea. The prudent move, several doctors pointed out, would have been to immediately fast-track a rapid, reliable, scalable diagnostic test.

But instead of using a ready-made test developed by the World Health Organization, the CDC opted to create its own. The CDC test malfunctioned, leading to a series of delays. Nearly three months later, it's still a fraught and time-consuming process to get a coronavirus test in most parts of the country.

“These tests are not that complicated, and aren't that expensive,” the New York physician said. “It's staggering that we failed so profoundly here.”

In the months before testing began to pick up steam, the disease spread unchecked in U.S. hospitals. Patients with upper respiratory symptoms or pneumonia were admitted to the hospital — “and they were just giving massive viral loads to nurses, doctors, respiratory therapists, paramedics,” Topol said.

“This situation has not only put the entire American population at risk of getting sick and dying — it's endangered our health care force,” he said.

Hospitals across the country have been rapidly running out of personal protective equipment — and many still aren't getting supplies fast enough from state and federal governments.

“I’ve been scrambling for [personal protective equipment] for the past three weeks,” the Los Angeles primary care doctor told STAT. “I don’t fault my employer for this. This is a failure of investment in pandemic planning.”

Masks, gloves, and gowns are still in dangerously low supply, and many medical professionals have resorted to buying gear on their own dime — or [making it](#). In just two large Michigan health care systems, [2,200 employees](#) have tested positive for the virulent disease. More than 100 doctors and nurses [have died](#) around the world — including three young resident physicians in the U.S.

The lack of preparation “has crippled us clinically,” the New York emergency physician said.

“So many common sense things would have changed the course of this,” he said. “It’s very baffling. And infuriating.”

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Many physicians placed much of the blame directly on Trump.

His rhetoric has hampered containment efforts, said Terry Adirim, a trained pediatric emergency physician who previously worked as a senior Department of Defense and Homeland Security official.

“There’s still no real leadership,” said Adirim, who now helps lead clinical care at Florida Atlantic University College of Medicine. “On a national scale, who on earth is in charge of handling this pandemic? I’m flummoxed.”

As researchers were sounding alarm bells in February, the president called the novel coronavirus “a hoax,” claiming that Democrats were politicizing the pandemic to discredit his presidency. That transitioned into falsehoods about the country’s response to the virus — including exaggerating the number of Covid-19 tests the country had conducted.

“There’s a larger cognitive failure here that’s profound,” the New York ER doctor said in reference to the president.

Adirim worked with the federal government during the 2009 swine flu outbreak — and noted that there was far more communication between agencies than she’s seeing today. She believes that’s a result of the administration’s attitudes toward public health.

“There’s an unwillingness for the current administration to cede leadership to a competent individual,” Topol said.

The lack of faster action comes despite early warnings from advisors like Anthony Fauci, director of the National Institute for Allergy and Infectious Diseases, who have advocated that aggressive steps be taken. Peter Navarro, Trump’s trade adviser, [warned](#) the president in late January that the Covid-19 crisis could cost the U.S. trillions of dollars — and infect millions of Americans.

“Many physicians in our department are strong Republicans — they love Trump’s business mind and policy,” said a resident emergency physician in the metro Detroit area. “But no one thinks he is handling this crisis appropriately.”

While the pandemic response has largely been relegated to local and state legislators, many interviewed complained about the lack of action on that level. Florida Gov. Ron DeSantis, for instance, only imposed a shelter-in-place directive on April 1 — several weeks behind states like California, Ohio, and New York.

“But our governor exempted churches, and the federal government said gun stores are essential,” said Adirim, who lives in Boca Raton, Fla. “So that’s just playing politics with the pandemic. And this cannot be made political. This is public health.”

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Schapiro, the orthopedic surgeon from nearby Palm Beach, agreed.

“Either [politicians] don’t believe science, or they’re listening to lobbyists who are more interested in financial blowback than anything else,” Schapiro said. “I don’t know why they dropped the ball — except they were playing politics because the economy was at risk.”

Meanwhile, Georgia Gov. Brian Kemp claimed that, until last week, he had no idea that the novel coronavirus was [airborne](#).

“It puzzled me why he wouldn’t know this was airborne, when the CDC is about 15 minutes away from him,” said Kevin Kathrotia, a neonatal specialist who is based in North Carolina and practices in Georgia and Texas.

Although hospital leadership publicly adheres to CDC directives, emergency and critical care physicians said they look elsewhere for information on treating Covid-19.

Privately, one resident emergency physician in the metro Detroit area and his colleagues seek out guidelines from the World Health Organization, and scour medical literature to develop their own best practices in treating the virus.

“As an ER community, we’re cobbling all these resources together, and make our own decisions,” he said.

Kathrotia agreed, saying that the agency’s directives are changing constantly. For instance, it initially advised against the public wearing masks. Now, the CDC has [suggested that every person wears a mask](#) when they’re not home.

“I think there’s a lot of mistrust with CDC guidelines, because they seem to be pretty reactionary,” Kathrotia said.

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Those interviewed expressed concern about Trump’s penchant for weighing in on particular treatments. On March 21, he [praised](#) the combination of the antimalarial

drug [hydroxychloroquine](#) along with azithromycin, an antibiotic — saying they “have a real chance to be one of the biggest game changers in the history of medicine.”

While scores of scientists, including NIAID director Fauci, have warned that making these claims is premature, the Detroit area physician and his colleagues have been inundated with requests for them.

“The comments Trump is making about drugs — that’s just wrong,” the metro Detroit resident physician said. “It’s really upsetting, and not the sort of information we should be getting from the government.”

Among the physicians, there’s a growing fear that they’ll face repercussions if they speak out. Ming Lin, a doctor in Washington state, [was fired](#) after publicly speaking about supply shortages at his hospital. Other workers [have been told](#) they’ll lose their jobs if they don’t treat coronavirus patients. So doctors are staying anonymous.

“The thought of being fired right now, when my patients need me the most, is even more terrifying than the idea of potentially getting ill from Covid-19,” the Los Angeles primary care physician said.

Those on the frontlines are also worried about their own health.

Nisha Mehta, a radiologist with the U.S. Department of Veterans Affairs, launched an online petition on Change.org aimed at lawmakers — pushing for stronger protections for the health care workforce. The [“Covid-19 Pandemic Physician Protection Act,”](#) which has been sent to several members of Congress, calls for adequate personal protective equipment, tax credits for the health care workforce, and mental health coverage for physicians. More than 110,000 people have signed the petition.

“If the very people who have to pull us through the crisis are burnt, demoralized, and angry — where do we go for help, as a society?” said a Boston psychiatrist, speaking on the condition of anonymity. “We have to protect our protectors.”

But when the pandemic has abated, and life has attained some level of normalcy, there needs to be a “reckoning” at the end of all of this, in which there’s an inquiry into what went wrong, several of the physicians said.

“My fear is that this will all get whitewashed — where we’ll look back and say that everyone rallied and was heroic,” the New York City physician said. “Voices of reason and science were shouting the truth — but were allowed to be ignored, and thousands died because of it. This is a crucial lesson for history.”

About the Author [Reprints](#)



[Meghana Keshavan](#)

Biotech Correspondent

Meghana covers biotech from Los Angeles and contributes to The Readout newsletter.

Meghana.Keshavan@statnews.com

[@megkesh](#)

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