Khanversation

We are still very much in the throes of COVID-19 and it has unfortunately demonstrated our vulnerabilities as a country.

Not just our public health vulnerabilities, although those are significant: the nation’s public health authority, the Centers for Disease Control & Prevention, is essentially rendered powerless to enact, implement and enforce pandemic public health policy. The chief of the National Institute of Allergy & Infectious Diseases (NIAID, part of the US National Institutes of Health- separate from the CDC), Dr. Anthony Fauci, attempts to provide guidance as much as he is allowed to, and yet even his advice frequently falls on deaf ears.

Our true vulnerability comes from our general behavior towards common sense. So much so that when colleagues from abroad ask, ‘how is the United States doing?’, the answer is an impossible one. On the face of it, one can recite aggregated statistics: highest number of COVID-19 deaths worldwide: USA (about 172,000); highest number of infections: USA (about 5.5 million). A virus seemingly running rampant, through the richest and most powerful country in the world.

Yet those statistics hide an even more darkly depressing reality: in terms of public health, we are not behaving like the United States of America. We are instead de facto 50+ separate countries with extremely limited federal guidance allowed on public health, no national enforcement of the ways in which we know we can stop COVID-19, and essentially 50+ presidents (governors of the states and territories) who have to puzzle through how best to balance health, economics, and their own personal ideology.

We like to believe in ourselves as exceptional- or at least as exceptions- and those of us studying health policy have long recognized that ideological trope as simply an excuse for ‘I want to do what I feel like’ (parents of toddlers will find this language familiar). This thinking has led to a severe weakening of the types of structures we count on to keep us safe. Don’t like government? Try fixing a pothole on 95 yourself next time. Try opening a new library. Try monitoring restaurants for food safety. Try containing a pandemic.

Individualism works great in some instances. But collectivism –by individuals, honoring their uniqueness - is still the way to enact populations-based improvements.

As we look at the US map of states with COVID-19 flattening, we see it most on the East Coast: broadly speaking, in the states leading from Delaware to Vermont. Many of these states (such as ours) have benefited from agreements between their governors- providing a kind of cobbled-together structure which the federal government has been unable or unwilling to provide.

The consequences on the other side are appalling: with limited public communication to the citizenry, entire states, from their governors on down, perpetuate the pandemic. Even if guidance exists on the books, there is limited enforcement. There is a false conflation of individual freedom being impaired with a simple commitment to keeping healthy. One supposes it is not a huge surprise in a country where vaccination is a debate with pros and cons, rather than a default assumption with limited exceptions. So it is not a stretch to believe several among us do not want to wear a mask, wash our hands, and stay 6 feet away from strangers.

When we hear more clarity from the parts of our national discourse which focus on misinformation than correct information, we must wonder how we use our freedom of speech: as children do, without guidance, guardrails or common sense? Or as adults, presumably to talk sense, to have reasoned and mature discussion and to learn? One look at the Twitterverse gives an indication as to our current state of mental maturity as a populace.
It is worthwhile taking note of our neighbors to the north. Canada, with a strong central government role, laid down basic regulations which individual provinces were free to augment. Their debate has, by and large, been limited: Canadians (also North Americans) are behaving more like the ‘united states/provinces’ than we are. They have also limited incoming travel to their country for - wait for it- Americans. Even this appears not enough to shame us into collective action.

For those who wait for a vaccine, I have good news. Great news, even. We already have a way to reduce the cases and deaths significantly. It has just 3 ingredients: masking, hand hygiene, physical distancing. Followed universally, these will reduce our new cases and protect the vulnerable- and allow us to resume some version of normal. I also note, none of these ingredients contain mercury (just like no actual childhood vaccines do, by the way), so no one has to protest or write me angry letters. Using just this ‘vaccine’, several countries have reduced their daily cases to nearly zero per million: New Zealand, Australia, China, Taiwan, Singapore, South Africa, Vietnam- and several others.

Want to see us on that list? Want to drive across the border? Want to sit inside a restaurant? Take all 3 components of the vaccine, starting right now. Insist others do too. In a few short weeks, we will see community spread diminish significantly.

See? I told you I had good news. Now if only gas could be $1 a gallon again.

Image to the right: Me with Corona: A 1976 Toyota Corona, to be exact.

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Delaware Journal of Public Health

Check out the new DJPH Website: http://djph.org

FROM CELLS TO SOCIETY: RESEARCH IN THE TIME OF COVID-19

The schedule of themed issues for the Delaware Journal of Public Health is set to close up to a year in advance of the publication date. Like many others, the Journal was impacted by COVID-19, and we utilized the opportunity to publish this two part issue on “Current Research,” with a focus on the groundbreaking research in our community.”
PART 1.

Soon after the COVID-19 pandemic started, we convened with this issue’s Guest Co-Editors Mia Papas, Ph.D. and Steven Stanhope, Ph.D. to focus on research—of all sorts—specific to the novel coronavirus.

PART 2.

This second part further explores both COVID-19 research and that taking place in other areas including vaping, HPV, and Hepatitis C.

Thanks to Dr. Papas and Dr. Stanhope for their leadership in this issue.

COVID-19

Coronavirus Vaccine Tracker

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Vaccines not yet in human trials
Vaccines testing safety and dosage
Vaccines in expanded safety trials
Vaccines in large scale efficacy tests
Vaccine approved for limited use

Around the world, more than 165 vaccines are being developed for coronavirus, and 28 of them are in human trials.

Vaccines must go through stringent processes to be approved for use in humans, and not all of them will succeed.

Check back often for updates!

New York Times Coronavirus Vaccine Tracker

Coronavirus Resources
Coronavirus Funding Monitor

Frontiers has curated list of open funding calls and other support for researchers, non-profit organizations and commercial organizations, specifically for COVID-19 and coronavirus-related research. The list is updated daily.

Academy Updates

The Partnership to Fight Chronic Disease

PFCID has selected both Senator Tom Carper & Senator Chris Coons as recipients of its 2020 Champion for Health Seniors Award for their service on behalf of seniors in Delaware. The Delaware Academy of Medicine / Delaware Public Health Association was represented by Tim Gibbs as we virtually presented Senators Coons with a commemorative award and certificate for his outstanding achievements.

The COVID-19 pandemic continues to pose a life-threatening challenge for those with chronic conditions like diabetes, cancer, HIV/AIDS, and heart disease, placing many within the Medicare-eligible population at risk. Senators Carper’s & Coons’ work has been instrumental in protecting seniors and those with chronic conditions by protecting access to affordable medications and in-home treatments.

PFCID, in conjunction with several state and local organizations, selected Senators Carper & Coons for as 2020 Champions for Healthy Seniors Award recipient because of their leadership in:

Protecting in-home treatment during the COVID-19 pandemic

- To protect against further spread of COVID-19, they led the effort to ensure Medicare would allow those with chronic conditions to receive the medication and
Guaranteeing access for “Protected Classes”

- Congress recently blocked an effort to end “Protected Classes” in Medicare, which guarantees patient access to all medicines and treatments for a number of chronic conditions including epilepsy, mental health, autoimmune conditions, HIV/AIDS, cancer, and organ transplants.

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**Dr. Robert N. Arm**

Dr. Arm, 73, died on 1 July 2020 in Wilmington, Delaware. Dr. Arm, a noted clinician in all phases of Oral Medicine, devoted his life to teaching postgraduate dentists and treating patients with special needs. Dr. Arm was a diplomate of the American Board of Oral Medicine (1975) and served as the 49th president of the American Academy of Oral Medicine from 1994 to 1995.

Dr. Arm earned his DMD from the University of Pennsylvania and also completed specialty training in the world-famous Oral Medicine specialty program at that University.

After completing advanced postgraduate education, Dr. Arm became a member of the dental faculty at the University of Louisville in Kentucky; he was an instructor there from 1975 to 1980. Dr. Arm was recruited to serve on the staff of Wilmington Health Center in Delaware and later became Director of the General Practice Dental Residency at Christiana Care Health System in Newark, Delaware. He served as Chair of the Dental Department for 25 years at the Christiana Care Health System, contributing a total of 30 years with that organization.

Dr. Arm was active with Health Volunteers Overseas, Operation Smile, the International Red Cross, and Partners for Peace. He served on the Delaware Governor’s Committee of Community and Volunteer Services, was active in legal reviews of oral medicine and oral trauma, and was a legal consultant for the Harmony Wellness Center in Newark, Delaware.

Dr. Arm was named one of Delaware’s Top Dentists multiple times, and he was a coveted lecturer on both national and international continuing education programs. Dr. Arm was a member of the Delaware Academy of Medicine until 2011, and was active in ensuring that everyone had access to dental care, whether or not they could pay for it.

Dr. Robert N. Arm is survived by his wife of many years, Randy Bestreich Arm, three children, and six grandchildren.

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**Save the Date!**

**John Scholz Stroke Education Conference**
October 10, 2020 | 8:00 am - 12:00 pm

**Delaware PrEP**
October 14, 2020 | 8:00 am - 12:15 pm

**American Planning Association - Delaware Fall Conference**
October 29, 2020 | 9:00 - 11:40 am
October 30, 2020 | 12:00 pm - ??

**Communicable Disease Summit**
November 9, 2020 | 8:20 am - 12:30 pm
Virtual Annual Meeting and Expo

Creating the Healthiest Nation: Preventing Violence

The APHA Annual Meeting and Expo is the largest and most influential yearly gathering of public health professionals, bringing the public health community together to experience robust scientific programming, networking, social events, poster sessions and more.

In light of the current public health emergency caused by the COVID-19 pandemic, the APHA 2020 Annual Meeting and Expo, which was scheduled to take place in San Francisco, will be an all-virtual event. The virtual meeting will take place Oct. 24-28.

More Information

August is...

National Breastfeeding Month
National Immunization Awareness Month
Children's Eye Health & Safety Month

And Much More!

Additional Resources

Delaware Division of Public Health: The DPH Bulletin
Trust for America's Health: Wellness and Prevention Digest - Subscribe

The Delaware Academy of Medicine / Delaware Public Health Association

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