Opinion

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EDITORIAL

Let's help businesses get past this crisis

Running a small business can be a challenge in the most normal of times.

The times in which we are living, it hardly needs to be said, bear little resemblance to normal.

The unprecedented upheavals resulting from our reasonable, albeit unfortunate, efforts to curb the spread of coronavirus have affected most of us.

Parents have to juggle schedules to care for kids during an extended, and unplanned, school closure.

Healthcare workers struggle with uncertainty while continuing to care for their patients.

Government officials seek to give residents accurate, timely information in a situation that seems to change, sometimes in significant ways, by the hour.

Most of these effects almost certainly will be temporary.

But for some business owners the damage could be permanent.

On Monday, Oregon Gov. Kate Brown banned restaurants and bars from on-site serving of food and drinks for at least four weeks. This precaution is sensible, and it follows the advice of doctors who say "social distancing" is key to slowing the spread of the virus.

But the potential harm to affected businesses is obvious even to people who have never had to balance a ledger or make a payroll.

Fortunately, the governor's order allows restaurants to serve take-out meals, and many local establishments are already offering that service.

Local residents have always been a crucial clientele for our restaurants and other businesses, and there's no reason for that to change during these trying and anxious days.

Even if you're more comfortable staying home — again, social distancing is the mantra of March 2020 — you're not elevating your risk in any meaningful way by driving to a local resident and bringing home a hot meal.

Think of it as dining out — a favorite occasion for many of us — but still staying in.

The effects are not limited to restaurants and bars, however.

The governor's limit on gatherings of no more than 25 people affects other businesses, such as theaters.

During the Baker County Commissioners' meeting Monday afternoon, Timothy Bishop, the county's tourism marketing contractor, said "so many tourism partners are being dramatically affected" by coronavirus.

There has been much talk over the past week about how we need to work together to endure this crisis. This is true. But the concept shouldn't be limited to such things as making sure our friends and family, and in particular older residents or those in poor health who are most vulnerable to the virus, have what they need.

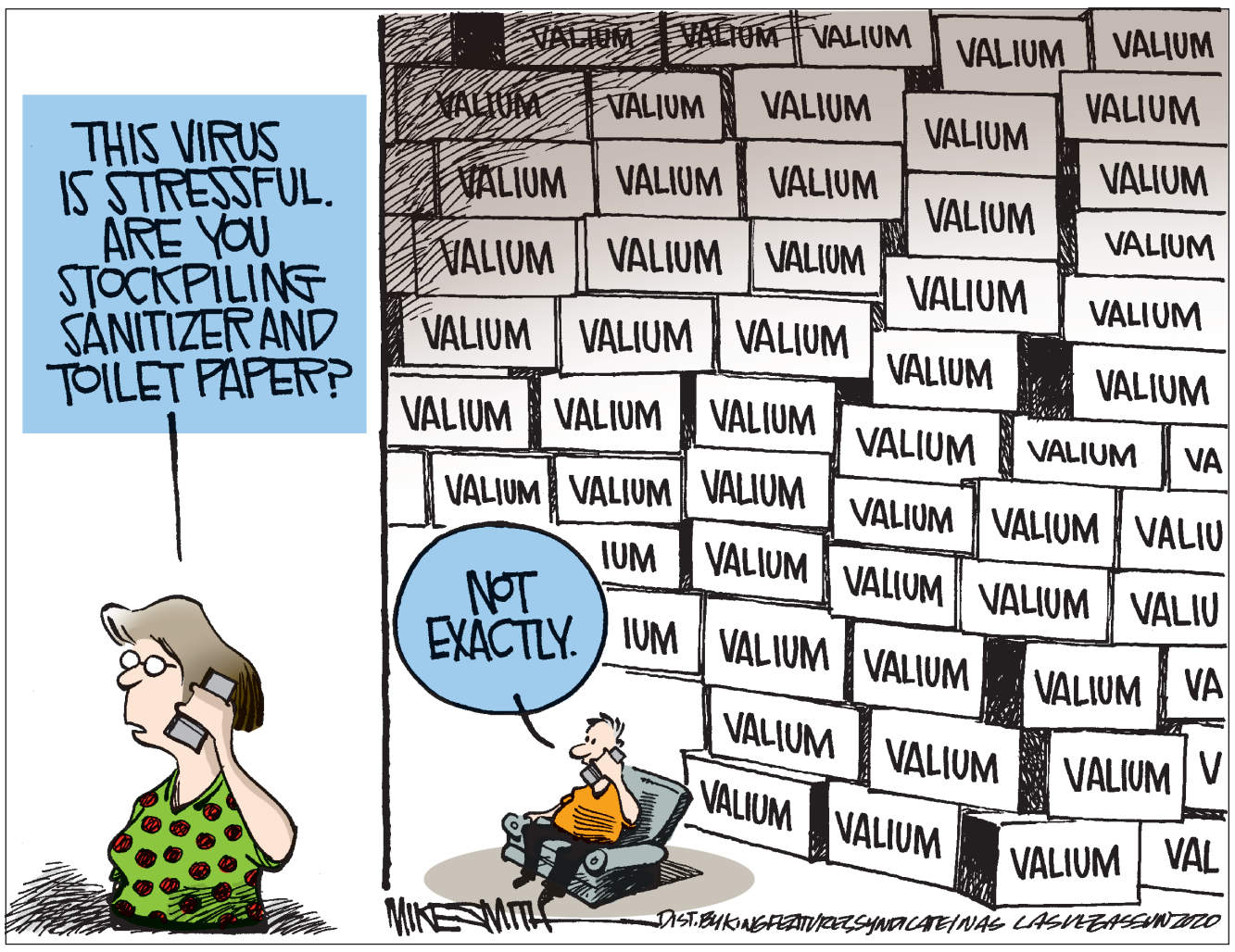
We also need to support the local businesses that we depend on — something we might not think about often because we're so accustomed to their products and services being available when we need them.

Nor is this strictly an economic issue.

These business owners, besides being our friends, relatives and neighbors, also in many cases are generous supporters of a variety of causes. They sponsor kids who raise animals for 4-H. They donate to a variety of fundraisers that support our schools and other institutions. They are strong threads in the fabric of our community.

They've been put in peril through no fault of their own. If we can help them get through these troubled times it will be to the benefit of all.

— Jayson Jacoby, Baker City Herald editor



Facts, not panic, on coronavirus

DR. ROBERT A. WEINSTEIN

DR. CORY FRANKLIN

As communities across the United States and around the world put drastic measures in place to control the coronavirus pandemic, many questions have arisen about what else we can do — individually, by our public officials and within the medical community — to keep ourselves safe. As physicians, one who specializes in infectious diseases, we offer basic guidance.

Since the turn of this century, the world has faced three respiratory illness epidemics caused by the coronavirus. The first, SARS, came from a live food market in China in 2003. Because there was limited community spread, basic isolation measures kept the worldwide SARS case number around 8,000, albeit with a 10% mortality rate. In 2012, MERS emerged as a localized Middle East problem, related in large part to human exposure to camels. The U.S. escaped unscathed from these initial epidemics.

Our luck, and that of the rest of the world, ran out in late 2019. The third epidemic coronavirus, COVID-19, like its cousin SARS, emanated from a live food market in China and spread quickly to humans.

The good news is that COVID-19 respiratory infections are less lethal than SARS; the bad news is they are far more contagious. Despite aggressive isolation and quarantine programs, COVID-19 spread widely in China and then to more than 129 countries via plane and cruise ship passengers. The spread by patients with minimal symptoms — infected, but in the community — has created a risk of extensive dissemination similar to that of influenza.

With more than 150,000 cases of COVID-19 worldwide and over 2,500 (and rising) in the U.S., a clear clinical picture is emerging: about 80% of infections are mild to moderate; the rest will be moderate to severe with an overall fatality rate of about 2%. The death rate increases dramatically to 10-20% in the highest-risk patients — those older than 60 and those with underlying chronic medical diseases. It is below 1% in young, healthy patients. The overall mortality will drop as testing identifies less severe cases, but even an overall fatality rate of 1% is 10 times more lethal than seasonal influenza. If just 10% of the American populace acquired COVID-19, a 1% fatality rate would still mean more than 300,000 deaths.

In the absence of a vaccine and/or effective antiviral agents, control of COVID-19 would traditionally rely on prompt case recognition through extensive diagnostic testing, aggressive contact tracing, isolation of those testing positive, quarantine of exposed individuals and use of protective gear by heath care workers. But the preliminary experience in China and now in Italy, Seattle and New Rochelle, N.Y., has demonstrated that basic public health measures are insufficient.

While more aggressive approaches such as closing public venues, limiting meetings and canceling parades will cause significant economic disruption, lives will be saved in at least two ways: fewer new cases especially among those at highest risk, and the surge of cases will be blunted, diminishing the possibility of overwhelming the health care system.

INDIVIDUALS

What can you do personally? Adhere to public health advice: avoid crowds; work from home if possible; if you are in a high-risk group, have others do your grocery shopping; wash your hands frequently (soap and water for at least 20 seconds), disinfect frequently touched surfaces with wipes or sprays and use alcohol hand gel as well.

Surgical masks? They work — that is why health care workers wear them — but they may become contaminated during use. They shield from the respiratory droplets that spread COVID-19, which can travel up to 6 feet through the air, the basis for social distancing recommendations. The CDC is not currently recommending masks outside of health care settings, but if you decide to wear a mask on public transportation, in close spaces or near coughers, shortages will mean that you will likely need to reuse your mask, as long as it is dry and intact. Look up information from reputable public health websites on the correct way to wear it.

PUBLIC OFFICIALS

What can our leaders, local and national, do? In the short term, the widened availability of diagnostic testing and the proposed economic relief package by Congress are a start. Government should ensure availability of basics — food, medications, toiletries — in the face of panic buying. In the long term, they should rework the systems for developing, approving and deploying diagnostic tests to create the surge capacity that this epidemic mandates.

MEDICAL COMMUNITY

What can the medical community do? Every hospital should guarantee that its triage and patient care systems, staffing, equipment and supplies are prepared to handle the likely onslaught. This preparation may include temporarily controlling facility access, limiting visitors and canceling elective procedures. Medical researchers should perform fast-track testing for antiviral medications, which have been useful for influenza treatment. Ideally, we need a vaccine for coronaviruses writ large, though in the best case situation that could be at least a year away.

Schools, from universities to kindergartens, have closed, but we will need more data to decide for how long, given the wide-ranging implications of school closings. Children have been minimally affected by this virus, but we don't know if they can be Trojan horses, bringing COVID-19 home and to the wider community.

Other questions abound. How long will this last? Will warmer weather put an end to the spread? Will this become an ongoing or seasonal problem like flu? Will we be watching baseball this summer? More diagnostic testing will soon give us some estimates on the extent and rate of community spread. It's hard to know, but don't panic and hopefully we will all be back in the stands by the summer.

Dr. Robert A Weinstein is an infectious disease specialist at Rush University Medical Center. Dr. Cory Franklin is a retired intensive care physician. The two worked together in Chicago during past flu outbreaks and the AIDS epidemic.

Your views

Shocked by selfish behavior during virus crisis

Stay calm!

I am shocked how our city has reacted to this latest virus. Hoarding is only a sign of panic and selfishness. I thought us better than that, I thought we were a community. I watched in shame as grocery cart after grocery cart filled with staples lined up in Albertsons as we reacted to this media-driven frenzy. Why? Do we fear death so much we are willing to place others at risk of going hungry to meet our own selfish needs? I saw a woman load her SUV with water and toilet paper to the ceiling. Really? How silly is that! Like we'll run out of water?

Humility is not thinking less of yourself but thinking of yourself less. Grow up, people, stop acting childish and quit the "give me" attitude.

There are others in the world besides you, act like it. Remember your children are watching you react to this and you are setting the example.

Thomas Wilcoxson
Baker City

Letters to the editor

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