

# Opinion

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## EDITORIAL

# We need to expand testing for coronavirus

Although scientists are learning more about the coronavirus almost literally on a daily basis, for the general public a fundamental question remains unanswered — how many people, in a given area, are or have been infected?

It's not just that we don't have a precise answer — no reasonable person expects that.

But in Baker County, and in Oregon overall, so few people have been tested, relatively speaking, that it's impossible even to make a meaningful estimate of this immensely important statistic.

Among other things, having a reasonably accurate idea of the prevalence of the virus in the population will help to determine when businesses can begin to reopen and, ideally, our ravaged economy can begin to recover.

At least initially during the pandemic, when testing capacity was limited, it made sense to restrict tests to people who had severe symptoms or who were health care workers, nursing home residents or in other high-risk categories.

But those limits no longer pose an impediment, according to Dr. Dean Sidelinger, Oregon's state epidemiologist and health officer, in a recent interview with *The Oregonian*.

Statewide, Oregon ranks 31st in per-capita testing, with about 8.6 people per 1,000 residents having been tested.

The national average is about 10.46 per 1,000 residents.

Baker County, at about 3.6 tests per 1,000 residents, is well below both the national and state averages.

As of Monday, 61 county residents had been tested, according to Baker County. Of those, 51 were negative and 10 had pending results. Baker County is one of five of Oregon's 36 counties with no confirmed cases.

That's a good thing, obviously. But that zero doesn't mean no one in the county is, or has been, infected. Indeed it's all but certain that that's not the case, as Baker City physician Eric Lamb, the county's public health officer, noted when he said, in early April, that the virus "undoubtedly" will be confirmed here. Statewide, about one in 20 tests has been positive.

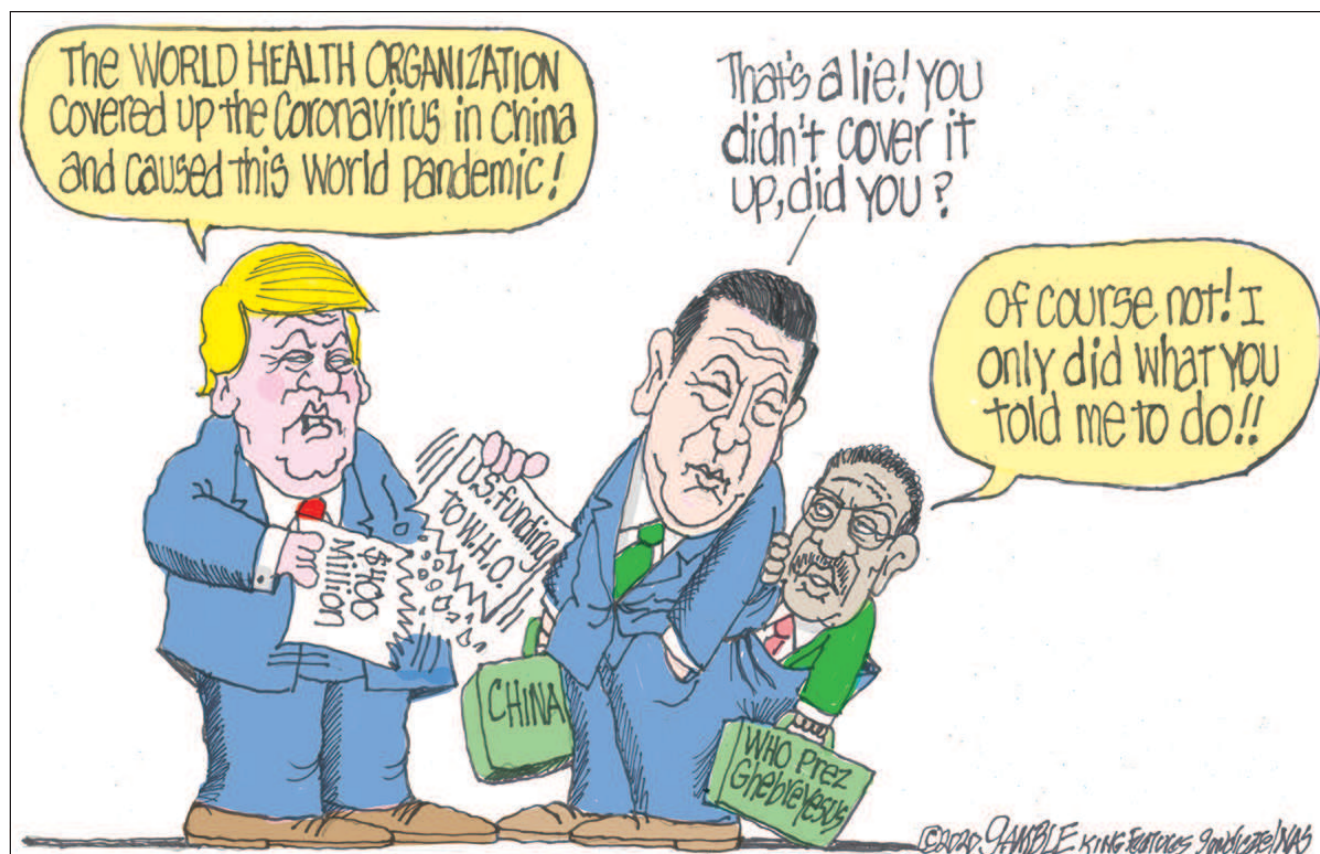
In one sense the lack of confirmed cases in Baker County has had little effect. Our restaurants, bars and some other businesses have been affected just as severely by Gov. Kate Brown's March 17 executive order as those in counties that have confirmed cases. Our schools are closed just as theirs are. And our residents are striving to comply with social distancing guidelines.

But in another sense the lack of confirmed cases — and the statistical likelihood that this is due to the scarcity of tests rather than the utter absence of the virus — has the potential to make residents either complacent about the importance of social distancing and other precautions, or skeptical about official statistics. Neither is a positive situation.

As Lamb said, we should expect that Baker County will eventually have a confirmed case. But it's beyond dispute that the more we know about how widespread this virus is here — and everywhere — the better.

There's reason to be optimistic. According to a report in the *East Oregonian*, Interpath Laboratory in Pendleton will soon start coronavirus testing. And rapid testing equipment, which can yield positive results in five minutes and negatives in 13 minutes, could be available in Baker County relatively soon. If the virus is as rare here as it appears to be, the more test results we can get will only bolster the case for easing the restrictions that have so damaged our economy.

—Jayson Jacoby, Baker City Herald editor



# Finding work in the virus era

TRACY WALSH

Roughly 22 million Americans have lost their jobs since mid-March, when the coronavirus started spreading around the country. Many won't be able to return to work until the outbreak is contained. Meanwhile, there's a proven strategy for containing infectious diseases, which is notoriously difficult to carry out because it's so labor-intensive.

Why don't we solve both problems at once?

With "contact tracing," a mainstay of infectious disease control, health workers identify people who have been infected, contact them, learn who they may have exposed, and reach out to those people to limit the spread. Right now, the coronavirus is too widespread and testing too limited for such a targeted approach to work. But once case numbers become more manageable, the U.S. will move away from what epidemiologists call the "population-based" approach, which requires everybody to self-isolate, and toward one focused on containing individual cases. This will be the only way most of us can get back to normal life without risking devastating new outbreaks.

It's a strategy that's been shown to work against COVID-19 in New Zealand and Iceland. In the U.S., health officials use it to contain mumps and other diseases. But in the current crisis, the U.S. doesn't have enough public health workers to do the job. Contact tracing helped snuff out Liberia's Ebola outbreak in 2014, but it took 4,000 workers to protect the country's 5 million citizens. Wuhan, a city of 11 million, reportedly needed 9,000 contact tracers to suppress COVID-19. Estimates vary, but the U.S. will need 100,000 to 300,000 contact tracers to contain the coronavirus. That's a lot of manpower.

Digital tools, such as apps used in Singapore and South Korea to automatically alert people who have been exposed to the coronavirus, can augment human labor — but they can't

replace it. This is especially true in the U.S., where stronger privacy protections and weaker quarantine authority limit technology's reach. The high-profile contact-tracing program under development by Apple and Google will operate on an opt-in basis — which could limit its use substantially. As Dr. Farzad Mostashari put it on Twitter, "How do you get virtually everyone to put an always-on app on their phones that tracks their contacts, eats battery, and doesn't do anything to delight them?"

So state and local health departments should start thinking about how they can scale up their work forces. A pilot program in Massachusetts could serve as a model for others. The state is working with Partners in Health — the Boston-based nonprofit best known for its work in Haiti — to hire some 1,000 contact tracers. Since training will be provided, these entry-level jobs are open to anyone with a high school education. The workers will track the ill and exposed using a web-based contact-management system, and ultimately connect them with testing and other services needed for quarantine, such as food delivery and even housing.

In return, entry-level contact tracers will earn \$27 per hour. That's considerably more than the state minimum wage, but given the importance of fighting the virus — and relieving workers' distress during this stunning economic crisis — it will be money well spent. Epidemiologist Gregg Gonslaves recently called for "a WPA for public health," referring to the Depression-era program that employed millions to build roads, parks and other projects that endure to this day. Eradicating the coronavirus would require fewer workers, but the employment situation is, for now, no less dire. And importantly,

containing the virus would allow the U.S. economy to return to normal as scientists work on a vaccine.

Many temporary contact tracers could return to their jobs once the crisis abates. For others, contact tracing could be a stepping stone to a career in public health, where workers are desperately needed, because more than 50,000 public health jobs evaporated during the Great Recession. By one estimate the U.S. is short a quarter-million such workers — who will need to be hired if we want to avoid future pandemics.

Expanding contact tracing is one of many ways to shore up the public health workforce. Lawmakers from both parties have called for a Public Health Infrastructure Fund, which would raise \$13 per person to ensure that the public health system can meet its "foundational capacities." That would amount to \$4.5 billion, a tiny fraction of the money allocated for coronavirus relief so far. Partnerships with universities, nonprofits and businesses — such as Massachusetts' with Partners in Health — might offer another way for cash-strapped public-health agencies to scale up.

Until there's a vaccine for COVID-19 — with luck, sometime next year — coronavirus is going to be a problem. We have, broadly speaking, three choices. We could maintain shelter-in-place orders indefinitely, devastating the economy. We could end it for everyone, leading to more outbreaks and needless deaths. Or we could be strategic — identifying the sick and at-risk through testing and tracing, suppressing outbreaks, building up our public health capacity and keeping laid-off workers employed until the economy has recovered enough to reabsorb them. The choice is easy.

Tracy Walsh is an editor for *Bloomberg Opinion*. She was an editor at *The Dish* and *Euromoney Institutional Investor*.

## OTHER VIEWS

# Postal Service is an essential service

Editorial from *The Los Angeles Times*:

As business skyrockets for Amazon and other online shipping and delivery services during the pandemic, it's tempting to ask whether it's time to pull the plug on the U.S. Postal Service, with its every-door every-day delivery schedule, its bricks-and-mortar neighborhood service centers, its unwieldy pension burden and the enmity of President Donald Trump and much of the GOP establishment. It's widely projected to become insolvent this year, with drop-dead estimates ranging from June to September, and in any case before October — when vote-by-mail ballots are due to go out in much (and perhaps all) of the nation.

Trump's dislike of the Postal Service is so intense that he reportedly threatened to veto the recent \$2-trillion economic relief package if it included any postal bailout. Private airlines and other giant corporations, yes; the national lifeline that reaches virtually every American in good times and bad, no way.

Yes, the agency is premodern — in a good way. When the electricity goes out, the cell tower is down or the internet isn't working (all of which could easily happen during a natural disaster or enemy attack), the Postal Service and its employees are the nation's vital link, as befits a publicly held resource. One emergency plan not (yet) in use is to have postal workers quickly deliver to each American an antidote like Cipro in the event of a wide-scale biological attack. Who else would be able to do that? As a recent *Wired* article notes, the plan could quickly and easily be retrofitted for a pandemic.

The agency plays an essential role in urban and suburban areas, where postal workers are the ones who bring many of those Amazon packages to the front door. And in rural and hard-to-reach areas, postal workers are the only ones who provide regular delivery service because there's not enough money in it for private courier businesses. Postal delivery is the only way

many Americans can get their essential medications or pension checks — and yes, ballots, much to the chagrin of Trump, who accurately recognizes that broadening the voter base diminishes the election chances of Republicans like himself.

The agency is a little like face masks, ventilators and test kits — national goods too easy to forget about when there is no emergency, and to economize into oblivion just before you need them.

Congress has hamstrung the agency with an unsound plan to fund future retiree pensions. It also has prevented it from employing modern technologies or adding services that might compete with private companies. It should unleash the agency.

In the short term, though, Congress should do exactly what should be done for the nation's most essential services in times of emergency. It should properly fund the Postal Service to keep it serving us in normal times and to keep it ready for times like now.