

As infections and deaths soar, Georgia governor issues “stay-at-home” directive

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At a press conference on Thursday to announce a statewide “shelter-in-place” order, Georgia Governor Brian Kemp claimed that “he did not know until the last 24 hours” that persons infected with the coronavirus but showing no symptoms could infect others. Intended as an alibi for delaying such an order and thereby allowing the disease to spread, Kemp’s statement can be interpreted in only one of two ways: he has been ignoring weeks of press reports on the pandemic or, more likely, he is lying. In either case his criminal negligence is responsible for causing needless death and suffering.

Kemp, a strident anti-immigrant bigot, is a close ally of President Trump and shares the backward outlook that is the hallmark of the occupant of the White House.

Kemp reluctantly took the decision to order the lockdown after the number of infections and deaths from COVID-19 in Georgia surged to 5,831 and 184, respectively. Twenty percent of those infected, 1,158 people, have required hospitalization.

The directive instructed residents of the state to remain in their homes other than for obtaining essential supplies or medical treatment, and is to last until April 13.

Kemp said that the policy of social distancing and the stay-at-home directive were imposed to prevent the potential collapse of the state’s medical facilities. He declared, “We’ve got to be more aggressive.” The new policy “is buying us more time to get additional hospital beds ready, order supplies, and continue to prepare for more positive cases.”

According to official statistics from the Georgia Department of Public Health, the highest number of deaths, totaling 30, have occurred in Dougherty county in the southwestern part of the state, with the city of Albany, the seat of the county government, the epicenter.

Most if not all of these deaths were preventable, as the state was late in beginning its COVID-19 tests and the woefully inadequate health care system has been unable

to provide timely and requisite care.

Albany’s Phoebe Putney Memorial Hospital is so overrun with COVID-19 patients that the hospital administrators have pushed the nurses and doctors to keep working even if they themselves have tested positive for the virus. So severe is the shortage of essential supplies in the hospital that the *Atlanta Journal and Constitution* reported that hospital administrators turned to “underground suppliers” for supplies.

The shortage of Intensive Care Units (ICUs) has led to desperate measures. Last Monday, for instance, when the condition of several COVID-19 patients in the coronavirus wing of Albany’s hospital deteriorated rapidly, no ICUs were available since all of them were already in use.

To accommodate these new patients, some of the other patients who had “recovered enough” were moved out. Other beds were “freed” by sending patients home prematurely. Such potentially catastrophic decisions are in line with national trends, where patients are being left to die because of shortages of ICUs and ventilators.

Despite the state capital city Atlanta being the home to the Centers for Disease Control (CDC), testing for coronavirus in Georgia has been too little and come too late. The state ranks 41st in per capita testing in the United States. As of noon last Wednesday, only 20,326 tests had been conducted by the combined effort of state public health and commercial labs.

This criminal outcome is also the result of the debacle with the initial test kits that the CDC supplied in February. These first test kits reportedly returned both false positives and false negatives which means that the ones who were not infected tested positive and more worryingly the ones who were infected tested negative for the virus.

The shortage of testing facilities in the state both public and private is such that some professors, post-doctoral

fellows and even some doctoral students in the state university system and at Emory University, a center for medical related fields, were confidentially contacted at the initiative of the governor's office to participate in testing sample specimens from potential patients.

The problem with such ad hoc solutions is that the equipment and hence the procedures in the labs, whether in a university or at a private commercial lab, are different from each other and require validation. This then adds further delay of days and even weeks to confirm cases, thus preventing a timely estimate of the infected and the appropriate medical response.

So chaotic is the whole COVID-19 response in Georgia, reflecting the national trend, that an Emory scientist in the middle of March tweeted a list of the supplies his lab would require to perform COVID-19 testing. He asked anyone who could help obtain the listed supplies to contact him.

Additionally, to prevent overwhelming the personnel at testing labs, throat swab samples collected from potentially infected persons are being held back deliberately and are being sent to labs for testing in a staggered fashion. This in turn prevents infected cases from being caught early on, preventing both appropriate quarantining measures of the infected and controlling the spread of infection.

The state only has 2.4 hospital beds per 1,000 of the population, as compared with a little over 13 in Japan and an average of 2.9 in the entire US. Most of Georgia's facilities are located in the Atlanta metropolitan area, leaving the rest of the state's population highly vulnerable. Atlanta, according to the website Patch.com which quoted statistics from the American Hospital Association, had around 12,800 beds, including 1,620 ICU beds, as of 2018. Fully 74% were in use, leaving only around 3,350 beds available for additional patients.



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