Tennessee health commissioner blocks release of data on likely COVID-19 deaths

Warren Duzak
4 May 2020

As the COVID-19 pandemic continues to expand, the importance of testing for the disease and providing public data to give as clear a picture as possible of the spread of the disease is greater than ever. However, it is becoming clear this critical information is being suppressed in the United States as state governments push forward with plans to reopen their economies.

Testing of both the living and dead for the virus is the only way to accurately determine the course of the pandemic and the success or failure of social distancing measures and other efforts to combat the disease. Both South Korea and China have shown how aggressive testing, mandatory shelter-in-place and maintaining social distance could identify and curb the spread of COVID-19.

"We need to have the testing available because the big question now with COVID-19 is the denominator [the number representing a part of the whole]—of anything," Dr. Alex Williamson of the College of American Pathologists told ABC News. "How many people get it? How many people recover? How many are hospitalized? How many died? We don't know the true denominator. More testing is the most important thing we need to do."

Other studies, including one from the Yale School of Public Health, indicates that some states may have missed as much as two to three times the number of COVID-19 deaths reported. Because the virus can attack various organs, the cause of an organ failure might be overlooked.

But in Tennessee, where residents face a greater risk of COVID-19 hospitalization or death than most other states—with more than 13,000 confirmed infections and 200 deaths—the numbers are exactly what the state's top health official doesn't want anyone to know.

Tennessee Department of Health Commissioner Lisa Piercey has refused to release figures on what she termed "probable" deaths from COVID-19 where symptoms were present but no test was done. These are termed by many health officials and researchers as "epidemiologically-linked cases" and defined as "cases where public health epidemiologists have determined that infection is highly likely because a person exhibited symptoms and had close contact with someone who tested positive."

The CDC has urged states to look for, document and report just such cases. But Piercey apparently thinks releasing this data is a waste of time, characterizing probable cases as "a mixed bag."

"Some of those pan out to be actual cases or some of them don't," Piercey told reporters at a press conference last week. "We collect that information and have actually had significant discussion on whether or not to post that information. Have no problem doing it. We just don't see that it adds a lot of value until we actually have a confirmed case or not. ... I don't have suspicion that our case count is off."

But health experts disagree.

"Under-counting deaths in this particular epidemic is happening all over," Dr. Daniel Lopez-Acuna, an epidemiologist and former top World Health Organization official, who spent 30 years at the organization, told ABC News. "It's almost inevitable."

The Centers for Disease Control and Prevention (CDC) has previously reported that in the seven states where COVID-19 hit the hardest, virus deaths were underreported by 9,000.

The CDC's National Vital Statistics System records deaths that might be related to COVID-19 in three different ways.

One is a death recorded only as caused by COVID-19 and a second attributes the fatality to pneumonia and

© World Socialist Web Site

COVID-19. Together those two figures equal the 206 deaths reported as of May 1 by the state of Tennessee. However, a third category records 119 Tennessee deaths as “Influenza death counts (that) include deaths with pneumonia or COVID-19 also listed as a cause of death.”

If all of the deaths in the third category were from COVID-19, it would raise the Tennessee death count by more than 50 percent.

Disregarding these figures, Piercey shows the same pig-headed resistance to reality as her boss.

Lee, a multi-millionaire businessman, first refused and then dragged his feet on requiring mandatory stay-at-home orders. He then pushed for quickly “re-opening” the state’s economy on May 1, a move which met with opposition from doctors and health care professionals, and will certainly mean a spread of COVID-19 and more needless deaths.

Piercey is a board-certified pediatrician specializing in abused children. But, like Lee, she has a distinctly business orientation which makes for bad medicine. She has a Masters of Business Administration (MBA), sits on a board that oversees the administration of three rural hospitals and is also on the boards of the Entrepreneur Development Center of Southwest Tennessee, rebranded as “theCO,” as well as the Jackson Downtown Development Corporation.

TheCO Facebook description of its work included the following: “A key component of the development program will be an education series designed to address the issues facing entrepreneurial physicians, surgeons and clinicians who are interested in medical device development and commercialization.”

The criminal response of state officials in downplaying possible deaths is all the more significant since Tennessee has been identified by the American Association of Retired People as among the top 10 states for adults considered at risk from severe COVID-19 cases, making accurate testing and reporting vital. At this point, there have been only 204,607 cases tested in Tennessee out of a population of 6.9 million

The other nine states identified by the AARP as vulnerable are West Virginia, Arkansas, Alabama, Maine, Mississippi, Florida, South Carolina and Louisiana.

“Over 41 percent of adults 18 and older in South Carolina and Tennessee—two states that have started the gradual process of returning to life as it once was—face an increased risk of hospitalization, even death, from COVID-19, the illness caused by the new coronavirus, due to age (65 and older) or an underlying health condition,” aarp.com reported.

Florida, with its reopened beaches, is putting 42 percent of residents at risk, while West Virginia residents face the greatest risk with almost 50 percent of the population facing the prospect of hospitalization or death due to age or underlying illnesses if they contract COVID-19.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site