

# Tennessee government to stop sharing information on known COVID-19 infections

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Tennessee will soon stop sharing COVID-19 data with the public on the grounds that access to case information will create a false sense of security within the public as well as potentially expose the private information of individuals.

An email from state officials told first responders and local law enforcement that an MOU (Memorandum of Understanding to release names) was no longer needed “because the PPE (Personal Protection Equipment) supply chain has stabilized and our understanding of COVID-19 has increased.” The statement added that disclosure of information was “no longer warranted.”

When confronted by an elected official about the heretofore unknown policy change, Republican Tennessee Governor Bill Lee told the media, “Well, all along the policy was a temporary one. So we know that. The only decision we have is when to suspend it.”

The decision to stop sharing information on the spread of COVID-19 is of a piece with the efforts of the Republican state government to enforce a “back to work” drive and normalize the social consequences of the infectious disease. According to the Associated Press, nearly two-thirds of states in the United States are sharing the addresses of confirmed COVID-19 victims.

The decision to cease the sharing of information will place the lives of first responders—paramedics, police and social workers—at risk.

This decision to halt sharing patient information comes despite recent reports from the Centers for Disease Control and Prevention (CDC) that more than 62,000 health care workers in the United States have been infected with COVID-19 and almost 300 have died. Just six weeks ago only about 9,000 health care workers had been infected and there were less than 30 deaths in the US. The figures, however distressing, do

not convey the real infection rate because only about 1 in 5 patients with COVID-19 reported their occupation and only 16 percent of nurses in the US have been tested, according to one survey.

Last month, the Tennessee Department of Health recommended to health care workers that large heavy-duty garbage bags, swim goggles and common supermarket plastic sacks would serve to replace Personal Protection Equipment (PPE) like medical gowns, face shields and rubber gloves.

Department of Health Commissioner Lisa Piercey also claimed it was “not helpful” and refused to release figures about a category of possible COVID-19 related deaths in the state. Piercey also claimed the supply of Personal Protection Equipment has “stabilized,” a statement which is undermined by numerous national surveys of available PPE for medical personnel.

In addition, the Tennessee government this week was forced to withdraw a plan to create millions of low-grade facemasks after serious defects were discovered. Governor Lee halted release of the masks, made from sock material, when it was reported they were contaminated with a pesticide which could be inhaled.

Also, the masks are being made with cheap material so porous that news organizations and one elected official reported being able to see through them.

The masks were touted by the Governor’s COVID-19 United Force as having been “treated with Silvadur, a non-toxic silver antimicrobial good for 25 industrial washes.”

“Free reusable, washable cloth masks are available at every state health department so Tennesseans can get access to those,” Lee boasted at a recent COVID-19 briefing.

The antibacterial qualities of Silvadur, made by Dupont and considered a pesticide by the

Environmental Protection Agency, have nothing to do with the COVID-19 virus. It was created to kill odor-causing bacteria in socks and other clothing. It is also used in bed sheets which promoted warnings not to allow infants and toddlers to chew on the material.

“I wouldn’t wear one,” Dr. Warren Porter, a professor of environmental toxicology from the University of Wisconsin at Madison, told News Channel 5. “Nobody wants to breathe in COVID, but I wouldn’t want to be breathing in something that I also knew could be poisoning my body in a relatively short period of time and might be having multi-year effects on my health.”

A study at the National Institutes of Health’s National Library of Medicine supported that conclusion. “Moreover, silver in the form of nanoparticles exhibits an enhanced capability to penetrate protection barriers and tissues, and thus gain access to cells and biological molecules in the body, which results in acute or chronic effects such as organ injuries,” the study revealed.

The administration of multi-millionaire businessman Bill Lee has done everything it could to slow down implementation of actions that would have reduced the spread of the virus and the number of deaths.

First, Lee dragged his feet in implementing a “safer-at-home” policy, citing individual freedoms and only his wish to only “suggest” that people stay home and find “solace” in prayer. Only after a petition was circulated and signed by thousands of doctors and endorsed by the Tennessee Medical Association did Lee take any action.

Lee then ignored warnings from local, state, national and international health officials and was quick to join other states to “re-open the economy.”

When reporters sought answers, they were barred by state officials from asking questions or even entering a state COVID-19 meeting, according to Channel 5 and the *Chattanooga Times Free Press*. As of Sunday, Tennessee ranks sixth in the nation in the rate COVID-19 is spreading, according to *rt.live*, which tracks the spread of the disease. It has been as high as second in recent days.

Tennessee has an infection spread rate of 1.06, which equals “the average number of people who become sick from an infectious person. If the value is less than one, the spread of the disease is slowing.” The higher the Rt

number, the greater the rate of spreading.

On Monday, Tennessee reported over 23,000 cases and 364 deaths.



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