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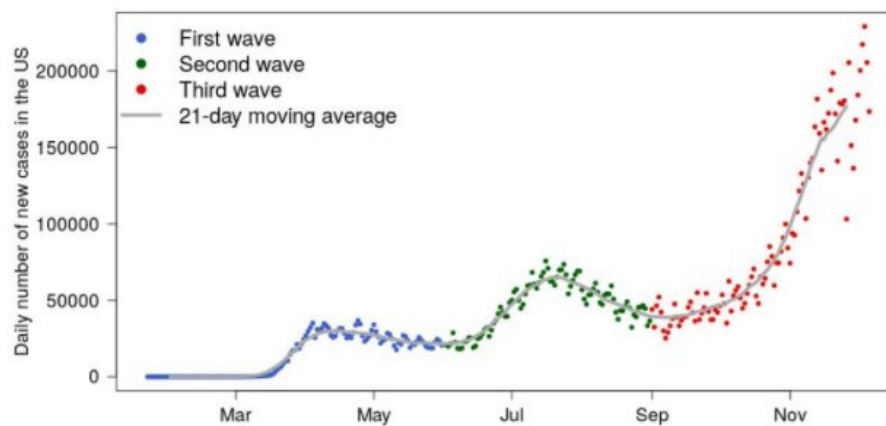


# BREAKING DOWN THE THIRD COVID-19 WAVE

BY AVA MACK | C/O 2023



In January of 2020, the first COVID-19 case was reported in the United States. Since then, it has grown into a nationwide and worldwide pandemic. The increase and decrease of COVID-19 cases can be broken into three waves thus far. In this article, I will be talking about the current third wave. I will be discussing causes, statistics, possible solutions, and the effect of the lockdown.



The third wave of COVID-19 started around the beginning of September, according to the graph above, from *Forbes*. There are many suspected causes of the third wave, a few being the holidays and cooler weather. Both of these factors tend to drive people to be inside and closer to others. Another cause may be that people are becoming less strict when it comes to following social distancing and mask mandates. John Drake, a professor at the University of Georgia, says, "What I conclude is that the current wave of COVID-19 is only partly driven by changes in transmission— and these changes in transmission are the smaller part. The bigger factor is the overall larger size of the epidemic at the onset of the third wave compared with the previous waves." What he means by this is: When COVID-19 spreads, it is a multiplicative process; it increases and decreases based on a growth rate. Based on the graph above, the third wave may be the worst yet, with contributing factors clearly being the holidays, cool weather, and people not following mandates as closely as they used to.

There are not many solid solutions to ending the third wave of COVID-19, but there are some measures that can be taken to help reduce the spread. These include continuing to stay at home if you feel sick, practicing six feet of social distancing, and wearing a mask when going outside. With the recent first wave of vaccine distribution, we can bring the number of cases down, if as many willing people took the vaccine as possible. It is important to continue to stay safe in order to protect ourselves and others.

After being in lockdown for months upon months, there is no doubt that there were some major changes in day-to-day life, as well as negative effects.

*"Extended social isolation can have serious health implications, from heart disease and dementia to depression and death."- Drew Holden*

Drew Holden, from the *New York Times*, states, "Extended social isolation can have serious health implications, from heart disease and dementia to depression and death. During the pandemic, our diets and lifestyles got worse, increasing our vulnerability to the very disease that isolation is meant to help address." Along with these negative physical effects of lockdown, there has also been a rise in anxiety and depression. This rise is not completely due to the lockdown, as losing loved ones to COVID-19 or other health-related issues has contributed to this rise. There was also a drastic change in students' lives, as most schools have been closed during the lockdown. "About half of the country's school districts held remote classes, either exclusively or partially, at the start of the year." Learning online has made it more difficult for some students to learn certain subjects, like math. Although teachers are trying hard to combat these struggles, learning online is just not the same as in-person learning. Pre-pandemic, we were so used to being surrounded by family and peers, that the sudden isolation was a shock to most people.

Although there is no definitive cure to COVID-19 so far, we know that wearing a mask, social distancing, and getting the vaccine, when it's possible, will help bring the number of cases down and allow us to return to some of the social activities we used to enjoy. The lockdown has had an effect on everyone, whether that be mental or physical. We must keep taking it day by day, knowing that we will eventually come out on the other side.

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## JOE BIDEN'S PLAN TO DEAL WITH THE COVID-19 PANDEMIC

BY PRIYA PATEL | C/O 2023



Americans are worn out and frustrated with the quarantine and pandemic. Students are overwhelmed by online learning, and parents are stressed about financial issues. Individuals wonder whether Joe Biden will make a positive change for the nation regarding the pandemic. So, what is Joe Biden's plan to deal with COVID-19?



Biden and Harris's plan to deal with COVID-19 begins with "fixing Trump's testing-and-tracing fiasco." Since getting an appointment to get tested for COVID-19 without paying is difficult for some people, due to their state and/or county policies, addressing this issue is Biden's first priority. To ensure that all individuals have the ability to get tested, he plans to invest in at-home testing and instant testing. He also plans to double the number of drive-through testing sites. Further, he wants to work on strengthening social security, providing help to older workers, saving incentives for middle-class workers, making affordable health care, and standing up to the abuse of power by prescription drug corporations. Another change to Trump's plan includes reinstating multiple relationships with organizations, agencies, global health security, etc. Reversing Trump's actions accounts for almost 43% of Biden's plan to bring the country back on track.

Other objectives in Biden's plan include thinking ahead for a successful future by "adjusting the supply of personal protective equipment to ensure we are not dependent on other countries in a crisis." He claims that he will "provide a clear, consistent, evidence-based national guidance for how communities should navigate the pandemic, offer resources to make it through and [] provide equitable distribution of treatments and vaccines." The last point in Biden's plan is implementing nationwide mask mandates. However, will Americans listen and wear a mask everywhere they go? Let's remember that we have a partnership in this plan, and to go back to normal, we must step up and take initiative!

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## HEALTHCARE, A DANGEROUS FIELD OF WORK

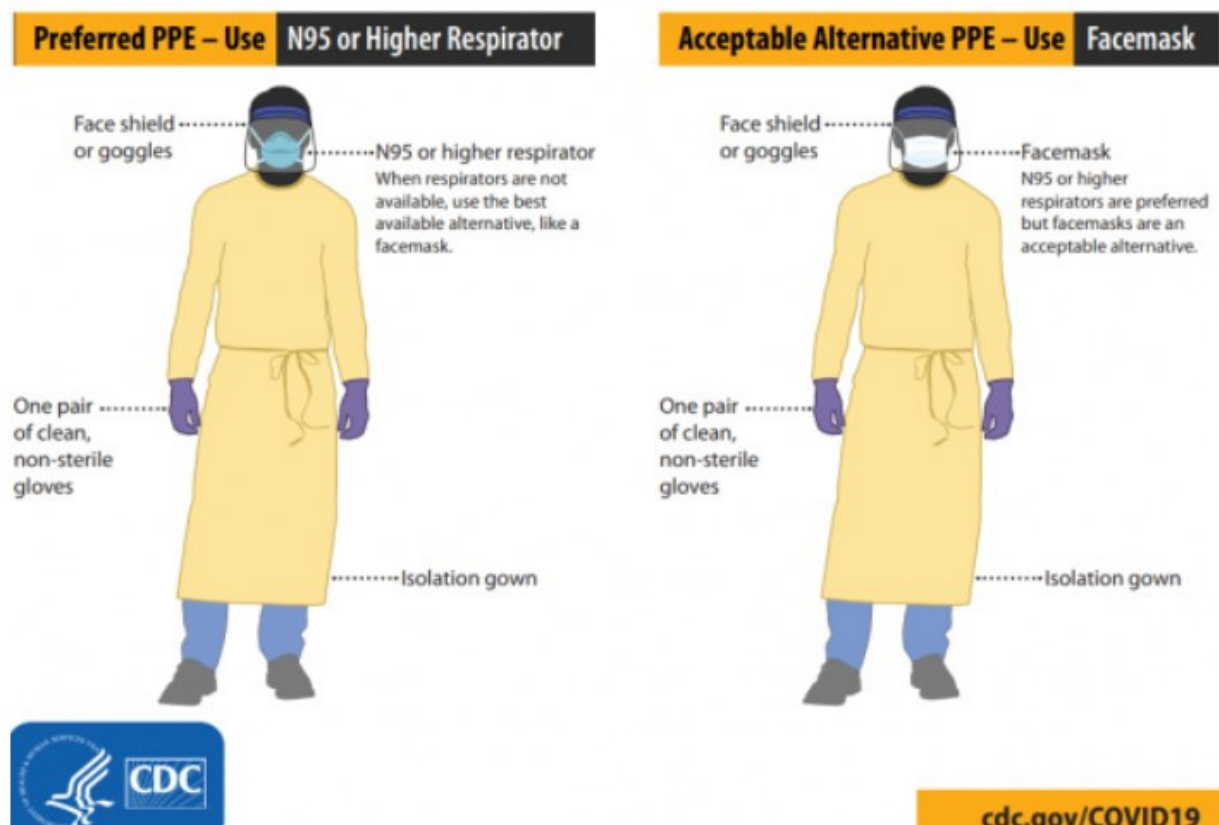
BY ENRICO HERNANDEZ | C/O 2024



"I can't take this anymore." "I can't wait for retirement." "I am sick of this." Many medical professionals are having these thoughts of doubt and unhappiness because of the pandemic. Although healthcare has always been a popular and desirable career path because of its flexibility, job security, and stability, this pandemic has had an extremely negative impact on the field of healthcare.

Medical professionals are constantly risking their lives while working. Also, they are becoming more frustrated, stressed, and burnt out. COVID-19 has negatively affected medical professionals' mental and physical health. They are constantly working and fighting this pandemic, but their heroic actions come at a cost. Because nurses, physicians, and other healthcare professionals are frequently putting their lives at risk while working, it is expected that their infection rates are substantial. According to Katie Marquedant, a senior project specialist at the Massachusetts General Hospital, frontline health workers are 12 times more likely to test positive for COVID-19 compared to the average citizen. Also, there is an insufficient amount of personal protective equipment (PPE), and frontline workers who do not have PPE are at a 23% higher chance of contracting COVID-19 than the general community. The imminent threat of contracting COVID-19 in the workplace can cause fear and other psychological harm.

## COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel



Because of fear and stress, there is a substantial amount of burnout rates and mental health complications for frontline health workers. According to a survey conducted by Mental Health America (MHA), stress was prevalent in frontline workers at an overwhelming rate of 93%. Frontline health workers are also experiencing emotional exhaustion (82%), physical exhaustion (68%), and are doubting their decision to go into healthcare (55%). This proves that our health heroes are not only emotionally and physically exhausted, but some have also been questioning their career choice and are showing symptoms of anxiety.



Medical professionals are also experiencing unnecessary frustration due to anti-maskers. According to Anna Almendrala, a correspondent for *Kaiser Health News*, many nurses are irritated and disheartened by anti-maskers: “‘If you come into the hospital and you're sick, I'm going to take care of you,’ Jewell Harris Jordan, a 47 year-old registered nurse at the Kaiser Permanente Oakland Medical Center in Oakland, California said. ‘But damn, you would think you would want to try to protect the people that are trying to keep you safe.’” Some individuals' lack of adherence to wearing masks makes a frontline health worker's job significantly more of an uphill battle by putting them at risk and increasing the spread of COVID-19.

Our medical professionals are constantly being overworked in a deadly pandemic, and they have little to no vacation or leisure time. As a result of being overworked, they can barely see their family and friends, not just because of the pandemic, but because of their strenuous work hours. Hence, medical professionals are being overworked to their limit, are physically and mentally exhausted, lack leisure and vacation time, and are constantly being exposed to COVID-19.

*“‘If you come into the hospital and you're sick, I'm going to take care of you.”- Jewell Harris Jordan*

Although frontline health workers are going through a challenging time, there are many people rallying to support these healthcare heroes. For example, there are non-profit organizations that support these essential workers. Some organizations, like ProjectN95 and Masks for Docs, focus on donating PPE, masks, and cleaning/hygiene products, like hand sanitizer and disinfectant wipes. Other organizations are focused on financial support and food donations. In addition, people are showing their support for these essential healthcare workers by making tokens of appreciation and creating a caravan to honk in their support!



Even though many healthcare professionals and workers take pride in being able to save countless lives in their workplace, they may not be able to rescue their own during these hazardous and dangerous times. This pandemic puts these workers in an especially dangerous position because they are constantly risking their lives to take care of patients infected with COVID-19. The fear of contracting COVID-19 and constantly being stalked by this Grim Reaper of a virus can cause psychological illnesses. This dismal truth poses the question of how this situation will affect current and future generations of healthcare workers after this outbreak. Will this stop or discourage potential healthcare workers from going into this field?

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## A PARALLEL OF THE PANDEMIC

BY NIMRAH SALEEM | C/O 2023



If a tree falls in the forest, and no one is there to hear it, does it make a sound? The answers to this deep philosophical question mirrors the opinions of the American people on the COVID-19 pandemic. There are two general perspectives of how people view this vivacious virus. On one end, you have people who don't think of the virus as serious and disregard safety precautions. In the bigger picture, they are disregarding their health. This group justifies going to large gatherings, not wearing masks, and traveling, primarily because no one close to them had COVID-19, or had it to the extent for it to become a serious matter. For example, a BBC News article relates the tragic story of Brian Lee Hitchens and his wife, Erin, who "...did not follow health guidance at the start of the pandemic because of the false claims they had seen online." This simple misconception led to the death of Brian's wife.

Brian's loss gained him what anti-maskers lack: knowledge and the basic realization that "This thing is real" (Brian). Hence, why are people still not taking the pandemic more seriously? Well, it circulates back to our mind-opening question. By analyzing the actions of these less precautionous people, one can compare how they would believe that a tree wouldn't make a sound if no one heard it fall. These individuals' belief that, since they haven't been directly affected by the virus, the virus makes no "sound" or is not serious, mirrors that statement.



However, just because one did not experience a sound, did it still happen? According to Dr. Matt Bobrowsky, an astronomer with a Ph.D. in Physics and Astronomy, “Even if there’s no person or other animal around to hear the sound, a recorder with a microphone could certainly record those vibrations—as sound.” Thus, relating this to current events, this can allude that even if people aren’t affected by the coronavirus personally, there are still countless news reports and stories of people who have been, proving that this is in fact a serious issue. This paves the path for the second perspective that people have about the coronavirus: This pandemic is a current and serious matter that everyone is facing, and one should take all the necessary precautions in order to combat the pandemic, whether or not one has been directly impacted. Ultimately, people can have opinions (yes, the tree made a sound or no, it did not; yes, we should follow COVID-19 guidelines or no, we should not), but a person should formulate a rational and logical opinion after considering all the evidence, regardless if it is based on a personal experience or not.

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## A TIMELINE OF THE COVID-19 VACCINE

BY LAUREN GUMARANG | C/O 2023



Among the hottest topics in the news currently is the prospect of COVID-19 vaccines. While vaccines usually take years to develop and test, with the dire situation, this vaccine has been in the works for barely several months.

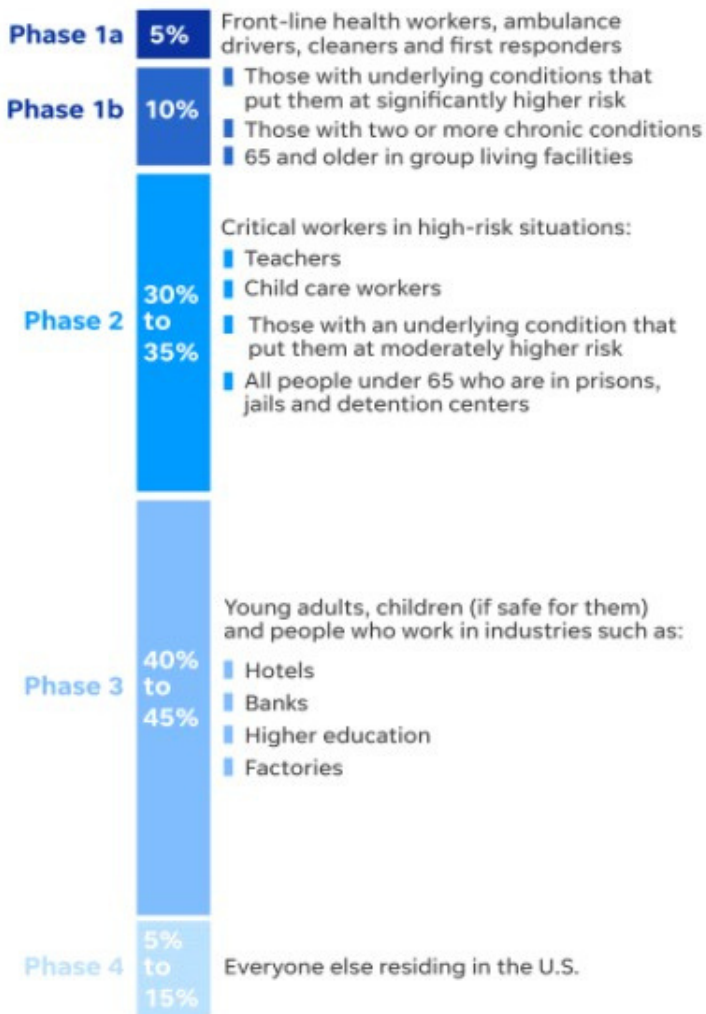
Beginning with the Trump administration in March of 2020, “Operation Warp Speed” (OWS) was put into action with the sole purpose of releasing a COVID-19 vaccine as soon as possible. OWS partnered with the Department of Health and Human Services, the CDC, the NIH, DOD, as well as both government and private companies, to accelerate the release of such a vaccine.

Perhaps one of the biggest companies behind COVID-19 vaccines is Pfizer (partnered with BioNTech), who, as of December 8, has shown promising results according to the FDA. Their vaccine requires two doses, three weeks apart. With these two doses, the vaccine is reportedly 95% effective, and yields similar results across many demographics. However, some trial participants noted short side effects, like headaches and fatigue. Some even were identified to have Bell’s palsy, a weakness in facial muscles.



## How the COVID-19 vaccine could be rationed

A plan from the National Academy of Medicine places those at highest risk from the virus at the top of the list. Percentages of the U.S. population:



SOURCE National Academy of Medicine

Pfizer has not been the only company working on a vaccine. In the US, Moderna has also been a contender with another mRNA vaccine. Currently, it reports a 94% efficacy rate, with its study of 30,000 volunteers. In the placebo group, 185 individuals contracted COVID-19, while in the vaccine group, only 11 did. Like Pfizer, it is a two-dose vaccine with similar side effects.

The US government is said to have agreed to purchase 100 million doses of each vaccine, and the distribution for the vaccines is still up in the air. Some officials are expecting to vaccinate health workers and nursing home residents first. Each state has varying levels of planned vaccinations. California, in particular, plans for the first wave of vaccines to be for psychiatric/prison hospitals, people in long-term care facilities, and healthcare providers. To lessen COVID-19 strains, Governor Newsom also enacted strict stay-at-home orders in December, which are planned to last around three weeks.

With the looming danger of new strains of COVID-19, people wonder if the vaccines will be deemed ineffective against these new threats. Nevertheless, as the new year started, doses of vaccines have been rolled out to city workers, the elderly, and first responders throughout the nation.

Overall, millions of people are waiting for the coveted COVID-19 vaccines, but some are skeptical. Some believe the vaccines have been rushed, but unlike previous vaccines, the COVID-19 vaccines have had rapid global collaboration like never before, as well as high funding. Ultimately, it is up to the individual whether or not to take it, and whether or not they want to protect both themselves and the people around them. I know my answer to that question.

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## MS. SYDNEY MASTERS: MINDFULNESS CLUB GUEST SPEAKER:

BY CONNOR GREGORY | C/O 2024



Ms. Masters is a mindfulness coach for the Arizona Diamondbacks, working to help focus and calm the players on the field while playing. During her high school years, while playing on the soccer team, she posed a question to herself, "Why do some coaches get more out of their players than other coaches?" This question would lead her down a career of psychology and how it relates to sports. After finishing her schooling, Ms. Masters first started working in a male prison to start her psychology career. Later, she worked with the U.S military and Special Forces before obtaining her current position as a mindfulness coach for the Arizona Diamondbacks.

*"Why do some coaches get more out of their players than other coaches?"- Sydney Masters*

As a mindfulness coach, one must ensure that the players are capable of staying focused and calm while playing, in order to maximize their psychological and physical abilities. Ms. Masters works to do this by talking to her athletes and running calming exercises to help them focus on the current situation. Although these exercises work for many of the players, the experience is different for everyone. Ms. Masters adapts to the players' specific needs and assists them in remaining calm and focused while playing.

The work of a mindfulness coach is extremely impressive and shows that physical performance relates to the calmness and readiness of the mind as well.

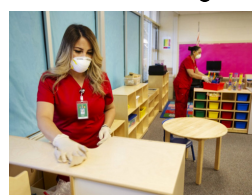
## THE REOPENING OF SCHOOLS DURING THE COVID-19 PANDEMIC

BY GRACE SU | C/O 2022



It has been nearly a year since we were all forced to quarantine in our homes. A year ago, we celebrated the much anticipated spring break from school. But rather than two weeks, the return to school was delayed for a month, then two months...until we are nearly sitting on a full nine months from school. Nearly a year later, each of us is looking forward to the day where the spread of COVID-19 will be contained and it will be safe enough for us to return to school, meet with our teachers, engage in after-school activities, and see our friends again.

However, there has been no such luck for schools in California, as Governor Gavin Newsom issued a stay-at-home order on December 3, stating that, due to the "recent unprecedented rise in the rate of increase of COVID cases, hospitalizations, and test positivity rates", the mandatory quarantine only has the state's best interests in mind to prevent the spread of the virus. Yet, recently, with the arrival of the new vaccine and nearly 3,454,305 vaccines administered as of January, Gov. Gavin Newsom revealed a new plan on Wednesday, January 6. This plan is to reopen California schools for in-person instruction as early as February, along with a vaccine distribution plan. This plan includes \$2 billion in funding and is preparing for elementary students and those with special needs to come back to school first. The plan also calls for increased COVID-19 testing and a mandatory mask requirement for staff, teachers and students. There are still those who disagree with the plan, arguing that opening up schools would surely result in higher infection rates and overly-concerned parents who fear that wearing masks will deprive



their children of oxygen. (Note: There is no evidence that low oxygen levels result from wearing a mask, unless you are a person with preexisting lung problems). For those concerned with the safety of reopening schools, data results show that schools are safer than the community and that "it's 15 times more likely for you to get COVID outside of the school setting than in a school setting," according to a statement by Mary Jane Burke, the Marin County Superintendent of Schools. According to the county's data, Marin County has seen just six transmission cases and 94 positive coronavirus cases among more than 44,000 kids and adults involved in in-person learning, to which Burke replies that the time is right to open more schools.

Additionally, California's 60-member Community Vaccine Advisory Committee is expected to announce on Wednesday, January 6th whether teachers and other education and childcare employees will fall on the prioritization list to receive COVID-19 vaccines, which will ease concerns of COVID-19 transmissions from administrators to their families. There are numerous other plans deliberating proposals that will allow schools to reopen, with safety as the top priority. Although not all of the plans are in place, everyone is making an effort to redirect our society back to its previous prosperity, before the disastrous outbreak of COVID-19.

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## HEALTHCARE IN THE PHILIPPINES

BY MADISON LARDIZABAL | C/O 2024



Healthcare in the Philippines is vastly different from the healthcare we are used to in the United States. Although the healthcare system in the US is ranked much higher than the Philippines', there are some aspects of Filipino healthcare that can arguably beat the US. With that being said, one of the reasons the US is ranked so high is because of the amount of good healthcare locations across the US. On the other hand, the Philippines has most of its quality locations in the populous parts of a single city, Manila. The Philippines also loses a lot of their talented medical professionals to bigger and better paying areas, like Australia, United States, UK, etc. One of the biggest differences between the Philippines and most other healthcare systems is the cost. In the United States, a hospital bed is about \$2,000/day, as opposed to about \$100/night in the Philippines, even though care is relatively equal. This is great for patients and those in need, but what does this mean for the talented and hardworking medical professionals?

The medical professionals are highly underpaid, especially when comparing the pay for healthcare workers in the United States. This creates a problem for the healthcare system because the excellent professionals in the Philippines realize that they can leave the Philippines, get paid much more, and have much better opportunities outside of their home country. A popular trend, as seen in many past years, is for many Filipino healthcare workers to be trained and recruited to leave the Philippines and get great jobs specifically in the United States. Another popular trend is to leave, get a good job, earn lots of money, and either send it or return home to the Philippines to live comfortably. Unfortunately, these factors are making it harder on the Philippines during the COVID-19 pandemic. They have an average of 480,737 cases and 9,347 deaths. This is a large number and really reflects the type of system they have.

*In the United States, a hospital bed is about \$2,000/day, as opposed to about \$100/night in the Philippines, even though care is relatively equal.*

Their lack of professionals, quality locations, and resources puts a massive strain on the country. The COVID-19 pandemic is also drawing workers away from the Philippines because other countries are also in need of as many workers as possible. Since they will most likely get better pay than in the Philippines, more and more Filipino healthcare workers are leaving their home country.

Although the Philippines has taken a big hit with COVID-19, they have great doctors and professionals that can help them beat this challenge.

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## EUROPE'S LETHAL SECOND WAVE OF COVID-19

BY KATELYN TONG | C/O 2024

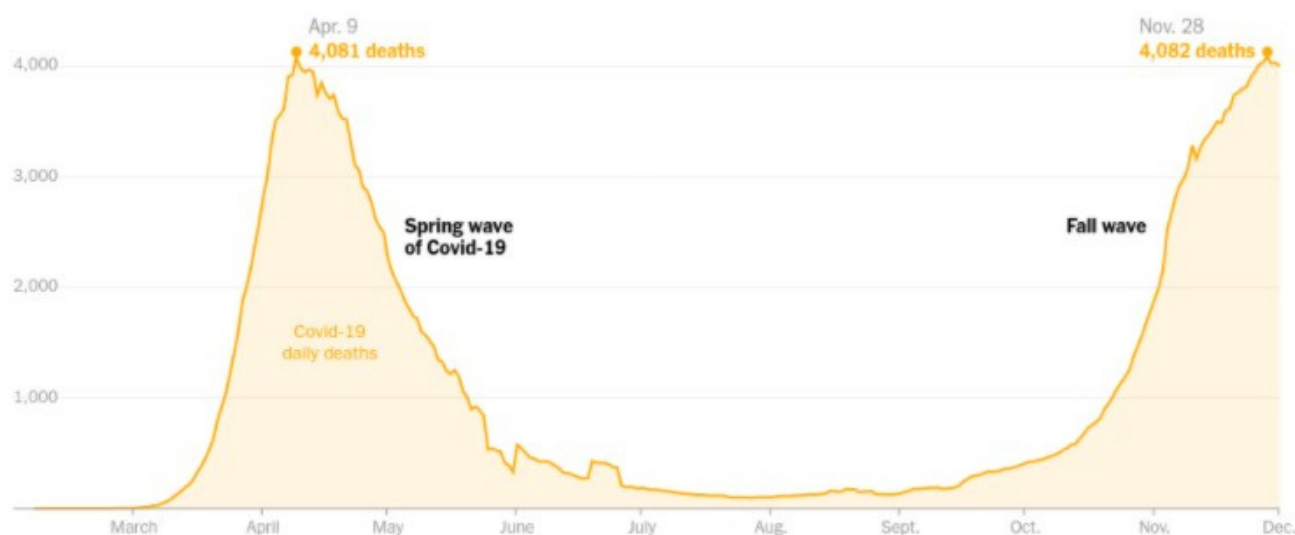


By early June, Europe was emerging from its battle against COVID-19, just as other countries were fighting record caseloads. With the weather warming up, the European Union was encouraging borders to reopen. The Europeans, desperate for a break, took off for their sacred summer vacations. They paid a heavy price for it.

A devastating second wave hit Europe deadlier than the first, forcing disinclined governments back into lockdowns and inflicting severe scars on European economies. Hasty reopenings with few restrictions, coupled with cross-border travel, resulted in thousands of deaths just months before vaccines could arrive.

In most European countries, daily deaths are increasing higher in the fall of 2020 than ever before. In November, nearly 105,000 people in 31 countries monitored by the European Center for Disease Prevention and Control died from COVID-19. Western European countries, such as Italy and Belgium, which were hit severely during the first wave, are suffering nearly as bad now. Some countries, including Britain, have done somewhat better in handling the situation, while others are suffering just as much as the first time.

Most notably, almost every country in Central and Eastern Europe is being battered with alarming spikes in cases and deaths. In the spring and fall, Europe's COVID-19 waves surpassed the United States, although Europe's current epidemic has begun to level off. How did Europe find itself back into the grasp of the second wave of the pandemic, after biting back the first?



The chart represents the seven-day moving average of deaths in the 27 European Union member states, in addition to the United Kingdom, Iceland, Liechtenstein and Norway.

### The Rush to Reopen

It was far into the first period of quarantine when the president of the European Commission announced an unpleasant message: Summer vacation, a very important European tradition, and an economic stimulus for many countries, might be cancelled. A week later, Ursula von der Leyen, the President of the European Commission, made an abrupt reconsideration: "I think we will find smart solutions to have some vacation," she told Portugal's SIC TV channel. "I am positive about summer vacation." Around the same time, the Commission (the European Union's executive branch) revealed its "roadmap to reopening," suggesting that national governments slowly and cautiously reopen its social and economic life. Most European governments moved much faster than the Commission recommended.

More than four million people traveled to Spain in July and August, often taking no measures to test or isolate when people arrived or returned. In Belgium, people returning home from holidays abroad were not tested, and social distancing demands were not enforced. Tourists held gatherings in private villas, limiting the effectiveness of government restrictions, which mainly applied to formal venues. Research shows that these decisions—swift internal reopenings, with vague restrictions and cross-border travel—were at the root of the second wave.

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# RIDING THE WAVE AND FOLLOWING THE TRENDS: NOTABLE TRENDS DURING THE COVID-19 PANDEMIC

BY WYNN PHAYCHANPHENG | C/O 2021



Over 9 months in, Americans are fully acclimated to life in a global pandemic. Zoom is no longer foreign, masks are seen as normal fashion, and COVID-19 testing is more accessible than ever. As we are now in the third wave, let's dive into relevant trends from the last two, and how, why, and if they are on pace to continue in the future.

## 1. First and foremost, Increase in Cases

The most consistent trend throughout the entirety of the COVID-19 pandemic is the unfortunate steady rise in cases. According to the LA Times' Coronavirus Tracker, as of January 8, 2021, "the state has averaged 39,745 cases per day" solely in the past week, which is a "significant jump" from December.

## 2. Hospitals in Crisis

Hospitals and healthcare professionals are being drowned in patients as the current situation worsens. Many will die due to limited space and resources in hospitals. Just a few days ago, Los Angeles ambulances were instructed not to transfer patients with low chances of survival. This includes serious heart attack patients, car crashes, and gunshot wounds, conditions that could have been treated prior to COVID-19. Nurses report that, if a patient cannot be quickly resuscitated, they will be pronounced dead instead of being transported to packed hospitals.

## 3. Higher rates of depression, substance abuse, and suicidal ideation

Mental health during the pandemic has been difficult to maintain for many individuals, as many Americans feel hopelessness and constant tiredness from being stuck in their homes. This has resulted in higher rates of depression, substance abuse, and suicidal ideation, as reported by a CDC study in June, only a few months after the pandemic's start. A more recent study published in September cited that "Depression symptom prevalence was higher in every category during COVID-19 compared with before," and that depression also disproportionately affects those already at risk for it (low income, POC, etc.)

## 4. Youth Political Engagement on Rise

The clear partisanship in the U.S, accentuated by the COVID-19 pandemic- reflected by inconsistent messages by the Trump administration early on, debate on safety measures, masks and vaccines, and calls for healthcare reform- encouraged many Americans to become more politically engaged. Being at home for this extended period gave the

opportunity to many to become more educated on topics, such as the summer Black Lives Matter protests calling for police reform, systematic racism, the election, and issues such as healthcare and climate policy. Constant consumption of media also contributed to this rise, which was especially prevalent in youth and young adults.

### 5. Continued Rise in Social Media Use

The continued increased usage of social media platforms is natural as the pandemic rages on and we remain confined to our homes, turning to social media to connect more with others than ever before. As aforementioned, social media has now become a place for political discourse, education and entertainment of all types, besides being means of communication. Thus, adults report that both them and their children spend more time consuming media. An interesting find from the same study reports a correlation between anxiety levels and an increased use of social media, if you were curious.

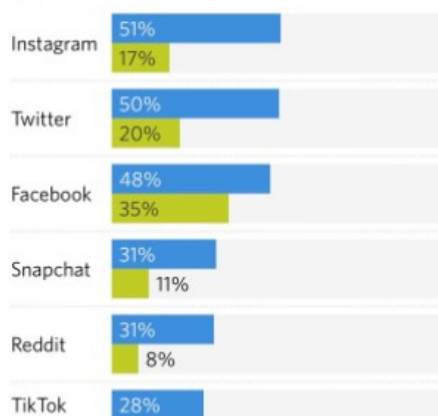
### 6. TikTok and the Jamaican Orange Remedy

With the steady increase of social media use, more people are viewing and creating content than ever before, especially on the app TikTok. In fact, since the start of the year, there was a 75% increase in users (motivated by the pandemic), a greater number of diverse content communities, and former President Trump's threat to ban the app. I myself was one of the individuals who downloaded it in fears that it would be banned, and now regularly use it to consume media. In late December, a trend swept TikTok where users that contracted COVID-19 attempted to revive their sense of taste by burning an orange's exterior, then eating the flesh mixed with brown sugar. This proclaimed quick fix was labeled as a Jamaican remedy by creator "toosmxll", and other users hopped on the trend to test it out. The results? Highly variable. Some were amazed to find they could taste their food afterwards, while others had no result. Medical professionals call on the placebo effect and pre-existing return of taste to explain the success of this unbacked remedy.

#### Social Media is a Bigger Source of Election Information for Young People in 2020 than It Was in 2018

The percentage of young people (ages 18-24) who said they had seen information about the election on each digital platform.

■ May 2020 ■ September 2018



We do not have 2018 data on TikTok.



Burning an orange to attempt to revive taste in COVID-19 patients.

They add that the strong scent from burning the orange may create a sensory overload, essentially shocking your sense of smell into smelling strong scents. However, this requires pre-existing return.

## 7. Pandemic Fatigue

Pandemic fatigue, a phrase coined to represent the overall tiredness and frustration with the world's current state during the lasting COVID-19 crisis, is a very real issue that continues to affect every individual from a personal to communal level. As we near a year marking the beginning of school and business closures, the frustration of not yet being out of the pandemic grows and grows. This has resulted in some individuals choosing to defy safety precautions and congregate in groups, go to holiday parties, and meet friends. While this may provide temporary social relief, it is highly risky and endangers the health of all those involved. Still, we are unfortunately seeing a trend emerging of more and more individuals choosing to take that risk, negatively contributing to the surging cases and limited healthcare resources.

Thus, though I know we are all tired of pandemic life and discouraged by recent events, I encourage you to stay hopeful. The start of vaccine distributions shines a well-needed light at the end of the tunnel. It's the beginning of a brand new year. So please, stay safe, stay at home, and stay optimistic about the future ahead.



Crowd in a mall during the COVID-19 pandemic.

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# HEALTHCARE IN ITALY: COMBATING COVID-19

BY CONNOR GREGORY | C/O 2024



Italy's healthcare plan for COVID-19 had an extremely rocky start. Due to a lack of preparation and an inability to respond quickly to the invading virus, Italy suffered many casualties to the spreading issue. Caught off guard, hospitals were overrun and suffered a lack of ventilators.

By the end of March 2020, Italy had 105,776 cases of COVID-19. The nation reported an inability to hospitalize all of the infected patients at the beginning of the outbreak. Soon, they had to start making an extremely difficult decision on who should be prioritized in terms of hospitalization. Italian doctors were forced to make this grim decision many times throughout the first wave of the pandemic. By June 30th, 2020, there were over 34,900 deaths. As panic set in, people began to worry about how to combat COVID-19.

Pressured by a rising death toll, the Italian government issued the Relaunch Decree, a bill that directed 3.25 billion euros towards Italy's public health system. It also helped in increasing the maximum capacity of many hospitals, buying thousands of more beds and putting 1.5 billion euros directly into the hospital network. This allowed Italian hospitals to treat more patients at once and save more lives.

Currently, Italy has over 2 million cases throughout the country and has had over 85,000 deaths. Although the slow reaction caused Italy to suffer greatly, the government eventually managed to pull through. Italy is on the road to recovery and is getting a hold on COVID-19.

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# DIAGNOSTIC ACTIVITY

BY RYAN LO | C/O 2021



## Case:

A 58 year old woman presents to the Murphy Medical Center Emergency Room. She recently took a trip to the mountains with her family. The daughter recalls that the mountain was particularly rainy the week they went. After a day or so, her mother began to feel ill and had difficulty breathing. She has a history of smoking. They immediately went to the ER.

Chief Complaint: Difficulty breathing

Temperature: 103°F

Medical History: Asthma

Heart Rate: 88 bpm

Respiratory Rate: 24 bpm

Blood Pressure: 145/86

Physical Exam: Crackles in lower right lung

## What is the most likely diagnosis?

- A. Pneumonia
- B. COPD
- C. Influenza

## What medication would you recommend she take?

- A. Diuretics
- B. Anti-arrhythmias
- C. Antibiotics

## What tests would be useful?

- A. EKG
- B. Spirometry
- C. Chest X-Ray

**Send your answers to [hsatimes@gmail.com](mailto:hsatimes@gmail.com)!**

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