

reading TRUMP: NO MORE BULLSH-T. At a pro-Trump gathering in Kenosha, a week after the shooting of Jacob Blake, I saw a young woman, barely a teenager, in a T-shirt that read TRUMP 2020: BECAUSE F-CK YOU. I saw more Biden signs in one afternoon in Mt. Lebanon, Pa., than in eight days of driving through Michigan.

That's partly because the Biden campaign, in a nod to public health, had until the final stretch focused almost entirely on digital organizing and phone banking instead of traditional canvassing. At two Biden events, I saw pro-Trump protesters show up with flags, while Biden supporters were few and far between. The Biden campaign says all this is intentional: they are seeking to keep events small to curtail transmission of the coronavirus. Only in the past week or so has the Biden campaign embraced on-the-ground campaigning, with teams of canvassers knocking doors in key states and a socially distanced crowd greeting Biden on a recent train trip through Pennsylvania.

But the battle for the nation's future isn't just about public shows of force from the rival campaigns. It's playing out in intimate conversations all over the country, as Americans struggle to preserve what feels like an increasingly fragile union.

Jackie Brown and Josh Scott had been engaged for less than a day when they explained their diverging political views to me outside a Pennsylvania mall. Brown, who is Black, thought Trump was racist, sexist and erratic on foreign policy. "I think that Biden is a candidate who can work across the aisle," she said. Scott, who is white, voted for Trump in 2016 and was considering voting for him again, because "I'm not for the social programs Biden has laid out," which he thinks would require more taxes. The couple had been dating a year and a half; he proposed that morning.

After Brown, an attorney, rattled off her indictment of the Trump Administration—from the politicization of the Supreme Court to violations of the Hatch Act—I asked how their political conversations usually go. "Poorly," Scott said, "but we respect each other's opinions." Brown looked at him sideways and, twisting the new ring around her finger, said, "He's trying to convince me less than I'm trying to convince him."

—With reporting by LESLIE DICKSTEIN and SIMMONE SHAH □

Treating Trump

THE PRESIDENT'S REGIMEN HAS BEEN UNUSUAL—AND POTENTIALLY RISKY

By Alice Park

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HEN U.S. PRESIDENT DONALD TRUMP REVEALED ON OCT. 2 that he was positive for COVID-19, he became just the third world leader, after U.K. Prime Minister Boris Johnson and Brazilian President Jair Bolsonaro, known to be affected by the virus that has infected more than 35 million people and killed more than a million worldwide. Over the next few days, more than a dozen of his close staff and campaign members also tested positive. Public-health experts who have been criticizing Trump and his Administration's consistent downplaying of the pandemic and the importance of social distancing and mask wearing quickly pivoted to questioning the specialized treatment he received that seemed to veer from the standard of care that most patients receive.

In each of the three days following Trump's announcement that he'd tested positive, his doctors added a new major therapy. On the first, the President received an experimental combination of two monoclonal antibodies to help his immune system fight the coronavirus infection, according to his physician, Sean Conley. The next day, he was hospitalized at Walter Reed National Military Medical Center and given remdesivir, a drug provided intravenously that blocks the coronavirus's ability to make more copies of itself. The U.S. Food and Drug Administration has not approved remdesivir but has given it emergency-use authorization for treating COVID-19. On day three, Trump's doctors revealed he was also taking dexamethasone, a corticosteroid typically administered to control the inflammatory response common in more advanced stages of the disease.

While many hospitalized patients recently diagnosed with COVID-19 receive some of these drugs at some point in their care, most have not been given all of them, and most have not been treated so soon after their infection as Trump appears to have been. The questions about his treatment regimen intensified when Conley did not provide a clear timeline of when the President last tested negative, and initially avoided questions about whether he needed supplemental oxygen. That would have implications for whether Trump received therapies sooner than most patients currently do or in line with standard protocols, and how blurry the line is as to whether the President's treatment represents the cutting edge of COVID-19 care or a form of presidential perk that further exposes the divide in health care access and quality in the U.S. For the President, that means "maximizing all aspects of his care, attacking this virus [with a] multipronged approach," as Conley said during a briefing. "As [he is] the President, I didn't want to hold anything back. If there was any possibility that it would add value to his care

and expedite his return, I wanted to take it, and the team agreed.”

The first treatment Trump received was monoclonal antibodies made by Regeneron, designed to treat non-hospitalized patients early in their infection—as the President apparently was by his doctor’s account when he got them. But generally, patients have to be enrolled in a clinical trial to receive them, since researchers are still trying to learn more about their safety and effectiveness. In rare exceptions, doctors can apply for compassionate use outside of these studies for any of their patients; that, according to Regeneron, is how Trump received the drugs.

Remdesivir, meanwhile, was until recently authorized only for hospitalized patients who are moderately to severely ill and in need of supplemental oxygen. That authorization was expanded on Aug. 28 to include any hospitalized COVID-19 patient, since criteria for mild, moderate and severely ill are still fluid and more subjective than objective. Even so, those hospitalized patients have generally been sicker for longer than Trump appears to have been: “The thing that is odd is that in most [remdesivir] trials people usually have symptoms eight, nine or 10 days [before they receive the drug],” says Dr. Walid Gellad, director of the Center for Pharmaceutical Policy and Prescribing at the University of Pittsburgh. “From that standpoint, it’s a little unprecedented that anyone so early [in their disease] would be receiving it.”

As for the corticosteroid dexamethasone—the third drug Trump received—studies suggest it can reduce the COVID-19-related inflammation that can affect respiratory tissues and ultimately make it difficult for patients to breathe. The latest study from the U.K., however, showed that while the steroid provided benefit for people who were on ventilators or relied on supplemental oxygen, the drug did not seem to help people who did not need additional oxygen. That’s why both the U.S. National Institutes of Health and the World Health Organization recommend dexamethasone only for hospitalized patients who need supplemental oxygen or who are on a ventilator. After initially evading



Sean Conley, center, and other doctors treating President Trump at Walter Reed medical center on Oct. 5

questions about whether Trump had needed supplemental oxygen—“I didn’t want to give any information that might steer the course of illness in another direction”—Conley confirmed that the President’s blood oxygen saturation level dipped twice over the first two days after he revealed his diagnosis and that he was given supplemental oxygen at least once, on Oct. 2. Those drops, Conley said in a briefing, prompted the team to start dexamethasone.

There is no consensus over how long a patient needs to be on supplemental oxygen before doctors would consider using the steroid, as studies of the drug, along with other medications that can reduce inflammation, are continuing.

But Gellad, for one, says Trump’s case seems unusual. “What is very odd is that dexamethasone is not typically used in someone whose symptoms just started a few days ago and with one blip of low oxygen and who is otherwise walking on their own with no need for oxygen,” he says. “So, either he is worse than they have admitted to or they are using the drug in a way that is not in the usual standard of care.”

Dexamethasone has potential side effects, including neurological changes, which is why most doctors are judicious about using it. While studies show the corticosteroid can help lower mortality among COVID-19 patients by up to a third (for those on ventilators) compared with those not receiving it, it also inhibits the immune system and can make people more vulnerable to other infections. “You run the risk of predisposing someone to secondary infections,” says Dr. Bryan McVerry, an associate professor of medicine at the University of Pittsburgh who recently published a study on corticosteroids in COVID-19 patients. “The data certainly do not support use of corticosteroids at that stage of illness. What we are hearing from reports is that the President seems to be a milder case, so I’m not sure I would necessarily use dexamethasone. But I’m not there, and it’s hard to speculate about that.”

**TRUMP IS
RECEIVING AN
‘UNPRECEDENTED’
TREATMENT,
EXPERTS SAY**

On the other hand, Dr. Carlos del Rio, executive associate dean and professor of medicine at Emory University School of Medicine, says on the basis of reports from Trump's physician that the President's oxygen levels dipped twice in two days, Trump would qualify as a "moderately ill" patient and therefore be eligible to be treated with both remdesivir and dexamethasone. "You don't need to be on oxygen—you just need to reach that point," he says. "He kissed that goalpost, and once you hit that goalpost that's all you need to do. You don't wait for the patient to remain with low oxygen levels."

As these varying viewpoints reveal, the standard of care for COVID-19 is still evolving—after all, doctors have been treating the illness for only about nine months. That means how doctors decide if, and when, patients meet criteria for escalating treatments remains somewhat malleable, and the thresholds that make people eligible for unapproved treatments range widely.

WHETHER TRUMP HAD "mild" or "moderate" COVID-19 may be a matter of semantics. But that belies bigger concerns about the Administration's obfuscation of the health of the leader of the free world. In a press conference on Oct. 4, Conley also intimated that the President's lung images were "typical" of what doctors would expect in a COVID-19 patient. However, he did not answer questions about what the images showed, specifically whether there was evidence of pneumonia, which would suggest more respiratory involvement of his infection. And there's still no clarity from either Trump's doctors or his White House staff on the timeline of when the President last tested negative before falling ill with COVID-19.

If Trump had been battling COVID-19 for longer than the several days that his doctors say, then his treatment course fits more closely with that of most virus patients today. But if we take Trump's doctor at his word—that, as of this writing, he has been infected for only a few days—then his treatment strategy would seem more aggressive and preemptive than the typical regimen, and considerably riskier than the care that most Americans would get. □

HELP SAVE THE FRIDGE

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