

Sawbones 315: Coronavirus Part 2

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[theme music plays]

Justin: Hello everybody, and welcome to Sawbones, a marital tour of misguided medicine. I'm your co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And wow, Syd, that escalated quickly.

Sydnee: Yeah, Justin.

Justin: Wow.

Sydnee: No joke.

Justin: We uh, all of a sudden, were living medical history, instead of just uh, talkin' about it.

Sydnee: That's true, and you'd think that, since we talk about medical history, that that would be something we'd be excited about. I can't say I am.

Justin: No, yeah.

Sydnee: I like medical history in the... past, where history belongs.

Justin: Right. [laughs] No history in the present, thank you.

Sydnee: No. That's not even history, if you think about it.

Justin: Y'know, Syd, that's a great point that a lot of people seem to be afraid of mentioning. It's not history if it's happening right now.

Sydnee: Hm. That's—and y'know, when you spend a lot of time inside, you get philosophical like that.

Justin: Too true. Uh, right. So... let's catch you up. The last time we did an episode, I think we talked about our general lack of, uh, concern. And then, things sort of...

Sydnee: Well, we did an episode—there was a whole medical questions episode in between.

Justin: Yeah. Right right right.

Sydnee: 'Cause we recorded it early, because we were going on the JoCo Cruise. And... at the time, we were kind of keepin' in touch with everybody, and I was talking to some colleagues and specialists to see, "You think this is okay?" And everybody seemed to agree, like, yeah, y'know, right now, this seems okay. Y'know, wash your hands. And there's screening. They're screening people on the boat and stuff. They're not gonna... it's gonna be fine.

Justin: Yeah. And I mean, it wa—as near as we can tell, it was fine on the uh, the boat. But uh...

Sydnee: But when we came back...

Justin: Yeah. We were getting... we had very limited internet access out there, and uh, it was weird. We kept getting these updates, and they would pass around like old timey, like, word of mouth.

Sydnee: Yes.

Justin: Y'know, you weren't getting text messages with just like... the schools are all closed. Yeah. It was wild, and it was a very different place to come back to. Like, when we went, I saw one person wearing a mask on the way there. On the way back, it was like... much... many more. Many more folks.

Sydnee: And everyone was, uh, taking appropriate precautions. Y'know, there was tons of hand washing, and much less hugging than I am used to. Much less—practically no hugging, really.

Justin: Yeah, yeah yeah.

Sydnee: No hugging, no handshakes, lots of elbow bumping. Um... as a new greeting.

Justin: Yeah.

Sydnee: And uh, y'know, everybody was appropriate. But I don't think anyone quite expected what we... what had happened when we came home.

Justin: Yeah. Uh... So, I mean, let's—before we sort of like, talk more clinically, and Syd's gonna share some of her experiences. Let's get out of the way that this is already very bad. This is not a cursing show, but this—for people who are... we're gonna probably talk like, a little more clinically about some things, but we wanna get out in front that like... obviously, if you're in many different industries – service industries, entertainment – we know people, and people that we love and are related to and care about a great deal, who have already like, lost their jobs as a result of this, uh, this pandemic.

Sydnee: Which, yeah. So that, y'know, we realize that the effects extend beyond the obvious, which is that this virus is bad. And it's, y'know, um... when we talked about it on the show previously, I tried to be cautious and optimistic that the spread would be under control before, y'know, it became a pandemic. And then, of course, that didn't happen. And I think a lot of people were caught off guard by how quickly everything changed.

Justin: Probably some people who shouldn't have been caught off guard, that should try to be ready for stuff like that, seemed to have been caught very off guard...

Sydnee: You keep having that—people keep saying like, “Well, there’s no way we could’ve been prepared.” And in the back of my mind, I'm thinking, “Isn't there somebody whose job it was to like, run these exact scenarios?”

Justin: Right. Yes.

Sydnee: “To like, to be the person who has to think about that, and write out the plan for that? Even though it probably wouldn't happen? Isn't there somebody?”

Justin: Uh...

Sydnee: Did they get fired, maybe?

Justin: Maybe.

Sydnee: Is that what we're... that is what I'm getting to understand.

Justin: Maybe they just didn't... their job has not been filled yet.

Sydnee: Yes.

Justin: Um, but yeah. So, we understand that this is already crummy. Like, beyond crummy. Again, a non-cursing show, so we can't really fully, um, express how terrible it is for everyone. So if you're affected – and I feel like everyone is, to different degrees, but if you're somebody who has already been profoundly affected by this... heck, you may know someone who is sick. Y'know, we're so sorry. And like, it's... y'know, it's obviously a miserable situation.

Sydnee: And I think that, uh, what we came to understand pretty quickly, once we started seeing cases in the US, is that this has probably been

circulating places longer than we realize. And so, y'know, you're seeing a combination of the spread of the virus, alongside... more testing equals more positives, 'cause you find the cases.

Justin: Yeah.

Sydnee: And obviously, it is now... I think everyone's aware of this, but in case you're not, it's in every state. We somehow... I guess we should address this. West Virginia appeared to be a strangely shaped, viral, virus-free utopia for a brief moment.

Justin: Yeah. Yeah. We are 50th in so many things here in West Virginia, and now we're 50th in COVID cases.

Sydnee: In COVID cases. But uh, I should be clear – I do not, as a physician in West Virginia, and I think every physician I've spoken to would agree... I do not feel that it was because there were no cases.

Justin: Right.

Sydnee: Obviously, as it stands right now, I believe there are... seven to eight cases in West Virginia. There's some—a little bit is unclear there, but there are seven or eight. And I think there probably are more, and have been more, and that we were not kept, y'know, from the virus as long as it appeared, because we are not testing very many people at all here. And the shortage of testing is a nationwide problem.

Justin: Yes.

Sydnee: The fact is that, we've seen from the different places around the world where this has become a problem before us, uh, or at least, where they've reacted before us, that the more testing, the faster you're able to isolate people who have it, who might be asymptomatic and not know... and uh, it's really crucial that you test as many people as possible.

And that's probably the number one thing the US needs to step up. And hopefully, we will be able to soon. That is, at least, my understanding in our

state. I don't know... I don't know, though. That is not my... I don't know. I know we all have that same hope.

Along those lines, Justin, I thought we would take a quick moment to talk about the new Everlywell test.

Justin: Yes! Yeah, absolutely. Good old Everlywell. Stepping into the fray.

Sydnee: So, testing is one of the biggest problems. We need to test, because initially, we thought you would know if you were sick, and there were varying degrees of severity of illness. Now we realize that a lot of people won't know, and testing is crucial. Everlywell is starting, I think on like, Monday... unless it's—I don't know. It might already be available, but I felt like it was about to be available.

They're gonna allow you to purchase through the mail, an at-home COVID-19 test for \$135. They are quick to stress that that \$135 is cost to them. It is not, in any way, profitable. They are making zero dollars off this, they would like you to know. But they can't sell it for free, because then they would lose money.

Justin: Right.

Sydnee: So, they... the test, as far as I can tell – I've been desperately trying, in preparation for this episode, to figure out exactly how... like, what is this? Because we've talked about Everlywell on the show before, and they run some... allergy—food allergy testing that is incredibly... well, I was gonna say questionable, but is not real. I should be precise. It's not real. It does not actually indicate whether or not you are allergic to foods, or intolerant of foods, and should not be used. Is not recommended by any medical society.

And so, that immediately makes you question any kind of testing they would put out otherwise. As far as I can tell, what they send you with the COVID-19 test is just the ability to collect a nasal swab. And then, you send it back to them, and they send it to one of their labs. They work with a number of certified labs throughout the country who are already running these COVID-

19 tests. They would just also run yours. It's just a different way of getting it done, as opposed to having it done at a hospital.

So, if that part is accurate, the machine that's running the tests, I would think, would be correct. They say it's a viral PCR. That is the test that we would like them to do. That part of it sounds legitimate. Um, but I don't know. When I tried to find out sensitivity and specificity numbers, I couldn't get it. I couldn't find any information. Couldn't get any information.

Um, so... again, that's a guess. The bigger problem I think is the collection part. Justin, have you ever had a respiratory swab? A nasopharyngeal swab?

Justin: No.

Sydnee: For a respiratory illness? No?

Justin: No, never.

Sydnee: The way that they do these swabs, um, is they take a big q-tip, basically, they stick it *really* far up your nose. Way farther than you think somebody should be sticking something up your nose.

Justin: You probably didn't even know the tube went back as far. As you explained it to me, it doesn't seem right. [laughs]

Sydnee: No. When you look at how far the diagrams, as they explain like, how to collect them, and... I have read through this. I don't actually do them often in our office. It's one of the nurses who will collect the samples, or in our hospital, but we've all kind of been trained on how to do them in this situation.

It is not something that you, as a lay consumer at home, I think would necessarily be skilled at doing.

Justin: To yourself, especially.

Sydnee: Exactly. It will be uncomfortable, and you're going to be concerned that you're poking things you shouldn't be poking. I doubt anyone could do any harm to themselves; although...

Justin: Who knows.

Sydnee: Humans are capable of anything. But... [laughs] But my bigger concern is, if you don't get a decent sample, because it is so uncomfortable, then you're gonna get a false negative result. And then you might think you don't have it when you do, which is bad.

And I—they have, uh, two very small studies to try to support this method of collection. This like, self-collection at home kind of thing. And I do not feel they are powerful enough to... in this—at this moment in history, when knowing whether or not you have it is so important... this feels very uncertain and shaky to me, and not like something that I would... recommend for other people to do.

Justin: So these are the same tests—these are not the sort of like, instant tests that we've been—and those are what's in short supply, right?

Sydnee: Yeah. Well, I mean, you send it away to a lab, and you can do the viral PCR, which might—it might be quick to run it, but you're talking, the turnaround time is, you gotta mail it to them.

Justin: Right. But the thing—but this is—what I'm trying to get to the heart of is like, obviously, the short—the quick turnaround tests are in short supply, and they are hard to come by, right?

Sydnee: Yes.

Justin: The sort of instant tests are hard to come by. This is not gumming up that supply chain.

Sydnee: No, I don't see any way this is necessarily harming that supply chain. Um, i... I do feel like, since we have been promised by the government that the tests will be free, it does seem odd to offer them in a

roundabout way through Everlywell, 'cause the government aided with this process. It seems weird to offer them through Everlywell for \$135 a pop, which... most consumers, I think, will not be able to buy. I mean, especially if you consider like, if we wanted to do that, we'd have to buy four of them.

Justin: Yeah.

Sydnee: Y'know, that's very pricy. And understand—

Justin: Well, and also—

Sydnee: —as they've pointed out over and over again, it's not profitable for them, but at the same time... y'know, how helpful is it?

Justin: Right. Somebody is getting that money.

Sydnee: Yes. Someone is getting the 135 bucks a test. Um, but the bigger problem is that, it is not hard to get a test that you can run and know the answer to right away. And in other places in the world, they are doing tests where they give you the answer pretty quickly as to whether or not it's positive. Um, what we're looking at right now, just ordering tests normally, here, is three to four day turnaround, which is tough.

It's easier if patients are in the hospital, to know where they are that whole time, at least. Although, of course, we'd prefer they not be, because then they wouldn't be as sick. But where are people going while they're waiting?

Justin: Yeah.

Sydnee: So, I—at this point, I think there's so many question marks about that company. And that allergy—that food allergy test, or food sensitivity testing, whatever they want to call it... that's so—that's bad science, and that means bad faith to me, and that makes them so untrustworthy as a company that they would stand behind something that is untrue. It makes it really difficult for me to trust them with something so vital as this COVID testing.

I mean, that's—I'm not saying that the test, if you got it and did it appropriately, would be naturally wrong. It may well work. But how can I trust them, with their history, is what I'm saying.

Justin: Yeah. I would—I'll be less diplomatic, 'cause I'm not a doctor and no one cares what I think. Uh, don't trust these people. Don't give them a dime. Don't let them handle something this important for you. Like, I know that the alternative is also miserable. Like, the not knowing and the—and what have you.

Sydnee: Yes.

Justin: But also like, I would say, you may not know if you meet—tell me if this is correct or not, 'cause I'm talking kind of out my butt. But you may not know if you meet the criteria, and if not, you could be blowing \$135. And then, the next week, y'know, still be wondering. Right? Like, it—y'know.

Sydnee: Well, that's the thing. If you don't collect the sample right, you won't get an accurate result. And how will you feel confident that you did? And so, I mean, I guess if it comes back positive—I guess it's that kind of test. If it came back positive, I would say it probably is positive. That's probably fair.

Again, though, I don't know the sensitivity or specificity of the test. I can't find those numbers. But I would assume, if you got a positive, it is positive, so it could be helpful. But if you got a negative, I don't know that I would... I would rule it out. I don't know that I would feel comfortable, just because... I—I think it would be very difficult for me to swab myself, and I know how deep it's supposed to go.

Justin: Mm.

Sydnee: But I think it would be very difficult for me to do it to myself, and I am a medical professional. I have read the instructions. I've been trained. How hard would it be for somebody who's just got—I assume you'll probably have a sheet of paper with instructions, and pictures or whatnot. It will still be very difficult. So...

Justin: Um, let's uh—let's take a quick break there, at this point, and when we come back, we can talk more about, Sydnee, some of your personal experiences.

Sydnee: I also want to talk about social distancing.

Justin: Alright. Let's go to the billing department.

Sydnee: Alright, let's go.

[theme music plays]

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Justin: Uh, so we are back. Um, Syd, let's uh... what do you want to talk about first? You want to talk about social distancing? Or you want to talk about...

Sydnee: Yeah. Uh, I want to briefly comment on that. When we did our episode on quarantine, and then previously, just on COVID in general, I wasn't necessarily calling for quarantine. And I still would say that quarantine is something different than what we're asking people to do.

If you are not social distancing... please, I hope this helps convince you that you should. If you are, thank you. You can like, sit back and relax for the next minute.

Justin: God, if you listen to this show, but aren't, like... that is a wild—I have to imagine, that's a very thin sliver of the Venn diagram. Evangeline Lilly, thank you so much for listening. It's a pleasure to have you, but...

Sydnee: [laughs] Let me just preface with, I know it sucks.

Justin: Yeah.

Sydnee: I know. I get it. I agree. It does. Uh, Justin and I love to travel. We love to go places. We have a whole life structured around being able to, y'know, take our kids and go see things and do things. We love that.

Justin: We also depend on it, I mean, financially. Like, we've already cancelled, uh, several shows, and may need to cancel more, or not schedule more, more accurately, because of that. Obviously, like, we're far from the hardest hit by this. But it, y'know. We get it, is what we're saying, for sure.

Sydnee: Yes. It sucks to have to stay inside all day. Although, you can go outside. I should clarify that. That's one thing I've been asked.

Justin: That's actually good. We went outside for a little bit today, 'cause it was like, in the mid-70s here, and that was... that was very helpful. [laughs]

Sydnee: Yeah. As long as you're not hanging out with people that you're not inside with... I mean, like, when Justin and I went outside, we did not stand six feet from each other. But if you're gonna go somewhere where there's a lot of people, I would still try to maintain a safe distance. I know, like, my sister, Teylor, is jogging. And uh, they said that when they were at the jogging track, people were still maintaining six feet from each other.

Justin: Yeah.

Sydnee: So I mean, you can be outside. I would say like, for us, front yard, back yard is all we're feeling comfortable with. [laughs]

Justin: Right.

Sydnee: We haven't gone much else. Obviously, if you need food or supplies of some sort to survive, which we all do, you're gonna have to make quick runs to the grocery store or to the pharmacy. Maybe you need medications. Things like that. Um, but I would try to keep those trips short, and uh, rare. And I would try to, uh, make sure that when you do, you're practicing as much hand washing.

A lot of places will provide, like, sanitary wipes if you need to use like, a shopping cart or something like that. Wiping down the handles. And then, you gotta keep six feet from everybody you see. As hard as that is. I mean, and that sounds—

Justin: Not for me. [laughs]

Sydnee: Well... [laughs] It sounds ridiculous.

Justin: I'm real good at it. I've been training my entire life for this.
[laughs]

Sydnee: But when you consider that—I mean, this just is not something that, at least, in our lifetimes, we've really... that we've encountered.

Justin: Yeah.

Sydnee: So, if it feels like, “Well, this is wild, we've never—”

Justin: And anybody's. Right? In anybody's on the globe.

Sydnee: No. And if you're thinking like, “Well, how in the world? We've never had to do this before. Why would we do it now?” Exactly. We've never had to do it before, but we do now. Um...

Justin: It's wild, Syd, to think that I—we did the pol—y'know what I keep thinking about? I keep thinking about the polio episode, and in the polio episode, I think we briefly talked about like, they shut down all the swimming pools. And we were like—I remember like, “Wow, that's—what a—wow! Can you believe it?”

Sydnee: “Can you believe that?”

Justin: “All the swimming pools! What?” Everything is shut down! Like, the—I was like, surprised by *swimming pools* being closed. That's nothing!

Sydnee: And it really—we kind of eluded to it, like, back in 1918 during the Spanish flu. A lot of social distancing took place back then. Most of us probably do not remember that first hand. And it was very variable, depending on where you were, how much social distancing was taking place.

Uh, I think the closing of schools, um, universities... hopefully, that has been a big wake up call. In our state, restaurants and bars have now been closed, along with, just now, salons and...

Justin: Barbershops. Yeah.

Sydnee: Barbershops. Um, I think that all, quote unquote, “non-essential” businesses will probably be closed soon. And in many places where you're listening, that might be true as well. Um, and I know, again, that there are some people who, even now, are saying, “Well, this seems like an overreaction.” It's not. This is what we need to do. As hard as it is, this is what we should be doing.

Justin: I mean, we have... that's the scariest thing about it. We have no idea. Like, we—because of the lack of testing, like... we have no clue.

Sydnee: Yeah. You don't know who, out there, has it, and this is the only... this has been proven to work. This is the only option we have at the moment, is wash your hands and stay apart. And that includes... you can't have get-togethers in your houses. There were some people at work talking about, “Should we have a meeting of the book club?” [laughs] And I said, “Nooo! No! You can do a virtual book club. You can all read your books at home and then Skype each other about them.”

Justin: Yeah.

Sydnee: You can have a giant group text about them. No! You can't have a book club! You can't do that stuff. Again, I know. It's hard. But you've got to take it seriously, and if you know somebody who isn't taking it seriously, like, reach out with a friendly hand and say – a virtual friendly hand, don't actually touch each other, stay six feet apart – and say, “Can I please

implore you? Could I please talk to you about this? What are your questions? Why do you not feel convinced? Let me help you understand.”

If we stay apart, we don't all get sick at the same time, and we, in the medical community, are going to be able to take care of the waves of sick people as they come. That is the hopeful plan. And if that is the way things go, we'll all get through this a lot better. If everybody gets sick at the same time, 'cause they insist on going out to restaurants, or hanging out at each other's houses, or going to spring break and partying... if everybody gets sick at the same time, we won't have enough equipment and staff and hospital beds and ventilators to take care of everybody, and there will be unnecessary deaths.

I think—and I think that message has been out there a lot, but it's... if anybody is unsure, as this media hype is this real—this is real. And I am... I am just as shocked as anyone that this is where we are.

Justin: Yeah.

Sydnee: I did not see this coming in January. I really didn't feel it would get to this point.

Justin: That's why we're not medical futurists. [laughs] We're not even medical historians.

Um, let's uh—I want to talk to you a little bit about... you and I have been talking a lot, after you just, by sort of roll of the dice, like... we got back from our travel, and then, went home. And we've been at home since then. Except, Syd, just by sort of happenstance, is on hospital service this week. So she, y'know, went into the office, uh, y'know.

Sydnee: It's very different. I've always enjoyed inpatient medicine. I like the pace of it. I like, uh, the variety. In family medicine, we manage everybody, all ages, all problems. And so, I've always sort of looked forward to my weeks of inpatient medicine. I also work with a team of residents and students, usually; although, the students aren't allowed to come to school right now.

Uh, but I always have really loved that part of my job, and it's... it's wild how different the feel is, the atmosphere. And you have to understand – here, we haven't been... again, in West Virginia, we haven't been really hit with what we assume is coming – a big wave of cases. Maybe 'cause we're not testing. I know there is a degree of—

Justin: There's so many different theories. I mean, not—

Sydnee: Geographic and social isolation here.

Justin: Maybe we're not—people from the state don't travel as much, possibly, and the cases... um, here, have been—I mean, the confirmed cases, at least, have been thankfully—

Sydnee: Travel related.

Justin: Travel related, yeah.

Sydnee: As far as we can tell. As far as we can tell so far. Um, so, y'know, it—so far, we have not been hit by a bunch of cases all at once. But... it's very, um, ominous. There's a deep sense of foreboding, about whether or not we're going to be prepared, and how we're going to cope with this.

In case you're not familiar with West Virginia demographics, which you're probably not, we're an older state. We have, I believe, the highest chronic disease burden. Like...

Justin: Sounds right.

Sydnee: Y'know, percentage wise. Like, per... per person. Or at least, one of the highest. So, it is—and so, even people who aren't above that kind of—we know that this is a disease that is worse, the older you are. Although, it does affect younger people, too.

We have a high degree of people who are under that age limit, who still carry a high chronic disease burden. So therefore, more susceptible to the

severe forms of this disease. And uh, we have a lot of fears about what happens if we do have a lot of cases all at once. If it did take root in one of our nursing homes or something.

It's very... I think a lot of people are very scared. Everybody is being incredibly cautious, which is a good thing. Uh, hand washing. We're all watching each other. We're all singing together when we wash out hands.
[laughs]

Justin: [sings] Somebody once told me the—[normally] Is that—I assume that's the one you...

Sydnee: No. We're doctors.

Justin: ... go with.

Sydnee: We're boring. We just sing Happy Birthday.

Justin: Or Lizzo.

Sydnee: I do Lizzo. But other people sing Happy Birthday, so I sing along. Um, I know, I'm not cool. I just pretend. We all have discussed, at length, our various decontamination stations at home.

Justin: Talk about that. Talk about when you get home.

Sydnee: So, uh—

Justin: Now, we don't know... I don't know if that—we don't know of any—have not known of any cases.

Sydnee: I don't—there may or may not be a case where I work.

Justin: Right. It's not confirmed.

Sydnee: It's not confirmed. Again, the testing is taking like, three or four days to turn around. And so, it's very difficult to know if we're being exposed to it or not. We have—of course, I think that, in this area, the medical community has done an excellent job of coming together to come up with screening criteria, a way to separate and isolate patients who are of concern, to protect medical personnel, and protect our patients.

Like, for instance, when I get to work every morning, before any of us are allowed to see patients, we go have our temperature checked and registered. And it has to be signed in. Like, I can't... I can't get away with not. Not that I'm trying to. But like, you have to, to make sure everybody's afebrile.

And then, uh, obviously, everybody's taking the precautions we can, if we actually have to see a patient of concern. You've probably heard a lot about the shortages the country is experiencing in personal protective equipment.

Justin: PPEs, I've heard people use that acronym.

Sydnee: PPE. Mm-hmm. And uh, that is definitely true. In order to go into these rooms – although, I know this has been a shifting issue – what exactly do you need to wear? Ideally, a gown. A disposable gown. Gloves. A face mask. A lot's been made of the N95 masks. I know, recently, the CDC downgraded it to a surgical mask. Most people do not feel comfortable with that. And I think the science says, the only thing that's 100% fool proof would be like, a respirator, like you've probably seen in movies, like in the biohazard rooms and stuff.

A face shield, or goggles; although, ideally, a face shield, like the plastic shield that comes down would be better. And uh, we should be wearing that whenever we see any of these patients. I have not experienced the shortages; although, everybody's trying to be very careful about reusing what you can, saving what you can. Um, because we expect that there will be shortages when the patients start coming.

That's what everybody's kind of waiting for. I think that's what it is. It's the anticipation. We do not—we are not so naïve as to believe that we're not

going to get it here. Um, and we're nervous about the fact that we're not testing, so we don't know where it is. Y'know, it's just out there somewhere, and it's invisible.

Uh... everybody's having to wear the hospital scrubs, which is interesting. I never realized how many people were buying nicer scrubs until I looked at everybody and went, "Why does it—why do we all look so schlubby, myself included?" Because we're all wearing hospital scrubs. [laughs] And they don't fit. As I've said before, they do not fit like they do on Grey's Anatomy.

And when I get home every day, I leave as much stuff as I can in my car, which, for now, is just like, the contaminated place. But we don't go anywhere, so... nobody ever gets in it but me. But when I get out, I have like, a little decontamination corner of the garage where I strip completely, I bag up all my clothes, I go ahead and I have some Clorox wipes that I wipe down like, the things I'm gonna bring inside the house, like my phone and my watch. My water bottle. Those kinds of things.

And so, I wipe everything down with Clorox wipes, and then, I run quickly through the house, yelling at the girls, "Don't hug mommy yet! Don't hug mommy yet!" [laughs] I throw all of my clothes in the washer immediately, and then, I run to the bathroom to like, wash off and shower off and wash my hands and get as clean as I can. Or at least, until I feel clean. Do a thorough wash down. And that's kind of my decontamination routine.

I know some physicians in areas where there are more cases, or who are on kind of the front lines, like our ER physicians, um... and not just physicians. I should say, all medical staff, um, have taken to staying away from their families. They're setting up like, little beds in the garage or the basement or somewhere else.

We haven't done that at this point, because we haven't really been exposed to it, as far as I know.

Justin: Yeah.

Sydnee: But I know some people have had to do that. And that's important to remember. I talk a lot about physicians, because I am one, and so, it's what I know. But all of our healthcare personnel are coming and working, and... all over the country, all over the world, are saving lives.

Our doctors, our nurses, our medical assistants, our respiratory therapists, they're physical therapists, they're occupational therapists, they're phlebotomists. All of the techs, the radiology techs, and the lab techs, and y'know, all—all these different people who are coming. Our janitorial staff, who's cleaning constantly. I see them all out cleaning the handrails and doorknobs and everything constantly. Our receptionist.

Everybody who works in the medical system, they're coming, and they're doing their jobs and doing the best they can to keep you safe. Um, but I've never seen my colleagues scared. Ever. I've been in a lot of rooms. I've been in negative pressure rooms. I have been exposed to a lot of things. I've never felt scared, and I think a lot of us do, now.

It's very—it's weird. It's... it's something I have never experienced in my career.

Justin: Um... so, any other like... in terms of things people can do, because it is—it doesn't seem like there's a lot, especially for us non-physicians. And we know all the stu—I mean, social distancing. Anything else?

Sydnee: I mean, the number one thing you can do is just stay home. Um, don't be tempted to, "Oh, I'll go over to my friend's house just for a little bit." Just don't. Please. Please. It's the best thing you can do if you want to help us out, who are going to take care of people, and if you want to help out like... y'know, your grandparents. Your elderly neighbors. Your immunocompromised friend. Like, y'know.

If you're a young healthy person, good. Then I hope you don't get sick, or if you get it, I hope you get a mild form. But there are people who are less likely to. So, stay home. Wash your hands. I think we've said it before.

Soap and water work great. It doesn't need to be hand sanitizer. Soap and water actually is the better option.

Justin: Better, right? It breaks down the... something.

Sydnee: Yeah. So I mean, hand sanitizer works. If you don't have soap and water, use the hand sanitizer. But um, wash your hands. Wash them thoroughly. 20 seconds. Sing Happy Birthday twice. That's the standard. Um, all the time. Uh, what else?

Oh, a couple things to know. This is not the time to be hoarding. While it is good to try to limit your runs to the store, and buy a little bit more than what you need, everybody—there are a lot of people out there who need, for instance, like, formula for their babies, or baby wipes or diapers or toilet paper or milk or bread. And I don't think it does society a service to buy all of it. [laughs] Especially formula.

There have been so many people who have not been able to find formula for their kids. I saw a recipe online that somebody was passing around for how to make homemade formula, and... come on. Like, we're better than that. Y'know? I mean, we can do better than that.

And if you are somebody who's experiencing that, you can look on the can. There's a number you can call, and they'll ship you some. Um, but still. And it's the same with medicine. So, you're gonna hear a lot of rumors about something that works. A secret cure. A secret medicine that doctors know works now, and that somebody discovered.

Notably, there's a medicine called Plaquenil, or hydroxychloroquine, or you may have just seem chloroquine, which has been investigated. It's—chloroquine, we use for like, malaria. Plaquenil, hydroxychloroquine, we can use for lupus. And there are people who depend on this medication to live, already, who take it and need it.

There was some very mild correlation with taking this and doing better with the severe—moderate to severe forms of the disease, and it is under

investigation. There is no evidence, right now, that if you are well and asymptomatic, that you need to take it, so please do not buy it.

If you are someone who can prescribe, please do not prescribe it to your friends and family to have just in case. We're creating a shortage of a medication that people need to live. So, if you see that, no, we don't know that yet, and there is no benefit to you getting your hands on it and hoarding it. Please don't do that. You're taking medicine from someone who needs it.

Same thing with uh, I think the only other things I've heard out there are like, should we stop taking a blood pressure medicine called an ACE inhibitor? Right now, the evidence says, no, don't stop taking your blood pressure medicine unless a doctor tells you to, so please don't do that.

And then, I think there was a lot of information going around about, um, anti-inflammatory medicines, like ibuprofen, and whether or not they make COVID worse. Uh, the evidence is very weak for that, again. If you're really nervous, and you have a headache, just, I guess, take acetaminophen instead. But I mean, I don't know why anybody needs to take ibuprofen, but... [laughs]

But again, these things are being blown out of proportion; not just by like, Facebook memes, but unfortunately, by some head government officials. [pause] Maybe like, *the* head government official. And that's not necessarily where you need to be getting your information. Trust the CDC. Trust the World Health Organization. Talk to your local health department. Talk to your local physicians in your community.

I know our community of doctors has come up with, y'know, screening criteria and protocols for everything. For inpatient, for outpatient, for the community, for how we're going to cope with this. We're being very proactive to try to address this and serve everybody as best as we can, and y'know, I would not look to social media for accurate information about this right now.

Justin: Yeah. Now, Syd, a lot of people are saying elderberry has been really effective. Where are we at on that?

Sydnee: Are you really—are you really gonna poke the bear with elderberry? No, please don't use elderberry for this.

Justin: God, if you make up some BS herbal solution to this... like, we will—this will be over one day, but it will not be over for us here at Sawbones. We will continue to come for you. [laughs]

Sydnee: You should—I said before that you should get your flu vaccine. This remains true, that you should still get your flu vaccine.

Justin: Maybe combine that trip with another trip. Like...

Sydnee: Yeah. If you're going anyway, like, they have it at the local pharmacy. Get your flu vaccine. Please don't go somewhere and endanger, y'know, expose yourself in order to get it. But it's safe to do that.

You also—it is safe to donate blood. And that is becoming a problem, because people are afraid to go donate blood, and understandably, right? We've told you all to stay home, so I get it. But it is—it is still safe to donate blood, and please do that if you are capable. I know the American Red Cross is experiencing some shortages because of that, and um, we all need to do our... do our best and be our best. Maybe more so than we've been called in our lifetime to take care of each other.

Justin: Yeah. Um, one thing that, actually, Sydnee and I haven't talked about. We knew we were gonna do this episode. Um... I don't know what the next episode of Sawbones is. For me, it seems... weird... to not talk about this if it's happening. Flipside, y'know, you may want a break from it. I completely get that.

Sydnee: Yeah.

Justin: It is—I mean, folks... if it has been all you've thought about, and/or talked about, like, you are not alone. It is definitely that way here at the

McElroy household where we have to force ourselves to engage with Survivor for 45 minutes, just to give ourselves like, a break from actively obsessing constantly.

Sydnee: The main thing—yeah, I can understand. It's hard for me to talk about anything else, but I think we all do need to take care of ourselves, physically, emotionally, mentally, spiritually. And part of that is like, taking a break. I will do my best to, by next week, have something that is not about coronavirus for us to discuss.

Justin: Or, at the pace things are movin', maybe it will be about coronavirus. [laughs] Y'know, who knows.

Sydnee: Well, it seemed disingenuous to talk about anything else.

Justin: Right.

Sydnee: It's really—if you're feeling in shock with how fast everything's shifted, you're not alone. I think, probably, we're all feeling that way. Y'know, I don't think any of us expected to be living in times like these.

But if you are being—if you are doing what you should do and staying home a lot, uh, please don't do what I do, which is eat tortilla chips all day. [laughs]

Justin: [bursts into laughter]

Sydnee: I don't know why that's all I want right now. I don't know what that symptom is of. I don't think it's of coronavirus, but all I wanna do is eat tortilla chips. Um, don't. Like, do your best. Routines help us all.

Justin: Yeah.

Sydnee: These are gonna be new routines, but routines help us cope with life. Try to get out of bed at some point. [laughs] Get dressed. Get cleaned up for the day. Y'know, for me, a shower does wonders.

Justin: Maybe that's what we should do next week. I've been, uh, basically living as a shut-in for the past decade. Maybe I could just give all my hot... my hot tips for the shut-in life that I've willingly engaged in.

Sydnee: I think—I think that would be helpful. 'Cause I know, for a lot of people, um, I don't mind to hang around the house a lot. But for a lot of people, this is... this is very challenging. And there's no reason that—you can own that. That's okay. It's okay to admit that. You don't have to say like, "Well, all I have to do is hang around the house, so I have no right to complain." No! Still do it, but you can complain about it. It sucks.

Justin: Just remember that like... here are the two things you can cling to. One, there is almost—no matter what scenario you're in, there is... absolutely someone who has it as hard or harder as a result of this. It is literally affecting... everybody. And we're all—but the flipside of that is, this is one of those rare things where you can actually impact it. Like, you can do something with the feelings that you have, and that is, like, you can help. You can stay home. You can practice good hygiene. Et cetera.

Sydnee: Yeah. Flattening the curve is not rhetoric. We know that this is very communicable, and we know that a lot of us are going to get it. The key is that we don't all get it at once, so that is not—that is not hype. We do need to flatten the curve. It will help protect us. It will help keep us all safe. It will help more of us live to see the other side of this, which is the ultimate goal.

And uh, please, work to help those in your community who have been impacted by this. Not directly by the virus itself, but indirectly by the closing of everything that's occurred. I know we have been trying to like, look at what local restaurants can we order food from? You can do, like, pickup or delivery. A lot of places are like, we'll take it out to your car. You don't even have to go inside.

But look for that in your community. I know there are a lot of funds being started to support, like, not just the service industry, but like, the entertainment industry. A lot of people who are out of jobs because of this, um, and obviously, more needs to be done for that on a government level. I don't... y'know, we don't have that impact.

But you can call your congress people. You can remind them that shutting all of the bars and restaurants down was great, and the right thing to do, but the only way that it works and long term has good effects is if it's coupled with...

Justin: Makes the sacrifice worth it for the people that lost their jobs. Like...

Sydnee: Yes. It has to be coupled with, let's—we need to stop rent payments, we need to stop mortgage payments, we need to—we need student loan forgiveness. We need healthcare for everybody. I mean, you have to couple it with these things, or you haven't ultimately done all the good you can. So...

Justin: Um, that is gonna do it for us this week on Sawbones. Thank you to the Taxpayers for the use of their song, Medicines, as the intro and outro of our program. And uh, thanks to you for listening. Hang in there. This, too, shall pass. Someday, you're gonna be able to come back to this episode and... well, you'll probably skip this one, come to think of it. [laughs]

Sydnee: I wouldn't blame you. But it's gonna—we will get through this.

Justin: Yes.

Sydnee: We will get through this. They're working on a vaccine. It's not gonna be ready for a while. 'Cause you want it to work, and you want it to be safe. But they're working on one. We know that vaccines work and save lives.

Justin: Yes. Save us, vaccines. You are our only—

Sydnee: Save us, vaccines, again. [laughs]

Justin: Yeah, ride to our rescue. Our undeserving rescue one more time. [laughs] Okay. That's gonna do it for us.

Sydnee: Stay hopeful.

Justin: Yeah. Stay hopeful, stay home. Uh, that's gonna do it for us for this week, so until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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