VIRUS

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scholar at the Pioneer Institute, said she thinks the revised guidelines are still insufficient because they remove the decision-making process about medical care from the clinician treating the patient.

"That's really playing God, and I think it's playing God with incomplete information," Ms. Anthony said. "You can have a 75-year-old who may live, especially if you're in my family, another 15 or 20 years, and to pit that against a 40-year-old who smokes, for example, who could drop dead of a heart attack in six or seven years, we don't, there are so many variables involved that I just take complete issue with these forecasts based on criteria. The rules should and can be rewritten," said Ms. Anthony, a former undersecretary at the Massachusetts Office of Consumer Affairs and Business Regulation.

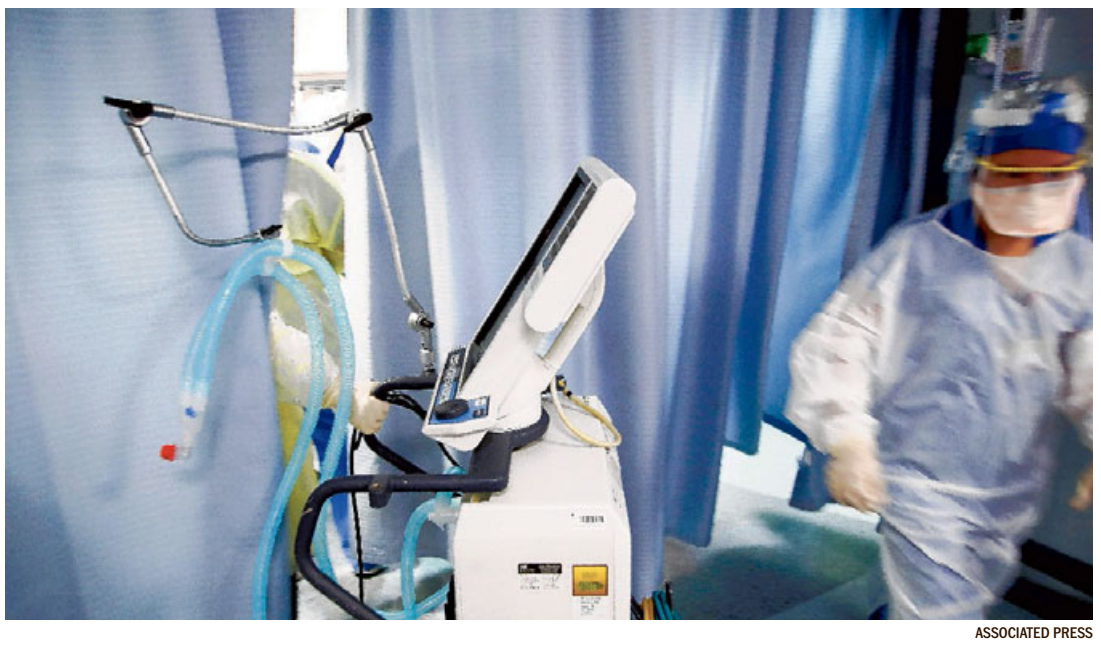
The criteria states use to predict COVID-19 patients' life spans are closely guarded. The Massachusetts governor's office and the state Department of Public Health refused to answer questions about the standards from The Washington Times.

Disability rights advocates filed complaints in March about crisis standards adopted in Alabama and Washington state, including with the U.S. Department of Health and Human Services.

Roger Severino, director of the HHS office for civil rights, said his office would work to protect Americans from the "ruthless utilitarianism" resulting from life-and-death decisions during the coronavirus outbreak.

The Trump administration issued recommendations for crisis standards for state officials to consider.

The White House enlisted a 12-member Crisis Standards of Care group led by Dr. John Hick of Hennepin County Medical Center in Minnesota and Dr. Dan Hanfling of In-Q-Tel, the CIA-contracted venture capital fund, under the auspices of the National Academies of Sciences, Engineering and Medicine.



ASSOCIATED PRESS

Officials in Virginia and other states keep under wraps how limited medical resources would be allocated and whether a lottery or other process would settle a tie when two patients qualify for limited treatment.

The working group's recommendations provide "principles and guidance" but stop short of ordering measures such as lotteries for life-sustaining care.

"It is neither appropriate nor feasible for us to detail actual choices and preferences that apply to specific situations, each of which depends on the exigencies of the epidemic relative to locally available facilities, equipment, personnel, and other needed resources," the working group wrote. "Rather, this document describes the basis upon which to carry out such decision making whenever it has to happen."

Virginia considered the working group's recommendations when developing its plans, said Dr. Parham Jaberi, Virginia Department of Public Health chief deputy commissioner for public health and preparedness.

"The document was informative, but I do not recall pulling any specifics from that report into our guide," he said.

Virginia has not fully disclosed how life-and-death decisions would be made under its crisis standards. Officials keep under wraps how limited medical resources would be allocated and whether a lottery or other process would settle a tie when two patients qualify for limited treatment.

The state's COVID-19 unified command structure includes a task force responsible for planning alternative sites if health care facilities are overrun and for developing strategies to manage and mitigate a surge in patients.

Virginia has not met the threshold for enacting crisis standards of care, such as staffing shortages at health care facilities, lack of life-sustaining resources or complete depletion of medical countermeasures, officials say.

HHS has emphasized that the federal government is not forcing states to adopt its crisis standards of care recommendations, nor is it bothering to track whether anyone is.

"There are no federal crisis standards of care authority," said HHS spokeswoman Gretchen B. Michael.

"Decisions about scarce resources can be extremely challenging," Ms. Michael said. "State and local authorities, as well as health care facilities, have greater insight into the needs of their communities and are best positioned to make these difficult decisions."

Although states apply different standards, they are generally operating under conventional, contingency or crisis standards of care.

Virginia adopted contingency standards of care on March 20. The crisis standards pertain to a sustained catastrophe rather than a busy night in the emergency room.

If doctors begin entering patients into state-developed lotteries for their lives, it is not clear whether the public would have any warning. HHS said it does not track whether crisis standards of care are implemented, and states do not have a uniform approach.

Massachusetts' latest guidelines require hospitals to notify the Department of Public Health upon enacting crisis standards, but whether the list of hospitals using crisis standards will ever become public is unknown.

Many states and hospitals have avoided operating under crisis standards during the pandemic, but they may have more difficulty delaying implementation as states reopen.

WHITE HOUSE

Trump taking malaria drug to stave off coronavirus

By Tom Howell Jr.
THE WASHINGTON TIMES

President Trump revealed Monday he has been taking a malaria drug that he once spotlighted as a promising treatment for the coronavirus despite the lack of clinical proof.

Mr. Trump said hydroxychloroquine has been around for decades and he's "heard a lot of good stories" from COVID-19 patients.

"I happen to be taking it," Mr. Trump said, catching White House reporters off-guard. "Right now, yeah."

He said he started taking the drug, with zinc, a "couple weeks ago," but then later said he had been taking it for a week and a half.

"A lot of good things have come out about the hydroxy," Mr. Trump said. "You'd be surprised at how many people are taking it, especially the front-line workers, before you catch it."

Mr. Trump and the staff around him are tested regularly for COVID-19 to protect him, and the president hasn't exhibited any symptoms of the disease.

Even so, Mr. Trump said he asked the White House physician if it would be OK to take the malaria drug and the doctor said yes.

"There is a very good chance this has an impact, especially early on," Mr. Trump said, claiming many doctors take it as a preventative medicine.

Mr. Trump said he hasn't asked Vice President Mike Pence or others at the White House if they're taking the drug, too, though he "wouldn't be surprised" if they were.

The president did not cite any proof of its clinical efficacy except that he has received glowing calls about the drug.

Mr. Trump made the revelation as he criticized a government whistleblower, Rick Bright, who says he was transferred from the helm of the Biomedical Advanced Research and Development Authority to a job at the National Institutes of Health after he clashed with administration leaders over the use of hydroxychloroquine as a potential therapy for COVID-19.

Mr. Trump pushed hydroxychloroquine for weeks as a potential treatment for the coronavirus, citing limited studies and positive anecdotes from people who had taken it and recovered. He invited a state lawmaker from Michigan, Karen Whitsett, to the White House to discuss her belief the drug saved her life.

Mr. Trump said people have little to lose in the face of the deadly virus.

However, there are concerns about hydroxychloroquine's potential side effects on heart rhythms.

The Food and Drug Administration cautioned people not to use hydroxychloroquine outside of a hospital or clinical trial, and the Department of Veterans Affairs found coronavirus patients who took the drug fared worse than those who didn't.

Mr. Trump complained that people who maybe "weren't big Trump fans" gave it at the VA and then extolled his efforts to reform the agency.

The president had toned down his promotion of hydroxychloroquine after a separate drug — remdesivir — seemed to help people with severe cases of COVID-19 recover faster.

Federal regulators approved remdesivir, from Gilead Sciences, which is given intravenously for emergency use, setting off a scramble to allot it to hospitals.

Suddenly, hydroxychloroquine is back in the news, with Mr. Trump saying he couldn't wait to see reporters' eyes light up when he told them about his decision to take it.