

OPINION

Pacific Business News welcomes letters to the editor

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'Blunt and costly' lockdowns



A. Kam Napier
Editor-in-Chief's Notebook

OUT OF STEP

With the blessing of U.S. Surgeon General Dr. Jerome Adams, Hawaii Gov. David Ige and Honolulu Mayor Kirk Caldwell ordered all of Oahu into a full-on lockdown for the next two weeks that started Thursday. It's as if government officials are learning nothing from five months of experience with such methods and Hawaii's leadership seems out of step.

On Aug. 14, in this column, I shared concerns from Dr. Michele Carbone, director of thoracic oncology at the University of Hawaii Cancer Center, that restrictions on outdoor activities were doing more harm than good, since the risks of outdoor, open-air transmissions are low and benefits high.

Nevertheless, Caldwell, on Aug. 18 ordered: Nobody go outside! We're closing the parks, beaches and hiking trails!

The next day, City Journal reports, "The battle to defeat Covid-19 is being fought indoors," stating, "Covid-19 is an indoor disease." See biz.us/1q5ufq for the full article.

On Aug. 24, The Wall Street Journal reported, "New Thinking on Covid Lockdowns: They're Overly Blunt and Costly."

The very next day, Caldwell and Ige locked down Oahu.

The gist of the WSJ piece, available to subscribers at biz.us/1q5ufe, is that there is now five months of global data showing no relationship between the severity of lockdowns and any consistent reduction in coronavirus transmission or Covid-19 deaths. The only certainty is that lockdowns have resulted in the world's worst



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economic downturn since the Great Depression. Targeted interventions could save lives at far less cost.

But we don't do targeted interventions here. In the same press conference announcing the two-week shutdown, officials noted that our Pacific Islander community, which comprises 4% of the population, has made up 30% of the positive cases. OK, so how, exactly, does closing most Oahu businesses make a difference in what is described as social spread of the virus within that community? And, to the degree that this community is socioeconomically disadvantaged and most likely to work in the service sector, isn't it their jobs this blunt and costly intervention threatens most?

HOSPITAL CAPACITY

We're told the lockdown is necessary because the hospitals might be overwhelmed by Covid-19 hospitalizations if case counts aren't reduced. But I noticed that Lt. Gov. Josh Green has provided changing, and dwindling numbers.

On March 31, he said, "Hawaii has 2,757 licensed hospital beds statewide, 338 ICU beds and 534

ventilators," as quoted by Maui News.

Yet on Tuesday he said, "52% of the state's 244 ICU beds and 24% of the 459 ventilators are now in use, by both coronavirus and non-virus patients."

Hold on — over the past five months, Hawaii's ICU beds and ventilators have been disappearing?

I've asked the Covid-19 task force for clarification and as of press time, haven't received an answer.

For an independent insight, I emailed Hilton Raethel, president and CEO, Healthcare Association of Hawaii. He replied that the number of licensed hospital beds is "relatively static" at "3,031 licensed beds in Hawaii, including Tripler, Hawaii State Hospital, Kahi Mohala and Rehabilitation Hospital of the Pacific."

The number of licensed ICU beds in Hawaii is also stable at 316, included neonatal ICU and pediatric ICU beds at Kapiolani.

Raethel said there are "439 ventilators in Hawaii including 16 at our emergency services coalition. That number has increased as some hospitals have purchased additional ventilators. We do not have the

latest number."

There are "approximately 2,000 staffed beds in Hawaii," which he described as typical, noting "we can generally accommodate more patients."

"As of today, our hospitals are at 104% of staffed bed capacity overall," he wrote. "Our ICUs overall are at 80% of staffed capacity, and we are using 24% of our available ventilators."

Raethel is more concerned about staffing than beds, hence his efforts this week to request federal aid to bring in Mainland nurses.

Hawaii was short on critical care and operating room staff even before the pandemic, he said. And lately it has been difficult to recruit traveling nurses, because they would have to go through our mandatory two-week self-quarantine before they start working.

"The question is not how many Covid patients we can treat, but rather how many patients overall can we treat," he said. "We have plenty of ventilators, and we have adequate ICU beds at this time. We have plenty of available (licensed) beds in our hospitals, but we are short of staff, specifically, staff for medical surgical and telemetry (monitored) beds."

Does that sound to you like a problem that can only be solved by destroying businesses and livelihoods?

ANOTHER BIKI RIDE

I'm not sure if this was legal, but I rode solo through McCully and Moiliili on Saturday. Couldn't help but notice the surprising number of abandoned and neglected structures. Trying to remain optimistic, I tried to look at these ruins as opportunities and, indeed, Senior Editor Janis Magin let me know some of the ones I photographed are slated for redevelopment. Still, I couldn't help but think: Get used to this, Honolulu, because when tens of thousands of people leave Hawaii, abandoned homes and commercial structures will be the ghosts they leave behind.

▶ WHAT DO YOU THINK?

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