**Tracking COVID-19: Clark alumnus Alexis Madrigal ’00 leads data source that’s powering the nation’s information**

Webinar, June 3, 2020

ED BOSTON: Good day. Welcome to Clark College Foundation Alumni Relations Presents: Tracking COVID-19, featuring our special guest Alexis Madrigal, a 2000 alumnus of Clark College. I'm your host, Ed Boston, Director of alumni relations with the Clark College Foundation.

This program is being recorded and will be posted on YouTube at a later date. You can use the Q&A function to submit a question. If we don't get to all of the questions during the program today, we will do our best to follow up by sending out communications with additional information.

Should you encounter any technical difficulties during the program today, please submit your comments, as well, through the Q&A function. We'll do our best to help resolve those.

Now, let's turn our attention to today's program. We will follow it as an outline. There will be an introduction of our speaker and moderator. We'll gain some additional insights into the COVID Tracking Project specifics that I know a lot of us are interested in learning about. We will have then a portion of the program for audience questions, and then we'll talk more about follow-up following this.

Now, let's get an idea of who's actually in attendance with us today. We've got a poll that we'd like for you to respond. Please take just a moment to respond. What is your connection to Clark College?

OK, let's go see the results. So it appears as though we have 24% alumni, 9% students, 6% of you are a trustee of the foundation or alumni board member, 43% current faculty and staff, 4% retired faculty or staff, and 28% community members and 7% others. I really want to thank you all so much for attending today's event. We believe it's a program that all of us will gain some insight from.

It's time now to introduce our guest speaker. He's an author and a scholar, Alexis Madrigal, a 2000 alumnus. He attended Clark College as a Running Start student, continuing on to Harvard, magna cum laude in English. He was a visiting scholar at UC Berkeley and a member of Harvard's Berkman Klein Center for Internet and Society. Madrigal joined The Atlantic magazine as a writer, eventually serving as tech editor and deputy editor. Madrigal's first book, Powering the Dream: The History and Promise of Green Technology was published in 2011. Alexis is also a 2019-2020 Clark College Outstanding Alumnus.

We really appreciate having you here with us, Alexis, for today's program, Tracking COVID-19. Now let me introduce my colleague and program moderator, Rhonda Morin. She is the executive director of Communications and Marketing for Clark College Foundation. Rhonda, take it away.

RHONDA MORIN: Thanks so much, Ed. And we'll get Alexis' video up here in just a second. But I wanted to first say, of course, thanks, Alexis, for being here with us today, and also congratulations for being one of our Outstanding Alumni Award recipients. It's quite an honor to receive that award, and we're excited to be able to bestow that on you.

I wanted to make sure, too, that today that we're acknowledging that this is a very emotional topic with, of course, a pandemic and the outbreak and the outbreak situation, and also the protests and activity that has happened over the last week and a half. We're going to be speaking about data today-- a lot about data-- but these are human lives behind this data, and we want to say that out loud and to acknowledge that.

And we know that all of the attendees that are here today are affected in all kinds of different ways or have family members or friends who are affected in ways, in a lot of ways, and there are lots of barriers that people are facing right now. And that's why it's even more important for us to be talking about accurate and reliable and timely information.

So, Alexis, if we could have you turn on your video there, we'll get you going here-- and your audio-- and then I have a specific question I want to lead right into that has to do, of course, we're going to be talking about the COVID Tracking Project. Um, hello.

ALEXIS MADRIGAL: Hey, how's it going?

RHONDA MORIN: Of course, your COVID Tracking Project is the really only reliable source for national testing data by state or government territories. And this is important information to inform us as a society. It's important to be able to collect this data and to be able to report out on a variety of entities from organizations to national groups to other journalists. But given what's particularly on the top of our mind right now, given what's happening across the nation right now, I really want to start off with the work that you've done around the racial disparities and the outcomes in those disparities.

ALEXIS MADRIGAL: Mm-hmm.

RHONDA MORIN: Super-hard to track, right? I get that. Tell me a little bit about how you changed to focus some of the work on the tracking project for that and what are some of those flaws that you're finding in your data?

ALEXIS MADRIGAL: Sure. Well first, I just wanted to thank you for having me here, and also just acknowledge the role that Clark College played for me, specifically on some of the issues. My father's from Mexico and my mom's from Massachusetts, so I was kind of always aware of race and ethnicity as key structuring things in American life.

But at Clark College, I had an amazing professor, Dr. Samuel Kelly, who was the first black dean in the University of Washington system. And then in his retirement, had come and was teaching a night class in American History at Clark in 1999. And I was lucky enough to take his class.

And he was just an incredibly influential figure for me in that he had been a major civil rights leader in a bunch of different kind of ways, not just within the university, but in the military. He was a Korean War veteran. And then he actually ran a school here-- well, there, in the area-- in the Northwest.

And I feel like he really embodied, for me, the kind of moral purpose and sense of justice that you can particularly get in someone who's sort of been through it. And going through that class, in particular, at community college, with so many different types of learners, so many different types of people, and being pushed by him to further my education and also to further my thinking about, you know, justice in the world in the context of 20th-century American history.

He kind of touched off a lifelong interest in those things which, somewhat, has culminated down the line with the book that I've been working on for the last several years-- and I'm getting to the tracking project part of it-- about a woman named Margaret Gordon-- Miss Margaret here. I live in Oakland now, and she's a West Oakland environmental justice leader. And really returned me to many of the issues, exact same things that Dr. Kelly taught me about back in the '90s. And one of the major ones is about health disparities.

I ran into people who had done some foundational work here on life expectancy for different groups, based on your zip code. And we have in American cities, routinely, life expectancy gaps of 10 to 20 years. You're talking about the difference between like a Nordic country and one of the poorest places in the world and we have those differences in life expectancy inside American cities.

And so when we saw what was happening with COVID-- we're doing a lot of tracking-- a colleague of mine at The Atlantic named Ibram X. Kendi actually has the number-one best-selling book on Amazon right now called How to Be an Antiracist. He is-- he started to write a series of essays about how little data was available on racial disparities at the beginning of April.

And so I got in touch with him. I said, listen we've been doing this tracking project. We will do whatever we can. Let's get together. Let's start to track this data on a state level and then let's push the states to release more information.

When we started this, only a handful of states were releasing any information at all on racial and ethnic testing, deaths, cases, anything. And now we've got up to 48 of the 50 states, and we actually just got Nebraska and North Dakota, who were the two holdouts, to push through and give us some data at least about what's going on. And pretty much across the board, what we see--

RHONDA MORIN: Are we having a little bit of a technical difficulty there? Here we go. Back to you. Back to you.

ALEXIS MADRIGAL: I don't-- my parents were frantically texting me, going "you're off."

[LAUGHTER]

I apologize.

RHONDA MORIN: That's OK. I was trying to punt for you, not doing a great job. I was just going on about saying how it is so difficult for you to not only to get states to report this kind of data, as you were saying, but how much your volunteers have had to work to get this kind of data.

ALEXIS MADRIGAL: Yeah. Yeah, absolutely. So we-- you know, we have two different teams that really work on this. We have a team that does, like, the data entry and sort of ingests all the data from all the states. They go to all these different state web pages. They talk with state health departments.

And then we have an outreach team that does other kind of work, does advocacy for the transparency, so those folks, you know, contacting state senators who are interested in information. They go to other kinds of people and advocate for the importance of this data.

And I think it's really important for two reasons. I mean, one reason is that it's deeply important inside of the black community, inside the Mexican community, inside the Native American communities, which often have been hit really, really hard because you need-- people organizing in those communities need to know what's happening. Right now, one thing that's happening within the pandemic, though, is the virus is not hitting equally everywhere, and so if you want to understand at all what's happening, you need to understand what's happening inside individual communities.

And if we had had more of this data available earlier-- if you've seen what's happened in meatpacking plants, for example-- if we had had more racial and ethnic data available earlier, we might have seen what was happening there earlier before so many people got sick because you would have had a lot of small towns with small populations of people of color, but lots of them were getting infected because a lot of them were working in these meatpacking plants. So it's really about those two things, both understanding the outbreak generally, but it's also about understanding within individual communities.

RHONDA MORIN: Tell me a little bit about the flaws that you're finding in your data as a result of maybe a mismatch of data coming from different states.

ALEXIS MADRIGAL: Yeah, I mean, the main problem with the data on race and ethnicity is that a lot of the data is missing, particularly for cases. For deaths, we probably have something like 70% to 100% coverage, depending on the state. But for cases, like Texas only has race and ethnicity data for about 25% of the cases that they report.

And a lot of that has to do with baked-in problems in the health care system, at least from how we understand it. Tests are being done by a laboratory somewhere. That laboratory doesn't send data to the state except for just, hey, this was a positive case. And so then the state or the county-- the public health infrastructure-- then has to go back to the doctor who ordered that test and say, who is this person? And then do that matching up, do that investigation.

I mean, hopefully, if we're able to actually get over the top of this outbreak and begin to do more of that sort of contact tracing and we have fewer cases, that sort of work becomes more possible. Right now, in a lot of cases, there are just too many positives to follow up on, and that's been the case since, really, the beginning of the outbreak.

RHONDA MORIN: We're going to touch on this in a minute, but in specifics to the racial disparities in the outcomes, how is the data from the CDC matching up with states?

ALEXIS MADRIGAL: You know, the CDC has released a kind of somewhat limited amount of race and ethnicity data, but it's not like it tells a remarkably different story. You see over-representation of black people in cases, as well as in deaths all across the board-- and in hospitalizations-- that's some of the better data that the CDC has. There's this sort of monitoring system that they set up in 10% of hospitals, and so that actually has been pretty useful for us.

So, you know, what we foresee happening over the next couple of months, just having talked with a lot of different people within this kind of data supply chain-- we see a lot more data sources coming online. We think the data will get both better and more confusing. The CDC has, basically, been absent until very recently, and they are coming on with more information. We know that they have even more than that that they could be sharing, so that's one of the things that we're really advocating for.

The COVID Tracking Project is, you know, it's like a little mini-pirate CDC. But ultimately, we're not the best people to do this work. Ultimately, the best people to do this work is the real CDC, who have the power to standardize the data that's coming into them and who can aggregate it in different ways to make different types of analysis possible.

We have to just take what we get from the states and do things with it and provide it to people. We can't really go inside the state level and work with things. And so you know, that's one of the kind of the crucial, crucial roles of the CDC is to standardize this data from across the country.

RHONDA MORIN: And to that point, you can't strong-arm the states to do such and such. You can only make requests about data for them to make changes, right?

ALEXIS MADRIGAL: Exactly. Yeah, we do beg them, though. We beg them. We tell local reporters on them. I mean, we tell anyone.

Kind of at its best, the project sort of works as sort of the hub of a bunch of local reporters on one side, who are out there asking states and different places about different things, and then on the national reporting side, we're feeding the data that we get out to a bunch of different national publications. So the COVID Tracking Project gets cited, my mom, who's watching, keeps the spreadsheet of all the citations. And I think-- I don't know, probably 600 or 700 just since we started tracking a few weeks ago. And that's kind of everything. It kind of runs the gamut of publications from little tiny ones to big ones.

But one of the things that's really powerful about the model is that when we discover that one state is doing something-- like, we discovered there's kind of two kinds of tests you can get, right? I think most people understand this. There's a viral diagnostic test that's like, you have-- you're infected right now, and then there are antibody tests which say, like, OK, you were infected in the past. These are really two different types of information. They're both really useful, but they're very different. And to say nothing of the fact that a lot of the antibody tests that have been sold so far have questionable accuracy.

So we found out from a local reporter in Virginia that Virginia was mixing their viral and antibody testing data. And what that does, in most places, makes it look like you're doing more tests, but you actually have fewer cases. So it reduces your positive rate, which is something that a lot of states are looking at for reopening, in part, due to some work that we did showing how important that metric was for understanding the outbreak.

And once we figured out that Virginia was doing that, we started talking about it with other states, the National Governors Association. We went out there like, "You can't do this. You're going to have to roll this back. This is a bad thing to do. You're mixing data that shouldn't be mixed, and it's going to be a problem," and revealed not only that, let's say, a dozen states were doing it, but the CDC itself, in its first data release, was also doing it, after having explicitly said that they were not doing that. And it was a kind of mistake that we just haven't really come to expect from the CDC, as a marquee technocratic agency of the federal government. And there's probably a lot of reasons for why they're struggling right now.

But for me, it was a proof of kind of model of change that we have, which is just that there are local reporters who are following what we're doing and feeding information in. We're taking that information, we can publish-- I can post things on The Atlantic with my reporting partner Rob Meyer, or it can go to other national publications. And I think building that network that's advocating for both data transparency and data integrity is, you know, it's a valuable thing.

RHONDA MORIN: Yeah, and you've hit on this several times-- integrity, accuracy, all of that. But first I have to ask-- so is the CDC separating viral and antibody testing now on their site?

ALEXIS MADRIGAL: They have basically "disclaimer-ed" it. They've said they're going to. It's-- yeah, it's a bit of a mystery how that mistake could have been made. I mean, we've been in contact with them about it and have-- there are reasons, and those reasons are sort of buried deep in the bowels of the sort of data systems that underlie the relationship between the states and the federal government.

And it's one of these times where, I think, COVID has really revealed this about America is just that-- and the data reflects this, as well-- that, you know, it really is a federal [INAUDIBLE] and, particularly, public health is like that. It is public health officers at the state and county level who do the stuff. They're the ones who have this legal authority. And because of that, coordinating a federal response is, A, more difficult than other places, but it also requires actual coordination. You literally can't just make people do stuff.

And I think one of my big worries, particularly in this moment, is where you had already started to see case counts go up outside of the original Northeastern epicenter-- one of my big worries is just that you're kind of fighting it on a state-by-state basis or maybe regionally, like the Western States' Pact or whatever it is. But it's not really like the virus respects the political boundaries that we've sort of set up here, which we definitely know because we imported so many cases from Europe in the early part of the thing. And that was one of the huge problems.

And so, if we have another major-- you know, the model here really is like fire throwing off sparks. And so if we get another really big fire going in some city or state and people start leaving that place, which is a natural thing to do when there's a major disease outbreak, what then? And I think the best we can hope for is that we don't get a big fire going, that maybe we're able to keep kind of this Sweden-like strategy that the US has backed into here, which is to say, we're just opening up even though we haven't stamped out the virus.

RHONDA MORIN: And then, of course, each state is doing it differently. Here in Washington and Oregon, it's in phases. It's the slow-- the slow trickle they're calling it. And yet you're still having people that are-- some are paying attention to the requests and then the rules, and some that aren't. You do have a mix of ways that people are responding to it.

I do need to go back, though, to some of that accuracy, if you would. If you speak to how you're-- the COVID Tracking Project, as you've mentioned, are getting the data from states individually, as opposed to counties or whatnot. So that's your source. Tell me about your accuracy rate level and why or why not you struggle with accuracy.

ALEXIS MADRIGAL: Yeah, so, of course, the grossest inaccuracies in the data set are that we missed so many cases because there wasn't testing available in the early part of the outbreak. And so what percentage of cases were we capturing in the early days? I don't know-- 1%, 2%, 5%, 10%-- no one's totally sure.

Now we're probably capturing a much larger percentage of cases, although we also still don't know what percentage. So that's kind of the biggest problem with the data set.

The accuracy of the case data matches up almost perfectly with both the Johns Hopkins tracker, which also incorporates a bunch of our data, as well, but the Johns Hopkins case tracking matches up really closely with what we have, as is New York Times, as does the CDC case tracking. Deaths is also very close. There's been a lot of debate and questions about how many people have died.

I think just about every public health expert I've ever talked to says it's probably a quite significant under-count of the number of people who died. And we can see that. It's not in every state, but the CDC has excess mortality statistics which show you how many more people died in a particular place relative to how many people would be expected to have died based on the last X number of years, and you can really see that in state after state. And when it comes to counting named COVID deaths, we're also very close to the CDC, New York Times, and other sources once you account for some of the state/city discrepancies, particularly in New York City.

Where things really are more difficult are in things like hospitalizations and testing, where our data set is more comprehensive than others but also is not complete either because not every state reports how many people are currently hospitalized, for example. And then when it comes to testing, the data that we have is only as complete as we can get from the states, which appears to be a better data set than what the CDC has put out thus far.

But we anticipate that the CDC data set will eventually become the highest quality data set. They just [INAUDIBLE] things and they're having some problems there. So we anticipate that we'll continue doing this for quite some time, in part because we feel like people need an independent check on the federal data sources right now, based on what we've seen so far from them.

RHONDA MORIN: Right. Exactly. I do want to encourage our guests today, our attendees, to post questions, if you have any, in the Q&A form at the bottom of your screen. If there are any questions that I'm not asking Alexis right now, we'd love to hear from you and I'm happy to provide those to him.

But let me ask you this-- you talked a little bit about antibody tests early on. Will you be tracking at some point antibody tests on the COVID-19 Tracking Project?

ALEXIS MADRIGAL: Yeah, totally. Yeah, we should be in the next week. We've actually been tracking it for a couple of weeks. I think we have all the antibody tests that have been reported in the data set. We just haven't put it into the public forum yet.

And one reason for that is the rollout of antibody testing and the way that we caught a lot of states doing something they shouldn't meant that a lot of states went, ah, and just pulled all those tests out of their numbers, and there was just a lot of mess. And we had really been tracking and waiting for those antibody tests to show up in the numbers for weeks because we were hearing from commercial testing labs that they were doing a bunch of antibody tests. We knew that antibody tests were flowing through the system, but they weren't showing up anywhere. And I actually tweeted like, I'm having this recurring nightmare. States are just including these antibody tests in their numbers, and, in fact, that turned out to be exactly the case.

I wouldn't say they were technical, like, they were waking nightmares because for us this was really polluting the data set. But we have it now, and we have it broken out. And we'll be sharing that in the next week or two.

RHONDA MORIN: That's great.

ALEXIS MADRIGAL: For states that provide it, that is.

RHONDA MORIN: Right.

ALEXIS MADRIGAL: Not every state yet provides that.

RHONDA MORIN: Exactly. And so not every state's going to be covered, obviously. So David wants to know how are the states of Washington and Oregon-- how are they doing in reporting their stats?

ALEXIS MADRIGAL: Yeah, pretty good, actually. The Northwest is kind of a bright spot in all these things, actually. You know, Washington obviously had one of the earlier outbreaks. Probably turns out that New York was happening simultaneously with the beginning of Seattle, but of course, in Seattle, it hit a nursing home early and tragically killed a lot of people before we figured out what was going on.

And since then, since Washington got a handle on things, things have gone actually quite well. I mean, I think Oregon is really, really a bit of a mystery to me. I expected Oregon to have a larger outbreak. I mean, it was both proximate to two of the three earliest outbreaks, one in northern California and one in Seattle. And it sort of, you know, you kind of plot it there and what's in between there? It's Oregon and southwest Washington. And, of course, my parents live there-- I'm extremely worried about them-- and we didn't see that.

You know, Oregon is looking pretty good in terms of its numbers and even the other measures that we have outside of the stuff that we have, stuff called syndromic surveillance, where you look at who's reporting into the emergency department of hospitals. Every measure that I track for this very particular area is actually pretty good.

RHONDA MORIN: Hm.

ALEXIS MADRIGAL: And I don't know that we-- you know, there's Trevor Bedford, who's a genomic epidemiologist. He tracks-- he's the guy who can tell you about the families of viruses and where they came from and how much they've evolved and things like that. He's on our advisory board of the COVID Tracking Project.

And I was asking him about some of these things, like, well why here and not there? And why that-- you know. And the epidemiologists will be like, well, you know, stochastic reasons. They basically mean it was just luck.

Like, in some cases, you just-- you know, particularly given what we know more and more about how spreading of this virus is not even. Even if the number of people that the average person who gets it spreads it to, say, two or three other people, it's very spiky. It's not like every single person spreads it to three people or two people. In fact, a lot of people spread it to nobody.

And then some subset of people spread it to many, many, many, many, many people. And so if you were a place that was unlucky enough to have someone who the virus reacted with their body in that way and they spread it to lots of people, then you could have had an outbreak just from a couple of people. Whereas you could have a bunch of people come in who have the virus and don't spread it to anyone and that's it.

And so, yeah, I think that's kind of the local situation. On the data reporting specifically, though, I also should say that Oregon and Washington both have been very good. Washington struggled a little bit in April with their dashboard, as they were getting things going, but they've gotten much better. And Oregon has actually had it pretty tight all the way through, and they both get good grades from us in our grading system for states.

RHONDA MORIN: To follow up on that, Chris has a question about what's the biggest challenge in getting states, maybe other than Washington and Oregon, to agree to release this data to you as a journalist, and other journalists, and are there any-- were there any potential for some suppression of some of those statistics that you were aware of?

ALEXIS MADRIGAL: Yeah, totally. I mean, I think there's a lot of questions about what's happening in Florida based on one of their data managers was fired. And she's been raising a lot of red flags about what's going on in that state. We've also heard through the grapevine of different county and state health officers being put under pressure or even fired for what they'd like to release.

It's-- you know, I think that there were some good things that happened in the early going in that states-- basically, most of them committed to fairly decent transparency via these kind of dashboards and websites. And most of them have stuck with that. One of the things that's tough is that they all provide a slightly different set of things. And so there hasn't really been a ton of standardization.

One thing that's good about that, though, is you actually can point to some states and say, oh, do you see the-- like, in the early going, for example, a lot of states were not reporting the total number of tests. They were just reporting the number of cases, which, when you had really limited testing, it was very hard to know if a state had a lot of cases because they were doing a lot of testing or if a state had a lot of cases just because they had a massive outbreak.

And so we pushed a lot of states early to release all the tests. We were like, release the denominator was kind of what we were saying. And we actually got-- I mean, not us alone, obviously, different people-- but we got a lot of attention to governors to just issue executive orders saying, we're going to capture all test results and put it out, that you have to send those test results to the government.

And then once you have that in hand, then you're like, well, listen, we know you're getting it. So you might as well put it out. And so a lot of it has been that kind of work, that's like on the line between data advocacy, as we call it, which is, you know, as far as I'm, concerned not really a political topic at all, and really a constant with the long-range guild values of journalism. It's just like, listen, put out the data.

And then I think it's been incumbent on us to play the data straight. Like, I think in May, a lot of people were actually expecting things to be worse than they have turned out to be, given the opening up in certain places. And I think we have to just say, listen-- we're not always sure why these things are happening.

We know what epidemiologists think about how the disease works. We know what we think social distancing has done. We know what we think masks do. And we don't know everything about how this is being transmitted and we just have to report what we get in and contextualize it the best we can.

RHONDA MORIN: Mm-hmm. Yeah. I know this is from a Clark student, so this will be particularly good for you, [INAUDIBLE] So Evan is asking, what does the data for COVID-19 show about those who are vulnerable in society, like those experiencing homelessness, those incarcerated?

ALEXIS MADRIGAL: Yeah, terrible. I mean, it's terrible for people who are vulnerable. I mean, you know, everything in my previous work had led me to believe that that would be the case. It's sort of like-- it's not like when a dam breaks, you know, or there's a lot of pressure on a dam, it's not like it breaks in a new place. It breaks along existing fault lines, along the existing cracks, and that's exactly what's happened here.

People who have jobs that take them into contact with lots of people but without adequate labor protection-- I mean, that's the meatpacking plant story. There's some prisons have had 80% of the people test positive, which is just almost unbelievable in that kind of setting. Which, of course, then spreads to the community outside because you've got officers going in and out. You've got people inside without adequate access to health care. I mean, there's all kinds of things.

And of course, unhoused people are also experiencing a really difficult go of this. And you've had homeless shelters in which lots and lots of people have tested positive.

And the other thing is, just that even one layer down, we know that there is not equal access to health care, even if people have health insurance. We know that the medical system doesn't treat everyone equally. And it's one of the things that society really has to confront. I mean, for me, going back to some of the life expectancy things we were talking about at the top, it's like I don't know how anyone can argue with a top-level goal for the United States that where you're born or what racial-ethnic group you're born into should not determine how long you live.

There are lots of things people can say about how they'd like money to be distributed in society, but life distribution in society must be equitable. There's just like-- there's no-- and I don't know anyone who could argue against that or in what way. And that requires doing a lot of things. And that requires making people's environments cleaner and healthier. That requires better access to food, better access to health care. It also probably does require a more equitable distribution of financial resources because that's obviously a huge part of what keeps people who are rich healthier.

There's many, many things that need to be done in order to maintain that. And one of the key fights, you know, from my book work-- one of the really key fights about this is that is around data. You know, like Miss Margaret, the key character in my book-- if you look at air pollution, and you look at it say a zip code level or in some quite large spatial grouping, you oftentimes will miss the sort of micro-conditions down on the street level that tend to exacerbate these problems.

So in West Oakland, which is right near the Port of Oakland, there were a lot of trucks going through. And so along certain truck corridors, there were a ton of diesel emissions. And if you put a sensor near a school that was also near a truck route, you would get these much, much higher readings than if you put one single sensor in the middle of that zip code. And one of the crucial things that that work really led me to was both A, that we did need-- like, this data needed to be part of the political conversation, but also the data itself can be inert unless you have someone like Miss Margaret, who will capture that data and also can contextualize and explain its relationship to people's lives.

And I think one of the things that I appreciate about, you know, in this kind of brutal, awful time that we're in is that I get to do something that has some real purpose, as far as I'm concerned. On the one hand, providing data to anyone who wants to use it for any kind of analysis they want, and on the other hand, being able to write stories in The Atlantic that help people make sense of what that data is saying about our country.

RHONDA MORIN: Absolutely. One vulnerable population and a couple of people, our guests here today, are asking about is our elderly. In terms of accuracy around those numbers and understanding what's happening in nursing homes or assisted living centers, can you speak to the accuracy of numbers on that? Both David and Joel are asking some specific questions. The nursing homes really seemed to be caught off guard. So what's the accuracy-- or not-- there?

ALEXIS MADRIGAL: Yeah, I mean we know that a lot of the deaths are in nursing homes. They are clearly higher-- way, way, way higher, fatality rates for people who are older. We have a project, like a pilot project that's been trying to gather data on long-term care facilities. The government has actually just started to put them out, too, just in the last-- I think, actually, just today they released a big report.

It's tough. That data is the messiest data that we've thus far encountered. And when I say messy, it's like-- it's not necessarily inaccurate. It's just very hard to compare to other places. Like, for example, in a long-term care facility, does a state break out things by facility? That would be one thing. But then if it does break it out by facility, do you actually know is it workers and residents?

There's just all these-- like, I could show you the sort of tracking spreadsheets people have tried to develop on a per-state basis for these things. But the top line is just that that is the most vulnerable population with this virus. And we obviously, as a society, have right now decided that, basically, we're going to reopen. And if that's the case, then we really need to take extra-- we really need to-- we need-- there's a few things.

We need tons of testing in those long-term care facilities. We need tons of access to PPE in those long-term care facilities. You can't send sick people there. You can't keep sick people in those settings. There's a lot of things that I think people are learning, and one of my great-- you know, I actually, I mean-- I think there's going to be a lot more infections in the US. My hope is that the fatality rate will continue to drop and the reason is that we get some treatments that we know work and we also just get some sort of protocols, like a lot of emergency departments have instituted new protocols that hopefully keep people from getting each other more sick.

And that we figure out how to protect our long-term care facilities. I think when we look back, I think we're going to see New York made just enormous mistakes and that it kind of represents a worst-case scenario. If you just look at the city of New York and how many people died there, it's really-- I mean it's an almost unspeakable tragedy.

And we don't-- it's not all about just not having shut the city down. A lot of people have made it about that. It's not about that. It's actually about, look what happened inside the response as people started to get more and more sick. And I think we don't have the full story there yet.

RHONDA MORIN: Yeah, that will unfold surely in the months and years to come. Speaking about years, we have Gene asking, some of your takeaways from the data that you have been dealing with the project, but more specifically, how long will we be-- here's the big crystal ball question-- how long will we be dealing with COVID, in your opinion, and being a data tracker?

ALEXIS MADRIGAL: Yeah, we basically set up the organization at least to go through the end of the year. And I don't think things will be over then. We're just hoping that data-- that data sources will be solidified at the federal level by then. It's hard to know how it goes away, specifically. I think there's some hope about treatments like I said. There's some, but that doesn't-- it's not going to make it go away. I think there's some decent hope around vaccines, although it's hard to say.

You know, I don't see it going away this year. The real question for me is whether we will see what we've seen recently, which is just sort of bumping along, or if we're going to see that sort of exponential growth that we saw in the early days. And it's quite-- it's quite hard to tell. It's like, I would say that right now, we're kind of at the inflection point for that, and that in one month, we'll know a lot more.

And if we don't see it in one month-- we don't see that kind of growth in one month-- I think we'll have to revise how we imagine this virus grows. And, of course, there's a lot of people who think there'll be a large second wave. So if we see the virus sort of dwindling, it doesn't mean it's completely gone away either. It just means maybe we don't totally understand all the dynamics that go into its transmission on a seasonal basis.

RHONDA MORIN: One thing that we haven't touched on that Sheri is bringing up in a question is about hospitalizations and whether-- [INAUDIBLE] haven't talked a bunch here. And if people who are going into hospitals are automatically getting testing. And she'd like to know, too, is there any differentiation in the data for those who have underlying health care conditions?

ALEXIS MADRIGAL: Sure, but there are so many people who have underlying health conditions in the US. I mean, I think this is why have been a little bit one of the misconceptions of things. There are just underlying health conditions, things like hypertension, which many, many people have. I mean, it's-- the US is not actually that healthy of a population.

And I think that is one of the difficult things about this. You know, people say, oh, well, you know, it's just people with underlying conditions and which, A, is an extremely callous thing to say and almost unthinkable to me, honestly. And also there are so many people with underlying health conditions in the US that it doesn't even really-- I'm not casting aspersions on the question. I'm just saying that it's difficult to differentiate people with underlying health conditions from the American population in general and oftentimes people go into the hospital and discover that they have an underlying health condition they didn't even know about before that.

So, yeah, obviously there are certain co-morbidities there, and-- yeah, and hypertension is one of the big ones. Actually, the state of Louisiana has done a very good job breaking that stuff out. If you want to take a look at a state that had a quite large outbreak that put out really quite good data on that, you can see the other diseases associated with problems with COVID.

RHONDA MORIN: Good. We'll take a look at that. Alexis, we're going to have to leave it there. We are at about 4:20 now, and we wanted to have an opportunity for Ed to have some final words. You've been listening and watching a Clark College Foundation Alumni Relations Production. I'm Rhonda Morin, and I've been talking with Alexis Madrigal. He's the founder of the COVID Tracking Project and one of this year's Outstanding Alumni Award recipients. We're very proud of him.

We didn't get to all of your questions today, but we do want to make an honest effort at answering more of those. So Ed Boston is going to tell you a little bit about how we're going to follow up with all of you and how we'll answer more of those questions. So Ed, back to you.

ED BOSTON: Thank you, Rhonda. First of all, let me thank Alexis for taking the time to talk with us about the COVID-19 Tracking Project. I must say, all members of the Clark College Penguin Nation, as well as the community, we're all extremely proud of you and the work that you do in your continuing support of Clark College.

Thank you, Rhonda, for moderating this most informative and timely subject. Now, yes-- this program was recorded and will be posted on YouTube at a later date. Many of the questions you submitted did not get answered and we will be responding to those through an email, along with the link for YouTube.

A big thanks also goes to all of you for attending. Alumni, students, faculty, staff, board members, community members, donors, supporters, all others-- for your time, your interests, and most importantly, for your support of today's program, we really appreciate it. On a personal note, I have to say thanks to all of my colleagues at the Clark College Foundation for their suggestions, involvement, encouragement, support, and planning and execution of today's program.

But before you leave, we have one last request of you, and that is since this is our first virtual edition of Clark College Foundation Alumni Relations Presents, we'd like for you to take a brief survey. It will only take a few moments for you to do that. so when you leave the program, press Continue and then complete the survey.

This ends today's program. Take care. Stay safe, healthy, well, and be smart. Good day.

[MUSIC PLAYING]