Dr. Dan Treats a Coronavirus Patient

(March 21, 2020)

Does truth exist? Because you have faith does that make this book? Does God Exist? So when someone says there is no truth, if you apply the claim to itself, what should you say? Is that true? They don't think Christianity is true. They're talked out of it. You know why they're talked out of it? Because they've never been talked into it cross examining skeptical and atheistic view. Welcome to cross examine, with Dr. Frank Turin.

Things have changed in the past week a little bit, ladies and gentlemen. I mean, we've gone from recommendations to avoid others, to executive orders to avoid others. And let me say that as Christians, we're to obey the government authorities, as Paul declares in Romans 13. The only two exceptions to that would be if the government orders you to sin, or if the government prevents you from doing good that God commands of you. And in this case, neither of those two exceptions are present.

So, we're to do what the governing authorities tell us to do. And we, of course, can do this. A friend of mine, Jim Witten, sent me a little note regarding Ann Frank. Here's what he said. He said, "To put things into perspective, for those of us who are feeling a bit stir crazy already, Ann Frank, and seven other people, hid in a 450 square foot attic for 761 days, quietly trying to remain undiscovered by the Nazis, in order to stay alive. So, we can all do our part to keep everyone safe and spend a few weeks at home." All right, that's true. No question.

I also saw a documentary recently about the 20,000 people that lived in an underground quarry for six weeks, while the Allies bombed the Nazis out of their town. That's in Caen, France, just in the area of Normandy, where the D-Day invasion took place. 20,000 people underground, basically, for six weeks, in order to not be bombed into oblivion. In fact, the Allies dropped leaflets into the town before the bombing to say, hey, look, get out. This is your last chance to take cover because we're going to level this place to get rid of the Nazis. And they did.
So, we can do this. However, the purpose of this show is to give you an update from someone qualified to talk about this medically. So, my guest from last week, Dr. Dan Eichenberger is back and he’s got a lot more information for us. So, don’t go anywhere. In fact, he’s currently treating a Coronavirus patient right now. So, we’re going to talk to Dan here in just a minute. He’s going to help us evaluate, and hopefully correct, what appears to be a bunch of hysterical claims. And some of these claims are coming from government officials, and some one side reporting from some of the media outlets, who it sure seems to me, are hyping this with their 24/7 coverage. And yes, I’m looking at you, Fox News. Yes, I’m looking at you, CNN and MSNBC. I mean, is this responsible reporting or is this a ratings grab? We’ll talk about it.

And so, we are going to obey the government authorities, but I don't want you to be dismayed or distressed by some exaggerated, or unsubstantiated claims, because I think they're out there. I mean, Proverbs says this. Proverbs 12:25 says, "Anxiety in a man's heart weighs him down, but a good word makes him glad". I think we have a good word today. So, let's bring down some of the anxiety by bringing in a shot of sanity with Dr. Dan Eichenberger. He's back on the show. And as I introduced him last week, you can listen to last week's show. But just to sum it all up, Dan has been a medical doctor for 30 years. He's been the CEO of a more than 200 bed hospital in Indiana. And he now consults with hospitals around the country. In fact, he is currently treating a Coronavirus patient. So, we're gonna get an update from Dan. So Dan, welcome back to the program. How are you?

Dr. Eichenberger:
I'm good Frank, and good morning.

Frank:
Good morning to you. Thanks for agreeing to come back on. You know, I got a lot of great comments from your appearance here last week, because people are so stressed about this because it's what they're seeing on the media all the time. And I think a lot of the claims, as you've pointed out, have been exaggerated. So, let's just start right at the top. The death rate. The death rate from the coronavirus. How has it changed in the past week?
Dr. Eichenberger:
Okay, well, let’s start with your first comment. So, he who controls the media controls the culture. And that is an important aspect to why we are doing what we're currently doing. But to get back to the part about the death rate. Last week when we talked, the biggest news was related to the coronavirus death rate. So, since that time, and I went back, I’ve used the same data source, which is, I use the European Center for Disease Control, just because it's the equivalent of the CDC here in United States. But they report their data at 8:00am every morning for us.

So, currently, last week on March 13, Friday the 13th, our death rate, based on our numbers in the United States was 2.41%. Since that time, we talked about the denominator effect. And when the denominator goes up, the death rate's gonna go down. So, we started at 2.41%. We were then 2.16%, 1.93%, 1.83%, 1.82%. And today's data, we are down to 1.05% on the death rate. Now, we haven't heard that from the media at all, because it presents a positive finding. Yes, you're going to hear today, that between yesterday and today, the reported cases went from 9,400 yesterday to 14,000 today. But what they won't tell you is, the death rate then goes from 1.59% yesterday to 1.05% today, because that denominator grew so much.

Now, that denominator means the virus is spreading. No one denies that fact. But again, we are seeing more mild and limited symptomatic cases than what we're seeing severe cases. So, the death rate is going to go down. We still have the best health care system in the world and we're gonna continue to see a decline to some stable level. Where that level is going to be, it's going to probably be higher than the influenza virus, because of a number of factors. But it's not the dire information that you're hearing from the mainstream media.

Frank:
And these numbers, we're basing them on Friday, March 20, because we're recording it on Friday. Today is Friday, March 20. I know you're probably listening to this on Saturday, but those are the numbers right now. Now, Dr. Dan, last week I pointed out that the CDC estimates that 20,000-50,000 people in the US have died or will die from the flu this year. Now, as of Friday morning, today, March 20, the second day of spring, 217 people in the US have died from the coronavirus. 217. Do you think the coronavirus will kill more than the flu this year?
Dr. Eichenberger:
It is unlikely, with the amount of resources and information, support, government intervention that we put into this. It is very unlikely that we're going to see that degree of death here in United States.

Frank:
Yet, I see headlines on the media talking about maybe millions dead. Where's this coming from?

Dr. Eichenberger:
Well, again, controlling the media controls the culture. So, if there is a narrative out there, they want to present, they're gonna present the data that continues to support that narrative. And I think that's what we're seeing.

Frank:
Now, how contagious is the coronavirus compared to other viruses?

Dr. Eichenberger:
Well, from a clinical standpoint, we certainly do believe, and I can tell you from firsthand, I've spent more than 50 hours in the hospital between Monday and Thursday of this week, taking care of patients. And this virus does seem to be more contagious for a number of reasons. We do not have immunity at this point because it is a new novel virus. So, that's going to make the infectivity higher. And it does seem to be more contagious person to person, for some reason, and we still don't understand all the details behind that. But it does seem to be more contagious than what influenza typically is.

But again, we've had influenza vaccines, and we've developed immunity over a number of years, that has helped curb the contagiousness of influenza. But speaking of contagiousness, I mean, typically we see on average about an 8% infection rate with influenza. Coronavirus is definitely going to be higher than 8%. No doubt. But, you know, Gavin Newsom's comment about, I don't know, 25 million out of his 40 million people are going to be infected. I mean, that would be a 62% infection rate. That seems a little unlikely, unless you just absolutely do nothing. And as we've seen, we are certainly not doing nothing.
Frank:
We're talking to Dr. Dan Eichenberger, an MD for over 30 years, recently retired as President of a hospital in Indiana, but is still consulting with hospitals around the country. He's my guest today. You're listening to, I Don't Have Enough Faith to Be an Atheist, with Frank Turek on the American Family Radio Network. And we're also trying to contribute to this issue. We're starting Operation Inoculation, where we're going to be doing some online courses why all of us are at home. I'll explain that after the break, so don't go away. We're back in just two minutes with a shot of sanity from Dr. Dan Eichenberger. Don't go anywhere.

Ad:
Ladies and gentlemen, can you help me with something? Can you help me get this podcast before more people? Not only tell your friends about it, but go up to iTunes and put a five-star review on the, I Don't Have Enough Faith to Be an Atheist podcast. If you do that it will help us move the podcast up the charts so more people will hear it. Thank you so much for partnering with me on this.

Frank:
Welcome back to Operation Inoculation with Frank Turek and Dr. Dan Eichenberger. Now, our Operation Inoculation is something we're doing here at CrossExamined.org, along with Online Christian Courses. In April, going to have to intensive four-week courses to help you redeem the time. To actually use this time wisely. If you're at home, I'm at home, but we don't have to be alone. We can meet online together. And we're slashing the price of these courses in half, so just about everybody can afford them. We're doing Fearless Faith, with myself, Detective J. Warner Wallace, and Dr. Mike Adams. Our Fearless Faith course is great because it gets people ready to go to college, in particular. So, this is great for high school students, college students, parents. And so, the three of us teach that, and we're going to be live online, via zoom video. In addition to you watching video for the course, we're going to come on the internet via zoom video live and answer your questions on eight different occasions over the month of April.

And then, the other course we're running is, Why I Still Don't Have Enough Faith to Be an Atheist. That's the course I'll be teaching alone. And you know, if you listen to this program for any length of time, it's based on our book, I Don't Have Enough Faith to Be an Atheist, where
we reason from the ground up. Does truth exist, all the way to, the Bible is the Word of God. So, this is great for kids who are out of school, it's great for parents. And actually, the zoom meetings we're going to do for all these courses are going to be during the day. So, normally we do them at night, but this is for people who are at home and they can meet us during the day. So, check those out. Go to crossexamined.org and click on online courses. You'll see them there.

So, we're inoculating people with the truth so when you get back out into the real world, you'd be able to defend your faith and articulate the Christian faith in a winsome and effective way. So, those two courses, Fearless Faith, and Why I Still Don't Have Enough Faith to Be an Atheist, begin April 6, and they go for four weeks. And we're going to meet a lot online, so if you want to join that group on the premium version, you can. Premium version means that we're going to be meeting with you online in those live Q&A sessions. The basic course you can take anytime you want. We won't meet online, but you can self-pace that. Anyway. They're both available. Check it out at cross examined.org Click on online courses. You'll see them there.

All right, let me get back to my guest, Dr. Dan Eichenberger, who is treating a coronavirus patient right now. Before we get to that, Dan, we were talking just before the break about how this is more contagious than the flu, because we haven't built up immunities yet. How do we build up an immunity to a virus? What has to happen?

Dr. Eichenberger:
Typically, we build immunity through both passive and active type of immunizations. You know, actively, if you are exposed to something and you get over the illness on your own. You're developing your own intrinsic antibodies to that particular organism. Then we use other types of, you know, immunizations, where we actually give either a live virus, which we used to do a lot, or altered types of virus particles that helps the immune system develop antibodies to fight that particular organism. And then there's a types of immunity we use in certain types of patients, where we actually infuse them with IVIG, which is immune globulin, which is derived from other people who have developed immunity against certain organisms, or pathogens. So, there's a lot of ways we can develop immunity.
With the influenza, we see a number of ways. We see people who have developed their own immunity, because they've been exposed. We've seen the flu shot, which helps with the type of immunity with developing antibodies. And then, you know, for really sick patients, sometimes we will give them IVIG, which is an immune globulin derived from other folks, to help overcome an acute severe illness. So, there's lots of ways we can develop immunity, but with coronavirus, it hasn't been around. It's a new virus. So, we are still developing our own intrinsic immunities.

Frank:
I saw a medical official speaking with the President at a news conference on Thursday, and he seemed to indicate that within a year we'll have a vaccine for that. Have you heard anything different?

Dr. Eichenberger:
Yes, I mean, again, part of the nice aspect of living in the United States, in a free market society, is that we are willing and able to invest money into these companies that are willing to do the research needed. So, Bill Gates just announced he's donating a ton of money from his foundation to fight this. You don't see this level of investment in other countries. We are going to be the leaders of this, and we are going to come up with a vaccine, I would say within a year. I think that's a good estimate.

Frank:
Now we're talking to Dr. Dan Eichenberger, who is a medical expert, an MD, has been a doctor for 30 years. He's been the CEO of a hospital he's consulting with other hospitals right now. And Dr. Dan, you are actually treating a coronavirus patient right now. Before we get to how you're doing that, and how the treatment is going, aren't you worried you're gonna get the virus? I mean, you're volunteering to do this.

Dr. Eichenberger:
Right. I've come out of retirement and I love taking care of patients. So, I did volunteer to work extra to help the shortage of physicians, because we've lost positions because they were exposed, and the 14 day quarantine has taken some of them out. So yes, I volunteered to do this. Will I get the coronavirus? I might. Am I concerned about it? No. Am I doing the normal precautions that you should be doing once you get out of the hospital and come back home?
Yes. You know, my wife and I are distancing, and we have my 80 year old father-in-law living at home with us. So, we are doing the precautions to protect him. But no, I'm not overly concerned that I'm going to get the virus.

And again, going back, so like I said, I spent 50 plus hours in the hospital this week taking care of patients. The difficulty with this illness is that we are in a viral season. So, I've had four different patients this week, all present to the hospital with fever, cough, short of breath, and wheezing. All four of them presented the exact same way. And one had parainfluenza type four, one had meta numa virus, one had rhinovirus, and one had the coronavirus. But they all looked the same when they came through the door. And that's the problem. That's what overwhelms the healthcare system. It's not the severity of the coronavirus illness itself. It's the precautions you have to take now. Because of the virus, and the contagiousness of it, we want to do everything we can in the hospital to prevent spread to other people.

So, anyone who comes in the emergency room with a fever, cough, wheezing, and short of breath is going to be considered a coronavirus patient. And that means you have to go through the severe, or the the significant issues of dressing up, putting on the mask, putting on the goggles, putting on the gloves, you know, the respirator type of equipment we're using. All of those things have to be done now with every patient that comes through with those symptoms. And that's what overwhelms the system. The time it takes, the equipment it takes. And we are running short in a lot of hospitals with gowns, and masks, and goggles, and those types of things. So, it's not the fact that the illness itself is so severe. That's not the case. It's the fact that we have to do these measures to help prevent spread. And that's what's overwhelming certain hospitals. So, it's not the disease severity. It's the methods we have to use to help control it.

Frank:
So, friends, when you hear all this hype in the media, take into account with Dr. Dan Eichenberger just said, that the disease isn't really the biggest problem, the biggest problem appears to be what we need to do to treat everyone as if they have the disease. And that's causing the strain on the system. Nonetheless, we do have a strain on the system. And we'll get to that in a minute. But let me ask you this. You are treating a coronavirus patient right now. Tell us about what you're doing and what you're seeing as you treat this patient.
Dr. Eichenberger:
Well, currently I'm off today, so I'm not treating her. But yes, for the last few days, she was on my service. And, you know, she was not bad initially, got worse, and now is better again. And yes, we did use you know, the medicines you're hearing about on news, and you know, typical other supportive measures. You know, steroids, IV fluids, breathing treatments, all the things we would normally do with any other patient. We did add the medicines you're hearing about on the news and she is better. So, now I have to say my parainfluenza patient did not make it. That patient died this week. So, this isn't unique. We are going to see viral patients of all sorts die and we're gonna see all kinds of viral patients survive and do very well.

So, this isn't unusual. This isn't the overburden of the system like you're hearing. It's the supply issue. I mean, if you have a patient in the hospital, and most of your listeners will have had some experience with that. If you think about every time a nurse’s assistant, or a nurse, or a doctor walks into room to answer the call light, or to help them to the bathroom, or to change an IV medicine, or to give them their normal pills, they have to dress up every single time they go in that room with the masks, the gowns, the gloves, the face shields. And that takes time, effort, and energy, and that's the burden to the system.

Frank:
Well, the malaria drug that apparently is showing some promise, I took that drug 30 something years ago when I was in the Navy, we were in a tropical environment, they gave us that drug to prevent malaria, and I don't remember one side effect from it. But you are actually using that drug on your patient. Correct?

Dr. Eichenberger:
Correct.

Frank:
And it seems to be improving. In fact, that one French study, you can speak to it better than I can, Dr. Dan, that one French study showed 100%, albeit it was a small sample, but 100% recovery using this drug. Is that true?
Dr. Eichenberger:
Yeah. That's true to some degree. Now they labeled cure rate, basically as, when they repeated the coronavirus test, it was negative in that subset of patients. But it does show promise. I mean, there is absolutely good news with this, that we do have something that seems to help these patients that are really severe, overcome the illness. So, that is very good news. And again, that is going to help us with our, "death rate" that you heard so much about last week, that you’re not hearing so much this week about, in the United States anyway.

Frank:
Because the death rate keeps going down, friends. Listen to the top of the program to figure out why. All right. We have a minute before the break, Dr. Dan, and hopefully you can stay for another segment. But let me ask you this. We hear a lot about flattening the curve. Explain what that is.

Dr. Eichenberger:
So, when we talk about flattening of the curve, normally, if you did nothing, you would see a huge spike in the number of cases because of the interactions we have with each other on a daily basis. So, flattening the curve basically means that you're not going to have that huge peak of individuals, and you're going to slow the contagiousness or the spread from person to person because we're not in contact with each other. So, you're going to, you're going to bring that curve down. Now that's going to be very helpful to hospitals that are struggling in areas that have a huge number of cases, because, just like I was talking about with the supplies, if you flatten the curve, you’re going to see fewer amount of patients coming to the emergency room, and being admitted to the hospital, and your supplies are going to last longer. So, flattening of the curve is a good thing.

Frank:
All right, we’re talking to Dr. Dan Eichenberger about the coronavirus. As he's treating a patient right now. He has tremendous insights into this issue, and they're calm, they're sane, and they're without hysteria you’re hearing about in the media. In fact, he's going to correct, in the next segment, some more hysteria we're hearing about the media that just isn't true. So, don't go away. You're listening to, I Don't Have Enough Faith to be an Atheist, with Frank Turek and Dr. Dan Eichenberger. Back in two.
Frank:
A shot of sanity in a sensationalized media. That's why you're here, I hope you're listening to, I Don't Have Enough Faith to Be an Atheist. We're taking a little break from a normal apologetics programming to deal with what everyone's trying to deal with, this coronavirus and the fact that we're all locked down, it appears. And I heard from a source who's relatively close to the President, and we're recording this on Friday, so maybe by Saturday, when you hear this, this will have happened, that they may shut down interstate travel. That's what I've heard. Now, I haven't been able to verify this, but it's a rumor from a fairly reputable source. And I'll ask Dr. Dan his opinion on that a little bit later, that if they do do that, is that total overkill now.

But let's go back to what we talked about a little bit earlier, Dr. Dan. We did mention Governor Gavin Newsom, of California, who seems to completely overstate the possibility of the spread of the coronavirus by suggesting that 62% of the 40 million residents, about 25 million people in his state will get it. And I saw an article written by a Stanford Epidemiologist, on Stat News, that says that we're making worst case predictions, and taking drastic action on very limited information, and what are probably very wrong assumptions. Is that correct? Is this Stanford Epidemiologist, correct, in your view?

Dr. Eichenberger:
Yes, he's correct, in my view. We are basing a lot of our decisions on data from, you know, almost Third World type of countries, and the and the statistics they're seeing. We do not anticipate those types of numbers here. And again, our death rate, if you look compared to the worldwide death rate, it's around 3.9 - 4%. Our death rate, as of this morning, based on the
numbers we have, is 1.05%. We have a healthcare system that is far superior to most of these other countries that are reporting data and we are not going to see the same type of death rates that they’re seeing. So, these statistics that they're quoting, and they're only giving a skewed view based on a narrative that they want to create, and I don't know the underlying reason for that. But we do know that, you know, again, the media controls the culture. So, if you have a narrative you want to tout, you can do it with the data, but it's not a fair and accurate assessment of what's going on.

Frank:
And all these news outlets are competing with one another for advertising revenue. They need to hype it in order to keep their ratings up. So, just watch what you watch on the TV and take it with a grain of salt and investigated for yourself. Now, the article I'm speaking about is at statnews.com. I tweeted about it on Friday. The title of it is, A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data. And he goes into a lot of detail on this. I first saw this on Ben Shapiro's website, and he linked to the original article.

So, you may want to read that, because the guy makes a lot of sense. And we've said this on this program before. In fact, it's in our book, *Stealing from God*, that science doesn't say anything; scientists do. Science does not say a word; scientists do. And all data needs to be gathered, all data needs to be interpreted, and that's why science doesn't say anything. It's the scientists that have to interpret the data. And sometimes they're using assumptions in their data that are not backed up by the evidence. And so, you have to dive into the assumptions and see what the real evidence is.

Now, let me go back to what I said at the top of the program. We're Christians, we obey what the government says, unless they tell us to sin, or unless they prevent us from doing something God commanded us to do. In this case, they're not doing that. So, we will do what the government wants us to do, but that doesn't mean we're going to buy into the hysteria that the media, predominantly, is putting out. In fact, Dr. Dan, I saw one of these anchors over at Fox News channel the other day, he was talking about the spike in the cases, how it's just spiked up all the sudden, almost overnight, which makes it seem like this is out of control. What is this newsman not telling us about the actual cause of the spike?
Dr. Eichenberger:
The actual cause of the spike is that we are finally testing more. And we are testing patients that are minimally symptomatic, or asymptomatic. And we are going to see these numbers go up. The problem he left off was, he only gave you the increase. What he didn't tell you, to allay the hysteria, was when you increase that denominator, like we talked last week, the death rate is going down. And the trend is dramatic from a week ago. What the death rate trend is, and how much it has declined over the week, because we are now seeing a more realistic view of what coronavirus really is and what it really does to individuals.

South Korea is a good example. They've got the highest testing rate in the world. They've got 3,692 tests per million people. You compare that to the other countries, such as Italy, they only had about 826 people per million. So, we're talking almost a five to six times increase in testing. And South Korea's death rate is very similar to ours, whereas Italy's death rate is higher, because they haven't tested as many, you know, minimally infected patients. So, the data is skewed because of the numbers tested. So, we could talk about Italy, as well, and why their numbers do look worse than other countries.

Frank:
Well, let me let me take a guess and then you can give us the real medical reason why. I've been to Italy several times. You cannot find a place in Italy to wash your hands. There are very few public restrooms in Italy. There are very few public restrooms. In order to use the restroom, you got to go buy a plate of lasagna, to use the one bathroom that a restaurant has, because you will not find, at least in Rome, anywhere where I where I've been, you will not find a public bathroom to wash your hands. That's number one. Number two, it's a it's an elderly population. I think it's the second oldest population probably in Europe. Number three, a predominant number of people, it might not be a majority, but it's probably near that, smoke over in Italy. I mean, it's terrible. You can't go anywhere without people blowing smoke in your face. Now look, I have Italian blood. I'm mostly Italian. I'm half Italian. My mother's Italian. I love Italy. But there's too many people that smoke over there. And you can't wash your hands. And there's got to be several other reasons, Dr. Dan. Why is Italy in bad shape right now, with regard to the coronavirus?
Dr. Eichenberger:
You hit two of the most common reasons. So, Italy does have, according to the 2015 data, Italy was the second oldest population in that part of the world, with 28.6% over the age of 60. Japan was the only one above them. Whereas, you compare that to South Korea, they're only 18.5% over the age of 60. We do know risk factors for coronavirus death do include being a male. Unfortunately, we can't change that. At least we don't think we can.

Frank:
I identify as a female today, Dr. Dan. I'm safe. Don't worry.

Dr. Eichenberger:
Smoking is a huge risk factor and underlying illnesses. We know our problem. So, when you have the older population, the huge smoking, the poor sanitation. And then when you look at the data in Italy about their healthcare expenditures in the ICU realm, you also see a disparity in the number of ICU beds, the money they put into ICU care. And in fact, about 10 years ago, there was a study that was touting Italy's control of their health care dollars. Well, yes, they didn't invest in their health care dollars. And in a socialized medicine system, when you don't invest over time, when you have an incident like this, you're going to see the consequences of not investing.

So, they have about 12.5 ICU beds, based on the population, compared to the United States, which has 25 per 100,000 individuals. So, we see a tremendous amount of benefit from our healthcare expenditures in the United States. And when we talk about hospital beds, what the news media talks about the hospital bed situation, and healthcare expenditures, all these are a skewed view of the actual data. And they only give you the information they want you to have to present a narrative they want you to believe.

Frank:
Well, let's talk about that, because we do hear that we have fewer hospital beds than in Europe. But that gives the wrong impression. How so?
Dr. Eichenberger:
Yes. So, in the United States, healthcare beds are defined...worldwide, what we call acute health care beds. So, when you talk about acute beds, we truly do have the way it's defined, we have fewer acute hospital beds than some other countries. But what they don't tell you is, the reason we have fewer acute hospital beds, is because in the United States, we have an abundant amount of outpatient types of centers, surgical centers, and other ambulatory centers, that have hospital beds that patients go to for procedures that they get on the outpatient side here. Whereas in the European countries, they don't have those types of centers. They do all their surgeries, typically in hospital settings. And so, when you look at total beds to take care of patients, we far exceed other countries. But if you're just labeling them acute hospital beds, the news media will want you to believe that we don't have as many beds. And that's true, if you're labeling acute hospital beds, but not total beds.

Frank:
Well, I think many in the news media would love to have socialized medicine. Of course, what they don't realize, is that our healthcare system is the golden goose that feeds all the other healthcare systems. If we didn't have more of a free market system in this country, we wouldn't have the kind of medical innovations that the rest of the world depends on. Sorry, I'm preaching to the choir, Dr. Dan.

Dr. Eichenberger:
Yes, you are.

Frank:
You're with me on that. Anyway. Let's talk about Korea. I don't know if we can trust much from China, but China appears to be going back to work. The problem appears to have passed them, but let's not trust what they tell us. But South Korea has handled this problem. They seem to be coming out of it. How? Why?

Dr. Eichenberger:
Well, because they've done some of the things that we're doing here. I'm not sure they've done it to the same extent we've done here, or they may have done it even more intensely. I'm not sure exactly how South Korea has done it. But certainly, they have tested more than any other
country. And when you test, and when you then come back with the positives of minimally asymptomatic people, you can get those people who are known to be infected, you know, isolated more. So, they have, you know, decreased their curve significantly, and it has paid off. But it paid off because they did the proactive step of testing more people than what, number one, we've done here, unfortunately, and other countries have done early on. So, they took a more proactive approach to testing, which then allowed them to isolate and, you know, quarantine patients in a more effective manner. Not broadly, like we're doing.

Frank:
Not broadly. Okay. Is there any reason to think that this coronavirus will persist through the warmer weather?

Dr. Eichenberger:
At this point, when you look at China's data, and although China data could be skewed, they had the typical, you know, curve that we normally see with viral illnesses. It did peak, and it has come down. And you know, I think yesterday they reported they were no new cases. So, their curve definitely did the normal standard type of curve that we would see. South Korea is going to be similar. So, based on what we've seen, based on historical data with other viruses, and the coronavirus, and the SARS, and the MRSA, we have seen these peaks and troughs, and then it subsides. And that's what we're going to see here. There's no reason to think this is any different than it has been in the last hundred years.

Frank:
That's Dr. Daniel Eichenberger. We've got one more segment with him. I'm Frank Turek. Don't go anywhere. Back in two minutes.

Ad:
Ladies and gentlemen, I Don't Have Enough Faith to Be an Atheist, is a listener supported radio program and podcast. If you like what we do, would you please consider going to crossexamined.org and giving us a tax deductible donation? 100% of your donations will go to ministry, zero percent to buildings. Thanks so much.
Frank:
Welcome back to I Don’t Have Enough Faith to Be an Atheist, with Frank Turek and the American Family Radio Network. Our website is crossexamined.org. That's crossexamined with a D on the end of it. org. Thank you for putting positive reviews up on our iTunes page for I Don’t Have Enough Faith to Be an Atheist. Continue to do that, if you would, and send some other people our way. We'd like this podcast to go out to more people, as you know, and the reviews help that.

My guest today is the same guest we had last week. He did such a wonderful job quelling the hysteria that we thought we'd have him back on. I thought we'd have him back on. I've known Dan for several years, and his wife, Stephanie. Wonderful people there, living just outside of Louisville, Kentucky. They actually live in Indiana. And Dr. Dan Eichenberger has been a doctor for 30 years, and he's been a COO of a hospital. He consults with hospitals. He's treating coronavirus patients right now. And he's very level-headed. As you could see, he's got his facts in order, and he's shooting sanity into an insane world right now.

So, Dr. Dan, let me go and ask a question about what we talked about last week. Because, as Christians, we agree we're going to obey the governing authorities, unless they command us to sin, or they command us not to do something God tells us to do. That's not the case here. They're gonna tell us to stay home and avoid other people. Okay, we'll do it. But last week, you thought that the suggestion to avoid all contact with other people was too drastic. What do you think now?

Dr. Eichenberger:
Well, I still think it's too drastic. I think there is some limitations to contact that we should rationally do, but I think we have gone overboard from the contact. We cannot stop the coronavirus, number one. It is going to spread. We are going to see infections, and we are going to see deaths, just like we do with influenza, just like we do with rhinovirus, respiratory syncytial virus, parainfluenza virus, meta numa virus, all the other viruses we see this time of year. We are still going to see complications, morbidity, and mortality associated with these viruses, including coronavirus. I do think what we're doing, the social distancing, the reinforcing good hand washing, cover your cough, all of those things are very important. But to shut down
Frank: In fact, let's last week, you thought that more people will die from the economic impact of this than the medical impact of this. Now, what did you mean by that? How will they die from the economic impact?

Dr. Eichenberger: So, what I mean by the economic impact is...again, I was in private practice for 27 years, and we know that patients, when they have to choose between buying a medicine, or buying food, or paying their rent or their house payment, medicine is going to be their last choice. And we're going to see patients who are going to be making that choice, because they've lost their job, they've lost their income, their rent payment is still there, their food and taking care of their family and kids, those responsibilities are still there. So, they're going to make choices about health care. And health care is going to be secondary to these other major issues. But we're not going to be able to, you know, measure that in any effective way. But just from 27 years of experience, we know that patients make these choices every day. So, the economic impact is gonna have a significant impact on patient's lives.

Frank: And I think from a political perspective, there's probably not much that President Trump could do differently, other than continue to say, hey, we're gonna beat this. I mean, if he does not take these measures, then people are going to assume that well, he just doesn't care about people, and look at all these deaths that we've had from it. It's easy to count the coronavirus deaths. It's hard to account for the deaths of people who died because, as you say, they didn't take their medicine because they didn't have money to pay for their rent. And so, they paid their rent instead of paying for their medicine. It would be hard to connect that with a coronavirus death, even though it was, in around about way. And so politically, it seems like he has to sort of do what he's doing, to a certain extent. Do you agree, or not, Dr. Dan?
Dr. Eichenberger:
I agree. President Trump is in a no-win situation. If he takes a minimalist approach, he's gonna be wrong. If he takes this approach, you know, we're gonna find people who think he's overblown it. You know, his decision to shut down the travel from China early on was a great decision. He didn't get credit for it. In fact, got punished for it initially. But again, he made some very important decisions that has helped, and all these measures have flattened the curve here in the United States. I mean, there's no doubt. And by doing that, we are helping these hospitals that are struggling with huge number of cases, because of the issues we talked about earlier in the show. I think there's no way we're going to look back and determine who was right. Everybody's gonna, you know, make claims that because we did this, we didn't see the number of deaths. We're gonna see it's just a no-win situation for President Trump.

Frank:
You know, I'm reading from this article I mentioned earlier. This is, A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data. I won't read the whole thing, but he cites an autopsy study where he says that, a positive test for coronavirus does not necessarily mean that this virus is always primarily responsible for a patient's demise. Because he said in this study, these patients had other diseases that probably killed them, other than coronavirus, but when they detect that this patient also had coronavirus, everyone says, oh, he must have died from that. I mean, I saw a headline the other day, Dr. Dan...talking to Dr. Dan Eichenberger here. MD for over 30 years. It was a headline in the New York Post that said, soccer star dies of coronavirus, and then you read under the headline, the guy had leukemia. I mean, what killed him? The media narrative is to blame everything on coronavirus, when, in fact, that isn't necessarily the case.

So, I think what you're saying, really is a shot of sanity, because we're hearing so much, and everything is skewed to point out that the world is ending because of coronavirus. And that's just not the case. Let me go back to the top of the show, what Dr. Dan said at top of the show. The death rate keeps falling on this as we continue to test people. And as of Friday, March 20, the death rate is a hair over 1%. Now, obviously, it would be more for the older population. We understand that. But overall, in the United States, is what did you say Dan? 1.05%? Was that right?
Dr. Eichenberger:
1.05%. Correct.

Frank:
That's where we are now. Now, Dr. Dan, what is your advice to the Christians and the non-
Christians listening to this program right now? I mean, give some advice for this life, and the
next life, if you would. You're a Christian. Tell us what we ought to be doing.

Dr. Eichenberger:
We should be following the rules that are placed in front of us by our authoritative bodies,
which we are doing. And we should have a rational approach to our fear. We have relied too
much on the media to present the narrative, without understanding some of the real
information below what we're being told. So, we are allowing our fear to influence our
behaviors. And there is a rational amount of fear we should have for this virus, just like we
should have a rational amount of fear for driving our cars and doing other things that we do
every day. But, you know, taking it to the nth degree, and an extreme, is not helpful for anyone.

So, you know, we should be looking after our neighbors, certainly older folks. If you have older
neighbors, as Christians, we should be calling them and saying, you know, I'm gonna be out.
What can I do for you? What can I get for you? Because the elderly is still the population that is
most at risk. Everyone's at risk, but the older population is the most at risk. And so, as
Christians, reaching out to those, you know, widows, orphans, and elderly patients, that's
where we can do our part.

Frank:
And friends, you probably know people who are alone. They're living alone. Maybe they're
elderly. We have a lady in our neighborhood, 97 years old. I just checked in on her yesterday.
Thankfully, she has other family around. But we should be checking in on people and seeing
what we can do for them, as Dr. Dan Eichenberger just said. This is one thing we can do, as
Christians. And we can also connect with people. Even if we can't connect with them
personally, connect with them online, connect with them via phone. Do that. Reach out to
people. And right now is a time when people are starting to get serious about their mortality.
And that means they start thinking about eternity and now is an opportunity to talk to them
about the gospel. Talk to them about the ultimate virus we all have, sin. And the ultimate cure, the only cure is Jesus. So, we ought to be doing that. If not now, when are we going to do it? People are open to it now.

So, let me thank Dr. Dan Eichenberger. Dan, I want to thank you so much for doing this program. Maybe we'll get an update from you next week. We'll see how things go. If you're open to it, we'll see how the week goes. But thank you for bringing some sanity back into this to this fear mongering we hear all around us.

Dr. Eichenberger:
Thanks, Frank. I always appreciate the opportunity to talk with you.

Frank:
That's Dr. Daniel Eichenberger. And he has been a breath of fresh air for me, anyway, and hopefully for you, as well, because there is so much misinformation, and statistics that are only stated halfway, that gets you to think the sky is falling when it really isn't. Now let me re-emphasize. Do what the government tells you to do. Okay? But in your hearts realize that this is not as bad as it's being said on MSNBC, and CNN. and Fox News. and all the other hysterical places you go for your news. Okay? Do a little bit more research and you'll figure out that the measures we're taking, while they may be overblown, they may go too far, will help bring this down. And the death rate is low, compared to what you're hearing about on the media, so take heart. Jesus said, "In this world you will have trouble, but take heart. I have overcome the world". And if you don't make it through this world, and none of us will, ultimately, there's another world. So, trust in him for that.

You can also listen to a sermon by David Platt, up there at McLean Bible Church. He did it last week. You can find it at The Gospel Coalition. He makes some great points. Go to thegospelcoalition.org and you can see his sermon. He's doing it in front of an empty audience. But David is a wonderful preacher, strong leader, Christian leader up there at McLean Bible Church. So, check his sermon out on this.

And don't forget, friends, I'm going to be online with you. We might not be able to meet together, but that does doesn't mean we have to be alone, because we're launching Operation
Inoculation where we are going to be teaching online courses through the month of April. We're teaching Fearless Faith with J. Warner Wallace, Mike Adams, and myself, and, Why I Still Don't Have Enough Faith to Be an Atheist. And we're going to be online a lot live via zoom video if you take the premium version. Go to crossexamined.org, click on online courses. You'll see them there. You'll also see Sean McDowell's course, Addressing Homosexuality with Clarity and Compassion, there. It begins April 1st. Check it all out there and I'll see you here next week. God bless.