



# Crisis in

# the Dakotas

*North and South Dakota's COVID-19 crisis has finally changed direction.*

*By Kim Mueller*

**T**ess Johnson, MSN, BSN, RN, CDP, doesn't want to talk about last year when the Dakotas set global COVID-19 records, when residents refused to wear masks, and when North Dakota's governor encouraged sick nurses to work.

Johnson wants to focus on the vaccinating of her staff and keeping her patients alive in 2021.

"We really went through hell and back," recalled Johnson, president of the North Dakota Nurse Association (NDNA) and executive director of CountryHouse residence for memory care in Dickinson, North Dakota. "It's a blur when I look back on it."

During the first 12 months of the pandemic, more than 3,500 healthcare workers in the United State died from COVID-19, including 14 in North Dakota and six in South Dakota, according to the *Guardian*. One-third of those national deaths were nurses.

Faced with fewer nurses and more and more COVID-19 patients, North Dakota Gov. Doug Burgum said he had a plan "to help with hospital capacity." The solution, following the Centers for Disease Control and Prevention guidance, was to allow asymptomatic healthcare workers to work even if they tested positive for the virus.

"Nurses were just floored," Johnson said. "The governor never talked to us. We speak on behalf of all the nurses." The state's 15,000 registered nurses and 3,000 licensed practical nurses didn't have even one seat in the room where it happened.

## **NURSES FIGHT BACK**

The unpopular measure kicked off two weeks of dueling press releases and press conferences between nurses and the governor. Burgum's initial announcement came after sunset on a cold Monday in November 2020—in time for the local evening news.

By Wednesday, the NDNA issued their own press release, objecting to the policy and insisting the decision to work should be left up to the COVID-19-positive nurse, and they shouldn't fear retaliation for staying home sick.

"The problem with that [policy] is retribution," she explained. "It might be their choice, but the nurses were scared of what would happen if they didn't come in [to work]."

The NDNA recommended Burgum look for other solutions such as mandating face masks and social distancing in public.

That Friday, just two days later, Burgum released another statement that declared "our doctors and nurses heroically working on the front lines need our help, and they need it now." His 'help' was to mandate masks, limit business hours, and pause extracurricular activities for K-12 schools—for four weeks.

Yet, many sheriff departments refused to enforce the new mask rules, Johnson said. Basic public health guidelines were ignored and sick nurses were still expected to show up for work.

"He only half listened," Johnson recalled after the governor's office finally invited NDNA to the table for talks. "The best thing that happened is that they realized that

we were a force. The hardest thing at that point was we were contradicting ourselves.”

Allowing COVID-19-positive nurses to work sends conflicting messages, she said. On one hand, nurses say they care about patients’ health and well-being; on the other hand, asymptomatic nurses knowingly come into contact with their patients and risk infecting them.

“A nurse who is asymptomatic is still ill, and his or her body needs to recuperate,” Johnson said. “And they should not be working in a high-risk and potentially deadly environment. Nurses should be at home and following the CDC guidelines that apply to everybody else.”

The governor’s policy also put coworkers at risk, said Kelly Michelson, MD, MPH, director of the Center for Bioethics and Medical Humanities at Northwestern University’s Feinberg School of Medicine. Recent studies show that COVID-19 spreads in hospitals from nurse to nurse even more than from patient to nurse, Michelson told *Medscape Medical News*.

“When [care providers] go to break rooms and take their masks off, where they can’t distance, this is how it’s spreading, and this is going to make it worse,” she said.

### “DON’T GO TO NORTH DAKOTA”

The governor’s four-week mask mandate was too little, too late. Johnson said state officials’ failure to follow evidence-based strategies earlier in the year left the state in dire straits—and nurses are paying the price.

“We are now desperately trying to play catch-up and finding ourselves in a true crisis,” she said. “...Even the [travel nurses] were like, ‘Don’t go to North Dakota. It is a mess.’”

“We were spending so much time trying to recruit new nurses during a nursing shortage and trying to keep our own nurses here, and [travel nurses] were telling them to run away. It was terrifying.”

But North Dakota wasn’t the only state reeling from escalating COVID-19 rates at the end of 2020. The entire region—including South Dakota, Wisconsin, Iowa, Minnesota and Montana—recorded rises in COVID-19 cases as national rates declined.



Tess Johnson

These largely rural areas experienced only mild outbreaks during the spring and summer when COVID-19 infections and deaths devastated other parts of the country. Some rural residents might have incorrectly believed the deadly virus was a city problem, Dr. Doug Griffin, chief medical officer at Sanford Medical Center in Fargo, N.D., told NPR’s *Morning Edition*.

“I think what has surprised me is that really—just in a matter of days—it’s like we opened up a spigot and a huge number of patients influx to us,” he said.

### COVID-19 CAME ON TWO WHEELS

Many believe South Dakota primed the pump with several super spreader events where hundreds of thousands of attendees did not wear masks or socially distance. An Independence Day celebration at Mount Rushmore attracted an announced crowd of 7,500 who came to the Black Hills from around the country to see then-President Donald Trump.

In September, Huron, South Dakota (population 14,000), held the annual state fair where 108,000 people came to see the antique tractor display, eat cotton candy and ride the Ferris wheel. Although attendance was 50% less than the previous pre-pandemic year, people in South Dakota and surrounding states spent about \$1.3 million before they went home, fair organizers proudly boasted.

Not to miss out on the economic bump, Sturgis, South Dakota (population 7,000), held two rallies. Their week-long Mustang Rally came in September followed by their 80<sup>th</sup> Annual Motorcycle Rally in August. Considered the holy grail for bikers, the 10-day motorcycle event attracted 400,000 people and lots of negative national publicity.

“It was a stupid idea,” said Mike Wildermuth, RN, CMSRN, who works at Sioux Falls Specialty Hospital in South Dakota. “Anytime you get that many people together when we are having a pandemic, it is foolish.”

Sturgis residents echoed Wildermuth’s feelings according to a city-sponsored survey that showed 60% of the responders wanted to postpone the rally. Local public officials pleaded with organizers to cancel the event. Public health officials asked bikers to stay at home.

Instead, many bikers left their masks at home and packed Sturgis's bars, restaurants, and concerts wearing T-shirts announcing "F--- Covid Let's Ride." A concert video went viral of Smash Mouth singer Steve Harwell mocking the pandemic when he told the shoulder-to-shoulder crowd, "We're being human once again. F--- the COVID s---!"

Officials still argue about how many people were infected with the COVID-19 virus following the event that turned South Dakota into a petri dish. *The Washington Post* surveyed 23 state health departments and found more than 330 coronavirus cases and one death directly linked to the rally as of mid-September.

The South Dakota Health Department reported 125 cases among its state's residents who attended the rally. They didn't conduct contact tracing. North Dakota connected 30 cases to the event but didn't count any secondary cases.

But COVID-19 doesn't recognize state boundaries. Six cases connected to Sturgis were found as far away as New Hampshire. The CDC confirmed 51 primary cases and 35 secondary and tertiary cases among just Minnesota residents. Four patients were hospitalized, and one died.

The tallies show only part of the picture. Asymptomatic spread can't be counted, and many health departments don't conduct contact tracing. To further cloud the issue, some people refused to be tested following the event because they didn't want to add to the bad publicity.

Up in North Dakota, Johnson isn't blaming South Dakota.

"Big, large events in our neighboring states probably haven't been helpful," she admitted. "But we can't blame (November's COVID-19 outbreak) on anybody. It was all very loose everywhere."

## LOOKING FORWARD

Johnson would rather look forward than back—and the future is looking good for the Dakotas as they become national leaders for vaccine distribution, which is a key indicator for measuring each state's success in winning the pandemic war.

North Dakota ranked first in the nation for vaccine distribution as of April 2, distributing about 88% of the COVID-19 vaccines it received from the federal government.

South Dakota ranked 21<sup>st</sup> in the nation, distributing 79% of the vaccines it received. Both states were ahead of the national average of 77%.

Many credit the Dakotas' distribution success to its pharmacies and three main hospital systems: Monument

Health, Avera Health, and Sanford Health. The state health departments quietly stayed behind the curtain while the hospitals visibly worked with community organizations to promote prevention, handle misinformation, and create plans to test and vaccinate residents.

Putting the hospitals in charge of the government's vaccine rollout was a smart move, Wildermuth said. "They're well-known entities," the medical-surgical nurse explained, "and they're trusted by a lot of people."


Unfortunately, trust is a commodity in short supply for some skeptical Dakota residents who insist they will not get vaccinated. Only a reported 40% of North Dakotans and 32% of South Dakotans have received their initial vaccination before the end of March.

In rural America, about 30% of family caregivers said they won't take their older loved ones to get COVID-19 vaccines, according to a SCAN Survey of 1,000 family caregivers. This refusal rate is nearly double the rate found among urban and suburban family caregivers. Rural family caregivers said they are worried about potential side effects and the newness of the vaccine.

These same safety concerns were echoed by frontline healthcare workers. Nationally, nearly half of the healthcare workers have not been vaccinated and 18% of them do not plan to receive the COVID-19 vaccine, according to a recent survey by *The Washington Post* and the Kaiser Family Foundation.

Many of the concerns come from misinformation read on social media websites. Rather than using reputable news sources, some people rely on Facebook, Twitter, and Instagram, as well as dubious websites that tout conspiracy theories.

This misinformation is proving to be a formidable problem, Johnson said. Even at her long-term facility where all of the residents have been vaccinated, only 11 of her 35 staff members have chosen to get the shot.

"Which is crazy to me after all that we have been through," she said. "We shed a lot of tears this past year. They are skeptical, so I just try to educate, educate, educate." 

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