Trump’s doctor dodges questions, suggests president tested positive Wednesday

Enlarge / Dr. Sean Conley, White House physician, speaks during a press conference outside of Walter Reed National Military Medical Center in Bethesda, Maryland, US, on Saturday, Oct. 3, 2020. Dr. Conley said the president is “doing very well” and his condition is improving while being treated at the US military hospital near Washington for Covid-19.

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In a short briefing Saturday morning, White House physician Sean Conley raised more questions than answers in regard to President Donald Trump’s condition and the course of his infection with the novel coronavirus, SARS-CoV-2.

Though Conley opened the briefing by saying that Trump is doing “very well,” the doctor was evasive when asked about basic medical care questions, such as if the president has received supplemental oxygen at any point, how high his fever has been, and when he last tested negative for the virus.

Conley also made the startling revelation that Trump first tested positive for the coronavirus 72 hours earlier.

“Just 72 hours into the diagnosis now. The first week of COVID—and in particular day seven to 10—are the most critical in determining the likely course of this illness,” Conley said in an opening statement. “At this time, the team and I are extremely happy with the progress the President has made.”

Further, Johns Hopkins’ physician Brian Garibaldi, an expert in critical care of severe lung infections and member of the team caring for the president, said that Trump received an experimental antibody therapy “about 48 hours ago.”

Disputed timeline

This significantly conflicts with the current known timeline of Trump’s infection. The country first learned of Trump’s infection in the wee hours of Friday morning, when Trump himself tweeted that he had tested positive Thursday night. “Tonight, @FLOTUS and I tested positive for COVID-19. We will begin our quarantine and recovery process immediately,” he tweeted at around 1am EDT Friday.

However, if Conley is correct and the president was diagnosed about 72 hours ago from the time of today’s briefing, that would put his diagnosis around mid-day Wednesday. And if Dr. Garibaldi is correct and he received an experimental treatment around 48 hours ago, that would put his treatment at about mid-day Thursday.

White House officials have since tried to walk back this timeline, saying it was a mistake. In a statement released after the briefing, Conley wrote that “the President was first diagnosed with COVID-19 on the evening of Thursday, October 1st and had received Regeron’s[sic] antibody cocktail on Friday, October 2nd,” referring to the experimental antibody treatment by Regeneron Pharmaceuticals. Still, it’s hard to

believe that *two* leading doctors treating the president could have misspoken about the course of his infection and the timing of his treatments.

This all raises significant questions about transparency around the president's health and whether proper precautions were followed to prevent him from spreading his infection to others.

Viral spread

On Wednesday, the president had traveled to a rally in Minnesota and on Thursday attended a fundraiser in New Jersey, at which he reportedly came in contact with about 100 people. And, according to earlier reports from close aides, the president was already experiencing symptoms on Wednesday, suggesting that he was highly infectious at that time.

Given his onset of symptoms on Wednesday, it's also highly likely that Trump was infectious during Tuesday's presidential debate. On Friday, debate moderator Chris Wallace revealed that Trump had, in fact, not been tested upon arrival at the event as was required. Instead, Trump reportedly arrived too late to be tested and event organizers relied on an "honor system" that he had tested negative.

Since Trump's positive test was revealed early Friday, a slew of others in Trump's sphere have also revealed positive tests—many of whom attended a White House Rose Garden event celebrating Trump's nominee to the US Supreme Court, Amy Coney Barrett, last Saturday, September 26. The list includes former advisor Kellyanne Conway, Sens. Mike Lee (R-Utah) and Thom Tillis (R-N.C.), Notre Dame President Rev. John Jenkins, former New Jersey Governor Chris Christie, and a White House reporter. That's in addition President Trump himself and the first lady. In all, more than 100 people gathered for the event, close together, some indoors as well as outdoors, and many did not wear masks.

Exposures

The growing cluster of cases linked to the White House has raised questions about the testing protocols there, which rely on a rapid test called Abbott ID Now. This particular test has long been known to provide inaccurate results; some early data suggests it may identify up to 48 percent of positive samples as negative. Moreover, the test was not intended to detect infections before symptoms develop—though infected people can easily spread the virus in the few days before they notice symptoms.

Despite these significant problems, the White House has relied on this testing to control spread and been lenient on more robust health measures, such as physical distancing and mask-wearing.

The most significant risk of spreading this virus is through prolonged contact, generally defined as two people being within 6 feet for 15 minutes or more. However, researchers suspect that transmission can occur at longer distances when people are in crowded and/or small indoor spaces with poor ventilation.

Anyone who has potentially been exposed to the virus—at the White House or otherwise—should quarantine and be tested. But experts stress that even if a test comes back negative quickly—as we saw on Friday with the Bidens and some White House staff—it does not mean that a person has not been infected. It may simply be too soon after an exposure for a test to detect the virus, and an infection will develop in a matter of days. The Centers for Disease Control and Prevention recommends that exposed people continue to quarantine even after a negative test to ensure that they don’t develop an infection later and spread the virus further.

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