

An open letter sent to Florida Senators Rubio, Scott and Congressman Dunn, on March 4, 2020

Two years ago I wrote Mr. Rubio and Dr. Dunn, urging the development a national strategic medicine supply, to avoid the potential of disruptions in the supply chain, as America get 90% of its medications from China and India. I presented a plan to make the cost minimal and have the reserve supply be economically self-sustaining, while improving the quality of the supply. Nothing was done. Now we face the eminent possibility of just that type of disruptions a result of the COVID-19 pandemic.

Yesterday the Federal Reserve bank reacted to the COVID-19 outbreak by cutting interest rate by half a percent in an unscheduled meeting. The Repo market continues to fuel stock buybacks without any real stimulus to the economy. I understand propping up the stock market is important to you. But soon we will be asking Americans to self quarantine, schools will likely be closing and many parents will need to stay home or have to pay more for day care, if they can keep working.

The CDC protocol for a Category 4 - 5 flu pandemic is to close the schools for 12 weeks. This disease has a mortality rate of greater than two percent and is thus a Category 5 pandemic by definition. This disease has a longer course than the flu, so that will take us into the summer.

How will you ask to your constituents to self-quarantine when it means possible eviction, repossession of their vehicle, or going without their medications or food? As it is, people show up to work sick because they cannot afford to miss a single-day's work.

Our state has over a million people without health insurance - if we want to stem the tide of this pandemic, we will need the uninsured to be tested and isolated and the disease source traced - how do you plan to get this done? What programs do you have in place to make it humanly possible for people to stay quarantined for 14 days or more? How will people get supplies? Will they have case workers call them daily to make sure they are well enough to stay home or get them to the hospital if they need critical care?

If the schools are closed, many of the children in school and after-school meal programs will go hungry. My wife works with these kids. A few months ago the school was going to be closed for a long weekend due to bad weather. When it was announced that there was going to be a long weekend, a six year old asked "But what am I going to eat?" Food for these children needs to part of any plan for this pandemic. When the schools close - there needs to be meals ready to be delivered to the homes of these children - or they will go hungry.

What programs are ready to triage the millions of simple colds from COVID, and screen those with severe disease in need of hospitalization from those who can weather COVID out at home. There will not be enough ventilators or even oxygen in the hospitals for the critically ill if this gets out of hand.

The current plan from the CDC published by the state relies on peoples going to their personal physicians to seek care if they develop COVID-19 symptoms. This will only cause the spread of this disease, and move medical staff into quarantine when we need them most. For every case, a physician and staff will be taken out of service. The facility will be considered contaminated. In

California, one patient put 40 health care professional into 2 weeks of quarantine and infected at least two of them so far. In normal times, it can easily take weeks to get into see a doctor - we do not have extra doctors – and this is not a plan to stop the disease, but rather to distribute it first to the health care providers and their families. It becomes an unnecessary round of exposure to spread the disease, without providing benefit, as these doctors will not have treatment to offer.

Over a million Floridians are without health insurance and thus, most of these do not have a current primary care physician. Will they show up to be tested for SARS-CoV-2 if they know it may cost hundreds of dollars? Those without health insurance need a place to be tested if they become ill without cost if we want to slow this disease spread. If we can slow its spread for a couple of months, COVID may peter-out like the flu does in the summer. Next September, we can be more prepared for its wintertime return.

People need to know that they will not get evicted, lose their car, or go without food or medications, because they quarantine or stay home sick. My wife's co-workers often come in sick because they can't afford to miss a day's wages.

I suggest instead, that every community have free "cough and fever" triage unit. These could be set up in a large park lot, with couple of tents, or the people could just stay in their vehicles (turned off). Space the cars with one space between. Then have qualified, adequately protected medical personnel check the people for fever, pulse ox and respiratory rate, take data, take samples and give them written instructions such as: "it does not appear to be COVID", or "go home and isolate yourself - we will call with test results tomorrow", or send them to the correct treatment facility if needed. Free testing is being done in South Korea as a drive through service, and they have tested 100,000 persons in just several days.

Not every emergency department (ED) should handle COVID-19 cases. We still need to take care of the all the other disease and injuries. We need to prevent people with migraines, heart disease, strokes and injuries from coming in for other emergencies and becoming infected with COVID from people or fomites in the ED. Those departments seeing infectious disease/ pulmonary critical care should have their own designated entrance - to separate these patients, and again have personnel adequately protected and frequently decontaminated.

Most people with Covid-19 will do fine at home. Only severe cases need oxygen therapy and only these are at risk of becoming critical disease. All COVID-19 deaths thus far have been in persons with critical disease. People should generally be told to stay home if they are sick, but to call if they become short of breath, have a respiratory rate of >30 at rest, or a pulse ox of less than 94.

If people get to this point, they should be instructed call first to make sure the facility is ready to receive them and to get instructions where to go and which entrance to use. A case worker should call on every quarantined person daily to make sure they are well enough to stay home and to make sure they have the supplies needed to do so.

If we expect people to self quarantine, we need to make it humanly possible. People need to know they will not be evicted for getting behind on their rent or lose their vehicle because they can't work and make miss a payment. They will need food and supplies. If the numbers are small - each case should have a case worker call them each day to make sure they are doing OK, that

they have supplies and that they are not becoming a severe case. It would be good for all high risk patients to have a pulse-ox to know when they need to get further medical care if their disease progresses to severe disease.

Florida virtual school, or televised classes or other telecommunication classes, should prepare for the possibility that schools may close until September. Teachers should be ready to supervise students by phone, internet or other means.

It will cost a lot to arrest this disease quickly. But if done now, it will be far cheaper than in three weeks.