

Congressional Briefing on Heroes of Coronavirus Response
House Select Committee on the Coronavirus Crisis
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Respectfully submitted by:

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I'd like to start by thanking Talisa Harding for sharing her story, as well as the other panelists who will be talking about their experiences later today; and thank you to Chairwoman Clyburn and Ranking Member Scalise and the rest of the members of the Committee for the opportunity to talk about these issues today.

I am an emergency physician and public health researcher at Brown University. Today, I am going to share my perspective on the COVID19 crisis from both vantage points. I want to touch on three topics: First, the shortages of personal protective equipment, or "PPE"; Second, the physical and mental effects on ER doctors and other frontline healthcare workers; and Third, what comes next with re-opening.

A little over two months ago, the life of every healthcare worker in the country changed for the worse. My own hospital system had been preparing for the pandemic since the novel coronavirus was first reported; we had done our best to build up our pre-existing stores of masks and gowns. However, by mid-March, as sick patients poured into our doors, our PPE "burn rate" had gone through the roof and the supply chain had dried up. In normal times, we would dispose of our PPE - our gowns, gloves, masks, and so on - in between each potentially infectious patient, to keep ourselves & our patients safe. As our ERs and ICUs filled with patients, however, this meant that the average doctor or nurse would go through 40 or more masks in a day. Hospitals, counties, and states across the country were all running out of this essential protective gear.

And there was no more to be had. Overseas manufacturing had been diverted to other hotspots like Italy and China. Our national stockpile was inadequate. The U.S. had not ramped up production in time. As a result, as you know well, we were told by the U.S. Centers for Disease Control & Prevention to use bandanas -- which have NO efficacy in the healthcare setting -- when we ran out of masks.

To be clear: without adequate PPE, frontline workers like those who have joined us today, are unable to protect themselves from becoming infected. As a result, over the last two months, innumerable colleagues across the country have been infected by COVID19, some have been hospitalized, and some have died.

Now, in emergency medicine, we are used to “doing without”. We know, better than anyone, that America’s public health system is broken. But nothing prepared us for COVID19. Overnight, our emergency department was full of really, really sick patients for whom we had few treatments. Our patients were alone: no visitors were allowed. We healthcare workers were scared, both of getting sick ourselves and of failing our patients. Because of shortages of PPE, we couldn’t sit at the bedside and hold their hands. Because of lack of scientific knowledge and lack of supplies, we often couldn’t save them.

As the case counts climbed, hospitals began running out of not just PPE, but also other essential supplies. Basic medications, like the medicines we use to sedate a patient who’s on a ventilator. Basic supplies, like the spacers we use to administer albuterol. Lifesaving equipment, like dialysis machines and ventilators. We were operating with levels of supplies, and facing ethical dilemmas, that we would not normally tolerate.

As a result, many of us felt abandoned - like we were on our own. And the secondary trauma from this experience is only just beginning to be felt.

Speaking personally, I am frustrated and exhausted. Speaking on behalf of my colleagues, we are experiencing higher levels of burnout, anxiety, sleeplessness, and depression. We are beginning to see signs of PTSD. And, sadly, we are seeing much worse aftereffects. I’m sure that many of you read about Dr. Lorna Breen, a fellow emergency physician who died of suicide after the stress of being infected herself while trying to run an ER that couldn’t help the many dying patients in its hospital rooms and hallways.

That said, I am also here to talk about hope. In the early days of the pandemic, I and many other healthcare workers began to speak out on Twitter and in the media about our experiences. Our inboxes were deluged with offers for donations of PPE. These offers were kind and tremendously helpful to my hospital. But they also felt unfair: what about all of my colleagues who couldn’t go onto social media or the news? What about hospitals in communities where people don’t have the resources to donate?

Seeing no national, coordinated response to the lack of PPE, in mid-March I and a group of other physicians co-founded GetUsPPE to help bridge the gap between current supplies and increased manufacturing capacity. Our initial goal was to find unused PPE in non-medical settings and connect those who could donate masks and gloves to healthcare workers in need. Within a week, we had received requests for PPE from over 1000 healthcare facilities across the country. Within a month, we had received 7000 requests, with every state represented in our database. In collaboration with regional and corporate partners, ranging from medical students

in Chicago to Boston Scientific to tribal nations to Amazon, delivered more than 1.5 million pieces of PPE to healthcare facilities.

But we know that this is not enough. In the last two weeks alone, we've had more than 5000 new requests for PPE. Early on, everyone needed surgical masks. Now, while N95 respirators are still in high demand, we are seeing new shortages for gowns, PDI wipes, and other essential supplies.

One thing is clear: the PPE shortage continues in America and it will affect our country for months to come.

Reopening will exacerbate the need for PPE: as restrictions are easing, and more institutions are opening their doors, more frontline workers need to be protected. There's really only one solution: we need the federal government to step up. We needed it before, and we still need it now. The creation of a Medical Supply Coordinator in the HEROES Act is a step in the right direction, but to be clear: we must ramp up domestic manufacturing, increase the stockpile available for distribution to states, enhance data on PPE and other supply needs, and ensure that PPE is distributed equitably to **everyone** who needs it. And "everyone" is not just doctors and nurses; it is all essential frontline workers who have been bearing the brunt of this crisis without necessary protection.

The time to act is now. Our lives depend on it.