

April 8, 2020

His Excellency Charles D. Baker, Governor  
Commonwealth of Massachusetts  
Massachusetts State House  
24 Beacon Street, Room 360,  
Boston, MA 02133

Dear Governor Baker,

We thank you and your administration for your recent actions to slow the spread of COVID-19 in MA, and your dedication to protecting our healthcare professionals and the public.

We, the undersigned, are a diverse group of Massachusetts physicians and health care professionals with expertise in emergency medicine, infectious diseases, surgical and medical specialties, public health, and primary care. We practice in world renowned hospitals, safety-net hospitals, community hospitals and ambulatory centers. We urge you to implement additional urgent measures to save as many lives as possible before the peak surge in cases as predicted by your administration's models between April 10 and 20.

**1) Minimize Transmission, Maximize Lives Saved: Strengthen the current stay-at-home advisory and physical distancing by prohibiting gatherings of ANY size until medical experts and data tell us it's safe to discontinue these measures.**

We urge you to:

- **Limit physical contact to household members only.**
- **Close all public spaces where people are continuing to congregate** (playgrounds, basketball courts, athletic fields, and other recreational places).
- **Close additional non-essential businesses**, including construction.

Why this is important: Among people who test positive for COVID-19, 25-50% have no symptoms but can transmit the virus. The number of COVID-19 related deaths in MA continues to double every 2-3 days. The current effective advisory allows up to 10 people to gather in public spaces. Every infected person infects 2 or 3 additional people on average. **If even one person is infected in a single social gathering of 10 people, dozens of lives are at risk.** Please save as many lives as possible by immediately prohibiting gatherings of any size.

**2) Produce, purchase, provide PPE: Urgently produce, purchase and provide high standard personal protective equipment (PPE) for all healthcare workers.**

We urge you to:

- **Ensure transparency and equitable distribution in the supply chain** so that every health care worker has equal access to the same **universal high standard PPE** with scientifically proven protective value.
- Endorse the Joint Commission's statement supporting the **right of every health worker to wear their own PPE** when their institution cannot provide adequate protection commensurate with infection risk.
- **Fully mobilize all state and federal resources**, including invoking the Defense Production Act – for both immediate access to PPE and an ongoing organized central supply chain.

- **Identify new proven protective prototypes of PPE and fund their production at scale. Provide incentives to manufacturers and companies to refocus their manufacturing on PPE production.**

Why this is important:

Varying PPE guidelines across hospitals may be perceived to reflect available resources rather than best safety practices. Early in the Wuhan, China outbreak, 1300 healthcare workers became infected. After implementing high standard PPE, including full-body Tyvek jumpsuits and N95 masks, none of the 42,000 health workers sent to Wuhan were infected. Healthcare workers, who account for 1 in 6 COVID-19 infections in MA, commonly treat these patients in standard cloth gowns and surgical masks. **All healthcare workers involved in direct (e.g. physicians, nurses, others) or indirect support of patient care (e.g. laboratory technicians, medical waste handlers, cleaning staff, security) are at risk of exposure and deserve a safe standard of protection tailored to exposure risk.**

Increased production of proven protective PPE at scale will support ongoing PPE requirements. Developers of proven protective reusable face masks and other PPE need funding to quickly get their products to frontline health care workers. New England-based companies such as Bauer, LL Bean, and New Balance have changed operations to make PPE. More companies should be incentivized to produce PPE tailored to workforce needs.

3) **Detect and Protect: Detect every patient who has COVID-19 and provide them a safe place to stay, to protect the health of that person, their families, and the community.**

We urge you to:

- Rapidly scale up COVID-19 test availability and mobile testing centers to test symptomatic patients and their contacts, health care workers and other high-risk individuals independent of symptoms as directed by public health experts.
- Report healthcare workers as a separate category in COVID-19 data measurement and statistical trends by the DPH, including cases, hospitalizations, and deaths.
- Implement antibody testing to determine who has been previously exposed and may no longer be at risk for COVID-19-related disease.
- Ensure sufficient dormitories, hotels, and other buildings are available to house all people who are COVID-19-infected but do not currently require hospitalization, so they can remain safely isolated from household members to prevent additional infections.

Why is this important: Both Germany and South Korea have low mortality rates, ~1%, despite high numbers of infected people, largely due to widely available testing and contact tracing. In China, all individuals who were exposed to an infected person were immediately separated from other close contacts to prevent household or family clusters. Isolating people after fever, coughing, or other signs appear is too late. Safe spaces to stay are needed for infected individuals who do not require hospitalization or were discharged from the hospital but remain capable of infecting others. Safe residential spaces are also needed for close contacts of infected people who may not have other options, including health care workers and at-risk populations such as the homeless.

4) **Optimize Patient Safety and Protect Clinicians: To optimize patient safety during this emergency, ensure a working environment that emphasizes prioritizing patient care while protecting clinicians from related risks.**

We urge you to issue an executive order that:

- Allows all credentialed physicians, advanced practice professionals, and other clinicians to be employed by any health care facility where they are needed.

- Reduces the burden of medical record documentation during the pandemic.
- Increases protection from liability for healthcare professionals, as requested by the Massachusetts Medical Society and enacted in other states (NY, IL).

Why this is important: During the next two weeks, our healthcare system will be tested in unprecedented ways. Allowing credentialed clinicians to work at overwhelmed hospitals in need of staff protects patients. Reducing required documentation minimizes the burden of learning a new electronic medical record system while prioritizing patient care. During this public health emergency, immunity from civil liability will protect clinicians providing care with scarce resources and outside of their area of expertise, and alleviate clinicians' worry about being unable to provide the standard assessment and treatment for many health conditions. Increased protection from liability protects both the public and the clinicians who treat patients at great risk to the clinicians' own well-being.

You recently stated that, *“Even with the best planning we still expect our medical system will be stretched.”* Every step above will save lives. **We urge you to implement the above measures immediately to ensure that your administration takes every possible step to save as many lives as possible.**

Thank you.

Respectfully, the undersigned physicians and other health care professionals

**Physicians and medical students:**

1. Brittany Petros AB, Medical Student, Harvard Medical School, Somerville, MA
2. Brendan Eappen AB, Medical Student, Harvard Medical School, Weston, MA
3. Henry Rosenberg AB, MD, Internal medicine/Pediatrics, Cooley Dickinson Hospital, Northampton, MA
4. Julianna Coleman B.A., B.S., Harvard Medical School, Boston, MA
5. Patty Chen BA, MD Candidate, Class of 2023, Boston University School of Medicine, Boston, MA
6. Joyce Wang BA, Harvard Medical School, Boston, MA
7. Jie Jane Chen BA, Harvard Medical School, Boston, MA
8. Natalie Posever BA, MS3, Harvard Medical School, Boston, MA
9. Logan Briggs BA, MD Candidate, Surgery, Harvard Medical School, Boston, MA
10. Amanda Jowell BA, MD student, Harvard Medical School, Boston, MA
11. Jenny Lai BA, MD/PhD candidate, Harvard Medical School, Boston, MA
12. Ayush Parikh BA/BS, Medical Student, Harvard Medical School, Boston, MA
13. Jonathan Kusner BS, Harvard Medical School, Boston, MA
14. Nicole Gilette BS (MD/PhD Expected), HMS/MIT Student, Cambridge, MA
15. Bonnie Padwa DMD, MD, Oral and Maxillofacial Surgery, Boston Children's Hospital, Brookline, MA
16. Amola Shertukde DO, Family medicine, Boston Medical Center, Boston, MA
17. Nicole Gioules DO, Anesthesiology, Shrewsbury, MA
18. Katelyn Sullivan DO, Emergency Medicine, Milton, MA
19. Neil Halin DO, Interventional Radiology, Tufts Medical Center, Newton, MA
20. Christine Cochrane DO, Internal medicine, Franklin, MA