November 24, 2020

Dear Governor Lamont,

We write to share our perspectives as physicians caring for critically ill COVID-19 patients during the recent second wave here in Connecticut. Our comments reflect our experiences as individual physicians; our opinions are not meant to represent the official views of the Yale School of Medicine, Yale New Haven Health, or the VA-Connecticut Healthcare System.

The rapid increase in admissions and severity of illness that we are seeing here in the ICU and the wards is incredibly concerning. In the media, it has been widely reported that the lower mortality rates in the second wave reflect dramatic advances in care. This is far from accurate. While our understanding of COVID has certainly improved, there are very few new therapies, and the benefits are modest.

The reality is that mortality is a lagging indicator, and in the coming weeks we expect mortality to increase. More importantly, our ability to save lives depends on our ability to provide high quality supportive care, that depends on having an adequate supply of intensivist physicians, critical care nurses, respiratory therapists, and beds in adequately equipped ICUs. Even though it is still early in the second wave, we are already spilling outside our ICUs, calling for extra volunteers, and we are exhausting the supply of advance-practice nurses and medical residents who help us provide the best possible care. The nurse travelers from other states whom we rely on every flu season are not available because they are needed in every state. At the current pace, we will soon fill up all our hospital floor beds within 7-14 days and be forced to move into our post-anesthesia care units and operating rooms, which will require our surgical colleagues to stop elective operations. Operating rooms weren't designed to care for ICU patients anyway, as their design impairs line of sight communication and monitoring and other strategies that leverage teamwork to achieve the best outcomes.

Capacity projections often look at the ICU beds as if all ICU patients were the same. Such projections underestimate how challenging it is to care for COVID-19 patients and their unpredictable disease. They are extremely sick compared to other critically ill patients, and often in the prime of life, without major comorbidities. The duration of illness is much longer than that for other ICU patients; up to one month or more in ICU survivors. Unlike other conditions that have a more predictable trajectory, sudden decompensation and death may occur at any time during the ICU course, and a special level of vigilance is required. Patient rooms must be visited repeatedly throughout the day, requiring frequent time-consuming changes of PPE. Patients and families are incredibly frightened and it's important to take the extra time to comfort them at the bedside and over video conferencing to explain what to expect which is often impossible to know.

Because we have floor beds and ICUs that are also full of non-COVID patients, we won't have to get anywhere close to the huge COVID patient censuses of last spring to be overwhelmed. We are prepared to do whatever we can to care for, comfort, and heal all those that we can, but we want everyone outside to know what we are up against, and not to assume that our capacity is limitless. Any actions that can be taken to prevent the admissions that we will see 1, 2, or 3 weeks from now are incredibly important to ensure that we can save more lives than we did in the spring, both for COVID patients and for other, non-COVID patients who also depend on the care that we provide, much of which cannot be provided anywhere else in Connecticut.

We are grateful for your ongoing strong leadership during these challenging times. Based on what we know about the epidemiology of COVID-19, we are confident that a decision to close indoor dining and gyms and ban all other unnecessary public gatherings would protect our citizens from this lethal disease, keep our hospitals and caregivers from becoming overwhelmed, and save lives.

Sincerely,
The Undersigned

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