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Still Working with Patients with After Effects; Local COVID Outbreak; No National Plan

My COVID experiences this week in part revolve around helping one of my patients now permanently disabled from the after effects of COVID; large numbers of patients refusing needed treatment due to extreme anxiety about COVID exposure, and patients who were COVID positive with continued symptoms almost certainly related to anxiety.

Lastly, a few days ago a local health facility I am affiliated with identified several COVID-19 infected employees and patients on a clinical unit. The facility, being the transparent and thorough facility that it is, identified 23 COVID-positive employees and 12 COVID-positive patients. Contact tracing and testing is being conducted for any patients who test positive. It is likely that the outbreak resulted from several factors: employees who traveled to areas within the United States identified as "hot spots" and were found to be infected after return; staff convening in breakrooms and removing their masks without observing proper social distancing protocols; some staff members coming to work with symptoms; and inappropriate or inconsistent mask use in common- and public areas of the unit. Likely, a combination of these factors contributed to the transmission of the virus. As stated by the hospital, the best tools we currently possess to stave off any resurgence of this virus remain our proven public health interventions:

· **Hand Hygiene**: long before COVID-19 appropriate hand hygiene was known to be highly effective in preventing the transmission of infectious diseases.

· **Not coming to work with symptoms**

· **Face Masking**: There is absolutely no down side; it is a high-value proposition.

· **Physical/Social Distancing**: Last week, the first sentence of an article the Proceedings of the National Academy of Sciences was: Social distancing is the core policy response to coronavirus disease 2019 COVID-19.

· **Do not participate in communal meals or share food sources (e.g. pizza parties, sandwich platters, cakes, etc.):** although this infection is not food-borne, it is transmitted from person-to-person via respiratory secretions. These can contaminate inanimate objects, such as serving utensils, boxes, food, etc. and also contaminate your hands.

· **Avoid travel to high-risk areas**: the reason for this is that such travel will increase the statistical risk of being exposed to COVID-19 and thus, could increase the risk of transmitting it to others upon your return. This is the rationale for the Travel Policy.

Sound familiar? But we have no national policy that advocates firmly for these measures and provides the financial and organizational resources to implement them. In fact, we will never have a national policy from this administration. For example, because of federal incompetence we cannot get testing efficiently done, thus missing most cases. I have submitted an op-ed with a colleague advocating that the Democratic controlled House should step into the spotlight with a plan and use the bully pulpit to advocate for it.

Because many of my patients don't want to access needed care, health insurers are doing just fine thank you but don't expect lower premiums!I need to wrap my head around that when my daughter is faced with stories like this. She is worried about the cost of a COVID test as her health insurance has a high deductible. Lets keep in our hearts health professionals who have lost their lives to the pandemic. My response to this overall tragedy, is I continue to work as a health professional on a number of Congressional races and try to help steer electoral votes in Fl, MI, and PA to Biden by emphasizing, using Jeff Lerners phrase, that health professionals advocate a truthful and scientific approach in the form a political vaccine. As just published: The pandemic is boosting the public's view of doctors.

Feedback is always welcome.

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