STATE OF IDAHO DISASTER
MEDICAL ADVISORY COMMITTEE

November 3, 2020

Governor Brad Little
Office of the Governor
(governor@gov.idaho.gov)
State Capitol
P. O. Box 83720
Boise, ID 83720

Via U. S. Mail, Fax (208) 854-3036,
and email

Dear Governor Little:

We members of the State of Idaho Disaster Medical Advisory Committee (SIDMAC) are writing to you today to express our concern about the rising numbers of COVID-19 across the state. We are members of the group that was charged with development and assistance in implementation of the State's Crisis Standards of Care. Those Standards delineate procedures to be utilized when the health care capacity of the state is overwhelmed in a crisis. Unfortunately, our systems are being overwhelmed.

As a committee we worked diligently over many months to develop guidelines and procedures to respond to a crisis. The guidelines include criteria to triage and transfer patients and ration scarce resources, including allocation criteria for ventilators, dialysis machines, and ICU beds. This is to ensure that in a crisis scarce resources are allocated fairly, ethically, and humanely. This is a grim task none of us would ever choose to undertake, but it was necessary to create a uniform, rational and ethical response statewide. We hoped implementation of these standards would never be necessary, but as you are well aware, the state's recent increase in Covid-19 cases and attendant increase in hospitalizations have brought us very close to meeting the guidelines for crisis implementation.

Statewide, certain regions are experiencing limitations in their ability to continue to handle the upsurge in cases. Those regions are widespread, including Northern Idaho, Eastern Idaho, The Magic Valley and Treasure Valley. Resources are strained,

predominately due to limitations in trained personnel to care for patients. Unlike expansion of beds and equipment, the number of trained personnel to care for the increased number of patients cannot be easily expanded. We simply do not have the personnel to safely maintain our usual standards of care under current circumstances. Since this is now a statewide issue, transfer of patients from one strained facility to another has become increasingly difficult.

The Crisis Standards indicate that the crisis plan should be implemented when "one or more counties or healthcare entities is experiencing crisis level shortages of space, staff, or supplies", when "medical countermeasures are depleted", and when "patient transfers (are) insufficient or impossible statewide". We would suggest that we are at, or rapidly approaching these trigger points statewide, perhaps most eminently in Northern Idaho.

We must remember that Idaho, more than most states, is constrained in the number of total hospital and ICU beds per capita. Kaiser Health foundation reports Idaho's number of total hospital beds as 1.9 per 1000 population, ranking ninth lowest to all states[i] and only four states have a lower number of ICU beds per population.[ii]

We therefore are writing to implore you to help us avoid a full statewide crisis and require a statewide mask mandate. A statewide masking requirement, combined with the other social distancing measures and limitation on group gatherings is our only hope of avoiding disaster.

Masking works.[iii, iv, v, vi] We have appreciated your leadership in stressing personal responsibility for masking. Unfortunately there has been great variability in individual health districts regarding masking recommendations and requirements, resulting in illogical orders with marked inconsistency. This is a statewide crisis, and a statewide response is needed to avert disaster.

The data for masking is increasingly compelling. However, it is also clear is that haphazard compliance undermines masking's effectiveness and we have not achieved a level of compliance statewide that allows for a decrease in cases. With asymptomatic spread, those individuals who refuse to mask are endangering their fellow citizens, particularly and unnecessarily the vulnerable among us. Analysis indicates that a masking mandate can cut cases by nearly half, preventing the upward spiral of cases we are experiencing. This degree of decrease in growth rate translates into even larger declines in Covid-19 fatalities.[vii]

The "external" members of this committee (not part of the Dept. of Health and Welfare) have written to you previously requesting a mask mandate, and received no reply. We realize instituting a masking mandate will incur the wrath of some portions of the population, but evidence suggests over 75% of the population would be supportive[viii] and the small radical fringe who would oppose such a mandate have no right to endanger the rest of the population.

As the healthcare providers responsible for designing the State of Idaho plan that must deal with decision making when our health care system is overwhelmed, we strongly implore you, we beg you, to take the courageous step of immediately instituting a statewide, enforceable masking mandate. Without that action we fear the nightmare scenario we have had to design in our crisis plan will come to fruition.

Signed,

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[i] https://www.kff.org/other/state-indicator/beds-by-ownership
[ii] https://www.kff.org/other/state-indicator/icu-beds

[iii] Brooks T, Butler J, Redfield R, JAMA August 18, 2020, Vol. 324, No. 7

[iv] https://www.cdc.gov/media/releases/2020/p0714

[v] Chu D, et al., Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis, Lancet, Vol. 395, June 27, 2020

[vi] Ghandi M, Rutherford G., Facial Masking for Covid-19—Potential for "Variolation" as We Await a Vaccine, N.Engl.J.Med,, 383; 18, October 29, 2020

[vii] https://www.goldmansachs.com/insights/pages/face-masks-and-gdp

[viii] https://www.cdc.gov/media/releases/2020/p0714

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