

Notes for City Council presentation

Good morning. Thank you for letting me speak.

I come before you as both a concerned citizen of our community and as Secretary of the American College of Surgeons, the largest surgical organization in the world with more than 86,000 members. I am currently a professor of surgery here in Kansas, but none of what I say should be interpreted as policy of the University of Kansas.

It is my hope to change the conversation on COVID from one of division to one of unity, patriotism and good citizenship.

Four days ago I received a message from Dr. Mike Sarap whom I have known for more than ten years. He is a surgeon in the town of Cambridge, Ohio which like McPherson is about 13,000. They have a low vaccination rate and low compliance with masking. His hospital was completely full. 12 of their 14 emergency rooms were filled with patients waiting for admission. They've stopped all elective surgical procedures that require admission. They ran out of ventilators and received five more on an emergency basis. They have no personnel to run more ventilators. They have converted waiting rooms into mini ICUs. Patients with other medical conditions were having their treatment delayed. One of their 43 year old patient is on a ventilator and does not know that his own father died of COVID. Support staff and nurses are working 12 hour shifts often without breaks for eating or bathroom breaks. There are only 10 beds available in the 36 county region. New cases continue to present faster than they can be discharged. His town has passed their 2020 death rate. The surge is not expected to break until late October. The medical staff is preparing guidelines as to which patients will receive care when the hospital is completely overwhelmed which may be within days.

Since Mike's message I've heard from numerous small town surgeons facing similar conditions and all of them lamenting that their problems could have been prevented to large degree. In Wichita, a critical care friend of mine was delighted he found he had three ICU beds on Saturday morning and then realized it was only because three COVID patients had died overnight.

Rural America is highly vulnerable to COVID. We have fewer medical resources and limited to sometimes no ability to transfer very ill patients.

All pandemics end. This one will as well, but it will end either because the disease has infected so many people that it cannot find an acceptable host or because we took action so that the virus cannot continue to find human hosts. The first way brings scenes like those of Cambridge, OH. The second way saves lives and shortens the period in which we live under threat.

There is **no question** that the vaccines which have been developed against COVID are both safe and effective. Anyone who says differently is incorrect. This statement is based on what we call in research Level I evidence, the highest standard for scientific evidence. Masks and social distancing have been shown to reduce spread of COVID. While effectiveness of masks varies, it is one of the non-invasive ways to reduce spread of COVID. The American College of Surgeons supports and endorses the combined use of masks, social distancing and vaccination. This is based on real data from peer reviewed sources without personal commercial interest.

Adhering to these preventative methods is an act of good citizenship and patriotism and I believe the arguments about these measures need to be viewed in that context as opposed to personal choice.

I was friend to a great surgeon, Frank Spencer, who developed, with others, open heart surgery in the 1950s and 60s. He was from the tiny town of Haskell, Texas. He was fond of saying, "I got good at solving problems because I lived at the end of a long road and no one was coming around for a while." We in rural America must recognize that we live at the end of that long road and no one is coming to save us from ourselves. We must act together.

I close with the following recommendations:

1. Pandemic effects change with location and time. Preventative measures need to be applied depending on the severity of the risk. Use of prevention methods should be adjusted by the risk present in order to prevent a large outbreak which affects not only care of the COVID patients but those with other important medical needs. We are currently at high risk.
2. Other locations have achieved vaccination rates of greater than 65% with significant benefits. I would recommend our city leaders adopt a goal of achieving a greater than 65% vaccination rate of our citizens and support actions to achieve this rate. These actions should be positive, rewarding, and complimentary in nature. City leadership should increase partnering with business, health and civic leaders to support this vaccination effort even further than we have so far.
3. Because of the nature of COVID, taking action before local health systems are overwhelmed is essential. The recent rise in cases locally is a call for immediate action and for our city leaders to actively support increased vaccinations and use of the social distancing tools available for us to avert an impending crisis.

Thank you. I am willing to answer questions or converse further as you wish either publicly on record here or with you individually.