Richard P. Bartlett, MD

Dear Senator Hall:

As a physician with frontline experience wrestling with COVID-19, I would like to share an effective treatment that is both intuitive and evidenced-based; a treatment easily positioned pre-hospital and rolled out into community settings. I discovered this treatment as a stopgap measure in order to empirically treat patients and manage their symptoms as the current recommendations from the CDC and WHO have no community-based strategies for COVID-19. To wit, the current guidelines only engage a course of treatment once symptoms have progressed to hospitalization and, in many occasions, an ICU admission with ventilator care. To explain this dilemma for Texans more clearly, the current guidelines discourage Texans from seeking any healthcare at all for mild to moderate symptoms; care only commences when Texans' symptoms are so severe they require critical care and hospitalization.

However, there is an easily deployable pre-hospital community-based treatment for Texans. I administer a common respiratory anti-inflammatory corticosteroid, Budesonide, via a nebulizer directly to the lungs at the first signs and symptoms of COVID-19 and concurrently initiate COVID-19 testing. My rationale for choosing Budesonide over other corticosteroids is that it appears to block most of the cytokine storm inflammatory chemicals that COVID-19 triggers. In addition to my discovery, other organizations and nations are reviewing inhaled Budesonide to treat COVID-19. Inhaled Budesonide is currently under study at the NIH and is also undergoing study in France. Spain and Oxford University have both, individually, announced plans to study inhaled Budesonide as a COVID-19 therapy.

Thus far, 100% of my patients appear to be symptom-free following a course of inhaled Budesonide therapy. These successful outcomes include Texans who are at the highest risk for a very poor prognosis. For example, an elderly woman who was my patient had two types of blood cancer and was immunocompromised and undergoing chemotherapy and radiation. She is now COVID-19 recovered with inhaled Budesonide therapy. (Note: To be COVID-19 recovered is defined as symptom-free with two consecutive negative tests.) Another one of my patients on the critical end of the spectrum included an elderly woman with a 50-year history of smoking, a history of high blood pressure and thyroid disease treatment, and a surgical history of four-vessel cardiac bypass surgery. Following a course of inhaled Budesonide therapy, she was also COVID-19 recovered. Both Texans avoided a hospitalization, a ventilator, and a possible demise.

Inhaled Budesonide is a therapy safe for fragile Texans. It has been studied and utilized for lung-related inflammation for over 20+ years and is safe enough for 2-pound infants in the NICU. As I reviewed the efficacy of corticosteroids in other COVID-19 settings, I found that many of the nations that initiated a variation of my treatment also found incredible success. For example, Taiwan, a nation of 24 million, treats early with a different inhaled corticosteroid and has had only had seven deaths over the duration of this pandemic. Or consider Japan, who also treated with an inhaled corticosteroid. Although Japan's demographics skew towards an older population, they have had only 977 deaths in a nation of 121 million. Likewise, consider South Korea with population of 50 million who recorded only 283 deaths using an inhaled corticosteroid. (*see* coronavirus.jhu.edu)

Finally, although the FDA does not have any approved medicines specifically for COVID-19, they have approved Budesonide nebulizer therapy to treat other respiratory inflammatory disorders. As such, inhaled Budesonide is an intuitive frontline defense for the COVID-19 outbreak. And best of all, it is easily rolled-out in primary care delivery settings in Texas.

Delayed treatment is not a valid health strategy for any disease including COVID-19. During my service on the Governor-appointed Health Disparities Taskforce for Texas, our

recommendations always included access to early detection and treatment. It is my opinion that inhaled Budesonide therapy is one such early treatment for COVID-19.

Sincerely,

Richard P. Bartlett, MD