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Dear Governor Newsom and Associates,

I am an intensive care physician trained in Internal Medicine and Anesthesiology, currently practicing at Ronald Reagan UCLA Medical Center. I served on our hospital's COVID-19 response team, helping to draft our hospital's surge plan. I also directed our hospital's Emerging Infectious Disease Airway Team, which was in charge of performing high risk procedures on COVID-19 patients during the time of greatest need in April and May of 2020. During this time, I worked closely with our hospital administration as well as our experts in infectious diseases to design guidelines over how to protect healthcare providers as they took care of COVID-19 patients. I served on our department's COVID-19 Task Force. Furthermore, I gave two Grand Rounds presentations to our department on the latest emerging evidence on COVID-19. I am actively involved in several national multicenter studies on COVID-19. From these experiences, I have gained a firsthand experience both into how the disease is transmitted and what measures are effective in preventing transmission.

In my opinion both as a physician and a climber, indoor climbing with appropriate mitigation measures presents a minimal risk for transmission of the SARS-CoV-2 virus. First, it is a sport that is conducted either solo or in pairs. It does not require physical contact, and even those climbing in pairs can stay 6 feet apart from each other. Second, indoor climbing gyms are designed differently from other gyms. They usually have high ceilings, often have large bay doors, and usually have good ventilation systems. All these factors will contribute to low density of aerosolized particles. Third, we have good evidence that physical distancing and masking are effective barriers to stopping the spread of the SARS-CoV-2 virus. Climbing gyms are usually very large and spacious, owing to the necessity of avoiding overlap of adjacent climbing routes to avoid collisions when climbing, and thus lend themselves easily to physical distancing. While there is often worry about the difficulty of sanitizing climbing holds, the latest scientific evidence does not support that contact with fomites are a significant contributor to SARS-CoV-2 transmission. Finally, climbing gyms are accustomed to safety procedures and monitoring. At all climbing gyms that I have been to, gym employees regularly monitor the climbing areas to ensure that climbers are adhering to climbing safety protocols, such as good belaying techniques. Thus, safety is built into the culture of climbing, and it would be easy for additional monitoring of COVID-19 protocols to be integrated into this existing system.

My own experience in the hospital supports the safety of climbing safety protocols. In the hospital, my colleagues and I, who are essential workers, continue to work in shared offices; take shared elevators with other workers, visitors and patients; eat in the public cafeteria; and see multiple patients a day. We do our best to mitigate risk by sanitizing our hands often, wearing masks when in close proximity, physically distancing when unable to such as when eating/drinking. I and many of my colleagues get tested for SARS-CoV-2 infection frequently as part of a research study, and so far I have remained negative along with a negative antibody test. While some of my colleagues have become infected with COVID-19, these infections have been traced back to exposures outside of the hospital (such as family).

Thus, I conclude that these measures that we take at work, where we are in even closer proximity than we would be at the gym, are effective in limiting the spread of SARS-CoV-2.

Thus, I believe that the opening of California climbing gyms in a limited capacity with appropriate safety measures presents a minimal risk to public health. Please do not hesitate to contact me with further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Lin". The signature is fluid and cursive, with a long horizontal stroke at the end.

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