1	Currently, many hospitals and health systems are responding to smaller patient volumes by cutting hours, cutting, shifts, cutting lines, and cutting pay of emergency physicians. Many of us who work concurrently in public health see this as a dangerous decision, especially given we are still in the middle--or even at the beginning--of a pandemic. What policy changes would you recommend for hospitals and health systems regarding staffing that provide short term solutions that are not also shortsighted?	live answered
2	Thanks for your important words today, connecting Emergency Medicine to Public Health. Your TV interviews are wonderful and easily understood by the intended audiences. This is a two part question. Why do you think that you haven't been invited to give commentaries on FOX news? What is the Public Health answer to our fractured society and the pernicious insertion of false "science" into the decision making process.	live answered
3	What are some of the most effective ways to include the perspectives, concerns and solutions from non-medical community members during a time-sensitive pandemic, such as COVID?	live answered
	Do you see the role of public health evolving within the emergency medicine specialty in the future?	live answered

4	For Emergency Physicians with limited public health experience, can you recommend a "starting point" to help us gain appropriate experience to offer assistance to the public health organizations you suggested could use our help?	live answered
5	What specific advice do you have for physicians who want to get more involved in local/state policy and government? How practically can physicians reach out and show interest in navigating the political arena?	live answered
6	How do we respond to our friends and family that are truly struggling from the economic impact of COVID, particuarly in regions of the US that aren't as hard hit by the pandemic.	live answered
7	We are trained to act on imperfect information, but every emergency physician knows that over-reaction (e.g. over treatment, over investigation) can be more harmful than the original condition. Following the outline of your excellent plenary, this must also be true of public health interventions--one might include here shuttering schools, bringing society to a halt, deeming the work of many as "nonessential," and thereby reinforcing the public's fear of "others" and imagined contagion. Who should judge, and when shall we try to evaluate, the degree to which some of the responses to the pandemic were more harmful than the disease itself?	live answered

9	Health departments and medicaid programs have significant programs around the social determinants of health that we as EM Physicians are not aware of that can help our patients. Do you have any suggestions on how to improve our abaility be aware and involved?	live answered
10	Although you mentioned that the false negative rate is likely only 5% in US based studies, what is the gold standard used to determine the sensitivity of these PCR tests?	live answered
11	Recognizing the imperfect sensitivity of rRT-PCR and serology for diagnosing SARS-CoV-2 and the fact that most diagnostic accuracy studies of history, physical exam, routine labs, and imaging use rRT-PCR as the gold standard, what is the ideal criterion standard to minimize risk of incorporation bias, spectrum effect, temporal bias, imperfect gold standard bias, and other forms of diagnostic bias?	live answered
12	Is seroconversion IgM or IgG +?	Seroconversion can be described separately for total Ab, IgM, and IgG.
13	Does RF interfere with SARS-CoV2 IgG as well or only IgM?	Since RF is an antibody against the Fc portion of IgG, it has caused interference in assays for other diseases. Panel could comment further on this topic.

14	Would you comment on what you might know about the University of Arizona antibody test? UA President Robert Robbins claimed a false positive rate of 1/3.5 million — orders of magnitude lower than that of existing FDA approved antibody tests.	The antibody testing website at UA lists information as "The sensitivity of this assay was determined to be 95.61% and specificity was 100%. Positive and negative predictive values were 100% and 96.24%, respectively." Their president has described the false positive rate as lower in media reports.
15	If the serologic test is 99.9% sensitive and 99.9% specific, with a dz prevalence of 1%, half of the cases with positive tests will be false positive (PPV 50%). Is that good enough?	I would say in that case, no real point of testing. I think for us, unfortunately in this case the prevalence is quite a bit higher.
16	How much does creation of assays under the EUA affect test accuracy?	live answered
17	Now that we have more information, what are the current sensitivity and specificity now believed to be in the RT-PRC testing in active testing for rapid vs. more lengthy diagnositic methods?	live answered
18	How difficult is the spike protein to overexpress? Are most people using something like Protein A to pull down IgG's, or are there spike-protein columns?	live answered
19	This pandemic was unusual for the message directing large numbers of asymptomatic individuals to self-quarantine for 14 days. To what degree do you believe that basing this interval on the highly sensitive NAAT ability to detect viral RNA (as opposed to viral culture, or even contact tracing as in other diseases) contributed to excessively long quarantine recommendations?	