

An Open Letter to Our Elected Leaders in Lansing Calling for a Sustained, Unified Response to the COVID-19 Threat.

“Here we go again!” That was the sentiment of Chief Medical Officers from across our state on a recent Michigan Health and Hospital Association call. Coronavirus cases are surging and are at their highest level since April in Michigan. We are not alone: cases are on the rise across the country and Europe is experiencing a serious second wave.

This latest surge in cases comes several weeks after a recent Michigan Supreme Court decision that spawned an unfortunate period of public confusion about how our state should manage the virus and weakened behaviors. As a group of healthcare, public health, labor, education and business leaders of all political stripes – who have tracked this pandemic closely and care deeply for our state – we feel compelled to weigh in.

Our first bottom line is this: what we need most, as we face a potential serious second wave, is complete unity of purpose and a strong collective response across our state. We call on our government leaders to foster that unity.

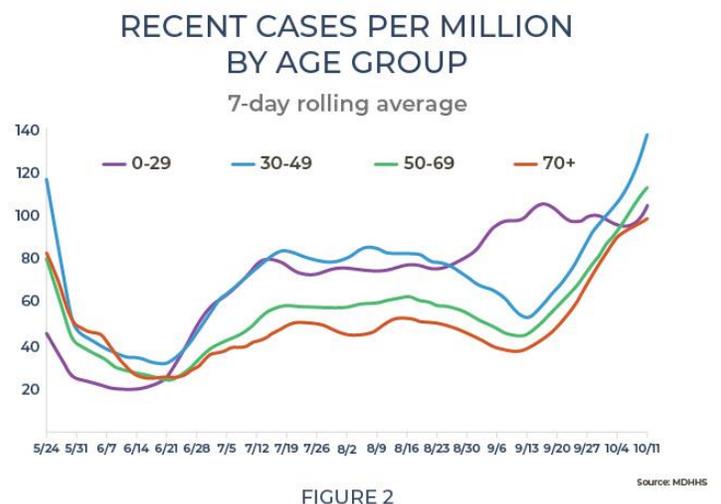
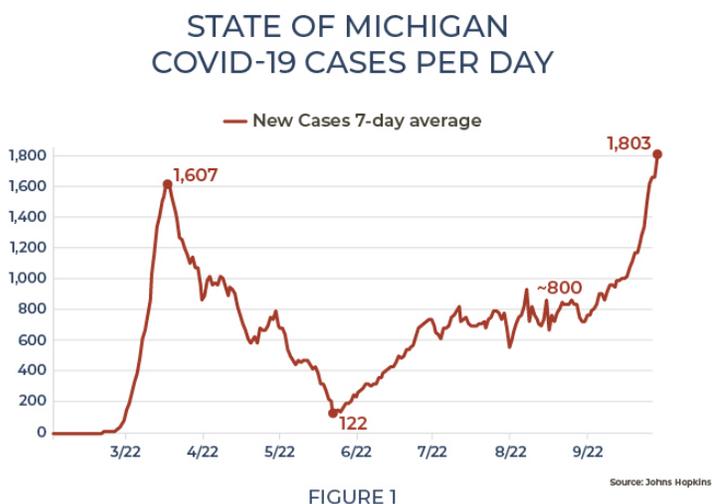
We commend the Governor and legislature for working together on legislation to extend unemployment protections and provide common-sense liability protections. We now need that spirit of cooperation focused on reigning in surging case levels.

And our second bottom line is this: on the cusp of a second wave, Michigan needs clearly defined mandatory standards which govern mask usage, workplace practices, public gatherings and certain social activities. The orders recently issued by the Michigan Department of Health and Human Services and MIOSHA are sufficient to play this role. We should now focus on deploying them with discipline.

We hold these views because of what we have learned in our hospitals and businesses: the disciplined use of COVID-19 safety practices clearly works to minimize viral spread. And we hold these views because the evidence strongly suggests – both in Michigan and the other states/countries in which many of us operate – that without such clear standards, people struggle to band together to effectively control viral spread.

We also hold these views because of what we have learned from the facts and science. And the facts and science have evolved since March as our experience and ability to cope with the virus have grown. Here is what we know now:

- After the intense spike that peaked at over 1600 cases/day in April, cases in Michigan fell to a low in early June – and then reversed course and rose through mid-July to ~ 800 cases per day. Cases plateaued at that level until about October – but are now steeply on the rise again. (See Figure 1.)



- The rise in cases across the summer was fueled by the young – especially those aged 20 – 29. As students returned to college campuses, this phenomenon intensified. It is concerning, though, that case increases have spread to other age groups in recent weeks, and now all demographics are rising. (See Figure 2.)
- Across the summer and into the early fall, hospitalizations and deaths were far lower than during the early months of the pandemic. There were a number of reasons for this – the younger average age of those infected and improved treatment protocols in our hospitals chief among them. It is again concerning, though, that hospitalizations have risen sharply in recent weeks as cases have spread to older age groups – and deaths are beginning to follow. (See Figure 3.)

RECENT HOSPITALIZATIONS

Hospitalization Trends 7/1 to 10/18

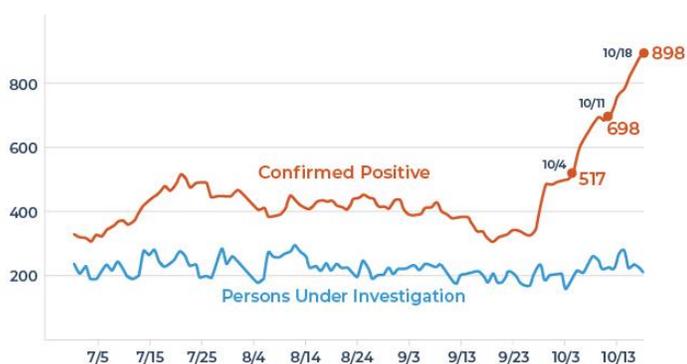


FIGURE 3

Source: MDHHS

FATALITY RATES BY DEMOGRAPHIC

Age	Case Fatality Rate
<19	0.01%
20-29	0.09%
30-49	0.3%
50-59	0.8%
60-69	2.9%
70-79	8.0%
80+	20.2%

FIGURE 4

Source: MDHHS

- Fatality rates tied to the coronavirus have dropped dramatically over time. In April and May, ~10% of confirmed cases resulted in death. Today the fatality rate is ~ 1%.
- However, fatality rates vary *markedly* by age group: those 80 or older have a fatality rate of 20%; the fatality rate is ~ 8% for residents in their 70s and ~ 3% for those in their 60s. At the opposite end of the spectrum, children in the 0-19 year age range have a 0.01% fatality rate – i.e., 1 in 10,000. (See Figure 4.) Uncertainties about potential long-term health issues remain even for the young.
- Fatality rates are also higher for those with pre-existing health issues such as obesity, diabetes and a range of other conditions.

So, it is now clear who is most vulnerable to the coronavirus: our older citizens and those with pre-existing health issues. The high fatality rates in these groups mean that if the recent surge deeply penetrates their ranks, thousands will die before their time. The job of the rest of us is to rally to protect them by suppressing the spread of the virus. In doing that, all of us will minimize our own risk of other secondary health issues.

That said, we don't need to resort to language that implies that the coronavirus is an equally grave risk to everyone – it is not. It is good news that most age demographics now face a very low risk of death. We should be open about that fact. We should also be clear that all age groups must assume responsibility for suppressing spread of the virus to protect those who remain at high risk.

Michigan cannot afford for the recent case surge to evolve into an uncontrolled outbreak of the sort underway in Wisconsin, where case levels are over ~ 2.5 times those in Michigan and many hospitals are again under pressure. We support the deployment of science-based mandatory standards across the state –

standards like those we currently adhere to in our hospitals and businesses - to suppress viral spread and protect the most vulnerable.

And success in suppressing spread of the virus would serve other critical goals: the health of our economy and the education of our children. Many of our children, especially the poorest, are not thriving in a virtual learning world – and many parents are struggling to balance the demands of work and virtual schooling. But we can only get more of these children the in-person schooling they deserve if we show the discipline needed to quell the surge in coronavirus cases and drive down spread in the months ahead. That is something for which we should all be willing to fight.

We urge you to work together, on behalf of the state, to call forth the strong collective action our state needs.

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