Common Sense for Michigan
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April 22, 2020

Senator Mike Shirkey
S-106 Capitol Building
Lansing, MI 48933

Dear Senator Shirkey,

Without question, we all understand the extraordinary times we are living in. Nearly everyone is focused on dealing with a situation we are unfamiliar with while doing our best to balance safety, financial health and sanity.

We have had the opportunity to examine the Michigan Senate Republican's *Open Michigan Safely* proposal. We appreciate the work the legislature is doing to keep the citizens safe and clearly this is a thoughtful proposal that follows the suggested federal guidelines.

"Data driven" is a valuable approach, but it is also a term used loosely and can be potentially misleading when raw data is interpreted without some level of analytics and attempts to normalize data points.

We have taken the opportunity to gather what looks to be a fairly comprehensive data set from the Johns Hopkins Coronavirus Resource Center. (https://coronavirus.jhu.edu) To be clear, this data set is a point in time - specifically Sunday April 19, 2020. It has not been validated exhaustively, but it has been randomly spot checked against county, state, and federal information sources. There is value in updating and cross referencing this data daily and that has not been done. Nonetheless, we have included several analytic views for this point in time data set and we are happy to share the raw data if needed. (For this analysis, we used only counties with a population greater than 100K as smaller counties have very favorable numbers.)

First, we need to revisit both the terms pandemic and epidemic. An epidemic occurs when the incidence rate (i.e. new cases in a given human population, during a given period) of a certain disease substantially exceeds what is "expected," based on recent experience.[1] Assuming cases are being accurately reported, we can probably agree COVID 19 has reached epidemic levels in only a handful of counties in our state. We suspect time and calmness of thought with analysis will prove both testing inaccurate and cases and death counts exploited. But for now, let's assume the data and tests are accurate.

A pandemic **is an epidemic** of an infectious disease that spreads through human populations across a large region, like a continent.[2] While we can agree COVID 19 is occurring in a wide spread area, it is not occurring at epidemic levels in all of Michigan…not even close.

We surely don't know enough about the virus and we may never know all we need to. However, it is becoming increasingly clear many people either will contract COVID 19 or have already had it and had mild or no symptoms as evidenced by recent antibody studies in California. This is an important point to

[1] https://www.diffen.com/difference/Epidemic_vs_Pandemic
[2] https://www.diffen.com/difference/Epidemic_vs_Pandemic

consider and the reason *number of new cases should be an invalid gating metric*. Not to mention, this discovery seriously lowers the mortality rate overall for the virus. The number of positive cases will be nothing more than a *function of how many tests are conducted*. If we use number of new cases as a gating metric, it *must* be normalized against the number of tests that have been conducted historically to truly understand if the number of new cases is going up or down. The only other valid alternative is to test everyone everyday which is unattainable. The true gating measure should be the real, measurable *and detrimental* impact to public health which is probably best measured in hospitalizations.

The data shows there are only six counties in Michigan which have cases or deaths of any *statistical significance* – Wayne, Oakland, Macomb are the hardest hit and Genesee, Saginaw and Washtenaw have numbers that are notable. Those counties have *cumulative* confirmed case rate ranging from 2 to 7.4 per 1000 or .2 to .74%. Their mortality rate is .08 to .58 per 1000 or .008 to .058%. The mortality is clearly heartbreaking and worth inspection as to why these populations have been impacted disproportionately. But even at these disproportionately high rates, available beds appear to have been adequate and, depending on the standard, may not rise to epidemic levels.

All other counties in our state have numbers that are a mere fraction of the 6 impacted counties and these remarkably low numbers rise to neither epidemic nor pandemic status. In addition, the hospital readiness is more than adequate in the remaining counties. Can we attribute these low numbers to "stay at home", restricted travel, draconian retail policies, preventing landscapers, construction workers from earning a living? *We will never know.* However, we can analyze states that did not have these policies in place. South Dakota, North Dakota, Nebraska and Arkansas all have significantly lower cases than Michigan as well as many other states with stay at home orders. We can also analyze Sweden as an example of not issuing stay at home orders or shutting down their economy - they also have favorable results.

Lastly, it cannot go unsaid we may have inadvertently set up a scenario where cases are most likely being misreported. Hospitals that were already struggling financially have been further burdened by eliminating the most profitable procedures (elective surgeries, MRI's etc.) In response to the "crisis", reimbursements for COVID 19 cases carry a premium. There is more than enough credible evidence that unconfirmed COVID 19 deaths are being claimed as COVID 19 deaths. We suspect the public will demand, and we would support, a complete forensic audit of the cause of death when the dust settles.

In the proposed plan, geographical differences are recognized, but a data driven analysis should make what we do next abundantly clear. While a fully phased approach for the three hardest hit counties may make sense, this approach truly makes no sense for the rest of our great state. Cases and deaths are of no statistical significance in nearly all of Michigan. Kent County for instance has a case rate of .076% (.76/1000) and mortality of .003% (.03/1000). Even if those numbers quadrupled, it still is not significant enough to shut down the economy, crush businesses and lives, and continue to create havoc and fear. Using the proposed gating metrics would most likely keep our entire economy closed down unnecessarily for months.

We are suggesting a plan that uses the complete phased approach for the 3 hardest hit counties (Wayne, Macomb, Oakland). The starting date for gating metrics for those counties should be adjusted to when hospitalizations decreased rather than some future date. The hyper focus on testing will only artificially increase the appearance cases are going up unless the data is normalized. Number of cases simply cannot be used as a gating metric if we are serious about saving our state. Travel to and from these hard hit counties probably should be done so cautiously and could potentially be legally limited.

For Genesee, Washtenaw, and Saginaw counties - consider leapfrogging them to Phase 2 or 3. Hospitalizations and healthcare system readiness (not forced low capacity) should be the gating metrics. Do we really need to crush our hospital systems with capacity below 33%? (Perhaps we have misunderstood that metric as it seems unreasonable.) We know we can nearly instantaneously shut down elective procedures and surgeries to create capacity. Not only are deaths a lagging indicator, logically number of deaths should decrease as known therapeutics, knowledge of advanced care improves and we remain focused on the vulnerable.

For the rest of our state, let's get going and start at Phase 4. Obviously, we must take care of those who are most vulnerable and those people that remain fearful. The vulnerable and fearful population can shelter in place and we will help them. *We must remember it is a fact 90% of hospitalizations are individuals with comorbidity factors.* [3] We can normalize and accept the wearing of masks for those people at risk or afraid. We should not make mask wearing mandatory – unless a person is at high risk or unable to take any personal responsibility for their health, mask wearing is illogical. If perfectly healthy people are afraid to come to work, perhaps we need to examine the huge injustice that has been done through misinformation and fear mongering, but as a caring community we can address this issue of fearful healthy people.

We have done what we needed to. We know more now than we did 3 months ago, 2 months ago, and even a week ago. People are more self-aware, we will encourage personal responsibility, we understand who is vulnerable, the therapeutics are more than promising and we can insist on accurate facts and data rather than hysteria. We also need to consider this is the time of year healthy individuals are building immunity against many viruses, which we will not be getting the benefit of because of the restrictions we are living under. We are most likely setting ourselves up for a difficult flu season next year.

We can no longer ignore the negative and devastating effects this response is having on escalations in spousal and child abuse, drug and alcohol abuse, suicide, mental health and financial ruin. While effectiveness of flattening the curve of COVID19 with stay at home orders and other restrictions will *never* be proven, the negative impacts of these measures are a reality.

Lastly, if we have interpreted Michigan law correctly, the governor's restrictions have been executed under two statutes (PA 390 and PA302). At this point, we believe any extension of the governors powers under these statutes can only (again) be granted by legislative approval. *We trust the Michigan legislation has no intention of granting another extension.* At the very least, the legislation needs to state its intention immediately to the citizens of our amazing state. We have the responsibility and the right to weigh in on that decision.

Not only can we – we MUST approach this differently. Let's make Michigan a shining example of smart, data driven decisions and get back to work.

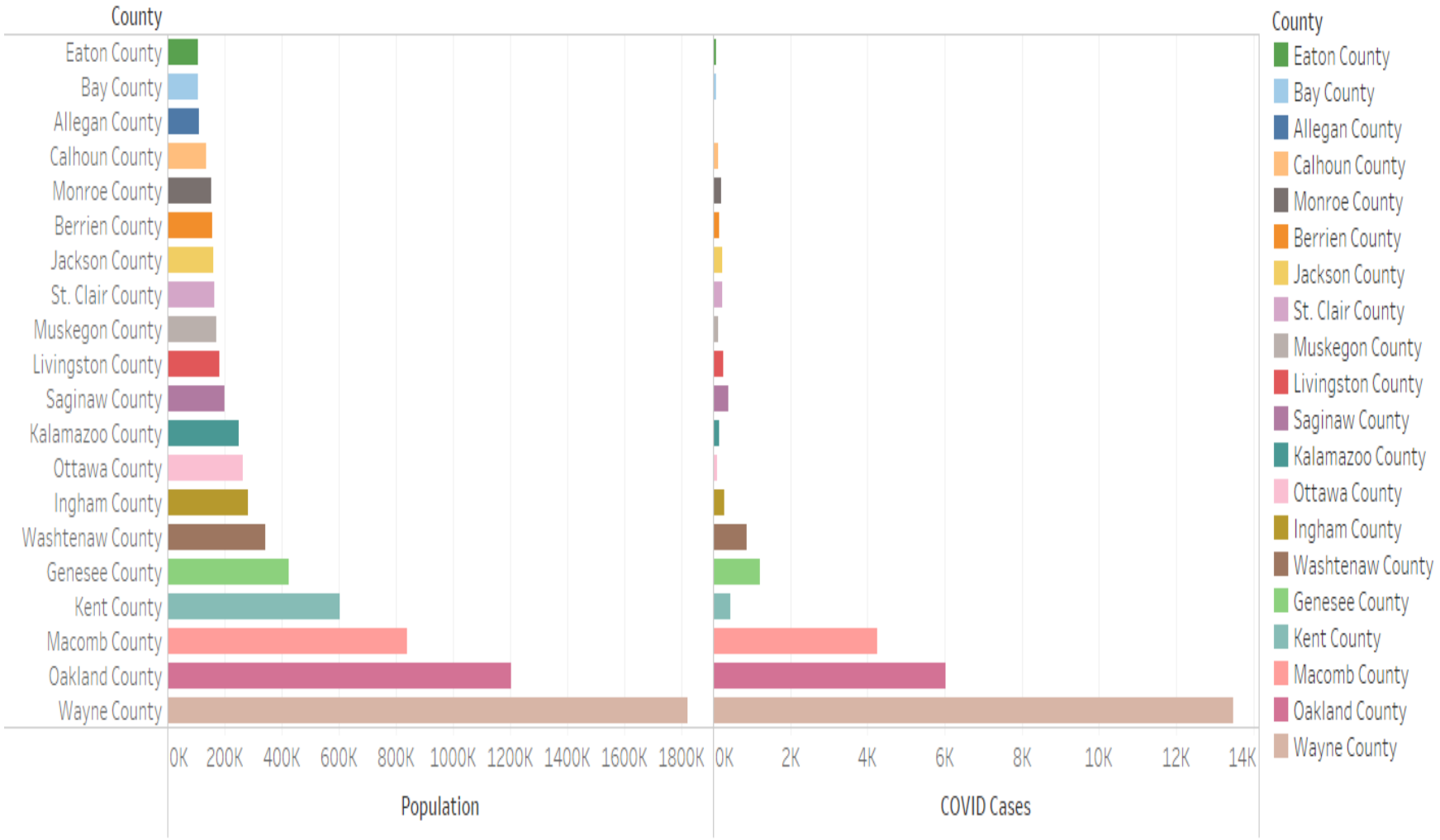
Most respectfully,

The coalition for
Common Sense for Michigan

Cc: Speaker Lee Chatfield

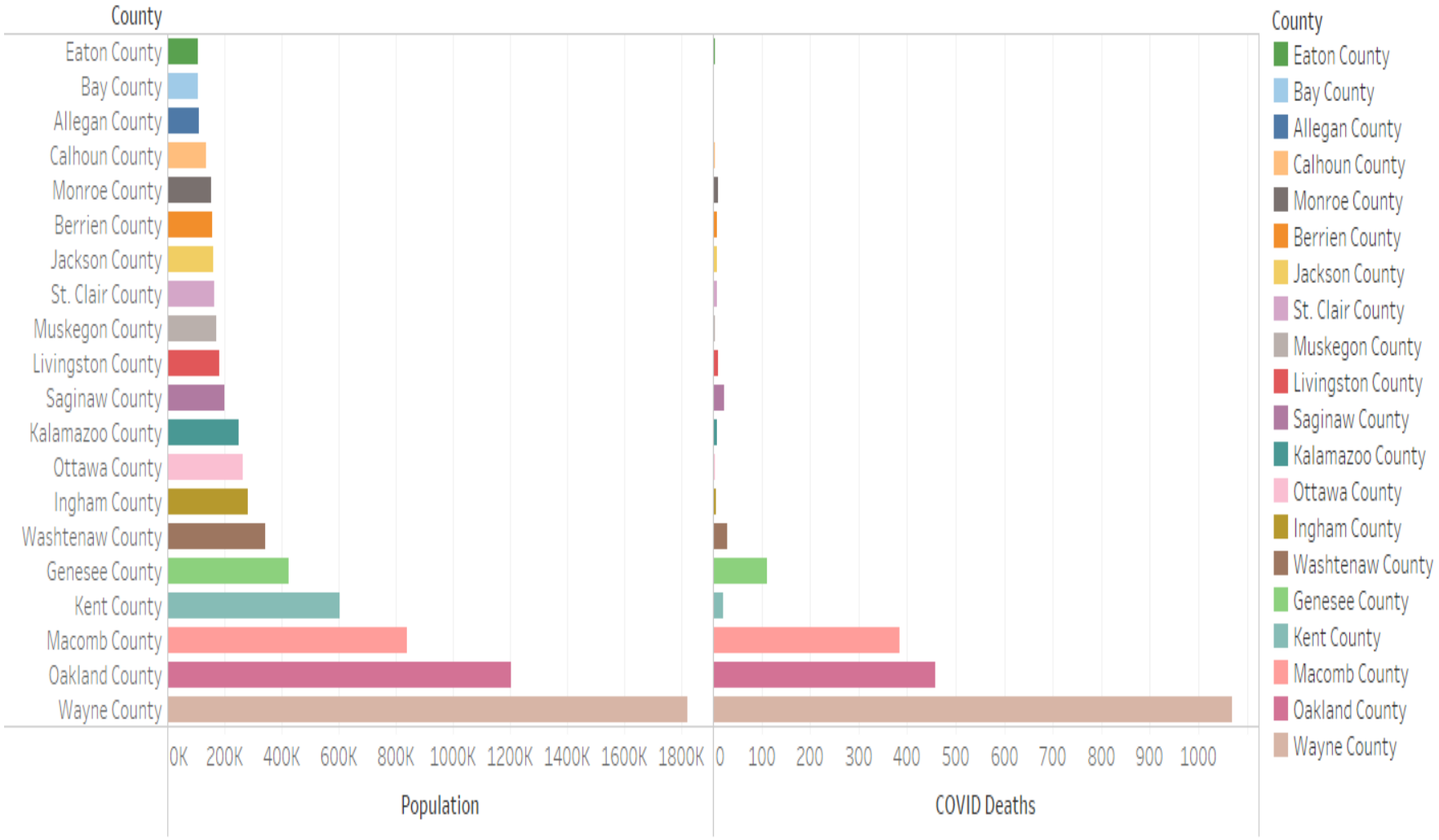
[3] https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm

COVID 19 Cases (population greater than 100K)



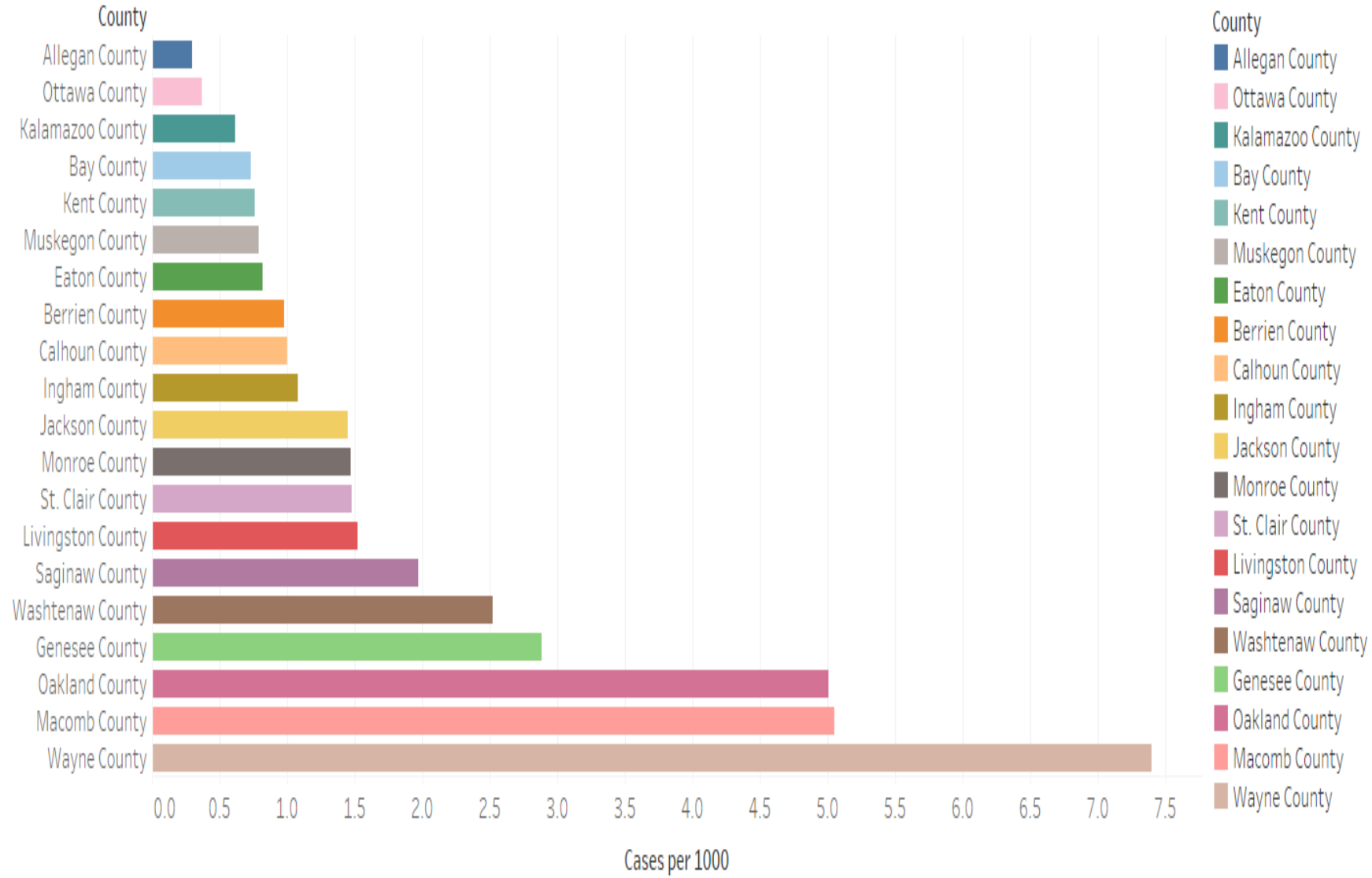
Sum of Population and sum of COVID Cases for each County. Color shows details about County. Details are shown for County. The view is filtered on sum of Population, which ranges from 100,000 to 1,820,584.

COVID 19 Deaths (popultaion greater than 100K)



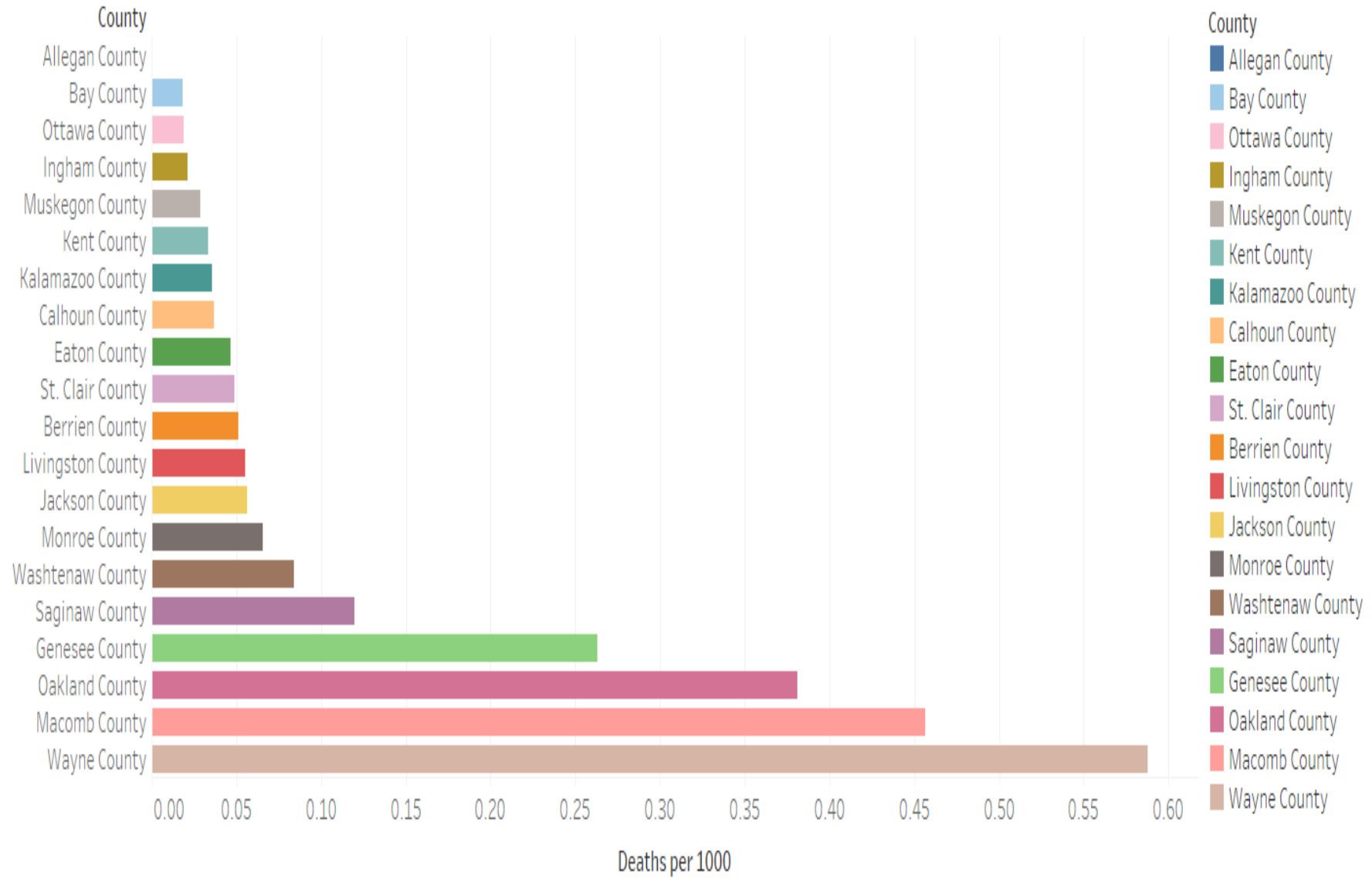
Sum of Population and sum of COVID Deaths for each County. Color shows details about County. The view is filtered on sum of Population, which ranges from 100,000 to 1,820,584.

COVID 19 Cases Per 1000



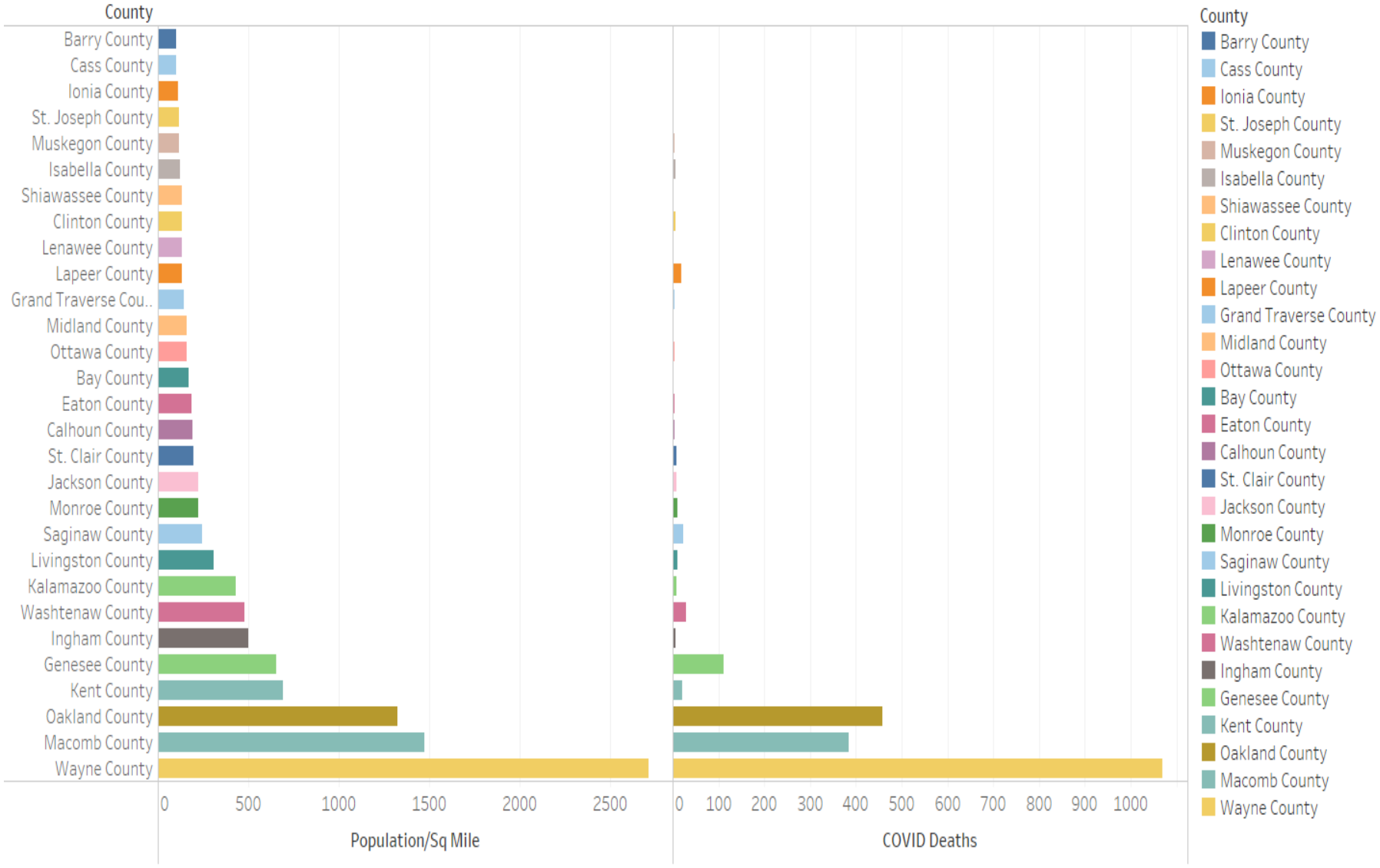
Sum of Cases per 1000 for each County. Color shows details about County. The view is filtered on County, which keeps 20 of 83 members.

COVID 19Deaths Per 1000



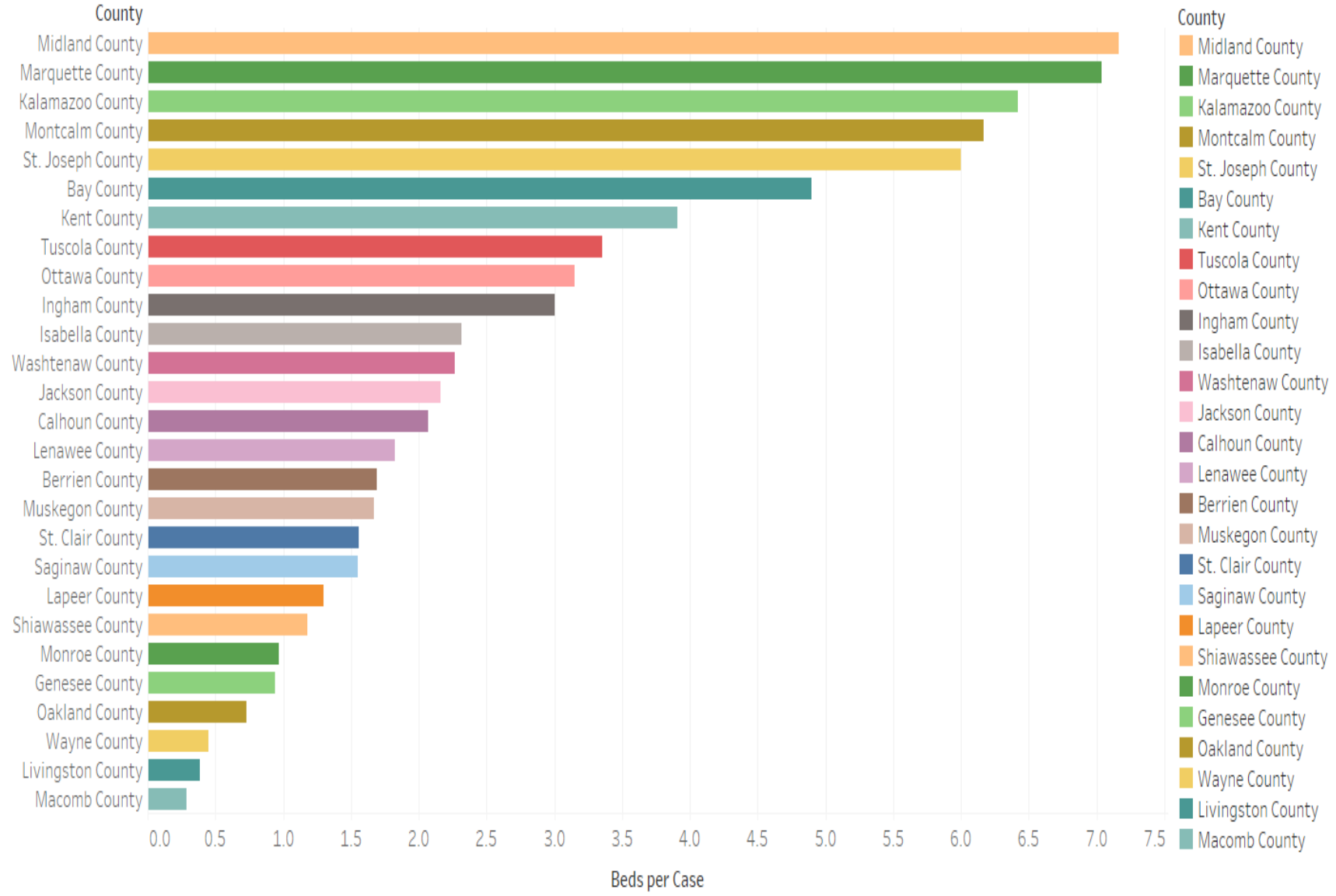
Sum of Deaths per 1000 for each County. Color shows details about County. The view is filtered on County, which keeps 20 of 83 members.

Population per Square Mile



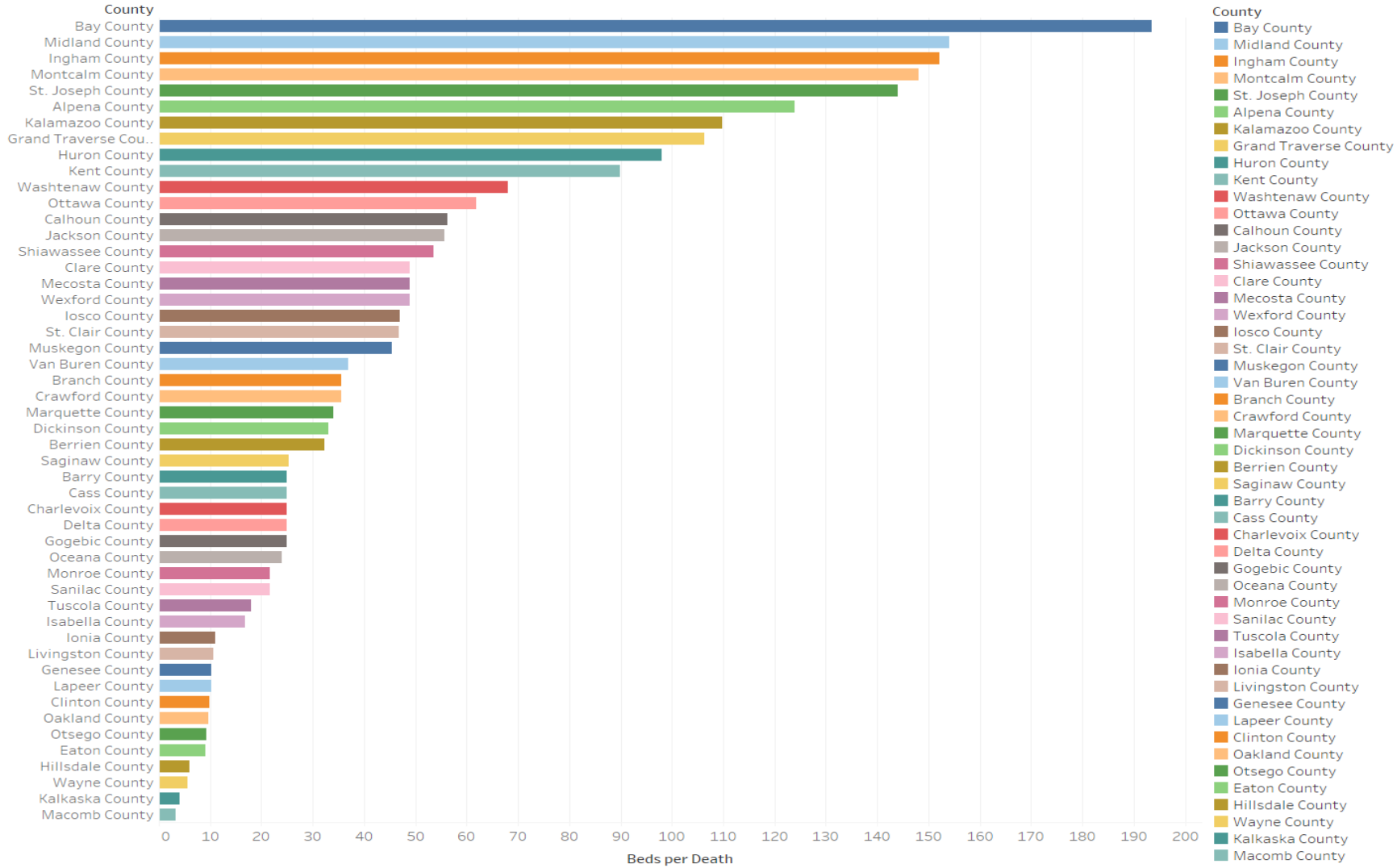
Sum of Population/Sq Mile and sum of COVID Deaths for each County. Color shows details about County. The view is filtered on County, which keeps 29 of 84 members.

Available Beds per (Cumlative) Case



Sum of Beds per Case for each County. Color shows details about County. The view is filtered on County, which keeps 27 of 84 members.

Available Beds per (Cumlative) Death



Sum of Beds per Death for each County. Color shows details about County. The view is filtered on County and sum of Beds per Death. The County filter keeps 52 of 84 members. The sum of Beds per Death filter ranges from 1.0 to 193.5.