

I am sending my full comments for the Board.

I would like to speak to the proposed resolution regarding the Great Barrington Declaration. I speak in my personal capacity as a physician and scientist, and my views do not necessarily represent those of any civic groups with which I am associated.

I am completely sympathetic with those who are suffering during this pandemic, both those affected by the disease and those affected by the mitigation efforts in place. We all want to decrease infections by the SARSCoV2 virus as quickly as possible. However, the ideas proposed in the Great Barrington Declaration are not the fastest, nor the wisest means to do this.

The Great Barrington Declaration was proposed last Fall by a meeting of epidemiologists at Great Barrington, MA. For those not familiar with the document, it espouses allowing healthy people to become infected with SARSCoV2, the virus that causes COVID19, while attempting to protect the vulnerable – those predicted to become sick and die. The writers propose this will get us to “herd Immunity” – the point at which enough of the population is resistant that spread of the illness is stopped. While it has garnered signatures of other medical and scientific experts, it is refuted by those with on the ground experience in infectious disease, by the John Snow Memorandum and in other fora. There are several problems with this proposal.

First, it has been hypothesized that allowing the disease to spread naturally will allow up to 10 times more deaths than we have now. Herd immunity by natural infection will only occur at the cost of the deaths and continued disability of some of the people who become infected, as well as allowing the development of mutations that may allow the virus to spread more easily or evade the immune system. Currently about 10% of the population can be considered immune because they have recovered and survived. For herd immunity, we need 80-90% of the population to be immune. The current death rate in Michigan is 1.8%.

Second, it is not possible to protect the vulnerable. 30-40% of the population has medical conditions that put them at higher risk for severe COVID19. In fact, some of them are essential workers and cannot be replaced.

Third, up to 40% of those who are infected with the virus do not have symptoms. This means they cannot know that they might infect someone who may be killed by the illness.

Fourth, we know that there are variants now circulating in the population that can be spread more easily and may in fact have a higher death rate. Effective vaccination is ongoing and will be for about a year. Without our mitigation efforts, we risk overwhelming the health care system as well as the deaths of additional health care and other essential workers.

It is of interest that the National Football League was able to diminish (not prevent) the spread of COVID19 by not allowing close congregating, particularly inside, without masks, while eating meals.

Finally, even the author of the Great Barrington Declaration, Dr. Battacharya, stated that he agrees with masking, distancing and hand-washing.

Now is the time to see what can be done to alleviate the suffering of those who are having the ill effects of the mitigation, not to stop masking, distancing and washing hands. The fastest way out of this situation is to continue masking, distancing, hand washing as well as contact tracing and quarantine of those exposed or infected.

Japan, Vietnam, and New Zealand, to name a few countries, have shown that robust public health responses can control transmission, allowing life to return to near-normal.

thanks!!

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