

WHAT MAINE NEEDS RIGHT NOW: A HEALTHY BALANCE

June 3, 2020

Dear Governor Mills, Commissioner Johnson, and Dr. Shah, and Members of the Economic Recovery Committee:

First, we thank you for your extraordinary efforts in managing the COVID-19 challenge. We know this is not easy. We understand why our lockdown policy was cautious at the beginning. But it has come at a dear price, and we know more now. A new kind of caution is required, one that avoids killing the whole garden to root out the weeds.

We write with no political agenda. We believe, however, that responsible restoration of our economy will keep our people healthier and save lives, the sooner the better. We need to get back to work now, before we lose the summer, when Maine makes its money. We need to let people travel to and from our State. We need our young ones to return to school in the fall. We think science, supported by complete and proper metrics, forces these conclusions.

Protecting Health and Invigorating the Economy Work Hand in Hand; Step by Step, Our Policy Must Do More Good than Harm

Properly measured, human health is inseparable from economic and social well-being. Overly restrictive policies can yield worse health outcomes over time. We should ask every day: how many COVID-specific illnesses and deaths is our policy saving (the left side of the equation) and how many illnesses and deaths is our policy causing (the right side of the equation)? There must be a net positive benefit.

Eight Things We Believe are True

1. Maine is suffering a double whammy.

Maine is poorer and sparser in population than the average state and yet in key respects, such as the 14-day quarantine, has a more restrictive COVID-19 policy than the average state. Lockdowns have a greater negative impact on poorer people, especially women and young people. <https://www.pressherald.com/2020/05/19/maine-women-young-adults-hit-hardest-by-unemployment/>. This combination of factors is crippling us and threatens lasting harm.

2. Maine's COVID-19-related deaths have been among the elderly and infirm.

As of May 31, eighty-nine Maine individuals had died with COVID-19, 87% of them age 70 or older, and more than half in nursing homes. Based on data compiled in other states, the average age of death is 82. A major study in New York showed that 94% of COVID-19 deaths involved at least one major comorbidity factor, and 88% involved two or

more.¹ What we have not fully considered is how many of those lives would have been taken by the more common strains of influenza and pneumonia, which claim the lives of about 300 Mainers each year.² According to the CDC, for people 65 years and older, current COVID-19 hospitalization rates are within ranges of influenza hospitalization rates observed at comparable time points.³ How many people have we lost to COVID-19 who we would have lost in normal times? The positive metrics on the left side of the equation are overstated without answering this question.

3. However well intended, our COVID-19 policy comes with a price tag on our health, and this should be weighed on the right side of the equation.

Unemployment has measurable negative health effects, estimated by one 2019 Swedish study at 10% worse outcomes.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6825-y>.

Isolation weakens people, and restrictions on access to normal health care result in longer and more severe illnesses. This as yet unreported price includes hunger, social anxiety, depression, suicide, and the suboptimal care received by hospitalized elderly people who now do not have the benefit of a bedside family member who can advocate for them.

4. Our governments cannot prop us up forever.

Federal stimulus funds (money that taxpayers will have to repay) cannot prop up a hobbling economy indefinitely. We already face the highest federal debt level since World War II. This support will end sooner if we delay the private sector's recharging of our financial well. When government check-writing stops people will take matters into their own hands, making health risks worse.

5. The people of Maine have a long tradition of self-reliance and individual responsibility.

Whether it is the Civil War, the massive 1998 ice storm, or September 11, Maine people have always risen to the occasion. They are acting responsibly, and with basic common sense. Mainers do not abuse their freedom and they are good to their neighbors.

6. We are underutilizing our health care facilities.

We have significant, in fact underutilized, capacity in our hospitals, which, as of May 31, were caring for only 49 COVID-19 patients. COVID-19 patients in critical care beds would have to increase more than eight-fold, from 18 to 152, before critical care would be at full capacity. Our hospitals are skillfully handling the relatively few COVID-19 cases that require hospitalization.

¹ <https://jamanetwork.com/journals/jama/fullarticle/2765184?resultClick=24>

² <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/data/documents/pdf/one-page-2018summary-final.pdf>

³ <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

7. Our experience to date demonstrates an opportunity to adjust our course.

As of May 31, 2,325 Mainers had either tested or were presumed positive for COVID-19, of which 1,552 had recovered and 684 are active cases, the active cases representing only .053% of Maine's population. By contrast, at least 47,269 Mainers (19 of every 20 tested) have tested negative. Maine's CDC has stated recently that our COVID-19 rates are so low that it is not worth reporting positivity rates daily, as all 49 other states have done.⁴

8. Shutting down does little, if anything, to help those at highest risk.

Allowing the young and healthy to earn a living and get an education does not jeopardize the elderly and infirm. There are simply no data to support the proposition that allowing people to work and study is causing people to die.

Five Things Maine Must Do Now

First, healthy people under the age of 65 should return to their jobs now, using appropriate health guidelines.

If they can work from home, that is fine. But if they cannot we should permit their employers to bring them back to work now. As one admired early supporter of lockdowns, Dr. Marty Makary of John Hopkins, has noted, severe lockdowns made sense in March and April, but do not necessarily make sense now, even from a purely health-based viewpoint.

<https://www.nytimes.com/2020/05/14/opinion/reopen-america-coronavirus-lockdown.html>.

Second, we should adopt promising reopening policies, and continually measure their net benefit

Why not adopt some of the less restrictive policies of other states that so far have not yielded negative health outcomes? Consider the experiences of Georgia, which has been "open" for a month, and Bath Iron Works, which (despite criticism) welcomed 5,000 shipbuilders per day through its gates for the last ten weeks with only two (now fully recovered) COVID-19 cases. For indoor businesses such as restaurants, why not use density guidelines rather than "takeout only"? This approach would allow us to expand these policies as fast as we safely can; if they fail to yield a net benefit, we should plan, but do so calmly, not out of panic. Thankfully, we are already moving in this direction in many of our counties, but our most powerful economic counties remain severely restricted.

Maine's economy is highly dependent on small businesses, more so than the average state, and shutdown restrictions hurt small business more than big business. If we do not seize every

⁴ https://www.pressherald.com/2020/05/13/maine-is-the-only-state-not-calculating-positive-test-rate-daily/?utm_source=Press+Herald+Newsletters&utm_campaign=973252ba6c-EMAIL_CAMPAIGN_2020_05_13_08_02&utm_medium=email&utm_term=0_b674c9be4b-973252ba6c-200950207

responsible opportunity to help them, many small businesses will simply close their doors for good, creating more poverty and poorer health.

Third, we should lift travel and quarantine restrictions.

Why persist in a total ban when other states have fared well without it? Most tourists come to Maine to enjoy our vast and beautiful outdoors. The risk of viral transmission outdoors is extremely low. Why not allow visitors to enjoy our lakes, beaches, and mountains? Tourists will have to abide by the same indoor restrictions as the rest of us. Most important, now that we know that the lethality of COVID-19 is targeted very narrowly at the elderly and infirm, many of whom already live a largely “stay at home” life, we know that tourists do not put them in harm’s way.

Fourth, our young should return to school in the fall.

Given the statistics regarding the young and the low risk of COVID-19 to them, we should plan on our students returning to school in the fall. Failing to do so would exact a lasting educational and economic toll. Let our youth reclaim their natural optimism.

Caution at the Beginning Was Understandable, But It Is Not the Caution We Need in the Middle of a Crisis That May Last a Long Time

Only a vibrant economic and social life will empower us to weather what may be a long-lasting storm. Widespread reopening with surgically targeted safeguards will free the people of Maine to flourish physically, mentally, and financially. Nothing else will.

All of the people and organizations listed below have confirmed their support in writing to the signers below.

Again, our gratitude for your efforts.

Sincerely,

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