

**STATE OF MICHIGAN
IN THE COURT OF CLAIMS**

MICHIGAN HOUSE OF REPRESENTATIVES
and MICHIGAN SENATE,

Plaintiffs,

v

Case No. 20-000079-MZ

Hon. Cynthia Stephens

GRETCHEN WHITMER, in her capacity
as Governor for the State of Michigan,

Defendant.

_____ /

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_____ /

**BRIEF OF *AMICUS CURIAE* MICHIGAN NURSES ASSOCIATION IN
OPPOSITION TO MOTION FOR DECLARATORY JUDGMENT**

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QUESTION PRESENTED

Was the Governor authorized by existing statutes to issue the emergency declaration and executive orders to address the unprecedented threat to MNA's member nurses, and to the people of Michigan, posed by the COVID-19 pandemic?

Amicus Michigan Nurses Association answers, yes.

THE INTEREST OF PROPOSED *AMICUS CURIAE* MICHIGAN NURSES ASSOCIATION AND ITS MEMBERS

The Michigan Nurses Association (“MNA”) represents over 13,000 nurses and healthcare professionals working in hospitals, public health departments, and nursing homes across the State of Michigan. MNA’s unique role interest in representing and advocating on behalf of its registered nurse members, and other medical care workers as well, is of unprecedented urgency in the current COVID-19 emergency.

MNA’s members work on the front lines in the battle to help Michigan’s residents survive the novel coronavirus threat. Many of them face exposure to infection from patients they treat on a day-to-day basis. The MNA’s President and four other members of its governing Board of Directors work in designated COVID-19 patient units. But despite the dangers facing them as front-line medical care providers for infected or potentially infected patients, the MNA’s members often are the last in line to receive the equipment and supplies minimally necessary to preserve their health and safety. To take one example, many of MNA’s member nurses lack sufficient personal protective equipment (PPE). The MNA’s members who work in emergency rooms, infectious disease units, ICUs, labor and delivery, and similar environments understand and accept the risks inherent in performing their critically important professional duties. They also take advantage of every measure available to them to protect their patients’, their families’, and their own safety and health. They only ask that government officials take whatever measures

they can to minimize to the extent reasonably possible the palpable threat of their contracting this rapacious disease

The MNA and its members understand as well as anyone the economic and social hardships imposed on Michiganders by the pandemic and by the Governor's emergency orders. The Plaintiffs' intentions and their good faith support for their legal arguments are in question. However, the MNA is convinced that the course the Governor has taken has the greatest likelihood -- based on available scientific, medical, and epidemiological evidence and recommendations -- of protecting Michigan's nurses and their families from becoming infected with COVID. Premature relaxation of the preventative measures in place presents a palpable risk that the spread of this disease may continue or even worsen, thereby placing Michigan's nurses and their families, along with many others, in greater danger.

ARGUMENT

“If we skip over the checkpoints in the guidelines to ‘Open America Again,’ then we risk the danger of multiple outbreaks throughout the country. This will not only result in needless suffering and death, but would actually set us back on our quest to return to normal.”

Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, testimony before U.S. Senate Committee on Health, Education, Labor and Pensions, May 12, 2020

The court need not strain to find a statutory basis for the Governor’s authority to protect Michiganders through the emergency orders she has issued. The COVID pandemic is the paradigm “great public crisis” and “disaster” that the Emergency Powers of the Governor Act (“EPGA”) and the Emergency Management Act (“EMA”) were intended to address.

I. The Current Emergency Public Safety Measures Are Reasonable and Are Necessary to Reduce the Heightened Risk of Infection Confronting Many Nurses on a Daily Basis.

It is no exaggeration to say that for nurses on the front lines of Michigan’s war against novel coronavirus, the outcome of this case could be a matter of life or death. The court’s decision will determine whether the MNA’s members can continue with some assurance that the most stringent measures available to slow and curb the spread of disease remain in place, until the Governor determines with reasonable certainty that “the emergency no longer exists” as contemplated in Section 1(2) of the EPGA.

Nurses and other front-line health care workers face a significantly higher risk of contracting COVID-19 as compared to the general population. The U.S.

Centers for Disease Control (CDC) reported that as of April 9, 2020, as many as 19% of infected COVID-19 patients identified as a health care worker when the disclosure option was available.¹ This same study found that in states with more complete reporting, health care workers accounted for 11% of reported cases. There are over 20.7 million healthcare workers in the United States, putting them at 6.2% of the total employee population.² Therefore MNA's members are close to twice as likely as the general population to contract COVID-19. But probably the likelihood is much higher for them, since many other health care workers do not have constant first-hand exposure to potentially infected patients, and other health care workers who do have exposure have been provided with better protection.

As of April 27, 2020, at least 16 healthcare workers in the state of Michigan had died from COVID-19, according to a *Detroit Free Press* investigation.³ The MNA's internal tracking has that number at 21 or more as of May 7th. (The actual number is likely much higher, as cause of death disclosure with employment details

¹ Characteristics of Health Care Personnel with COVID-19 — United States, February 12–April 9, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:477–481. DOI: [http://dx.doi.org/10.15585/mmwr.mm6915e6external icon](http://dx.doi.org/10.15585/mmwr.mm6915e6external%20icon)

² U.S. Bureau of Labor Statistics, “Employment, Hours, and Earnings from the Current Employment Statistics” https://data.bls.gov/timeseries/CES656200001?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true (Accessed May 7, 2020); U.S. Bureau of Labor Statistics, “U.S. and World Population Clock” <https://www.census.gov/popclock/> (Accessed May 7, 2020)

³ Dixon, J. and Jordan Shamus, K. “Coronavirus Takes Heavy Toll on Health Care Workers in Michigan, Causing Dozen-plus Deaths.” *The Detroit Free Press* (April 27, 2020). <https://www.freep.com/story/news/local/michigan/2020/04/27/healthcare-investigation-dmc-covid-19-healthcare-workers-deaths/3021420001/>

is not universally available due to privacy laws.) Data from Michigan Medicine’s testing show that 314 employees tested positive for COVID-19 from March 10th through May 11th. This data, which does not include employees who chose to receive tests from their own healthcare providers, shows a cumulative positive infection rate of 13 percent of those tested, more than double Michigan’s average rate reported by the Michigan Department of Health and Human Service (MDHHS) of 6.3 percent during the same time period, and well in excess of the 7.5 percent positive rate for Region 2S which includes both Washtenaw County where the employer is located as well as the City of Detroit.⁴

There are several reasons why nurses face a heightened risk of infection. The first and most obvious reason is that they do not have the option of staying home and “sheltering-in-place.” Unless they are not fit for duty they are required to report for work, under the Governor’s Stay-at-Home orders and also by their professional obligation as licensed nurses. Second, front-line healthcare workers such as nurses face a higher risk of infection because they routinely experience repeated exposure to symptomatic and potentially infected patients in a confined environment where they interact with co-workers with similar exposure.⁵ This risk is particularly acute

⁴ MM-EmployeeMessage, “COVID-19 Update (May 11, 2020), attached as Exh. A to the Declaration of Jamie Brown; MDHHS posting: https://www.michigan.gov/corona_virus/0,9753,7-406-98163_98173_99225--00.html

⁵ U.S. Centers for Disease Control and Prevention “Coronavirus Disease 2019 (COVID-19): Managing Exposed Healthcare Workers.” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/public-health-management-hcw-exposed.html> (Accessed May 8, 2020).

in the emergency room, labor and delivery, intensive care, and infectious disease units where many of MNA's members work.

An additional risk factor for nurses is that they frequently are among those last in line for Personal Protective Equipment (PPE) and other safety measures. There is a statewide shortage of PPE in Michigan. In the absence of emergency orders that effectively contain the spread of COVID-19 and thereby limit the number of infected patients to whom healthcare workers are exposed, effective PPE is the nurses' first and last defense. The unavailability of adequate supplies of PPE does not appear to be limited to specific localities or areas of the state. A few days ago, the Michigan Department of Health and Human Services (MDHHS) reported that Beaumont Health System and Detroit Medical Center had a zero to six day supply of surgical masks remaining, as did North Ottawa Community Hospital in Grand Haven, Hurley Medical Center in Flint, and the MidMichigan Health system in central and northern Michigan (which also reported a shortage of medical grade gloves).⁶ Healthcare workers in rural areas continue to be subject to PPE conservation strategies implemented by their employers in accordance with guidance issued by the U.S. Centers for Disease Control and Prevention (CDC). Munson Healthcare System in Northern Lower Michigan has ordered nurses to use single use masks for multiple days or until the masks are visibly soiled or unusable. (Declaration of Jamie Brown, ¶ 5) The healthcare system has recently stocked

⁶ Attached Exhibit: MDHHS Coronavirus, "Statewide Available PPE and Bed Tracking" as of May 11, 2020, also available at: <https://www.michigan.gov/coronavirus/0,9753,7-406-98159-523641--,00.html> (accessed May 12, 2020).

patient care units with non-medical grade examination gloves made for cleaning or food service. (*Id*) UP Health System-Marquette is decontaminating and reprocessing single use disposable N95 masks for potential re-use by nursing staff. (*Id* ¶ 6) Hackley Hospital in Muskegon Michigan also is conserving short supplies of N95 masks by limiting their use to healthcare staff performing aerosolizing procedures. (*Id* ¶7) According to GetUsPPE.org, a non-profit set up by physicians and medical researchers to provide a source of PPE to communities that need it, healthcare workers in 18 Michigan counties across the state have made requests for more PPE.⁷

Given the heightened health threats to nurses and other front-line medical caregivers, the MNA believes that the most conservative approach to regulating activity during this unprecedented public health emergency is the wisest and most responsible course. Yet when the Governor asked the Legislature to extend her statewide declaration of disaster and emergency, the Legislature refused to do so. (Verified Complaint, ¶¶ 46-47)

II. Plaintiffs' Argument That the Governor is Empowered to Address Only Localized and Not Statewide Emergencies Is Inconsistent with the Statute and Could Endanger Nurses.

Of particular concern is the legislative majorities' claim that the Governor does not have authority to issue statewide emergency measures and that she is restricted to addressing only local crises. (Verified Complaint ¶¶ 66-67; Brief in Support of Declaratory Judgment, pp. 27-37) Nurses understand that the necessity

⁷ GetUsPPE.org - Map: PPE Requests by County, at: <https://getusppe.org/data> (accessed May 13, 2020)

of restrictive emergency measures is not confined to densely populated urban areas or COVID “hot spots.” Recently there has been a surge of rural COVID cases nationwide, and the MNA has many members in less populated parts of Michigan that have not yet experienced a high incidence of COVID-19 infection. For example, MNA represents nurses at Dickinson County Healthcare System in Iron Mountain, homecare nurses in Iron River, and staff nurses at Sturgis Hospital, Three Rivers Hospital, Portage Health System and Munson Hospital in Traverse City.

The Governor and others have acknowledged that localized or piecemeal approaches may be appropriate in future stages of the pandemic. But at this point, the scientific and medical consensus supports Dr. Fauci’s proscription against abandoning a conservative, cautious approach. While the state-wide “curve” has recently begun to flatten, there is significant regional variation. For example, Region 6 centered in Kent and Muskegon counties saw an increase from 28 new cases on April 7th to 119 new cases on May 4th.⁸

The recent increase in cases in Region 6 appears to be part of what is now a national trend of COVID outbreaks in rural America. As of last week, 86% of rural counties in the United States had at least one COVID-19 case, and one-third of rural counties had at least one COVID-19 death.⁹ Four of the ten counties with the

⁸ Michigan.gov - Coronavirus/Michigan Data/Lab Testing https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173_99225---,00.html (accessed May 8, 2020)

⁹ D. Thompson, “COVID-19 Now Reaching Into Rural America” *U.S. News & World Report* (May 12, 2020). <https://www.usnews.com/news/health-news/articles/2020-05-12/covid-19-now-reaching-into-rural-america>

highest death rates in the nation are located in less densely populated areas.¹⁰ A recent unreleased Department of Homeland Security report obtained and published by NBC News this week suggests that at least eight rural counties in Michigan, ranging from the western Upper Peninsula to the Southwestern part of the state, experienced increases in the number of COVID cases per 100,000 people from the week of April 23,2020 to the week of April 30, 2020.¹¹

Residents in rural areas also are particularly vulnerable in a public health crisis such as COVID-19. The National Rural Health Association attributes the higher risk in rural areas to the fact that rural populations tend to be older and less healthy and have comparatively less access to health care services.¹² Rural areas also generally have difficulty attracting and retaining healthcare workers. Alan Morgan, CEO of the National Rural Health Association, was quoted recently as stating:

Rural America is a geographic area that continues to face significant health care workforce shortages at a time when the population is elderly, with a higher percentage of chronic health issues. * * * You've got that population most at risk for COVID-19 in a location together where you have a lack of health care access. It's unfortunately a perfect storm.¹³

¹⁰ *Id*

¹¹ U.S. Dept. of Homeland Security report, “Early Indicators: Data and Analytics Task Force” p. 6 (accessed May 7, 2020)
<https://www.documentcloud.org/documents/6888586-TaskForceDocs.html#document>

¹² See n 9

¹³ *Id*

This trend appears to hold for the residents of rural Michigan. An article in *Bridge Magazine* reports that according to the Michigan Health and Hospital Association, in the 1980s there were more than 220 hospitals in Michigan; in 2019 the number was down to 133.¹⁴ A 2015 study by the Citizens Research Council found that four rural counties in Michigan fell below recommended ratios of primary care physicians to population in every primary care field except one. The healthcare system in rural Michigan also has the potential to severely underserve pregnant women who may experience complications during an outbreak. Eleven rural hospitals have closed labor and delivery services in Michigan since 2008, and residents in 36 of Michigan's 83 counties have no hospital offering obstetrics care.¹⁵

The danger of the localized approach that Plaintiffs contend the Governor must employ is clear. Through painful experience experts and most of the general public understand that the nature of this viral pandemic is that it first appears in certain localized hot spots and then flares up in areas that appeared relatively untouched. For this reason, experts such the World Health Organization advocate the continuation of policies resembling the Governor's state-wide emergency orders until, "COVID-19 transmission is controlled to a level of sporadic cases and clusters

¹⁴ T. Roelofs, "Pregnant in Rural Michigan? Fill Up Your Gas Tank for Delivery Day." *Bridge Magazine* (January 10, 2019) <https://www.bridgemi.com/children-families/pregnant-rural-michigan-fill-your-gas-tank-delivery-day>

¹⁵ *Id*

of cases, all from known contacts or importations”¹⁶ There is no evidence to suggest that Michigan has met this threshold. Michigan’s immediate neighbors Wisconsin and Ohio are among the 20 states that are experiencing significant increases in new cases.¹⁷ There is, then, the significant possibility that areas of the State now considered “low risk” could become *loci* for the next wave of infection, if statewide emergency measures are lifted prematurely.

The foreseeable consequences of nullifying the Governor’s statewide emergency orders will be visited on MNA’s members directly. The MNA believes, and available scientific evidence suggests, that loosening emergency measures on a localized basis could accelerate the spread of COVID-19. An internal Federal Emergency Management Agency (FEMA) model obtained by the *New York Times* projects that the nation will see about 175,000 new infections daily, and a daily death toll of approximately 3,000 by the end of this month.¹⁸ This projected increase coincides with several states having lifted or planning to lift their stay at home orders. The available data also indicates that a majority of Michigan counties still

¹⁶ World Health Organization “Strategic Preparedness and Response Plan” (April 14, 2020). <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus> (accessed May 13, 2020)

¹⁷ N. Johnson, “Where the Virus Is Spreading Fastest” *Axios* (May 6, 2020). <https://www.axios.com/coronavirus-caseloads-states-b24899a3-286e-4ea9-bd71-0e88ed645e68.html>

¹⁸ Centers for Disease Control and Prevention Situation Update, p.1 (May 2, 2020). <https://int.nyt.com/data/documenthelper/6926-mayhhsbriefing/af7319f4a55fd0ce5dc9/optimized/full.pdf#page=1>

are in the “elevated incidence growth” stage of the epidemic curve as of April 30.¹⁹ In other words, based on available information, shutting down the Governor’s emergency measures now could well trigger a resurgence of the virus in Michigan, or at the very least delay flattening of the curve, as Dr. Fauci and many other experts have warned.

This result could directly threaten front-line health care workers by increasing the number of patients they are exposed to. As of May 7th, approximately 64% of Michigan’s hospital beds were in use.²⁰ In 2018, the annual utilization statistics showed an occupancy rate of 55.4%.²¹ While the statistics vary depending on the model used, it can be predicted that a decrease in social distancing caused by weakening or lifting the emergency orders could increase the rate of infection and consequently the patient load. Eventually this could cause health care facilities to be “overwhelmed by an influx of patients”.²² Of immediate concern to MNA and its members, this outcome would magnify front-line caregivers’ exposure to infection.

¹⁹ *Id* p. 3.

²⁰ Michigan.gov – Coronavirus “Statewide Available PPE and Bed Tracking”. <https://www.michigan.gov/coronavirus/0,9753,7-406-98159-523641--,00.html> (Accessed May 8, 2020)

²¹ 2018 Michigan Certificate of Need Annual Survey Basic Total Acute Care Utilization Statistics Report 2020. https://www.michigan.gov/documents/mdhhs/Report_020_Acute_Care_by_HSA_658_538_7.pdf

²² A. Waldman, *et al.* “Are Hospitals Near Me Ready for Coronavirus? Here Are Nine Different Scenarios.” *Propublica* (March 17, 2020). <https://projects.propublica.org/graphics/covid-hospitals>

No one in 1945, or even a year ago, could have predicted the nature, breadth and severity of the coronavirus pandemic. Yet contrary to Plaintiffs’ argument, the EPGA’s drafters clearly contemplated that kind of threat, in which a disaster in one area could spread like wildfire to nearby untouched areas and beyond, necessitating “reasonable orders rules, and regulations . . . necessary to protect life and property or to bring the emergency situation within the affected area under control.” MCL § 10.31(1) To expand on the wildfire analogy, Plaintiffs’ cramped reading of the EPGA would empower the Governor to order fire suppression measures only in areas already engulfed, but not to provide fire prevention operations in potentially endangered areas.

The EPGA broadly confers authority to declare a state of emergency in “times of great public crisis, disaster, rioting, catastrophe, or similar public emergency within the state, ***or reasonable apprehension of immediate danger of a public emergency of that kind.***” MCL § 10.31(1)(emphasis added) This language contemplates that the setting for emergency measures includes not only locations that are experiencing the immediate effects of a public disaster but also areas that are potentially threatened. This legislative intent is articulated emphatically in Section 2, MCL § 10.32:

It is hereby declared to be the legislative intent to invest the governor with sufficiently broad power of action in the exercise of the police power of the state to provide adequate control over persons and conditions during such periods of ***impending or actual*** public crisis or disaster. The provisions of this act shall be broadly construed to effectuate this purpose. [emphasis added]

By its nature, the coronavirus pandemic threatens the entire state, including the low-intensity areas where the virus could suddenly become wide-spread. The statute provides for application of emergency measures to areas that could be subject to “impending . . . public crisis.” In the current coronavirus crisis, that covers everywhere in the state.

CONCLUSION

For the above reasons, *amicus curiae* MNA respectfully requests that the court protect the health and safety of its members to the fullest extent possible by denying the Motion for Declaratory Judgment.

Respectfully submitted,

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Dated: May 14, 2020

ATTACHMENT A

**STATE OF MICHIGAN
IN THE COURT OF CLAIMS**

MICHIGAN HOUSE OF REPRESENTATIVES
and MICHIGAN SENATE,

Plaintiffs,

v

Case No. 20-000079-MZ

Hon. Cynthia Stephens

GRETCHEN WHITMER, in her capacity
as Governor of the State of Michigan,

Defendant.

DECLARATION OF JAMIE BROWN

I, Jamie Brown, declare and state as follows:

1. I have personal knowledge of the facts set forth in this Declaration and if sworn as a witness I can testify competently to these facts.
2. I am a licensed Michigan Registered Nurse. I am employed as a Registered Nurse at Borgess Medical Center in Kalamazoo, Michigan. I work on the designated COVID unit.
3. I serve as President of the Michigan Nurses Association ("MNA"). The MNA's members work at hospitals, public health departments, and nursing homes across Michigan, ranging from Iron Mountain in Dickinson County to the Detroit metropolitan area. The MNA represents nurses in small rural medical facilities and in large metropolitan hospital complexes such as Michigan Medicine in Ann Arbor.
4. In the course of my duties as President of the Michigan Nurses Association, I regularly receive reports from nurses and MNA staff regarding the safety and health


conditions at hospitals and other facilities where nurses are represented by the MNA.

Recent reports I have received are described below.

5. Munson Healthcare System has ordered nurses to use single use masks for multiple days or until the masks are visibly soiled or broken. The System has also recently stocked units in inpatient settings with non-medical grade gloves manufactured for cleaning or food preparation, citing recent conservation guidance for medical gloves issued by the U.S. Food and Drug Administration.
6. UP Health System - Marquette has begun decontaminating and reprocessing single use disposable N95 masks for re-use by nursing staff.
7. Hackley Hospital – Mercy Health Partners in Western Michigan is limiting the availability of N95 masks to healthcare staff performing aerosolizing procedures. While this strategy has been recommended by the CDC as a means of dealing with scarcity of PPE, it does not provide the optimal protection for nurses in units with patients testing positive for or who might be diagnosed with COVID-19.
8. Attached to this Declaration is a May 11, 2020 email distributed by Michigan Medicine to its employees, entitled "COVID-19 UPDATE." The message includes employee COVID testing results from March 10 through May 11, 2020 on page 2. It states that the results are based on employees who obtained testing from or reported their testing results to Michigan Medicine and do not include employees who were tested outside the Michigan Medicine system.

I declare under penalties of perjury that this Declaration has been examined by me and that its content is true to the best of my information, knowledge, and belief.

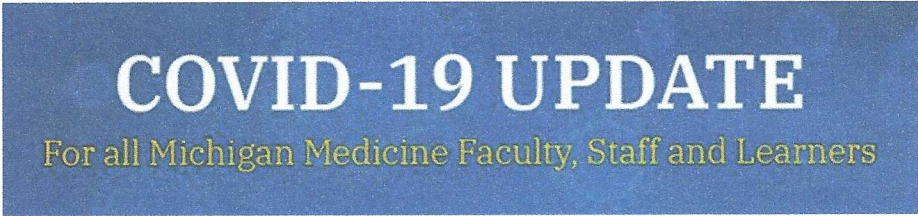
Dated: May 13, 2020.



JAMIE BROWN

Subject: FW: COVID-19 UPDATE: May 11, 2020

From: MM-EmployeeMessage
Sent: Monday, May 11, 2020 5:12 PM
To: MM-EmployeeMessage
Subject: COVID-19 UPDATE: May 11, 2020



COVID-19 UPDATE
For all Michigan Medicine Faculty, Staff and Learners

COVID-19 UPDATE
Monday, May 11, 2020, 5:10 p.m.

NEW TODAY: Here's the latest information about Michigan Medicine's management of the COVID-19 pandemic:

- **DAILY PATIENT STATS**
- **DAILY TEAM MEMBER TESTING STATS**
- **NEW "GUIDE TO SEEKING MEDICAL CARE" WEBPAGE**
- **REPORTING SAFETY EVENTS**
- **BLUE ANGELS FLYOVER**
- **LINK TO JOIN: PERIOPERATIVE AND PERIPROCEDURAL COVID-19 TESTING AND PERSONAL PROTECTIVE EQUIPMENT TOWN HALL**

DAILY PATIENT STATS

Today's census for COVID-19 inpatients and those patients under investigation (PUI) are noted below:

	TOTAL INPATIENTS	TESTED POSITIVE	PUI
ADULT	69	66	3
PEDIATRIC	3	3	0

Discharges: 453 total COVID-19 discharges to date, 5 in the last 24 hours. These numbers include patients discharged to skilled nursing facilities but excludes deaths and discharges to hospice.

Deaths and hospice: Since March 10, Michigan Medicine hospitals have had 88 total deaths or discharges to hospice, 0 in the last 24 hours. Total death and hospice numbers will be reported on Mondays.

DAILY TEAM MEMBER TESTING STATS*

POSITIVE	314
NEGATIVE	2,100
PENDING	0
TOTAL TESTS	2,414

** Data from 3/10 through 5/11. The testing stats reflect just Michigan Medicine employees, not all University of Michigan employees. It also reflects only those who sought testing at or were hospitalized at Michigan Medicine or reported their testing to Occupational Health Services. Some Michigan Medicine employees may have been tested outside our system.*

NEW “GUIDE TO SEEKING MEDICAL CARE” WEBPAGE

In response to an increase in questions from patients, and because research shows patients in general continue to express uncertainty about seeking medical care during the pandemic, a new informational page has been added to UofMhealth.org. The [new page](#) reviews the types of care available to our patients, including Video Visit and E-Visit options, and answers frequently asked questions about seeking care during these times.

REPORTING SAFETY EVENTS

Please be reminded that all safety events, including near misses, should be reported in the RL system, particularly as ORs and other areas prepare to ramp up to provide non-COVID care. Reporting volume is down by about 50% since Michigan Medicine initiated the COVID-19 response in March. Safety event reporting and particularly near miss events are critical to our High Reliability efforts. Thank you for your efforts to improve our safety.

BLUE ANGELS FLYOVER

The 127th Wing of the Michigan Air National Guard will conduct flyovers over eight Michigan cities to show support for front line health care workers. Detroit, Chicago and Indianapolis are cities scheduled for May 12 flyovers. On the same day, the U.S. Navy’s legendary Blue Angels will also fly over Detroit.

Residents along the flight path can expect a few moments of jet noise as the aircraft pass overhead, along with the sight of 6 high-performance aircraft flying in precise formation.

Flyovers in Detroit will start at 11:30 a.m. (ET) and last roughly 21 minutes. Viewers can expect the flyover to reach University Hospital around 11:31 a.m. A full press release can be found [here](#).

LINK TO JOIN: PERIOPERATIVE AND PERIPROCEDURAL COVID-19 TESTING AND PERSONAL PROTECTIVE EQUIPMENT TOWN HALL

As operations begin to ramp up again in our surgical and procedural areas, ensuring the safety of patients and employees is our number one priority. We recognize there are many questions around pre-surgical and pre-procedural COVID-19 testing of patients, as well as recommended personal protective equipment for faculty and staff. We will distribute clarifying documents shortly, in addition to providing the latest information in a virtual Town Hall event.

Zoom Webinar: Perioperative & Periprocedural COVID-19 Testing and PPE

When: Thursday, May 14, 2020, 7:00 – 8:00 a.m.

Please click the link below to join the webinar:

<https://umich-health.zoom.us/j/92395315865?pwd=SnlYK084Y0J0V2JKdVVPMFowZnZjUT09>

Password: 403665

Or iPhone one-tap:

US: +13126266799, 92395315865#

Or Telephone:
Dial: +1 312 626 6799
Webinar ID: 923 9531 5865
Password: 403665

Still have questions?

We are also posting all daily bulletins and policies on Michigan Medicine Headlines at <https://mmheadlines.org/covid-19-updates/>. Please bookmark that site and refer to it throughout the day for the most up-to-date information. An FAQ for staff is also posted and updated frequently.

If you still can't find what you're looking for on these web pages, please email coronavirus-info@med.umich.edu and your question will be answered as quickly as possible. Do not use this email for sharing patient health information.

Jeffrey Desmond, M.D.
Chief Medical Officer

Electronic Mail is not secure, may not be read every day, and should not be used for urgent or sensitive issues

Alpena, Presque Ilse, Cheboygan, Emmet and Charlevoix counties.

Region 8 - Chippewa, Mackinac, Luce, Schoolcraft, Delta, Alger, Marquette, Dickinson, Menominee, Baraga, Iron, Gogebic, Ontonagon, Houghton and Keweenaw counties.

PPE Days On Hand as of 05/11/2020

Health System/Hospital	N95 Masks	Surgical Masks	Surgical Gowns	Shields	Gloves	System/Independent
Ascension	21+ days	21+ days	21+ days	21+ days	21+ days	Health System
Aspirus	21+ days	21+ days	21+ days	21+ days	21+ days	Health System
Baraga County Memorial Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Beaumont	21+ days	0-6 days	7-14 days	21+ days	15-21 days	Health System
Bronson	21+ days	0-6 days	21+ days	21+ days	7-14 days	Health System
Covenant	21+ days	21+ days	15-21 days	21+ days	15-21 days	Health System
Deckerville Community Hospital	21+ days	7-14 days	21+ days	21+ days	21+ days	Independent
Detroit Medical Center	21+ days	0-6 days	21+ days	21+ days	7-14 days	Health System
Dickinson Memorial Health Care System	21+ days	15-21 days	0-6 days	15-21 days	15-21 days	Independent
Eaton Rapids Medical Center	15-21 days	7-14 days	7-14 days	21+ days	21+ days	Independent
Harbor Beach Community Hospital	21+ days	15-21 days	21+ days	21+ days	21+ days	Independent
Helen Newberry Joy Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Henry Ford Health System	21+ days	7-14 days	21+ days	21+ days	7-14 days	Health System
Hills and Dales General Hospital	21+ days	7-14 days	21+ days	21+ days	21+ days	Independent
Hillsdale Hospital	21+ days	15-21 days	21+ days	21+ days	21+ days	Independent
Holland Community Hospital	21+ days	21+ days	7-14 days	15-21 days	21+ days	Independent
Hurley Medical Center	21+ days	0-6 days	0-6 days	21+ days	21+ days	Health System
Kalkaska Memorial Health Center	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Mackinac Straits Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Marlette Regional Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
McKenzie Memorial Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
McLaren	21+ days	7-14 days	21+ days	21+ days	21+ days	Health System
Memorial Healthcare	15-21 days	15-21 days	15-21 days	21+ days	21+ days	Independent
Metro	21+ days	21+ days	21+ days	21+ days	21+ days	Health System
Michigan Medicine	21+ days	21+ days	15-21 days	7-14 days	0-6 days	Health System
MidMichigan Health	7-14 days	0-6 days	15-21 days	21+ days	0-6 days	Health System
Munising Memorial Hospital	21+ days	7-14 days	21+ days	15-21 days	21+ days	Independent
Munson Health System	21+ days	21+ days	21+ days	21+ days	21+ days	Health System
North Ottawa Community Hosp	21+ days	0-6 days	7-14 days	21+ days	21+ days	Independent
Oaklawn Hospital	21+ days	15-21 days	21+ days	0-6 days	21+ days	Independent
OSF St. Francis Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Pontiac General Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Prime Health	21+ days	7-14 days	15-21 days	21+ days	21+ days	Health System
ProMedica	21+ days	7-14 days	7-14 days	21+ days	0-6 days	Health System

Health System/Hospital	N95 Masks	Surgical Masks	Surgical Gowns	Shields	Gloves	System/Independent
Scheurer Hospital	21+ days	0-6 days	21+ days	21+ days	21+ days	Independent
Schoolcraft Memorial Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Sheridan Community Hospital	21+ days	0-6 days	7-14 days	21+ days	7-14 days	Independent
Sparrow Health System	21+ days	21+ days	21+ days	21+ days	7-14 days	Health System
Spectrum	21+ days	21+ days	21+ days	21+ days	21+ days	Health System
Straith Hospital	7-14 days	15-21 days	21+ days	21+ days	21+ days	Independent
Sturgis Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent
Three Rivers Health	0-6 days	7-14 days	21+ days	21+ days	21+ days	Independent
Trinity	21+ days	7-14 days	15-21 days	21+ days	7-14 days	Health System
UP Health	21+ days	7-14 days	21+ days	21+ days	21+ days	Health System
War Memorial Hospital	21+ days	21+ days	21+ days	21+ days	21+ days	Independent

Patient Census as of 05/11/2020

Health System/Hospital	COVID-19 Patients	COVID-19 Patients in ICU	Bed Occupancy
Ascension	218	63	63%
Aspirus	2	1	16%
Baraga County Memorial Hospital	0	0	47%
Beaumont	322	185	70%
Bronson	31	10	61%
Covenant	61	20	70%
Deckerville Community Hospital	0	0	17%
Detroit Medical Center	174	82	79%
Dickinson Memorial Health Care System	1	1	13%
Eaton Rapids Medical Center	0	0	0%
Harbor Beach Community Hospital	0	0	7%
Helen Newberry Joy Hospital	0	0	8%
Henry Ford Health System	230	75	58%
Hills and Dales General Hospital	0	0	22%
Hillsdale Hospital	0	0	35%
Holland Community Hospital	14	0	64%
Hurley Medical Center	28	21	64%
Kalkaska Memorial Health Center	0	0	0%
Mackinac Straits Hospital	0	0	13%
Marlette Regional Hospital	1	0	24%
McKenzie Memorial Hospital	0	0	0%
McLaren	147	50	65%
Memorial Healthcare	7	3	30%
Metro	5	2	38%
Michigan Medicine	75	43	76%