



June 29, 2020

Janel Heinrich, Director
Public Health Madison & Dane County

SENT VIA ELECTRONIC MAIL

Dear Ms. Heinrich:

Thank you for your presentation at the Common Council Executive Committee this past Thursday night. We would like to reiterate the concerns spelled out in the May 25, 2020 letter many of us sent to you. In particular we would highlight the lack of adequate contact tracing resources and the lack of scientifically meaningful and measurable rebound metrics. Given the sharp spike in COVID-19 cases in Dane County over the past week we are requesting that the following actions be taken by PHMDC:

1. Prioritize the rapid hiring of more contact tracers
2. Finalize rebound metrics that are scientifically meaningful and quantifiable
3. Revise Forward Dane reopening metrics linking them to rebound metrics
4. Mandate the wearing of masks in public, with exceptions if needed
5. Close bars and restaurants for in-person service

At the CCEC meeting when Alder Kemble asked how 36 contact tracers could work effectively on 105 new cases in one day, we were told that the regular interview process was shortened and that tracers would follow up with more complete interviews later. But when the number of new cases each day continues to outstrip the number of available contact tracers, how are they able to keep up with current demand, let alone follow up with a backlog of cases? How can they maintain high standards for interviewing people, determining contacts, interviewing contacts and providing isolation and quarantine advice and assistance under these conditions?

It is well established that [time is of the essence](#) in contact tracing, with any delay greatly reducing effectiveness. What would it take to increase PHMDC's contact tracing capacity to ensure that 90% of close contacts are elicited, located, tested within 24 hours given the trajectory in the recent surge of cases?

According to the ProPublica article, ["Coronavirus Advice From Abroad: 7 Lessons America's Governors Should Not Ignore as They Reopen Their Economies"](#), Andy Slavitt, former head of the Centers for Medicare and Medicaid Services during the Obama administration said, "It usually takes four or five people over three days to do one full contact trace, on average." A [contact tracing workforce calculator](#) developed by the Association of State and Territorial Health Officials and National Association of County and City Health Officials estimates that Dane County would need more than 500 contact tracers given the mean number of positive cases from last week.

With the recent number of new cases per day out-pacing the number of available contact tracers, the total number of contact tracers falls far short, even when we include the 14 new contact tracers who began work last week and the 30 new "disease intervention specialists" anticipated to come on board in the near future. You informed us that contact tracers were already working 7 days a week before this new surge in positive

cases, and that DHS has been called in for weekend relief. We are concerned about the health and wellbeing of these employees who are doing such sensitive and critical work. We can't allow them to burn out when we need them most.

We previously questioned the lack of planning for a surge in cases in the Forward Dane plan, since this current surge in positive cases was the predictable outcome of reopening. We remain concerned that the rebound metrics described in your presentation are not sufficiently spelled out, and that there is no clear indication about what would happen when these metrics are met. What conditions and set of restrictions would we rebound to?

The first of the proposed metrics make sense (average of over 20 cases per day over the last two weeks), but the second and third are vague and open to broad interpretation. "Significant increases in cases compared to previous week" and "Qualitative factors: Outbreak related? Community spread?" do not contain clear benchmarks or standards.

The criteria developed by international epidemiology and public health experts in the [COVID local plan](#) provide excellent measures to quantify significance and to set benchmarks for outbreak-related and community spread cases. We urge you to adopt these when developing rebound metrics. We also strongly encourage you to revise the reopening metrics set forth in Forward Dane along these same lines.

This plan spells out reopening criteria as:

- Continued decline in daily cases
- Fewer than 3% of tests conducted are positive
- Current estimate of less than 1 case per 100,000 population per day

The COVID Local Plan also sets a baseline for testing and contact tracing resources required before reopening in order to fully control spread of the virus and to prevent community spread:

- A majority of test results returned within 24 hours
- 90% of close contacts are elicited, located, tested within 24 hours
- At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers
- At least 80% of new cases from identified contacts
- Sufficient testing, quarantine, and isolation in long-term care facilities
- Fewer than 10% of new cases are reported from long-term care facilities over last 28 days
- Local rapid response teams are available to respond to outbreak hotspots within 24 hours with sufficient PPE

We understand there is significant pressure from many sides to help bring things 'back to normal' as soon as possible, to address the harmful economic impacts resulting from the pandemic, and that you are balancing these concerns with the need to protect public health. However, we were shocked to hear that the Greater Madison Chamber of Commerce, Downtown Madison, Inc. and Destination Madison provided detailed, critical support in writing the Forward Dane plan at a time when County Board Supervisors, Alders, the Board of Health for Madison and Dane County, and by extension the general public, were left out of the conversation.

At the [May 28, 2020 DMI What's Up Downtown Breakfast](#) GMCC Director Zach Brandon reported that he knew about the reopening a week before it was formally announced. He further stated that GMCC, DMI and DM were integral to drafting the plan saying, "I don't know that the public and the business community will really know the work that was done by these organizations - late night calls, weekend zooms, lots of emails, but none of that would have been possible without the trust of Public Health and the Mayor and the County Exec to share early documents, to share early thinking."

In the midst of this surge in positive cases, it's time to bring science and public safety and wellbeing to the forefront of the conversation and decision-making about our County's response to COVID-19. In a recent segment on PBS NewsHour entitled, ["Why a temporary halt on reopening is 'wholly inadequate' to contain virus"](#), Dr. Ashish Jha, professor and director of Harvard University's Global Health Institute said, "We have to get ahead of this virus. And that means mandatory mask wearing. It means absolutely canceling any large indoor gatherings, including really rethinking things like restaurants, bars, nightclubs. And then we have got to keep working on ramping up testing and tracing. Even this week, we heard from the president that the problem is, we're testing too much. No, the problem is, we're not testing enough. And we're not isolating cases once we find them. And so, until we do those things, we're not going to be able to bring these large outbreaks under control."

As we noted in our May letter to you, reopening risked - and now has actually resulted in - a resurgence of the virus. COVID-19 is disproportionately affecting poor, uninsured, low-wage workers who have no alternative but to go to risky jobs that make them vulnerable. Multiple studies have shown that the pandemic has been devastating economically, especially in black and brown communities where people may live with extended families and are more likely to be employed in public-facing occupations such as food service, transportation, and home health care where they are more susceptible to become infected. PHMDC data is bearing this out, with an over 6% positive rate for Latinx people tested, a 2.7% rate for Black people, while only 1% of tests conducted on White people returned positive results.

We have been urged by our constituents to put safety first. Many are willing to continue to do whatever is needed to avoid continued loss of life and permanent disabilities associated with this disease. Multiple studies have shown how effective masks are in halting the spread of the virus. It's the least we can do to mandate the wearing of masks in public. We should also close bars and restaurants for in-person service, given that in-restaurant spending [was recently found to be](#) a strong predictor of increases in new Covid-19 cases, and dozens of recent Dane County cases have been traced back to these types of businesses.

Thanks again for your service in these trying times, and for continuing to reevaluate plans amidst rapidly changing conditions.

Sincerely,

Patrick Heck, Alder District 2
Marsha Rummel, Alder District 6
Donna Moreland, Alder District 7
Max Prestigiacomo, Alder District 8
Syed Abbas, Alder District 12
Tag Evers, Alder District 13
Grant Foster, Alder District 15
Samba Baldeh, Alder District 17
Rebecca Kemble, Alder District 18

Heidi Wegleitner, Supervisor District 2
Richard Kilmer, Supervisor District 4
Elena Haasl, Supervisor District 5
Michele Ritt, Supervisor District 18
Teran Peterson, Supervisor District 19

Cc: Mayor Satya Rhodes-Conway
County Executive Joe Parisi
Board of Health for Madison and Dane County