



Briefing on the Surge in COVID Cases in Northeast Ohio

Dear Bishop Malesic and Diocesan Staff,

Thank you for taking the time to read this briefing. I have discussed the current situation with local health care workers and leaders from University Hospitals, Cleveland Clinic, and the Louis Stokes Cleveland VA Medical Center, where I work as a hospitalist and as the Director of Inpatient Medical Services. I have also asked the board members of the Cleveland Guild of the Catholic Medical Association and Dr. Paul Carson, a public health and infectious disease expert from North Dakota, who has advised the National Catholic Medical Association on issues related to the pandemic, to provide me any comments that they would like included in this brief. In short, the consensus from all physicians whom I spoke with is that we are entering a dangerous phase of the pandemic for our community.

The COVID-19 pandemic has been an exhausting, prolonged process, and unfortunately, we are entering a highly contagious phase. The Omicron Variant is leading to extremely high levels of spread in Ohio, but particularly in our home here in Northeast Ohio. Prior to Christmas, Cuyahoga County was experiencing the 3rd highest case incidence in the entire country with nearly 200 cases per 100,000 residents in the week prior to Christmas¹ and cases have continued to climb since Christmas. If these numbers hold, it is likely that at least 10-20% of Cuyahoga County residents have or will develop COVID this month. This situation has been compounded by limited numbers and availability of testing for COVID, both in terms of home antigen tests and PCR testing. This led the governor to instruct the National Guard to open a testing center, and the first day this center opened, it was over-run with patients within the first few hours². This testing shortage is reflected in Cuyahoga County's extremely high "test positivity rate" of nearly 35%³. This means that one in three of all patients being tested for COVID-19 are testing positive. The CDC considers anything greater than 5% to be extremely high levels of community spread. Furthermore, concurrently, there are very high levels of "pandemic fatigue," where people have become tired of the pandemic restrictions and doubtful of the government and public health leaders who have recommended them. This has been particularly notable in some factions of the Catholic Church where vaccination rates and mask wearing are very low.

According to my contacts at University Hospitals labs, the Omicron Variant began to be detected in high numbers in Cleveland around December 16th and 17th and now most cases that are being sequenced in Northeast Ohio are due to this new variant. The Omicron variant contains several key mutations in the spike protein (the target of the vaccinations), which provide an advantage to the virus, making it both highly infectious and also increasingly resistant to immune protection from vaccination and prior infection^{4,5,6}. Though still protective against severe illness, prior infection or initial vaccination no longer appear to provide high levels of protection against developing symptomatic infection; thus, booster vaccine doses have been recommended by the CDC⁷ to attempt to restore this protection^{8,9}. This intrinsic infectiousness, combined with colder weather and holiday gatherings, is leading to a worrying situation in Cleveland's hospitals. Namely, there are not enough staff to care for the many patients who

are coming through our doors. While there is some growing evidence that infection with the Omicron Variant in the younger, previously vaccinated or infected population may be less severe¹⁰, it is not yet clear if the same will hold true for the medically vulnerable.

This week, the Cleveland Clinic reported over 2400 employees out sick with COVID-19 and University Hospitals, over 1000. All of this is occurring while all of Cleveland's hospitals are experiencing high patient volumes and the highest level of patients hospitalized with COVID-19 since the pandemic began. This is also impacting the care of non-COVID illnesses; every hospital in Cleveland is curtailing elective surgeries (many of which are medically necessary, just not time-sensitive) and long wait times in Emergency Departments are affecting care for other emergent conditions. Some hospitals may be forced to ration or curtail typical care if the crisis worsens. The area hospitals have all come together to request help and have taken out ads in the Plain Dealer and various media platforms to express their level of concern¹¹. The Cleveland Clinic is reporting that a majority of their inpatients are unvaccinated¹² so vaccination remains a key way to protect against hospitalization and death from COVID-19.

To summarize, Northeast Ohio is currently experiencing one of the worst outbreaks of COVID-19 in the entire country. This is due mostly to the Omicron variant, which is likely to hit hard and fast. Health care workers are also getting sick in high numbers. Even if their illnesses are mild, they are unable to work while sick with COVID-19 to avoid the risk of spreading the virus to their vulnerable patients. Prior to this surge, there had already been a growing shortage in health care workers as approximately 20% have left the field since 2020¹³ for a variety of reasons, of which burnout and moral injury are high and vaccine mandates make only a very small percentage¹⁴. The health care workers who are still providing front line care are exhausted and demoralized.

I was asked to make a recommendation for the Catholic Church's response in the Diocese of Cleveland. When spread is this high, there are not many interventions that will "flatten the curve" short of aggressive lockdowns, which are extremely unpopular, unlikely to be followed, and potentially too late to make a difference. While the situation has certainly changed, the tools we possess to combat it remain the same: masking (particularly with high quality, medical-grade masks), social distancing, and vaccination to prevent severe illness. I propose the following recommendations for the bishop's consideration:

- Continue to emphasize, as has been recently done, the exemption from the obligation to attend Sunday Mass for those who are high risk or anxious about catching or spreading coronavirus.
- Encourage churches to offer a decently sized section or (perhaps at one or more Masses) for people who want to wear masks and socially distance. The Catholic Church should be a place of comfort and home for those who attend Mass, not a place of fear for those who are concerned that their neighbor may spread an infectious disease to them.
- To the extent that the Church and her members are able & willing, recommend vaccination for those (particularly the aged and medically vulnerable) who are not yet vaccinated, or if vaccinated last Winter, encourage booster vaccinations. There is a strain of vaccine hesitancy among some Catholics, and perhaps religious leaders could work together with local healthcare leaders to address these concerns from this contingent of the faithful.

- Continue to pray publicly at Masses for an end to the Pandemic, but also for the patients suffering from the virus, those who have lost loved ones, and for the exhausted healthcare workers who care for them.
- Continue to emphasize pastoral care for our neighbors, respect for those who feel differently about this pandemic and a Faith in God that transcends fear, but also leads to prudence to act in defense of ourselves and our neighbors.
- Ensure that all clergy are aware of the Diocese's efforts to ensure that they can safely continue to bring the sacraments to the dying in hospitals and nursing homes.

Again, I thank you very much for giving me the opportunity to write about this. Any crisis presents an opportunity, and the opportunity here is for the Catholic Diocese of Cleveland to take a stand to serve the vulnerable, which is a concept deeply rooted in Catholic Social Teaching. Whether it is through spiritual support, Sacramental Care for the sick and the dying, pastoral support for communities heavily affected by COVID or encouragement of public health initiatives designed to protect patients and communities, the Catholic Diocese can take the lead in protecting the aged and the vulnerable in our community.

I ask for your prayers for myself and for my patients and colleagues during this difficult time.

Thank you for your support and God Bless you all.

Sincerely,

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