

16 July 2020

The Honorable William Asa Hutchinson II
Governor, The State of Arkansas
State Capitol Room 250
500 Woodlane Ave.
Little Rock, AR 72201

The Honorable Doctor Nathaniel Smith
Secretary
Arkansas Department of Health
4815 West Markham
Little Rock, AR 72205

Dear Governor Hutchinson and Secretary Smith:

We, the student government leaders of Arkansas colleges and universities, write in regard to our state's response to the COVID-19 pandemic.

In late March, Arkansas was only partially shut down to help slow the spread of COVID-19. Positive tests continued to occur despite our partial shut down. As restrictions were lifted, more individuals began returning to some form of normalcy, resulting in a substantial increase in positive cases, active cases, deaths, and hospitalizations. Just days after reporting that the UAMS ICU was completely full on PBS's 'Arkansas Week,' UAMS Chancellor Cam Patterson stressed the importance and urgency in issuing a statewide mask requirement. Thus, it is vital we do as much as we can to prevent the further spread of the virus.

Public Health has identified a number of preventative measures the public can take to reduce the spread of the virus. Physical distancing, proper hygiene, cleaning high-touch hard surfaces often, and wearing face coverings can greatly reduce the risk of transmission. Although your daily updates continue to argue that contact tracing has yet to indicate a significant correlation between lifting restrictions and increased positive tests, we look to states such as Texas, Florida, Arizona, and Georgia for further clarification and evidence. In each of these states, lockdowns were short-lived, and much like that of Arkansas, it still suppressed the exponential growth of COVID-19 cases. Once the lockdowns and restrictions were lifted, cases began growing very quickly. Open and unrestricted policies communicate to the public that the danger has passed, and this encourages a culture of recklessness. Furthermore, the above states and Arkansas lack a statewide mandate or directive requiring the use of masks in public settings.

On July 10, 2020, the United States set a new world record with approximately 66,281 new COVID-19 cases. On July 11, Arkansas experienced its highest number of new cases to date with 1,061 positive test results. Moreover, on July 11 Arizona reported 3,038 new cases, Texas reported 10,351 new cases, and California reported 8,460 new cases. On July 12, Florida reported 15,300 new cases. For context, the entire European Union, with a total population of a little over 100 million more than the United States, reported less than 4,000 new cases during the same period. Clearly, our response to COVID-19 is failing.

With exponential growth in active cases in the United States, one could point toward increased testing as a catalyst; however, higher positivity rates in conjunction with more testing suggests that COVID-19 is spreading uncontrollably throughout our communities. Estimates currently indicate that as few as 5% and as many as 80% of Covid-19-positive patients are asymptomatic or have mild cases of the illness that take days or weeks for symptoms to emerge (Heneghan, Brassey & Jefferson, 2020). With that being said, it can be argued that many people simply do not know that they have the virus, and continue on with their life, resulting in further transmission to other unsuspecting individuals.

We believe in order to slow the further progression of this virus, decisive action based on peer-reviewed scientific literature and data collection must be implemented accordingly. Below are examples of literature and articles that provide evidence that states mandating the use of face masks in public had a greater decline in daily growth rates after issuing the mandate compared to states who did not issue a mandate:

1. In "[Community Use of Face Masks and COVID-19: Evidence From a Natural Experiment of Mandates in the US](#)," researchers concluded that "there is a significant decline in daily COVID-19 growth rate after mandating facial covers in public, with the effect increasing over time after signing the order. Specifically, the daily case rate declines by 0.9, 1.1, 1.4, 1.7, and 2.0 percentage-points within 1–5, 6–10, 11–15, and 16–20, and 21+ days after signing, respectively.
2. In "[Considerations for Wearing Cloth Face Coverings](#)," CDC officials list approximately 19 articles that all suggest that wearing a mask can significantly reduce the spread of COVID-19.
3. In "[Identifying airborne transmission as the dominant route for the spread of COVID-19](#)" [Face Masks Against COVID-19: An Evidence Review](#)," researchers "conclude that wearing of face masks in public corresponds to the most effective means to prevent interhuman transmission, and this inexpensive practice, in conjunction with extensive testing, quarantine, and contact tracking, poses the most probable fighting opportunity to stop the COVID-19 pandemic, prior to the development of a vaccine."
4. In "[A rapid systematic review of the efficacy of face masks and respirators against coronaviruses and other respiratory transmissible viruses for the community, healthcare workers and sick patients](#)," researchers conclude "that community mask use by well people could be beneficial, particularly for COVID-19, where transmission may be pre-symptomatic. The studies of masks as source control also suggest a benefit, and maybe important during the COVID-19 pandemic in universal community face mask use as well as in health care settings."
5. In "[Summary of Covid-19 Forecasting Models](#)," researchers at UA Fayetteville and UAMS forecast "20,000 daily new infections by the end of September, if conditions do not change." Moreover, "with modest increases in mitigation, the simulation is showing 12,000 daily new infections, and "with almost complete compliance with mask wearing in public, the simulation is showing significantly few new daily infections, around 6,000."
6. In "[Face masks considerably reduce COVID-10 cases in Germany: a synthetic control method approach](#)," researchers conclude that the use of face masks has led to a reduction in the growth rates of infections by 40% to 60%. Depending on the region, the use of face masks reduced the cumulative number of COVID-19 cases between 2.3% and 13% after 10 days since face mask use was made compulsory.

The list of articles and scientific literature with similar findings is overwhelming. We, the student government leaders of Arkansas colleges and universities, request that you, Governor Hutchinson and Secretary Smith, mandate the use of masks in public settings in Arkansas. Although cities such as Little Rock and Fayetteville have taken steps to ensure the safety and security of their citizens by mandating mask requirements, the lack of a statewide directive renders their efforts virtually meaningless and ineffective. In cities and towns that have not implemented a mask mandate, weaker municipal “suggestions” are simply insufficient.

“Arkansans helping Arkansans” is a common phrase used by many; our hospitable personalities are unique. However, in our current crisis, Arkansans are not helping other Arkansans. By failing to simply wear a mask in public, we are putting ourselves and others at risk of infection, serious health consequences, and even death. Recent research has found people who have recovered from the virus suffer long-term damage such as high rates of blood clots that can cause strokes, heart attacks, lung blockages, and other complications, heart damage, lung damage. The consequences of this pandemic will extend far past 2020 into every aspect of our lives, from our own wellbeing to economic stability. Thus, we encourage you to reevaluate your approach to combating COVID-19 in our state. We ask for a statewide mask mandate. We ask for your leadership.

Sincerely,

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Index:

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