Final Report
of the Citizens’ Panel
on COVID-19

Policy recommendations for the pandemic—from a representative and informed panel of everyday people

Michigan
November 2020
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Introduction

Written by the organizers

The Citizens’ Panel on COVID-19 brought together a representative group of 30 everyday Americans from across the state of Michigan in the Fall of 2020. Working together online over 6 weeks, their task was to weigh expert testimony, search for common ground, and direct government’s response to the pandemic.

This is the Panel’s report. It opens with a brief explanation of how the Panel was selected and how it went about its work. Then panelists share about their experience in their own words and present 12 policy recommendations directed toward municipal, county, and state government. These recommendations are organized into two areas of focus: health and the economy.

The Panel was independently organized and funded by a non-partisan, non-profit called of by for, whose mission is to put everyday people front and center.

of by for convened the Panel in Michigan because, in addition to being deeply impacted by COVID-19, Michigan is one of the states that most reflects our country’s makeup and deep divide. So although much of the report is framed around Michigan, the Panel’s experience and recommendations are relevant to other states across the country grappling with this crisis.

More information on the Panel beyond this report can be found at www.citizenspanel.us.
Panel Selection

Written by the organizers

The Citizens’ Panel on COVID-19 was formed through a democratic lottery. This is a way of fairly selecting representatives and ensuring that they are free from political debts and partisan pressures. It also ensures that the group selected represents the population at large.

Invitations were mailed to randomly selected households across the state offering Michiganders the opportunity to serve. Those who replied were entered into the democratic lottery. A group of 30 was chosen in such a way that it proportionally reflected the state's makeup of age, gender, race, schooling, geography, political leanings, and views on COVID-19.

These 30 people came from all walks of life and brought different values, beliefs, and lived experiences. See Appendix A for much more detail about the recruitment and lottery, as well as the demographics and views of the Panel as it compares to the broader population.

Three panelists had to step down for health and personal reasons, so the Panel finished with 27 members.
Panelists

Visit [www.citizenspanel.us](http://www.citizenspanel.us) to see short video introductions from each panelist.
The Panel met and worked together online for 22 sessions totaling 44 hours over 6 weeks, from September 29th to November 7th, 2020. During these two-hour-long evening sessions, panelists engaged in large- and small-group conversations. And with the support of professional moderators, the Panel focused on a central question: *COVID-19 has touched each of us and impacted society in many different ways. What have we learned and what do we need to move forward?*

**Phase One: Story Sharing**
First, panelists shared and compared stories, tapping into their own knowledge base of experiences relating to COVID-19. They developed a baseline of information and understanding of the different and shared ways that COVID-19 had touched their lives. This helped them prioritize their agenda for information gathering and guided the search for relevant speakers to provide testimony. And while they originally explored the areas of health, economy, education, government and environment, they ended up choosing health and the economy as the main areas for consideration.

**Phase Two: Information Gathering**
Next, the Panel adopted and expanded a framework developed by past Citizens’ Panels to identify “strong and reliable information,” which is found in Appendix B. Panelists were also introduced to frameworks for critical thinking and recognizing cognitive biases. See Appendix C for details. After that, 15 speakers testified before the Panel over 5 sessions, who are listed in Appendix D.

**Phase Three: Policy Recommendation Development & Adoption**
During the latter half of the effort, the Panel developed a large pool of potential policy ideas. The Panel did not review policies or programs that were already in place. Instead, it generated ideas based on the stories and lived experiences of panelists and the testimony of experts.

After multiple rounds of prioritization, the Panel developed select ideas by answering questions such as: “What is this idea about?” “Why is it important / what values does it represent?” “What information have we gathered that might support this idea?” “What are the tradeoffs or unintended consequences of this idea?”

Once the Panel finished crafting these policy ideas into recommendations, each was brought to a final vote, cast on November 7th using a secret ballot. All 12 were adopted by upwards of 70%.

**Challenges**
The Panel overcame an inability to meet in person, tight time constraints, and the need to balance personal lives and jobs. They also had to navigate a broad and rapidly evolving subject filled with conflicting information and distrust.

**Evaluation**
Confidential surveys were completed weekly by panelists to evaluate the quality and neutrality of the work of support staff and moderators. The panelists also evaluated the quality and neutrality of outside speakers. See Appendix G for results.
Panel Experience

Written by the Panel - Quotes from and selected by panelists

For many of us panelists it was a surprise to be selected. We received the letter and responded to the sender, but with hundreds replying for thirty slots, we did not really expect to be chosen. The experience has been humbling, exciting, and a lot of work. Most of all, it has been an honor.

“It's an honor to be able to represent my demographic of people and to help use their stories and my own, to cultivate policy ideas to speak for the people.”

Michael, Livonia

As individual panelists, we met citizens from all over Michigan. We shared our stories about COVID-19 and discovered the many ways that people in Michigan have been affected by the pandemic.

Although it was evident that many of us came together with feelings of fear, anticipation, or of being alone in our experiences, we found consistent themes in each other’s stories. We discovered that we were all affected in one way or another. Through heartfelt dialogue, we learned that we were all looking for answers and better information on COVID-19. We found that we were united in our desire to help with the issues that were affecting the citizens of Michigan. We developed a deep empathy for what others have gone through.

Sherrod from Kalamazoo on the personal effects of COVID-19:

“Covid has affected me in numerous ways, but one of the most important ways is I think it has really shown the behavior of a lot of people. Some people have shown good behavior as they try to make it through these situations. A lot of people have shown a lot of bad behaviors. The lack of empathy in our country and state for one another are just unreal, especially towards those that have passed away. I'm glad to be on this panel because I can represent those who have lost their lives to COVID and I hope I can give them a voice.”
Jeffrey from Clinton Township on the personal effects of COVID-19:

“COVID-19 has affected our family. I had it for six weeks and survived. My wife had it for three weeks, my daughter had it for two weeks, my granddaughter had it for two weeks, and we all survived. I also had two distant relatives who died from COVID-19.”

Dan from Pellston on the personal effects of COVID-19:

“Occupationally I’m a builder and have been affected by COVID in our family business as we were unable to fulfill our obligations with regard to finishing a project. People were living in the house with insulation exposed, incomplete roofing, making it very difficult for them to occupy the residence. Personally, my son Josh wasn’t able to finish out graduation traditionally at Petoskey High School last year. It was a difficult finish for many students across the state.”

“The Citizens’ Panel is important because it includes a diverse group of people who represent the real population of our great state. Each member brings their own life experience to the Panel.”

Kathleen, Mount Morris

Then the hard work began. We had to choose which topics to focus on based on the stories we heard from one another. The Panel had a goal of making recommendations that would be able to assist Michiganders in combating COVID-19 and its effects. This was difficult because this pandemic has touched the lives of so many people in different ways. This panel offered a unique opportunity to be heard, and we wanted to include as many voices as possible. We wanted to reflect “the wisdom obtained from casting a broad net over the many from every walk of life—understanding that can only come from walking in the shoes of those affected by policy makers” (Dan, Pellston).
The speakers we heard from gave us great insight into the issues we had chosen. We worked for several hours to generate our policy recommendations and yet with all the time spent and work performed, many of us wished for more.

Being part of the Panel has been an empowering experience for us. It has taught us that we can come together to tackle major issues regardless of our differences. Members have described the best part of working on the Citizens’ Panel as “working with people of all ages, races, political views, and preferences to come to a common agreeable recommendation to solve issues affecting Michigan citizens about COVID-19” (Kyle, Williamston) and “working constructively with people you don’t know, the discussions, and coming up with an intelligent, finished product in the end” (Kristi, Dexter).

We are excited to have you read our finished product. We believe that panels like this can be a useful tool in making decisions that affect all our lives.

“I would take a few more days to discuss the topics and come up with more questions for the experts.”

Michael, Livonia

“There is so much information out there to look into and so many different perspectives that it is hard to research everything in a small amount of time.”

Panelist

“I would suggest this type of panel moving forward. It’s a way to bring inclusiveness to the process when decisions are being made for citizens of their state.”

Elizabeth, Lansing
The policy recommendations presented in this paper have been narrowed down to two main categories that encompass the themes we gathered from our own personal storytelling. Those categories are health impacts and economic impacts to Michiganders as a result of the COVID-19 pandemic.

Many recommendations within each of these categories were brainstormed and deliberated throughout the process to ensure we were utilizing strong and reliable evidence and reflecting the needs of the people. The health impact policy recommendations noted below cover a wide array of issues affecting citizens in Michigan. These include equitable access to treatment and testing, mask-wearing practices, mental health, and others.

The Panel identified several economic issues impacting Michigan citizens and developed policy recommendations around childcare, housing and utility aid, the unemployment process, and economic opportunity.

While the Panel understands there are potential limitations and resource constraints to these policies, we feel the policy recommendations we have provided below can have a major impact for the citizens of Michigan on fighting the effects of the COVID-19 pandemic.
Health

• Provide equitable access to treatment/testing and funding for all COVID related healthcare.

• Clarify mask wearing practices and recommendations through distribution of information that promotes responsible management of the spread. Provide information around current mandates and exemptions so people can understand and follow them.

• MDARD and local county health departments need to provide education, information, and data to citizens of Michigan on the importance and benefits of eating nutritious foods and living a healthy lifestyle, and the benefits they have on fighting COVID-19.

• All Michiganders desiring treatment should have access to free or affordable COVID-19 vaccines and medications. Priority of receiving treatment to follow established risk assessment of population.

• Anyone that goes to the hospital with COVID-19 must have access to an advocate to protect their rights. Anyone without a legal guardian or an advanced directive durable power of attorney must be provided with a patient advocate.

• Increase mental health resources for those struggling during the pandemic; provide mental health subsidies that help with funding treatment and follow-up care after the initial hospital intake.

Economy

• Provide aid to those in jeopardy of losing their housing and/or having utilities shut off due to COVID-19.

• Provide grants or bank loans to support local businesses, entrepreneurs, and new job growth, specifically targeting minority populations and women to allow for accessible and affordable capital.

• Childcare Professionals need to be considered essential workers and be provided a living wage, in addition to all other benefits that essential/frontline workers receive.

The state should allocate funds to daycare facilities to assist with safely continuing operations (clean and sanitary). Additionally, these funds should be used to make sure childcare can be provided to families regardless of income level.

• The unemployment system needs to be streamlined in order to facilitate improved accessibility, application process, data service, and customer care.

• Establish a temporary home relief grant offered by the State and community action agencies for individuals experiencing a hardship due to COVID that is assessed monthly. To minimize the need for any further grant monies, a fund will be established through payroll deduction; it will be sustained for future necessities and needs of Michigan residents during crises.

• Childcare professionals should have a state-supported career ladder.
Policy Recommendations: Health

Provide equitable access to treatment/testing and funding for all COVID related healthcare.

Specifics

• This access should be inclusive to those on Medicare - without an Advantage or a Supplemental policy and to those without medical insurance.

• Subsidize what is not covered by insurance through a fund paid for by the state.

• Medicaid should cover all COVID related costs not generally covered (new drugs, transportation).

• Expand avenues for testing if you do not have a doctor.

• Provide funding for those with extended COVID illness, including long-term COVID effects.

Why this is important to Michiganders

• People in Michigan are not getting treated because they are afraid of the cost, leading to more deaths, disproportionately among the under-insured, poor, and minority populations.

• Treatment would help prevent spread by effectively and quickly treating people while providing a baseline for contact tracing.

• Care would be accessible and affordable to all individuals.

• All human life matters via inalienable rights.

Written by the Panel - Ordered by percent of the Panel that identified each as the highest priority

See Appendix E for more detail on the strength of support and opposition for each

89% voted to adopt this recommendation

11% voted against adopting this recommendation

33% of the Panel identified this as the highest priority among recommendations related to health
Clarify mask wearing practices and recommendations through distribution of information that promotes responsible management of the spread. Provide information around current mandates and exemptions so people can understand and follow them.

Specifics

- In order to slow the spread of the virus, while having everyone on the same page, mask education needs to be clear, consistent, and state-wide with bipartisan sourcing.
- Messaging around education should create empathy and compassion for others affected by COVID-19.
- As new information comes to light it needs to be communicated clearly, consistently, and state-wide.
- Provide for detailed documentation for future pandemics.

Why this is important to Michiganders

- Michiganders need to work together as one unit to stop the disease and create unity across Michigan’s geographic and cultural differences.

30% of the Panel identified this as the highest priority among recommendations related to health.

74% voted to adopt

26% voted against
MDARD and local county health departments need to provide education, information, and data to citizens of Michigan on the importance and benefits of eating nutritious foods and living a healthy lifestyle, and the benefits they have on fighting COVID-19.

Specifics

- Distribute information through ad campaigns, social media campaigns, health and nutrition classes, brochures, and mailers.
- Stress the importance of healthy, low-sugar, high-vitamin foods (nuts, vegetables, fruits, herbs, and healthy fats).
- Stress the benefits of sleep, physical activity, and Vitamin D by being outdoors in the sun or taking supplements to help fight COVID.
- Provide classes on gardening or ways to garden if you don’t have a yard.
- Rural and urban areas that may lack general accessibility to nutritious foods should be provided information concerning where they can affordably obtain them.
- Provide a list by county of fresh food locations including farmers markets.
- Provide vouchers for healthy food.
- Healthy living vitamins and minerals should be part of medical insurance coverage.

Why this is important to Michiganders

- The more information people are equipped with, the more independent people can become. This information can help reduce fear in fighting COVID.
- It gives people a natural weapon to fight COVID as opposed to relying on drugs from the pharmacy.
- Focusing on a more healthy lifestyle provides a more cost-effective approach in the long run.

22% of the Panel identified this as the highest priority among recommendations related to health

81% voted to adopt

19% voted against
All Michiganders desiring treatment should have access to free or affordable COVID-19 vaccines and medications. Priority of receiving treatment to follow established risk assessment of population.

Specifics

- Communicate the safety of vaccines, their side effects, and efficacy.
- The vaccine should be distributed evenly throughout the state so that rural areas receive proportionate supplies.
- We recommend lobbying Congress, health insurance, and non-profit organizations to help fund the vaccine. We also recommend approaching vaccine developers to provide the vaccine at cost.
- Taking the vaccine should not be required. Before administering the vaccine, individuals should be presented with a list of the ingredients and possible side effects in the name of transparency about the vaccine. This allows patients to make their own informed decisions.
- Vaccine companies should be held liable for any problems that arise from the vaccine.

Why this is important to Michiganders

- Access to medication and vaccines is important to help curb the spread of COVID-19.

15% of the Panel identified this as the highest priority among recommendations related to health.

78% voted to adopt

22% voted against
Anyone that goes to the hospital with COVID-19 must have access to an advocate to protect their rights. Anyone without a legal guardian or an advanced directive durable power of attorney must be provided with a patient advocate.

Specifics
- Legal guardianship is preserved and adhered to, allowing guardians access to the patient's room.
- Legal guardians must abide by hospital policy once admitted into the hospital.
- Legal guardianship applies to children under the age of 18.
- Guardian may be required to remain with the patient for the full length of stay to avoid potential spread of the disease.
- People who have an advanced directive durable power of attorney must be allowed to contact them by phone or virtually.

Why this is important to Michiganders
- It prioritizes patient care based on their choice and protects the rights to freedom and fair representation.
- It preserves the right of parental and adult disabled guardianship.
- It ensures that the rationed care does not discriminate against those who come to the hospital with COVID and need additional representation.

93% voted to adopt
0% voted against
Increase mental health resources for those struggling during the pandemic; provide mental health subsidies that help with funding treatment and follow-up care after the initial hospital intake.

Specifics

• Create intake options for people who are under-insured or have no insurance to get admitted to hospitals.

• Provide a post-treatment plan paid for by the state for those who go to the hospital without insurance or Medicaid.

• Provide 6 free meetings with a counselor or therapist to the under-insured and affordable medication as needed.

• Expand communication around preventative mental health resources that are available in Michigan and how to access them through mailers, social media and community mental health agencies in partnership with the Governor.

• Social workers should accompany police officers when they are responding to potential mental health situations.

Why this is important to Michiganders

• People are getting depressed due to social isolation, loss of jobs, seasonal depression—all the many aspects of the pandemic.

• People are taking opioids to feel better and suicides are increasing.

• Right now, mental health issues are being responded to by the police who are ill-prepared to handle these situations, and people end up unnecessarily harmed or killed.

• Domestic abuse is on the rise.

89% voted to adopt

11% voted against

0 panelists identified this as the highest priority among recommendations related to health
Policy Recommendations: Economy

Provide aid to those in jeopardy of losing their housing and/or having utilities shut off due to COVID-19.

Specifics

- Up to 50% of an individual’s pre-COVID income would be provided to go toward rent, mortgage, or utilities, specifically and directly paid to the lender/providers.
- Using the state poverty level as a reference, increase the income threshold to allow more people to qualify for aid. Consider pre-existing financial status, an overall picture of current finances, and family size.
- Reassess every quarter.
- Communicate to the public in order to reach the demographic that needs aid to make sure they are utilizing the programming and funds.

Why this is important to Michiganders

- It will keep families in their homes who would otherwise end up displaced due to the COVID crisis.
- It supports families who have severe financial hardships due to the COVID pandemic.
- Children thrive in a stable environment; remaining in their home aids that.
- Families are able to maintain their lifestyle and stay in their homes.
- It reduces stress and everyday worries due to the COVID pandemic.

Written by the Panel - Ordered by percent of the Panel that identified each as the highest priority

See Appendix E for more detail on the strength of support and opposition for each

93% voted to adopt
41% of the Panel identified this as the highest priority among recommendations related to the economy

7% voted against
Provide grants or bank loans to support local businesses, entrepreneurs, and new job growth, specifically targeting minority populations and women to allow for accessible and affordable capital.

**Specifics**

- Make the process equitable in the qualification review/determination procedures.
- Prioritize support to businesses with less than 50 employees, as they tend to have less cash on hand to survive a shutdown.
- Provide support/education for entrepreneurs so they can maximize the impact of the program and meet the terms of the loan.
- Incentivize businesses to keep their employees and stay open through a loan forgiveness program.
- Set specific terms and make loan terms affordable. Require employers that receive a loan to keep and pay their employees.
- Provide resources and training to small businesses to transition from brick and mortar to online infrastructure, expand broadband and e-commerce, and provide hotspots for rural businesses.

**Why this is important to Michiganders**

- This recommendation promotes local communities; it invests in and upholds the identity of communities.
- It represents equality and more opportunities for people in our communities.
- More empowerment among minority populations and women leads to stronger communities.

![Graph showing 85% voted to adopt and 15% voted against with 26% of the Panel identifying this as the highest priority among recommendations related to the economy]
Childcare Professionals need to be considered essential workers and be provided a living wage, in addition to all other benefits that essential/frontline workers receive.

The state should allocate funds to daycare facilities to assist with safely continuing operations (clean and sanitary). Additionally, these funds should be used to make sure childcare can be provided to families regardless of income level.

**Specifics**
- Use a sliding scale to determine how much a family is billed based on their household income and how many children they have that need childcare.

**Why this is important to Michiganders**
- Parents shouldn’t have to choose between staying home to take care of their children and going to work to make a living.
- This policy recommendation will also keep people in the workforce which helps the economy overall.
- It will help children receive the care they need, as well as help them develop social skills and self-esteem, without interruption. This is particularly important in early childhood development.

89% voted to adopt

11% voted against

19% of the Panel identified this as the highest priority among recommendations related to the economy
The unemployment system needs to be streamlined in order to facilitate improved accessibility, application process, data service, and customer care.

Specifics

- Simplify the application process, improve the software/hardware infrastructure, and speed up processing time for applicants to receive first check.

- Provide better customer service through cross training between departments to handle the increase of applicants in times of crisis.

- Ensure a contingency plan for future crises.

Why this is important to Michiganders

- The unemployment system is unreliable.

- Michiganders need an accessible and reliable unemployment system so people can receive their benefits sooner.

15% of the Panel identified this as the highest priority among recommendations related to the economy.

89% voted to adopt

11% voted against
Establish a temporary home relief grant offered by the State and community action agencies for individuals experiencing a hardship due to COVID that is assessed monthly. To minimize the need for any further grant monies, a fund will be established through payroll deduction; it will be sustained for future necessities and needs of Michigan residents during crises.

Specifics
- The grant provides relief for rent, mortgage, and utilities.
- Establish a future Michigan pandemic/hazard fund - similar to social security to address paid leave time.
- People who are working pay a percentage (e.g. a ¼ of 1%) via payroll deduction.
- The employer pays a matching percentage (e.g. a ¼ of 1%) into the fund.
- The maximum is 1/2% of Michigan’s yearly gross income. The funds are invested to generate interest.

Why this is important to Michiganders
- The employer and employee are investing back into their communities for the betterment and security of their communities.
- This recommendation stops people from losing what they’ve worked for due to circumstances beyond their control.
- Michiganders are able to get immediate funding without waiting for Federal assistance. Michigan takes care of its own people.
- It gives people another option to receive assistance which addresses a gap for people who exceed poverty guidelines and aren’t eligible for any other aid/assistance due to income loss beyond their control.
- Investment would create reciprocal monies without taxpayer contribution.

85% voted to adopt
15% voted against

0 panelists identified this as the highest priority among recommendations related to the economy
Childcare professionals should have a state-supported career ladder.

Specifics

• This can begin with high school courses/entry programs then progress into an associate’s degree and then a bachelor’s degree in child psychology.

• Communities in partnership with public school systems/community colleges should offer a career path in licensed child care via tech career centers and paid apprentice learning at career centers.

• Career centers shall provide free (work study) childcare based on need and availability to local communities.

• We recommend the state offers an associate’s scholarship to qualified individuals seeking this career.

• A career in childcare should provide a living wage.

Why this is important to Michiganders

• This will make quality childcare more accessible overall.

• It will expand career opportunities and open a doorway to get more people back into the workforce.

0 panelists identified this as the highest priority among recommendations related to the economy

70% voted to adopt

30% voted against
Conclusion

Written by the Panel

The Citizens’ Panel on COVID-19 would like to thank you for taking the time to read our report and consider these policy recommendations to help Michiganders get through this crisis.

From the moment we were chosen as panel members, we knew it was our duty to represent the state of Michigan and provide a voice to those that feel their views were not being heard. As stated by Bruce from Ann Arbor, “these types of panels help those in government, whether at the state or local level, get a better understanding/feeling of where their residents are at on a variety of topics or concerns.”

The individuals of this panel and the people of this great state of Michigan have all been affected by this pandemic in many different ways. The stories from this panel are only a minor subset of the situations taking place all throughout this state. These policy recommendations on the topics of health and the economy that we established as a cohesive group will be beneficial to all Michiganders in fighting COVID-19 and getting our lives back to normal again.
Appendix

A. Panel Recruitment & Selection

Written by the organizers

Recruitment of the Citizens’ Panel began with mailing invitations to 10,000 randomly selected adults across Michigan. This list was stratified, meaning it accurately reflected the state’s geographic spread, ages, genders, races, levels of income, education, and political affiliation.

The invitation outlined the Panel and the sizable time commitment involved. It also explained that panelists would receive $1,000 stipends, any necessary equipment, and other forms of support that would help minimize barriers to participation. When respondents offered to serve they answered questions about their demographics, political views, and views on coronavirus, to help ensure that the Panel—once selected—would accurately reflect the state.

A total of 321 people responded affirmatively to the invitation. For perspective, had every adult in Michigan been sent an invitation, this same response rate would have resulted in a quarter of a million Michiganders standing to serve on the Panel.

Next, from the pool of 321, a team of computer scientists from Carnegie Mellon and Harvard called Panelot, used an open-source algorithm they developed to randomly generate 1,000 possible panels. Each possible panel had a different mix of 30 people that reflected Michigan’s demographics and views, and was assigned a three-digit number between 000-999.

The final panel was selected in a live, Powerball-style lottery on September 15th. This entailed selecting one ball from each of three different air-mix machines, each containing balls numbered 0-9. The winning panel was panel number 119. The full recording of the democratic lottery is viewable on the Panel’s website.

After the Panel was formed, a handful of those selected needed to be replaced because of work, health, and personal issues. Panelot assisted in replacing them with others from the pool of 321, so that the Panel was still able to start its first session with 30 members who were broadly reflective of Michigan.

During the first week, three panelists had to step down due to health and personal issues. The remaining 27 served through the end of the originally scheduled five-week process as well as the additional week that they unanimously voted to extend into.

The graphs on the following pages show how the makeup of the Panel compared to the makeup of the population, both at the start when the Panel had 30 members and at the end when it had 27.

The Panel very closely reflected the state in terms of gender, political views, and views relating to COVID-19. To avoid tokenism and panelists feeling isolated, the Panel slightly and intentionally over-represented certain minority populations, such as people of color as well as...
people who were ‘not at all concerned’ about coronavirus.

The most underrepresented populations on the Panel were 18- to 24-year-olds and those with only a high school diploma or equivalent. These populations were underrepresented in the original pool of 321, and the organizers decided to allow some flexibility here to ensure that the Panel could more accurately reflect gender, race, political views, and views on coronavirus.

Source Data
Panel data presented in the graphs comes from the initial confidential survey completed by panelists.

The population data shown in the graphs is for Michigan’s adult population and was used to establish quotas for the Panel’s selection. It comes from a variety of sources:

- *2019 Census Projections* for gender, age, race, and educational attainment
- *Gallup’s 2018 State Ideological Identification* for political views
- *Nationscape* data from June 2020 for concern over coronavirus and views on the Governor
Which race/ethnicity do you primarily identify with?

What is the highest level of education you have attained?

How would you describe your political views?
How concerned are you about coronavirus here in the United States?

- Not at all concerned
- Not very concerned
- Somewhat concerned
- Very concerned

Do you approve or disapprove of the Governor's handling of the coronavirus outbreak in Michigan?

- Strongly disapprove
- Somewhat disapprove
- Somewhat approve
- Strongly approve
- Not sure

Geography

- Detroit Region
- Grand Rapids Region
- Kalamazoo Region
- Saginaw Region
- Lansing Region
- Traverse City Region
- Jackson Region
- Upper Peninsula Region
Before fielding outside testimony, panelists were presented a *Strong and Reliable Information* checklist. This list was developed by citizen representatives on past Citizens’ Panels (also called Citizens’ Juries and Citizens’ Initiative Reviews), that were convened over the past decade by a non-partisan non-profit called Healthy Democracy. The panelists adopted the checklist, adding three items of their own (below), and regularly cited it as they weighed complex and conflicting information from a variety of sources.

**Checklist from past Citizens’ Panel’s**
- Specific (not vague)
- Current (not outdated)
- Relevant to the topic
- Able to be verified (not just an opinion / could be proven right or wrong)
- Placed in context (compared to what? / is this actually a big number?)
- From an established expert
- From an unbiased source (without a personal or financial interest in the outcome)

**Items added by this panel**
- Know where information is coming from (sourced)
- Referencing historical sources
- Balanced views and sources (medical, holistic health providers, public health officials, academics etc.)
C. Critical Thinking & Cognitive Bias Frameworks

Written by the organizers

Before fielding outside testimony, panelists reviewed two videos that introduced the following frameworks. These were prepared by the newDemocracy Foundation, based on their work with similar groups of citizen representatives in Australia over the past decade. These frameworks were referenced by panelists as they waded through a dynamic and complex landscape of information around COVID.

Critical Thinking

• Clarity
  • Can you elaborate?
  • Can you give me an example?
  • Can you be more specific?

• Accuracy
  • Is that really true?
  • How can we verify that?
  • Can you show me the data that supports your argument?

• Relevance
  • How is that related?
  • Is it relevant for this location at this time?

• Depth
  • Does it address the complexity?
  • Can you give me more details?
  • Has your argument been peer-reviewed?

• Breadth
  • What other points of view might we be missing?
  • Who has offered a contrary viewpoint?

• Logic
  • How is it possible to be both X and Y?
  • Do they contradict each other? Both do not seem possible.

Cognitive Biases

• Anchoring Bias - We tend to remember the first or last piece of information we receive even if it is not the most relevant or useful.

• Bandwagon Effect (Groupthink) - When many take one position, you might feel the pull to join them.

• Blind Spot Bias - It is much easier to recognize blind spots in others than in ourselves.

• Confirmation Bias - We are more likely to accept information that supports our worldview and reject information that contradicts our worldview.

• Information Bias - In a group we tend to think we need more information before we can make a decision.

• Authority Bias - Some of us defer to authority figures while others disregard anything authorities say.
D. Expert Testimony

Recordings of testimony and Q&A sessions are viewable at www.citizenspanel.us

Oct 10th Hearing on COVID-19 and Masks

- Dr. May Darwish-Yassine, Chief Program Officer
  Michigan Public Health Institute – mphi.org
  Masters in Epidemiology and Ph.D. in Epidemiologic Science

- Ebony Johnson
  Public Health Awakened – publichealthawakened.org
  Masters in Epidemiology

- Tammy Clark, Executive Director
  Stand Up Michigan – standupmichigan.com
  OSHA Certified Specialist at Tammy K. Clark Companies, LLC

- Dr. Sarah Lyon-Callo, Director and State Epidemiologist
  Michigan Department of Health and Human Services
  Bureau of Epidemiology and Population Health – michigan.gov/mdhhs
  Masters in Epidemiology and Ph.D. in Epidemiologic Science

Oct 11th Hearing on COVID-19 and Health Inequities

- Salli Pung, State Long Term Care Ombudsman
  State Long Term Care Ombudsman Program – mltcop.org
  Michigan Elder Justice Initiative – meji.org

- Michelle Roberts, Executive Director
  Disability Rights Michigan – drmich.org
  Co-chair of the National Disability Rights Network Advocacy Work Group

- Molly Green
  Public Health Awakened – publichealthawakened.org
  Masters in Public Health
Oct 13th Hearing on COVID-19 and a Vaccine

- Dr. Paul E. Kilgore, Senior Investigator
  Global Health Initiative of the Henry Ford Health System – henryford.com
  Also the Associate Professor & Director of Research
  Wayne State University College of Pharmacy & Health Sciences
  Doctor of Medicine and Masters of Public Health

- Dr. Nigel Paneth, Professor of Epidemiology and Biostatistics and Pediatrics
  Michigan State University – epi.msu.edu
  Doctor of Medicine and Masters of Public Health

- Dr. Patricia Brown, Professor of Medicine
  Wayne State University Medical School – med.wayne.edu
  Also the Associate Chief of Staff for Medicine
  John D. Dingell VA Medical Center – detroit.va.gov
  Doctor of Medicine and infectious disease specialist

Oct 15th Hearing on COVID-19 and Job Loss

- Evan Anderson, Chief Strategist
  Michigan Department of Labor and Economic Opportunity – michigan.gov/leo

- Keven Stotts, President
  Talent 2025 – talent2025.org

- Michele Evermore, Senior Policy Analyst
  National Employment Law Project – nelp.org

Oct 17th Hearing on COVID-19 and Small Business

- Gabe Rodriguez-Garriga, Representative
  Michigan Economic Recovery Council – detroitchamber.com
  Senior Vice President, Strategy and Partnerships
  Detroit Regional Partnership – detroitregionalpartnership.com

- Amanda Bright McClanahan, Chief Operating Officer
  Michigan Economic Development Corporation – michiganbusiness.org
Other Individuals/Institutions Who Offered Testimony

Health
- Diane Goddeeris, RN and Interim Executive Director of the Michigan Nurses Association
- Melissa Boals, RN and Director at Large of the Michigan Nurses Association
- Brian Peters, CEO of the Michigan Health & Hospital Association
- Adam Eickmeyer, Expert on LGBTQ+ Health and Lecturer at the University of Michigan
- Jackie Prokop, Policy Program Director at MI Department of Health and Human Services
- Jo Murphy, Executive Director of the Michigan Medicare Medicaid Assistance Program
- Stephen Kemp, Director of Kemp Funeral Home & Cremation Services

Economy
- Robert Scott III, Great Lakes Region Administrator of the U.S. Small Business Administration
- Justin Winslow, President and CEO of the Michigan Restaurant & Lodging Association
- Ryan Sebolt, Director of Government Affairs of the Michigan State AFL-CIO
- Kevin Moore, President at Teamsters Local 299, Trustee at Teamsters Joint Council 43

Education
- Tanya Pitkin, Board of Directors of the Michigan Parent Teachers Association
- David Hecker, President of American Federation of Teachers of Michigan
- Daniel Hurley, CEO of the Michigan Association of State Universities
- Mike Hansen, President of the Michigan Community College Association
- Ben DeGrow, Director of Education Policy at the Mackinac Center for Public Policy
- Dave Tebo, Superintendent of Hamilton Community Schools in Hamilton, Michigan
- Mark Thomas, Principal of Northview High School in Grand Rapids, Michigan

Public Policy
- Michael Van Beek, Director of Research at the Mackinac Center for Public Policy
- Eric Lupher, President of the Citizens Research Council of Michigan
- Peter Ruark, Senior Policy Analyst at the Michigan League for Public Policy
- Ron Armstrong, Co-Founder of Stand Up Michigan, Co-Chair of Unlock Michigan
- Kelly Rose, Chief Housing Solutions Officer at MI State Housing Development Authority
E. Independent Investigation from Panelists

Written by the organizers

After fielding expert testimony, each panelist was given the opportunity to submit a single additional piece of information for consideration by their peers. For accessibility purposes, submissions were limited to 10 pages of text or 10 minutes of video/audio. Three submissions were made (right).

- German Neurologist Warns Against Wearing Facemasks: 'Oxygen Deprivation Causes Permanent Neurological Damage'
- Vaccination: What’s Trust Got to Do with It?
- CDC: 85% of COVID-19 patients report 'always' or 'often' wearing a mask
At the conclusion of deliberations, the panelists voted via secret ballot and indicated ‘yes’ or ‘no’ on whether each policy recommendation should be adopted by the Panel. Then each of them rated the strength of their support or opposition on a numbered, five-point scale, where 1 indicated mild support/opposition and 5 indicated strong support/opposition.

The results are shared below. The graphs indicate how many panelists selected each level of support or opposition, with opposition represented in negative numbers. The graphs also include the average level of support/opposition measured on a scale of -5 to 5.

By this metric the policy recommendation with the highest average level of support overall was that which addressed the unemployment system (+3.6), while the recommendation with the lowest level of support was that which addressed mask wearing (+1.8).

As in the main report, the recommendations are listed according to how many panelists indicated each as the highest priority in the area of health or the economy.

**Provide equitable access to treatment/testing and funding for all COVID related healthcare.**

24 voted to adopt (89%)
3 voted against (11%)
9 chose as the highest priority among health recommendations (33%)

**Clarify mask wearing practices and recommendations through distribution of information...**

20 voted to adopt (74%)
7 voted against (26%)
8 chose as the highest priority among health recommendations (30%)
MDARD and local county health departments need to provide education, information, and data...

22 voted to adopt (81%)
5 voted against (19%)
6 chose as the highest priority among health recommendations (22%)

All Michiganders desiring treatment should have access to free or affordable COVID-19 vaccines...

21 voted to adopt (78%)
6 voted against (22%)
4 chose as the highest priority among health recommendations (15%)

Anyone that goes to the hospital with COVID-19 must have access to an advocate to protect their rights. Anyone...

25 voted to adopt (93%)
2 voted against (7%)
0 chose as the highest priority among health recommendations (0%)

Increase mental health resources for those struggling during the pandemic; provide mental health subsidies...

24 voted to adopt (89%)
3 voted against (11%)
0 chose as the highest priority among health recommendations (0%)
Provide aid to those in jeopardy of losing their housing and/or having utilities shut off due to...

25 voted to adopt (93%)
2 voted against (7%)
11 chose as the highest priority among economic recommendations (41%) 

Provide grants or bank loans to support local businesses, entrepreneurs, and new job growth, specifically...

23 voted to adopt (85%)
4 voted against (15%)
7 chose as the highest priority among economic recommendations (26%)

Childcare Professionals need to be considered essential workers and be provided a living wage, in addition to all...

24 voted to adopt (89%)
3 voted against (11%)
5 chose as the highest priority among economic recommendations (19%)

The unemployment system needs to be streamlined in order to facilitate improved accessibility, application...

24 voted to adopt (89%)
3 voted against (11%)
4 chose as the highest priority among economic recommendations (15%)
Establish a temporary home relief grant offered by the State and community action agencies for individuals...

23 voted to adopt (85%)  
4 voted against (15%)  
0 chose as the highest priority among economic recommendations (0%)  

Childcare professionals should have a state-supported career ladder.

19 voted to adopt (70%)  
8 voted against (30%)  
0 chose as the highest priority among economic recommendations (0%)
G. Panelist Evaluations

Outside of the sessions, panelists were asked to voluntarily and individually complete a short evaluation of the process at the conclusion of each of the six weeks. They were asked the same questions each week for continuity, with the exception of week three when they were additionally asked to rate the quality and neutrality of outside speakers (see pie charts at the end of this section).

Response Rates by Week
1. 24 responses (89%)
2. 20 responses (74%)
3. 19 responses (70%)
4. 20 responses (74%)
5. 19 responses (70%)
6. 22 responses (81%)

Would you say you had sufficient opportunity to express your views this week?

How often did you feel that other representatives treated you with respect this week?
How often did you have trouble understanding or following the discussion this week?

How often this week did you feel pressure to agree with something that you weren't sure about?

Please indicate how often you spoke up this week compared to the other members of the Panel.
Did the Panel's support staff show a political bias this week? Or did they remain neutral?

How would you rate the work of the Panel's support staff this week?

How would you rate the work of the Panel's moderators this week?
Did the Panel's moderators show a political bias in this week's meetings? Or did they remain neutral?

- **They showed a conservative bias**
- **They remained neutral**
- **They showed a liberal bias**

How well did the collection of speakers focus on the questions the Panel had generated as a group?

- **They completely focused on them**
- **They mostly focused on them**
- **They somewhat focused on them**
- **They mostly ignored them**
- **They completely ignored them**
- **Don’t know or decline to state**

How would you rate the overall quality and clarity of the speakers?

- **Excellent** 68%
- **Good** 26%
- **Adequate** 5%
- 0% Poor
- 0% Very Poor
- 0% Don’t know or decline to state

Did the overall selection of speakers show a political bias this week? Or was it neutral?

- **It was neutral** 79%
- **It showed a liberal bias** 21%
- **It showed a conservative bias** 0%
This section contains unedited and unrefined notes taken by moderators of a small-group discussion between panelists. During the first weeks of the process, panelists met in small groups and shared their personal stories and experiences related to COVID-19. A diverse committee of panelists then worked during part of a session to identify and group themes that emerged from personal stories and expert testimony, as documented here. It provides a window into the stories and feelings of Michiganders, beyond what the Panel shared in the main report.

- All are looking and searching for the facts without the hype: Stick to the facts
- All have experienced interrupted lives, all looking for good information
- When will we get back to normal? It is going to be a while
- We all have biases we have to pay attention to (different and divergent views)
- COVID brought things to a screeching halt but we’re still reaching out to help one another
- We were hit hard compared to other states
- We didn’t realize what everyone else was experiencing; we’re learning about everyone else’s reaction
- We can work together without being really mean, or dissension—a surprise because everything you see on TV you can’t say a word without people jumping down your throat
- There was a coming together, an eagerness of neighbors to go shopping for others and help other people; a neighborliness and kindness
- People aren’t giving up; they’re looking for a way through the COVID challenges
- Sacrifice to take care of each other
- We’ve been holding back from stating our opinions (you ought to be able to state your opinion civilly and have it received civilly)
- Being cautious with our views with friends and neighbors who might have different views
- This has been requiring us to be patient
- A form of discipline that is teaching us to adjust -- don’t expect to have something instantaneously done and you have to work together; this creates less anxiety
- The world isn’t just about you, it’s about us all
- Everybody on this panel are patriots otherwise they wouldn’t be here
- We are gathered here with the purpose to make things better regardless of the political beliefs
- Clarity & factual information in order to live in that happy medium
- Find the things that actually make sense
- Everyone is sick of it and wants it to go away- difference in opinion on personal liberties, masks, lock downs and how to move forward
• “The right to swing your fist ends at my nose”, friction between our own choices and the impact of the whole
• We don’t know all about this experience, we’re still at the beginning and learning every day (i.e. being seasonal, etc.). It’s new and continuing to unfold
• Inequity has come up from all the speakers that highlights a disparity between people who feel like everything is good and people who have been hit hard. Minorities, women, and elderly hit especially hard by COVID (unemployment, health inequity, small businesses)
• Scenario is new and we don’t really know what is coming. The experts all reiterated and affirmed that. I have seen a lot of different reactions to the experiences others have had. Some have challenged what I would consider a “common sense” reaction on what is the right way to move forward. Also had personal experience with COVID as a care taker
• COVID has brought out both the best and the worst in people. If we are going to make it through this, we need to work together. I look at other countries across the world and things they are doing as a nation and I just hope we can get to that point. Jeffrey’s story was impactful- I’ve had two people close to me who have passed, but no one in my family. Visiting Detroit really put experiences in stark contrast- how some people are really suffering. I have to think about those people because we’re losing track of them
• My main theme at the beginning of my COVID story was deeply personal. I lost two family members, I had it, my wife and granddaughters had it. I didn’t know what to expect from this panel. I haven’t heard a lot of people who have contracted COVID or have people who have died or contracted it. I have learned about the differences in how COVID has impacted others. As far as the information people have put out, we have a lot of work to do. This pandemic and the results of it- is going to be with us for years to come because it has affected every aspect of our lives. Our lives have been completely changed because of COVID. I didn’t hear a lot about how COVID has affected pregnant women, babies or toddlers and I wonder about that
• I want to reiterate something I think I said at the beginning of this that I respect the experience of those who have experienced COVID themselves or lost people to COVID. Life remained almost the same for me until the isolation set in and the inability to join in groups, and see each other. Going to church, playing music with others. I am in a high risk group as well as my wife and that’s a problem. With information, the mixed information we have gotten has been challenging (i.e. mask wearing and its effectiveness). In the economic issues, I had started my own business and I see how COVID has put a “bucket” on that and made it really difficult. There’s a mixed bag in respect to information and I agree we have a long way to go
I. Undeveloped & Unadopted Policy Ideas

This section contains unedited and unrefined notes taken by moderators of the potential policy ideas generated and discussed by panelists, beyond the 12 that were prioritized, developed, and adopted as recommendations in this report.

To Manage the Spread of the Virus

- Detach public health umbrella from Government
  - Developed into “…no longer have the governor appoint the Director of MI Department of Health and Human Services (MDHHS)”. Was eventually dropped by the Panel for lack of time.
- Preparing/training healthcare professions long term for future crises
- Increase public health funding locally: includes contact tracing
- More studies on the long term effects of the disease, mask effectiveness, role of respirators and death
- Encouraging physical activity (how might we do this?)
- Better/more sidewalks /more funding for parks and outdoor rec. facilities
- Local governments restricting sugar in soft drinks and fortifying more foods with key minerals
- Include zinc, magnesium, other minerals that Americans don’t get enough of
- We need to create safe avenues for people to manage their underlying conditions
- Behave as if we have the virus and do not want to spread it to others
- Make sure you get access to medical providers that you trust and have proper credentials and possibly share the same values that you do
- Improve testing
- Nursing homes:
  - What are the health exercise dietary nutrients
  - Could there be nursing homes of choice - visitors or no visitors
  - If need for care is lower level can they be temporarily moved to home?
  - Advocating for nursing homes and placing people who test positive for COVID or should they be separated?
  - Quarantine area for people needing to get into group homes so they can get care they need
- Different regulations for jails, nursing homes and other special populations
- How we communicate safety of vaccines toward herd immunity?
- Require healthcare workers and home care to vaccinate
- If there has ever been a time for bi-partisan support the issue of the vaccine is it. Let’s get full force behind saving lives
- Gained confidence in a vaccine that is effective
• Find a way to protect health care workers, all frontline workers (meat packing, grocery, etc)
  • Consider PPE, vaccine, guidelines
• Looking at long term sanitation solutions (think outside the box in addition to wearing masks and social distancing)
• Need to learn how to live a normal life (with COVID)
• Freedom of health policy (i.e. handle your health as you choose)
• Many people of color will not go to a healthcare provider due to possible cost
• Ensure that vulnerable populations and populations experiencing inequities have representation at community CHNA & CHIPs & EOPs.

To Support Small Businesses and the Economy

• Establish bipartisan commission to decide what areas of the economy will be shut down
  • Developed into ‘Establish a bipartisan commission to decide what sectors of the economy will be shut down (open up)’ before being dropped by the Panel
• City-level infrastructure help for setting up virtual downtowns
• Develop a user friendly website to make it easy for small businesses to learn about programs (from the state and local gov’t) based on their location.
• Workforce Development
  • Regional EDCs
  • Chambers
  • Municipal boards (e.g. city council)
• Address racial differences
• Create equal employment opportunities
• Stimulus Check - Unemployment lengthening
• “Attachment to the workforce” job you are in, or similar to your job.
• Training programs to help you climb a ladder - to place workers where employers need them. Without a formal education.
• Stay engaged after recession, otherwise lose money and pull from other places to continue supporting unemployment support.
• Increase wages and hazard bonuses instead of increasing unemployment benefits.
• Cross training to anticipate whose work will be affected in a crisis (i.e. tourism industry to support agencies dealing with an overload of work like the unemployment agency)
• Develop career paths/ladders in caregiving and look for other areas where career ladders could be utilized. Make childcare more attractive with increased incentives including monetary.
• Pathways into education to make the process easier; develop more ladders
• Cross train government employees to be able to transfer between departments.
• Government has many unfinished projects - shift funds. Create more jobs that are needed to assist with the needs of government
• Revamp unemployment laws when considering all factors.
• Develop ways to incentivize companies to plant factories in Michigan opposed to other countries
• Forecast jobs or skills needed, offer training to those who need it to fill the jobs
• Open up more avenues for independent contractors (i.e., responding to RFPs - this could potentially result in work or jobs for the independent contractors)

To Support Families

• Increased focus on science and math curriculum in K-12 to teach practical skills that may take the place of some higher education
• Encouraging businesses to allow employees to have x amount of time for physical activity throughout the day, incentivize through tax breaks
• Better housing equity, intentionally mixed housing (varied socio-economic levels) to increase quality of life for entire population
• Equip organizations that help the housing insecure to have proper funding to handle the influx
• Mental illness: increase the mental health resources and support for those in vulnerable populations
• There’s no debate about inequality - it comes down to are you around it or not. People who are not around may not empathize or advocate for those who are impacted by health inequities.
• Getting resources, environments that are conducive for the children to learn
• Dependent benefits ($6) should be raised to $20/week.
• Childcare - improve access to quality
• Move unemployment benefit back to 26 weeks from 20