

Editorials

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COVID's toll? County's worth of Minnesotans

Roseau County is the birthplace of Polaris snowmobiles, shares a border with Canada and regularly fields some of the fiercest competitors on the ice during the state's annual high school hockey tournaments.

Now imagine if this iconic northwestern Minnesota county were suddenly emptied of all its residents. This grim scenario puts the state's COVID-19 death toll in painful context as the nation officially moves off war footing against the virus with the May 11 expiration of the federal public health emergency.

The U.S. census reports that 15,292 people call Roseau County home. That's just shy of the number of COVID deaths recorded in Minnesota since January 2020 — 15,373, according to the U.S. Centers for Disease Control and Prevention (CDC).

It's staggering to consider that the state has lost the equivalent of one bustling county's entire population. A slightly different but equally heart-wrenching perspective: The cumulative number of COVID deaths here slightly exceeds the total number of residents living in the state's smallest

four counties by population — Kittson, Red Lake, Lake of the Woods and Traverse.

Those lost in the pandemic were family, friends and neighbors. Many were beloved elders, with the mortality rate consistently highest among Minnesotans in the 65-and-up age group. Their loss continues to be felt even as masking, tests and other pandemic reminders recede from everyday life. The tragic toll is also a solemn reminder that the virus remains far from vanquished, requiring vigilance and commonsense measures such as timely booster vaccinations.

Weekly deaths from COVID are at historic lows, but this airborne pathogen continues to circulate around the globe. With that comes the risk of viral variants able to spread more easily or render medical treatments less effective.

Earlier this month, a respected group of virologists warned President Joe Biden's administration that the virus could cause another serious wave of illness and death in the not-too-distant future. Their consensus: "There's a roughly 20% chance during the next two years of an outbreak rivaling the

It was better here than elsewhere. But as the federal public health emergency expires, it underscores the need for vigilance, investment in next-generation vaccines, treatments.

onslaught of illness inflicted by the omicron variant," the Washington Post reported on May 5.

Omicron is the variant that caused an alarming spike in cases and hospitalizations in early 2022. On graphs displaying this data, the omicron wave stands out like a skyscraper.

Contacted by an editorial writer, Minnesota infectious-disease expert Mike Osterholm underscored the need for vigilance, likening it to "sleeping with one eye open" when it comes to the virus.

"We've got to be ready to pivot if we have to. I'm not going to say if we're going to see another surge of omi-

cron-like illness, but we shouldn't be surprised," said Osterholm, the director of the Center for Infectious Disease Research and Policy at the University of Minnesota.

The May 11 end of the nation's COVID mobilization sets in motion administrative changes and measures intended to ensure access to COVID data, testing and treatment. For example, those relying on medical assistance programs will have to demonstrate eligibility again. That annual requirement had been suspended during the emergency.

For those with private health insurance, the emergency's end continues the shift back to regular coverage for COVID needs. For example, the CDC says that insurers "will no longer be required to waive costs or provide free COVID-19 tests." Treatments such as Paxlovid for those infected will continue to be free as long as government-purchased supplies last.

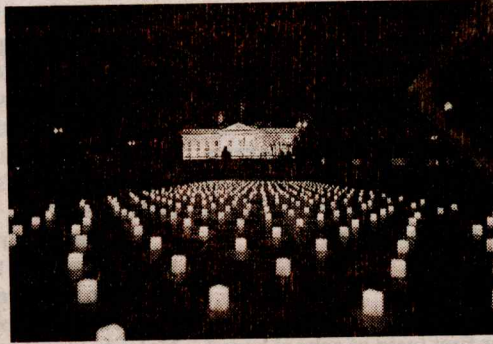
The public health emergency's end is also a good time to take stock of Minnesota's performance.

There is considerable variation among states when it comes to a critical metric: the COVID death rate. Minnesota's provisional, age-adjusted rate currently stands at 222.3 per 100,000 population, according to the CDC. That's the ninth best in the nation, meaning 41 other states had higher death rates.

Hawaii and Vermont had the lowest rates, at 93.6 and 112, respectively. At the bottom are Mississippi (422.7) and Oklahoma (421.8).

The gaps among states are shameful and disturbing. They reflect longstanding challenges in regions that pre-date the pandemic, such as entrenched poverty and inadequate access to medical care as well as overall poorer health metrics. For example, obesity, a risk factor for severe COVID, is more prevalent in southern states, which had some of the highest death rates. Vaccination rates also tend to lag in southern states, while Minnesota has consistently been among the top performers.

This gap, along with virologists' recent warning about the possibility of another omicron, underscores the need for continued research into next-generation vaccines and treatments. COVID isn't simply going to go away. Federal investment and innovation is vital to this evolving medical arsenal and to ensuring that no one is left vulnerable to a still-dangerous virus.



BRENDAN SMIALOWSKI • AFP via Getty Images/TNS
The federal public health emergency declaration related to COVID-19 ended May 11. Here, in 2022, a vigil near the White House for nurses who died during the pandemic.

2 of 2