

April 10, 2026

MEMORANDUM FOR: St. Clair County Board of Health and Liz King, Health Officer

FROM: Remington Nevin, MD, MPH, DrPH, Medical Director

SUBJECT: Promoting the “Great COVID Cleanup” on May 11, 2026

May 11, 2026 will mark the third anniversary of the expiration of the federal COVID-19 Public Health Emergency, declared by the Secretary of Health and Human Services under Section 319 of the Public Health Service Act and formally ended on May 11, 2023.<sup>i</sup> That date — which also coincided with FEMA’s closure of all COVID-19 disaster declaration incident periods,<sup>ii</sup> and came within days of the World Health Organization’s determination that COVID-19 was no longer a public health emergency of international concern<sup>iii</sup> — represented the definitive administrative closure of the most extraordinary peacetime public health effort in modern American history.

Yet three years on, the physical remnants of that emergency remain conspicuous features of our community. Throughout St. Clair County, plexiglass barriers continue to divide service counters, reception desks, and clinical examination rooms. “6 feet apart” stickers persist on floors, in waiting rooms, and on walkways. These artifacts endure not because of any ongoing public health mandate, but through institutional inertia — overlooked, unfunded for removal, or simply forgotten.

Their continued presence is not without consequence. These relics implicitly validate interventions whose scientific basis was, at best, uncertain. The 6-foot social distancing rule was derived from an outdated model of respiratory disease transmission premised on large-droplet spread;<sup>iv</sup> as scientific consensus subsequently affirmed, SARS-CoV-2 is transmitted primarily via aerosols,<sup>v</sup> rendering fixed-distance floor markings largely “safety theater.” Plexiglass barriers similarly lacked rigorous evidential support and have been shown in some analyses to disrupt ventilation airflow in ways that may be counterproductive to the very air quality goals they were presumed to serve.<sup>vi</sup> Their continued display in clinical and public settings risks normalizing a standard of public health practice that the scientific record does not support — and, for the discerning public, invites questions about the reliability of public health guidance more broadly. Public health’s credibility depends on its willingness to update practice in response to evidence; the persistence of these measures where they are no longer warranted undermines that credibility.

To mark the third anniversary of the end of the COVID-19 Public Health Emergency, I propose that the Health Department promote a “Great COVID Cleanup” to be observed on May 11, 2026. The event would encourage local businesses, health clinics, and other public-facing facilities to use the occasion to identify and remove physical remnants of COVID-era social distancing and droplet-control measures that are no longer grounded in current public health guidance.



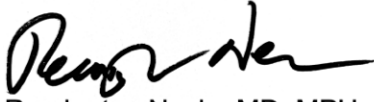
Elizabeth King, RN, BSN  
Director/Health Officer

Greg Brown, BS  
Administrator

Remington Nevin, MD, MPH, DrPH  
Medical Director

The power of the “Great COVID Cleanup” lies in the symbolic clarity of the occasion and in the Health Department’s role in normalizing the return to an evidence-based standard of public health practice in public spaces. Observance would provide a publicly recognized occasion to complete what the end of the emergency began.

**I would welcome a recommendation from the Advisory Board of Health that the Health Department promote the “Great COVID Cleanup,” designating May 11, 2026 as the occasion on which local businesses, health clinics, and public-facing organizations are encouraged to identify and remove COVID-era social distancing and related artifacts that are no longer supported by current public health evidence.**



Remington Nevin, MD, MPH, DrPH  
Medical Director, St. Clair County Health Department

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<sup>i</sup> U.S. Department of Health and Human Services. “COVID-19 Public Health Emergency.” The federal COVID-19 Public Health Emergency, declared by the HHS Secretary under Section 319 of the Public Health Service Act (42 U.S.C. § 247d) on January 31, 2020, and renewed thirteen times, expired on May 11, 2023. <https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html>.

<sup>ii</sup> Federal Emergency Management Agency. “FEMA Announces All COVID-19 Disaster Declaration Incident Periods Will Close May 11.” Advisory, February 9, 2023. FEMA announced closure of all COVID-19 major disaster declaration incident periods, coinciding with the termination of the federal emergency declarations. [https://content.govdelivery.com/attachments/USDHSFEMA/2023/02/09/file\\_attachments/2405301/FEMA\\_Advisory\\_FEMA\\_Announces\\_All\\_COVID-19\\_Disaster\\_Declaration\\_Incident\\_Periods\\_Will\\_Close\\_May\\_11\\_20230209.pdf](https://content.govdelivery.com/attachments/USDHSFEMA/2023/02/09/file_attachments/2405301/FEMA_Advisory_FEMA_Announces_All_COVID-19_Disaster_Declaration_Incident_Periods_Will_Close_May_11_20230209.pdf).

<sup>iii</sup> World Health Organization. “Statement on the Fifteenth Meeting of the IHR (2005) Emergency Committee Regarding the Coronavirus Disease (COVID-19) Pandemic.” May 5, 2023. The WHO Director-General accepted the Emergency Committee’s advice that COVID-19 “no longer constitutes a public health emergency of international concern (PHEIC),” ending the PHEIC first declared on January 30, 2020. <https://www.paho.org/en/news/8-5-2023-covid-19-no-longer-constitutes-public-health-emergency-international-concern>.

<sup>iv</sup> Qureshi Z, et al. “What is the Evidence to Support the 2-Metre Social Distancing Rule to Reduce COVID-19 Transmission?” Centre for Evidence-Based Medicine, University of Oxford. June 22, 2020. “The 2-metre social distancing rule assumes that the dominant routes of transmission of SARS-CoV-2 are via respiratory large droplets falling on others or surfaces. A one-size-fits-all 2-metre social distancing rule is not consistent with the underlying science of exhalations and indoor air.” <https://www.cebm.net/covid-19/what-is-the-evidence-to-support-the-2-metre-social-distancing-rule-to-reduce-covid-19-transmission>.

<sup>v</sup> Centers for Disease Control and Prevention. “Scientific Brief: SARS-CoV-2 Transmission.” Updated May 7, 2021. “The principal mode by which people are infected with SARS-CoV-2 is through exposure to respiratory fluids carrying infectious virus” via “inhalation of very fine respiratory droplets and aerosol particles.” The brief acknowledged that risk of transmission via inhalation extends beyond six feet in certain circumstances. [https://archive.cdc.gov/www\\_cdc\\_gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html](https://archive.cdc.gov/www_cdc_gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html).

<sup>vi</sup> Cadnum J, et al. “Real-World Evidence on the Effectiveness of Plexiglass Barriers in Reducing Aerosol Exposure.” *Pathogens and Immunity*. 2022;7(2):66–77. Of 13 in-use hospital barriers tested, 46% reduced aerosol exposure only to a modest, non-significant degree, and one barrier (8%) significantly increased personnel exposure to aerosol particles; the authors concluded that barriers “vary widely in effectiveness” and that some “may increase risk for exposure if not positioned correctly.” <https://paijournal.com/index.php/paijournal/article/view/533>.