

LOCAL NEWS • News

3,000 coronavirus deaths now recorded in San Bernardino County

By **DEEPA BHARATH** | dbharath@scng.com and **NIKIE JOHNSON** | nijohnson@scng.com | Orange County Register
 PUBLISHED: March 4, 2021 at 3:03 p.m. | UPDATED: March 4, 2021 at 3:07 p.m.

This critical coverage is being provided free to all readers.
 Support reporting like this with a subscription to The Sun. Special
 Offer: Just 99¢ for 3 months.

Support local journalism

San Bernardino County reached a grim pandemic milestone Thursday, March 4, by topping 3,000 deaths caused by [the coronavirus](#).

County officials reported 63 deaths, which took the total number of COVID-19-related fatalities to 3,022. The county recorded its first coronavirus death March 24, 2020, its 1,000th almost seven months later, on Oct. 18, and its 2,000th fatality on Feb. 4 — exactly one month before Thursday, when the 3,000th death was reported.

The current death toll seems higher because of the lag time between when people die and when their death gets added to the county's system. Of the 148 deaths the county has reported so far in March, 21 died in February, 70 in January and 52 in December. The rest died in November or even earlier, county data show.

Also Thursday, the county reported 191 new cases. Also, 254 patients remained hospitalized, including 63 in intensive care units.

Here are the latest numbers as of Thursday, according to county and state public health officials.

San Bernardino County

Confirmed cases: 287,246 total, up 191 from Wednesday, March 3, averaging 273 reported per day in the past week

Deaths: 3,022 total, up 63 from Wednesday, averaging 49.9 reported per day in the past week

Hospital survey: 254 confirmed and 31 suspected patients hospitalized Wednesday, including 63 confirmed and 0 suspected patients in the ICU, with 24 of 25 facilities reporting. The number of confirmed patients is down 31.5% from a week earlier.

Tests: 2,500,799 total, no change from Wednesday, averaging 8,440 reported per day in the past week

Resolved cases (estimate): 287,246 total, up 5,224 from Wednesday, averaging 1,002 per day in the past week

Vaccinations: 393,171 vaccine doses, including 268,042 first doses, have been administered to San Bernardino County residents

Reopening plan tier: Purple (widespread risk level; many nonessential indoor business operations are closed) based on these metrics as of Tuesday:

- New cases per day per 100,000 residents: 9.1
- Case rate adjusted for testing volume: 9.0
- Test positivity rate: 4.4% (5.2% in socioeconomically disadvantaged neighborhoods)
- What's next: To advance to the red tier and reopen more businesses, San Bernardino County would need an adjusted case rate of 7.0 or below and both positivity rates below 8.0% for two consecutive weeks.

To see a map and list of cases, deaths and vaccinations by community, click [here](#).

Here is a look at how the county's numbers have changed each day:



https://www.highlandnews.net/news/political/san-bernardino-county-could-receive-millions-from-american-rescue-plan/article_8481a014-7dd0-11eb-b793-4327da3db006.html

San Bernardino County could receive millions from American Rescue Plan

By Dina Colunga

Mar 5, 2021

If President Joe Biden's \$1.9 trillion Rescue America Plan is approved, San Bernardino County and its cities and school districts within U.S. Rep. Pete Aguilar's congressional district stand to get more than \$1.482 billion.

The Redlands Unified School District could get nearly \$32.9 million to reopen safely from the plan approved Saturday morning by the House of Representatives on a vote of 219-212.

The county of San Bernardino stands to get \$423 million.

Aguilar, a Democrat from Redlands, hosted a telephone town hall meeting about the Rescue Plan for residents of California's 31st Congressional District on Monday, Feb. 2.

The House of Representatives passed the bill on Saturday, Feb. 27. According to Aguilar, the Senate will move to pass its own version of the bill and send it back to the House for a final vote, possibly early next week.

"It's still just a proposal, but I wanted to hold this town hall to let everyone know what was in it," said Aguilar. "I am optimistic that it will become law."

Biden's comprehensive COVID relief package aims to achieve a couple of different goals.

"It puts money in people's pockets, more vaccines in arms and helps get kids back to school and people back to work," said Aguilar.

One of the biggest components of the bill is the \$1,400 stimulus checks for Americans.

Individuals who earn up to \$75,000 annually and households that make up to \$150,000 annually are eligible for the full \$1,400. The bill includes children and dependents so that each household would receive \$1,400 per person. Aguilar said families who don't meet the income requirements would receive smaller checks.

The package also includes funding to help schools reopen.

"We want to make sure schools have the resources they need," said Aguilar. "We want to make sure we are working with local schools because ultimately it is a local decision to reopen, and that is something I support. I support local control and its role in this process. School boards and superintendents are tasked with working with public health officials to open safely. The safety equipment needed to reopen is expensive, and we want to make sure cost isn't a barrier for schools."

The American Rescue Plan includes nearly \$350 billion for state, local and tribal governments and more than \$130 billion for city and county governments.

"One of the critiques of the previous COVID relief package was cities only had a couple of months to spend local dollars," said Aguilar. "That is gone now. Cities have as much time as they need to move dollars. We don't want a deadline to get in the way. Previously, cities could only use the money for direct COVID-related expenses. We got rid of that restriction in this bill as well. Local governments have declining tax revenues because of the decline in economic activity, so they are suffering. This money can be used to offset the economic decline. My recommendation to cities is they communicate directly and transparently to the public about how these funds will help.

"This plan is meant to be a rescue plan for our country," continued Aguilar. "There is no relief going abroad, but relief also means we need to start building back our economy, and that means some infrastructure projects. Some were approved during the Trump administration. Maintaining our infrastructure is how we help our local communities."

Aguilar said the plan also adds \$7 billion more for Paycheck Protection Program loans, \$15 billion for Economic Injury Disaster loans and \$25 billion for restaurants and other food and drink establishments.

Aguilar said he is hopeful the bill will pass with bipartisan help.

“We passed five packages that were bipartisan last year, so I hope this will pass too, but unfortunately, we haven’t had a lot of reception from our colleagues on the other side of the aisle,” said Aguilar. “With less than 60 votes in support, the way we pass something is through budget reconciliation. It’s a quirky process, but it’s the same way House and Senate Republicans passed tax cuts to the wealthy a couple of years ago.”

The package was also crafted to integrate a national vaccine program and set up more vaccination sites to increase distribution.

“It also increases our resources for testing and tracing, which are proven to slow the spread of COVID-19,” said Aguilar. “President Biden promised help was on the way, and this bill fulfills that promise.”



ADVERTISEMENT

CALIFORNIA

Column: California is promising equity in vaccines. But there's a big potential problem



An officer stands in front of a sign at a drive-through vaccination site at City College of San Francisco. (Jeff Chiu/AP)

By ERIKA D. SMITH | COLUMNIST

MARCH 4, 2021 5:46 PM PT



Getting a lucky break in both the crowd and the rain clouds, Howard Alonzo ducked under a blue tent and into a relatively short line at Jesse Owens Park on Wednesday afternoon. Hours earlier, hundreds of mostly Black and Latino Angelenos had been waiting there, hoping to get their first dose of the coronavirus vaccine.

“My family members all came like a couple of days ago and got vaccinated,” he said. “Then I got a text message from them.”

Indeed, to find this site — the newest in South Los Angeles — you pretty much have to know someone who knows someone. Forget about [scouring government websites](#) or scoring secret access codes to the state’s [joke of an online appointment system](#), MyTurn. Personal referrals, paper fliers and Google Forms are the go-to tools here.

Well, for now anyway.

The timeline isn’t clear. But whenever [Blue Shield of California begins managing](#) the state’s disjointed system of distributing vaccines to counties, pharmacies and healthcare providers, everything could change. And that’s what Los Angeles County Supervisor Holly Mitchell fears most.

While the state’s rollout has been chaotic by any and every stretch of the imagination, community-based clinics and nonprofits, often with the help of local elected officials, have found creative ways to get doses into the arms of the most vulnerable Californians. The question now is whether all of that work to ensure equity will be upended.



CALIFORNIA

California will reserve 40% of COVID-19 vaccine for disadvantaged areas to speed reopenings

March 4, 2021

“We’ve got a system that’s up and running. And so now we want to come in and kind of change the rules of engagement, reinvent the wheel?” said Mitchell, who worked with community groups and an alphabet soup of government agencies to open the vaccination site at Jesse Owens Park. “That’s not helpful.”

She’s not alone in her thinking either. Officials from the reddest to the bluest swaths of California share her concerns.

Undoubtedly, Gov. Gavin Newsom's new [vow to reserve 40% of the doses California receives](#) for the millions of mostly Black and Latino residents of 400 low-income ZIP Codes will help temper that. But there still are many unknowns about our collective future under Blue Shield.

Will the insurance giant centralize the state's vaccination distribution network, taking power from counties and perhaps consolidating it so there are fewer providers supplying smaller, community-based sites?

Will it put a new focus on standardization, forcing community health providers to use MyTurn whenever possible? Or worse, force them to ditch some of the flexibility they've had to make decisions on the fly, such as not requiring every single piece of state-mandated paperwork when it's clear that someone qualifies for a vaccine as a caretaker?

And why is California putting an insurance company in charge of vaccinating millions of people who are uninsured anyway?

Adding to the worry is that very few people, from those on the ground distributing doses to those in elected office making policy, seem to have answers. Even Mitchell, who recently met with the president of Blue Shield of California, said she walked away discouraged and confused about the methodology the company is using in "putting together an algorithm to determine vaccine distribution."



Get the latest from Erika D. Smith

Commentary on people, politics and the quest for a more equitable California.

SIGN ME UP

You may occasionally receive promotional content from the Los Angeles Times.

Last week, a spokesman with the California Department of Public Health told The Times that county health departments will mostly lose direct control of their supply of vaccines, and that the providers allowed to continue administering the shots will be selected by Blue Shield based on their ability to distribute doses quickly and equitably.

This week, a spokesman told me that Blue Shield will implement a distribution plan on behalf of the state and that the point isn't to start from scratch. The insurer echoed that sentiment in a statement to The Times, saying that the state is responsible for determining eligibility and priority for vaccinations, and that vaccine allocations will be based on that criteria.

"Community based groups have already done a great deal of work and we will build upon that. We know that the equity work is hard work. It's easy to do on paper, and is very difficult and takes a lot of attention and time and resources to do in practice," Dr. Mark Ghaly, the state's Health and Human Services secretary, said during a Thursday morning press briefing.

That means, he continued, “working to make sure that things like MyTurn, don’t get in our way. That we use it as a tool to protect appointments and target appointments for the communities and that, ultimately, we achieve even higher levels of equity.”

In the meantime, state Sen. Steven Bradford, (D-Gardena), said that he and other members of the Legislative Black Caucus plan to meet with Newsom to try to understand why the state hired Blue Shield and how much the insurance company is charging.

“I think we should trust the county and the operators who can get the shots in arms,” he said, rather than an insurer.

Rare is the issue that can inspire solidarity between liberal urban and conservative rural California, but this is one of them.

Up north, officials in Lassen County said this week they are dreading the switch from their in-house vaccination appointment and distribution system to the one that will operate on Blue Shield’s algorithms. Mistrust is particularly high after a recent state-run COVID-19 [testing program there turned into a “boondoggle,”](#) said county administrator Richard Egan.



CALIFORNIA

COVID-19 vaccine rates in Brentwood, Santa Monica twice as high as poorer L.A. County areas

March 2, 2021

“Our strategy is going to be to try to get as many people vaccinated as we possibly can before the state takes over the program because, frankly, we think it’s going to be problematic,” he said. “We don’t understand his notion of switching courses midstream, particularly in our county.”

In the Central Valley, officials in San Joaquin County [told my colleague Anita Chabria](#) that they’re worried Blue Shield will undermine existing efforts to vaccinate farmworkers. Specifically, Health Care Services Director Greg Diederich is afraid work that he’s done to assign risk scores to every resident, in hopes of vaccinating people based on their location and living conditions rather than age alone, will be abandoned.

While it’s unclear exactly what Blue Shield will do once it takes over, it’s clear what the insurer *should* do. And that is listen to those working on the ground and finding ways to achieve equity.

At Jesse Owens Park, Corey Matthews, the chief operating officer of Community Coalition, said the group had managed to book vaccination appointments for more than 1,200 people, mostly from South L.A., in less than two days. That’s a real feat in a county where residents of wealthy neighborhoods have higher vaccination rates than those in poor neighborhoods of Black and Latino essential workers who have been hit hard by COVID-19.

CALIFORNIA



Column: Of course, Californians misused vaccine codes. The system is designed for cheating

Feb. 24, 2021

“Our main goal was just ensuring that we were very targeted and strategic in how we deployed the outreach,” Matthews said. “That way, the listing doesn’t go all over the place and then you have people coming from other parts of the county.”

Alonzo said he hadn’t even bothered trying to sign up anywhere else — especially not after his son’s mother had to drive all the way to Fontana to get vaccinated. Several others in line had similar stories of being discouraged by the vaccination maze.

“More red tape will not be tolerated,” L.A. City Councilman Mark Ridley-Thomas said. “People who want to be vaccinated should not be discouraged in any way. After all, red tape could very well be seen as the enemy of equity.”

CALIFORNIA COVID-19 VACCINES COVID-19 PANDEMIC CALIFORNIA LAW & POLITICS



Get the latest from Erika D. Smith

Commentary on people, politics and the quest for a more equitable California.

SIGN ME UP

You may occasionally receive promotional content from the Los Angeles Times.



Erika D. Smith

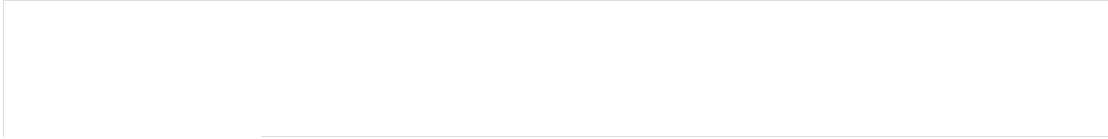
Twitter Instagram Email Facebook

Erika D. Smith is a columnist for the Los Angeles Times writing about the diversity of people and places across California. She joined The Times in 2018 as an assistant editor and helped expand coverage of the state’s housing and homelessness crisis. She previously worked at the Sacramento Bee, where she was a columnist and editorial board member covering housing, homelessness and social justice issues. Before the Bee, Smith wrote for the Indianapolis Star and Akron Beacon Journal. She is a recipient of the Sigma Delta Chi award for column writing, a graduate of Ohio University and a native of the long-suffering sports town of Cleveland.

Show Comments



ADVERTISEMENT



CALIFORNIA

California is reserving 40% of COVID-19 vaccine for the neediest. Who will get it?



Keyaira Escoe, a medical assistant, signals that she is ready to vaccinate people at a vaccination site opened by St. John's Well Child and Family Center at East Los Angeles Civic Center on March 3. (Irfan Khan / Los Angeles Times)

By RONG-GONG LIN II, LUKE MONEY, COLLEEN SHALBY

MARCH 4, 2021 6 PM PT



California is embarking on a radically different strategy in its strategy to vaccinate the state — placing a new focus on getting shots into the arms of the neediest of Californians, who have suffered the most in the pandemic.

Gov. Gavin Newsom on Thursday formally announced that the state will reserve 40% of all COVID-19 vaccines going forward to people living in areas that are generally low-income and have crowded housing. Specifically, they will be targeted for people living in roughly 400 ZIP codes who live in the lowest 25% of the census tracts ranked in the [California Healthy Places](#) index, a measure of socioeconomic opportunity that takes into account economic, social, education, housing and transportation factors.

Generally speaking, the efforts target residents who live in low-income areas where homes are crowded — areas that have suffered high rates of disease and death from COVID-19.

Why make the change now?

As vaccines have rolled out, it has become clear that the vaccines are disproportionately going to residents of wealthier and predominantly white areas, while fewer vaccines are going into the arms of people in lower-income areas where many Latino and Black residents live.

Of the vaccine doses that have been injected into arms in California, about 17% have been into residents who live in the lowest-income areas of California. By contrast, 34% of doses have been administered into the arms of people living in the wealthiest parts of California, according to Dr. Mark Ghaly, secretary of the California Health and Human Services Agency.

That essentially means people living in the wealthiest parts of California have received double the vaccine doses than those living in the poorest parts of the state.

“We’re still falling short.... We’re not meeting our goals,” Newsom said at a news conference in Stockton Thursday. “An old adage says, continue to do what you’ve done? You’ll get what you got.”

The Latino community has been particularly hit the hardest in California. While Latinos comprise 39% of California’s population — the state’s largest ethnic group — Latinos have represented 46% of COVID-19 deaths and 55% of coronavirus cases.

Ghaly said now is the time to make this change, now that California is emerging from its deadliest surge of the pandemic, and the potential for vaccine supply to grow in the coming weeks and months.

How does the change alter existing vaccination strategies?

Newsom said the state will continue allocating 70% of vaccinations based upon age — now reserved for seniors age 65 and over — while 30% remains reserved for people in front-line essential jobs, such as food and agricultural workers, law enforcement, and emergency responders. Ten percent of doses are reserved for the essential workers who have jobs in education.

But within that framework, California will direct 40% of all available doses to people living in these underserved communities, Newsom said.

People living in those underserved communities who can get the vaccine will still need to meet other eligibility requirements, such as being age 65 or older or working in some of the essential jobs authorized for the vaccine — education and childcare, food and agriculture, healthcare, law enforcement and emergency services.

On March 15, the state will begin to make vaccine available to people with underlying health conditions. Ghaly said that the state's new vaccine plan will not affect that timeline.

“This does not move that day. It just increases the resolve to make sure that some of our most vulnerable individuals,” he said.

How will the change impact the pace of reopening the economy?

State officials have designed the change to speed up the reopening of California's economy. Disproportionately sending vaccine to wealthy people who are already less likely to get infected by the coronavirus does not help to stamp out the pandemic as much as getting doses into the people most likely to die from COVID-19.

“We can't safely reopen your economy until we get this disease behind us. We can't honestly do that unless we address those communities that are disproportionately vulnerable to this pandemic and its deadly impacts,” Newsom said. And with so much of the economy reliant on lower-income workers hit hard by the pandemic, they need be healthy, too, for the economy to reopen more broadly, he added.

Of the 9.4 million doses administered in California so far, about 1.6 million have been given to people living in the California's lowest socioeconomic quartile (in other words, the census tracts in California's bottom 25%). Once 400,000 additional doses are given to people in those areas — expected within the next two weeks — the new plan formally announced this week will result in a relaxation of rules that will enable counties to more quickly exit the most restrictive, or purple, tier of the state's reopening framework, which will enable counties to reopen indoor operations of restaurant dining rooms, gyms, museums, zoos and aquariums.

“It’s a race to safely, thoughtfully open our economy — mindful that it has to be [an] economy that doesn’t leave people behind,” Newsom said.

How will the state get vaccines into the arms of the neediest?

Newsom said there will need to be efforts to reach residents at work, such as in agricultural fields or other workplaces, as well as in their homes.

Ghaly also said that community clinics that clearly have been doing work to support public health will be a part of the vaccine distribution efforts.

How will officials avoid privileged residents hijacking efforts to get vaccines set aside for the underserved?

This will be a challenge. People in wealthier communities have utilized redistributed access codes to secure vaccine appointments intended to be reserved for lower-income neighborhoods, Newsom said.

One solution, Newsom said, will be to use single-use access codes to secure appointments, instead of group-access codes, to set up appointments.

Newsom also acknowledged that counties have had [problems with the state’s vaccine appointment system, My Turn](#), and pledged to continue improving it.

“We’re going to have to target appointments and make sure individuals that live in our targeted communities are actually the ones who get the specific codes, who get the appointment blocks,” Ghaly said. “And that becomes easier not just on My Turn, but through phone banking and other opportunities to get appointments for those who don’t have the technology at hand, the time on hand to sit there and refresh their browser over and over.”

What are the details in how the economy’s reopening might speed up?

A big hurdle for a number of California counties is getting its adjusted daily coronavirus rate, for every 100,000 residents, at or below 7, which would allow them to exit the most restrictive tier and permit them to begin reopening indoor operations of restaurant dining rooms, gyms and museums.

Per 100,000 residents, L.A. County currently has an adjusted daily case rate of 7.2; Orange, 7.6; Riverside, 11.3; San Bernardino, 9; San Diego, 10.8 and Ventura, 10.6.

Once an additional 400,000 doses are administered into residents of the most underserved communities — meaning that a cumulative total of 2 million doses will have been administered into these community members — the state will relax the threshold for exiting the most restrictive tier to a rate per 100,000 residents of 10 or less.

Under the new proposed rules, L.A., Orange and San Bernardino counties would already be eligible to exit the purple tier, while Riverside, Ventura and San Diego counties would be close to qualifying.

When a total of 4 million doses are administered into residents of underserved communities, state officials also plan to relax the requirements to enter the least restrictive tiers, orange and yellow. The orange tier would allow sports fans to return to outdoor professional sports venues; the yellow tier allows large theme parks to reopen.

Ghaly said California will still retain some of the strongest pandemic rules in the nation, and warned that should pandemic measures worsen, counties could be subject to more restrictive tiers again.

How soon could counties exit the purple tier as soon as the 2 million threshold is reached?

If counties have met the relaxed threshold for exiting the purple tier for at least two consecutive weeks, they could find themselves exiting the purple tier immediately once that 2 million threshold is reached, Ghaly said.

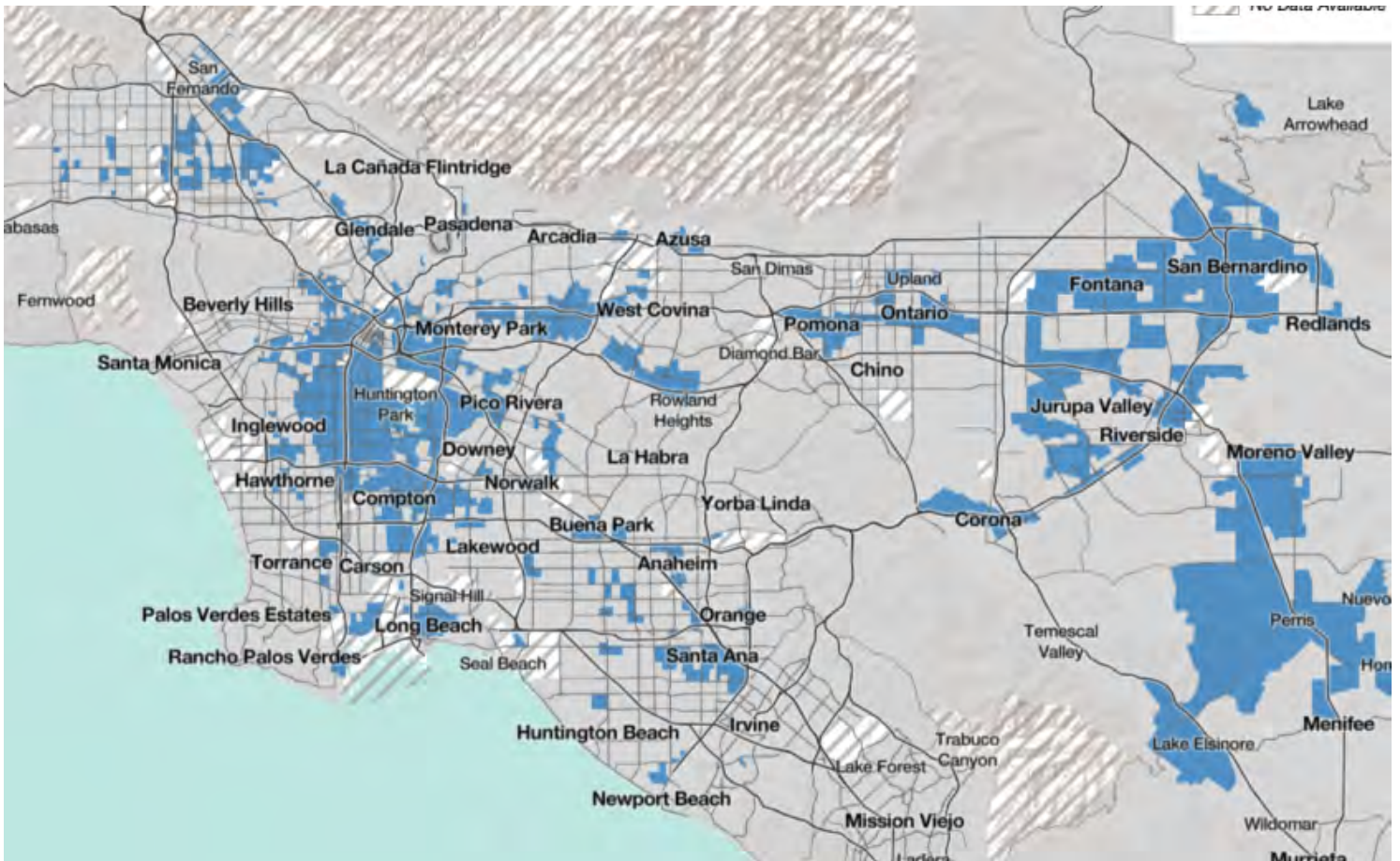
As a result, some Southern California counties could be eligible to reopen indoor restaurant dining and indoor gyms sooner than expected. Until this week's announcement, many Southern California counties had been at least two weeks away from exiting the purple tier.

But with the new framework presented this week, there is a plausible scenario in which L.A., Orange and San Bernardino counties could be eligible to reopen indoor dining and indoor gyms as soon as next week. Those three counties all reported fewer than 10 daily coronavirus cases per 100,000 residents on Tuesday, which meets the proposed new threshold for exiting the purple tier, but failed the existing threshold to leave the purple tier, which is 7 or fewer daily coronavirus cases per 100,000 residents.

To get there, California will need to have successfully administered the cumulative 2 million doses to people living in underserved communities by next week. In addition, L.A., Orange and San Bernardino counties would need to see its adjusted daily case rate, per 100,000 residents, remain at 10 or less on Tuesday. If all those criteria are met, it is plausible that those counties could exit the purple tier as soon as next week.

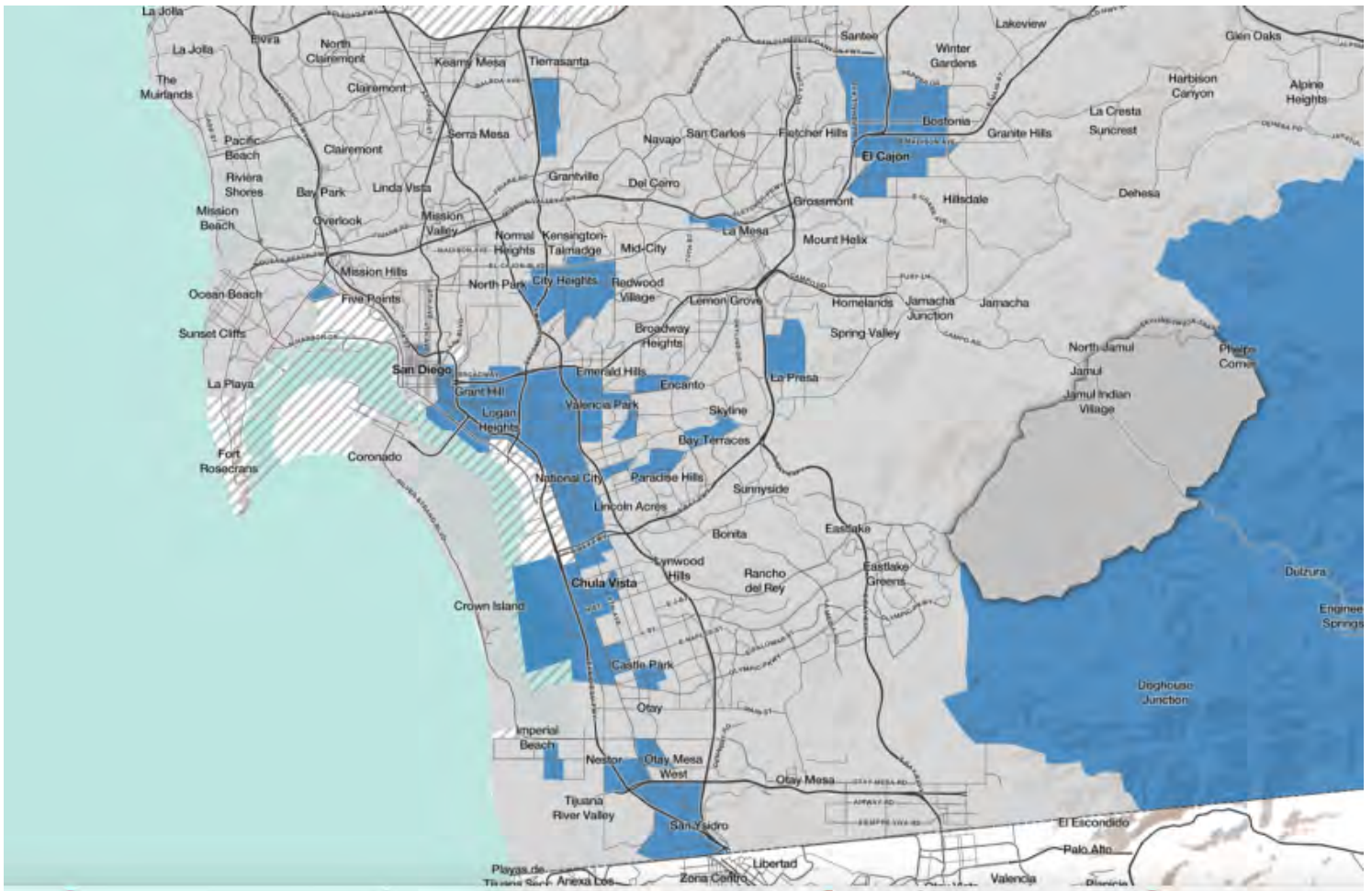
Residents of what areas will be prioritized for vaccinations?

In Southern California, underserved areas include South L.A., southeast L.A. County, the Eastside, Long Beach, the eastern San Fernando Valley, Santa Ana, El Monte, Oxnard and heavily Latino communities along the Interstate 10 corridor between Pomona and San Bernardino.



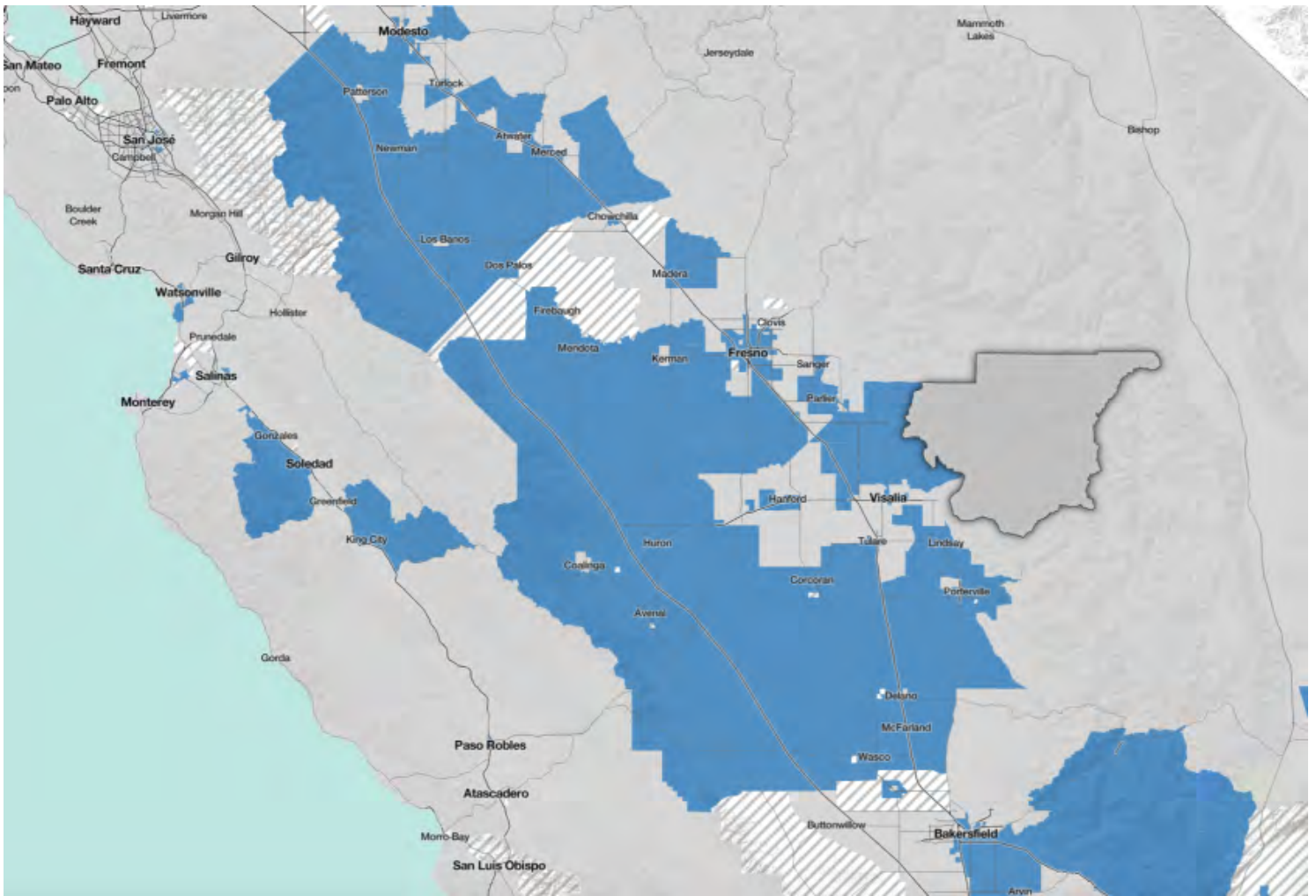
State officials are targeting COVID-19 vaccinations for people who live in the lowest quartile of the California Healthy Places Index, places that are generally lower-income, have crowded housing and have been hit hardest by the pandemic. (California Healthy Places Index)

In San Diego County, areas include neighborhoods east and southeast of downtown San Diego, as well as National City, Chula Vista, San Ysidro, City Heights and El Cajon.



State officials are using the California Health Places Index to target COVID-19 vaccinations in San Diego County. (California Healthy Places Index)

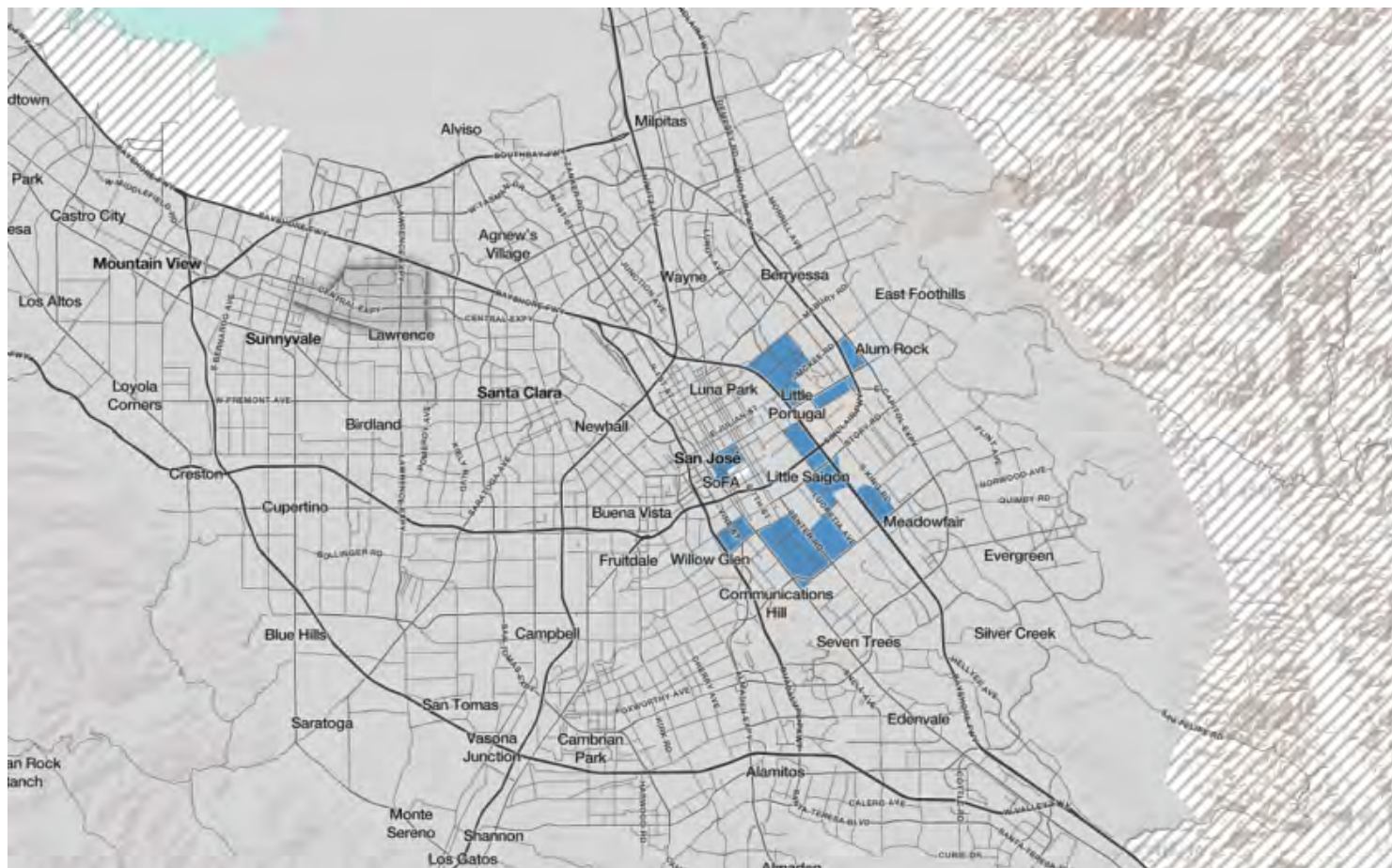
Much of the Central Valley and parts of the Salinas Valley are included in the map of areas targeted for vaccination, including Sacramento, Stockton, Modesto, Salinas, Watsonville, Merced, Fresno and Bakersfield.



The state is using the California Health Places Index to target COVID-19 vaccinations in the California's Central Valley. (California Healthy Places Index)



The state is using the California Health Places Index to target COVID-19 vaccinations in the Bay Area. (California Healthy Places Index)



State officials are using the California Health Places Index to target COVID-19 vaccinations in San Jose and the Silicon Valley area. (California Healthy Places Index)

Large swaths of the northern part of the state are also being targeted, including portions of communities in and around Yuba City, Marysville, Oroville, Chico, Orland, Ukiah, Eureka, Arcata, Crescent City, Yreka, and Redding.

CALIFORNIA COVID-19 PANDEMIC



The stories shaping California

Get up to speed with our Essential California newsletter, sent six days a week.

SIGN ME UP

You may occasionally receive promotional content from the Los Angeles Times.



Rong-Gong Lin II

Twitter Instagram Email Facebook

NEWS • News

California to earmark 40% of vaccine doses to vulnerable areas, officials say could speed reopening



From October through December, the Orange County Health Care Agency and the OC Asian American Pacific Islander COVID-19 Taskforce worked together to beef up coronavirus testing in hard hit AAPI communities. (Photo by Jeff Gritchen, Orange County Register/SCNG)

By **THE ASSOCIATED PRESS** |

PUBLISHED: March 4, 2021 at 10:16 a.m. | UPDATED: March 4, 2021 at 5:41 p.m.

By *KATHLEEN RONAYNE and JANIE HAR*

Associated Press

California will begin setting aside 40% of all vaccine doses for people who live in the most vulnerable neighborhoods in an effort to inoculate people most at risk from the coronavirus and get the state's economy open more quickly.

The doses will be spread out among 400 ZIP codes with about 8 million people eligible for shots, said Dr. Mark Ghaly, the state's health and human services secretary. Many of the neighborhoods are concentrated in Los Angeles County and the Central Valley, which have had among the highest rates of infection, but also are found throughout Southern California.

The areas are considered most vulnerable based on metrics such as household income, education level, housing status and access to transportation.

"With vaccines still scarce, we must target vaccines strategically to maximally reduce transmission, protect our healthcare delivery system and save lives," Ghaly said in a briefing Thursday.

Currently, people 65 and older, farmworkers and grocery clerks, educators and emergency service workers are eligible for shots in California.



Once 2 million vaccine doses are given out in those neighborhoods, the state will make it easier for counties to move through the four tiers that dictate how open business and public sectors, including schools, should be.

Gov. Gavin Newsom said in a Thursday news briefing that not only is this the right thing to do, but it's critical to opening up more of the state's economy.

"It is a race against the variants. It's a race against exhaustion. It's a race to safely, thoughtfully open our economy, mindful that it has to be an economy that doesn't leave people behind, that is truly inclusive," he said, adding that he's also encouraging people to wear two masks.

Right now, a county can move from the most restrictive purple tier to the lower red tier based on several metrics, including having seven or fewer new COVID-19 cases per 100,000 people per day over a period of several weeks.

That metric will change to 10 new cases or fewer. In the red tier, businesses such as restaurants and gyms can open for indoor services at limited capacity.

Los Angeles, Orange, San Bernardino and Riverside counties have seen improvement but remain in the purple tier.

About 1.6 million vaccine doses already have been given to people in those 400 ZIP codes, and the state will hit the 2 million mark in the next week or two, officials said.

Once the state gives out 4 million doses in those neighborhoods, it will revise the metrics for getting into the even less restrictive orange and yellow tiers.

"We are going to where we should have started," Santa Ana Mayor Vicente Sarmiento said about focusing on tamping down the spread of virus in the hardest hit communities first. "If a community is disproportionately impacted, it should receive a proportionate share of the relief effort."

"Those hardest hit by this pandemic are the ones who actually kept our economy and commerce going and benefited a lot of us."

Setting aside 40% of vaccine supply essentially means that hard-hit ZIP codes will be administering double what they are currently, Ghaly said. Data shows that of shots given, only about 17% were administered in vulnerable communities that have disproportionately been affected by the pandemic.

Double that amount was going to those in the top quarter of what California deems the healthiest communities when measured for education, wages, health care access and transportation, Ghaly said.

"Communities of color are keeping the economy afloat, and prioritizing them is not only the right thing to do, but an economic imperative. Vaccinations should go to those who have no choice but continue working every day to keep a roof over their head and food on the table during this devastating pandemic," said Sonja Diaz, director of the UCLA Latino Policy and Politics Initiative, in a released statement. "The state's new approach is the right step to stop the bleeding and affirm that Californians of color are not collateral damage, but the catalysts to recovery."

Newsom has called equity the state's "North Star." Yet community health clinics focused on serving low-income and vulnerable Californians say they haven't been getting enough doses.

Ghaly said the administration will work with communities to make sure the vaccine actually ends up in the arms of those patients, not to day-trippers from wealthier ZIP codes who have the time and tech savvy to schedule appointments online.

"Unfortunately, the inequities continue to play out as we continue to vaccinate our communities," said Los Angeles County Public Health Director Barbara Ferrer. "It's for this reason we need to come up with new partnerships and strategies that make getting vaccinated in our hardest hit communities as accessible and barrier free as possible."

To that end, Ferrer said the county was making some progress in closing the gaps, but more work was needed.

The effort going forward will rely on more mobile vaccination units to meet people where they live and work. This week, 46 mobile units were deployed throughout the county including at 30 sites in South L.A., Southeast L.A. and Antelope Valley.

Officials are making it easier to move through reopening tiers, arguing the likelihood of widespread transmission that can overwhelm hospitals will decrease as more people are vaccinated. That's particularly true as the most vulnerable populations that are more likely to get seriously ill receive the shots.

While race and ethnicity are not explicit factors in designating vaccinations, the 400 vulnerable ZIP codes overlap heavily with neighborhoods with higher populations of Blacks, Latinos and Asian and Pacific Islanders, officials said.

Staff writers Ryan Carter, Brian Whitehead and Ian Wheeler contributed to this report.

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)





ADVERTISEMENT

CALIFORNIA

California thinks it can stop COVID by flooding poor areas with vaccine. Will it work?



Sergio Martinez of Mission Hills, takes a video as he is vaccinated by physician's assistant Jerry Brown at a COVID-19 vaccination pop-up site in Pacoima on Thursday. (Mel Melcon / Los Angeles Times)

By LUKE MONEY, SOUMYA KARLAMANGLA, MELISSA HEALY, RONG-GONG LIN II

MARCH 5, 2021 5 AM PT



Months into a vaccine rollout that has been stymied by shortages and marred by persistent inequities, California is now going all in on a new strategy: flooding those communities hardest hit by COVID-19 with doses.

Officials say they hope the radical shift unveiled this week will not only slow the spread of the disease and tackle glaring inequities in who is receiving vaccines, but also speed up reopening of the economy by inoculating essential workers who are putting themselves at greater risk.

Under the new approach, the state will now provide 40% of its available supplies to underserved areas, such as in South L.A., the Eastside, Santa Ana and the heavily Latino communities along the Interstate 10 corridor between Pomona and San Bernardino — places that have experienced a disproportionate share of the pandemic’s pain, yet still lag [behind more affluent neighborhoods](#) when it comes to getting vaccines.

The dramatic change in California’s allocation strategy reflects the growing view from state officials that they must more equitably balance vaccinating those most in danger of dying of COVID-19 and those who have the greatest risk of contracting and spreading the disease because of where they work and live.

ADVERTISING

1 Gig Internet
\$45 /mo. 1 yr.
 w/Auto Pay & Paperless Bill
 Plus taxes, fees & charges

+ New! \$200 Visa® Prepaid Card.
 Terms apply.

[Shop now >](#) [Replay video ↻](#)

Wired connection up to 940 Mbps. Speeds, prices & availability vary by area.

Researchers are increasingly finding that the vaccines can play a pivotal role in tamping down transmission of the coronavirus, and that’s a key reason to focus on hard-hit communities, Gov. Gavin Newsom said Thursday.



CALIFORNIA

California will reserve 40% of COVID-19 vaccine for disadvantaged areas to speed reopenings

March 4, 2021

“We can’t safely reopen our economy until we get this disease behind us,” he said. “We can’t honestly do that unless we address those communities that are disproportionately vulnerable to this pandemic and its deadly impacts.”

Deciding who should get access to the COVID-19 vaccine has long [been an ethical minefield](#), as the demand and need for doses has continually outstripped supply.

But some experts say giving priority to residents in higher-risk communities — many of whom live in crowded or communal settings and have jobs requiring them to be on-site — makes sense right now.

Though older Californians [were among the first groups](#) to become eligible to receive vaccines, people under 65 actually make up the majority of people hospitalized with COVID-19 nationwide, said UC San Francisco epidemiologist Dr. Kirsten Bibbins-Domingo.

When analyzing COVID-19 deaths among people who don't live in nursing homes, about one-third are people under 65, many of them essential workers, she said.

"The goal has to be to go where the virus is," she said, and she called it "common sense" to take vaccines to the places where transmission is highest.

"It turns out it's also compatible with equity, and it might help you to achieve both goals together," Bibbins-Domingo said. "We could probably achieve most of the goals we're talking about if we actually just went to the ZIP codes that had the most cases."



CALIFORNIA

Doctors really want to vaccinate Black people against COVID-19. Unequal access to shots fuels mistrustMarch 4, 2021

California's move is also aimed at tackling the stubborn inequities that have dogged the state's vaccine rollout.

"An old adage says, 'Continue to do what you've done, you'll get what you got,'" Newsom said during a press conference at a vaccination site in Stockton Thursday. "And at the end of the day, we can continue to improve with these coalitions and coordinating our partners, doing a little bit more a little bit better, but I don't think we'll truly meet the moment."

The dedicated 40% allocation will flow toward communities within the lowest quartile of the [California Healthy Places Index](#), a measure of socioeconomic opportunity that takes into account economic, social, education, housing and transportation factors.

Once 2 million doses have been administered in the targeted communities, the state will relax the threshold for counties to advance from the most restrictive category of the state's [four-tier, color-coded reopening plan](#).

Roughly 1.6 million COVID-19 vaccine doses have been given to those individuals so far, putting the state on track to hit that target within the next week or two.



CALIFORNIA

California's My Turn COVID-19 vaccination appointment system riddled with flaws, officials say

March 4, 2021

How best to target COVID-19 vaccines has been a consistent [conundrum](#) ever since the first doses were unpacked.

In December, the U.S. Centers for Disease Control and Prevention advised splitting the available doses between those most likely to die from the virus and those most likely to contract it.

The first allotments went to healthcare workers and long-term care facility residents. Next, the CDC recommended vaccinating people 75 and over and front-line essential workers, such as grocery store workers, postal workers and teachers.

But in an attempt to speed up lagging vaccine distribution, many states, including California, soon expanded [vaccine access to all seniors](#), a move that came at the [expense of those workers who were supposed to be next in line](#).

“In a situation in which you have limited supply — let’s be honest — there are no good choices. Governors are forced to make trade-offs,” said Jennifer Tolbert, coauthor of a Kaiser Family Foundation [report](#) evaluating states’ vaccine rollout strategies. “It forces these difficult decisions.”

California’s vaccine eligibility pool currently includes healthcare workers, those living or working in congregate settings such as nursing homes, and those working in the fields food and agriculture, child care and education, law enforcement and emergency services.

Starting March 15, California also [will expand eligibility](#) to include millions of people with underlying health problems and disabilities.



CALIFORNIA

California is dramatically changing who gets the COVID-19 vaccine. What we know

March 4, 2021

The adoption of a vaccine distribution strategy that explicitly favors disadvantaged communities puts California in rare but growing company. To date, only four states — Colorado, New Hampshire, Massachusetts and Tennessee — have committed to dispatching larger or earlier vaccine shipments to areas where people with lower income and less education live.

Twelve more states have said they would do so but have not publicly committed to specific targets, as California has now done.

“That is what doing the right thing looks like,” University of Pennsylvania public health researcher Harald Schmidt said of California’s shift. “We reach herd immunity more quickly, reduce deaths and very likely drive down transmissions” by giving priority to disadvantaged communities for vaccination.

Experts also point out that essential workers, even those who are younger, do face serious risks from COVID-19. California food and agriculture workers under 65 experienced a 39% increase in mortality during the pandemic compared with before, according to a UC San Francisco study.

California’s new vaccine allocation strategy encompasses roughly 400 ZIP codes throughout the state, with many of them in the Central Valley and in and around L.A. County and in neighborhoods east and south of downtown San Diego.

Roughly 40% of the state’s COVID-19 cases and deaths have occurred in those communities, officials said. Despite that, only about 17% of vaccine doses have been administered to residents who live there, compared with about 34% of doses that have been given to residents living in the the wealthiest parts of California.

That essentially means people living in the wealthiest parts of California are receiving twice the supply of vaccine doses given thus far to those living in the poorest areas.

California coronavirus tracker »

3,565,453

cases

+5,193 Thursday

14-day change

-37%



53,464

deaths

+382 Thursday

14-day change

-11%



[L.A. County](#) » [Orange County](#) » [Leer en español](#) »

Who can get vaccinated? »

- Seniors and long-term care residents
- Workers in healthcare and other sectors
- [Find out how to get your vaccine](#) »

More effectively distributing vaccines in the neediest areas will “give our entire state greater confidence that we’ve protected against the most significant levels of disease transmission in communities that have been, throughout this pandemic, the hardest hit,” Dr. Mark Ghaly, California’s Health and Human Services secretary, said Thursday.

“This is a key strategy to keep the pressure off of our healthcare delivery system, avoiding seeing surges at the levels that we experienced either late summer or, worse, over this winter,” he said.

Rhonda M. Smith, executive director of the California Black Health Network, said that disparities in vaccination rates are further proof that “racism is a public health crisis.” Inequities crop up in many health issues, including death rates from COVID-19 and also rates of maternal mortality, which are highest among Black women.

“There’s a big elephant in the room that’s part of our culture and society and history that no one really wants to deal with,” Smith said. “I’m just tired of it all.”

Dr. Helen Keipp Talbot of Vanderbilt University, a member of the CDC’s Advisory Committee on Immunization Practices, said it will be essential for California to not only set aside vaccine for disadvantaged areas, but to actively bring it into communities and distribute it through trusted organizations.

For residents of disadvantaged communities, “one of the biggest barriers is taking time off from work and transportation,” she said. By transporting vaccine into disadvantaged communities and dispensing it there, she said, the state has a better chance of reaching young and middle-aged adults among whom infection rates are highest, and their older family members, who suffer the highest death rates.



CALIFORNIA

California urges double masking to prevent COVID spread as Texas relaxes mask rules

March 4, 2021

UC Riverside medical sociologist Richard Carpiano said that it’s common for a new health treatment or tool to not be equitably distributed, leaving disparities in who gets the new protection.

There could be a variety of reasons for these trends, including distrust of the medical community among Black Americans as well as a dearth of healthcare providers in certain neighborhoods, he said. Latinos may be reluctant to trust a government program or put their name in a database, he said.

Carpiano said that health research has long shown the need for culturally specific kinds of interventions, such as vaccinating people in places they feel comfortable.

“Inequities are unsurprising, but it’s going to be the extent to which they exist,” he said. “Obviously zero is the goal, but in a realistic sort of world, anything small is good.”

CALIFORNIA

COVID-19 PANDEMIC

COVID-19 VACCINES



The stories shaping California

Get up to speed with our Essential California newsletter, sent six days a week.

SIGN ME UP

You may occasionally receive promotional content from the Los Angeles Times.



ADVERTISEMENT

CALIFORNIA

Ethical land mines, ‘Sophie’s Choice’ moments as California decides who gets COVID-19 vaccine next



Nurses get ready as the San Bernardino County Department of Public Health activates the coronavirus vaccination site at the Ontario Convention Center on Thursday in Ontario, Calif. (Irfan Khan / Los Angeles Times)

By COLLEEN SHALBY, LUKE MONEY, RONG-GONG LIN II

FEB. 5, 2021 5 AM PT



With COVID-19 vaccine doses still in short supply, the decision of how to prioritize immunizations is becoming an increasingly fraught matter as officials must choose among many groups, each with its own desperate need to get to the front of the line.

Focusing on older people, the disabled and others at higher risk of becoming critically ill from the coronavirus has the potential to save many lives. Reserving doses for essential workers would also help slow the spread of COVID-19. And moving educators to a higher position could make teachers willing to return to campus for in-person instruction.

“What’s so difficult right now is that we even have to view this as competing priorities. There’s all this tension on shifting priorities in groups, and all of this is based on a limited supply,” said Dr. Eve Glazier, president of the Faculty Practice Group at UCLA Health. “There’s a lot of different lenses to look at it.”

So far, a number of California’s most populous counties have generally prioritized healthcare workers, those living in long-term care settings and people 65 and older for vaccinations. The state is getting only a fraction of the vaccine it needs, so it will probably take weeks or months to get through those groups.

But there has been much debate about who goes next, with labor unions, disability rights groups, teachers and others all making their case. The state’s 60-member vaccine advisory committee has spent weeks discussing the matter.

During an advisory meeting Wednesday night, members from the smaller group responsible for drafting the state’s vaccine guidelines said that new recommendations would be presented to the state following meetings Friday among the working group and a new state task force.

The state task force, composed of members from the departments of Aging, Disability Services and Health and Human Services, was recently launched to sort out the logistics for how [residents with disabilities and underlying health conditions](#) could be prioritized next.

“We are taking this incredibly seriously. This is the next priority group,” state epidemiologist Dr. Erica Pan said during a committee meeting on Wednesday.

The committee's current proposal is for individuals ages 16 to 64 with underlying health conditions or disabilities to be the next eligible group in the vaccine rollout.

It was not immediately clear whether the recommendations would usurp previous plans to target an [age-based priority list](#) or how eligibility would be determined. It also was unclear when vaccinations would become available for those groups.

[Teachers](#) and child-care workers and those who work in food, agriculture and emergency services are already slated for priority after healthcare workers, long-term care facility staff and residents and adults 65 and older. But limited vaccine supplies has made it unclear how quickly they will get to the front of the line.

There is growing belief that mass vaccination can finally turn the tide of the pandemic this year. Officials hope the supplies will increase, but until then they are forced to make the tough calls.

"There are lots of people who need to get vaccinated, and it's very hard to determine which of these priorities is more urgent, pressing and important," said Los Angeles County Public Health Director Barbara Ferrer. "So we all are going to need to be patient."

Among the groups to consider are people whose age, underlying health conditions or other circumstances put them at greater risk of dying from COVID-19. Other [Angelenos work in settings](#) with a heightened risk of coronavirus transmission and could potentially [carry the virus home with them](#). Others are employed in fields that provide critical public services.

In L.A. County, 193,950 doses arrived the week of Jan. 11, but only 168,575 were delivered the following week and 146,225 the week after that.

"The name of the game right now is to keep everyone alive," Ferrer said. "That's the No. 1 priority for us ... to get as many people as we can to be able to stay alive during this pandemic, and to reduce the risk for those who are at highest risk of dying."

State guidelines provide local officials with some discretion over who else to prioritize — and these options include teachers. As a result, some local health agencies have begun to accept appointments to vaccinate teachers and other front-line educators, including Riverside County and Long Beach — which has its own local public health department independent from L.A. County — while others have not.

But simply allowing teachers to get in line with everyone else isn't necessarily going to result in schools reopening faster — if teachers have the same problems scheduling appointments as everyone else. And are the educators who are able to get appointments the ones most needed to get campuses up and running for the students with the highest needs?

As for teachers, state and federal officials have insisted for some time that campuses for kindergarten through 12th-grade students [can reopen safely](#) without teachers being vaccinated. But teachers in some areas, including Los Angeles, say the only safe approach is full vaccination before schools reopen.

In addition to seniors, Riverside County and Long Beach have opened up vaccination appointments to those working in education and child care, food and agriculture and emergency services.

San Bernardino County has opened up vaccinations to first responders such as firefighters and police officers, but not educators or food workers.

But in opening up vaccinations to more groups, there are questions whether that'll make it more difficult for seniors — who are far more likely to die of COVID-19 — to get their shots. In L.A. County, about 70% of those who have died from COVID-19 were age 65 or older.

A statewide shortage is so acute that some counties in California that had begun to offer vaccines to lower-priority groups, such as teachers, child-care workers and others who work in educational settings, have stopped vaccinating that group in order to focus on seniors.

Marin County on Jan. 21 announced that supply limitations had forced it to prioritize vaccinations on those 75 and older, and officials stopped scheduling appointments for people in lower-priority groups.

A joint statement by eight local health agencies in the Bay Area on Wednesday said that officials will prioritize healthcare workers, people living in long-term care settings and seniors. Marin, Napa, Santa Cruz and Solano counties are prioritizing residents 75 and older; while Contra Costa, San Francisco, San Mateo and Santa Clara counties are prioritizing people 65 and older.

The Bay Area doesn't have enough vaccines to inoculate all residents 65 and older, much less educators, food and agricultural workers and first responders, the officials said.

"We need to be direct and honest with the public that, although we want to vaccinate everyone, right now, we just don't have enough vaccine to do so," Dr. Sara Cody, the health officer and public health director of Santa Clara County, said in a statement. "Given the limited supply of vaccine, we must prioritize vaccinating those at greatest risk of death or serious illness."

Besides healthcare workers and long-term care residents, Ventura, Santa Barbara and San Luis Obispo counties are focusing on seniors age 75 and over; L.A., San Diego, Orange, Kern and Imperial counties are focusing on seniors age 65 and over. Pasadena, which runs its own public health department, is following the same focus as the L.A. County Department of Public Health.

Medical experts said the discussion of prioritization is filled with ethical land mines.

“We need to recognize there’s a real danger there — even if only at the symbolic level — of attributing social value to certain people or certain groups,” said Dr. Aaron Kheriaty, director of medical ethics at UC Irvine.

Kheriaty says that an age-based approach, starting with most elderly, is ethically justifiable, but the question of who should receive the vaccine next remains a complex and ever-changing strategy.

But others also make convincing arguments.

“I’m working eight-hour shifts indoors, exposed to like a thousand people a day,” a 31-year-old grocery store worker from Santa Cruz said.

The worker, who asked to remain anonymous, added that the ongoing confusion over who gets priority is one more frustration in a year in which supermarkets and other retailers that remained open during the pandemic have seen COVID-19 outbreaks.

Exposure has been a key argument for the vaccine among many who work as essential workers on the front lines, serving customers face-to-face without ability to work from home. In early talks of vaccine rollout strategy, essential workers were given greater priority. But over time, the plan shifted.

“I understand the idea of prioritizing people based on exposure. But at the public policy level — and given the impacts on society — I think it starts with people most at risk of bad outcomes and moves down the line from there,” Kheriaty said.

[Advocates for the disabled](#) have been fighting to make sure that group gets a higher priority.

“I will feel a lot better when state officials commit to a time frame for vaccinating high-risk people with disabilities,” Andy Imparato, executive director for Disability Rights California and a member of the vaccine advisory committee, said Wednesday. “It feels like we are getting lip service,” he said about the lack of concrete information that accompanied news about potential new priority guidance.

Dr. Paul Offit, a professor of vaccinology at the University of Pennsylvania, said last month during a panel discussion at UC San Francisco that coming up with a vaccination priority plan is tough.

“This is hard. I mean, this is like the Sophie’s Choice, right? I mean, do you want to vaccinate people who are at highest risk? Do you want to vaccinate people who help the society move along?” Offit asked. Unfortunately, there could be another 100,000 or 200,000 people who will die of COVID-19 nationally over the next couple of months — whose lives could’ve been saved by the vaccine — but simply hadn’t been able to get it, he said.

“It’s really hard. You only have so many lifeboats there that enable you to save people. And it just breaks your heart,” Offit said. “So get it out there — get the vaccine out there as much as you can. Realize that you’re going to be really upsetting one group or another. ... You’re going to anger people anyway. So just do what you think works best.”



ADVERTISEMENT

CALIFORNIA

California school reopening plan gets final OK, though some lawmakers wanted more



A father carries his sons' backpacks to Alta Vista Elementary School in Redondo Beach as classes resumed last month. (Al Seib / Los Angeles Times)

By JOHN MYERS, TARYN LUNA

MARCH 4, 2021 4:26 PM PT

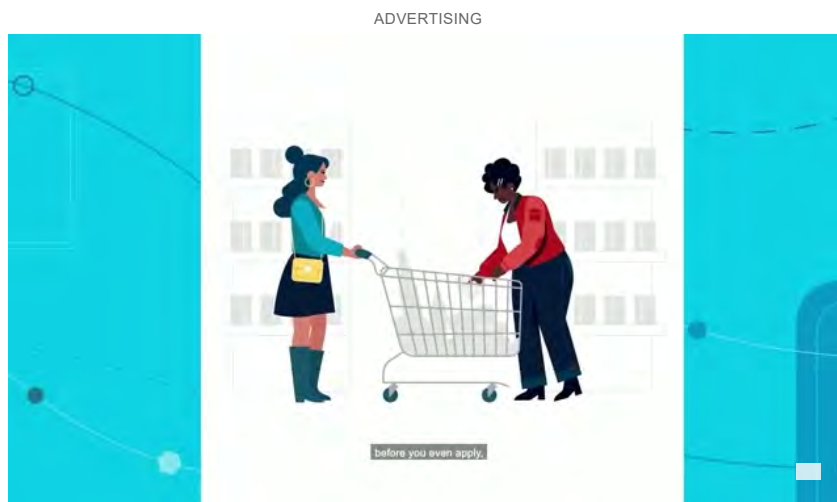


SACRAMENTO — California lawmakers gave final approval Thursday to a \$6.6-billion plan to urge more school districts across the state to reopen classrooms for their youngest students, though a bipartisan chorus of voices expressed frustration and fear the effort won't fully meet the unique needs of their communities.

The legislation, which Gov. Gavin Newsom plans to sign on Friday, is the most far-reaching effort by legislators in more than six months to address the educational challenges brought on by the COVID-19 pandemic. It earmarks \$2 billion in education funds for elementary schools that offer in-person learning next month, focusing first on students in transitional kindergarten through second grade and ramping up to include older students based on the number of infections in counties. Schools that open later than April 1 would receive smaller cash grants and those that don't open by May 15 would lose their entire share of the incentive funding.

“The goal of this is to spur districts on the sidelines to act and also help that those that are already acting,” said Assemblyman Kevin McCarty (D-Sacramento).

Almost \$4.6 billion in the proposal would be allocated to school districts over the next 18 months for programs designed to mitigate the learning opportunities lost to students since the beginning of the public health crisis. The funds could be used to pay for summer school activities and in-person services such as tutoring.




California's public and private schools have adopted a patchwork of approaches to teaching students since the academic year began in August. Though state officials provided a few basic guidelines for campus safety precautions and procedures to use in the event educators or students tested positive for the virus, they did not require schools to move from remote to in-person instruction as conditions improved in some communities in the fall. Nor were those schools that opened their classrooms required to close as COVID-19 cases increased during the winter.

Newsom and lawmakers have been sharply criticized for not providing a more comprehensive statewide plan until now and spent most of the past two months seeking a compromise to assuage parents who are eager for on-campus instruction as well as educators who have been leery of returning to classrooms before they are vaccinated.

The compromise plan, [Assembly Bill 86](#), won votes Thursday from both Republicans and Democrats in the Legislature. But the lengthy debates in the state Assembly and Senate seemed to reflect the vast differences felt in communities hardest hit by the virus and those where closed schools have come to symbolize frustration with public health restrictions.

“Enough with these kids languishing at home,” state Sen. Andreas Borgeas (R-Fresno) said. “It’s not fair and it is destructive to the long-term health of our state.”

Two Senate Republicans attempted late changes to the bill to force schools to offer as many as five days a week of in-person instruction, an effort quashed by the house’s majority Democrats. State Sen. John Laird (D-Santa Cruz), one of the lawmakers who negotiated the details of the bill, said such a mandate would have the effect of keeping more students in remote learning if schools couldn’t gradually reopen classrooms by offering partial days and weeks.



PAID CONTENT

Create Better-for-You Dishes that Help Lower Cholesterol with... [↗](#)

By Mazola *See www.mazola.com for information about the relationship between corn oil and heart disease

Mazola® Corn Oil* is an easy, naturally cholesterol-free solution when making better-for-you dishes, like Roasted Cauliflower Steaks.

“What we had to do is craft a bill that matched all those different conditions that matched the differences that exist throughout our state of 40 million,” Laird said.

Meanwhile, one prominent Assembly Democrat lashed out [at the announcement made by the Newsom administration on Wednesday night](#) to loosen the conditions under which counties can soon move out of the purple, most restrictive tier of COVID-19 rules — a change that could result in less-stringent virus testing requirements for schools and more in-person classes.

“There were negotiations made based on tier systems that are being changed now,” Assemblywoman Lorena Gonzalez (D-San Diego) said. “It’s kind of not fair.”

AB 86 will require schools in districts in the state’s second-most-restrictive red tier to offer in-person instruction to all elementary grades and one grade of either middle or high school. Testing will be more frequent — and include students and staff who do not have COVID-19 symptoms — for schools in purple-tier counties that fail to craft safety plans by March 31.

The Newsom administration said Wednesday night it will dedicate 40% of available COVID-19 vaccines to residents in the most disadvantaged areas of the state. Once the new program reaches 2 million vaccinations, which will require about 400,000 additional doses to be administered, counties can more quickly move into the red tier. Administration officials said that would accelerate the reopening of local businesses and schools.

Dr. Mark Ghaly, the state's secretary of Health and Human Services, acknowledged Thursday that the change alters the reopening plans for some districts. Gonzalez, [a San Diego Democrat whose career began in organized labor](#), said the change would force more local educators into going back to the workplace sooner than they expected.

"So, if you get calls from your teachers union a little upset, they have the right to be upset," she said. "You don't negotiate a deal and then change the parameters of that deal on the day that we're voting on it. And I think that's just, we have to be honest about that. It's a little dishonest what's happening."

Hours after the legislative vote, California Federation of Teachers President Jeff Freitas echoed that criticism, saying that Newsom's new vaccination plan "pushes more districts into returning to in-person instruction at levels that have been considered dangerous for a year." He warned that some school districts will have to "start from scratch" on reopening plans if the tier system is adjusted, and risk "further eroding Californians' trust, especially among communities of color who have expressed higher levels of skepticism about the safety in returning to schools."

Several Republicans criticized Newsom for his reluctance last year to impose a more uniform statewide standard for opening K-12 campuses and for his administration's decision not to take the advice of some national officials to allow additional school classrooms to open more quickly.

"It is because of the [state's color-coded] blueprint framework and the audacity of this man to then blame us, to then blame the Legislature and say we're dragging our feet when he's the one who has kept them closed this whole time," Assemblyman James Gallagher (R-Yuba City) said. "And if he used that arbitrary power, he could open schools tomorrow."

Democrats who represent counties where infection rates have remained high rejected assertions that Newsom or state officials should have required elementary, middle and high schools to open during break periods of time in the fall and winter.

"The fact of the matter is, is that if you represent a community that's poor and one that's of color, families are not feeling comfortable sending their children back to school," Assemblyman Eduardo Garcia (D-Coachella) said. "In December and in January, we had no vaccines to send people back to schools in a safe environment. So let's be real."

Garcia and a number of lawmakers who spoke during the debate and are parents to young children described the humbling experience of trying to help teach their kids using concepts in math and science that have changed in recent years. In voices full of frustration and exhaustion, they called the vote on AB 86 the most important one they've taken all year.

"I got to see my children light back up, I get to see them start sleeping again," Assemblywoman Rebecca Bauer-Kahan (D-Orinda) said in describing the changes once her young children began hybrid learning. "I got to see the joy that it brought them to be back with their friends. And every California child deserves that."

LOCAL NEWS • News

University of Redlands plans to return to in-person learning in fall 2021

By **JENNIFER IYER** | jiyer@scng.com | Redlands Daily Facts

PUBLISHED: March 4, 2021 at 3:01 p.m. | UPDATED: March 4, 2021 at 3:02 p.m.

With [coronavirus hospitalizations decreasing](#) and vaccination numbers increasing, University of Redlands officials announced plans to return to in-person instruction, and regular residential housing occupancy levels in fall 2021.

In a [letter to the community](#) Thursday, March 4, the President's Cabinet noted the university is ready to pivot, though, as changes occur in state and local coronavirus guidelines.

Some experiential classes, such as theater or labs, [have been taking place on campus](#), though the majority of instruction has been online only since spring of last year. About 450 students were brought back to [residential housing](#) in early January as well, though that is nowhere near full capacity.

The return to campus has been accelerated by a coronavirus vaccination clinic on the Redlands campus, which was launched in partnership with Redlands Community Hospital and other organizations.

"Our vaccination campaign is a critical step in keeping our entire community safe and emerging on the other side of the pandemic," the letter reads in part.

The clinic is offering vaccinations to not only university staff, but to members of the community who are eligible per state guidelines.

For information about the clinic, go to redlands.edu/urready/vaccination-clinic.

Online classes will not completely go away, as officials will continue to assess the best balance of campus-based courses, and hybrid/online modes. Web-based graduate programs and degrees that pre-date the pandemic also will continue to be offered online.

The university announced last month that spring graduations, slated to begin in April, [will be held virtually](#), though small, in-person events, and other options, are still being discussed, as health guidelines allow.

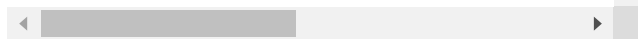
[Newsroom Guidelines](#)[News Tips](#)[Contact Us](#)[Report an Error](#) The Trust Project

Want local news?

Sign up for the Localist and stay informed

Tags: [Coronavirus](#), [higher education](#)**Jennifer Iyer** | Reporter

We Get Support From:



Parents Of Color Still Have Reservations About Returning Kids To Classrooms

 [Nicole Nixon](#)

Thursday, March 4, 2021 | Sacramento, CA



Pocket resident Toni Tinker is a mother of five.

Andrew Nixon / CapRadio

Toni Tinker isn't sure if she'll send her second grader back to class when Sacramento City Unified School District reopens for younger students on April 8.

Tinker, like many parents of color across California, is concerned about students returning while counties are still in the most-restrictive purple tier. And even if Sacramento County were in the red tier, Tinker said she's not satisfied with the safety plans the school district has put out far.

“I want kids to go back to school,” said Tinker, a Black mother who has three kids in public schools. “I want my kids to go back to school. But I don’t want to put my children into a situation that has more questions unanswered than answered.”

After nearly a year of distance learning, school districts around the state are ironing out plans to salvage the school year and bring students back to classrooms. In recent months, groups of parents across California — many of them middle- to upper-class white parents — have been pushing hard for schools to reopen sooner.

But despite proposed safety precautions, declining COVID-19 case rates and increasing numbers of vaccinated teachers, research shows most parents of color still have reservations.

Earlier this week, Gov. Gavin Newsom and state lawmakers announced a deal to spend \$2 billion on grants to entice school districts, if they haven’t already, to bring younger and vulnerable students — homeless, disabled and foster youth, those without internet access and English language learners — back to classrooms. The Legislature approved the deal Thursday.

At her home, Tinker’s family has stable internet and plenty of space to do remote work and school without distracting each other. But she knows that’s not the case for many other families.

She’s still debating whether to send her seventh-grade daughter — who she said has fared far worse in distance learning than her younger son — back to school when the time comes.

Tinker said she’s more confident older kids will follow safety measures, but other things would have to change; she wouldn’t let her older kids take public transportation to school anymore. Another choice, she acknowledges, not every parent has.

When faced with a virus that has disproportionately killed Black people, Tinker said being asked to even slightly increase the risk to her family’s safety “makes you feel [like] less of a person, [with] less control over your own children, your own self.”

“For parents of color — especially Black parents — they have a gamut of different fears on all this,” she said.

Stuck Between Two Choices

The plan approved by lawmakers Thursday would offer \$2 billion in grants to districts that reopen schools this spring. It does not compel schools to offer in-person instruction and also includes \$4.6 billion all districts can access to pay for summer school and other programs to address learning loss.

Vulnerable students in all grades — including homeless, disabled and foster youth, English language learners, those without internet access, and disengaged students — must also return to classrooms in order for schools to receive the funding.

Once in the red tier of the state's COVID-19 reopening system, counties must bring students through sixth grade back to classes to receive money. Districts that have already reopened can access the \$2 billion to continue operating safely.

Some critics argue schools should be forced to reopen instead of given the option. But others say the incentivized plan would reward more well-off districts.

Hours after Newsom announced the plan on Monday, the teachers union representing the largest school district in the state blasted the measure as “a recipe for propagating structural racism.”

“This would send extra dollars to affluent areas that are able to reopen because of low infection rates, leaving students from low-income communities of color behind,” Ceclily Myart-Cruz, president of the United Teachers of Los Angeles, said in a video statement. “If this was a rich person’s disease, we would have seen a very different response.”

Tinker agreed and pointed to wealthier areas like Orange County, which had districts open for hybrid and in-person learning as early as last fall and collected millions in COVID-19 relief funds in order to do so.

“They’ve been able to reopen, but I think they have more resources,” she said. “Even if they aren’t completely in [the red] tier, they have more resources” meet and implement safety guidelines.

Maria Osorio, a parent from South Central Los Angeles who has a child in high school, cited concerns about increased exposure when students return — and not just from inside the classroom.

“We have to remember that students don't just go to school on their own,” she said in Spanish through an interpreter. “They are taken to their schools by moms, dads, uncles — so we're going to be much worse off than before if we reopen the schools.”

Osorio, who spoke at a February press conference hosted by the California Teachers Association, said parents whose children are struggling with distance learning but are worried about sending them back “feel closed in and under this situation. Suddenly they say that they want us to return to school.”

Osorio said the pandemic has touched members of her family, and some of her friends have been intubated.

“Our communities are still the epicenter of this pandemic,” she said. “I don't understand how they can want [to reopen schools] given the challenges that we face.”

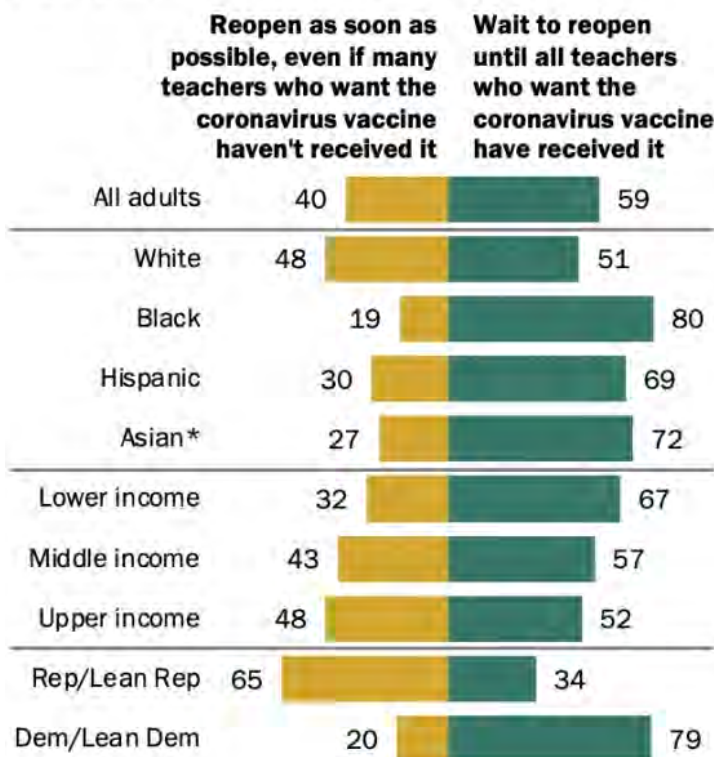
The coronavirus has ravaged communities of color around the state — nearly half of California's 52,225 deaths are Latinos or Latinas. But some parents say their voices haven't been heard when it comes to school reopenings, only the louder voices of white and wealthier parents.

White Americans are more likely to support an immediate return to classrooms, while wide majorities of Black, Hispanic and Asian Americans say teachers should be vaccinated first, according to [a survey by the Pew Research Center](#).

The survey showed 80% of Black respondents said schools should wait to reopen until teachers who want the vaccine can get it, compared to 51% of white respondents. That divide also exists among economic lines. By a two-to-one margin, lower-income people would prefer teachers to be vaccinated while middle- and upper-income Americans are more closely divided.

Views of whether schools should wait to reopen until teachers are vaccinated vary along demographic, partisan lines

% saying K-12 schools that are not currently open for any in-person instruction should ...



* Asian adults were interviewed in English only.
 Note: Share of respondents who didn't offer an answer not shown. White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanics are of any race. Family income tiers are based on adjusted 2019 earnings.
 Source: Survey of U.S. adults conducted Feb. 16-21, 2021.

PEW RESEARCH CENTER

But even within communities of color, things are complicated and families often find themselves stuck between two less-than-ideal choices: continuing with distance learning or sending their kids to school and risking exposure to a virus that has ravaged their own communities.

"We're finding our parents are really divided," said Darryl White, who chairs the Black Parallel School Board. The organization advocates for African-American students in the Sacramento area and has an offshoot in Merced.

"Some parents want our kids back in school," he said, noting many families lack access to childcare and reliable technology. And many parents he works with understand that long-term, in-person learning is best for children. "The issue is, is it safe?"

It's a no-win situation, he said.

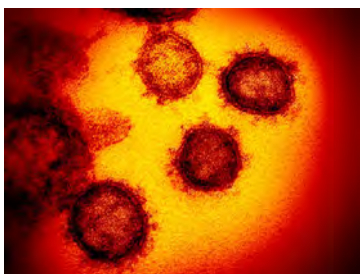
"I'm not trusting because I've had issues with districts before," he said. "So I really can't trust that they'll do the right thing as it relates to our kids. But we need to get them back into school."

Follow us for more stories like this

CapRadio provides a trusted source of news because of you. As a nonprofit organization, donations from people like you sustain the journalism that allows us to discover stories that are important to our audience. If you believe in what we do and support our mission, **please donate today.**

[Donate Today](#) > .

MORE ABOUT CORONAVIRUS



[Coronavirus In California: Latest Updates And Resources](#)

[The coronavirus has impacted nearly every aspect of life in California and around the world. Here are resources and all our coverage at CapRadio and NPR.](#)

 [Coronavirus](#)

NEWS > NATIONAL NEWS • News

Some older adults are getting bypassed in the vaccine push

Churches and advocacy groups are scrambling to find isolated elders



Pat Brown waits at a bus stop in Kansas City, Mo., Wednesday, March 3, 2021. Brown knows she needs the vaccine because her asthma and diabetes put her at higher risk of serious COVID-19 complications. But Wall hasn't attempted to schedule an appointment and didn't even know if they were being offered in her area yet; she says she is too overwhelmed. (AP Photo/Orlin Wagner)

By **THE ASSOCIATED PRESS** |

PUBLISHED: March 4, 2021 at 11:07 a.m. | UPDATED: March 4, 2021 at 1:17 p.m.

By **Gillian Flaccus, Heather Hollingsworth and Russ Bynum** | Associated Press

PORTLAND, Ore. — Jean Andrade, an 88-year-old who lives alone, has been waiting for her COVID-19 vaccine since she became eligible under state guidelines nearly a month ago. She assumed her caseworker would contact her about getting one, especially after she spent nearly two days stuck in an electric recliner during a recent power outage.

It was only after she saw a TV news report about competition for the limited supply of shots in Portland, Oregon, that she realized no one was scheduling her dose. A grocery delivery service for homebound older people eventually provided a flyer with vaccine information, and Andrade asked a helper who comes by for four hours a week to try to snag her an appointment.

“I thought it would be a priority when you're 88 years old and that someone would inform me,” said Andrade, who has lived in the same house for 40 years and has no family members able to assist her. “You ask anybody else who's 88, 89, and don't have anybody to help them, ask them what to do. Well, I've still got my brain, thank God. But I am very angry.”



Older adults have top priority in COVID-19 immunization drives the world over right now, and hundreds of thousands of them are spending hours online, enlisting their children's help and traveling hours to far-flung pharmacies in a desperate bid to secure a COVID-19 vaccine. But an untold number like Andrade are getting left behind, unseen, because they are too overwhelmed, too frail or too poor to fend for themselves.

The urgency of reaching this vulnerable population before the nation's focus turns elsewhere is growing as more Americans in other age and priority groups become eligible for vaccines. With the clock ticking and many states extending shots to people as young as 55, nonprofits, churches and advocacy groups are scrambling to find isolated elders and get them inoculated before they have to compete with an even bigger pool — and are potentially forgotten about as vaccination campaigns move on.

An extreme imbalance between vaccine supply and demand in almost every part of the United States makes securing a shot a gamble. In Oregon, Andrade is vying with as many as 750,000 residents age 65 and older, and demand is so high that appointments for the weekly allotment of doses in Portland are snapped up in less than an hour. On Monday, the city's inundated vaccine information call line shut down by 9 a.m., and online booking sites have crashed.

Amid such frenzy, the vaccine rollout here and elsewhere has strongly favored healthier seniors with resources “who are able to jump in their car at a moment's notice and drive two hours” while more vulnerable older adults are overlooked, said James Stowe, the director of aging and adult services for an association of city and county governments in the bistate Kansas City area. “Why weren't they the thrust of our efforts, the very core of what we wanted to do? Why didn't it include this group from the very outset?” he said of the most vulnerable seniors.

Some of the older adults who have not received vaccines yet are so disconnected they don't even know they are eligible. Others realize they qualify, but without internet service and often email accounts, they don't know how to make an appointment and can't get to one anyway — so they haven't tried.

Still others have debilitating health issues that make leaving home an insurmountable task, or they are so terrified of exposure to COVID-19 that they'd rather go unvaccinated than risk venturing out in public to get a shot.

In Kansas City, Missouri, 75-year-old Pat Brown knows she needs the vaccine because her asthma and diabetes put her at higher risk of serious COVID-19 complications. But Brown hasn't attempted to schedule an appointment and didn't even know if they were being offered in her area yet; she says she is too overwhelmed.

“I don't have no car, and it's hard for me to get around places. I just don't like to go to clinics and have to wait because you have to wait so long,” Brown said, adding that she is in constant pain because of spinal arthritis. “I couldn't do it. My back would give out...and I don't have the money to take a cab.”

The pandemic has also closed senior centers, libraries and churches — all places where older Americans might remain visible in their communities and get information about the vaccine. And some public health departments at first relied on mass emails and text messages to alert residents they were eligible, thereby missing huge chunks of the senior population.

“Do you think everyone has internet access? Do you really think everyone has email?” Denise LaBuda, spokeswoman for the Council on Aging of Central Oregon, said. “We just don't know where they all are. They have to raise their hand — and how do they raise their hand?”

To counter access disparities, the Biden administration said Wednesday that it will partner with health insurance companies to help vulnerable older people get vaccinated for COVID-19. The goal is to get 2 million of the most at-risk seniors vaccinated soon, White House coronavirus special adviser Andy Slavitt said.

Slavitt says insurers will use their networks to contact Medicare recipients with information about COVID-19 vaccines, answer questions, find and schedule appointments for first and second doses and coordinate transportation. The focus will be on reaching people in medically underserved areas.

Non-profits, churches and advocates for older people have already spent weeks figuring out how to reach disadvantaged Americans over age 65 through a patchwork and grassroots effort that varies widely by location.

Some are partnering with charities like Meals on Wheels to distribute vaccine information or grocery-delivery programs like the one which alerted Andrade. Others are mining library card rosters, senior center membership lists and voter registration databases to find disconnected older people.

Reaching out through organizations and faith groups that marginalized older Americans already trust is key, said Margaret Scharle, who developed a vaccine outreach toolkit for her Roman Catholic parish in Oregon. The “low-tech” approach, which other charities started using, relies on door-knocking, paper brochures and scripted phone calls to communicate with residents over 65.

“Once you've been blocked so many times in trying to make an appointment, you might give up. So we are working as hard as we can to penetrate the most marginalized communities, to activate networks that are already existing,” said Scharle, who after the initial contact offers assistance with scheduling appointments and transportation.

In Georgetown, South Carolina, a rural community where many of the 10,000 residents are the descendants of slaves, the local NAACP chapter is using its rolls from a November get-out-the-vote drive to get the oldest citizens out for the vaccine. Chapter president Marvin Neal said they are trying to reach 2,700 people to let them know they are eligible for a shot and to offer help booking appointments.



Many of those individuals don't have internet service or transportation, or suffer from medical issues like dementia, he said.

"Some are not even aware that the vaccine is even in their community, that's the challenge," Neal said. "It's like they're just throwing up their hands in the air and hoping somebody steps in. Because all the ones I have talked to want the vaccine. I haven't had one yet that didn't say, 'Sign me up.'"

Outreach workers are also identifying holes in the system that prevent the most vulnerable seniors from accessing shots. For example, a dial-a-ride service in a rural part of Oregon doesn't take passengers beyond their town limits, meaning they can't get to their county's mass vaccination site. In the same region, only the largest city has a public bus system.

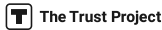
Such obstacles underscore what outreach workers say is a huge demand for mobile vaccine clinics. Some local governments and non-profit organizations are partnering with paramedics and volunteer groups that specialize in disaster response to inoculate the hardest-to-reach seniors.

In South Carolina, pharmacist Raymond Paschal purchased a van and a \$3,000 refrigerator to start a mobile clinic for underserved areas, but his independent pharmacy in Georgetown can't get ahold of any vaccine.

"There's a lot of people falling through the cracks," Paschal said. "These older people who have still not received their vaccine, they're going to have all this younger generation they have to compete with. So we've got to get to these older people first."

Hollingsworth reported from Kansas City, Missouri. Bynum reported from Savannah, Georgia. Associated Press reporter Sara Cline in Portland, Oregon contributed to this report.

- [Newsroom Guidelines](#)
- [News Tips](#)
- [Contact Us](#)
- [Report an Error](#)



Tags: **Coronavirus**



The Associated Press



SPONSORED CONTENT

CBD Oil Is Flying Off The Shelves And You Can Get A Free Bottle Here

By Green CBD



[Click Here To Claim Your Bottle](#)

[VIEW COMMENTS](#)

Join the Conversation

We invite you to use our commenting platform to engage in insightful conversations about issues in our community. Although we do not pre-screen comments, we reserve the right at all times to remove any information or materials that are unlawful, threatening, abusive, libelous, defamatory, obscene, vulgar, pornographic, profane, indecent or otherwise objectionable to us, and to disclose any information necessary to satisfy the law, regulation, or government request. We might permanently block any user who abuses these conditions.



ECONOMY

California's make-or-break reopening has arrived



BY LAUREN HEPLER, RICARDO CANO AND BEN CHRISTOPHER
MARCH 4, 2021



Parents drop off their children as Assistant Principal Janette Van Gelderen, left, welcomes students at Newhall Elementary in Santa Clarita on Feb. 25, 2021. Photo by Marcio Jose Sanchez, AP Photo

IN SUMMARY

As the state reshuffles vaccine distribution and reopening rules, lawmakers green-light a hard-fought plan to bring students back into schools. What does it all mean for economic recovery?

Lawmakers, businesses and educators are scrambling to understand California's latest [surprise shift](#) in pandemic strategy, directly tying economic reopening rules to getting more people in low-income communities vaccinated. The changes are technical – involving health index rankings and vaccine targets and case rates required for businesses to reopen – but the practical effect could be speeding up school and business reopenings.

As states like Texas abandon pandemic precautions altogether, Gov. Gavin Newsom is attempting to bounce back from California's deadliest bout of the virus by incorporating equity in distributing limited vaccine supply in a state where [white, affluent people have disproportionately received early doses](#). The shift also rankled one union-aligned lawmaker who criticized the administration's timing of the announcement just before passage of a compromise school reopening plan.

Newsom, who appears to be [facing a recall](#), defended the complexities of his administration's latest change.

"I wish, you know, I was Herman Cain and I had a 9-9-9 plan," Newsom said today at a press conference in Stockton, referring to the late Republican presidential candidate who ran on a single-sentence tax plan. "It should be complex in a state that happens to be the most diverse state in the world's most diverse democracy. It requires nuance. It requires specific strategies."

If it all works, the state's new reopening approach, which comes just weeks after a [\\$7.6 billion state stimulus deal](#), could help stabilize the working class, buoy struggling businesses and provide much-needed relief to working parents. But it's a tricky balancing act that economists say would defy past economic recoveries, which have widened inequality in the state.

RELATED

California upends how it's divvying up scarce



vaccines



by [Barbara Feder Ostrov](#) and [Ana B. Ibarra](#)

MARCH 4, 2021



Where is Tony Thurmond? State schools chief stays behind the scenes in school reopening debate



by [Laurel Rosenhall](#) MARCH 4, 2021

Stabilizing businesses, relief to working parents

Under [the reopening plan](#) first unveiled by state officials in a secretive late-night phone call on Wednesday, California will redirect 40% of vaccines to areas hit hardest by the virus. Once 2 million vaccines have been distributed in places that rank in the bottom 25% of a statewide [Healthy Places Index](#), the four-level [color-coded system](#) that the state uses to set reopening rules will be relaxed slightly, allowing businesses to move faster from the most restrictive purple tier into the next tier, red, that allows for some indoor dining, gyms and other activities. Currently, 40 counties with 35 million people are in the purple tier.

If all goes well, state officials plan to ease requirements for counties to move into least restrictive orange and yellow tiers. Though the rules for which businesses may open in which tier are staying the same for now, Newsom's top economic adviser Dee Dee Myers said the state could ease rules for outdoor activities in the coming days and evaluate additional changes based on infection and vaccine trends.

"This will give us a chance to start to open those businesses cautiously, allow for more economic activity, bring people back to work, with safety as kind of

the North Star," Myers said.

Do you live in a ZIP code where vaccines will be prioritized?

Gov. Gavin Newsom's administration announced March 3 that 40% of the state's vaccines will be distributed to 400 ZIP codes with the lowest scores on the state's [Healthy Places Index](#). Type your ZIP code below to see if it is among the 400 that will get vaccine prioritization.

Pressure to reopen schools

Across the state, school districts scrambled to understand what the combination of the new reopening bill and the changing reopening rules might mean for teachers, parents and students.

Relaxed rules to reach the red tier add pressure to local school districts to physically reopen campuses to older students sooner.

Most counties, if not all, could likely shift to the less-restrictive red tier by an April 1 deadline laid out under the [school reopening deal](#) struck by Newsom and the legislative leaders. That means that, in order to get their full share of the \$2 billion in incentive funds approved by lawmakers, schools would have to offer some in-person instruction to elementary students and at least one full middle- or high-school grade by the end of the month.

You don't negotiate a deal and then change the parameters of that deal on the day that we're voting on it.

– ASSEMBLYMEMBER LORENA GONZALEZ, D-SAN DIEGO

The timing of Newsom's announcement, which came just hours before the school vote, irked some allies of labor. Assemblymember Lorena Gonzalez, a San Diego Democrat, called the last-minute change dishonest given that the loosened schedule would force some schools to expand class sizes and increase in-person instruction time.

"So if you get calls from your teachers union a little upset, they have the right to be upset," Gonzalez said before voting for the bill. "You don't negotiate a deal and then change the parameters of that deal on the day that we're voting on it."

Lawmakers gathered in the morning to vote on an exhaustively negotiated school reopening bill, which passed the Senate, 36-0, and 72-4 in the Assembly, with all no's coming from Republicans.

Frustration mounts



A group of anonymous parent activists calling themselves Guerrilla Momz protest against school closures during a rally to open schools for in-person instruction at Astro Park in Oakland on Feb. 28, 2021. Photo by Anne Wernikoff, CalMatters

Though AB 86 passed both chambers with bipartisan support, several lawmakers questioned whether the bill went far enough to ensure [all of California's K-12 students](#) will have an opportunity for in-person instruction this spring. The deal does not require schools to physically reopen and [leaves the decision](#) to local boards, superintendents and labor unions. Frustrated parent advocates that have mobilized around the issue called the deal "a failure."

Sacramento Assemblymember Kevin Kiley, a Republican fresh off the release of new book "Recall Newsom: The Case Against America's Most Corrupt Governor," also took the opportunity to mount an attack.

"We are killing our kids for no good reason. Gavin Newsom's monstrous school closures are among the greatest government crimes of the 21st century," he said, without providing evidence of that claim.

Half of the state's 100 largest school districts currently plan to offer some in-person instruction to their students by the first week of April, according to a CalMatters tally. These districts are responsible for educating roughly 3.5 million students.

Six of California's 10 largest school districts - [Long Beach](#), [Capistrano](#), [Elk Grove](#), [Fresno](#), [Corona-Norco](#) and [San Juan](#) - will physically reopen for some students by the first week of April or are currently open.

[Los Angeles](#), [San Francisco](#) and [San Diego](#) remain in negotiations with local unions for in-person returns. The [San Bernardino City Unified](#) school board voted in November to remain in distance learning for the rest of the school year.

Businesses scramble – again

Many business groups around the Capitol were still racing to understand what, exactly, the latest reopening plan meant. One early voice calling for clarity was the state's tourism lobby, which asked for longer-term guidance on events in [a letter](#) highlighting the sector's role bringing in \$66 billion in spending the year before the pandemic. In an echo of salons, craft brewers and other industries who have sued over state reopening rules, tourism agencies and hotels that signed onto the letter blamed officials' lack of precision for hurting business.

"This silence sends a misleading signal that California is closed indefinitely," wrote the authors of the letter distributed by the California Travel Association. "Other states are exploiting this perception to poach corporate meeting(s) and events that would otherwise take place in California in 2022 and well into the future."

Some community and labor groups that have been forced to quickly scale up direct services to out-of-work Californians offered tentative support.

In San Jose, Maria Noel Fernandez has cultivated a team of several dozen people working on collaborative efforts to demystify and translate public health guidance for small businesses and their employees. There's been more reason for optimism lately with more vaccines arriving and talk of jobs coming back.

"There's desperation for the vaccine, and I think the cutting in line and what's being seen across the state is very real, but it's reflective of where we all are: We want to get out of this pandemic," said Fernandez, director of organizing and civic engagement for labor group at the Partnership for Working Families. "What's more encouraging is seeing actual clinics opening up in these communities. Action is what gives me hope."

The biggest challenge for the state, said economist Sarah Bohn, will be juggling the survival of small businesses and increasing hiring with more difficult long-term challenges like closing race and income gaps.

"We can't just aim at getting back to the unemployment rate before this started," said Bohn, vice president of research and a senior fellow at the Public Policy Institute of California. "History is kind of against us in an equitable recovery."



Lauren Hepler

✉ lauren@calmatters.org



Lauren covers the California economy for CalMatters. Her past stories have been published by the New York Times, the L.A. Times, the Guardian and others. She previously worked as a staff reporter for Protocol... [More by Lauren Hepler](#)



Ricardo Cano

✉ ricardo@calmatters.org



ADVERTISEMENT

CALIFORNIA

Column: Have half of L.A. County residents had COVID-19? It depends whose estimate you trust



Health officials believe far more people have had COVID-19 than have tested positive for the illness. The question is how many more. (Genaro Molina / Los Angeles Times)

By SANDY BANKS | COLUMNIST

MARCH 5, 2021 5 AM PT



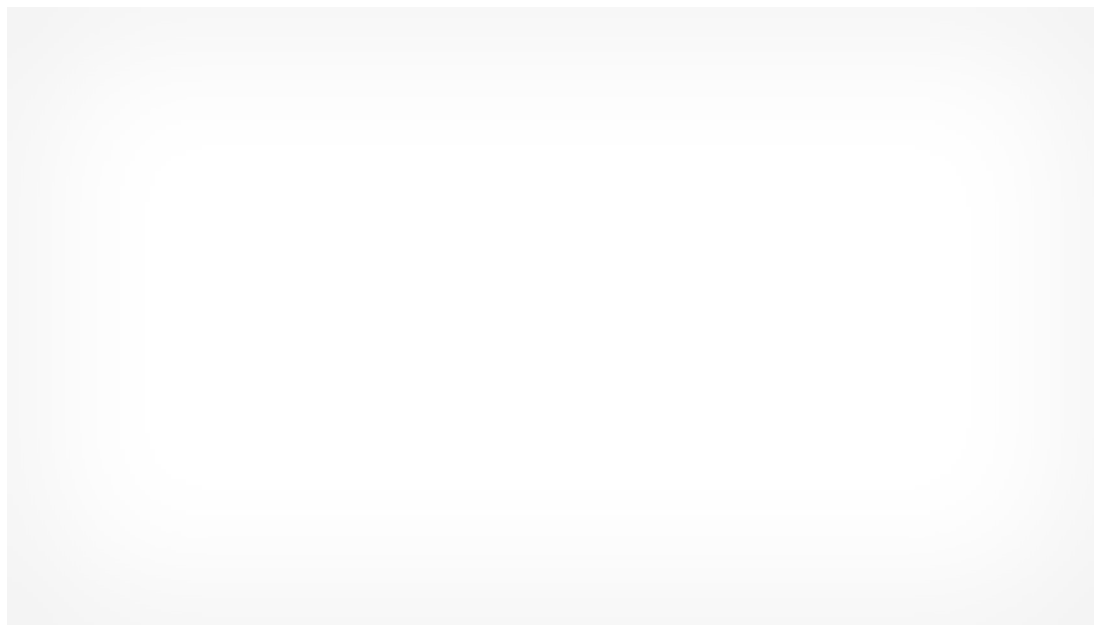
I've grown accustomed to conflicting views when it comes to the pandemic.

We can gather in the library, but our kids can't go to school. I can finally get my hair done, but a facial is not allowed. You shouldn't wear a mask, you have to wear a mask, you really should be wearing two masks.

I understand the inconsistency. This virus is so new that all of us — from CDC scientists to supermarket cashiers — are still trying to navigate a steep learning curve.

And I like to think that nothing surprises me anymore. But then something comes along that shocks me all over again. Last week, it was the news about how many people locally already carry antibodies to the virus.

ADVERTISING



According to some estimates, as reported in *The Times* and elsewhere, as many as half of Los Angeles County's 10 million people have already been infected. And that's even though tests for COVID-19 have confirmed fewer than 1.2 million local infections.

The prospect of that many millions of uncounted infections seemed mind-boggling to me. How could more than 3 million people slip through our testing apparatus?

I wanted to know how those numbers were calculated, so I called L.A. County's chief prognosticator, Dr. Roger Lewis. His job is to quantify and model the spread of COVID-19, to help make sure that the county's hospital system is prepared to meet pandemic healthcare needs.

He is not surprised by the high immunity estimates, but he noted that calculations vary. "I've seen different estimates, from 1 in 4 to more than 50%," he said.

ADVERTISEMENT

The county's official immunity estimate is near the middle of that spread, at approximately 3 in 8 people, or 37.5% of county residents. And that does not take into account the almost [2 million people](#) who have received at least one dose of the vaccine.

Measuring immunity, it turns out, is more sophisticated than just counting positive tests and vaccinations. When the virus first emerged last year, California researchers began "antibody surveillance" — tests of random people to check for COVID-19 antibodies.

“They found that the fraction of people with antibodies was much larger than the fraction of people who knew they’d been sick or people who’d tested positive,” Dr. Lewis said. Many people with evidence of having been infected had never experienced symptoms of the illness; others may not have had access to tests.

Projecting that forward suggests there are now millions of uncounted COVID-19 survivors who were never tested, or at least not at a point when they would register as positive.

ADVERTISEMENT

That early antibody testing clued researchers in to the phenomenon of asymptomatic infection and surreptitious spread. Further study of virus replication, infection demographics, hospitalizations, deaths and more led them to believe that approximately 40% of COVID-19 carriers will have no symptoms and may not show up in testing statistics.

That information established a baseline for measuring how many people might be immune — and, by extension, how many others are still vulnerable to the disease.

But immunity estimates are also influenced by what assumptions researchers make and what trajectory they expect.

“If you talk to enough people, you’re bound to get a mix of opinions,” said Dr. George Rutherford, professor of epidemiology and biostatistics at UC San Francisco. “Some might [estimate] conservatively, and some are more gung-ho,” he told me.

ADVERTISEMENT

In other words, they all use the same basic formula, but the ingredients and measurements might differ a bit.

“We know the natural progression of this disease,” explained David Conti, a USC professor of preventive medicine and specialist in data science integration. “We can describe that with a mathematical model.”

But in real life “the number of new cases each day bounces around a lot,” Conti said. “So as soon as we come up with a model, it’s out of date.”

The USC researchers’ recent model offers a wide range of estimated cumulative infections, concluding that between 3 million and 5.5 million people in Los Angeles County have likely already been infected by COVID-19.

That translates to between 30% and 55% of the county's population. It's the higher number — painting us as a hotbed of infection but also as a region drawing closer to herd immunity — that has caught people's attention.

But that doesn't mean that half of the people you know have already been infected with COVID-19.

“Our model is on the level of the entire L.A. County,” where infection rates [vary drastically by neighborhood](#), USC researcher Abigail Horn said. “People want to take a number and make a statement about it. But it really is about the local communities ... and how this [pandemic] has [amplified healthcare disparities](#).”

That is a message we can't afford to forget. The burden of disease is distributed unevenly — and a 50% immunity rate looks different depending on where you live.

It's a worrying reflection of the dismal job we've done protecting working-class families from infection — or it's an encouraging prospect, because the remaining pool of prospective virus spreaders is smaller than presumed.

Considering that sort of ambiguous messaging, I couldn't help but wonder how vested we should be in the barrage of statistics that accompanies our journey through COVID-19.

I put that question to Dr. Rutherford, who specializes in the study of infectious diseases. He thinks a break from tracking the stats may be just what people like me need. "When you're listening to all these statistics and opinions," he said, "people may lose the forest for the trees."

The "forest," to him, is the rapid creation of effective COVID-19 vaccines, which he sees as "the greatest miracle of modern molecular biology since the discovery of DNA," he says. "That's the overwhelming good news right now ... the culmination of 70 years of [scientific] advances."

ADVERTISEMENT

The "trees" are the numbers we're being bombarded with. "There were 64,000 [research] papers published about COVID-19 by the end of October," he said. "There's a lot of information to digest."



MENU

Home > Coronavirus

March 04, 2021 04:49 PM | UPDATED 47 MINUTES AGO

Detroit Mayor Duggan doubles down on not wanting J&J vaccine for 'foreseeable future'

ANNALISE FRANK

TWEET
 SHARE
 SHARE
 EMAIL

REPRINTS

- City rejects 6,200 Johnson & Johnson vaccines; that amount not replaced with Moderna, Pfizer
- Duggan said city's vaccination program is humming along and he wants Detroiters to get the best vaccine
- State says localities, providers who can manage vaccine are expected to accept it



Johnny Milano/Bloomberg

Detroit declined the state of Michigan's offer of 6,200 Johnson & Johnson/Janssen COVID-19 vaccine doses this week.

The city of Detroit declined its allotted Johnson & Johnson COVID-19 vaccine doses this week, and Mayor Mike Duggan doubled down Thursday on his reasoning for sticking with the vaccines from Moderna and Pfizer.

"Johnson & Johnson is a very good vaccine. Moderna and Pfizer are the best," Duggan said in a news conference. "And I am going to do everything I can to make sure that residents of the city of Detroit get the best."

Detroit would have received 6,200 of the J&J one-shot doses, but declined to do so and did not get more Moderna and Pfizer doses to make up for it, according to Bob Wheaton, public information officer in the Michigan Department of Health and Human Services. They went to "other health departments that had lower coverage rates for those age 65 years or older," Wheaton wrote in an email.

RELATED ARTICLE



Commentary: Why Duggan's rejection of J&J vaccine is dangerous in Michigan's fight to end the pandemic

Detroit got 17,000 first Moderna and Pfizer doses and 12,000 second doses this week for a total of 29,000. That's up from 15,000 a week at the start of February. Duggan expects to get 25,000-30,000 more next week.

"I believe we will have a Moderna and Pfizer vaccine for every Detroiter who wants one. The day may come when we have more Detroiters asking for vaccines than we have Moderna, Pfizer, in which case we'll set up a Johnson & Johnson site ... I don't see that in the next couple weeks," he said. "I'd say for the foreseeable future, I feel confident that we will have a Moderna and Pfizer vaccine for everyone who wants to get vaccinated."

The Detroit Free Press first reported that Detroit had [rejected J&J doses](#).

Compared with the two-dose versions produced by Moderna and Pfizer, the J&J vaccine is less resource-intensive to distribute and administer. It can be stored for months at refrigerated temperatures, rather than frozen, and doesn't require patients to return for a second dose three or four weeks later. That is a positive sign to officials who expect to accelerate vaccine administration across the country.

However, Duggan said the city's vaccine administration system runs smoothly handling two types of two-dose vaccines in one big site at the [TCF Center](#) garage downtown. He added that he thinks it's "worth it" for the added protection to do the extra work.



City of Detroit via Flickr

"I believe we will have a Moderna and Pfizer vaccine for every Detroit resident who wants one. The day may come when we have more Detroiters asking for vaccines than we have Moderna, Pfizer, in which case we'll set up a Johnson & Johnson site ... I don't see that in the next couple weeks," Detroit Mayor Mike Duggan said Thursday.

Food and Drug Administration scientists confirmed that overall the J&J vaccine is about 66 percent effective at preventing moderate to severe COVID-19, and about 85 percent effective against the most serious illness. The agency also said J&J's vaccine is safe. The other two are 95 percent effective against symptomatic COVID-19.

"CDC has recommended its use for all adults age 18 or over," MDHHS spokesman Wheaton wrote in an email. "All immunizing providers who can manage vaccine storage and management for a vaccine are expected to accept vaccine."

"The Johnson and Johnson vaccines were distributed to local health departments and some hospitals this week so that all doses were allocated on top of the Moderna and Pfizer distribution. The city of Detroit allocation of Johnson and Johnson vaccine was 6,200. They did not receive additional Moderna or Pfizer vaccine to replace the Johnson and Johnson vaccine."

Francis Collins, director of the National Institutes of Health, told the Associated Press that evidence shows no reason to favor one vaccine over another.

"What people I think are mostly interested in is, is it going to keep me from getting really sick?" Collins told the AP. "Will it keep me from dying from this terrible disease? The good news is all of these say yes to that."

Detroit has gotten national recognition for its efficiency testing and vaccinating residents through mass sites.

However, the city still lags surrounding counties and the state as a whole when it comes to total percent of adults immunized. Of Detroit adults, 11 percent have been vaccinated so far. For Macomb County, the figure is 16.5 percent; 19.1 percent for Oakland County; 18.6 percent for outer Wayne County, and 18.5 percent for Michigan as a whole.

Nearly 251,000 vaccines have been distributed in Detroit as of Wednesday, with nearly 130,000 of those going to the city government, according to state and local data. Others go to private providers, including health care systems.

The federal government announced this week that it was increasing supply of the Moderna and Pfizer vaccines to states next week to 15.2 million doses per week, up from 14.5 million previously. States were also to receive 2.8 million doses of the J&J shot this week.

New Thursday, the TCF Center garage [vaccination site](#) is now allowing any Detroit resident with underlying conditions ages 50 and older to schedule appointments by calling (313) 230-0505. Other eligible groups include food, manufacturing and health care workers. More details are on the city's [website](#).

Duggan said Thursday he believes Detroit is the only city in the U.S. in which grocery workers and those in manufacturing who live and/or work in the city can be vaccinated.

The state on Wednesday announced it is [expanding eligibility to people 50 years old and up](#) with disabilities or pre-existing medical conditions and caregivers of children with special health care needs starting March 8. Detroit is doing the same.

On March 22, any Michigan resident age 50 and older will be able to get one of the three vaccines available, Whitmer spokesman Bobby Leddy said.

Detroit also marked a milestone Thursday, administering its 100,000th vaccine dose. Around two-thirds of those have gone to Detroiters and the other third to non-Detroiters who work in the city, Duggan estimated Thursday. The drive-through site has gone from a couple hundred then 1,000 appointments a day to 4,500 Thursday. The most it can handle is 5,000.

— *The Associated Press contributed to this report.*


Letter

— to the —


Editor

Want to get something off your chest? [Send us an email](#) or hit us up on [Facebook](#) or [Twitter](#).


RECOMMENDED FOR YOU



Michigan Catholic bishops say Pfizer, Moderna vaccines should be preferred over J&J



Whitmer administration 'very likely' to extend ban on in-person office work beyond April 14



Detroit among top U.S. regions where pandemic life is hardest

One and Done: Why People Are Eager for Johnson & Johnson's Vaccine

Johnson & Johnson's one-shot vaccine is allowing states to rethink distribution, even as health officials and experts worry some will view it as inferior.



By Noah Weiland

March 4, 2021

In North Dakota this week, health officials are sending their first Johnson & Johnson Covid-19 vaccines to pharmacies and urgent care clinics, where people who don't necessarily have a regular doctor can get the single jab. In Missouri, doses are going to community health centers and rural hospitals. And in North Carolina, health providers are using it to inoculate meatpacking, farm and grocery workers.

Since Johnson & Johnson revealed data showing that its vaccine, while highly protective, had a slightly lower efficacy rate than the first shots produced by Moderna and Pfizer-BioNTech, health officials have feared the new shot might be viewed by some Americans as the inferior choice.

But the early days of its rollout suggest something different: Some people are eager to get it because they want the convenience of a single shot. And public health officials are enthusiastic about how much faster they could get a single shot distributed, particularly in vulnerable communities that might not otherwise have access to a vaccine.

"This is a potential breakthrough," said Dr. Joseph Kanter, the top health official in Louisiana. With its first allotted doses, the state is holding a dozen large Johnson & Johnson vaccination events at civic centers and other public places, modeled after what has worked for flu vaccines.

As Johnson & Johnson's production ramps up over the next few months, Dr. Kanter said the shot would allow his state to slash costs for staffing and operations related to the second doses: "The J & J vaccine brings a lot to the table."

Judged by how well it prevents severe disease, hospitalization and death, the Johnson & Johnson shot is comparable to those made by Moderna and Pfizer-BioNTech. And although it has a lower overall efficacy rate in the U.S. — 72 percent, compared with roughly 95 percent for the others — experts say comparing these numbers is problematic because the companies' trials were conducted in different places at different times.



Orders of the Johnson & Johnson vaccine were filled at a shipping facility in Shepherdsville, Ky., on Monday. Pool photo by Timothy D. Easley

The Johnson & Johnson vaccine also can be kept at normal refrigeration temperatures for three months — ideal for distribution at nonmedical sites such as stadiums and convention centers.

"There are circumstances in which it is going to be a really good option or maybe the best option," said Dr. Matthew Daley, a senior investigator at Kaiser Permanente Colorado's Institute for Health Research and a member of the Centers for Disease Control and Prevention's independent vaccine advisory committee.

Only four million doses were shipped this week, and the company's manufacturing lags mean that it will be at least a month before states start receiving significant supplies. Because of that gap, state officials are treating the first wave of doses as a moment to test different ways to deploy them.

YOUR CORONAVIRUS TRACKER: *We'll send you the latest data for places you care about each day.*

Sign Up

Patrick Allen, the director of the Oregon Health Authority, said that the first doses in the state went to a variety of settings, "to see if we learn anything from its use." Those included mass vaccination sites around Portland, adult foster care homes and pharmacies not included in the federal government's pharmacy program. Health officials will evaluate the success of each of those sites to figure out a plan for the larger shipments.

Many state health officials said they were focused on getting the vaccine to people who might be harder to reach for a second dose, such as those who are homeless or on the verge of release from prison. In North Carolina, this category includes the mobile agricultural communities in the state with three- or four-week work seasons. Dr. Mandy Cohen, the state's health secretary, said that large meatpacking plants in the state such as Smithfield and Tyson Foods were interested in the Johnson & Johnson vaccine and had been consulting with her department.



Dr. Darrell Gaskin, a health policy professor at Johns Hopkins University, said it was crucial to emphasize the vaccine's benefits. Valerie Plesch for The New York Times

And because the vaccine tends to have fewer side effects than the other options, it's appealing to people who don't want to risk missing a day of work to recover from chills or fever, she said: "There are a lot of folks who are like, 'I'm much more interested now that you tell me I only have to get a shot one time instead of two.'"

"I don't think it's an inferior vaccine, and that's why I'm taking it for myself," said Dr. Cohen, who was scheduled to get the Johnson & Johnson shot on Friday.

The Coronavirus Outbreak ›

Latest Updates >

Updated 37 minutes ago

- The C.D.C. details links between opening restaurants, masks and virus spread.
- Times investigation: Cuomo aides rewrote a report in June on nursing home Covid deaths to hide the size of the death toll.
- A new poll finds 70 percent of Americans approve of Biden's virus response.

At small, independent pharmacies, the vaccine has caused a surge of excitement. Steve Hoffart, the owner of Magnolia Pharmacy in Magnolia, Texas, a small town outside of Houston, has received calls and emails from residents anticipating its arrival this week. He said he hopes to hold a Johnson & Johnson event for teachers on March 13. Schools in the area have struggled to find substitute teachers during the pandemic, and a vaccine that does not require a second visit and more time off was a significant development, he said.

Tim and Joyce Staab, who live in Chillicothe, Ohio, a town of about 20,000 an hour's drive from Columbus, were two of the first Americans to receive the Johnson & Johnson vaccine. Both had general vaccine appointments scheduled for later in the week. But then they got notice Wednesday that an independent pharmacy near them had received 100 doses of Johnson & Johnson's shot. Ms. Staab, 68, is hesitant about needles and liked the one-and-done approach.

Mr. Staab, 67, said he thought the vaccine was a better choice for health providers like the pharmacy where he received it. "They don't have the resources, I don't think, to be dealing with really hard to store" vaccines, he said.

States have been able to customize and tinker with distribution plans in part because the federal government did not issue prescriptive guidelines for where and who the vaccine should go to.

This winter, as the Food and Drug Administration's authorization of the Johnson & Johnson vaccine approached, federal officials involved in vaccine distribution pushed for the shot to be used in a more centralized way, either at large stadiums and mass vaccination sites run by the Federal Emergency Management Agency or only in pharmacies, according to officials familiar with these discussions. But the White House preferred to allow states to tailor their own plans, as they had done for the Moderna and Pfizer-BioNTech vaccines.



Doses of the new vaccine arriving at a mass vaccination site at the NRG Stadium in Houston on Tuesday. Harris County Public Health, via Reuters

Although health experts are enthusiastic about the potential public health benefits of the new vaccine, some also fear that the public's interest will wane once vaccines become less scarce. If given the choice among brands, some people may reject Johnson & Johnson's, seeing it as an inferior choice.

At Black churches across the Mid-Atlantic region this winter, Darrell J. Gaskin, a professor of health policy at Johns Hopkins University and a pastor, and Rupali Limaye, a scientist at the university who studies vaccine hesitancy, have counseled and reassured hundreds of pastors and congregation members of African Methodist Episcopal Zion churches in virtual presentations, emphasizing the Johnson & Johnson vaccine's safety and prevention of severe Covid-19 and death, including among the Black volunteers in the company's trial.

Dr. Gaskin said it was crucial for officials to emphasize the benefits of the vaccine at the beginning of its distribution, so people "don't feel like there's a luxury vaccine and then the non-luxury vaccine."

What You Need to Know About the Vaccine Rollout

- Providers in the U.S. are administering about 1.9 million doses of Covid-19 vaccines per day, on average. About 52 million people have received at least one dose, and about 26 million have been fully vaccinated. [How many people have been vaccinated in your state?](#)
- The U.S. is [behind several other countries](#) in getting its population vaccinated.
- In the near future, [travel may require digital documentation](#) showing that passengers have been vaccinated or tested for the coronavirus.
- When can you get the vaccine? What are the vaccine's side effects? Is it safe to get one during pregnancy? [We have answers to many of your questions.](#)

SEE MORE ▾

“We’re facing disparities related to Covid,” Dr. Limaye said. “How do we reduce disparities? We get a product out that’s one dose and that’s stable.”

One of Dr. Gaskin’s church’s members, Patricia Cooper, a teacher in Washington, D.C., said that President Donald J. Trump’s efforts to claim credit for a vaccine last year and the label “emergency use authorization” suggested to her that the federal government may have rushed its reviews of vaccines, leaving her jittery about their safety. But she said she was eager to get a vaccine, especially Johnson & Johnson’s.

“This one is more appealing to me,” she said. “Who likes to get stuck more than once?”



Dr. Rupali Limaye, a researcher at Johns Hopkins University. “We’re facing disparities related to Covid,” she said. “How do we reduce disparities? We get a product out that’s one dose and that’s stable.” Valerie Plesch for The New York Times

But Mr. Allen, the Oregon health official, warned that using it in more specialized ways could contribute to skepticism about its quality.

“If you start getting a little too cute about targeting its use, you maybe feed distrust potentially of, ‘Well, why am I getting that vaccine? And, I’m in this special population and people who aren’t in this special population aren’t getting this vaccine,’” he said.

Federal health officials have promised a way to crack down on the Johnson & Johnson vaccine potentially being used in inequitable ways. Dr. Marcella Nunez-Smith, the chairwoman of the Biden administration’s new health equity task force, said at a White House news conference this week that distribution of the vaccine “should be even across communities.”

“We will be tracking biometrics, such as ZIP code and social vulnerability, to see where vaccines are going,” she said. “And should certain vaccines go consistently to certain communities, we will be able to intervene.”

Some state officials believe that pairing the new and old vaccines can help show that they are equally important.

Mr. Allen said that Oregon was creating similar distribution plans for Johnson & Johnson and Moderna because both vaccines can be stored in refrigerators for the short term. The state is treating the Pfizer-BioNTech vaccine as the one with “special considerations,” with its stricter shipping requirements and large packages of vials more suited to mass vaccination sites, he said.

Managing the vaccines from Johnson & Johnson and Moderna in similar ways, he said, would help avoid “equity questions and potential concerns, based on perceived differences between the vaccines, some of which are real and some of which aren’t.”

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <https://www.djreprints.com>.

<https://www.wsj.com/articles/covid-19-age-based-vaccination-rules-come-under-fire-11614940200>

U.S.

Covid-19 Age-Based Vaccination Rules Come Under Fire

Critics say Connecticut and Maine's new vaccination regimes unfairly exclude people with serious medical conditions, essential workers



In Connecticut, people 55 years and older are currently permitted to get the vaccine.

PHOTO: JOSEPH PREZIOSO/AGENCE FRANCE-PRESSE/GETTY IMAGES

By [Joseph De Avila](#)

March 5, 2021 5:30 am ET



Listen to this article

6 minutes

A backlash is growing in Connecticut and Maine following the adoption of age-based eligibility rules for [Covid-19](#) vaccinations that will force some people with serious medical conditions and essential workers to wait longer for their turn.

The two states are the only ones in the country to base eligibility for the Covid-19 vaccine mostly on age. In recent weeks, both abandoned previous plans to also give priority to people with certain underlying medical conditions and people working in some occupations. In Connecticut, people 55 years and older are currently permitted to get the vaccine, and in Maine people 60 and older can get it.

Younger people will become eligible in phases. Both states have carved out an exception for people who work in education.

David Margolis, who lives in Stamford, Conn., said he had expected his 21-year-old son, who has a rare genetic disorder that makes him more susceptible to a severe case of Covid-19, to be included in the next group of people eligible for the vaccine. Instead, he will have to wait until at least May, when Connecticut opens up vaccinations to its last group, 16- to 34-year-olds.

“We were flabbergasted. We were brokenhearted,” said Mr. Margolis, 63. “How you take this population of people that have these underlying conditions and just sort of throw them to the wayside is just beyond me.”

Disability Rights Connecticut, a nonprofit group that represents people with disabilities, filed a formal complaint with the U.S. Office for Civil Rights at the U.S. Department of Health and Human Services last month, alleging Connecticut’s new policy discriminates against people with disabilities.

The eligibility criteria for Covid-19 vaccines varies by state, but all have given priority to vaccinating their oldest residents and healthcare workers. The vast majority also follow the Centers for Disease Control and Prevention’s guidelines to give priority to people with high-risk underlying medical conditions and essential workers.

A lot of states have been changing eligibility rules as they go, creating confusion for residents. California temporarily pushed back opening up vaccinations to essential workers to speed up the process, but has since allowed food and agriculture workers to get vaccinated. On March 15, people with underlying medical conditions will become eligible.

Maine and Connecticut officials say rolling out the vaccine based on age is a faster and more efficient method that will prevent more deaths. It eliminates the complications of choosing which occupations and medical conditions would qualify and verifying that information. Also, state health officials concluded that age is the single most important factor that determines whether someone with a severe case of Covid-19 lives or dies.

“There is a great deal of fear out there, justifiable fear, of catching the virus,” Maine Gov. Janet Mills, a Democrat, said at a news conference last week. “The decision we are making is the one that will benefit the most people and save the most lives.”

SHARE YOUR THOUGHTS

Do you agree or disagree with Connecticut and Maine's vaccine strategy? Why or why not? Join the conversation below.

She acknowledged that some people with underlying medical conditions would be disappointed by the change. Under the state's new plan, the last eligible age group, ages 29 and under, can get vaccinated in July.

Josh Geballe, Connecticut's chief operating officer who helps steer the state's pandemic response, said giving priority to essential workers and people with underlying medical conditions was unworkable, given the challenge of verifying occupations and health details.

Also, the number of Connecticut residents with a qualifying medical condition and essential workers could have been up to 1.5 million, Mr. Geballe said. There currently aren't enough vaccine doses for that, so the state would have had to create another tier of prioritization within those groups, further complicating efforts, he said.

"Our strategy is really designed to ensure we go as quickly as we can, to reduce deaths and severe illness from Covid, and also to give us the best opportunity to have equity in our vaccine rollout," Mr. Geballe said. "We remain convinced that this strategy is the best one to achieve both goals."

Many young essential workers were dismayed to learn they have to wait longer for the vaccine. Allyson McCabe, a 21-year-old assistant front-end manager at a Stop & Shop in Simsbury, Conn., called the state's new vaccine rules "a slap in the face."



Allyson McCabe, a 21-year-old supermarket worker in Simsbury, Conn., called the state's new vaccine rules 'a slap in the face.'

PHOTO: ALLYSON MCCABE

"We went in the face of this Covid since day one, and we don't really get any thanks for that," Ms. McCabe said.

Some medical professionals say the approach raises questions about fairness and could further exacerbate the inequities wrought by the pandemic.

"The question for society is, is that an equitable approach? And in my viewpoint, I think we can take a different approach and have a more equitable rollout," said Bonnie Swenor, director of the Johns Hopkins Disability Health Research Center, who believes people with underlying medical conditions should be eligible sooner.

Arthur Caplan, director of the division of medical ethics at New York University Grossman School of Medicine, said that given the rocky rollout of the vaccine across the U.S., giving priority to age makes sense rather than trying to fix a dysfunctional system.

"I think just getting it out there has got to be our goal," Dr. Caplan said. "I'm willing to, sadly, sacrifice somewhat on equity at this point."

THE INTERPRETER

Vaccine Passports, Covid's Next Political Flash Point

A world divided between the vaccinated and unvaccinated promises relief for economies and families, but the ethical and practical risks are high.



By Max Fisher

March 2, 2021

The next major flash point over coronavirus response has already provoked cries of tyranny and discrimination in Britain, protests in Denmark, digital disinformation in the United States and geopolitical skirmishing within the European Union.

The subject of debate: vaccine passports — government-issued cards or smartphone badges stating that the bearer has been inoculated against the coronavirus.

The idea is to allow families to reunite, economies to restart and hundreds of millions of people who have received a shot to return to a degree of normalcy, all without spreading the virus. Some versions of the documentation might permit bearers to travel internationally. Others would allow entry to vaccinated-only spaces like gyms, concert venues and restaurants.

While such passports are still hypothetical in most places, Israel became the first to roll out its own last week, capitalizing on its high vaccination rate. Several European countries are considering following. President Biden has asked federal agencies to explore options. And some airlines and tourism-reliant industries and destinations expect to require them.

Dividing the world between the vaccinated and unvaccinated raises daunting political and ethical questions. Vaccines go overwhelmingly to rich countries and privileged racial groups within them. Granting special rights for the vaccinated, while tightening restrictions on the unvaccinated, risks widening already-dangerous social gaps.

Vaccine skepticism, already high in many communities, shows signs of spiking if shots become seen as government-mandated. Plans also risk exacerbating Covid nationalism: sparring among nations to advance their citizens' self-interest over global good.

"Immunity passports promise a way to go back to a more normal social and economic life," Nicole Hassoun and Anders Herlitz, who study public health ethics, wrote in *Scientific American*. But with vaccines distributed unequally by race, class and nationality, "it is not obvious that they are ethical."

Still, there are clear upsides: grandparents reuniting with out-of-town grandchildren; sports, concerts and other events partly but safely returning; resumption of international travel and some tourism; businesses reopened without putting workers at undue risk.

All of that is why, Drs. Hassoun and Herlitz wrote, vaccine documents "may be inevitable."

Widening Society's Divides

Some countries require proof of vaccination — for example, against yellow fever — to enter. So do schools and day-care facilities in many American states.

But there is little precedent for society-wide restrictions. And by limiting services to people with the proper paperwork, governments would effectively mandate vaccination to use them.

YOUR CORONAVIRUS TRACKER: We'll send you the latest data for places you care about each day.

Sign Up

Special privileges for the vaccinated would, by definition, favor demographics that are inoculated at higher rates. In Western countries, those communities tend to be white and well-off.

This evokes an uncomfortable image: professional-class white people disproportionately allowed into shops, baseball games and restaurants, with people of color and members of the working classes disproportionately kept out. If workplaces require proof of vaccination, it could tilt employment as well.

"If vaccines become a passport to doing different things, we're going to see the communities that have been already hardest hit by Covid being left behind," said Nicole A. Errett, a University of Washington public health expert.



Coronavirus vaccine shots being administered in London in January. Andrew Testa for The New York Times

Then there is enforcement.

“You could easily see a situation where it’s creating discrimination, prejudice and stigma,” said Halima Begum, who runs a British racial equity organization called the Runnymede Trust.

“We already saw, with the coronavirus regulations with lockdown, disproportionate amounts of stops and searches for young minority men,” she said, referring to police-issued searches and fines. “So you can see who is potentially likelier to be grabbed up for not carrying the passport and therefore be denied access.”

That risks increasing public distrust, she said, at a time when governments need perhaps three-quarters of their populations to voluntarily vaccinate.

Still, passport-style policies would, in theory, help control the pandemic as a whole, reducing overall infections and economic disruptions that fall inordinately on underprivileged groups.

The only way to untangle that dilemma, Dr. Errett said, is “addressing the inequality itself,” closing the racial and class disparities that have widened throughout the pandemic.

The Coronavirus Outbreak ›

Latest Updates ›

Updated 1 hour ago

- [A popular drug, ivermectin, doesn't alleviate mild Covid-19 symptoms, a new study says.](#)
- [A look at the Covax program in Ghana, featuring refrigerated trucks and drone deliveries.](#)
- [San Diego Zoo apes get an experimental animal vaccine against coronavirus.](#)

Vaccine Geopolitics

Then there is inequality among nations, mostly relevant for international travel.

The approved coronavirus vaccines have been, with some exceptions, generally distributed among nations rich enough to buy or produce them. The world’s poorest may be two or three years out, though their residents are also less likely to travel across borders.

Yet there are billions in the middle: with the means to travel, and sometimes the need, but not access to shots.

“If we are opening up the world only to people from high-income countries, we are creating a lot of inequity,” Dr. Errett said. “We’re cutting people off from resources and from connections that keep economies and communities thriving.”

Still, some poorer countries that rely on tourism are embracing the idea. Thailand’s authorities have said that they hope to set a policy this summer for accepting vaccine passports.

Members of the news media recording the unloading of Thailand's first coronavirus vaccine delivery in Bangkok last month. Adam Dean for The New York Times

Some experts are urging governments to wait for international standards on the passports before opening up travel, lest uneven standards lead to unsafe practices or geopolitical gamesmanship.

"A challenge since the beginning has been getting countries to do what's best for the world instead of what's best for people inside of their borders," Dr. Errett said.

Witness the maneuvering within the European Union, whose 27 countries share long borders but have starkly different economic needs and vaccination rates.

Southern European states like Spain and Greece, which rely on tourism, are pushing for the bloc to adopt the documents. German and French officials have expressed reservations, at least for now. Their countries have lower vaccination rates, meaning that travel restrictions would put their residents at a relative disadvantage.

A Struggle Over Mandates

When Britain's foreign secretary speculated recently that proof of vaccination might be required for pubs and stores, a lawmaker in his own party, Mark Harper, retorted, "I don't think you want to require people to have to have a particular medical procedure before they can go about their day-to-day life."

What You Need to Know About the Vaccine Rollout

- Providers in the U.S. are administering about 1.9 million doses of Covid-19 vaccines per day, on average. About 52 million people have received at least one dose, and about 26 million have been fully vaccinated. [How many people have been vaccinated in your state?](#)
- The U.S. is behind several other countries in getting its population vaccinated.
- In the near future, travel may [require digital documentation](#) showing that passengers have been vaccinated or tested for the coronavirus.
- When can you get the vaccine? What are the vaccine's side effects? Is it safe to get one during pregnancy? [We have answers to many of your questions.](#)

[SEE MORE](#) ▾

California's vaccine struggle, over whether to tighten school requirements after measles and whooping cough outbreaks highlighted the state's low immunization rates, offers a worrying preview.

Fringe activists had long opposed school vaccination, some motivated by conspiracies, others by what they described as all-natural lifestyles.

When California lawmakers moved to close the state's generous opt-outs, anti-vaccine groups "pivoted their messaging to one of parental rights," said Renée DiResta, a Stanford Internet Observatory disinformation expert.

"It attracted a lot more people, and it made the bill partisan," she said, with Republican state lawmakers near-uniformly opposing it as tyrannical government intrusion.

It passed, as did similar measures in other states. Vaccination increased and preventable disease rates dropped. But the dispute polarized some voters against vaccine mandates and even vaccines themselves. A follow-up bill in 2019 was even more fiercely contested.

Although Ms. DiResta supported the bills, she warned that "the specter of a mandate" could "erode the ability to appeal to people" to get Covid shots on the basis of informed consent.

Cars lining up at a vaccination site at Dodger Stadium in Los Angeles. Philip Cheung for The New York Times

Backlash, she said, is already forming on social networks, which have been incubators of "anti-vaxxer" sentiment.

"The European conversation around passports has really made it over into the anti-vaxxers communities here," feeding conspiracies of forced global vaccination, she said.

California's example suggests that vaccine opponents could exploit discomfort with government mandates to polarize people over whether to get vaccinated at all. Masks and distancing are already politicized in the United States, driving down compliance.

"I think the real risk, honestly, is going to be politicized misinformation," Ms. DiResta said, which might frighten people into believing that "the government is forcing an intervention on you."

Small minorities outright oppose vaccines. A much larger share — up to one-third of Americans, in one poll, predominantly Republicans — are merely hesitant. The push to achieve herd immunity will depend on that third.

A Muddled Mission

One problem: There is no agreement on the primary purpose of a vaccine passport program.

Governments typically talk about them as a way to open up economies. Individuals, as a way to re-enter normal life. Public health experts, as a way to reduce transmissions.

A production line for Russia's Sputnik V vaccine operated by the pharmaceutical company Biocad in St. Petersburg. Emile Duce for The New York Times

Those goals align, but imperfectly. At some point, the authorities have to prioritize.

Dr. Errett ticked through implementation questions, broadly unknown, that could force an answer. Would you need two doses to get the document or just one? Do Russian- or Chinese-made vaccines qualify? What are the rules for religious or medical opt-outs? Are some activities restricted to card-carriers until herd immunity, just until infections fall below a certain line — or forever?

“We need to be cognizant of the costs and benefits,” she said, and not just to adjust as we go, but for “the precedent we’re setting.”

“We pandemic people,” she said, “have been saying it since the beginning: We don’t expect this to be the last pandemic that we see.”

Matina Stevis-Gridneff contributed reporting from Brussels.

https://www.highlandnews.net/news/public_safety/sheriff-s-department-offers-free-safe-return/article_4a01a504-7d4b-11eb-925a-7f17bb5ded28.html

Sheriff's department offers free Safe Return

Hector Hernandez Jr.
Mar 4, 2021

After the Highland Police Department responded to two missing person calls relating to people with developmental disabilities in one week, the department is reminding local families of the sheriff's department's Safe Return program for people who are a critical wandering risk.

The Safe Return program is a registry database that keeps profiles of county citizens who are at risk of wandering due to developmental disabilities, such as those with Alzheimer's, autism, dementia and Down syndrome. The information is kept on file so deputies can quickly be alerted when contacting registered individuals with special needs or when someone is reported missing.

The free program can be used by creating an online account at sbcounty.gov/sheriff/safereturn or by calling (909) 387-3700.

"I was just thinking of these two families and how scary this was for them," said Lisa Henley, sheriff's service specialist, about the families of two people with autism who went missing on Feb. 23 and Feb. 27. Both were found safe.

The free program includes a nine-step profile that includes information on the citizen's disability, description, contact information, regular behaviors, caretakers, vehicles and photographs.

When a Safe Return registrant is reported missing, the information can be sent to law enforcement agencies, emergency agencies and hospitals in minutes.

"It's a good benefit," said Henley. "It helps, along with the press releases and social media from all of our law enforcement family."

According to Henley, on average, the Highland station responds to one to two critical risk missing person calls each month. This is in addition to juvenile missing person calls.

Henley recommends candid photographs over studio or school photographs as they give a truer depiction of the person's character and daily appearance.

"If you have a genuine and relaxed smile you see their smile, teeth, dimples and true personality," Henley said. "You also see the shape of their face and ears."

She also recommends that profile photographs be kept current.

While the Safe Return program is specifically for people with disabilities, Henley also recommends that parents keep up their own file of current photographs of their children. Parents should also make it a habit to make mental notes of what their children are wearing each day. Cell phone tracking systems can also be useful in relocating a missing person.

Henley also advises families to report missing loved ones as soon as they are missed, rather than waiting 24 hours, as many people mistakenly believe is required. The sooner the information can be shared the sooner the search can begin and the sooner the missing person can be relocated.

For more information or to register someone on Safe Return, visit sbcounty.gov/sheriff/safereturn or call (909) 387-3700.

Hector Hernandez Jr.

NEWS > HOUSING • News

Lawmakers, county assessors seek clarity, delay on Prop. 19 provisions

A provision to transfer favorable tax breaks to children is only for principal homes, not investment property.



Two California senators and the state's 58 county assessors are seeking clarification on the details of a controversial property tax measure, and they're working to delay a provision that would make it more costly for children to inherit homes from their parents.

By **KEVIN SMITH** | kvsmith@scng.com | San Gabriel Valley Tribune

PUBLISHED: March 4, 2021 at 4:41 p.m. | UPDATED: March 4, 2021 at 4:43 p.m.

Two California senators and the state's 58 county assessors are seeking clarification on the implementation of a new property tax measure, and they're hoping to delay a provision that makes it more costly for children to inherit some homes from their parents.

[Proposition 19](#), narrowly approved by voters in November, took effect Feb. 16. It allows California homeowners who are over the age of 55, disabled or victims of natural disasters to transfer their existing property tax base to a replacement home in the state, even if the new home is more expensive.

But tucked inside the bill is a provision that repealed Prop. 58, a 1986 constitutional amendment that said parents could transfer ownership of any home to their children without a change to the property tax bill.



Under Prop. 19, properties that are not farms or the principal home of the child within a year would be reassessed at current market value when the title changes hands. That would also apply to a child who chooses to keep the property as a second home, vacation home or rental property.

Any of those scenarios would likely hike property taxes by thousands of dollars when a home is transferred from parents to children, or in some cases, from grandparents to grandchildren.

Prop. 19 was backed by the [California Association of Realtors](#), which supported the measure with \$35.7 million. The industry group, which benefits from home sales, saw a barrier for older residents who either wanted to downsize or move but wouldn't because they were locked into a low tax rate on their longtime homes.

[Senate Bill 668](#), authored by Sen. Patricia Bates, R-Laguna Niguel in partnership with the [Howard Jarvis Taxpayers Association](#), would delay implementation of the property inheritance provision until Feb. 16, 2023.

A two-year delay, Bates said, would give the state time to assess the issues. Families would also have additional time to seek professional advice on how a property transfer might affect potential tax liabilities.

"While Prop. 19 is now law, the measure is silent on some issues regarding implementation," Bates said in a statement, adding that it's not always possible for family members to quickly relocate — particularly amid the COVID-19 pandemic.

The bill is awaiting referral to a Senate policy committee.

Sen. Robert M. Hertzberg, D-Van Nuys, hopes to bring clarity to Prop. 19 through [Senate Bill 539](#), which he introduced last month.

County assessors, the legislation says, "need explicit authority" to administer the new law, and property owners need clarity to make informed estate planning decisions.

The bill is set for a hearing in the Senate Appropriations Committee on Monday.

Los Angeles County Assessor Jeffrey Prang said his office has no clear guidance on how to implement portions of Prop. 19, a measure he says was "hastily written at the end of the legislative session with confusing and conflicting language."

"We spent the Christmas holiday combing through the measure to come up with an inventory of the deficiencies," he said.

The [California Assessors' Association](#) and [Board of Equalization](#) crafted a detailed legislative package with proposed changes to Prop. 19 on a variety of issues, including what properties are eligible for transfer, who is eligible and what the application process is. The package has failed to gain traction.

Prang offered an example of how Prop. 19 can be confusing.

"Suppose you are going to inherit your mother's house and that property tax base as well," he said. "What happens if she develops Alzheimer's and is living in a memory-care facility? Under Prop. 19, you would not qualify to inherit that property because that would not be her primary residence."

The situation would be equally unwieldy if multiple siblings inherited a home, Prang said.

"The law says that must become your primary residence," he said. "That means they would all have to move into the house, which is absurd."

Prang expressed his frustration in a letter sent last month to the Los Angeles County Board of Supervisors.

"Assessors are likely to interpret some portions of Proposition 19 differently from county to county," he wrote, adding that legislative action taken may later "invalidate, supersede, modify intermittently, or retroactively contradict those interpretations."

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)

 The Trust Project

Everyone cares about housing.

Sign up for The Home Stretch, our newsletter focused on housing.

Enter your email to subscribe

SUBSCRIBE





SUBSCRIBE TO OUR DAILY NEWSLETTER!

About PCEO ▾

PCEO Report

Job Board ▾

Advertise

Submit an Op-Ed



California's Top News For
Local Government Leaders

City

County

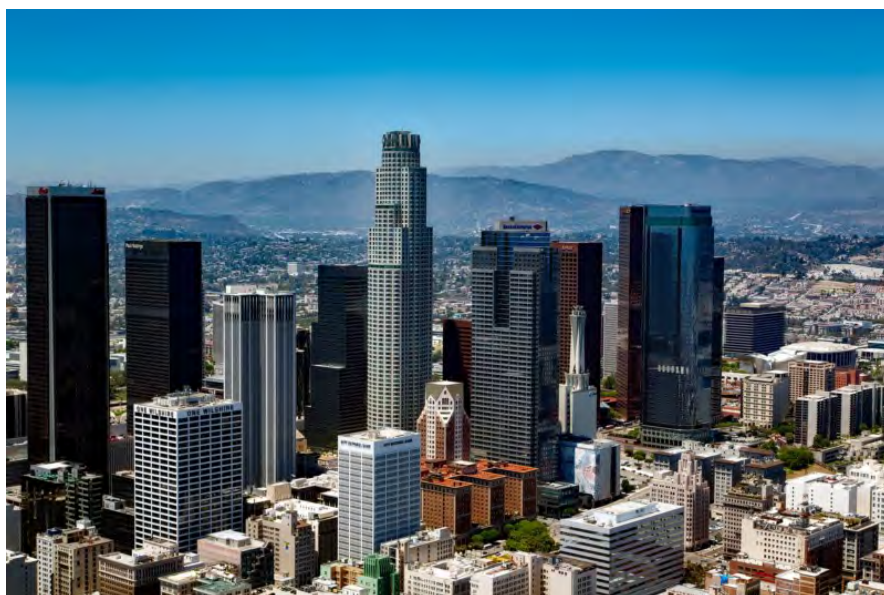
Special District

Private Sector

Insights



Local governments can innovate and they have



Recent News



Local

governments can
innovate and they have

March 4, 2021



New
funding
rounds

announced for the
California Small
Business COVID-19
Relief Grant Program

March 4, 2021



City of La
Verne
awards seven
local
projects and businesses

projects and businesses



By the *Davenport Institute*

When people think of government, they often focus on slow, rigid, and unresponsive bureaucracies that fail to adequately address the problems they are tasked with.

While this stereotype may not be completely undeserved,

the past year has shown the innovative capacity of local governments across the nation.

Almost by definition, local institutions are better prepared and situated to respond to the needs of those they serve than the state or federal government. When local governments prioritize public engagement, physical proximity paired with understanding the history and culture of the community allows local leaders to comprehend the challenges facing their neighbors, as well as what solutions are realistic. This particular knowledge is what has allowed local governments to innovate in the midst of dramatic change, bringing cities together during a time when they may otherwise fall apart.

At the onset of the COVID-19 pandemic, countless cities ranging from Boston, MA all the way to Los Angeles, CA created dashboards and portals to provide residents with up-to-date information regarding how the pandemic was affecting their community. Places like Baltimore, MD and King County, WA went a step further in sharing information about food distribution sites, transportation assistance, public safety, and more.

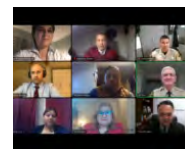
While the creation of these platforms may seem minimal, they allowed local government leaders to build trust through transparency. COVID-19 guidance and relief from the federal government has proven to be inconsistent at best, so local accountability has been instrumental in the success of cities responding to the pandemic.

This has become even clearer as time has passed, with citizens focusing more on what’s happening in their neighborhoods and cities. Though “innovative government” may seem like an oxymoron, there are numerous examples of cities rapidly adapting to the needs and circumstances of their communities.

When California shut down indoor dining and other activities last summer, cities like San Diego and Poway reached out to the community and did their best to soften

for outstanding achievement in development

March 4, 2021



San Diego County residents graduate

from first spanish language sheriff's academy

March 4, 2021



Santa Ana City Council approves premium

pay for grocery and retail pharmacy workers facing pandemic risks

March 4, 2021



LEARN MORE



the financial blow of the lockdowns. San Diego Mayor Kevin Faulconer signed executive orders allowing restaurants to expand outdoors without additional permitting, and even designated city streets to be closed so restaurants could safely add outdoor seating. Faulconer also opened city parks for gyms and churches to continue services outdoors, which was a huge relief for those looking to maintain their physical and spiritual health.



In Poway, the City Council and Mayor Steve Vaus coordinated similar efforts, offering picnic tables for businesses to use and creating a Shared Outdoor Space Initiative that allowed worship activities and fitness groups to proceed safely. Residents were extremely grateful for these efforts and understood their local government officials to be working *for*—rather than *against*—them.

More recently, Grover Beach, CA began its #BuyLocal program as part of its “ongoing efforts to stimulate the economy, retain local jobs, and help small businesses recover and thrive.” When a customer spends \$100 at a local small business, they receive a \$25 gift card to a participating Grover Beach business. City Manager Matt Bronson has been instrumental in launching this program, and his role in the Davenport Institute for Public Engagement and Civic Leadership has certainly shaped his approach to connecting with the Grover Beach community. The initiative is just one of many ways that local leaders have adapted to the needs of the community while building trust and social cohesion.

These local governments—and others across the country—have shown that government can be innovative when it prioritizes engaging with the community. Their efforts have certainly resonated with residents, who see their local

leaders responding to their needs and doing what they can to help.

About Davenport Institute

Since our founding as a multi-partisan and non-profit organization in 2005, The Davenport Institute (formerly Common Sense California) has worked to engage the citizens of this state in the policy decisions that affect our everyday lives. It is our firm belief that, in today's world of easy access to information, and easy connectivity to others, California's municipal and education leaders are seeking ways to involve the residents of their communities in the important issues they confront. Done legitimately, this new kind of leadership produces better, more creative policy solutions and better, more engaged citizens committed to the hard work of self-governance.

March 4, 2021 | [Cities](#), [COVID-19](#), [Economic Development](#), [Insights](#)

Share This Story!



Top of Mind

How are you telling your agency's story?

© Copyright 2021 Public CEO | daily@publicceo.com | [Privacy Policy](#)



LOCAL NEWS • News

Carousel Mall decision only first step in long process in San Bernardino



The boarded-up Carousel Mall in San Bernardino, seen here in 2018, closed the previous year after 45 years of operation. City leaders have chosen a developer with whom to negotiate the rights to build housing, shops and more on the site. (John Valenzuela/The Sun/SCNG)

By **DAVID ALLEN** | dallen@scng.com | Inland Valley Daily Bulletin
PUBLISHED: March 4, 2021 at 4:02 p.m. | UPDATED: March 4, 2021 at 4:02 p.m.

Possibly in our lifetimes, depending on how young we are, the Carousel Mall site will be redeveloped. I think it's best to remain skeptical until construction starts, even after [a developer was chosen late Wednesday](#).

Given a choice between two developers, or of starting from scratch, the San Bernardino City Council picked the Renaissance Downtowns USA/ICO Real Estate Group partnership as more viable than the competing plan by SCG America.

But simply negotiating the agreement for the city-owned property is likely to take up to 18 months, the city's planning director said. That's fall 2022.

"A lot of lawyers are going to be involved in this," City Manager Rob Field said before the vote. Consultants will need to be hired to represent the city because, Field said, "we're not staffed to do this."

The mounds of paperwork will include not only a contract for the sale of the property but a disposition and development agreement. That will contain various enforcement tools and escape hatches to ensure the property is developed to the city's liking and on a reasonable timeline.

At the urging of some council members, Field has six months to reach "deal points" with the developer for an eventual contract. That's meant to give the city an early out if the developers prove to be all talk.



Councilman Fred Shorett had first suggested “120 days.” Councilwoman Kimberly Calvin countered with “six months.” Shorett: “120 days is six months.” Calvin: “120 days is four months, Fred.” Shorett: “I apologize.”

The first deal point ought to be which calendar to use.

OK, so by fall 2021 we may know if we’ll have a deal by fall 2022. And that’s only a contract, not submittal of design plans or construction. When might a project — some mix of housing, retail, offices and parks — be done?

“He told us 15 years,” Councilman Damon Alexander exclaimed of the developer, “and that’s ‘if everything is perfect.’”

“Too long!” replied Shorett, who like the rest of us isn’t getting any younger.

To be fair, it’ll probably a lot shorter than 15 years. In their Jan. 27 pitch to the council and public, the developers said they wanted not just the mall’s 43 acres but another 260 acres around downtown to try to remake the city. Accomplishing all of that might take 15 years.

Well, like Rome, San Bernardino wasn’t built in a day.

City staff, by the way, had recommended rejecting both proposals and master planning the property from City Hall, then piecemealing it out to perhaps a half-dozen developers. The seeming shift in gears puzzled me, but then, [Field was hired only in September](#), inheriting a process that had started under his predecessor.

Also, officials may have been as unimpressed by the two proposals as I was. SCG America appeared to have dusted off renderings meant for a beachside city, while Renaissance has a lot of credentials but no actual plan. Unless floating the idea of [building a Riverwalk in a city without a river counts](#).

“This is hundreds of millions of dollars,” Councilman Theodore Sanchez said. “How are they looking to finance this?”

Federal grants, he was told. Councilman Alexander’s image suddenly filled the Zoom feed, laughing.

“Their description of their financing is evolving,” Field said politely.

Another possibility for the city, Field said, is simply clearing the site of its dead mall, appraising the property and selling it.

Personally, I’d say that idea has merit. It might beat hiring a battery of consultants for 18 months of finessing. Granted, city officials would have less control over the ultimate result. Whether that’s a plus or a minus is open to interpretation.

The public comment portion of the meeting included, by one count, 57 speakers. Most addressed the Carousel Mall decision. A majority backed Renaissance, often with the same talking points. Hmm. Nobody backed SCG America. A minority was in favor of starting over.

One positive thing about watching a council meeting via Zoom from the comfort of my home is that I could snicker or chortle as I pleased. Also, speakers tend to get to the point faster via recording than in person. But basically we’re listening to voice mails.

It’s like coming home to an answering machine with 57 messages and, with a sigh, hitting the play button, except without the ability to delete anyone, including the guy who called in twice.

Some sounded exactly like voice mails.

“This message is for the meeting of...Wednesday...March 3,” one person said, evidently checking the calendar.

“This message is for the mayor and council members,” another began, as if he were going to tell them their dry cleaning was ready.

One grumpy fellow complained about a council member named “Curtain.” In the background, the man’s wife said distinctly: “Calvin.” The man corrected himself: “Calvin.”

“I’ve been a member of San Bernardino for 42 years,” said a woman who is apparently a card-carrying resident. “This city has gone to hell in a handbasket.”

[Troubled as Mayor John Valdivia may be](#), I had to feel a little bad about some of the nasty comments about him from the public. Some of the nicer ones were that he’s “morally revolting” and “a pimp.” But they played without interruption.

Only a couple of speakers reached the time limit and had their messages cut off in mid-sentence. One was a woman who rambled on about sustainability and green infrastructure and ended prematurely as she was urging any Carousel Mall replacement to have crosswalk signals that are voice-activated.

Rome wasn’t built in a day, as I said, but Rome didn’t fret about pedestrian signals either.

brIEfly

Location shooting took place this week at Pomona College in Claremont for the [HBO series “Insecure,”](#) as roving reader John Atwater tells me. The comedy-drama, which is filming its fifth and last season, was co-created by Larry Wilmore, who [grew up in Pomona](#) and [performed the day after the 2016 election at Bridges Auditorium](#), paces away from the filming.



NEWS > CRIME AND PUBLIC SAFETY • News

Claim filed against city of San Bernardino in fatal police shooting



San Bernardino Police Department investigators on Oct. 23, 2020, look over the scene where an officer shot Mark Matthew Bender Jr. to death the previous night. Attorneys for family members filed a claim against the city in February 2021, alleging that the officer did not need to fire. (Photo by Will Lester, Inland Valley Daily Bulletin/SCNG)

By **BRIAN ROKOS** | brokos@scng.com | The Press-Enterprise

PUBLISHED: March 4, 2021 at 4:43 p.m. | UPDATED: March 5, 2021 at 12:25 a.m.

Attorneys for the parents of an armed man [who was shot to death in October 2020](#) by a San Bernardino police officer have filed a claim against the city in a legally required precursor to a lawsuit.

Mark Matthew Bender Jr., 35, was shot Oct. 22 as he rose with a gun in his right hand after a struggle with the officer, police say.

The incident happened outside of King Tut Liquor on Baseline Street near Waterman Avenue. Bender worked at King Tut as a security guard but was not on duty at the time.

According to a videotaped public briefing on the incident, a 911 caller told a police dispatcher: "There's a man who's real drunk up there, he's jumping on top of cars, he has a gun and he's going crazy."

Warning: This video contains a graphic image



The video shows the first officer to arrive pointing his gun at Bender and ordering him to show his hands. Bender put up his empty hands, and the officer reholstered his gun. Then Bender walked away, pulled up his shorts and put his hands in front of his body with his back to the officer.

The officer then tackled Bender. The bodycam video cuts out at that point.

A bystander's cell phone video shows the officer on Bender's back. Bender then pulled a gun out of his pocket. As Bender rose, the officer spotted the gun, said Lt. Michele Mahan, who narrated the video. The officer shot him.

The claim, sent to the city on Feb. 17 and made public by the attorneys on Thursday, March 4, says Bender did not pose "any reasonable or credible threat of violence to the officer."

Attorney Brian Dunn said Thursday that Bender was trying to get rid of the gun to show that he was not a threat. Dunn also said that Bender's reaction was a consequence of what Dunn said were overaggressive tactics by the officer.

"This is not fair at all. Justice needs to be done," said Bender's mother, Tammy Bender, at a virtual news conference.

"The San Bernardino Police Department needs to be held accountable," said Bender's father, Mark Matthew Bender Sr.

The Police Department on Thursday declined to identify the officer or comment on the claim.

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)

 The Trust Project

Be the first to know about Coronavirus coverage and more.

Sign up for our Breaking News newsletter now.

Tags: [police shooting](#)



LOCAL NEWS • News

Free classroom supplies available in San Bernardino this weekend

By **BRIAN WHITEHEAD** | bwhitehead@scng.com | The Sun
PUBLISHED: March 4, 2021 at 3:44 p.m. | UPDATED: March 4, 2021 at 3:45 p.m.

Parents and teachers can pick up free classroom materials from 10 a.m. to 2 p.m. Saturday, March 6, at Excelsior Charter School, 444 W. Rialto Ave., in San Bernardino.

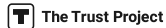
Rep. Pete Aguilar, D-Redlands, is sponsoring the Inland Empire Educators Appreciation drive-thru event and will be there distributing backpacks and supplies. Young Visionaries and AT&T also are sponsors.

“I was proud to help host this event to make sure the educators and parents in our community know that we have their backs,” Aguilar said. “This past year has been hard for all of us, so this is a way to support a good cause and help give our parents and teachers some resources to help them make sure their students succeed.”

To RSVP or to get more information about the giveaway, text 909-513-4316.

Guests are asked to please remain in their vehicles Saturday.

- [Newsroom Guidelines](#)
- [News Tips](#)
- [Contact Us](#)
- [Report an Error](#)



Want local news?

Sign up for the Localist and stay informed

Enter your email to subscribe

SUBSCRIBE

Tags: [community](#), [education](#), [Top Stories Sun](#)



SPONSORED CONTENT

Get an Exclusive First Look at the Mazda3

By Mazda



The all-new Mazda3 sedan and hatchback deliver beautiful design and exhilarating dynamics.

Brian Whitehead | Reporter



NEWS > HOUSING • News

Southern California adopts plan to build 1.3 million new homes by 2029

The Southern California Association of Governments voted 64-1 to adopt its new Regional Housing Needs Assessment plan, tripling the state's housing goal for the 2020's.



(File photo by the Orange County Register/SCNG)

By **JEFF COLLINS** | JeffCollins@scng.com | Orange County Register

PUBLISHED: March 4, 2021 at 3:29 p.m. | UPDATED: March 5, 2021 at 6:58 a.m.



Southern California leaders voted Thursday, March 4, to adopt a new housing plan for the 2020s that will triple its future homebuilding goals, acting over repeated objections that the number is too big.

Thursday's vote by the Southern California Association of Governments – made up of elected officials from 191 cities in six counties – requires [local cities and counties to draft plans to zone for 1.34 million new homes](#) by the end of 2029.

That's equivalent to adding almost as many new homes in the region as now exist in Orange and Ventura counties combined.

The measure passed with a 64-1 vote, with one abstention. Unlike past meetings, Thursday's session drew little debate, as leaders accepted a state order imposed on the region 1 1/2 years ago.

"We (already) have debated this issue night and day," Long Beach Vice Mayor Rex Richardson, SCAG's president, said at the beginning of the meeting. "We've done our job as a region."

Under the 43-year-old Regional Housing Needs Assessment program, or RHNA, regional agencies are required to plan for current and future housing needs at all income levels in five- to eight-year periods, or planning cycles. SCAG revises its plan every eight years.

Some leaders complained state housing laws adopted in the past three years increasingly usurp local authority. In response, SCAG adopted a resolution calling for reforms in the state's home-planning process and restoring local control over planning and zoning decisions.

"The appeals were not successful. We had discussions about litigation," Huntington Beach City Councilmember Mike Posey said. "The resolution spells out what the potential cures are, and that's legislation."

SCAG staff originally recommended in June 2019 that Southern California's housing goal should increase to 659,174 new homes, up from 412,137 during the 2013-21 period. State housing officials overruled that SCAG recommendation.

"While I'm disappointed that we're not continuing to protest the (state housing mandate), I do appreciate that we're acknowledging that objection in the resolution," said Anaheim Council Member Trevor O'Neil. "It's important that we keep that part of the record."

The final RHNA plan now will go to the state Housing and Community Development Department (HCD) for final approval.



Local governments have until October to revise the “housing element” of their general plans to ensure there’s enough zoned land in their jurisdiction to build all their mandated homes during the region’s “sixth planning cycle,” running from October through October 2029.

While local governments rely on private developers to do the actual construction, recent state laws provide some incentive for cities to get housing built.

The new plan, two years in the making, applies to all 197 cities and counties in Los Angeles, Ventura, Orange, Riverside, San Bernardino and Imperial counties.

As California’s most populous region, SCAG’s housing allotment is the state’s biggest. Housing officials are raising allotments across the state to meet lawmakers’ and Gov. Gavin Newsom’s goal to solve the housing crisis.

A housing department report concluded the state needs to build 1.8 million new homes during the decade ending in 2025, or 180,000 new homes a year. California averaged just over 108,000 new homes over the past five years.

After getting its allotment, SCAG spent the past 1 1/2 years dividing the number among local jurisdictions. Some cities will see their homebuilding goals increase as much as a thousand-fold.

For example, goals will increase to 11,760 new homes for Costa Mesa, 9,759 for Westminster and 3,735 for Bellflower, up from just two units apiece in the current planning cycle.

Beverly Hills’ goal will increase to 3,104 new homes, up from 3.

[Appeals by 47 jurisdictions were heard in January](#), but just two – Pico Rivera and the County of Riverside – got their allotment reduced.

Los Angeles and Orange counties have the biggest allotments, with more than a four-fold increase each. L.A. County must plan for 812,060 new homes – almost as many as Long Beach and the San Fernando Valley combined have today.

Orange County needs to prepare for 183,861 new rooftops, or almost as much as Anaheim and Santa Ana currently have.

Riverside County’s housing goal will increase 65% to 167,351 new units; San Bernardino County’s goal will more than double to 138,110 new units; and Ventura County’s goal will rise 28% to 24,452 new homes.

Imperial County’s allotment dropped 3% to 15,993 new homes. In all, allotments decreased in just 17 jurisdictions.



Housing goals are divided into four income levels. In Southern California, local governments must collectively plan:

- 351,796 homes affordable for very-low-income residents or those earning less than half of their area’s median income.
- 206,807 homes affordable for low-income residents, or those earning 51-80% of their area’s median income.
- 223,957 homes affordable for moderate-income households, or those earning up to 20% above their area’s median income.
- 559,267 “market rate” homes affordable for above-moderate-income households, or those earning more than 20% above their area’s median income.

A Southern California News Group review found that [just 18 of California’s 539 cities and counties were on track](#) by the end of 2019 to meet their current housing goals, which are much smaller than the future ones.

Local leaders long have complained SCAG’s future allotment is unrealistic.

Rolling Hills Estates Mayor Pro Tem Frank Zerunyan complained at a committee-level review last week that just a fraction of those 1.34 million new homes will get built.

“With this much resistance and opposition we have heard on this issue, I can’t believe that this policy is right,” Zerunyan said on Feb. 23. “But the train has left the station, and we don’t have much choice but telling the HCD and the state that this was pie in the sky.”

[Newsroom Guidelines](#)

[News Tips](#)

[Contact Us](#)

[Report an Error](#)

 **The Trust Project**

Everyone cares about housing.

**Sign up for The Home Stretch, our
newsletter focused on housing.**

Enter your email to subscribe

SUBSCRIBE

